



**Aetna Better Health of
Oklahoma
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.

Table of Contents

ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	3
ALLERGENIC EXTRACTS/BIOLOGICALS MISC	8
AMEBICIDES	9
AMINOGLYCOSIDES	9
ANALGESICS - ANTI-INFLAMMATORY	10
ANALGESICS - NONNARCOTIC	20
ANALGESICS - OPIOID	22
ANDROGENS-ANABOLIC	29
ANORECTAL AND RELATED PRODUCTS	30
ANTACIDS	31
ANTHELMINTICS	31
ANTIANGINAL AGENTS	32
ANTIANKXIETY AGENTS	33
ANTIARRHYTHMICS	35
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	36
ANTICOAGULANTS	43
ANTICONVULSANTS	46
ANTIDEPRESSANTS	54
ANTIDIABETICS	59
ANTIDIARRHEAL/PROBIOTIC AGENTS	70
ANTIDOTES AND SPECIFIC ANTAGONISTS	70
ANTIEMETICS	72
ANTIFUNGALS	74
ANTI HISTAMINES	76
ANTIHYPERLIPIDEMICS	79
ANTI HYPERTENSIVES	83
ANTI-INFECTIVE AGENTS - MISC.	89
ANTIMALARIALS	94
ANTIMYASTHENIC/CHOLINERGIC AGENTS	94
ANTIMYCOBACTERIAL AGENTS	95
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	96
ANTIPARKINSON AND RELATED THERAPY AGENTS	117
ANTIPSYCHOTICS/ANTIMANIC AGENTS	120
ANTIVIRALS	127
BETA BLOCKERS	134
CALCIUM CHANNEL BLOCKERS	136
CARDIOTONICS	140
CARDIOVASCULAR AGENTS - MISC.	140
CEPHALOSPORINS	144
CHEMICALS	147
CONTRACEPTIVES	149
CORTICOSTEROIDS	160
COUGH/COLD/ALLERGY	163
DERMATOLOGICALS	164
DIAGNOSTIC PRODUCTS	180
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	181
DIGESTIVE AIDS	185
DIURETICS	185
ENDOCRINE AND METABOLIC AGENTS - MISC.	187
ESTROGENS	198

FLUOROQUINOLONES	201
GASTROINTESTINAL AGENTS - MISC.	202
GENERAL ANESTHETICS	209
GENITOURINARY AGENTS - MISCELLANEOUS	209
GOUT AGENTS	212
HEMATOLOGICAL AGENTS - MISC.	212
HEMATOPOIETIC AGENTS	220
HEMOSTATICS	224
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	225
LAXATIVES	227
LOCAL ANESTHETICS-PARENTERAL	229
MACROLIDES	231
MEDICAL DEVICES AND SUPPLIES	233
MIGRAINE PRODUCTS	274
MINERALS & ELECTROLYTES	276
MISCELLANEOUS THERAPEUTIC CLASSES	281
MOUTH/THROAT/DENTAL AGENTS	286
MULTIVITAMINS	288
MUSCULOSKELETAL THERAPY AGENTS	292
NASAL AGENTS - SYSTEMIC AND TOPICAL	295
NEUROMUSCULAR AGENTS	296
NUTRIENTS	302
OPHTHALMIC AGENTS	303
OTIC AGENTS	313
OXYTOCICS	314
PASSIVE IMMUNIZING AND TREATMENT AGENTS	314
PENICILLINS	317
PHARMACEUTICAL ADJUVANTS	319
PROGESTINS	320
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	321
RESPIRATORY AGENTS - MISC.	331
SULFONAMIDES	333
TETRACYCLINES	333
THYROID AGENTS	334
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	336
URINARY ANTISPASMODICS	340
VAGINAL AND RELATED PRODUCTS	342
VASOPRESSORS	343
VITAMINS	344

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>		Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	Intuniv	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG	guanfacine hcl er	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML		Special PA	PA; QLL; AL (Min 5 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Strattera	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG		Special PA	ST; QLL; AL (Min 6 Years and Max 20 Years)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	atomoxetine hcl	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)
*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	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Adderall	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Mydayis	Special PA	PA; QLL; AL (Min 13 Years and Max 20 Years)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	amphetamine-dextroamphetamine	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	amphetamine-dextroamphet er	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL	amphet-dextroamphet 3-bead er	Special PA	PA; QLL; AL (Min 13 Years and Max 20 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL	amphet-dextroamphet 3-bead er	Special PA	PA; QLL; AL (Min 13 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL	amphet-dextroamphet 3-bead er	Special PA	PA; QLL; AL (Min 13 Years and Max 17 Years)
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	amphet-dextroamphet 3-bead er	Special PA	PA; QLL; AL (Min 13 Years and Max 17 Years)
*Amphetamines***			
<i>amphetamine sulfate tablet 10 mg oral</i>	Evekeo	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years); Generic Preferred
<i>amphetamine sulfate tablet 5 mg oral</i>	Evekeo	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	Dexedrine	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg, 5 mg</i>		Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	ProCentra	Special PA	PA; AL (Min 5 Years and Max 9 Years)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Zenzedi	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	Vyvanse	Tier 1	QLL; AL (Min 5 Years and Max 20 Years); Brand Preferred
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Vyvanse	Tier 1	QLL; AL (Min 5 Years and Max 10 Years); Brand Preferred
<i>methamphetamine hcl oral tablet 5 mg</i>		Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
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		Special PA	PA; QLL; AL (Min 5 Years and Max 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	dextroamphetamine sulfate er	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML		Tier 3	PA; QLL; AL (Min 5 Years and Max 10 Years)
DYANAVEL XR ORAL TABLET EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG		Tier 2	PA; QLL; AL (Min 5 Years and Max 10 Years)
EVEKEO TABLET 10 MG ORAL	amphetamine sulfate	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years); Generic Preferred
EVEKEO TABLET 5 MG ORAL	amphetamine sulfate	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
PROCENTRA ORAL SOLUTION 5 MG/5ML	dextroamphetamine sulfate	Special PA	PA; AL (Min 5 Years and Max 9 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	lisdexamfetamine dimesylate	Tier 1	QLL; AL (Min 5 Years and Max 20 Years); Brand Preferred
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	lisdexamfetamine dimesylate	Tier 1	QLL; AL (Min 5 Years and Max 10 Years); Brand Preferred
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR		Special PA	PA; QLL; AL (Min 5 Years and Max 10 Years)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	dextroamphetamine sulfate	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
*Analeptics***			
<i>caffeine citrate intravenous solution 60 mg/3ml</i>		Tier 1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>		Tier 1	
<i>caffeine-sodium benzoate injection solution 125-125 mg/ml</i>		Tier 1	
*Anti-Obesity - Glp-1 Receptor Agonists***			
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		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI ORAL TABLET 150 MG, 75 MG		Tier 1	PA; QLL
*Histamine H3-Receptor Antagonist/Inverse Agonists***			
WAKIX ORAL TABLET 17.8 MG, 4.45 MG		Tier 1	PA; QLL
*Melanocortin 4 (Mc4) Receptor Agonists***			
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 1	PA; QLL; AL (Min 6 Years)
*Stimulant Combinations***			
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG		Tier 3	PA; QLL; AL (Min 5 Years and Max 20 Years)
*Stimulants - Misc.***			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	Tier 1	PA; QLL; AL (Min 18 Years)
<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	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years); Brand Preferred
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Metadate CD	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Ritalin LA	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) tablet extended release 18 mg oral</i>	Concerta	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) tablet extended release 27 mg oral</i>	Concerta	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) tablet extended release 36 mg oral</i>	Concerta	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) tablet extended release 45 mg oral</i>	Relexxii	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>methylphenidate hcl er (osm) tablet extended release 54 mg oral</i>	Concerta	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) tablet extended release 63 mg oral</i>	Relexxii	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er (osm) tablet extended release 72 mg oral</i>	Relexxii	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
<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	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>		Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	Tier 1	QLL; AL (Min 5 Years and Max 10 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	Tier 1	QLL; AL (Min 5 Years and Max 20 Years)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		Special PA	PA; QLL; AL (Min 5 Years and Max 10 Years)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Daytrana	Tier 1	QLL; AL (Min 5 Years and Max 10 Years); Brand Preferred
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	Tier 1	PA; QLL; AL (Min 5 Years)
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)	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG	methylphenidate hcl er (osm)	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG		Special PA	PA; QLL; AL (Min 5 Years and Max 10 Years)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR	methylphenidate	Tier 1	QLL; AL (Min 5 Years and Max 10 Years); Brand Preferred
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	dexmethylphenidate hcl	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
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	Tier 1	QLL; AL (Min 5 Years and Max 20 Years); Brand Preferred
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG		Tier 3	PA; QLL; AL (Min 5 Years and Max 20 Years)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	methylphenidate hcl	Tier 1	PA; QLL; AL (Min 5 Years and Max 10 Years)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	armodafinil	Tier 1	PA; QLL; AL (Min 18 Years)
PROVIGIL ORAL TABLET 100 MG, 200 MG	modafinil	Tier 1	PA; QLL; AL (Min 5 Years)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG		Special PA	PA; QLL; AL (Min 5 Years and Max 10 Years)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML		Tier 2	PA; QLL; AL (Min 5 Years and Max 10 Years)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG	methylphenidate hcl er (osm)	Special PA	PA; QLL; AL (Min 5 Years and Max 20 Years)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	methylphenidate hcl er (la)	Tier 2	PA; QLL; AL (Min 5 Years and Max 20 Years)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	methylphenidate hcl	Tier 1	PA; QLL; AL (Min 5 Years and Max 20 Years)

***ALLERGENIC
EXTRACTS/BIOLOGICALS
MISC***

Allergenic Extracts**

GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU		Tier 1	PA; QLL; AL (Min 5 Years and Max 65 Years)
PALFORZIA (12 MG DAILY DOSE) ORAL 2 X 1 MG & 10 MG		Tier 1	PA
PALFORZIA (120 MG DAILY DOSE) ORAL 20 MG & 100 MG		Tier 1	PA
PALFORZIA (160 MG DAILY DOSE) ORAL 3 X 20 MG & 100 MG		Tier 1	PA
PALFORZIA (20 MG DAILY DOSE) ORAL		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG		Tier 1	PA
PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG & 2 X 100 MG		Tier 1	PA
PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG		Tier 1	PA
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET		Tier 1	PA
PALFORZIA (300 MG TITRATION) ORAL PACKET		Tier 1	PA
PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG		Tier 1	PA
PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG		Tier 1	PA
PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG		Tier 1	PA
PALFORZIA INITIAL ESCALATION ORAL 0.5 & 1 & 1.5 & 3 & 6 MG		Tier 1	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U		Tier 1	PA; QLL; AL (Min 5 Years and Max 65 Years)
*Mixed Allergenic Extracts***			
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM		Tier 1	PA; QLL; AL (Min 5 Years and Max 65 Years)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR		Tier 1	PA; QLL; AL (Min 5 Years and Max 65 Years)
AMEBICIDES			
*Amebicides***			
SOLOSEC ORAL PACKET 2 GM		Tier 1	PA; QLL
AMINOGLYCOSIDES			
*Aminoglycosides***			
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>		Tier 1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml- %</i>		Tier 1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>		Tier 1	
<i>neomycin sulfate oral tablet 500 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>		Tier 1	
<i>tobramycin nebulization solution 300 mg/4ml inhalation</i>	Bethkis	Special PA	PA; QLL
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Kitabis Pak (w/ nebulizer)	Tier 1	PA; QLL
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>		Tier 1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>		Tier 1	
<i>tobramycin sulfate powder</i>		Tier 1	QLL
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML		Tier 1	PA; QLL
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML	tobramycin	Special PA	PA; QLL
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION 300 MG/5ML	tobramycin	Tier 1	PA; QLL
TOBI INHALATION NEBULIZATION SOLUTION 300 MG/5ML	tobramycin	Special PA	PA; QLL
TOBI PODHALER INHALATION CAPSULE 28 MG		Special PA	PA; QLL
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML		Tier 1	PA
ANALGESICS - ANTI-INFLAMMATORY			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
OLUMIANT ORAL TABLET 1 MG, 2 MG		Special PA	PA; QLL
RINVOQ LQ ORAL SOLUTION 1 MG/ML		Special PA	PA; QLL; AL (Min 2 Years and Max 10 Years)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		Special PA	PA; QLL
XELJANZ ORAL SOLUTION 1 MG/ML		Tier 3	PA; QLL; AL (Min 2 Years and Max 10 Years)
XELJANZ ORAL TABLET 10 MG, 5 MG		Tier 3	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		Tier 3	PA; QLL
*Antirheumatic Antimetabolites***			
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML		Tier 1	PA; QLL
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML		Tier 1	PA; QLL
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>		Special PA	PA; QLL
<i>adalimumab-aacf (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.8ml</i>		Special PA	PA; QLL
<i>adalimumab-aacf(cd/uc/hs strt) subcutaneous auto-injector kit 40 mg/0.8ml</i>		Special PA	PA; QLL
<i>adalimumab-aacf(ps/uv starter) subcutaneous auto-injector kit 40 mg/0.8ml</i>		Special PA	PA; QLL
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml</i>	Yuflyma (1 Pen)	Special PA	PA; QLL
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Yuflyma (1 Pen)	Special PA	PA; QLL
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	Yuflyma (2 Syringe)	Special PA	PA; QLL
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml, 80 mg/0.8ml</i>	Hyrimoz	Special PA	PA; QLL
<i>adalimumab-adaz subcutaneous solution prefilled syringe 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.4ml</i>	Hyrimoz	Special PA	PA; QLL

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML		Special PA	PA; QLL
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	adalimumab-ryvk (2 syringe)	Special PA	PA; QLL
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML		Tier 3	PA; QLL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML		Tier 3	PA; QLL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML		Tier 3	PA; QLL
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	adalimumab-aaty (1 pen)	Special PA	PA; QLL
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	adalimumab-aaty (1 pen)	Special PA	PA; QLL
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	adalimumab-aaty (2 syringe)	Special PA	PA; QLL
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	adalimumab-aaty (1 pen)	Special PA	PA; QLL
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML		Tier 2	PA; QLL
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	Tier 1	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	celecoxib	Tier 1	PA
*Gold Compounds***			
RIDAURA ORAL CAPSULE 3 MG	auranofin	Tier 1	
*Interleukin-1 Blockers***			
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG		Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Interleukin-1 Receptor Antagonist (Il-1Ra)***			
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML		Tier 2	PA; QLL
*Interleukin-1Beta Blockers***			
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML		Special PA	PA; QLL
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		Special PA	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		Special PA	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		Special PA	PA; QLL
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML		Tier 3	PA; QLL
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML		Tier 3	PA; QLL
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		Special PA	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML		Tier 3	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML		Tier 3	PA; QLL
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML		Tier 3	PA; QLL
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Arthrotec	Tier 2	PA
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	Duexis	Special PA	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg</i>		Special PA	PA
<i>naproxen-esomeprazole mg oral tablet delayed release 500-20 mg</i>	Vimovo	Special PA	PA
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG	diclofenac-misoprostol	Tier 2	PA
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML		Special PA	PA
VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG	naproxen-esomeprazole mg	Special PA	PA
*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***			
<i>diclofenac potassium oral capsule 25 mg</i>	Zipsor	Special PA	PA
<i>diclofenac potassium tablet 25 mg oral</i>	Lofena	Special PA	PA
<i>diclofenac potassium tablet 50 mg oral</i>		Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		Tier 2	PA
<i>diclofenac sodium tablet delayed release 25 mg oral</i>		Tier 2	PA; QLL
<i>diclofenac sodium tablet delayed release 50 mg oral</i>		Tier 1	
<i>diclofenac sodium tablet delayed release 75 mg oral</i>		Tier 1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		Tier 2	PA
<i>etodolac oral capsule 200 mg, 300 mg</i>		Tier 1	
<i>etodolac oral tablet 400 mg</i>	Lodine	Tier 1	
<i>etodolac oral tablet 500 mg</i>		Tier 1	
<i>fenoprofen calcium oral capsule 400 mg</i>	Nalfon	Special PA	PA
<i>fenoprofen calcium oral tablet 600 mg</i>	Nalfon	Special PA	PA
<i>flurbiprofen oral tablet 100 mg</i>		Tier 2	PA
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	NeoProfen	Tier 1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Tier 3	PA; QLL; AL (Max 20 Years)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	Tier 1	
<i>ibuprofen powder</i>		Tier 1	QLL
<i>indomethacin er oral capsule extended release 75 mg</i>		Tier 2	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>indomethacin oral suspension 25 mg/5ml</i>	Indocin	Special PA	PA; AL (Max 10 Years)
<i>indomethacin rectal suppository 50 mg</i>	Indocin	Special PA	PA
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>		Special PA	PA
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		Special PA	PA
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>		Tier 1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>		Tier 1	
<i>ketorolac tromethamine oral tablet 10 mg</i>		Tier 1	QLL
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>		Special PA	PA
<i>mefenamic acid oral capsule 250 mg</i>		Tier 2	PA
<i>meloxicam oral capsule 10 mg, 5 mg</i>		Special PA	PA; QLL
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		Tier 1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		Tier 1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	EC-Naprosyn	Tier 2	PA
<i>naproxen kit oral tablet 500 mg</i>	Naprosyn	Tier 1	
<i>naproxen oral suspension 125 mg/5ml</i>		Tier 1	AL (Max 12 Years)
<i>naproxen oral tablet 250 mg, 375 mg</i>		Tier 1	
<i>naproxen oral tablet 500 mg</i>	Naprosyn	Tier 1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	Naprelan	Special PA	PA
<i>naproxen sodium oral tablet 275 mg</i>		Tier 2	PA
<i>naproxen sodium oral tablet 550 mg</i>	Anaprox DS	Tier 2	PA
<i>naproxen tablet delayed release 375 mg oral</i>	EC-Naprosyn	Tier 1	
<i>naproxen tablet delayed release 500 mg oral</i>	EC-Naprosyn	Tier 2	PA
<i>oxaprozin oral tablet 600 mg</i>	Daypro	Tier 2	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>		Tier 2	PA
<i>sulindac oral tablet 150 mg, 200 mg</i>		Tier 1	
<i>tolmetin sodium oral capsule 400 mg</i>		Special PA	PA
<i>tolmetin sodium oral tablet 200 mg</i>		Special PA	PA
<i>tolmetin sodium oral tablet 600 mg</i>	Tolectin 600	Special PA	PA
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML		Special PA	PA

Formulary Drug Name	Reference	Tiering	Restrictions
DAYPRO ORAL TABLET 600 MG	oxaprozin	Tier 2	PA
FENOPRON ORAL CAPSULE 300 MG		Special PA	PA; QLL
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	ibuprofen	Tier 1	
KIPROFEN ORAL CAPSULE 25 MG	ketoprofen	Special PA	PA
LOFENA ORAL TABLET 25 MG	diclofenac potassium	Special PA	PA
NALFON ORAL CAPSULE 400 MG	fenoprofen calcium	Special PA	PA
NALFON ORAL TABLET 600 MG	fenoprofen calcium	Special PA	PA
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	naproxen sodium er	Special PA	PA
NAPROSYN ORAL SUSPENSION 125 MG/5ML	naproxen	Tier 1	PA; AL (Max 12 Years)
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML	ibuprofen lysine	Tier 1	PA
RELAFEN DS ORAL TABLET 1000 MG		Special PA	PA; QLL
TOLECTIN 600 ORAL TABLET 600 MG	tolmetin sodium	Special PA	PA
*Phosphodiesterase 4 (Pde4) Inhibitors***			
OTEZLA ORAL TABLET 20 MG, 30 MG		Tier 2	PA; QLL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG		Tier 2	PA; QLL
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	Tier 1	QLL
ARAVA ORAL TABLET 10 MG, 20 MG	leflunomide	Tier 1	PA; QLL
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		Tier 3	PA; QLL
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		Tier 3	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		Tier 3	PA; QLL
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		Tier 2	PA; QLL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		Tier 2	PA; QLL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		Tier 2	PA; QLL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		Tier 2	PA; QLL
ANALGESICS - NONNARCOTIC			
*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***			
JOURNAVX ORAL TABLET 50 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Analgesics Other***			
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml</i>	Duraclon	Tier 1	
<i>clonidine hcl (analgesia) epidural solution 500 mcg/ml</i>		Tier 1	
DURACLON EPIDURAL SOLUTION 100 MCG/ML	clonidine hcl (analgesia)	Tier 1	PA
*Analgesics-Sedatives***			
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>		Tier 1	PA; QLL; AL (Min 10 Years)
<i>butalbital-acetaminophen tablet 50-300 mg oral</i>		Tier 1	PA; QLL; AL (Min 10 Years)
<i>butalbital-acetaminophen tablet 50-325 mg oral</i>	Tencon	Tier 1	QLL; AL (Min 10 Years)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	Fioricet	Tier 1	PA; QLL; AL (Min 10 Years)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>		Tier 1	PA; QLL; AL (Min 10 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	Tier 1	QLL; AL (Min 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		Tier 1	QLL; AL (Min 10 Years)
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Tier 1	QLL; AL (Min 10 Years)
FIORICET ORAL CAPSULE 50-300-40 MG	butalbital-apap-caffeine	Tier 1	PA; QLL; AL (Min 10 Years)
*Salicylates***			
<i>aspirin low dose oral tablet chewable 81 mg</i>	Bayer Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>aspirin regimen oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>diflunisal oral tablet 500 mg</i>		Tier 2	PA
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>ft aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>gnp adult aspirin low strength oral tablet chewable 81 mg</i>	Bayer Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>gnp aspirin low dose oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>goodsense aspirin oral tablet chewable 81 mg</i>	Bayer Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>salsalate oral tablet 500 mg, 750 mg</i>		Tier 1	
<i>sm aspirin adult low strength oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC
<i>sm aspirin low dose oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DOLOBID ORAL TABLET 250 MG		Special PA	PA; QLL
ANALGESICS - OPIOID			
*Codeine Combinations***			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>		Tier 3	PA; QLL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>		Tier 1	QLL; AL (Min 12 Years)
<i>butalbital-apap-caff-cod capsule 50-300-40-30 mg oral</i>	Fioricet/Codeine	Tier 3	PA; QLL; AL (Min 12 Years)
<i>butalbital-apap-caff-cod capsule 50-325-40-30 mg oral</i>		Tier 1	QLL; AL (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	Tier 1	QLL; AL (Min 12 Years)
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	butalbital-asa-caff-codeine	Tier 1	QLL; AL (Min 12 Years)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	butalbital-apap-caff-cod	Tier 3	PA; QLL; AL (Min 12 Years)
*Dihydrocodeine Combinations***			
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Trezix	Tier 3	PA; QLL; AL (Min 12 Years)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen solution 10-325 mg/15ml oral</i>		Tier 1	PA; QLL
<i>hydrocodone-acetaminophen solution 2.5-108 mg/5ml oral</i>		Special PA	PA; QLL
<i>hydrocodone-acetaminophen solution 5-217 mg/10ml oral</i>		Special PA	PA; QLL
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>		Special PA	PA; QLL
<i>hydrocodone-acetaminophen tablet 10-300 mg oral</i>		Special PA	PA; QLL; AL (Min 10 Years)
<i>hydrocodone-acetaminophen tablet 10-325 mg oral</i>		Tier 1	QLL; AL (Min 10 Years)
<i>hydrocodone-acetaminophen tablet 2.5-325 mg oral</i>		Tier 1	QLL; AL (Min 10 Years)
<i>hydrocodone-acetaminophen tablet 5-300 mg oral</i>		Special PA	PA; QLL; AL (Min 10 Years)
<i>hydrocodone-acetaminophen tablet 5-325 mg oral</i>		Tier 1	QLL; AL (Min 10 Years)
<i>hydrocodone-acetaminophen tablet 7.5-300 mg oral</i>		Special PA	PA; QLL; AL (Min 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>hydrocodone-acetaminophen tablet 7.5-325 mg oral</i>		Tier 1	QLL; AL (Min 10 Years)
<i>hydrocodone-ibuprofen tablet 10-200 mg oral</i>		Tier 2	ST; QLL; AL (Min 10 Years)
<i>hydrocodone-ibuprofen tablet 5-200 mg oral</i>		Tier 1	QLL; AL (Min 10 Years)
<i>hydrocodone-ibuprofen tablet 7.5-200 mg oral</i>		Tier 1	QLL; AL (Min 10 Years)
*Opioid Agonists***			
<i>codeine phosphate powder</i>		Tier 1	QLL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		Tier 1	QLL; AL (Min 12 Years)
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>		Tier 1	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml</i>		Tier 1	
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 800 mcg</i>		Tier 1	PA; QLL; AL (Min 10 Years)
<i>fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg</i>		Tier 1	PA; QLL; AL (Min 10 Years)
<i>fentanyl citrate injection solution prefilled syringe 100 mcg/2ml</i>		Tier 1	
<i>fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml</i>		Tier 1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>		Tier 2	PA; QLL; AL (Min 10 Years)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>		Tier 3	PA; QLL; AL (Min 10 Years)
<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	Tier 3	PA; QLL; AL (Min 10 Years); Generic Preferred
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 120 mg</i>		Tier 3	PA; QLL; AL (Min 10 Years); Generic Preferred
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>		Tier 3	PA; QLL; AL (Min 10 Years)
<i>hydromorphone hcl injection solution 0.2 mg/ml, 1 mg/ml, 2 mg/ml</i>	Dilaudid	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>hydromorphone hcl injection solution 4 mg/ml</i>		Tier 1	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Dilaudid	Tier 1	AL (Max 12 Years)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Dilaudid	Tier 1	QLL; AL (Min 10 Years)
<i>hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml</i>		Tier 1	
<i>hydromorphone hcl powder</i>		Tier 1	QLL
<i>hydromorphone hcl rectal suppository 3 mg</i>		Tier 1	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>		Special PA	PA; QLL; AL (Min 10 Years)
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Demerol	Tier 1	
<i>meperidine hcl oral solution 50 mg/5ml</i>		Tier 1	AL (Max 12 Years)
<i>meperidine hcl oral tablet 50 mg</i>		Tier 1	QLL; AL (Min 10 Years)
<i>methadone hcl injection solution 10 mg/ml</i>		Tier 1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		Tier 3	PA; QLL; AL (Min 10 Years)
<i>methadone hcl solution 10 mg/5ml oral</i>		Special PA	PA; QLL; AL (Max 1 Years)
<i>methadone hcl solution 5 mg/5ml oral</i>		Special PA	PA; QLL
<i>morphine sulfate (concentrate) solution 100 mg/5ml oral</i>		Tier 1	AL (Max 12 Years)
<i>morphine sulfate (concentrate) solution 20 mg/ml oral</i>		Tier 1	PA; AL (Max 12 Years)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>		Tier 1	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>		Tier 1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		Tier 3	PA; QLL; AL (Min 10 Years)
<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>		Tier 3	PA; QLL; AL (Min 10 Years)
<i>morphine sulfate er tablet extended release 100 mg oral</i>		Tier 2	PA; QLL; AL (Min 10 Years)
<i>morphine sulfate er tablet extended release 15 mg oral</i>	MS Contin	Tier 2	PA; QLL; AL (Min 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>morphine sulfate er tablet extended release 200 mg oral</i>		Tier 2	PA; AL (Min 10 Years)
<i>morphine sulfate er tablet extended release 30 mg oral</i>	MS Contin	Tier 2	PA; QLL; AL (Min 10 Years)
<i>morphine sulfate er tablet extended release 60 mg oral</i>	MS Contin	Tier 2	PA; QLL; AL (Min 10 Years)
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>		Tier 1	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>		Tier 1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		Tier 1	AL (Max 12 Years)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		Tier 1	QLL; AL (Min 10 Years)
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		Tier 1	
<i>oxycodone hcl oral capsule 5 mg</i>		Tier 1	QLL; AL (Min 10 Years)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		Tier 1	QLL; AL (Max 12 Years)
<i>oxycodone hcl oral solution 5 mg/5ml</i>		Tier 1	AL (Max 12 Years)
<i>oxycodone hcl oral tablet 10 mg, 20 mg, 5 mg</i>		Tier 1	QLL; AL (Min 10 Years)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	Roxicodone	Tier 1	QLL; AL (Min 10 Years)
<i>oxycodone hcl powder</i>		Tier 1	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>		Special PA	PA; QLL; AL (Min 10 Years)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		Tier 2	ST; QLL; AL (Min 10 Years)
<i>remifentanyl hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg</i>	Ultiva	Tier 1	
<i>sufentanyl citrate intravenous solution 50 mcg/ml</i>		Tier 1	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	ConZip	Special PA	PA; QLL; AL (Min 12 Years)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Tier 2	PA; QLL; AL (Min 12 Years)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Tier 2	PA; QLL; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>tramadol hcl oral solution 5 mg/ml</i>		Special PA	PA; AL (Min 12 Years)
<i>tramadol hcl tablet 100 mg oral</i>		Special PA	PA; QLL; AL (Min 12 Years)
<i>tramadol hcl tablet 25 mg oral</i>		Special PA	PA; QLL; AL (Min 12 Years)
<i>tramadol hcl tablet 50 mg oral</i>		Tier 1	QLL; AL (Min 12 Years)
<i>tramadol hcl tablet 75 mg oral</i>		Special PA	PA; QLL; AL (Min 12 Years)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	tramadol hcl (er biphasic)	Special PA	PA; QLL; AL (Min 12 Years)
DEMEROL SOLUTION 100 MG/ML INJECTION	meperidine hcl	Tier 1	PA
DEMEROL SOLUTION 25 MG/ML INJECTION	meperidine hcl	Tier 1	PA
DEMEROL SOLUTION 50 MG/ML INJECTION	meperidine hcl	Tier 1	PA
DEMEROL SOLUTION 75 MG/ML INJECTION		Tier 1	
DILAUDID ORAL LIQUID 1 MG/ML	hydromorphone hcl	Tier 1	PA; AL (Max 12 Years)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	hydromorphone hcl	Tier 1	PA; QLL; AL (Min 10 Years)
DILAUDID SOLUTION 0.2 MG/ML INJECTION	hydromorphone hcl	Tier 1	
DILAUDID SOLUTION 1 MG/ML INJECTION	hydromorphone hcl	Tier 1	PA
DILAUDID SOLUTION 2 MG/ML INJECTION	hydromorphone hcl	Tier 1	PA
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	Tier 3	PA; QLL; AL (Min 10 Years); Generic Preferred
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML)		Tier 1	PA
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML)		Tier 1	PA
MITIGO INJECTION SOLUTION 200 MG/20ML (10 MG/ML), 500 MG/20ML (25 MG/ML)		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
MS CONTIN TABLET EXTENDED RELEASE 100 MG ORAL	morphine sulfate er	Tier 2	PA; QLL; AL (Min 10 Years)
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL	morphine sulfate er	Tier 2	PA; QLL; AL (Min 10 Years)
MS CONTIN TABLET EXTENDED RELEASE 200 MG ORAL	morphine sulfate er	Tier 2	PA; AL (Min 10 Years)
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL	morphine sulfate er	Tier 2	PA; QLL; AL (Min 10 Years)
MS CONTIN TABLET EXTENDED RELEASE 60 MG ORAL	morphine sulfate er	Tier 2	PA; QLL; AL (Min 10 Years)
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Tier 1	QLL; AL (Min 10 Years); Brand Preferred
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG ORAL		Tier 1	QLL; AL (Min 10 Years); Brand Preferred
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Tier 1	QLL; AL (Min 10 Years); Brand Preferred
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 30 MG ORAL		Tier 2	PA; QLL; AL (Min 10 Years); Brand Preferred
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Tier 2	PA; QLL; AL (Min 10 Years); Brand Preferred
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL		Tier 2	PA; QLL; AL (Min 10 Years); Brand Preferred
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL		Tier 2	PA; AL (Min 10 Years); Brand Preferred
ROXICODONE ORAL TABLET 15 MG, 30 MG	oxycodone hcl	Tier 1	PA; QLL; AL (Min 10 Years)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 10 MG, 15 MG, 30 MG, 5 MG	oxycodone hcl	Tier 3	PA; QLL; AL (Min 10 Years)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG	remifentanil hcl	Tier 1	PA
*Opioid Combinations***			
<i>nalocet oral tablet 2.5-300 mg</i>		Special PA	PA; QLL; AL (Min 10 Years)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		Tier 1	QLL; AL (Max 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	Endocet	Tier 1	QLL; AL (Min 10 Years)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	Percocet	Tier 1	QLL; AL (Min 10 Years)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	oxycodone-acetaminophen	Tier 1	QLL; AL (Min 10 Years)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	oxycodone-acetaminophen	Tier 1	PA; QLL; AL (Min 10 Years)
PROLATE ORAL SOLUTION 10-300 MG/5ML	oxycodone-acetaminophen	Special PA	PA; QLL; AL (Max 12 Years)
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	oxycodone-acetaminophen	Special PA	PA; QLL; AL (Min 10 Years)
*Opioid Partial Agonists***			
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>		Tier 1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>		Tier 1	PA; Female Only; QLL; AL (Min 16 Years and Max 50 Years)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	Suboxone	Tier 1	PA; QLL; AL (Min 16 Years)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>		Tier 1	QLL; AL (Min 16 Years)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	Butrans	Tier 1	PA; QLL; Brand Preferred
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>		Tier 1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>		Tier 1	QLL
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>		Tier 1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>		Tier 1	QLL; AL (Min 10 Years)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		Tier 3	PA; QLL; Generic Preferred
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML		Tier 1	PA; QLL
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	buprenorphine	Tier 1	QLL; Brand Preferred
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML		Tier 1	PA; QLL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	buprenorphine hcl-naloxone hcl	Tier 1	PA; QLL; AL (Min 16 Years)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 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		Tier 1	PA; QLL; AL (Min 16 Years)
*Tramadol Combinations***			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		Tier 1	QLL; AL (Min 12 Years)
SEGLENTIS ORAL TABLET 56-44 MG		Special PA	PA; QLL; AL (Min 12 Years)
ANDROGENS-ANABOLIC			
*Androgens***			
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		Tier 1	
<i>methitest oral tablet 10 mg</i>		Special PA	PA
<i>methyltestosterone oral capsule 10 mg</i>		Special PA	PA
<i>methyltestosterone powder</i>		Special PA	PA; QLL
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	Tier 1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>		Tier 1	PA
<i>testosterone gel 1.62 % transdermal</i>	AndroGel Pump	Tier 1	PA; QLL
<i>testosterone gel 10 mg/act (2%) transdermal</i>		Tier 2	PA; QLL
<i>testosterone gel 12.5 mg/act (1%) transdermal</i>	Vogelxo Pump	Tier 2	PA; QLL
<i>testosterone gel 20.25 mg/1.25gm (1.62%) transdermal</i>		Tier 2	PA; QLL
<i>testosterone gel 20.25 mg/act (1.62%) transdermal</i>	AndroGel Pump	Tier 1	PA; QLL
<i>testosterone gel 25 mg/2.5gm (1%) transdermal</i>		Tier 2	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>testosterone gel 40.5 mg/2.5gm (1.62%) transdermal</i>		Tier 2	PA; QLL
<i>testosterone gel 50 mg/5gm (1%) transdermal</i>	Testim	Tier 1	PA; QLL
<i>testosterone transdermal solution 30 mg/act</i>		Tier 1	PA; Male Only; QLL; AL (Min 18 Years)
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	testosterone	Tier 1	PA; QLL
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML		Special PA	PA
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 200 MG/ML		Tier 1	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	testosterone cypionate	Tier 1	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG		Special PA	PA; QLL; AL (Min 18 Years)
NATESTO NASAL GEL 5.5 MG/ACT		Special PA	PA; AL (Min 18 Years)
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)	testosterone	Tier 1	PA; QLL
TLANDO ORAL CAPSULE 112.5 MG		Special PA	PA; QLL; AL (Min 18 Years)
UNDECATREX ORAL CAPSULE 200 MG		Special PA	PA; QLL; AL (Min 18 Years)
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	testosterone	Tier 2	PA; QLL
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	testosterone	Tier 1	PA; QLL
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML		Tier 2	PA; QLL
ANORECTAL AND RELATED PRODUCTS			
*Intrarectal Steroids***			
<i>budesonide rectal foam 2 mg, 2 mg/act</i>	Uceris	Tier 2	PA; QLL
<i>hydrocortisone rectal enema 100 mg/60ml</i>	Cortenema	Tier 1	
CORTENEMA RECTAL ENEMA 100 MG/60ML	hydrocortisone	Tier 1	PA
CORTIFOAM EXTERNAL FOAM 10 %		Tier 2	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
UCERIS RECTAL FOAM 2 MG/ACT	budesonide	Tier 2	PA; QLL
*Nitrate Vasodilating Agents***			
<i>nitroglycerin rectal ointment 0.4 %</i>	Rectiv	Tier 1	
RECTIV RECTAL OINTMENT 0.4 %	nitroglycerin	Tier 1	PA
*Rectal Anesthetic/Steroids***			
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Lidocort	Tier 1	QLL
LIDOCORT EXTERNAL CREAM 3-0.5 %	lidocaine-hydrocort (perianal)	Tier 1	QLL
PROCTOFOAM HC EXTERNAL FOAM 1-1 %		Tier 1	
*Rectal Steroids***			
<i>hydrocortisone (perianal) external cream 1 %</i>	Preparation H	Tier 1	QLL
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Anusol-HC	Tier 1	QLL
ANUSOL-HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Tier 1	PA; QLL
PROCTO-MED HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Tier 1	QLL
PROCTOSOL HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Tier 1	QLL
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	hydrocortisone (perianal)	Tier 1	QLL
ANTACIDS			
*Antacids - Calcium Salts***			
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		Tier 3	PA; AL (Max 20 Years); OTC
ANTHELMINTICS			
*Anthelmintics***			
<i>albendazole oral tablet 200 mg</i>		Tier 1	QLL
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		Tier 1	PA; AL (Min 2 Years and Max 12 Years)
<i>ivermectin oral tablet 3 mg</i>	Stromectol	Tier 1	PA
<i>ivermectin oral tablet 6 mg</i>		Tier 1	PA
<i>praziquantel oral tablet 600 mg</i>	Biltricide	Tier 1	QLL
BILTRICIDE ORAL TABLET 600 MG	praziquantel	Tier 1	PA; QLL
EMVERM ORAL TABLET CHEWABLE 100 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
STROMEKTOL ORAL TABLET 3 MG	ivermectin	Tier 1	PA
ANTIANGINAL AGENTS			
*Antianginals-Other***			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>		Tier 1	QLL
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG		Tier 1	PA; QLL
*Nitrates***			
<i>isosorbide dinitrate tablet 10 mg oral</i>		Tier 1	QLL
<i>isosorbide dinitrate tablet 20 mg oral</i>		Tier 1	QLL
<i>isosorbide dinitrate tablet 30 mg oral</i>		Tier 1	QLL
<i>isosorbide dinitrate tablet 40 mg oral</i>	Isordil Titrados	Tier 1	
<i>isosorbide dinitrate tablet 5 mg oral</i>	Isordil Titrados	Tier 1	QLL
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		Tier 1	QLL
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		Tier 1	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>		Tier 1	
<i>nitroglycerin intravenous solution 5 mg/ml</i>		Tier 1	
<i>nitroglycerin patch 24 hour 0.1 mg/hr transdermal</i>	Nitro-Dur	Tier 1	QLL
<i>nitroglycerin patch 24 hour 0.2 mg/hr transdermal</i>	Nitro-Dur	Tier 1	QLL
<i>nitroglycerin patch 24 hour 0.4 mg/hr transdermal</i>	Nitro-Dur	Tier 1	QLL
<i>nitroglycerin patch 24 hour 0.6 mg/hr transdermal</i>	Nitro-Dur	Tier 1	
<i>nitroglycerin tablet sublingual 0.3 mg sublingual</i>	Nitrostat	Tier 1	QLL
<i>nitroglycerin tablet sublingual 0.4 mg sublingual</i>	Nitrostat	Tier 1	QLL
<i>nitroglycerin tablet sublingual 0.6 mg sublingual</i>	Nitrostat	Tier 1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Nitrolingual	Tier 1	QLL
ISORDIL TITRADOSE TABLET 40 MG ORAL	isosorbide dinitrate	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ISORDIL TITRADOSE TABLET 5 MG ORAL	isosorbide dinitrate	Tier 1	PA; QLL
NITRO-BID TRANSDERMAL OINTMENT 2 %		Tier 1	
NITRO-DUR PATCH 24 HOUR 0.1 MG/HR TRANSDERMAL	nitroglycerin	Tier 1	PA; QLL
NITRO-DUR PATCH 24 HOUR 0.2 MG/HR TRANSDERMAL	nitroglycerin	Tier 1	PA; QLL
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL		Tier 1	
NITRO-DUR PATCH 24 HOUR 0.4 MG/HR TRANSDERMAL	nitroglycerin	Tier 1	PA; QLL
NITRO-DUR PATCH 24 HOUR 0.6 MG/HR TRANSDERMAL	nitroglycerin	Tier 1	PA
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL		Tier 1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY	nitroglycerin	Tier 1	PA; QLL
NITROSTAT TABLET SUBLINGUAL 0.3 MG SUBLINGUAL	nitroglycerin	Tier 1	PA; QLL
NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL	nitroglycerin	Tier 1	PA; QLL
NITROSTAT TABLET SUBLINGUAL 0.6 MG SUBLINGUAL	nitroglycerin	Tier 1	PA
ANTIANXIETY AGENTS			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		Tier 1	QLL
<i>droperidol injection solution 2.5 mg/ml</i>		Tier 1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>		Tier 1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		Tier 1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		Tier 1	
<i>hydroxyzine pamoate capsule 100 mg oral</i>		Tier 1	
<i>hydroxyzine pamoate capsule 25 mg oral</i>		Tier 1	QLL
<i>hydroxyzine pamoate capsule 50 mg oral</i>		Tier 1	QLL
<i>meprobamate oral tablet 200 mg, 400 mg</i>		Tier 1	
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	Tier 1	QLL; AL (Min 19 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Xanax	Tier 1	QLL; AL (Min 19 Years)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		Tier 1	PA; QLL; AL (Min 19 Years)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Xanax XR	Tier 1	QLL; AL (Min 19 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		Tier 1	QLL; AL (Min 19 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		Tier 1	QLL; AL (Min 19 Years)
<i>diazepam injection solution 10 mg/2ml, 5 mg/ml</i>		Tier 1	QLL; AL (Min 19 Years)
<i>diazepam oral concentrate 5 mg/ml</i>	diazePAM Intensol	Tier 1	QLL; AL (Min 19 Years)
<i>diazepam oral solution 5 mg/5ml</i>		Tier 1	QLL; AL (Min 19 Years)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	Tier 1	QLL; AL (Min 19 Years)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	Ativan	Tier 1	QLL; AL (Min 19 Years)
<i>lorazepam oral concentrate 2 mg/ml</i>	LORazepam Intensol	Tier 1	QLL; AL (Min 19 Years)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	Tier 1	QLL; AL (Min 19 Years)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		Tier 1	QLL; AL (Min 19 Years)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 1	QLL; AL (Min 19 Years)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	lorazepam	Tier 1	PA; QLL; AL (Min 19 Years)
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	lorazepam	Tier 1	PA; QLL; AL (Min 19 Years)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	diazepam	Tier 1	QLL; AL (Min 19 Years)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	lorazepam	Tier 1	QLL; AL (Min 19 Years)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG		Tier 1	PA; QLL; AL (Min 19 Years)
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	alprazolam	Tier 1	PA; QLL; AL (Min 19 Years)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG	alprazolam er	Tier 1	PA; QLL; AL (Min 19 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ANTIARRHYTHMICS			
*Antiarrhythmics - Misc.***			
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>		Tier 1	
*Antiarrhythmics Type I-A***			
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	Tier 1	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>		Tier 1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>		Tier 1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG		Tier 1	
NORPACE ORAL CAPSULE 100 MG, 150 MG	disopyramide phosphate	Tier 1	PA
*Antiarrhythmics Type I-B***			
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>		Tier 1	
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>		Tier 1	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>		Tier 1	
<i>lidocaine hcl injection solution prefilled syringe 100 mg/5ml</i>		Tier 1	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>		Tier 1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		Tier 1	
*Antiarrhythmics Type I-C***			
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		Tier 1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>		Tier 1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Antiarrhythmics Type Iii***			
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>		Tier 1	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	Pacerone	Tier 1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Tikosyn	Tier 1	
<i>ibutilide fumarate intravenous solution 1 mg/10ml</i>	Corvert	Tier 1	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML	ibutilide fumarate	Tier 1	PA
MULTAQ ORAL TABLET 400 MG		Tier 1	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	amiodarone hcl	Tier 1	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	dofetilide	Tier 1	PA
ANTIASTHMATIC AND BRONCHODILATOR AGENTS			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>		Tier 1	PA; AL (Min 12 Years)
ZYFLO ORAL TABLET 600 MG		Tier 1	PA; QLL; AL (Min 12 Years)
*Adrenergic Combinations***			
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Breyna	Tier 1	PA; QLL; Brand Preferred
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Breo Ellipta	Tier 2	PA; QLL; Brand Preferred
<i>fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation</i>	Advair Diskus	Tier 1	PA; QLL
<i>fluticasone-salmeterol aerosol powder breath activated 113-14 mcg/act inhalation</i>	AirDuo RespiClick 113/14	Tier 2	PA; QLL
<i>fluticasone-salmeterol aerosol powder breath activated 232-14 mcg/act inhalation</i>	AirDuo RespiClick 232/14	Tier 2	PA; QLL
<i>fluticasone-salmeterol aerosol powder breath activated 250-50 mcg/act inhalation</i>	Advair Diskus	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation</i>	Advair Diskus	Tier 1	PA; QLL
<i>fluticasone-salmeterol aerosol powder breath activated 55-14 mcg/act inhalation</i>	AirDuo RespiClick 55/14	Tier 2	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Advair HFA	Tier 1	PA; QLL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		Tier 1	QLL
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	Tier 1	QLL
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	fluticasone-salmeterol	Tier 1	QLL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	fluticasone-salmeterol	Tier 2	PA; QLL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	fluticasone-salmeterol	Tier 2	PA; QLL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	fluticasone-salmeterol	Tier 2	PA; QLL
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	umeclidinium-vilanterol	Tier 1	PA; QLL; AL (Min 18 Years)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	fluticasone furoate-vilanterol	Tier 2	PA; QLL; Brand Preferred
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH		Tier 2	PA; QLL; Brand Preferred
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	Tier 1	PA; QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT		Tier 1	QLL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
DULERA AEROSOL 100-5 MCG/ACT INHALATION		Tier 1	QLL
DULERA AEROSOL 200-5 MCG/ACT INHALATION		Tier 1	QLL
DULERA AEROSOL 50-5 MCG/ACT INHALATION		Tier 2	PA; QLL
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	budesonide-formoterol fumarate	Tier 1	QLL; Brand Preferred
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250- 50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	Tier 1	QLL
*Anti-Ige Monoclonal Antibodies***			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		Tier 1	PA; AL (Min 1 Years)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		Tier 1	PA; AL (Min 1 Years)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG		Tier 1	PA; AL (Min 1 Years)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Beta Adrenergics***			
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	Tier 1	QLL
<i>albuterol sulfate nebulization solution (2.5 mg/3ml) 0.083% inhalation</i>		Tier 1	QLL
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>		Tier 1	
<i>albuterol sulfate nebulization solution 0.63 mg/3ml inhalation</i>		Tier 1	QLL
<i>albuterol sulfate nebulization solution 1.25 mg/3ml inhalation</i>		Tier 1	QLL
<i>albuterol sulfate nebulization solution 2.5 mg/0.5ml inhalation</i>		Tier 1	
<i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>		Tier 1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		Tier 1	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	Brovana	Tier 2	PA; QLL; AL (Min 18 Years)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Perforomist	Tier 2	PA; QLL; AL (Min 18 Years)
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>		Tier 1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		Tier 1	QLL
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	Tier 2	PA; QLL; Brand Preferred
<i>terbutaline sulfate injection solution 1 mg/ml</i>		Tier 1	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		Tier 1	QLL
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	arformoterol tartrate	Tier 2	PA; QLL; AL (Min 18 Years)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	formoterol fumarate	Tier 2	PA; QLL; AL (Min 18 Years)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		Tier 1	QLL; AL (Min 4 Years)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT		Tier 1	QLL; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT		Tier 2	PA; QLL; AL (Min 18 Years)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	albuterol sulfate hfa	Tier 1	QLL
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT	levalbuterol tartrate	Tier 1	QLL; Brand Preferred
*Bronchodilators - Anticholinergics***			
<i>ipratropium bromide inhalation solution 0.02 %</i>		Tier 1	QLL
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	Spiriva HandiHaler	Tier 2	PA; QLL; AL (Min 18 Years); Brand Preferred
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT		Tier 1	QLL
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT		Tier 1	PA; QLL; AL (Min 18 Years)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	tiotropium bromide monohydrate	Tier 1	QLL; AL (Min 18 Years); Brand Preferred
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25 MCG/ACT INHALATION		Tier 1	QLL; AL (Min 6 Years)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5 MCG/ACT INHALATION		Tier 1	QLL; AL (Min 12 Years)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT		Tier 1	QLL; AL (Min 18 Years)
YUPELRI INHALATION SOLUTION 175 MCG/3ML		Tier 2	PA; QLL; AL (Min 18 Years)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML		Tier 1	PA; QLL; AL (Min 6 Years)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML		Tier 1	PA; QLL; AL (Min 6 Years)
NUCALA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS		Tier 1	PA; QLL; AL (Min 6 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
NUCALA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS		Tier 1	PA; QLL; AL (Min 6 Years and Max 11 Years)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Tier 1	PA; QLL; AL (Min 6 Years)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	PA; QLL; AL (Min 6 Years)
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet 4 mg</i>	Singulair	Tier 1	PA; QLL; AL (Max 2 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	Tier 1	QLL
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	Singulair	Tier 1	QLL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	Tier 1	QLL
ACCOLATE ORAL TABLET 10 MG, 20 MG	zafirlukast	Tier 1	PA; QLL
SINGULAIR ORAL PACKET 4 MG	montelukast sodium	Tier 1	PA; QLL; AL (Max 2 Years)
SINGULAIR ORAL TABLET 10 MG	montelukast sodium	Tier 1	PA; QLL
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG	montelukast sodium	Tier 1	PA; QLL
*Mixed Adrenergics***			
S2 (RACEPINEPHRINE) INHALATION NEBULIZATION SOLUTION 2.25 %		Tier 1	PA; AL (Max 20 Years); OTC
*Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors***			
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Daliresp	Tier 1	PA; QLL
DALIRESP ORAL TABLET 250 MCG, 500 MCG	roflumilast	Tier 1	PA; QLL
*Steroid Inhalants***			
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	Tier 1	QLL; AL (Max 8 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>		Tier 2	PA; QLL
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		Tier 2	PA; QLL
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT		Tier 2	PA; QLL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION		Tier 1	PA; QLL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION		Tier 1	PA; QLL
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION		Tier 1	PA; QLL; AL (Max 11 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Tier 1	QLL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Tier 1	QLL
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION		Tier 1	QLL; AL (Min 4 Years and Max 11 Years)
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION		Tier 1	QLL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Tier 1	QLL
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION		Tier 1	QLL
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION		Tier 1	QLL
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION		Tier 1	QLL; AL (Max 11 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		Tier 1	PA; QLL; Generic Preferred
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	budesonide	Tier 1	PA; QLL; AL (Max 8 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT		Tier 1	QLL
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML		Tier 1	PA; QLL; AL (Min 12 Years)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML		Tier 1	PA; QLL; AL (Min 12 Years)
*Xanthines***			
<i>aminophylline intravenous solution 25 mg/ml</i>		Tier 1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>		Tier 1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		Tier 1	
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	Tier 1	
<i>theophylline oral solution 80 mg/15ml</i>		Tier 1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG		Tier 1	
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	Tier 1	
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	Tier 1	
*Direct Factor Xa Inhibitors***			
<i>rivaroxaban oral tablet 2.5 mg</i>	Xarelto	Tier 1	PA; QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		Tier 1	QLL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		Tier 1	QLL
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Tier 1	PA; QLL
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML		Tier 1	QLL; AL (Max 10 Years)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		Tier 1	QLL
XARELTO TABLET 10 MG ORAL		Tier 1	QLL
XARELTO TABLET 15 MG ORAL		Tier 1	QLL
XARELTO TABLET 2.5 MG ORAL	rivaroxaban	Tier 1	QLL; Brand Preferred
XARELTO TABLET 20 MG ORAL		Tier 1	QLL
*Heparins And Heparinoid-Like Agents***			
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>		Tier 1	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>		Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		Tier 1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>		Tier 1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>		Tier 1	
*In Vitro/Lock Anticoagulant Combinations***			
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<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	Tier 1	QLL
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML		Tier 1	QLL
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML		Tier 1	QLL
LOVENOX INJECTION SOLUTION 300 MG/3ML	enoxaparin sodium	Tier 1	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	Tier 1	PA; QLL
*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	Tier 1	QLL
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	fondaparinux sodium	Tier 1	PA; QLL
*Thrombin Inhibitors - Hirudin Type***			
<i>bivalirudin trifluoroacetate intravenous solution 250 mg/50ml</i>		Tier 1	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg</i>	Angiomax	Tier 1	
*Thrombin Inhibitors - Selective Direct & Reversible***			
<i>argatroban in sodium chloride intravenous solution 50-0.9 mg/50ml-%</i>		Tier 1	
<i>argatroban intravenous solution 250 mg/2.5ml, 50 mg/50ml</i>		Tier 1	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	Tier 1	PA; QLL; Brand Preferred
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	dabigatran etexilate mesylate	Tier 1	PA; QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG		Tier 1	PA; QLL; AL (Max 7 Years)
ANTICONVULSANTS			
*Ampa Glutamate Receptor Antagonists***			
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		Tier 1	QLL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 1	QLL
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension 10 mg/4ml, 2.5 mg/ml</i>	Onfi	Tier 1	QLL
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	Tier 1	QLL
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	KlonoPIN	Tier 1	QLL
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		Tier 1	QLL
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		Tier 1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	clonazepam	Tier 1	PA; QLL
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG		Tier 1	QLL; AL (Min 2 Years and Max 5 Years)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML		Tier 1	QLL
ONFI ORAL SUSPENSION 2.5 MG/ML	clobazam	Tier 1	PA; QLL
ONFI ORAL TABLET 10 MG, 20 MG	clobazam	Tier 1	PA; QLL
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG		Tier 1	PA; QLL; AL (Min 2 Years and Max 6 Years)
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML		Tier 1	QLL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML		Tier 1	QLL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML		Tier 1	QLL
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Anticonvulsants - Misc.***			
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	Tier 1	QLL
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	Tier 1	QLL
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	TEGretol	Tier 1	QLL
<i>carbamazepine oral tablet 200 mg</i>	Epitol	Tier 1	QLL
<i>carbamazepine tablet chewable 100 mg oral</i>		Tier 1	QLL
<i>carbamazepine tablet chewable 200 mg oral</i>		Tier 1	PA; QLL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	Tier 1	QLL
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	Tier 1	QLL
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	Tier 1	QLL
<i>lacosamide intravenous solution 200 mg/20ml</i>	Vimpat	Tier 1	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Vimpat	Tier 1	QLL
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Vimpat	Tier 1	QLL
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	Tier 1	PA; QLL
<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	Tier 1	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	Tier 1	QLL
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	Tier 1	QLL; AL (Max 11 Years)
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	Tier 1	QLL; AL (Max 11 Years)
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LaMICtal Starter	Tier 1	PA
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	LaMICtal Starter	Tier 1	PA
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	LaMICtal Starter	Tier 1	PA
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>		Tier 1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	Keppra	Tier 1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Keppra	Tier 1	QLL
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	Tier 1	QLL
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	Oxtellar XR	Tier 1	PA; QLL
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	Tier 1	QLL
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	Tier 1	QLL
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Lyrica	Tier 1	QLL
<i>pregabalin oral solution 20 mg/ml</i>	Lyrica	Tier 1	QLL
<i>primidone tablet 125 mg oral</i>		Tier 1	PA; QLL
<i>primidone tablet 250 mg oral</i>	Mysoline	Tier 1	
<i>primidone tablet 50 mg oral</i>	Mysoline	Tier 1	QLL
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	Tier 1	PA; QLL; Brand Preferred
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Banzel	Tier 1	PA; QLL; Brand Preferred
<i>topiramate capsule sprinkle 15 mg oral</i>	Topamax Sprinkle	Tier 1	QLL; AL (Max 11 Years)
<i>topiramate capsule sprinkle 25 mg oral</i>	Topamax Sprinkle	Tier 1	QLL; AL (Max 11 Years)
<i>topiramate capsule sprinkle 50 mg oral</i>		Tier 1	PA; QLL; AL (Max 11 Years)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Qudexy XR	Tier 1	PA; QLL
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Trokendi XR	Tier 1	PA; QLL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	Tier 1	QLL
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	Tier 1	QLL
<i>zonisamide oral capsule 50 mg</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG		Tier 1	PA; QLL
BANZEL ORAL SUSPENSION 40 MG/ML	rufinamide	Tier 1	PA; QLL; Brand Preferred
BANZEL ORAL TABLET 200 MG, 400 MG	rufinamide	Tier 1	PA; QLL; Brand Preferred
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML		Tier 1	PA
BRIVIACT ORAL SOLUTION 10 MG/ML		Tier 1	PA; AL (Max 12 Years)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		Tier 1	PA; QLL
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	carbamazepine er	Tier 1	PA; QLL
DIACOMIT ORAL CAPSULE 250 MG, 500 MG		Tier 1	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG		Tier 1	PA
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG		Tier 1	PA; QLL; AL (Min 12 Years)
EPIDIOLEX ORAL SOLUTION 100 MG/ML		Tier 1	PA; AL (Min 2 Years)
EPITOL ORAL TABLET 200 MG	carbamazepine	Tier 1	QLL
EPRONTIA ORAL SOLUTION 25 MG/ML		Tier 1	PA; QLL; AL (Max 11 Years)
FINTEPLA ORAL SOLUTION 2.2 MG/ML		Tier 1	PA; QLL; AL (Min 2 Years)
GABARONE ORAL TABLET 100 MG, 400 MG		Tier 1	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	levetiracetam	Tier 1	PA
KEPPRA ORAL SOLUTION 100 MG/ML	levetiracetam	Tier 1	PA; QLL
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	levetiracetam	Tier 1	PA; QLL
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	levetiracetam er	Tier 1	PA; QLL
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	lamotrigine	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	lamotrigine	Tier 1	PA; QLL; AL (Max 11 Years)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	Tier 1	PA; QLL
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	lamotrigine	Tier 1	PA; QLL; AL (Max 11 Years)
LAMICTAL STARTER ORAL KIT 35 X 25 MG	lamotrigine starter kit-blue	Tier 1	PA
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG	lamotrigine starter kit-orange	Tier 1	PA
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	lamotrigine starter kit-green	Tier 1	PA
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG		Tier 1	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	lamotrigine er	Tier 1	PA; QLL
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	pregabalin	Tier 1	PA; QLL
LYRICA ORAL SOLUTION 20 MG/ML	pregabalin	Tier 1	PA; QLL
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG		Tier 1	PA; QLL
MYSOLINE TABLET 250 MG ORAL	primidone	Tier 1	PA
MYSOLINE TABLET 50 MG ORAL	primidone	Tier 1	PA; QLL
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	gabapentin	Tier 1	PA; QLL
NEURONTIN ORAL SOLUTION 250 MG/5ML	gabapentin	Tier 1	PA; QLL
NEURONTIN ORAL TABLET 600 MG, 800 MG	gabapentin	Tier 1	PA; QLL
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	oxcarbazepine er	Tier 1	PA; QLL
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	topiramate er	Tier 1	PA; QLL
ROWEEPRA ORAL TABLET 500 MG	levetiracetam	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		Tier 1	PA; QLL
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	levetiracetam	Tier 1	PA; QLL
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	Tier 1	QLL
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	lamotrigine starter kit- blue	Tier 1	PA
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	lamotrigine starter kit- green	Tier 1	PA
SUBVENITE STARTER KIT- ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	lamotrigine starter kit- orange	Tier 1	PA
TEGRETOL ORAL SUSPENSION 100 MG/5ML	carbamazepine	Tier 1	PA; QLL
TEGRETOL ORAL TABLET 200 MG	carbamazepine	Tier 1	PA; QLL
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	carbamazepine er	Tier 1	PA; QLL
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	topiramate	Tier 1	PA; QLL
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	topiramate	Tier 1	PA; QLL; AL (Max 11 Years)
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	oxcarbazepine	Tier 1	PA; QLL
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	oxcarbazepine	Tier 1	PA; QLL
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	topiramate er	Tier 1	PA; QLL
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	lacosamide	Tier 1	PA
VIMPAT ORAL SOLUTION 10 MG/ML	lacosamide	Tier 1	PA; QLL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	lacosamide	Tier 1	PA; QLL
ZONEGRAN ORAL CAPSULE 100 MG	zonisamide	Tier 3	PA; QLL; AL (Max 20 Years)
ZONISADE ORAL SUSPENSION 100 MG/5ML		Tier 1	PA; QLL
ZTALMY ORAL SUSPENSION 50 MG/ML		Tier 1	PA; QLL; AL (Min 2 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Carbamates***			
<i>felbamate oral suspension 600 mg/5ml</i>		Tier 1	PA
<i>felbamate tablet 400 mg oral</i>	Felbatol	Tier 1	PA; QLL
<i>felbamate tablet 600 mg oral</i>	Felbatol	Tier 1	PA
FELBATOL TABLET 400 MG ORAL	felbamate	Tier 1	PA; QLL
FELBATOL TABLET 600 MG ORAL	felbamate	Tier 1	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG		Tier 1	PA; QLL
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG		Tier 1	PA; QLL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG		Tier 1	PA; QLL
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG		Tier 1	PA; QLL
*Gaba Modulators***			
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		Tier 1	
<i>vigabatrin oral packet 500 mg</i>	Sabril	Tier 1	PA; Brand Preferred
<i>vigabatrin oral tablet 500 mg</i>	Sabril	Tier 1	PA; Brand Preferred
SABRIL ORAL PACKET 500 MG	vigabatrin	Tier 1	PA; Brand Preferred
SABRIL ORAL TABLET 500 MG	vigabatrin	Tier 1	PA; Brand Preferred
VIGADRONE ORAL PACKET 500 MG	vigabatrin	Tier 1	PA; Brand Preferred
VIGADRONE ORAL TABLET 500 MG	vigabatrin	Tier 1	PA; Brand Preferred
VIGAFYDE ORAL SOLUTION 100 MG/ML		Tier 1	PA; QLL; AL (Max 2 Years)
VIGPODER ORAL PACKET 500 MG	vigabatrin	Tier 1	PA; Brand Preferred
*Hydantoins***			
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	Cerebyx	Tier 1	
<i>phenytoin oral suspension 125 mg/5ml</i>	Dilantin-125	Tier 1	QLL
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	Tier 1	QLL
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	Tier 1	QLL
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>phenytoin sodium injection solution 50 mg/ml</i>		Tier 1	
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	fosphenytoin sodium	Tier 1	PA
DILANTIN CAPSULE 100 MG ORAL	phenytoin sodium extended	Tier 1	PA; QLL
DILANTIN CAPSULE 30 MG ORAL		Tier 1	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	Tier 1	PA; QLL
DILANTIN ORAL SUSPENSION 125 MG/5ML	phenytoin	Tier 1	PA; QLL
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	phenytoin	Tier 1	PA; QLL
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	phenytoin sodium extended	Tier 1	QLL
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	Tier 1	QLL
*Succinimides***			
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	Tier 1	QLL
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	Tier 1	
<i>methsuximide oral capsule 300 mg</i>	Celontin	Tier 1	
CELONTIN ORAL CAPSULE 300 MG	methsuximide	Tier 1	PA
ZARONTIN ORAL CAPSULE 250 MG	ethosuximide	Tier 1	PA; QLL
ZARONTIN ORAL SOLUTION 250 MG/5ML	ethosuximide	Tier 1	PA
*Valproic Acid***			
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	Tier 1	QLL
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	Tier 1	QLL; AL (Max 11 Years)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	Tier 1	QLL
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>		Tier 1	QLL
<i>valproic acid oral capsule 250 mg</i>		Tier 1	QLL
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>		Tier 1	QLL
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	divalproex sodium er	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	divalproex sodium	Tier 1	PA; QLL
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	divalproex sodium	Tier 1	PA; QLL; AL (Max 11 Years)
ANTIDEPRESSANTS			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	Tier 1	QLL
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		Tier 1	QLL
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	Tier 1	QLL
REMERON ORAL TABLET 15 MG, 30 MG	mirtazapine	Tier 1	PA; QLL
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	mirtazapine	Tier 1	PA; QLL
*Antidepressant - Miscellaneous Combinations***			
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG		Special PA	PA; QLL
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	Tier 1	QLL
<i>bupropion hcl er (xl) tablet extended release 24 hour 150 mg oral</i>	Wellbutrin XL	Tier 1	QLL
<i>bupropion hcl er (xl) tablet extended release 24 hour 300 mg oral</i>	Wellbutrin XL	Tier 1	QLL
<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	Forfivo XL	Special PA	PA; QLL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		Tier 1	QLL
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG		Tier 1	QLL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	bupropion hcl er (xl)	Special PA	PA; QLL
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	bupropion hcl er (sr)	Tier 1	PA; QLL
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	bupropion hcl er (xl)	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Gaba Receptor Modulator - Neuroactive Steroid***			
ZURZUVAE ORAL CAPSULE 25 MG, 30 MG		Special PA	PA; QLL; AL (Min 18 Years)
*Monoamine Oxidase Inhibitors (Maois)***			
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	Tier 3	ST
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	Tier 3	ST
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		Tier 3	ST; QLL
MARPLAN ORAL TABLET 10 MG		Special PA	PA
NARDIL ORAL TABLET 15 MG	phenelzine sulfate	Tier 3	ST
*N-Methyl-D-Aspartic Acid (Nmda) Receptor Antagonists***			
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		Special PA	PA; QLL; AL (Min 18 Years)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE		Special PA	PA; QLL; AL (Min 18 Years)
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
<i>citalopram hydrobromide oral capsule 30 mg</i>		Special PA	PA; QLL; AL (Min 6 Years and Max 59 Years)
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		Tier 1	
<i>citalopram hydrobromide tablet 10 mg oral</i>	CeleXA	Tier 1	QLL
<i>citalopram hydrobromide tablet 20 mg oral</i>	CeleXA	Tier 1	QLL
<i>citalopram hydrobromide tablet 40 mg oral</i>	CeleXA	Tier 1	QLL; AL (Max 59 Years)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	Tier 1	QLL
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PROzac	Tier 1	QLL
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		Tier 1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>		Special PA	PA; QLL
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		Special PA	PA; QLL
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		Tier 1	QLL
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Paxil CR	Special PA	PA; QLL
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	Paxil	Tier 1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Paxil	Tier 1	QLL
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>		Special PA	PA; QLL
<i>sertraline hcl oral concentrate 20 mg/ml</i>	Zoloft	Tier 1	QLL
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	Zoloft	Tier 1	QLL
CELEXA TABLET 10 MG ORAL	citalopram hydrobromide	Tier 1	PA; QLL
CELEXA TABLET 20 MG ORAL	citalopram hydrobromide	Tier 1	PA; QLL
CELEXA TABLET 40 MG ORAL	citalopram hydrobromide	Tier 1	PA; QLL; AL (Max 56 Years)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	escitalopram oxalate	Tier 1	PA; QLL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	paroxetine hcl er	Special PA	PA; QLL
PAXIL ORAL SUSPENSION 10 MG/5ML	paroxetine hcl	Tier 1	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	paroxetine hcl	Tier 1	PA; QLL
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	fluoxetine hcl	Tier 1	PA; QLL
ZOLOFT ORAL CONCENTRATE 20 MG/ML	sertraline hcl	Tier 1	PA; QLL
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	sertraline hcl	Tier 1	PA; QLL
*Serotonin Modulators***			
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>		Tier 3	ST
<i>trazodone hcl tablet 100 mg oral</i>		Tier 1	
<i>trazodone hcl tablet 150 mg oral</i>		Tier 1	
<i>trazodone hcl tablet 300 mg oral</i>		Special PA	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>trazodone hcl tablet 50 mg oral</i>		Tier 1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Viibryd	Tier 3	ST; QLL
RALDESY ORAL SOLUTION 10 MG/ML		Special PA	PA; QLL; AL (Min 18 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		Tier 3	ST; QLL
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	vilazodone hcl	Tier 3	ST; QLL
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>		Tier 3	ST; QLL
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	Pristiq	Tier 2	ST; QLL
<i>duloxetine hcl capsule delayed release particles 20 mg oral</i>	Cymbalta	Tier 1	QLL
<i>duloxetine hcl capsule delayed release particles 30 mg oral</i>	Cymbalta	Tier 1	QLL
<i>duloxetine hcl capsule delayed release particles 40 mg oral</i>		Special PA	PA; QLL
<i>duloxetine hcl capsule delayed release particles 60 mg oral</i>	Cymbalta	Tier 1	QLL
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>		Special PA	PA; QLL
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	Effexor XR	Tier 1	QLL
<i>venlafaxine hcl er tablet extended release 24 hour 150 mg oral</i>		Tier 1	QLL
<i>venlafaxine hcl er tablet extended release 24 hour 225 mg oral</i>		Special PA	PA; QLL
<i>venlafaxine hcl er tablet extended release 24 hour 37.5 mg oral</i>		Tier 1	QLL
<i>venlafaxine hcl er tablet extended release 24 hour 75 mg oral</i>		Tier 1	QLL
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		Tier 1	QLL
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	duloxetine hcl	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG		Special PA	PA; QLL; AL (Max 10 Years)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	venlafaxine hcl er	Tier 1	PA; QLL
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		Tier 3	ST; QLL
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		Tier 3	ST; QLL
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	desvenlafaxine succinate er	Tier 2	ST; QLL
*Tricyclic Agents***			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		Tier 1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		Tier 1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	Tier 1	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	Tier 1	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		Tier 1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		Tier 1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>		Tier 1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		Tier 1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		Tier 1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	Tier 1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		Tier 3	PA; AL (Max 20 Years)
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		Tier 1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		Tier 1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	clomipramine hcl	Tier 1	PA
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	nortriptyline hcl	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ANTIDIABETICS			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		Tier 1	QLL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>		Tier 3	PA
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		Tier 1	PA; QLL; AL (Min 15 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		Tier 1	PA; QLL; AL (Min 15 Years)
*Antidiabetic-Anti-Cd3 Antibodies***			
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML		Tier 1	PA; QLL; AL (Min 8 Years)
*Biguanides***			
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>		Special PA	PA; QLL
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>		Special PA	PA; QLL
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>		Tier 1	QLL
<i>metformin hcl oral solution 500 mg/5ml</i>	Riomet	Special PA	PA
<i>metformin hcl tablet 1000 mg oral</i>		Tier 1	QLL
<i>metformin hcl tablet 500 mg oral</i>		Tier 1	QLL
<i>metformin hcl tablet 625 mg oral</i>		Special PA	PA; QLL
<i>metformin hcl tablet 750 mg oral</i>		Special PA	PA; QLL
<i>metformin hcl tablet 850 mg oral</i>		Tier 1	QLL
*Diabetic Other***			
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	Tier 1	
<i>glucagon emergency injection kit 1 mg</i>		Tier 1	
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		Tier 1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		Tier 1	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML		Tier 1	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML		Tier 1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML		Tier 1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	diazoxide	Tier 1	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML		Tier 1	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML		Tier 1	
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		Tier 3	PA
<i>saxagliptin hcl oral tablet 2.5 mg</i>		Special PA	PA; QLL
<i>saxagliptin hcl oral tablet 5 mg</i>	Onglyza	Special PA	PA; QLL
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Zituvio	Special PA	PA; QLL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG		Tier 2	ST; QLL
ONGLYZA ORAL TABLET 5 MG	saxagliptin hcl	Special PA	PA; QLL
TRADJENTA ORAL TABLET 5 MG		Tier 2	ST; QLL
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	sitagliptin	Special PA	PA
*Dipeptidyl Peptidase-4 Inhibitor- Biguanide Combinations***			
<i>alogliptin-metformin hcl oral tablet 12.5- 1000 mg, 12.5-500 mg</i>		Tier 3	PA
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5- 1000 mg, 5-500 mg</i>		Special PA	PA; QLL
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Zituvimet	Special PA	PA; QLL
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG		Tier 2	ST; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG, 50-1000 MG, 50-500 MG		Tier 2	ST; QLL
JENTADUETO ORAL TABLET 2.5- 1000 MG, 2.5-500 MG, 2.5-850 MG		Tier 2	ST; QLL
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5- 1000 MG, 5-1000 MG		Tier 2	ST; QLL
ZITUVIMET ORAL TABLET 50-1000 MG, 50-500 MG	sitagliptin base- metformin hcl	Special PA	PA; QLL
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100- 1000 MG, 50-1000 MG, 50-500 MG		Special PA	PA; QLL
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET ORAL TABLET 0.8 MG		Tier 3	PA; QLL
*Dpp-4 Inhibitor- Thiazolidinedione Combinations***			
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		Tier 3	PA
*Human Insulin***			
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70- 30) 100 unit/ml</i>	NovoLOG 70/30 FlexPen ReliOn	Tier 1	QLL; Generic Preferred
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NovoLOG FlexPen	Tier 1	QLL; Generic Preferred
<i>insulin aspart injection solution 100 unit/ml</i>	NovoLOG	Tier 1	QLL; Generic Preferred
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NovoLOG PenFill	Tier 1	QLL
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NovoLOG Mix 70/30	Tier 1	QLL; Generic Preferred
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Tresiba FlexTouch	Tier 1	QLL; Brand Preferred
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tresiba	Tier 1	QLL; Brand Preferred
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo Max SoloStar	Tier 1	QLL; Brand Preferred
<i>insulin glargine solostar solution pen- injector 100 unit/ml subcutaneous</i>	Basaglar KwikPen	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>insulin glargine solostar solution pen-injector 300 unit/ml subcutaneous</i>	Toujeo SoloStar	Tier 1	QLL; Brand Preferred
<i>insulin glargine subcutaneous solution 100 unit/ml</i>	Lantus	Tier 3	PA; QLL
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Semglee (yfgn)	Tier 1	QLL
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Semglee (yfgn)	Tier 1	QLL
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	Admelog SoloStar	Tier 1	QLL; Brand Preferred
<i>insulin lispro injection solution 100 unit/ml</i>	Admelog	Tier 1	QLL; Brand Preferred
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	Tier 1	QLL
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	Tier 1	QLL; Generic Preferred
ADMELOG INJECTION SOLUTION 100 UNIT/ML	insulin lispro	Tier 1	PA; QLL; Brand Preferred
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro (1 unit dial)	Tier 1	PA; QLL; Brand Preferred
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		Tier 1	PA; AL (Min 18 Years)
APIDRA INJECTION SOLUTION 100 UNIT/ML		Tier 1	QLL
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine solostar	Tier 1	PA; QLL
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	PA; QLL
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	PA; QLL
FIASP INJECTION SOLUTION 100 UNIT/ML		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Tier 1	PA; QLL
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Tier 1	PA; QLL
HUMALOG INJECTION SOLUTION 100 UNIT/ML	insulin lispro	Tier 1	QLL; Brand Preferred
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin lispro junior kwikpen	Tier 1	PA; QLL
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	insulin lispro (1 unit dial)	Tier 1	QLL; Brand Preferred
HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS		Tier 1	PA; QLL
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML		Tier 1	QLL
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	insulin lispro prot & lispro	Tier 1	PA; QLL; Generic Preferred
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML		Tier 1	QLL
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML		Tier 1	QLL; Brand Preferred
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		Tier 1	QLL; OTC
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		Tier 1	QLL; OTC
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL; OTC
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 1	QLL; OTC
HUMULIN R INJECTION SOLUTION 100 UNIT/ML		Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML		Tier 1	PA; QLL
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML		Tier 1	QLL
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML	insulin glargine solostar	Tier 1	QLL
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine	Tier 1	QLL
LYUMJEV INJECTION SOLUTION 100 UNIT/ML		Tier 1	PA; QLL
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML		Tier 1	PA; QLL
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML		Tier 1	PA; QLL
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML		Tier 1	QLL; OTC
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	Tier 1	PA; QLL; Generic Preferred
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin aspart flexpen	Tier 1	PA; QLL; Generic Preferred
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin aspart flexpen	Tier 1	QLL; Generic Preferred
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	insulin aspart	Tier 1	QLL; Generic Preferred
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	insulin asp prot & asp flexpen	Tier 1	QLL; Generic Preferred
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	Tier 1	PA; QLL; Generic Preferred
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	insulin aspart prot & aspart	Tier 1	QLL; Generic Preferred
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	insulin aspart penfill	Tier 1	QLL
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	insulin aspart	Tier 1	PA; QLL; Generic Preferred
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Tier 1	PA; QLL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin glargine-yfgn	Tier 1	PA; QLL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	insulin glargine-yfgn	Tier 1	PA; QLL
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	insulin glargine max solostar	Tier 1	QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML	insulin glargine solostar	Tier 1	QLL; Brand Preferred
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML	insulin degludec flectouch	Tier 1	QLL; Brand Preferred
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	insulin degludec	Tier 1	QLL; Brand Preferred
*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		Special PA	PA; QLL
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	Victoza	Special PA	ST; QLL
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	Victoza	Special PA	ST; QLL; Brand Preferred
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	Victoza	Tier 1	ST; QLL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML		Tier 3	PA; QLL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MCG/0.04ML	exenatide	Tier 2	ST; QLL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MCG/0.02ML		Tier 2	ST; QLL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML		Tier 3	PA; QLL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML		Tier 3	PA; QLL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 8 MG/3ML		Tier 3	PA; QLL
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG		Tier 3	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		Tier 3	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		Tier 2	ST; QLL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	liraglutide	Tier 2	ST; QLL
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		Tier 3	PA; QLL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		Tier 3	PA; QLL
*Meglitinide Analogues***			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		Tier 2	ST; QLL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		Tier 1	QLL
*Progesterone Receptor Antagonists***			
<i>mifepristone oral tablet 300 mg</i>	Korlym	Tier 1	PA; QLL
KORLYM ORAL TABLET 300 MG	mifepristone	Tier 1	PA; QLL
*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		Tier 1	QLL
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Tier 1	QLL
QTERN ORAL TABLET 10-5 MG, 5-5 MG		Special PA	PA; QLL
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG		Special PA	PA; QLL
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Farxiga	Special PA	PA; QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
FARXIGA ORAL TABLET 10 MG, 5 MG	dapagliflozin propanediol	Tier 1	QLL; Brand Preferred
INVOKANA ORAL TABLET 100 MG, 300 MG		Tier 2	ST; QLL
JARDIANCE ORAL TABLET 10 MG, 25 MG		Tier 1	QLL
STEGLATRO ORAL TABLET 15 MG, 5 MG		Special PA	PA; QLL
*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	Special PA	ST; QLL; Brand Preferred
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		Tier 2	ST; QLL
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		Tier 2	ST; QLL
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG		Special PA	PA; QLL
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG		Tier 2	ST; QLL
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG		Tier 2	ST; QLL
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	dapagliflozin pro-metformin er	Tier 2	ST; QLL; Brand Preferred
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG		Tier 2	ST; QLL; Brand Preferred
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		Tier 1	QLL
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		Tier 1	QLL
*Sulfonylureas***			
<i>glimepiride tablet 1 mg oral</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>glimepiride tablet 2 mg oral</i>		Tier 1	QLL
<i>glimepiride tablet 3 mg oral</i>		Tier 1	PA; QLL
<i>glimepiride tablet 4 mg oral</i>		Tier 1	QLL
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	Tier 1	QLL
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		Tier 1	QLL
<i>glipizide tablet 10 mg oral</i>		Tier 1	QLL
<i>glipizide tablet 2.5 mg oral</i>		Special PA	PA; QLL
<i>glipizide tablet 5 mg oral</i>		Tier 1	QLL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		Tier 1	QLL
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		Tier 1	QLL
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	glipizide er	Tier 1	PA; QLL
*Sulfonylurea-Thiazolidinedione Combinations***			
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	Tier 3	PA
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	pioglitazone hcl-glimepiride	Tier 3	PA
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>		Tier 3	PA
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i>	Actoplus Met	Tier 3	PA
ACTOPLUS MET ORAL TABLET 15-850 MG	pioglitazone hcl-metformin hcl	Tier 3	PA
*Thiazolidinediones***			
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	Tier 1	QLL
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	pioglitazone hcl	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ANTIDIARRHEAL/PROBIOTIC AGENTS			
*Antidiarrheal - Chloride Channel Antagonists***			
MYTESI ORAL TABLET DELAYED RELEASE 125 MG		Tier 1	PA; QLL
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		Tier 1	QLL
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	Tier 1	QLL
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	Tier 1	QLL
<i>opium oral tincture 10 mg/ml (1%)</i>		Tier 1	
LOMOTIL ORAL TABLET 2.5-0.025 MG	diphenoxylate-atropine	Tier 1	PA; QLL
MOTOFEN ORAL TABLET 1-0.025 MG		Tier 1	PA; QLL; AL (Min 3 Years)
ANTIDOTES AND SPECIFIC ANTAGONISTS			
*Antidotes - Chelating Agents***			
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	Jadenu Sprinkle	Tier 1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	Jadenu Sprinkle	Tier 1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	Jadenu	Tier 1	PA; AL (Min 3 Years)
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	Exjade	Tier 1	AL (Min 3 Years)
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	Ferriprox	Tier 1	PA
CHEMET ORAL CAPSULE 100 MG		Tier 1	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	deferasirox	Tier 1	PA; AL (Min 3 Years)
FERRIPROX ORAL SOLUTION 100 MG/ML		Tier 1	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG	deferiprone	Tier 1	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG		Tier 1	PA
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	deferasirox	Tier 1	PA; AL (Min 3 Years)
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG	deferasirox	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Antidotes And Specific Antagonists***			
<i>acetylcysteine intravenous solution 200 mg/ml</i>	Acetadote	Tier 1	
<i>deferoxamine mesylate injection solution reconstituted 2 gm</i>		Tier 1	
<i>deferoxamine mesylate injection solution reconstituted 500 mg</i>	Desferal	Tier 1	
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>		Tier 1	
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML	acetylcysteine	Tier 1	PA
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML		Tier 1	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG	deferoxamine mesylate	Tier 1	PA
*Benzodiazepine Antagonists***			
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>		Tier 1	
*Opioid Antagonists***			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		Tier 1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		Tier 1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	Tier 1	QLL
<i>naloxone hcl solution prefilled syringe 0.4 mg/ml injection</i>		Tier 1	
<i>naloxone hcl solution prefilled syringe 2 mg/2ml injection</i>		Tier 1	QLL
<i>naltrexone hcl oral tablet 50 mg</i>		Tier 1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML		Tier 1	QLL
NARCAN NASAL LIQUID 4 MG/0.1ML	naloxone hcl	Tier 1	PA; QLL
OPVEE NASAL SOLUTION 2.7 MG/0.1ML		Tier 1	QLL; AL (Min 12 Years)
REXTOVY NASAL LIQUID 4 MG/0.25ML		Tier 1	QLL
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML		Tier 1	QLL
ANTIEMETICS			
*5-Ht3 Receptor Antagonists***			
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>		Tier 1	PA
<i>granisetron hcl oral tablet 1 mg</i>		Tier 1	PA; QLL
<i>ondansetron hcl +rfd injection solution 4 mg/2ml</i>		Tier 1	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>		Tier 1	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>		Tier 1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>		Tier 1	QLL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		Tier 1	QLL
<i>ondansetron tablet dispersible 16 mg oral</i>		Tier 1	PA; QLL
<i>ondansetron tablet dispersible 4 mg oral</i>		Tier 1	QLL
<i>ondansetron tablet dispersible 8 mg oral</i>		Tier 1	QLL
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	Posfrea	Tier 1	QLL
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>		Tier 1	PA; QLL
ANZEMET ORAL TABLET 50 MG		Tier 1	PA; QLL
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML	palonosetron hcl	Tier 1	QLL
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR		Tier 1	PA; QLL
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML		Tier 1	PA; QLL
*Antiemetic Combinations***			
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	Diclegis	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); Brand Preferred
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML		Tier 1	PA; QLL
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML		Tier 1	PA; QLL
AKYNZEO ORAL CAPSULE 300-0.5 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG		Tier 1	PA; QLL; AL (Min 10 Years and Max 50 Years)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG	doxylamine-pyridoxine	Tier 1	Female Only; QLL; AL (Min 10 Years and Max 50 Years); Brand Preferred
*Antiemetics - Anticholinergic***			
<i>dimenhydrinate injection solution 50 mg/ml</i>		Tier 1	
<i>meclizine hcl oral tablet 12.5 mg, 50 mg</i>		Tier 1	
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	Tier 1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>		Tier 1	QLL
<i>trimethobenzamide hcl oral capsule 300 mg</i>		Tier 1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML		Tier 1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	scopolamine	Tier 1	PA; QLL
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule 10 mg, 5 mg</i>		Tier 1	PA; QLL
<i>dronabinol oral capsule 2.5 mg</i>	Marinol	Tier 1	PA; QLL
MARINOL ORAL CAPSULE 2.5 MG	dronabinol	Tier 1	PA; QLL
SYNDROS ORAL SOLUTION 5 MG/ML		Tier 1	PA; AL (Max 20 Years)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral 80 & 125 mg</i>	Emend TriPack	Tier 1	PA; QLL
<i>aprepitant oral capsule 125 mg, 40 mg</i>		Tier 1	PA; QLL
<i>aprepitant oral capsule 80 & 125 mg</i>	Emend TriPack	Tier 1	PA; QLL
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	Tier 1	PA; QLL
<i>focinvez intravenous solution 150 mg/50ml</i>		Tier 1	PA; QLL
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	Emend	Tier 1	PA; QLL
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML		Tier 1	PA; QLL
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
EMEND BIPACK ORAL CAPSULE 80 MG	aprepitant	Tier 1	PA; QLL
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	fosaprepitant dimeglumine	Tier 1	PA; QLL
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML		Tier 1	PA; QLL; AL (Max 6 Years)
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG	aprepitant	Tier 1	PA; QLL
ANTIFUNGALS			
*Antifungal - Glucan Synthesis Inhibitors (Echinocandins)***			
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	Cancidas	Tier 1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	Mycamine	Tier 1	
<i>micafungin sodium-nacl intravenous solution 100-0.9 mg/100ml-%, 150-0.9 mg/150ml-%, 50-0.9 mg/50ml-%</i>		Tier 1	QLL
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	caspofungin acetate	Tier 1	PA
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	micafungin sodium	Tier 1	PA
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***			
BREXAFEMME ORAL TABLET 150 MG		Tier 1	PA; QLL; AL (Min 10 Years)
*Antifungals***			
<i>amphotericin b intravenous solution reconstituted 50 mg</i>		Tier 1	
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	AmBisome	Tier 1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Ancobon	Tier 1	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		Tier 1	
<i>griseofulvin microsize oral tablet 500 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		Tier 1	
<i>nystatin oral tablet 500000 unit</i>		Tier 1	
<i>terbinafine hcl oral tablet 250 mg</i>		Tier 1	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		Tier 1	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	amphotericin b liposome	Tier 1	PA
ANCOBON ORAL CAPSULE 250 MG, 500 MG	flucytosine	Tier 1	PA
*Imidazoles***			
<i>ketoconazole oral tablet 200 mg</i>		Tier 1	PA; AL (Min 3 Years)
<i>miconazole powder</i>		Tier 1	QLL
*Tetrazoles***			
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Triazoles***			
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>		Tier 1	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		Tier 1	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diffucan	Tier 1	
<i>fluconazole tablet 100 mg oral</i>	Diffucan	Tier 1	
<i>fluconazole tablet 150 mg oral</i>	Diffucan	Tier 1	QLL
<i>fluconazole tablet 200 mg oral</i>	Diffucan	Tier 1	
<i>fluconazole tablet 50 mg oral</i>		Tier 1	
<i>itraconazole oral capsule 100 mg</i>	Sporanox	Tier 1	
<i>itraconazole oral solution 10 mg/ml</i>	Sporanox	Tier 1	
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	Noxafil	Tier 1	
<i>posaconazole oral suspension 40 mg/ml</i>	Noxafil	Tier 1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	Noxafil	Tier 1	
<i>tolsura oral capsule 65 mg</i>		Tier 1	PA; QLL
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	Tier 1	
<i>voriconazole oral tablet 200 mg</i>		Tier 1	
<i>voriconazole oral tablet 50 mg</i>	Vfend	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG		Tier 1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG		Tier 1	PA; QLL
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	fluconazole	Tier 1	PA
DIFLUCAN ORAL TABLET 100 MG, 200 MG	fluconazole	Tier 1	PA
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML	posaconazole	Tier 1	PA
NOXAFIL ORAL PACKET 300 MG		Tier 1	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML	posaconazole	Tier 1	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	posaconazole	Tier 1	PA
SPORANOX ORAL CAPSULE 100 MG	itraconazole	Tier 1	PA
SPORANOX ORAL SOLUTION 10 MG/ML	itraconazole	Tier 1	PA
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML	voriconazole	Tier 1	PA
VFEND ORAL TABLET 50 MG	voriconazole	Tier 1	PA
ANTI-HISTAMINES			
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		Tier 1	
<i>carbinoxamine maleate oral tablet 4 mg</i>		Tier 1	PA; AL (Max 20 Years)
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>		Tier 3	PA
<i>clemastine fumarate oral tablet 2.68 mg</i>		Tier 3	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		Tier 1	
*Antihistamines - Non-Sedating***			
<i>all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>allergy relief cetirizine oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>allergy relief cetirizine oral tablet 5 mg</i>		Tier 1	QLL; AL (Max 20 Years); OTC
<i>allergy relief childrens oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>allergy relief tablet 10 mg oral</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>allergy relief tablet 5 mg oral</i>	Xyzal Allergy 24HR	Tier 2	PA; QLL; AL (Max 20 Years); OTC
<i>cetirizine hcl allergy child oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>cetirizine hcl childrens alrgy oral solution 1 mg/ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years)
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>cetirizine hcl oral tablet 5 mg</i>		Tier 1	QLL; AL (Max 20 Years); OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>desloratadine oral tablet 5 mg</i>	Clarinx	Tier 3	PA; QLL
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>		Tier 3	PA; QLL; AL (Min 6 Years and Max 11 Years)
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	Tier 1	OTC
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ft all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>ft all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ft all day allergy relief oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ft allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>ft allergy relief cetirizine oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ft allergy relief childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>ft allergy relief loratadine oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ft allergy relief oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>gnp all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	Xyzal Allergy 24HR	Tier 2	PA; QLL; AL (Max 20 Years); OTC
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>gnp loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>gnp loratadine oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Alavert	Tier 1	QLL; AL (Max 20 Years); OTC
<i>goodsense all day allergy oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>goodsense all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>goodsense allergy relief oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>hm all day allergy childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Tier 1	AL (Max 20 Years); OTC
<i>hm loratadine oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Xyzal Allergy 24HR Childrens	Tier 2	PA; QLL; AL (Max 6 Years)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	Tier 2	PA; QLL; AL (Max 20 Years)
<i>loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>loratadine oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>loratadine oral tablet dispersible 10 mg</i>	Alavert	Tier 1	QLL; AL (Max 20 Years); OTC
<i>sm all day allergy oral tablet 10 mg</i>	KLS Aller-Tec	Tier 1	QLL; AL (Max 20 Years); OTC
<i>sm all day allergy relief oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Tier 1	AL (Max 20 Years); OTC
<i>sm loratadine oral tablet 10 mg</i>	Claritin	Tier 1	QLL; AL (Max 20 Years); OTC
CLARINEX ORAL TABLET 5 MG	desloratadine	Tier 3	PA; QLL
*Antihistamines - Phenothiazines***			
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	Phenergan	Tier 1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		Tier 1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		Tier 1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	Tier 1	QLL
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	promethazine hcl	Tier 1	PA
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	promethazine hcl	Tier 1	QLL
PROMETHEGAN RECTAL SUPPOSITORY 50 MG		Tier 1	QLL
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		Tier 1	
<i>cyproheptadine hcl oral tablet 4 mg</i>		Tier 1	
ANTIHYPERLIPIDEMICS			
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***			
NEXLIZET ORAL TABLET 180-10 MG		Tier 1	PA; QLL
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***			
NEXLETOL ORAL TABLET 180 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Angiotensin-Like Protein 3 (Angptl3) Inhibitors***			
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML		Tier 1	PA; AL (Min 5 Years)
*Antihyperlipidemics - Misc.***			
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Vascepa	Tier 1	PA; QLL
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	Tier 1	QLL
*Bile Acid Sequestrants***			
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	Tier 1	QLL
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	Tier 1	
<i>cholestyramine oral packet 4 gm</i>	Questran	Tier 1	QLL
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	Tier 1	
<i>colesevelam hcl oral packet 3.75 gm</i>	Welchol	Tier 1	PA
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	Tier 1	
<i>colestipol hcl oral granules 5 gm</i>	Colestid	Tier 1	
<i>colestipol hcl oral packet 5 gm</i>		Tier 1	
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	Tier 1	
COLESTID ORAL GRANULES 5 GM	colestipol hcl	Tier 1	PA
COLESTID ORAL TABLET 1 GM	colestipol hcl	Tier 1	PA
PREVALITE ORAL PACKET 4 GM	cholestyramine light	Tier 1	QLL
PREVALITE ORAL POWDER 4 GM/DOSE	cholestyramine light	Tier 1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE	cholestyramine light	Tier 1	PA
QUESTRAN ORAL PACKET 4 GM	cholestyramine	Tier 1	PA; QLL
QUESTRAN ORAL POWDER 4 GM/DOSE	cholestyramine	Tier 1	PA
WELCHOL ORAL PACKET 3.75 GM	colesevelam hcl	Tier 1	PA
WELCHOL ORAL TABLET 625 MG	colesevelam hcl	Tier 1	PA
*Fibric Acid Derivatives***			
<i>fenofibrate capsule 134 mg oral</i>		Tier 1	
<i>fenofibrate capsule 150 mg oral</i>	Lipofen	Tier 2	PA
<i>fenofibrate capsule 200 mg oral</i>		Tier 1	
<i>fenofibrate capsule 50 mg oral</i>	Lipofen	Tier 2	PA
<i>fenofibrate capsule 67 mg oral</i>		Tier 1	
<i>fenofibrate micronized capsule 130 mg oral</i>		Tier 2	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>fenofibrate micronized capsule 134 mg oral</i>		Tier 1	
<i>fenofibrate micronized capsule 200 mg oral</i>		Tier 1	
<i>fenofibrate micronized capsule 43 mg oral</i>		Tier 2	PA
<i>fenofibrate micronized capsule 67 mg oral</i>		Tier 1	
<i>fenofibrate tablet 120 mg oral</i>		Tier 2	PA
<i>fenofibrate tablet 145 mg oral</i>	Tricor	Tier 1	
<i>fenofibrate tablet 160 mg oral</i>		Tier 1	
<i>fenofibrate tablet 40 mg oral</i>		Tier 2	PA
<i>fenofibrate tablet 48 mg oral</i>	Tricor	Tier 1	
<i>fenofibrate tablet 54 mg oral</i>		Tier 1	
<i>fenofibric acid capsule delayed release 135 mg oral</i>		Tier 2	PA
<i>fenofibric acid capsule delayed release 45 mg oral</i>	Trilipix	Tier 1	QLL
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	Tier 1	QLL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	fenofibrate	Tier 2	PA
LOPID ORAL TABLET 600 MG	gemfibrozil	Tier 1	PA; QLL
TRICOR ORAL TABLET 145 MG, 48 MG	fenofibrate	Tier 1	PA
TRILIPIX CAPSULE DELAYED RELEASE 135 MG ORAL	fenofibric acid	Tier 2	PA
TRILIPIX CAPSULE DELAYED RELEASE 45 MG ORAL	fenofibric acid	Tier 1	PA; QLL
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	Tier 1	QLL
<i>flolipid oral suspension 20 mg/5ml, 40 mg/5ml</i>		Special PA	PA; QLL
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	Special PA	PA
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		Special PA	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		Tier 1	QLL
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Livalo	Special PA	PA
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	Tier 1	QLL
<i>simvastatin tablet 10 mg oral</i>	Zocor	Tier 1	QLL
<i>simvastatin tablet 20 mg oral</i>	Zocor	Tier 1	QLL
<i>simvastatin tablet 40 mg oral</i>	Zocor	Tier 1	QLL
<i>simvastatin tablet 5 mg oral</i>		Tier 1	
<i>simvastatin tablet 80 mg oral</i>		Tier 1	
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG		Special PA	PA
ATORVALIQ ORAL SUSPENSION 20 MG/5ML		Special PA	PA; QLL
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Special PA	PA; QLL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	fluvastatin sodium er	Special PA	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	atorvastatin calcium	Tier 1	PA; QLL
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	pitavastatin calcium	Special PA	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	simvastatin	Tier 1	PA; QLL
ZYPITAMAG ORAL TABLET 2 MG, 4 MG		Special PA	PA; QLL
*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	Special PA	PA; QLL
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG	ezetimibe-simvastatin	Special PA	PA; QLL
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe oral tablet 10 mg</i>	Zetia	Tier 1	
ZETIA ORAL TABLET 10 MG	ezetimibe	Tier 1	PA
*Microsomal Triglyceride Transfer Protein Inhibitors***			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>		Tier 1	QLL
*Pcsk9 Inhibitors***			
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML		Tier 1	PA; QLL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML		Tier 1	PA; QLL
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML		Tier 1	PA; QLL
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML		Tier 1	PA; QLL
*Small Interfering Rna (Sirna) Pcsk9 Inhibitors***			
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML		Tier 1	PA; QLL; AL (Min 18 Years)
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	Tier 1	QLL
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		Tier 1	QLL
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		Tier 2	PA
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	amlodipine besy-benazepril hcl	Tier 1	PA; QLL
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	Tier 1	QLL
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		Tier 2	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	Tier 1	QLL
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		Tier 1	QLL
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		Tier 3	PA
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	Tier 1	QLL
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Accuretic	Tier 1	QLL
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		Tier 1	QLL
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	quinapril-hydrochlorothiazide	Tier 1	PA; QLL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	benazepril-hydrochlorothiazide	Tier 1	PA; QLL
VASERETIC ORAL TABLET 10-25 MG	enalapril-hydrochlorothiazide	Tier 1	PA; QLL
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	lisinopril-hydrochlorothiazide	Tier 1	PA; QLL
*Ace Inhibitors***			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	Tier 1	QLL
<i>benazepril hcl oral tablet 5 mg</i>		Tier 1	QLL
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		Tier 2	PA
<i>enalapril maleate oral solution 1 mg/ml</i>	Epaned	Tier 1	QLL; AL (Max 6 Years)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	Tier 1	QLL
<i>enalaprilat intravenous solution 1.25 mg/ml</i>		Tier 1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		Tier 1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	Tier 1	QLL
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		Tier 1	QLL
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		Tier 1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Accupril	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ramipril oral capsule 1.25 mg, 5 mg</i>		Tier 1	QLL
<i>ramipril oral capsule 10 mg, 2.5 mg</i>	Altace	Tier 1	QLL
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		Tier 1	
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	quinapril hcl	Tier 1	PA; QLL
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	ramipril	Tier 1	PA; QLL
EPANED ORAL SOLUTION 1 MG/ML	enalapril maleate	Tier 1	PA; QLL; AL (Max 6 Years)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	benazepril hcl	Tier 1	PA; QLL
QBRELIS ORAL SOLUTION 1 MG/ML		Tier 1	QLL; AL (Max 6 Years)
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	enalapril maleate	Tier 1	PA; QLL
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	lisinopril	Tier 1	PA; QLL
*Agents For Pheochromocytoma***			
<i>metirosine oral capsule 250 mg</i>	Demser	Tier 1	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	Dibenzylamine	Tier 1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>		Tier 1	
DEMSEER ORAL CAPSULE 250 MG	metirosine	Tier 1	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	Tier 1	QLL
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	Tier 1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		Tier 3	PA
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	amlodipine-olmesartan	Tier 1	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	amlodipine besylate-valsartan	Tier 1	PA; QLL
*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	Tier 3	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	Tier 1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	Tier 1	QLL
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	Tier 1	QLL
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Micardis HCT	Tier 2	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	Tier 1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	candesartan cilexetil-hctz	Tier 3	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	irbesartan-hydrochlorothiazide	Tier 1	PA
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	olmesartan medoxomil-hctz	Tier 1	PA; QLL
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	valsartan-hydrochlorothiazide	Tier 1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		Tier 3	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	losartan potassium-hctz	Tier 1	PA; QLL
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	telmisartan-hctz	Tier 2	PA
*Angiotensin II Receptor Antagonists***			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	Tier 1	
<i>irbesartan oral tablet 150 mg, 300 mg</i>	Avapro	Tier 1	
<i>irbesartan oral tablet 75 mg</i>		Tier 1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	Tier 1	QLL
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	Tier 1	QLL
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	Micardis	Tier 1	QLL
<i>valsartan oral solution 4 mg/ml</i>		Tier 3	PA; QLL; AL (Min 6 Years and Max 10 Years)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	candesartan cilexetil	Tier 1	PA
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	irbesartan	Tier 1	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	olmesartan medoxomil	Tier 1	PA; QLL
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	losartan potassium	Tier 1	PA; QLL
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	valsartan	Tier 1	PA
EDARBI ORAL TABLET 40 MG, 80 MG		Tier 3	PA
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	telmisartan	Tier 1	PA; QLL
*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	Tier 1	QLL
<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	Tier 2	PA
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG	amlodipine-valsartan-hctz	Tier 1	PA; QLL
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	Tier 2	PA
*Antiadrenergics - Centrally Acting***			
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	Nexiclon XR	Tier 1	PA
<i>clonidine hcl tablet 0.1 mg oral</i>		Tier 1	QLL; AL (Max 20 Years)
<i>clonidine hcl tablet 0.2 mg oral</i>		Tier 1	QLL; AL (Min 4 Years and Max 17 Years)
<i>clonidine hcl tablet 0.3 mg oral</i>		Tier 1	QLL; AL (Min 4 Years and Max 17 Years)
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	Tier 1	QLL
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	Tier 1	QLL
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		Tier 1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>		Tier 1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	clonidine er	Tier 1	PA
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	Tier 1	QLL
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		Tier 1	QLL
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		Tier 1	QLL
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	doxazosin mesylate	Tier 1	PA; QLL
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	Tier 1	QLL
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	Tier 1	QLL
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		Tier 1	QLL
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		Tier 1	QLL
TENORETIC 100 ORAL TABLET 100-25 MG	atenolol-chlorthalidone	Tier 1	PA; QLL
TENORETIC 50 ORAL TABLET 50-25 MG	atenolol-chlorthalidone	Tier 1	PA; QLL
*Direct Renin Inhibitors***			
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tekturna	Tier 3	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	aliskiren fumarate	Tier 3	PA
*Endothelin Receptor Antagonists***			
TRYVIO ORAL TABLET 12.5 MG		Tier 3	PA; QLL
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Inspira	Tier 1	
INSPIRA ORAL TABLET 25 MG, 50 MG	eplerenone	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Vasodilators***			
<i>hydralazine hcl injection solution 20 mg/ml</i>		Tier 1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Tier 1	QLL
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		Tier 1	QLL
<i>nitroprusside sodium intravenous solution 25 mg/ml</i>		Tier 1	
<i>sodium nitroprusside intravenous solution 25 mg/ml, 50 mg/2ml</i>		Tier 1	
ANTI-INFECTIVE AGENTS - MISC.			
*Anti-Infective Agents - Misc.***			
<i>metronidazole intravenous solution 500 mg/100ml</i>		Tier 1	
<i>metronidazole oral capsule 375 mg</i>		Tier 1	
<i>metronidazole tablet 125 mg oral</i>		Tier 1	PA
<i>metronidazole tablet 250 mg oral</i>		Tier 1	
<i>metronidazole tablet 500 mg oral</i>		Tier 1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	Nebupent	Tier 1	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	Pentam	Tier 1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>		Tier 1	
<i>trimethoprim oral tablet 100 mg</i>		Tier 1	
FLAGYL ORAL CAPSULE 375 MG	metronidazole	Tier 1	PA
LIKMEZ ORAL SUSPENSION 500 MG/5ML		Tier 1	QLL; AL (Max 10 Years)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	pentamidine isethionate	Tier 1	PA
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	pentamidine isethionate	Tier 1	PA
XIFAXAN TABLET 200 MG ORAL		Tier 1	PA; QLL; AL (Min 12 Years)
XIFAXAN TABLET 550 MG ORAL		Tier 1	PA; QLL; AL (Min 18 Years)
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Sulfatrim Pediatric	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	Tier 1	
BACTRIM DS ORAL TABLET 800-160 MG	sulfamethoxazole-trimethoprim	Tier 1	PA
BACTRIM ORAL TABLET 400-80 MG	sulfamethoxazole-trimethoprim	Tier 1	PA
SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML	sulfamethoxazole-trimethoprim	Tier 1	
*Antiprotozoal Agents***			
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	Tier 1	
<i>nitazoxanide oral tablet 500 mg</i>		Tier 1	PA; QLL
LAMPIT ORAL TABLET 120 MG, 30 MG		Tier 1	PA; QLL; AL (Max 17 Years)
MEPRON ORAL SUSPENSION 750 MG/5ML	atovaquone	Tier 1	PA
*Carbapenem Combinations***			
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>		Tier 1	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	Primaxin IV	Tier 1	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM		Tier 1	PA; QLL
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM		Tier 1	PA; QLL; AL (Min 18 Years)
*Carbapenems***			
<i>ertapenem sodium injection solution reconstituted 1 gm</i>		Tier 1	
<i>meropenem solution reconstituted 1 gm intravenous</i>		Tier 1	
<i>meropenem solution reconstituted 2 gm intravenous</i>		Tier 1	PA
<i>meropenem solution reconstituted 500 mg intravenous</i>		Tier 1	
<i>meropenem-sodium chloride intravenous solution reconstituted 1 gm/50ml, 500 mg/50ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Chloramphenicals***			
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>		Tier 1	
*Cyclic Lipopeptides***			
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>		Tier 1	
<i>daptomycin-sodium chloride intravenous solution 1000-0.9 mg/100ml-%, 350-0.9 mg/50ml-%, 500-0.9 mg/50ml-%, 700-0.9 mg/100ml-%</i>		Tier 1	
*Glycopeptides***			
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.25-5 gm/250ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>		Tier 1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>		Tier 1	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>		Tier 1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 2 gm, 5 gm, 500 mg, 750 mg</i>		Tier 1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	Tier 1	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	Firvanq	Tier 1	QLL
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	PA; QLL
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	vancomycin hcl	Tier 1	PA; QLL
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG		Tier 1	PA; QLL
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG		Tier 1	QLL
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	vancomycin hcl	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG		Tier 1	
*Leprostatics***			
<i>dapsone oral tablet 100 mg, 25 mg</i>		Tier 1	
*Lincosamides***			
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	Tier 1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>		Tier 1	
<i>clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%</i>		Tier 1	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	Cleocin Phosphate	Tier 1	
<i>lincomycin hcl injection solution 300 mg/ml</i>	Lincocin	Tier 1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG	clindamycin hcl	Tier 1	PA
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML	clindamycin palmitate hcl	Tier 1	PA
CLEOCIN PHOSPHATE SOLUTION 300 MG/2ML INJECTION	clindamycin phosphate	Tier 1	
CLEOCIN PHOSPHATE SOLUTION 600 MG/4ML INJECTION	clindamycin phosphate	Tier 1	PA
CLEOCIN PHOSPHATE SOLUTION 9 GM/60ML INJECTION		Tier 1	PA
CLEOCIN PHOSPHATE SOLUTION 900 MG/6ML INJECTION	clindamycin phosphate	Tier 1	PA
LINCOCIN INJECTION SOLUTION 300 MG/ML	lincomycin hcl	Tier 1	PA
*Monobactams***			
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	Azactam	Tier 1	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	aztreonam	Tier 1	PA
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Oxazolidinones***			
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>		Tier 1	QLL
<i>linezolid intravenous solution 600 mg/300ml</i>	Zyvox	Tier 1	QLL
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Zyvox	Tier 1	QLL
<i>linezolid oral tablet 600 mg</i>	Zyvox	Tier 1	QLL
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG		Tier 1	PA; QLL
SIVEXTRO ORAL TABLET 200 MG		Tier 1	PA; QLL
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	linezolid	Tier 1	PA; QLL
ZYVOX ORAL TABLET 600 MG	linezolid	Tier 1	PA; QLL
ZYVOX SOLUTION 200 MG/100ML INTRAVENOUS		Tier 1	QLL
ZYVOX SOLUTION 600 MG/300ML INTRAVENOUS	linezolid	Tier 1	PA; QLL
*Polymyxins***			
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	Coly-Mycin M	Tier 1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>		Tier 1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG	colistimethate sodium (cba)	Tier 1	PA
*Urinary Anti-Infectives***			
<i>fosfomycin tromethamine oral packet 3 gm</i>		Tier 1	
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	Tier 1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		Tier 1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Macrochantin	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	Tier 1	
<i>nitrofurantoin suspension 25 mg/5ml oral</i>		Tier 1	
<i>nitrofurantoin suspension 50 mg/10ml oral</i>		Tier 1	
<i>nitrofurantoin suspension 50 mg/5ml oral</i>		Tier 1	PA; QLL; AL (Max 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
MACROBID ORAL CAPSULE 100 MG	nitrofurantoin monohydrate macro	Tier 1	PA
ANTIMALARIALS			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	Malarone	Tier 1	
COARTEM ORAL TABLET 20-120 MG		Tier 1	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG	atovaquone-proguanil hcl	Tier 1	PA
*Antimalarials***			
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		Tier 1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>		Tier 1	
<i>hydroxychloroquine sulfate oral tablet 200 mg, 300 mg</i>	Sovuna	Tier 1	
<i>mefloquine hcl oral tablet 250 mg</i>		Tier 1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		Tier 1	
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	Tier 1	PA; QLL
<i>quinine sulfate oral capsule 324 mg</i>	Qualaquin	Tier 1	PA
KRINTAFEL ORAL TABLET 150 MG		Tier 1	QLL; AL (Min 16 Years)
QUALAQUIN ORAL CAPSULE 324 MG	quinine sulfate	Tier 1	PA
SOVUNA ORAL TABLET 200 MG, 300 MG	hydroxychloroquine sulfate	Tier 1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			
*Antimyasthenic/Cholinergic Agents***			
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	Bloxiverz	Tier 1	
<i>neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml</i>		Tier 1	
<i>neostigmine methylsulfate rfid intravenous solution 10 mg/10ml</i>	Bloxiverz	Tier 1	
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml</i>		Tier 1	PA
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	Mestinon	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	Mestinon	Tier 1	
<i>pyridostigmine bromide tablet 30 mg oral</i>		Tier 1	PA
<i>pyridostigmine bromide tablet 60 mg oral</i>	Mestinon	Tier 1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML	neostigmine methylsulfate	Tier 1	PA
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	neostigmine methylsulfate	Tier 1	
FIRDAPSE ORAL TABLET 10 MG		Tier 1	PA; QLL
MESTINON ORAL SOLUTION 60 MG/5ML	pyridostigmine bromide	Tier 1	PA
MESTINON ORAL TABLET 60 MG	pyridostigmine bromide	Tier 1	PA
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG	pyridostigmine bromide er	Tier 1	PA
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML		Tier 1	
ANTIMYCOBACTERIAL AGENTS			
*Antimycobacterial Agents***			
<i>cycloserine oral capsule 250 mg</i>		Tier 1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		Tier 1	
<i>isoniazid injection solution 100 mg/ml</i>		Tier 1	
<i>isoniazid oral syrup 50 mg/5ml</i>		Tier 1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		Tier 1	
<i>pyrazinamide oral tablet 500 mg</i>		Tier 1	
<i>rifabutin oral capsule 150 mg</i>		Tier 1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	Rifadin	Tier 1	
<i>rifampin oral capsule 150 mg, 300 mg</i>		Tier 1	
PRIFTIN ORAL TABLET 150 MG		Tier 1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG	rifampin	Tier 1	PA
SIRTURO TABLET 100 MG ORAL		Tier 1	QLL; AL (Min 5 Years)
SIRTURO TABLET 20 MG ORAL		Tier 1	AL (Min 5 Years)
TRECATOR ORAL TABLET 250 MG		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES			
*Alkylating Agents***			
<i>bendamustine hcl intravenous solution 100 mg/4ml</i>	Belrapzo	Tier 1	
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	Treanda	Tier 1	
<i>busulfan intravenous solution 6 mg/ml</i>	Busulfex	Tier 1	
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>		Tier 1	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>		Tier 1	
<i>cisplatin intravenous solution reconstituted 50 mg</i>		Tier 1	
<i>oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml</i>		Tier 1	
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	Tepadina	Tier 1	
<i>vivimusta intravenous solution 100 mg/4ml</i>	Belrapzo	Tier 1	
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML	bendamustine hcl	Tier 1	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	bendamustine hcl	Tier 1	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML	busulfan	Tier 1	PA
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML		Tier 1	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG	thiotepa	Tier 1	PA
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG	bendamustine hcl	Tier 1	PA
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG		Tier 1	PA
*Androgen Biosynthesis Inhibitors***			
<i>abiraterone acetate oral tablet 250 mg</i>	Abirtega	Tier 1	PA; QLL
<i>abiraterone acetate oral tablet 500 mg</i>	Zytiga	Tier 1	PA; QLL
ABIRTEGA ORAL TABLET 250 MG	abiraterone acetate	Tier 1	PA; QLL
YONSA ORAL TABLET 125 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ZYTIGA ORAL TABLET 250 MG, 500 MG	abiraterone acetate	Tier 1	PA; QLL
*Antiadrenals***			
LYSODREN ORAL TABLET 500 MG		Tier 1	
*Antiandrogens***			
<i>bicalutamide oral tablet 50 mg</i>	Casodex	Tier 1	
<i>nilutamide oral tablet 150 mg</i>	Nilandron	Tier 1	
CASODEX ORAL TABLET 50 MG	bicalutamide	Tier 1	PA
ERLEADA ORAL TABLET 240 MG, 60 MG		Tier 1	PA; QLL
NUBEQA ORAL TABLET 300 MG		Tier 1	PA; QLL
XTANDI ORAL CAPSULE 40 MG		Tier 1	PA; QLL
XTANDI ORAL TABLET 40 MG, 80 MG		Tier 1	PA; QLL
*Antiestrogens***			
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		Tier 1	
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	Tier 1	
FARESTON ORAL TABLET 60 MG	toremifene citrate	Tier 1	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML		Tier 1	QLL
*Antimetabolites***			
<i>azacitidine injection suspension reconstituted 100 mg</i>	Vidaza	Tier 1	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Xeloda	Tier 1	
<i>cladribine intravenous solution 10 mg/10ml</i>		Tier 1	
<i>clofarabine intravenous solution 1 mg/ml</i>		Tier 1	
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>		Tier 1	
<i>cytarabine injection solution 20 mg/ml</i>		Tier 1	
<i>decitabine intravenous solution reconstituted 50 mg</i>		Tier 1	
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>		Tier 1	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>		Tier 1	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>		Tier 1	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>		Tier 1	
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	Purixan	Tier 1	AL (Max 10 Years)
<i>mercaptopurine oral tablet 50 mg</i>		Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>		Tier 1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>		Tier 1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>		Tier 1	
<i>methotrexate sodium oral tablet 2.5 mg</i>		Tier 1	
<i>nelarabine intravenous solution 5 mg/ml</i>	Arranon	Tier 1	
<i>pemetrexed disodium intravenous solution 1 gm/40ml, 100 mg/4ml, 500 mg/20ml</i>		Tier 1	
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg</i>	Alimta	Tier 1	
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>		Tier 1	
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>		Tier 1	
<i>pemetrexed intravenous solution 1 gm/40ml, 100 mg/4ml</i>		Tier 1	
<i>pemetrexed intravenous solution 500 mg/20ml</i>	Pemfexy	Tier 1	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	pemetrexed disodium	Tier 1	PA
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	nelarabine	Tier 1	PA
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	pemetrexed dipotassium	Tier 1	PA
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML		Tier 1	PA
JYLAMVO ORAL SOLUTION 2 MG/ML		Tier 1	PA; AL (Min 18 Years)
ONUREG ORAL TABLET 200 MG, 300 MG		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML	pemetrexed	Tier 1	PA
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML		Tier 1	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	mercaptopurine	Tier 1	AL (Max 10 Years)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Tier 1	
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG	azacitidine	Tier 1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML		Tier 1	AL (Max 10 Years)
XELODA ORAL TABLET 150 MG, 500 MG	capecitabine	Tier 1	PA
*Antineoplastic - Akt Inhibitors***			
TRUQAP ORAL TABLET 200 MG		Tier 1	PA; QLL
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG		Tier 1	PA; QLL
*Antineoplastic - Alk Inhibitors***			
ALECENSA ORAL CAPSULE 150 MG		Tier 1	PA; QLL
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG		Tier 1	PA; QLL
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG		Tier 1	PA; QLL
LORBRENA ORAL TABLET 100 MG, 25 MG		Tier 1	PA; QLL
XALKORI ORAL CAPSULE 200 MG, 250 MG		Tier 1	PA; QLL
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG		Tier 1	PA; QLL
ZYKADIA ORAL TABLET 150 MG		Tier 1	PA; QLL
*Antineoplastic - Anti-Cd19 Antibody-Drug Complex***			
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Anti-Cd38 Antibodies***			
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML		Tier 1	PA
*Antineoplastic - Anti-Gd2 Antibodies***			
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML		Tier 1	QLL
*Antineoplastic - Anti-Her2 Agents***			
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG		Tier 1	PA
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		Tier 1	PA
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		Tier 1	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		Tier 1	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		Tier 1	PA
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		Tier 1	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG		Tier 1	PA
TUKYSA ORAL TABLET 150 MG, 50 MG		Tier 1	PA; QLL
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		Tier 1	PA
*Antineoplastic - Anti-Nectin-4 Antibody-Drug Complex***			
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Anti-Pd-1 Antibodies***			
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML		Tier 1	PA
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML		Tier 1	PA; QLL
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML		Tier 1	PA; QLL
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML		Tier 1	PA
*Antineoplastic - Anti-Tf Antibody-Drug Complex***			
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG		Tier 1	PA; QLL
*Antineoplastic - Bcl-2 Inhibitors***			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Tier 1	PA; QLL
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		Tier 1	PA; QLL
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Sprycel	Tier 1	PA; QLL
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	Gleevec	Tier 1	QLL
<i>imkeldi oral solution 80 mg/ml</i>		Tier 1	PA; QLL
BOSULIF ORAL CAPSULE 100 MG, 50 MG		Tier 1	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG		Tier 1	PA; QLL
DANZITEN ORAL TABLET 71 MG, 95 MG		Tier 1	PA; QLL
GLEEVEC ORAL TABLET 100 MG, 400 MG	imatinib mesylate	Tier 1	PA; QLL
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG		Tier 1	PA; QLL
SCEMBLIX TABLET 100 MG ORAL		Tier 3	PA; QLL
SCEMBLIX TABLET 20 MG ORAL		Tier 1	PA; QLL
SCEMBLIX TABLET 40 MG ORAL		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	dasatinib	Tier 1	PA; QLL
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG		Tier 1	PA; QLL
*Antineoplastic - Bispecific T-Cell Engagers***			
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG		Tier 1	PA
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG		Tier 1	PA; QLL
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML		Tier 1	PA; QLL; AL (Max 10 Years)
OJEMDA ORAL TABLET 100 MG		Tier 1	PA; QLL; AL (Max 25 Years)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		Tier 1	PA; QLL
TAFINLAR ORAL TABLET SOLUBLE 10 MG		Tier 1	PA; QLL; AL (Min 1 Years and Max 10 Years)
ZELBORAF ORAL TABLET 240 MG		Tier 1	PA; QLL
*Antineoplastic - Btk Inhibitors***			
BRUKINSA ORAL CAPSULE 80 MG		Tier 1	PA; QLL
CALQUENCE ORAL TABLET 100 MG		Tier 1	PA; QLL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		Tier 1	PA; QLL
IMBRUVICA ORAL SUSPENSION 70 MG/ML		Tier 1	PA; QLL; AL (Max 10 Years)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		Tier 1	PA; QLL
JAYPIRCA ORAL TABLET 100 MG, 50 MG		Tier 1	PA; QLL
*Antineoplastic - Csf1r Kinase Inhibitors***			
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Egfr Inhibitors***			
<i>erlotinib hcl oral tablet 100 mg</i>	Tarceva	Tier 1	PA; QLL
<i>erlotinib hcl oral tablet 150 mg, 25 mg</i>		Tier 1	PA; QLL
<i>gefitinib oral tablet 250 mg</i>	Iressa	Tier 1	QLL
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML		Tier 1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		Tier 1	PA; QLL
IRESSA ORAL TABLET 250 MG	gefitinib	Tier 1	PA; QLL
LAZCLUZE ORAL TABLET 240 MG, 80 MG		Tier 1	PA; QLL
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML		Tier 1	
TAGRISSE ORAL TABLET 40 MG, 80 MG		Tier 1	PA; QLL
TARCEVA ORAL TABLET 100 MG	erlotinib hcl	Tier 1	PA; QLL
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML		Tier 1	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		Tier 1	PA; QLL
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG		Tier 1	PA; QLL
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		Tier 1	PA; QLL; AL (Min 18 Years)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		Tier 1	PA; QLL; AL (Min 18 Years)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG		Tier 1	PA; QLL; AL (Min 18 Years)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG		Tier 1	PA; QLL
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Gene Therapy Agents***			
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO ORAL TABLET 100 MG, 25 MG		Tier 1	PA; QLL
ERIVEDGE ORAL CAPSULE 150 MG		Tier 1	PA; QLL
ODOMZO ORAL CAPSULE 200 MG		Tier 1	PA; QLL
*Antineoplastic - Hif-2-Alpha Inhibitors***			
WELIREG ORAL TABLET 40 MG		Tier 1	PA; QLL
*Antineoplastic - Histone Deacetylase Inhibitors***			
<i>romidepsin intravenous solution reconstituted 10 mg</i>	Istodax	Tier 1	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	PA
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	romidepsin	Tier 1	PA
ZOLINZA ORAL CAPSULE 100 MG		Tier 1	PA; QLL
*Antineoplastic - Hormonal And Related Agent Combinations***			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		Tier 1	PA; QLL
*Antineoplastic - Immunomodulators***			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Tier 1	QLL
*Antineoplastic - Kras Inhibitors***			
KRAZATI ORAL TABLET 200 MG		Tier 1	PA; QLL
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG		Tier 1	PA; QLL
*Antineoplastic - Mek Inhibitors***			
COTELLIC ORAL TABLET 20 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
GOMEKLI ORAL CAPSULE 1 MG, 2 MG		Tier 1	PA; QLL; AL (Min 2 Years)
GOMEKLI ORAL TABLET SOLUBLE 1 MG		Tier 1	PA; QLL; AL (Min 2 Years)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG		Tier 1	PA; QLL; AL (Min 2 Years)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML		Tier 1	PA; QLL; AL (Min 1 Years and Max 10 Years)
MEKINIST ORAL TABLET 0.5 MG, 2 MG		Tier 1	PA; QLL
MEKTOVI ORAL TABLET 15 MG		Tier 1	PA; QLL
*Antineoplastic - Menin Inhibitors***			
REVUFORJ ORAL TABLET 110 MG, 160 MG, 25 MG		Tier 1	PA; QLL
*Antineoplastic - Met Inhibitors***			
TABRECTA ORAL TABLET 150 MG, 200 MG		Tier 1	PA; QLL
TEPMETKO ORAL TABLET 225 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK ORAL TABLET 200 MG		Tier 1	PA; QLL
*Antineoplastic - Mtor Kinase Inhibitors***			
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	Tier 1	PA; QLL
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Afinitor Disperz	Tier 1	PA; QLL
<i>temsirolimus intravenous solution 25 mg/ml</i>	Torisel	Tier 1	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	everolimus	Tier 1	PA; QLL
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	everolimus	Tier 1	PA; QLL
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG		Tier 1	PA; AL (Min 18 Years)
TORISEL INTRAVENOUS SOLUTION 25 MG/ML	temsirolimus	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	everolimus	Tier 1	PA; QLL
*Antineoplastic - Multikinase Inhibitors***			
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	Tier 1	PA; QLL
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	Tier 1	
<i>sorafenib tosylate oral tablet 200 mg</i>	NexAVAR	Tier 1	QLL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	Tier 1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG		Tier 1	PA; QLL
CAPRELSA ORAL TABLET 100 MG, 300 MG		Tier 1	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		Tier 1	QLL
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG		Tier 1	QLL
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG		Tier 1	QLL
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG		Tier 1	PA; QLL
NERLYNX ORAL TABLET 40 MG		Tier 1	PA; QLL
NEXAVAR ORAL TABLET 200 MG	sorafenib tosylate	Tier 1	PA; QLL
QINLOCK ORAL TABLET 50 MG		Tier 1	PA; QLL
RYDAPT ORAL CAPSULE 25 MG		Tier 1	QLL
STIVARGA ORAL TABLET 40 MG		Tier 1	PA; QLL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	sunitinib malate	Tier 1	PA
TURALIO ORAL CAPSULE 125 MG		Tier 1	PA; QLL
TYKERB ORAL TABLET 250 MG	lapatinib ditosylate	Tier 1	PA; QLL
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG		Tier 1	PA; QLL
VOTRIENT ORAL TABLET 200 MG	pazopanib hcl	Tier 1	PA
XOSPATA ORAL TABLET 40 MG		Tier 1	PA; QLL
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Antineoplastic - Proteasome Inhibitors***			
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>		Tier 1	
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Velcade	Tier 1	
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML		Tier 1	PA
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG		Tier 1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG		Tier 1	PA; QLL
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	bortezomib	Tier 1	PA
*Antineoplastic - Ret Inhibitors***			
GAVRETO ORAL CAPSULE 100 MG		Tier 1	PA; QLL; AL (Min 18 Years)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG		Tier 3	PA; QLL
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
AUGTYRO ORAL CAPSULE 160 MG, 40 MG		Tier 1	PA; QLL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG		Tier 1	PA; QLL
ROZLYTREK ORAL PACKET 50 MG		Tier 1	PA; QLL; AL (Max 10 Years)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG		Tier 1	PA
VITRAKVI ORAL SOLUTION 20 MG/ML		Tier 1	PA
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG		Tier 1	PA; QLL
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK		Tier 1	PA; QLL
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK		Tier 1	PA; QLL
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		Tier 1	PA; QLL
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		Tier 1	PA; QLL
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		Tier 1	PA; QLL
*Antineoplastic Antibiotics***			
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>		Tier 1	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>		Tier 1	
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>		Tier 1	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>		Tier 1	
<i>doxorubicin hcl intravenous solution reconstituted 10 mg</i>		Tier 1	
<i>doxorubicin hcl intravenous solution reconstituted 50 mg</i>	Adriamycin	Tier 1	
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	Doxil	Tier 1	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	Idamycin PFS	Tier 1	
<i>mitomycin intravenous solution reconstituted 20 mg</i>		Tier 1	
<i>mitomycin intravenous solution reconstituted 40 mg, 5 mg</i>	Mutamycin	Tier 1	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>		Tier 1	
<i>valrubicin intravesical solution 40 mg/ml</i>	Valstar	Tier 1	
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	doxorubicin hcl	Tier 1	
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	doxorubicin hcl liposomal	Tier 1	PA
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML	idarubicin hcl	Tier 1	PA
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	valrubicin	Tier 1	PA
*Antineoplastic Antibody-Drug Complexes***			
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML		Tier 1	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	PA
*Antineoplastic Combinations***			
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML		Tier 1	PA; QLL
INQOVI ORAL TABLET 35-100 MG		Tier 1	PA; QLL; AL (Min 18 Years)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Tier 1	PA
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML		Tier 1	PA; QLL
*Antineoplastic Enzymes***			
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML		Tier 1	PA; AL (Max 21 Years)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML		Tier 1	PA
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML		Tier 1	PA
*Antineoplastics Misc.***			
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>		Tier 1	
<i>arsenic trioxide intravenous solution 12 mg/6ml</i>	Trisenox	Tier 1	
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>		Tier 1	
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	Tier 1	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML		Tier 1	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
HYDREA ORAL CAPSULE 500 MG	hydroxyurea	Tier 1	PA
MATULANE ORAL CAPSULE 50 MG		Tier 1	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		Tier 1	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG		Tier 1	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	arsenic trioxide	Tier 1	PA
*Aromatase Inhibitors***			
<i>anastrozole oral tablet 1 mg</i>	Arimidex	Tier 1	
<i>exemestane oral tablet 25 mg</i>	Aromasin	Tier 1	
<i>letrozole oral tablet 2.5 mg</i>	Femara	Tier 1	
ARIMIDEX ORAL TABLET 1 MG	anastrozole	Tier 1	PA
AROMASIN ORAL TABLET 25 MG	exemestane	Tier 1	PA
FEMARA ORAL TABLET 2.5 MG	letrozole	Tier 1	PA
*Cardiac Protective Agents***			
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>		Tier 1	
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>		Tier 1	
*Chemotherapy Adjuncts - Hyperuricemia Agents***			
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG		Tier 1	
*Chemotherapy Adjuncts - Keratinocyte Growth Factors***			
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG		Tier 1	PA
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		Tier 1	PA; QLL
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG		Tier 1	PA; QLL
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK		Tier 1	PA; QLL
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG		Tier 1	PA; QLL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		Tier 1	PA; QLL
*Estrogen Receptor Antagonist***			
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	Faslodex	Tier 1	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML	fulvestrant	Tier 1	PA
*Folic Acid Antagonists Rescue Agents***			
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>		Tier 1	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>		Tier 1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>		Tier 1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>		Tier 1	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>		Tier 1	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG		Tier 1	PA
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL		Tier 1	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG		Tier 1	
ORGOVYX ORAL TABLET 120 MG		Tier 1	PA; QLL
*Imidazotetrazines***			
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		Tier 1	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***			
VORANIGO ORAL TABLET 10 MG, 40 MG		Tier 1	PA; QLL
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA ORAL CAPSULE 150 MG		Tier 1	PA; QLL
TIBSOVO ORAL TABLET 250 MG		Tier 1	PA; QLL
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA ORAL TABLET 100 MG, 50 MG		Tier 1	PA; QLL
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC ORAL CAPSULE 100 MG		Tier 1	PA; QLL
JAKAFI TABLET 10 MG ORAL		Tier 1	PA; QLL
JAKAFI TABLET 15 MG ORAL		Tier 1	PA; QLL
JAKAFI TABLET 20 MG ORAL		Tier 1	PA; QLL
JAKAFI TABLET 25 MG ORAL		Tier 1	PA; QLL
JAKAFI TABLET 5 MG ORAL		Tier 1	QLL
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		Tier 1	PA
VONJO ORAL CAPSULE 100 MG		Tier 1	PA; QLL
*Lhrh Analogs***			
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	Lutrate Depot	Tier 1	AL (Min 18 Years)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		Tier 1	AL (Min 18 Years)
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG		Tier 1	PA; QLL
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		Tier 1	AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) KIT 3.75 MG INTRAMUSCULAR		Tier 1	PA; QLL; AL (Min 18 Years)
LUPRON DEPOT (1-MONTH) KIT 7.5 MG INTRAMUSCULAR		Tier 1	QLL; AL (Min 18 Years)
LUPRON DEPOT (3-MONTH) KIT 11.25 MG INTRAMUSCULAR		Tier 1	PA; QLL; AL (Min 18 Years)
LUPRON DEPOT (3-MONTH) KIT 22.5 MG INTRAMUSCULAR		Tier 1	QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		Tier 1	QLL; AL (Min 18 Years)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		Tier 1	QLL; AL (Min 18 Years)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		Tier 1	AL (Min 18 Years)
*Mitotic Inhibitors***			
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>		Tier 1	
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	Docivyx	Tier 1	
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>		Tier 1	
<i>etoposide oral capsule 50 mg</i>		Tier 1	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>		Tier 1	
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	Abraxane	Tier 1	
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>		Tier 1	
<i>vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml</i>		Tier 1	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>		Tier 1	
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	paclitaxel protein-bound part	Tier 1	
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	docetaxel	Tier 1	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	
*Nitrogen Mustards And Related Analogues***			
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>		Tier 1	
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml, 500 mg/ml</i>	Frindovyx	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>cyclophosphamide intravenous solution 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2000 mg/20ml, 500 mg/2.5ml, 500 mg/5ml</i>		Tier 1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		Tier 1	
<i>cyclophosphamide oral tablet 50 mg</i>		Tier 1	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>		Tier 1	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	Ifex	Tier 1	
<i>ivra intravenous solution 90 mg/ml</i>		Tier 1	PA
<i>melfhalan hcl intravenous solution reconstituted 50 mg</i>		Tier 1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML	cyclophosphamide	Tier 1	
IFEX SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	ifosfamide	Tier 1	PA
IFEX SOLUTION RECONSTITUTED 3 GM INTRAVENOUS	ifosfamide	Tier 1	
*Nitrosoureas***			
<i>carmustine intravenous solution reconstituted 100 mg</i>		Tier 1	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG		Tier 1	PA; AL (Max 20 Years)
GLIADEL WAFER IMPLANT WAFER 7.7 MG		Tier 1	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	
*Ornithine Decarboxylase (Odc) Inhibitors***			
IWILFIN ORAL TABLET 192 MG		Tier 1	PA; QLL
*Otoprotective Agents***			
PEDMARK INTRAVENOUS SOLUTION 12.5 %		Tier 1	PA; AL (Max 18 Years)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ITOVEBI ORAL TABLET 3 MG, 9 MG		Tier 1	PA; QLL
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK		Tier 1	PA; QLL
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG		Tier 1	PA; QLL
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG		Tier 1	PA; QLL
ZYDELIG ORAL TABLET 100 MG, 150 MG		Tier 1	PA; QLL
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET 100 MG, 150 MG		Tier 1	PA; QLL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG		Tier 1	PA; QLL
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG		Tier 1	PA; QLL
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG		Tier 1	PA; QLL
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>		Tier 1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		Tier 1	
*Retinoids***			
<i>tretinoin oral capsule 10 mg</i>		Tier 1	QLL
*Selective Estrogen Receptor Degradars***			
ORSERDU ORAL TABLET 345 MG, 86 MG		Tier 1	PA; QLL
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene oral capsule 75 mg</i>	Targretin	Tier 1	
TARGRETIN ORAL CAPSULE 75 MG	bexarotene	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Topoisomerase I Inhibitors - Antibody-Drug Complex***			
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG		Tier 1	PA
*Topoisomerase I Inhibitors***			
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml</i>	Camptosar	Tier 1	
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>		Tier 1	
<i>topotecan hcl intravenous solution 4 mg/4ml</i>		Tier 1	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	Hycamtin	Tier 1	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML	irinotecan hcl	Tier 1	PA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Tier 1	
*Urinary Tract Protective Agents***			
<i>mesna intravenous solution 100 mg/ml</i>	Mesnex	Tier 1	
<i>mesna oral tablet 400 mg</i>	Mesnex	Tier 1	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	mesna	Tier 1	PA
MESNEX ORAL TABLET 400 MG	mesna	Tier 1	
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		Tier 1	PA
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		Tier 1	
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML		Tier 1	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG		Tier 1	PA; QLL
INLYTA ORAL TABLET 1 MG, 5 MG		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		Tier 1	PA; QLL
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		Tier 1	PA; QLL
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG		Tier 1	PA; QLL
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		Tier 1	PA; QLL
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG		Tier 1	PA; QLL
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG		Tier 1	PA; QLL
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK		Tier 1	PA; QLL
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		Tier 1	PA; QLL
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		Tier 1	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		Tier 1	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML		Tier 1	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML		Tier 1	
ANTIPARKINSON AND RELATED THERAPY AGENTS			
*Adenosine Receptor Antagonist***			
NOURIANZ ORAL TABLET 20 MG, 40 MG		Tier 1	PA; QLL
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate injection solution 1 mg/ml</i>		Tier 1	

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

Formulary Drug Name	Reference	Tiering	Restrictions
*Levodopa Combinations***			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		Tier 1	QLL
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	Tier 1	QLL
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	Tier 1	QLL
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		Tier 1	QLL
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		Tier 1	
<i>carbidopa-levodopa-entacapone tablet 12.5-50-200 mg oral</i>		Tier 1	
<i>carbidopa-levodopa-entacapone tablet 18.75-75-200 mg oral</i>		Tier 1	
<i>carbidopa-levodopa-entacapone tablet 25-100-200 mg oral</i>		Tier 1	QLL
<i>carbidopa-levodopa-entacapone tablet 31.25-125-200 mg oral</i>		Tier 1	
<i>carbidopa-levodopa-entacapone tablet 37.5-150-200 mg oral</i>		Tier 1	
<i>carbidopa-levodopa-entacapone tablet 50-200-200 mg oral</i>		Tier 1	QLL
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG		Tier 1	PA; QLL
DHIVY ORAL TABLET 25-100 MG	carbidopa-levodopa	Tier 1	QLL
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML		Tier 1	PA; QLL
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Tier 1	PA; QLL
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	carbidopa-levodopa	Tier 1	PA; QLL
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Nonergoline Dopamine Receptor Agonists***			
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	Apokyn	Tier 1	
<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>		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pramipexole dihydrochloride tablet 0.125 mg oral</i>		Tier 1	QLL
<i>pramipexole dihydrochloride tablet 0.25 mg oral</i>		Tier 1	QLL
<i>pramipexole dihydrochloride tablet 0.5 mg oral</i>		Tier 1	QLL
<i>pramipexole dihydrochloride tablet 0.75 mg oral</i>		Tier 1	QLL
<i>pramipexole dihydrochloride tablet 1 mg oral</i>		Tier 1	QLL
<i>pramipexole dihydrochloride tablet 1.5 mg oral</i>		Tier 1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		Tier 1	PA
<i>ropinirole hcl tablet 0.25 mg oral</i>		Tier 1	
<i>ropinirole hcl tablet 0.5 mg oral</i>		Tier 1	QLL
<i>ropinirole hcl tablet 1 mg oral</i>		Tier 1	
<i>ropinirole hcl tablet 2 mg oral</i>		Tier 1	
<i>ropinirole hcl tablet 3 mg oral</i>		Tier 1	QLL
<i>ropinirole hcl tablet 4 mg oral</i>		Tier 1	QLL
<i>ropinirole hcl tablet 5 mg oral</i>		Tier 1	QLL
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	apomorphine hcl	Tier 1	PA
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		Tier 1	PA; QLL; AL (Min 18 Years)
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML		Tier 1	PA; QLL
*Peripheral Comt Inhibitors***			
<i>entacapone oral tablet 200 mg</i>		Tier 1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Tier 1	PA; QLL; AL (Min 18 Years)
ANTIPSYCHOTICS/ANTIMANIC AGENTS			
*Antimanic Agents***			
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>lithium carbonate er oral tablet extended release 450 mg</i>		Tier 1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		Tier 1	
<i>lithium carbonate oral tablet 300 mg</i>		Tier 1	
<i>lithium oral solution 8 meq/5ml</i>		Tier 1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	lithium carbonate er	Tier 1	PA
*Antipsychotics - Misc.***			
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	Tier 2	ST; QLL; AL (Min 5 Years)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	Tier 1	QLL; AL (Min 5 Years)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	Tier 1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG		Tier 3	PA; QLL
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		Tier 1	QLL
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	ziprasidone mesylate	Tier 1	PA
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	ziprasidone hcl	Tier 1	PA; QLL; AL (Min 5 Years)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	lurasidone hcl	Tier 2	ST; QLL; AL (Min 5 Years)
NUPLAZID ORAL CAPSULE 34 MG		Tier 1	PA; QLL
NUPLAZID ORAL TABLET 10 MG		Tier 1	PA; QLL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		Tier 3	PA; QLL; AL (Min 5 Years)
*Benzisoxazoles***			
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		Tier 2	ST; QLL; AL (Min 5 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg</i>	Invega	Tier 2	ST; QLL; AL (Min 5 Years)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RisperDAL Consta	Tier 3	PA; QLL; AL (Min 5 Years)
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	Tier 1	QLL; AL (Min 5 Years)
<i>risperidone oral tablet 0.25 mg</i>		Tier 1	QLL; AL (Min 5 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	Tier 1	QLL; AL (Min 5 Years)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		Tier 1	QLL; AL (Min 5 Years)
ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR		Tier 1	PA; QLL
ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR		Tier 1	PA; QLL
ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR		Tier 1	PA; QLL
ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR		Tier 3	PA; QLL
ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR		Tier 1	PA; QLL
ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR		Tier 1	PA; QLL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		Tier 2	ST; QLL; AL (Min 5 Years)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		Tier 2	ST; QLL; AL (Min 5 Years)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML		Tier 1	ST; QLL
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	paliperidone er	Tier 2	ST; QLL; AL (Min 5 Years)
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		Tier 1	QLL
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML		Tier 1	ST; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG		Tier 1	QLL; AL (Min 5 Years)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	risperidone microspheres er	Tier 3	PA; QLL; AL (Min 5 Years)
RISPERDAL ORAL SOLUTION 1 MG/ML	risperidone	Tier 1	PA; QLL; AL (Min 5 Years)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	risperidone	Tier 1	PA; QLL; AL (Min 5 Years)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG		Tier 3	PA; QLL; AL (Min 5 Years)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML		Tier 1	QLL; AL (Min 5 Years)
*Butyrophenones***			
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Haldol Decanoate	Tier 1	
<i>haloperidol lactate injection solution 5 mg/ml</i>		Tier 1	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>		Tier 1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		Tier 1	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	haloperidol decanoate	Tier 1	PA
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>	Clozaril	Tier 1	AL (Min 5 Years)
<i>clozapine oral tablet 200 mg, 50 mg</i>		Tier 1	AL (Min 5 Years)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>		Tier 3	PA; AL (Min 5 Years)
CLOZARIL ORAL TABLET 100 MG, 25 MG	clozapine	Tier 1	PA; AL (Min 5 Years)
VERSACLOZ ORAL SUSPENSION 50 MG/ML		Tier 3	PA; QLL; AL (Min 5 Years)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	Tier 2	ST; QLL; AL (Min 5 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	asenapine maleate	Tier 2	ST; QLL; AL (Min 5 Years)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR		Tier 3	PA; QLL
*Dibenzothiazepines***			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel XR	Tier 1	QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 100 mg oral</i>	SEROquel	Tier 1	QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 150 mg oral</i>		Tier 3	PA; QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 200 mg oral</i>	SEROquel	Tier 1	QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 25 mg oral</i>	SEROquel	Tier 1	QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 300 mg oral</i>	SEROquel	Tier 1	QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 400 mg oral</i>	SEROquel	Tier 1	QLL; AL (Min 5 Years)
<i>quetiapine fumarate tablet 50 mg oral</i>	SEROquel	Tier 1	QLL; AL (Min 5 Years)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	quetiapine fumarate	Tier 1	PA; QLL; AL (Min 5 Years)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	quetiapine fumarate er	Tier 1	PA; QLL; AL (Min 5 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		Tier 1	
*Dihydroindolones***			
<i>molindone hcl oral tablet 25 mg, 5 mg</i>		Tier 1	
*Muscarinic Agent - Combinations***			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		Tier 3	PA; QLL; AL (Min 5 Years)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		Tier 3	PA; QLL; AL (Min 5 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Phenothiazines***			
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>		Tier 1	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>		Tier 1	AL (Min 6 Years and Max 10 Years)
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		Tier 1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		Tier 1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		Tier 1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		Tier 1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		Tier 1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		Tier 1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>		Tier 1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		Tier 1	
<i>prochlorperazine maleate powder</i>		Tier 1	QLL
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	Tier 1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Tier 1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		Tier 1	
COMPRO RECTAL SUPPOSITORY 25 MG	prochlorperazine	Tier 1	
*Quinolinone Derivatives***			
<i>aripiprazole oral solution 1 mg/ml</i>		Tier 1	QLL; AL (Min 5 Years and Max 10 Years)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	Tier 1	QLL; AL (Min 5 Years)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		Tier 1	PA; QLL; AL (Min 5 Years)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML		Tier 1	PA; QLL; AL (Min 5 Years)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		Tier 1	QLL; AL (Min 5 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		Tier 1	QLL; AL (Min 5 Years)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 3	PA; QLL; AL (Min 5 Years)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Tier 3	PA; QLL; AL (Min 5 Years)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	aripiprazole	Tier 1	PA; QLL; AL (Min 5 Years)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML		Tier 1	QLL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML		Tier 1	QLL; AL (Min 5 Years)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG		Tier 3	PA; QLL; AL (Min 5 Years)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		Tier 3	PA; QLL; AL (Min 5 Years)
*Thienbenzodiazepines***			
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	Tier 1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>		Tier 1	QLL; AL (Min 5 Years)
<i>olanzapine oral tablet 20 mg</i>	ZyPREXA	Tier 1	QLL; AL (Min 5 Years)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>		Tier 1	QLL; AL (Min 5 Years)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	olanzapine	Tier 1	PA
ZYPREXA ORAL TABLET 20 MG	olanzapine	Tier 1	PA; QLL; AL (Min 5 Years)
*Thioxanthenes***			
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
ANTIVIRALS			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>		Tier 1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>		Tier 1	
<i>efavirenz-lamivudine-tenofovir tablet 400-300-300 mg oral</i>	Symfi Lo	Tier 1	QLL
<i>efavirenz-lamivudine-tenofovir tablet 600-300-300 mg oral</i>	Symfi	Tier 1	QLL; Brand Preferred
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	Truvada	Tier 1	QLL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>		Tier 1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	Kaletra	Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	Kaletra	Tier 1	
<i>trumeq pd oral tablet soluble 60-5-30 mg</i>		Tier 1	QLL
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG		Tier 1	QLL
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML		Tier 1	QLL; AL (Min 12 Years)
CIMDUO ORAL TABLET 300-300 MG		Tier 1	QLL
COMPLERA ORAL TABLET 200-25-300 MG		Tier 1	
DELSTRIGO ORAL TABLET 100-300-300 MG		Tier 1	QLL
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG		Tier 1	QLL
DOVATO ORAL TABLET 50-300 MG		Tier 1	QLL
EVOTAZ ORAL TABLET 300-150 MG		Tier 1	
GENVOYA ORAL TABLET 150-150-200-10 MG		Tier 1	QLL
JULUCA ORAL TABLET 50-25 MG		Tier 1	QLL
KALETRA ORAL SOLUTION 400-100 MG/5ML		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	lopinavir-ritonavir	Tier 1	PA
ODEFSEY ORAL TABLET 200-25-25 MG		Tier 1	QLL
PREZCOBIX ORAL TABLET 800-150 MG		Tier 1	QLL
STRIBILD ORAL TABLET 150-150-200-300 MG		Tier 1	QLL
SYMFI LO ORAL TABLET 400-300-300 MG	efavirenz-lamivudine-tenofovir	Tier 1	PA; QLL
SYMFI ORAL TABLET 600-300-300 MG	efavirenz-lamivudine-tenofovir	Tier 1	PA; QLL; Brand Preferred
SYMTUZA ORAL TABLET 800-150-200-10 MG		Tier 1	QLL
TRIUMEQ ORAL TABLET 600-50-300 MG		Tier 1	QLL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	emtricitabine-tenofovir df	Tier 1	PA; QLL
*Antiretrovirals - Capsid Inhibitors***			
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG		Tier 1	QLL
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML		Tier 1	QLL
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
<i>maraviroc oral tablet 150 mg, 300 mg</i>	Selzentry	Tier 1	QLL
SELZENTRY ORAL SOLUTION 20 MG/ML		Tier 1	QLL
SELZENTRY ORAL TABLET 150 MG, 300 MG	maraviroc	Tier 1	PA; QLL
*Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor***			
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML		Tier 1	QLL
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG		Tier 1	QLL
*Antiretrovirals - Integrase Inhibitors***			
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML		Tier 1	QLL; AL (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG		Tier 1	QLL
ISENTRESS ORAL PACKET 100 MG		Tier 1	AL (Min 2 Years and Max 11 Years)
ISENTRESS ORAL TABLET 400 MG		Tier 1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		Tier 1	AL (Min 2 Years and Max 11 Years)
TIVICAY ORAL TABLET 50 MG		Tier 1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG		Tier 1	QLL
*Antiretrovirals - Protease Inhibitors***			
<i>atazanavir sulfate oral capsule 150 mg</i>		Tier 1	
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	Reyataz	Tier 1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	Prezista	Tier 1	
<i>fosamprenavir calcium oral tablet 700 mg</i>		Tier 1	QLL
<i>ritonavir oral tablet 100 mg</i>	Norvir	Tier 1	
APTIVUS ORAL CAPSULE 250 MG		Tier 1	
NORVIR ORAL PACKET 100 MG		Tier 1	QLL; AL (Max 6 Years)
NORVIR ORAL TABLET 100 MG	ritonavir	Tier 1	PA
PREZISTA ORAL SUSPENSION 100 MG/ML		Tier 1	
PREZISTA TABLET 150 MG ORAL		Tier 1	
PREZISTA TABLET 600 MG ORAL	darunavir	Tier 1	PA
PREZISTA TABLET 75 MG ORAL		Tier 1	
PREZISTA TABLET 800 MG ORAL	darunavir	Tier 1	PA
REYATAZ ORAL CAPSULE 200 MG, 300 MG	atazanavir sulfate	Tier 1	PA
REYATAZ ORAL PACKET 50 MG		Tier 1	AL (Max 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
VIRACEPT ORAL TABLET 250 MG, 625 MG		Tier 1	
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
<i>efavirenz oral tablet 600 mg</i>		Tier 1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	Intelence	Tier 1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		Tier 1	
<i>nevirapine oral suspension 50 mg/5ml</i>		Tier 1	
<i>nevirapine oral tablet 200 mg</i>		Tier 1	
EDURANT ORAL TABLET 25 MG		Tier 1	
INTELENCE TABLET 100 MG ORAL	etravirine	Tier 1	PA
INTELENCE TABLET 200 MG ORAL	etravirine	Tier 1	PA
INTELENCE TABLET 25 MG ORAL		Tier 1	
PIFELTRO ORAL TABLET 100 MG		Tier 1	QLL
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution 20 mg/ml</i>	Ziagen	Tier 1	
<i>abacavir sulfate oral tablet 300 mg</i>		Tier 1	
ZIAGEN ORAL SOLUTION 20 MG/ML	abacavir sulfate	Tier 1	PA
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
<i>emtricitabine oral capsule 200 mg</i>	Emtriva	Tier 1	
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	Epivir	Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	Epivir	Tier 1	
EMTRIVA ORAL CAPSULE 200 MG	emtricitabine	Tier 1	PA
EMTRIVA ORAL SOLUTION 10 MG/ML		Tier 1	
EPIVIR ORAL SOLUTION 10 MG/ML	lamivudine	Tier 1	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	lamivudine	Tier 1	PA
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>zidovudine oral capsule 100 mg</i>	Retrovir	Tier 1	
<i>zidovudine oral syrup 50 mg/5ml</i>	Retrovir	Tier 1	
<i>zidovudine oral tablet 300 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		Tier 1	
RETROVIR ORAL CAPSULE 100 MG	zidovudine	Tier 1	PA
RETROVIR ORAL SYRUP 50 MG/5ML	zidovudine	Tier 1	PA
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Viread	Tier 1	QLL
VIREAD ORAL POWDER 40 MG/GM		Tier 1	
VIREAD TABLET 150 MG ORAL		Tier 1	QLL
VIREAD TABLET 200 MG ORAL		Tier 1	QLL
VIREAD TABLET 250 MG ORAL		Tier 1	QLL
VIREAD TABLET 300 MG ORAL	tenofovir disoproxil fumarate	Tier 1	PA; QLL
*Antiretrovirals Adjuvants***			
TYBOST ORAL TABLET 150 MG		Tier 1	QLL
*Antiviral Combinations***			
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG		Tier 1	QLL; AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG		Tier 1	QLL; AL (Min 12 Years)
*Cmv Agents***			
<i>cidofovir intravenous solution 75 mg/ml</i>		Tier 1	
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	Foscavir	Tier 1	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>		Tier 1	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>		Tier 1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	Valcyte	Tier 1	
<i>valganciclovir hcl oral tablet 450 mg</i>	Valcyte	Tier 1	
LIVTENCITY ORAL TABLET 200 MG		Tier 1	PA; QLL; AL (Min 12 Years)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
PREVYMIS ORAL TABLET 240 MG, 480 MG		Tier 1	PA; QLL
PREVYMIS PACKET 120 MG ORAL		Tier 1	PA; QLL
PREVYMIS PACKET 20 MG ORAL		Tier 1	PA; QLL; AL (Max 11 Years)
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML	valganciclovir hcl	Tier 1	PA
VALCYTE ORAL TABLET 450 MG	valganciclovir hcl	Tier 1	PA
*Hepatitis B Agents***			
<i>adefovir dipivoxil oral tablet 10 mg</i>		Tier 1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	Tier 1	
<i>lamivudine oral tablet 100 mg</i>		Tier 1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML		Tier 1	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	entecavir	Tier 1	PA
VEMLIDY ORAL TABLET 25 MG		Tier 1	QLL
*Hepatitis C Agent - Combinations***			
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	Harvoni	Special PA	PA; QLL; AL (Min 7 Years)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	Epclusa	Special PA	PA; QLL; AL (Min 18 Years); Generic Preferred
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG		Special PA	PA; QLL; AL (Min 3 Years and Max 10 Years)
EPCLUSA TABLET 200-50 MG ORAL		Special PA	PA; QLL
EPCLUSA TABLET 400-100 MG ORAL	sofosbuvir-velpatasvir	Special PA	PA; QLL; AL (Min 18 Years); Generic Preferred
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG		Special PA	PA; QLL; AL (Min 3 Years and Max 6 Years)
HARVONI ORAL TABLET 45-200 MG		Special PA	PA; QLL; AL (Min 7 Years)
HARVONI ORAL TABLET 90-400 MG	ledipasvir-sofosbuvir	Special PA	PA; QLL; AL (Min 7 Years)
MAVYRET ORAL PACKET 50-20 MG		Tier 1	QLL
MAVYRET ORAL TABLET 100-40 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
VOSEVI ORAL TABLET 400-100-100 MG		Special PA	PA; QLL
ZEPATIER ORAL TABLET 50-100 MG		Special PA	PA; QLL; AL (Min 18 Years)
*Hepatitis C Agents***			
<i>ribavirin oral capsule 200 mg</i>		Tier 1	
<i>ribavirin oral tablet 200 mg</i>		Tier 1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML		Tier 1	QLL
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML		Tier 1	QLL
SOVALDI ORAL PACKET 150 MG, 200 MG		Special PA	PA; QLL; AL (Min 3 Years and Max 6 Years)
SOVALDI ORAL TABLET 200 MG, 400 MG		Special PA	PA; QLL; AL (Min 7 Years)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral capsule 200 mg</i>		Tier 1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>		Tier 1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>		Tier 1	
<i>acyclovir suspension 200 mg/5ml oral</i>		Tier 1	QLL; AL (Max 7 Years)
<i>acyclovir suspension 800 mg/20ml oral</i>		Tier 1	QLL
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	Tier 1	
VALTREX ORAL TABLET 1 GM, 500 MG	valacyclovir hcl	Tier 1	PA
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		Tier 1	
*Influenza Agents***			
<i>rimantadine hcl oral tablet 100 mg</i>		Tier 1	
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate capsule 30 mg oral</i>	Tamiflu	Tier 1	
<i>oseltamivir phosphate capsule 45 mg oral</i>	Tamiflu	Tier 1	
<i>oseltamivir phosphate capsule 75 mg oral</i>	Tamiflu	Tier 1	QLL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		Tier 1	QLL
TAMIFLU CAPSULE 30 MG ORAL	oseltamivir phosphate	Tier 1	PA
TAMIFLU CAPSULE 45 MG ORAL	oseltamivir phosphate	Tier 1	PA
TAMIFLU CAPSULE 75 MG ORAL	oseltamivir phosphate	Tier 1	PA; QLL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	oseltamivir phosphate	Tier 1	PA
*Pa Endonuclease Inhibitors***			
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		Tier 1	QLL; AL (Min 5 Years)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		Tier 1	QLL; AL (Min 5 Years)
*Rsv Agents - Nucleoside Analogues***			
<i>ribavirin inhalation solution reconstituted 6 gm</i>	Virazole	Tier 1	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM	ribavirin	Tier 1	PA
BETA BLOCKERS			
*Alpha-Beta Blockers***			
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Coreg	Tier 1	QLL
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	Coreg CR	Tier 1	
<i>labetalol hcl intravenous solution 5 mg/ml</i>		Tier 1	
<i>labetalol hcl intravenous solution prefilled syringe 10 mg/2ml</i>		Tier 1	
<i>labetalol hcl tablet 100 mg oral</i>		Tier 1	QLL
<i>labetalol hcl tablet 200 mg oral</i>		Tier 1	QLL
<i>labetalol hcl tablet 300 mg oral</i>		Tier 1	QLL
<i>labetalol hcl tablet 400 mg oral</i>		Tier 1	PA; QLL
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG	carvedilol phosphate er	Tier 1	PA
*Beta Blockers Cardio- Selective***			
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tenormin	Tier 1	QLL
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>		Tier 1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		Tier 1	QLL
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	Brevibloc	Tier 1	
<i>esmolol hcl intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>		Tier 1	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	Brevibloc in NaCl	Tier 1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Toprol XL	Tier 1	QLL
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>		Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Lopressor	Tier 1	QLL
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>		Tier 1	QLL
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Bystolic	Tier 1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	esmolol hcl-sodium chloride	Tier 1	PA
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML	esmolol hcl	Tier 1	PA
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML	esmolol hcl-sodium chloride	Tier 1	PA
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML	esmolol hcl-sodium chloride	Tier 1	PA
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	nebivolol hcl	Tier 1	PA
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG		Tier 1	PA; QLL
LOPRESSOR ORAL TABLET 100 MG, 50 MG	metoprolol tartrate	Tier 1	PA; QLL
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	atenolol	Tier 1	PA; QLL
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	metoprolol succinate er	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Beta Blockers Non-Selective***			
<i>nadolol tablet 20 mg oral</i>		Tier 1	
<i>nadolol tablet 40 mg oral</i>		Tier 1	QLL
<i>nadolol tablet 80 mg oral</i>		Tier 1	QLL
<i>pindolol oral tablet 10 mg, 5 mg</i>		Tier 1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	Inderal LA	Tier 1	QLL
<i>propranolol hcl intravenous solution 1 mg/ml</i>		Tier 1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>		Tier 1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>		Tier 1	QLL
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace AF	Tier 1	QLL
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i>	Betapace	Tier 1	QLL
<i>sotalol hcl oral tablet 240 mg</i>		Tier 1	QLL
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>		Tier 1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	sotalol hcl (af)	Tier 1	PA; QLL
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	sotalol hcl	Tier 1	PA; QLL
HEMANGEOL ORAL SOLUTION 4.28 MG/ML		Tier 1	PA; QLL
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG	propranolol hcl er	Tier 1	PA; QLL
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG		Tier 1	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG		Tier 1	
SOTYLIZE ORAL SOLUTION 5 MG/ML		Tier 1	PA; QLL
CALCIUM CHANNEL BLOCKERS			
*Calcium Channel Blockers***			
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Norvasc	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	Tiadyt ER	Tier 1	QLL
<i>diltiazem hcl er coated beads capsule extended release 24 hour 120 mg oral</i>	Cardizem CD	Tier 1	QLL
<i>diltiazem hcl er coated beads capsule extended release 24 hour 180 mg oral</i>	Cardizem CD	Tier 1	QLL
<i>diltiazem hcl er coated beads capsule extended release 24 hour 240 mg oral</i>	Cardizem CD	Tier 1	QLL
<i>diltiazem hcl er coated beads capsule extended release 24 hour 300 mg oral</i>	Cardizem CD	Tier 1	QLL
<i>diltiazem hcl er coated beads capsule extended release 24 hour 360 mg oral</i>	Cardizem CD	Special PA	PA
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>		Tier 2	PA
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		Tier 1	QLL
<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	Tier 2	PA
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>		Tier 1	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>		Tier 1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	Cardizem	Tier 1	QLL
<i>diltiazem hcl oral tablet 90 mg</i>		Tier 1	QLL
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>		Tier 1	QLL
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>		Tier 1	QLL
<i>isradipine oral capsule 2.5 mg, 5 mg</i>		Tier 2	PA
<i>levamlodipine maleate oral tablet 2.5 mg, 5 mg</i>	Conjupri	Special PA	PA; QLL
<i>nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%</i>		Tier 1	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>		Tier 1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>		Tier 2	PA
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	Procardia XL	Tier 1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>		Tier 1	
<i>nimodipine oral capsule 30 mg</i>		Tier 1	QLL
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>	Sular	Tier 2	PA
<i>nisoldipine er oral tablet extended release 24 hour 20 mg, 25.5 mg, 30 mg, 40 mg</i>		Tier 2	PA
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>		Tier 2	PA
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	Verelan	Tier 2	PA
<i>verapamil hcl er tablet extended release 120 mg oral</i>		Tier 1	QLL
<i>verapamil hcl er tablet extended release 180 mg oral</i>		Tier 1	QLL
<i>verapamil hcl er tablet extended release 240 mg oral</i>		Tier 1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>		Tier 1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>		Tier 1	QLL
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%		Tier 1	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL	diltiazem hcl er coated beads	Tier 1	PA; QLL
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180 MG ORAL	diltiazem hcl er coated beads	Tier 1	PA; QLL
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240 MG ORAL	diltiazem hcl er coated beads	Tier 1	PA; QLL
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	diltiazem hcl er coated beads	Tier 1	PA; QLL
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 360 MG ORAL	diltiazem hcl er coated beads	Special PA	PA

Formulary Drug Name	Reference	Tiering	Restrictions
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er	Tier 2	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	diltiazem hcl	Tier 1	PA; QLL
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	diltiazem hcl er coated beads	Tier 1	QLL
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML		Tier 1	
KATERZIA ORAL SUSPENSION 1 MG/ML		Special PA	PA; QLL; AL (Min 6 Years and Max 10 Years)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er	Tier 2	PA
NORLIQVA ORAL SOLUTION 1 MG/ML		Special PA	PA; QLL; AL (Min 6 Years and Max 10 Years)
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	amlodipine besylate	Tier 1	PA; QLL
NYMALIZE ORAL SOLUTION 6 MG/ML		Tier 1	QLL
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	nifedipine er osmotic release	Tier 1	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	nisoldipine er	Tier 2	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	Tier 1	QLL
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er beads	Tier 1	PA; QLL
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	verapamil hcl er	Tier 2	PA

Formulary Drug Name	Reference	Tiering	Restrictions
CARDIOTONICS			
*Cardiac Glycosides***			
<i>digoxin injection solution 0.25 mg/ml</i>	Lanoxin	Tier 1	
<i>digoxin oral solution 0.05 mg/ml</i>		Tier 1	QLL
<i>digoxin tablet 125 mcg oral</i>	Digox	Tier 1	QLL
<i>digoxin tablet 250 mcg oral</i>	Digox	Tier 1	QLL
<i>digoxin tablet 62.5 mcg oral</i>	Lanoxin	Tier 1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML	digoxin	Tier 1	PA
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML		Tier 1	
*Inotropes***			
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>		Tier 1	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>		Tier 1	
<i>dopamine hcl intravenous solution 40 mg/ml</i>		Tier 1	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>		Tier 1	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>		Tier 1	
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>		Tier 1	
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	Tier 2	PA
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>		Tier 2	PA
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	amlodipine-atorvastatin	Tier 2	PA
*Cardiac Myosin Inhibitors***			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Cardioplegic Solutions***			
<i>cardioplegic perfusion solution</i>	Plegisol	Tier 1	
PLEGISOL PERFUSION SOLUTION	cardioplegic	Tier 1	PA
*Cardiovascular Anti-Inflammatory/Immune Modulators***			
LODOCO ORAL TABLET 0.5 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Cardiovascular Sglt2 Inhibitors**			
INPEFA ORAL TABLET 200 MG, 400 MG		Special PA	PA; QLL; AL (Min 18 Years)
*Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		Tier 1	PA; QLL; AL (Min 1 Years and Max 10 Years)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		Tier 1	PA; QLL; AL (Min 1 Years)
*Nitrate & Vasodilator Combinations***			
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	BiDil	Tier 1	
BIDIL ORAL TABLET 20-37.5 MG	isosorb dinitrate-hydralazine	Tier 1	PA
*Pde Inhibitor-Endothelin Recptor Antagonist Combinations***			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Tier 1	PA; QLL
*Peripheral Vasodilators***			
<i>papaverine hcl injection solution 30 mg/ml</i>		Tier 1	
*Prostaglandin Vasodilators***			
<i>alprostadil injection solution 500 mcg/ml</i>	Prostin VR	Tier 1	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	Flolan	Tier 1	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	Remodulin	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	epoprostenol sodium	Tier 1	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG		Tier 1	PA; QLL
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG		Tier 1	PA; QLL
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG		Tier 1	PA; QLL
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Tier 1	PA; QLL
PROSTIN VR INJECTION SOLUTION 500 MCG/ML	alprostadil	Tier 1	AL (Max 20 Years)
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	treprostinil	Tier 1	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Tier 1	PA; QLL
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Tier 1	PA; QLL
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG		Tier 1	PA; QLL
TYVASO INHALATION SOLUTION 0.6 MG/ML		Tier 1	QLL
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML		Tier 1	QLL
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML		Tier 1	QLL
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG	epoprostenol sodium	Tier 1	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Tier 1	PA; QLL
*Pulmonary Hypertension - Activin Signaling Inhibitor***			
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		Tier 1	PA; QLL
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	Tier 1	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	Tier 1	
LETAIRIS ORAL TABLET 10 MG, 5 MG	ambrisentan	Tier 1	PA
OPSUMIT ORAL TABLET 10 MG		Tier 1	PA; QLL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	bosentan	Tier 1	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG		Tier 1	
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	Revatio	Tier 1	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>		Tier 1	PA; QLL; AL (Max 6 Years)
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	Tier 1	PA; QLL
<i>tadalafil (pah) oral tablet 20 mg</i>	Adcirca	Tier 1	PA; QLL
ADCIRCA ORAL TABLET 20 MG	tadalafil (pah)	Tier 1	PA; QLL
ALYQ ORAL TABLET 20 MG	tadalafil (pah)	Tier 1	PA; QLL
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML	sildenafil citrate	Tier 1	PA
REVATIO ORAL TABLET 20 MG	sildenafil citrate	Tier 1	PA; QLL
TADLIQ ORAL SUSPENSION 20 MG/5ML		Tier 1	PA; QLL; AL (Max 10 Years)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRA VI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Tier 1	PA; QLL
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		Tier 1	PA; QLL
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
<i>tadalafil oral tablet 5 mg</i>	Cialis	Tier 3	PA; QLL
CIALIS ORAL TABLET 5 MG	tadalafil	Tier 3	PA; QLL
*Septal Agents - Ablation**			
ABLYSINOL INTRA-ARTERIAL SOLUTION		Tier 1	PA; AL (Max 20 Years)
*Sinus Node Inhibitors**			
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	Corlanor	Tier 1	PA; QLL
CORLANOR ORAL SOLUTION 5 MG/5ML		Tier 1	PA; QLL
CORLANOR ORAL TABLET 5 MG, 7.5 MG	ivabradine hcl	Tier 1	PA; QLL
*Transthyretin Stabilizers***			
ATTRUBY ORAL TABLET THERAPY PACK 356 MG		Tier 1	PA; QLL; AL (Min 18 Years)
VYNDAMAX ORAL CAPSULE 61 MG		Tier 1	PA; QLL
VYND AQEL ORAL CAPSULE 20 MG		Tier 1	PA; QLL
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Tier 1	PA; QLL; AL (Min 18 Years)
CEPHALOSPORINS			
*Cephalosporin Combinations***			
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM		Tier 1	PA; QLL; AL (Min 18 Years)
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Cephalosporins - 1St Generation***			
<i>cefadroxil oral capsule 500 mg</i>		Tier 1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		Tier 1	
<i>cefadroxil oral tablet 1 gm</i>		Tier 1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>		Tier 1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>		Tier 1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>		Tier 1	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>		Tier 1	
<i>cephalexin capsule 250 mg oral</i>		Tier 1	
<i>cephalexin capsule 500 mg oral</i>		Tier 1	
<i>cephalexin capsule 750 mg oral</i>		Tier 1	PA
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Tier 1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>		Tier 1	PA
*Cephalosporins - 2Nd Generation***			
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		Tier 1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>		Tier 1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	Cefotan	Tier 1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		Tier 1	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>		Tier 1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Tier 1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>		Tier 1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		Tier 1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>		Tier 1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	cefotetan disodium	Tier 1	PA
*Cephalosporins - 3Rd Generation***			
<i>cefdinir oral capsule 300 mg</i>		Tier 1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Tier 1	
<i>cefixime oral capsule 400 mg</i>		Tier 1	PA; QLL
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		Tier 1	PA; QLL; AL (Max 12 Years)
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		Tier 1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		Tier 1	
<i>ceftazidime injection solution reconstituted 1 gm</i>	Tazicef	Tier 1	
<i>ceftazidime injection solution reconstituted 6 gm</i>		Tier 1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	Tazicef	Tier 1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>		Tier 1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		Tier 1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		Tier 1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>		Tier 1	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	ceftazidime	Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 6 GM		Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	ceftazidime	Tier 1	
*Cephalosporins - 4Th Generation***			
<i>cefepime hcl injection solution reconstituted 1 gm</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>		Tier 1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>		Tier 1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>		Tier 1	
*Cephalosporins - 5Th Generation***			
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG		Tier 1	
*Cephalosporins - Siderophores***			
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM		Tier 1	PA; AL (Min 18 Years)
CHEMICALS			
*Additional Solids***			
<i>ketoconazole powder</i>		Tier 1	QLL
*Bulk Chemicals - Ac's***			
<i>acyclovir powder</i>		Tier 1	QLL
*Bulk Chemicals - Al's***			
<i>albendazole powder</i>		Tier 1	QLL
*Bulk Chemicals - Am's***			
<i>amlodipine besylate powder</i>		Tier 1	QLL
*Bulk Chemicals - Be's***			
<i>benzocaine powder</i>		Tier 1	QLL
<i>bethanechol chloride powder</i>		Tier 1	QLL
*Bulk Chemicals - Ch's***			
<i>chlorpromazine hcl powder</i>		Tier 1	QLL
<i>cholestyramine powder</i>		Tier 1	QLL
*Bulk Chemicals - Cl***			
<i>clindamycin phosphate powder</i>		Tier 1	QLL
*Bulk Chemicals - De's***			
<i>dexamethasone powder</i>		Tier 1	QLL
<i>dexamethasone sodium phosphate powder</i>		Tier 1	QLL
*Bulk Chemicals - Di's***			
<i>diazepam powder</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Bulk Chemicals - En***			
<i>enalapril maleate powder</i>		Tier 1	QLL
*Bulk Chemicals - Es's***			
<i>estradiol micronized powder</i>		Tier 1	QLL
<i>estradiol powder</i>		Tier 1	QLL
<i>estriol micronized powder</i>		Tier 1	QLL
<i>estriol powder</i>		Tier 1	QLL
*Bulk Chemicals - Gl's***			
<i>glycopyrrolate powder</i>		Tier 1	QLL
*Bulk Chemicals - Hy's***			
<i>hydrocodone bitartrate crystals</i>		Tier 1	QLL
<i>hydrocodone bitartrate powder</i>		Tier 1	QLL
<i>hydrocortisone acetate powder</i>		Tier 1	QLL
<i>hydrocortisone micronized powder</i>		Tier 1	QLL
<i>hydrocortisone powder</i>		Tier 1	QLL
<i>hydroxyurea powder</i>		Tier 1	QLL
<i>hydroxyzine hcl powder</i>		Tier 1	QLL
*Bulk Chemicals - La's***			
<i>lansoprazole powder</i>		Tier 1	QLL
*Bulk Chemicals - Li***			
<i>lidocaine crystals</i>		Tier 1	QLL
<i>lidocaine hcl monohydrate powder</i>		Tier 1	QLL
<i>lidocaine hcl powder</i>		Tier 1	QLL
<i>lidocaine powder</i>		Tier 1	QLL
*Bulk Chemicals - Lo's***			
<i>lorazepam powder</i>		Tier 1	QLL
*Bulk Chemicals - Me's***			
<i>metformin hcl powder</i>		Tier 1	QLL
<i>metronidazole benzoate powder</i>		Tier 1	QLL
<i>metronidazole powder</i>		Tier 1	QLL
*Bulk Chemicals - Mu's***			
<i>mupirocin powder</i>		Tier 1	QLL
*Bulk Chemicals - Na's***			
<i>naltrexone hcl anhydrous powder</i>		Tier 1	QLL
<i>naltrexone hcl powder</i>		Tier 1	QLL
*Bulk Chemicals - Ni's***			
<i>nifedipine powder</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Bulk Chemicals - Om***			
<i>omeprazole powder</i>		Tier 1	QLL
*Bulk Chemicals - Ph's***			
<i>phytonadione liquid</i>		Tier 1	QLL
*Bulk Chemicals - Pr's***			
<i>progesterone micronized powder</i>		Tier 1	Female Only; QLL
<i>progesterone milled powder</i>		Tier 1	Female Only; QLL
<i>progesterone powder</i>		Tier 1	Female Only; QLL
<i>progesterone wettable (soy) powder</i>		Tier 1	Female Only; QLL
<i>progesterone wettable powder</i>		Tier 1	Female Only; QLL
<i>promethazine hcl powder</i>		Tier 1	QLL
*Bulk Chemicals - Te's***			
<i>testosterone micronized crystals</i>		Tier 1	PA; QLL
<i>testosterone micronized powder</i>		Tier 1	PA; QLL
<i>testosterone powder</i>		Tier 1	PA; QLL
<i>testosterone propionate powder</i>		Tier 1	PA; QLL
*Bulk Chemicals - To's***			
<i>topiramate powder</i>		Tier 1	QLL
*Bulk Chemicals - Tr's***			
<i>triamcinolone powder</i>		Tier 1	QLL
<i>trichloroacetic acid crystals</i>		Tier 1	
*Bulk Chemicals - Ur's***			
<i>ursodiol powder</i>		Tier 1	QLL
*Solids***			
<i>pilocarpine hcl powder</i>		Tier 1	QLL
<i>pregnenolone micronized powder</i>		Tier 1	QLL
<i>pregnenolone powder</i>		Tier 1	QLL
CONTRACEPTIVES			
*Biphasic Contraceptives - Oral***			
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	Tier 1	Female Only
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	Tier 1	Female Only
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Tier 1	Female Only
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG		Tier 1	Female Only
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Tier 1	Female Only
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Tier 1	Female Only
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Tier 1	Female Only
*Combination Contraceptives - Oral***			
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35 (28)	Tier 1	Female Only
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	Tier 1	Female Only
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	Beyaz	Tier 1	Female Only
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	Safyral	Tier 1	Female Only
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	Tier 1	Female Only
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Ocella	Tier 1	Female Only
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	Tier 1	Female Only
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Kelnor 1/50	Tier 1	Female Only
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	Balcoltra	Tier 1	Female Only; QLL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	Tier 1	Female Only
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	Tier 1	Female Only
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	Tier 1	Female Only
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	Gemmily	Tier 1	PA; Female Only; QLL
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	Tier 1	Female Only
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	Tier 1	Female Only
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Charlotte 24 Fe	Tier 1	Female Only
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	Aurovela 1.5/30	Tier 1	Female Only
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	Aurovela 1/20	Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg</i>	Wymzya Fe	Tier 1	Female Only
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	Layolis FE	Tier 1	Female Only
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	Estarylla	Tier 1	Female Only
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
APRI ORAL TABLET 0.15-30 MG-MCG		Tier 1	Female Only
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)		Tier 1	Female Only
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
AVIANE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
AYUNA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21)	levonorgest-eth estradiol-iron	Tier 1	PA; Female Only; QLL
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	Tier 1	Female Only
BEYAZ ORAL TABLET 3-0.02-0.451 MG	drospiren-eth estrad-levomefol	Tier 1	PA; Female Only
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)		Tier 1	Female Only
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Tier 1	Female Only
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG		Tier 1	Female Only
CYRED EQ ORAL TABLET 0.15-30 MG-MCG		Tier 1	Female Only
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Tier 1	Female Only
ELINEST ORAL TABLET 0.3-30 MG-MCG		Tier 1	Female Only
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		Tier 1	Female Only
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Tier 1	Female Only
FALMINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG		Tier 1	PA; QLL
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Tier 1	Female Only
GEMMILY ORAL CAPSULE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Tier 1	PA; Female Only; QLL
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)		Tier 1	Female Only
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		Tier 1	Female Only
JASMIEL ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Tier 1	Female Only
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	levonorgest-eth estradiol-iron	Tier 1	Female Only; QLL
JULEBER ORAL TABLET 0.15-30 MG-MCG		Tier 1	Female Only
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only

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

Formulary Drug Name	Reference	Tiering	Restrictions
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Tier 1	Female Only
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Tier 1	Female Only
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
MILI ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Tier 1	Female Only
MINZOYA ORAL TABLET 0.1-20 MG-MCG(21)	levonorgest-eth estradiol-iron	Tier 1	Female Only; QLL
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Tier 1	Female Only
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	Female Only
NEXTSTELLIS ORAL TABLET 3-14.2 MG		Tier 1	PA; Female Only; QLL
NIKKI ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Tier 1	Female Only
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Tier 1	Female Only
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Tier 1	Female Only
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Tier 1	Female Only
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Tier 1	Female Only
OCELLA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Tier 1	Female Only
PHILITH ORAL TABLET 0.4-35 MG-MCG	briellyn	Tier 1	Female Only
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		Tier 1	Female Only
SAFYRAL ORAL TABLET 3-0.03-0.451 MG	drospiren-eth estrad-levomefol	Tier 1	PA; Female Only
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Tier 1	Female Only
SRONYX ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
SYEDA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Tier 1	Female Only
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)		Tier 1	Female Only
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Tier 1	Female Only
TAYSOFY ORAL CAPSULE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Tier 1	PA; Female Only; QLL
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Tier 1	PA; Female Only; QLL
TURQOZ ORAL TABLET 0.3-30 MG-MCG		Tier 1	Female Only
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		Tier 1	Female Only
TYDEMY ORAL TABLET 3-0.03-0.451 MG	drospiren-eth estrad-levomefol	Tier 1	Female Only
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	ethynodiol diac-eth estradiol	Tier 1	Female Only
VESTURA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Tier 1	Female Only
VIENVA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	Tier 1	Female Only
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Tier 1	Female Only
WERA ORAL TABLET 0.5-35 MG-MCG		Tier 1	Female Only
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG		Tier 1	Female Only
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG		Tier 1	Female Only
YASMIN 28 ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Tier 1	PA; Female Only
YAZ ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Tier 1	PA; Female Only
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	Tier 1	Female Only
ZUMANDIMINE ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
*Combination Contraceptives - Transdermal***			
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	Xulane	Tier 1	Female Only; QLL
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR		Tier 1	Female Only
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	Tier 1	Female Only; QLL
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	Tier 1	Female Only; QLL
*Combination Contraceptives - Vaginal***			
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	EluRyng	Tier 1	Female Only; QLL
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR		Tier 1	Female Only; QLL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Tier 1	Female Only; QLL
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Tier 1	Female Only; QLL
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Tier 1	Female Only; QLL
NUVARING VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Tier 1	PA; Female Only; QLL
*Continuous Contraceptives - Oral***			
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Amethyst	Tier 1	Female Only
AMETHYST ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
DOLISHALE ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	Tier 1	Female Only
*Emergency Contraceptives***			
<i>levonorgestrel oral tablet 1.5 mg</i>	EContra One-Step	Tier 1	Female Only; OTC
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Tier 1	Female Only; OTC
ELLA ORAL TABLET 30 MG		Tier 1	Female Only
HER STYLE ORAL TABLET 1.5 MG	levonorgestrel	Tier 1	Female Only; OTC
MY CHOICE ORAL TABLET 1.5 MG	levonorgestrel	Tier 1	Female Only; OTC
MY WAY ORAL TABLET 1.5 MG	levonorgestrel	Tier 1	Female Only; OTC
NEW DAY ORAL TABLET 1.5 MG	levonorgestrel	Tier 1	Female Only; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	Tier 1	Female Only; OTC
*Extended-Cycle Contraceptives - Oral***			
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	Rivelsa	Tier 1	Female Only; QLL
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	Camrese Lo	Tier 1	Female Only; QLL
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg</i>	Ashlyna	Tier 1	Female Only; QLL
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	Tier 1	Female Only; QLL
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
CAMRESE ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
DAYSEE ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
ICLEVIA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
INTROVALE ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
JAIMIESS ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
RIVELSA ORAL TABLET 42-21-21-7 DAYS	levonorgest-eth est & eth est	Tier 1	Female Only; QLL
SETLAKIN ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
SIMPESSE ORAL TABLET 0.15-0.03 & 0.01 MG	levonorgest-eth estrad 91-day	Tier 1	Female Only; QLL
*Four Phase Contraceptives - Oral***			
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG		Tier 1	Female Only
*Progestin Contraceptives - Injectable***			
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	Depo-Provera	Tier 1	Female Only; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	Depo-Provera	Tier 1	Female Only; QLL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	medroxyprogesterone acetate	Tier 1	PA; Female Only; QLL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML	medroxyprogesterone acetate	Tier 1	PA; Female Only; QLL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML		Tier 1	Female Only; QLL
*Progestin Contraceptives - Oral***			
<i>norethindrone oral tablet 0.35 mg</i>	Camila	Tier 1	Female Only
CAMILA ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
DEBLITANE ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
EMZAHH ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
ERRIN ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
HEATHER ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
INCASSIA ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
JENCYCLA ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
LYLEQ ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
NORA-BE ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
OPIII ORAL TABLET 0.075 MG		Tier 1	OTC
SHAROBEL ORAL TABLET 0.35 MG	norethindrone	Tier 1	Female Only
SLYND ORAL TABLET 4 MG		Tier 1	PA; Female Only; QLL
*Triphasic Contraceptives - Oral***			
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	Dasetta 7/7/7	Tier 1	Female Only
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	Enpresse-28	Tier 1	Female Only
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	Tilia Fe	Tier 1	Female Only
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	Tri-Estarylla	Tier 1	Female Only
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Tier 1	Female Only
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Tier 1	Female Only
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		Tier 1	Female Only
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Tier 1	Female Only
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Tier 1	Female Only
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Tier 1	Female Only
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Tier 1	Female Only
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		Tier 1	Female Only
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		Tier 1	Female Only
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Tier 1	Female Only
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Tier 1	Female Only
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		Tier 1	Female Only
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG		Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
CORTICOSTEROIDS			
*Glucocorticosteroids***			
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	Uceris	Tier 1	PA; QLL
<i>budesonide oral capsule delayed release particles 3 mg</i>		Tier 1	
<i>cortisone acetate oral tablet 25 mg</i>		Tier 1	
<i>deflazacort oral suspension 22.75 mg/ml</i>	Emflaza	Tier 1	PA; QLL; AL (Min 5 Years); Brand Preferred
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	Emflaza	Tier 1	PA; QLL; AL (Min 5 Years); Brand Preferred
<i>dexamethasone oral elixir 0.5 mg/5ml</i>		Tier 1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>		Tier 1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>		Tier 1	
<i>dexamethasone sod phos + rfid injection solution prefilled syringe 4 mg/ml</i>		Tier 1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>		Tier 1	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>		Tier 1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>		Tier 1	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>		Tier 1	
<i>dexamethasone tablet therapy pack 1.5 mg (21) oral</i>	TaperDex 6-Day	Tier 1	PA
<i>dexamethasone tablet therapy pack 1.5 mg (35) oral</i>		Tier 1	
<i>dexamethasone tablet therapy pack 1.5 mg (51) oral</i>		Tier 1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Cortef	Tier 1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	Solu-CORTEF	Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	Depo-Medrol	Tier 1	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	DEPO-Medrol	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i>	Medrol	Tier 1	
<i>methylprednisolone oral tablet 32 mg</i>		Tier 1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	Medrol	Tier 1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 500 mg</i>	SOLU-Medrol	Tier 1	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>		Tier 1	
<i>prednisolone oral solution 15 mg/5ml</i>		Tier 1	
<i>prednisolone oral tablet 5 mg</i>		Tier 1	PA
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	Orapred ODT	Tier 1	QLL; AL (Max 10 Years)
<i>prednisolone sodium phosphate powder</i>		Tier 1	QLL
<i>prednisolone sodium phosphate solution 10 mg/5ml oral</i>		Tier 1	PA
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>		Tier 1	
<i>prednisolone sodium phosphate solution 20 mg/5ml oral</i>		Tier 1	PA
<i>prednisolone sodium phosphate solution 25 mg/5ml oral</i>		Tier 1	
<i>prednisolone sodium phosphate solution 5 mg/5ml oral</i>	Pediapred	Tier 1	
<i>prednisone oral solution 5 mg/5ml</i>		Tier 1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>		Tier 1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>		Tier 1	
<i>prednisone powder</i>		Tier 1	QLL
<i>triamcinolone acetate injection suspension 40 mg/ml</i>	Kenalog-40	Tier 1	QLL
AGAMREE ORAL SUSPENSION 40 MG/ML		Tier 1	PA; QLL; AL (Min 2 Years)
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Tier 1	PA; AL (Max 6 Years)
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	hydrocortisone	Tier 1	PA
DEPO-MEDROL SUSPENSION 20 MG/ML INJECTION		Tier 1	
DEPO-MEDROL SUSPENSION 40 MG/ML INJECTION	methylprednisolone acetate	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
DEPO-MEDROL SUSPENSION 80 MG/ML INJECTION	methylprednisolone acetate	Tier 1	PA
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		Tier 1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	deflazacort	Tier 1	PA; QLL; AL (Min 5 Years); Brand Preferred
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	deflazacort	Tier 1	PA; QLL; AL (Min 5 Years); Brand Preferred
EOHILIA ORAL SUSPENSION 2 MG/10ML		Tier 1	PA; AL (Min 11 Years)
HEMADY ORAL TABLET 20 MG		Tier 1	PA; QLL; AL (Min 18 Years)
KENALOG-10 INJECTION SUSPENSION 10 MG/ML		Tier 1	QLL
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	triamcinolone acetonide	Tier 1	PA; QLL
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	triamcinolone acetonide	Tier 1	
MEDROL ORAL TABLET THERAPY PACK 4 MG	methylprednisolone	Tier 1	PA
MEDROL TABLET 16 MG ORAL	methylprednisolone	Tier 1	PA
MEDROL TABLET 2 MG ORAL		Tier 1	
MEDROL TABLET 4 MG ORAL	methylprednisolone	Tier 1	PA
MEDROL TABLET 8 MG ORAL	methylprednisolone	Tier 1	PA
PEDIAPRED ORAL SOLUTION 5 MG/5ML	prednisolone sodium phosphate	Tier 1	PA
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Tier 1	
RAYOS TABLET DELAYED RELEASE 1 MG ORAL		Tier 1	PA
RAYOS TABLET DELAYED RELEASE 2 MG ORAL		Tier 1	PA
RAYOS TABLET DELAYED RELEASE 5 MG ORAL		Tier 1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	hydrocortisone sod suc (pf)	Tier 1	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG		Tier 1	
SOLU-MEDROL SOLUTION RECONSTITUTED 1000 MG INJECTION	methylprednisolone sodium succ	Tier 1	PA
SOLU-MEDROL SOLUTION RECONSTITUTED 2 GM INJECTION		Tier 1	
SOLU-MEDROL SOLUTION RECONSTITUTED 500 MG INJECTION	methylprednisolone sodium succ	Tier 1	PA
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)		Tier 1	PA
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21)	dexamethasone	Tier 1	PA
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)		Tier 1	PA; QLL
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG		Tier 1	PA; QLL; AL (Min 18 Years)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	budesonide er	Tier 1	PA; QLL
*Mineralocorticoids***			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		Tier 1	
*Steroid Combinations***			
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	Celestone Soluspan	Tier 1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML	betamethasone sod phos & acet	Tier 1	PA
COUGH/COLD/ALLERGY			
*Iodine Expectorants***			
SSKI ORAL SOLUTION 1 GM/ML	potassium iodide (expectorant)	Tier 1	PA; AL (Max 20 Years)
*Misc. Respiratory Inhalants***			
<i>sodium chloride nebulization solution 0.9 % inhalation (rx)</i>		Tier 1	
<i>sodium chloride nebulization solution 10 % inhalation</i>		Tier 1	
<i>sodium chloride nebulization solution 3 % inhalation</i>	Nebusal	Tier 1	
<i>sodium chloride nebulization solution 7 % inhalation</i>	HyperSal	Tier 1	AL (Max 21 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		Tier 1	
<i>acetylcysteine powder</i>		Tier 1	QLL
DERMATOLOGICALS			
*Acne Antibiotics***			
<i>clindamycin phos (once-daily) external gel 1 %</i>	Clindagel	Tier 1	PA; AL (Max 20 Years)
<i>clindamycin phos (twice-daily) external gel 1 %</i>		Tier 1	AL (Max 20 Years)
<i>clindamycin phosphate external foam 1 %</i>	Clindacin	Tier 1	PA; AL (Max 20 Years)
<i>clindamycin phosphate external lotion 1 %</i>	Cleocin-T	Tier 1	AL (Max 20 Years)
<i>clindamycin phosphate external solution 1 %</i>		Tier 1	AL (Max 20 Years)
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	Tier 1	AL (Max 20 Years)
<i>dapsone gel 5 % external</i>	Aczone	Tier 1	PA; QLL; AL (Max 20 Years)
<i>dapsone gel 7.5 % external</i>	Aczone	Tier 1	PA; QLL; AL (Min 9 Years and Max 20 Years)
<i>ery external pad 2 %</i>		Tier 1	PA; AL (Max 20 Years)
<i>erythromycin external gel 2 %</i>	Erygel	Tier 1	PA; AL (Max 20 Years)
<i>erythromycin external solution 2 %</i>		Tier 1	AL (Max 20 Years)
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	Klaron	Tier 1	AL (Max 20 Years)
CLEOCIN-T EXTERNAL LOTION 1 %	clindamycin phosphate	Tier 1	PA; AL (Max 20 Years)
CLINDACIN ETZ EXTERNAL SWAB 1 %	clindamycin phosphate	Tier 1	AL (Max 20 Years)
CLINDACIN EXTERNAL FOAM 1 %	clindamycin phosphate	Tier 1	PA; AL (Max 20 Years)
CLINDACIN-P EXTERNAL SWAB 1 %	clindamycin phosphate	Tier 1	AL (Max 20 Years)
CLINDAGEL EXTERNAL GEL 1 %	clindamycin phos (once-daily)	Tier 1	PA; AL (Max 20 Years)
ERYGEL EXTERNAL GEL 2 %	erythromycin	Tier 1	PA; AL (Max 20 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
KLARON EXTERNAL LOTION 10 %	sulfacetamide sodium (acne)	Tier 1	PA; AL (Max 20 Years)
*Acne Combinations***			
<i>sulfacetamide sodium-sulfur external cream 10-5 %</i>	Avar-e Emollient	Tier 1	AL (Max 20 Years)
<i>sulfacetamide sodium-sulfur external liquid 10-2 %</i>	Avar LS Cleanser	Tier 1	AL (Max 20 Years)
<i>sulfacetamide sodium-sulfur external liquid 9-4 %</i>		Tier 1	AL (Max 20 Years)
<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i>	Sumadan Wash	Tier 1	AL (Max 20 Years)
<i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>	SulfaCleanse 8/4	Tier 1	QLL; AL (Max 20 Years)
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i>	Sumadan Wash	Tier 1	AL (Max 20 Years)
CLINDACIN ETZ EXTERNAL KIT 1 %		Special PA	PA; AL (Max 20 Years)
SUMADAN EXTERNAL KIT 9-4.5 %		Tier 1	PA; QLL; AL (Max 20 Years)
SUMADAN WASH EXTERNAL LIQUID 9-4.5 %	sulfacetamide sod-sulfur wash	Tier 1	PA; AL (Max 20 Years)
*Acne Products***			
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	Absorica	Tier 1	QLL; AL (Max 20 Years)
<i>tretinoin external cream 0.025 %, 0.05 %</i>	Retin-A	Tier 1	PA; AL (Max 20 Years)
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG		Tier 2	PA; AL (Min 12 Years and Max 20 Years)
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	isotretinoin	Tier 1	PA; QLL; AL (Max 20 Years)
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	isotretinoin	Tier 1	QLL; AL (Max 20 Years)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Tier 1	QLL; AL (Max 20 Years)
WINLEVI EXTERNAL CREAM 1 %		Tier 2	PA; QLL; AL (Min 12 Years and Max 20 Years)
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Tier 1	QLL; AL (Max 20 Years)
*Agents For External Genital And Perianal Warts***			
VEREGEN EXTERNAL OINTMENT 15 %		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Alopecia Agents - Janus Kinus (Jak) Inhibitors***			
LITFULO ORAL CAPSULE 50 MG		Special PA	PA; QLL; AL (Min 12 Years and Max 20 Years)
*Antibiotic Steroid Combinations - Topical***			
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 %		Tier 2	PA; QLL
*Antibiotics - Topical***			
<i>gentamicin sulfate external cream 0.1 %</i>		Tier 1	
<i>gentamicin sulfate external ointment 0.1 %</i>		Tier 1	
<i>mupirocin calcium external cream 2 %</i>		Tier 2	PA
<i>mupirocin external ointment 2 %</i>		Tier 1	
<i>tetracycline hcl powder</i>		Tier 1	QLL
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		Tier 1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		Tier 2	PA
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Vusion	Tier 2	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		Tier 2	PA
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		Tier 2	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	miconazole-zinc oxide-petrolat	Tier 2	PA
*Antifungals - Topical***			
<i>ciclopirox external gel 0.77 %</i>		Tier 2	PA
<i>ciclopirox external shampoo 1 %</i>		Tier 2	PA
<i>ciclopirox external solution 8 %</i>	Ciclodan	Tier 2	PA; QLL
<i>ciclopirox olamine external cream 0.77 %</i>		Tier 1	
<i>ciclopirox olamine external suspension 0.77 %</i>		Tier 1	
<i>ft antifungal external cream 1 %</i>	Tinactin	Tier 1	AL (Max 20 Years); OTC
<i>gnp terbinafine hydrochloride external cream 1 %</i>	LamISIL AT Athletes Foot	Tier 1	AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gnp tolnaftate external cream 1 %</i>	Tinactin	Tier 1	AL (Max 20 Years); OTC
<i>naftifine hcl external cream 1 %, 2 %</i>		Tier 2	PA
<i>naftifine hcl external gel 2 %</i>	Naftin	Tier 2	PA
<i>nystatin external cream 100000 unit/gm</i>		Tier 1	
<i>nystatin external ointment 100000 unit/gm</i>		Tier 1	
<i>nystatin external powder 100000 unit/gm</i>	Klayesta	Tier 1	QLL
<i>sm antifungal tolnaftate external cream 1 %</i>	Tinactin	Tier 1	AL (Max 20 Years); OTC
<i>terbinafine hcl external cream 1 %</i>	LamISIL AT Athletes Foot	Tier 1	AL (Max 20 Years); OTC
<i>tolnaftate external cream 1 %</i>	Tinactin	Tier 1	AL (Max 20 Years); OTC
CICLODAN EXTERNAL SOLUTION 8 %	ciclopirox	Tier 2	PA; QLL
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	nystatin	Tier 1	QLL
NAFTIN EXTERNAL GEL 2 %	naftifine hcl	Tier 2	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	nystatin	Tier 1	QLL
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	nystatin	Tier 1	QLL
*Anti-Inflammatory Agents - Topical***			
<i>diclofenac epolamine external patch 1.3 %</i>	Flector	Special PA	PA; QLL
<i>diclofenac sodium external gel 1 %</i>	Aspercreme Arthritis Pain	Tier 1	
<i>diclofenac sodium external solution 1.5 %</i>		Special PA	PA; QLL
<i>diclofenac sodium external solution 2 %</i>	Pennsaid	Special PA	PA; QLL
PENNSAID EXTERNAL SOLUTION 2 %	diclofenac sodium	Special PA	PA; QLL
*Antineoplastic Alkylating Agents - Topical***			
VALCHLOR EXTERNAL GEL 0.016 %		Tier 1	QLL
*Antineoplastic Antimetabolites - Topical***			
<i>fluorouracil external cream 5 %</i>		Tier 1	
<i>fluorouracil external solution 2 %, 5 %</i>		Tier 1	
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium external gel 3 %</i>		Tier 3	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Antipruritics - Topical***			
<i>doxepin hcl external cream 5 %</i>	Prudoxin	Tier 1	PA; QLL
PRUDOXIN EXTERNAL CREAM 5 %	doxepin hcl	Tier 1	PA; QLL
ZONALON EXTERNAL CREAM 5 %	doxepin hcl	Tier 1	PA; QLL
*Antipsoriatics - Systemic***			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		Tier 1	QLL
<i>methoxsalen rapid oral capsule 10 mg</i>		Tier 1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML		Special PA	PA; QLL
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML		Special PA	PA; QLL
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Special PA	PA; QLL
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML		Special PA	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Special PA	PA; QLL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Special PA	PA; QLL
COSENTYX SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS		Special PA	PA; QLL
COSENTYX SOLUTION PREFILLED SYRINGE 75 MG/0.5ML SUBCUTANEOUS		Special PA	PA; QLL; AL (Min 6 Years and Max 18 Years)
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		Special PA	PA; QLL
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Special PA	PA; QLL
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Special PA	PA; QLL
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	ustekinumab-ttwe	Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Special PA	PA; QLL
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML		Special PA	PA; QLL; AL (Min 18 Years)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Special PA	PA; QLL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Special PA	PA; QLL
SOTYKTU ORAL TABLET 6 MG		Tier 3	PA; QLL; AL (Min 18 Years)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML		Special PA	PA; QLL; AL (Min 12 Years)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Special PA	PA; QLL; AL (Min 12 Years)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	ustekinumab	Special PA	PA; QLL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	ustekinumab	Special PA	PA; QLL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Special PA	PA; QLL
TALTZ SOLUTION PREFILLED SYRINGE 20 MG/0.25ML SUBCUTANEOUS		Special PA	PA; QLL; AL (Min 6 Years and Max 17 Years)
TALTZ SOLUTION PREFILLED SYRINGE 40 MG/0.5ML SUBCUTANEOUS		Special PA	PA; QLL; AL (Min 6 Years and Max 17 Years)
TALTZ SOLUTION PREFILLED SYRINGE 80 MG/ML SUBCUTANEOUS		Special PA	PA; QLL
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML		Special PA	PA; QLL
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Special PA	PA; QLL; AL (Min 18 Years)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Special PA	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Special PA	PA; QLL; AL (Min 18 Years)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		Special PA	PA; QLL
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Special PA	PA; QLL
*Antipsoriatics***			
<i>calcipotriene external cream 0.005 %</i>		Tier 1	QLL
<i>calcipotriene external foam 0.005 %</i>	Sorilux	Tier 1	PA; QLL; AL (Min 12 Years)
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	Tier 1	QLL
<i>calcipotriene external solution 0.005 %</i>		Tier 1	QLL
<i>calcitriol external ointment 3 mcg/gm</i>	Vectical	Tier 1	
<i>tazarotene cream 0.05 % external</i>	Tazorac	Tier 1	QLL; AL (Max 20 Years)
<i>tazarotene cream 0.1 % external</i>	Tazorac	Tier 1	QLL
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tazorac	Tier 1	PA; QLL; AL (Max 20 Years)
SORILUX EXTERNAL FOAM 0.005 %	calcipotriene	Tier 1	PA; QLL; AL (Min 12 Years)
VTAMA EXTERNAL CREAM 1 %		Tier 1	PA; QLL; AL (Min 2 Years)
*Antiseborrheic Products***			
<i>selenium sulfide external lotion 2.5 %</i>		Tier 1	
*Antiviral Topical Combinations***			
XERESE EXTERNAL CREAM 5-1 %		Tier 1	PA; QLL
*Antivirals - Topical***			
<i>acyclovir external cream 5 %</i>	Zovirax	Tier 1	QLL; Brand Preferred
<i>acyclovir external ointment 5 %</i>	Zovirax	Tier 1	PA; QLL
<i>penciclovir external cream 1 %</i>	Denavir	Tier 1	PA; QLL
DENAVIR EXTERNAL CREAM 1 %	penciclovir	Tier 1	PA; QLL
ZOVIRAX EXTERNAL CREAM 5 %	acyclovir	Tier 1	QLL; Brand Preferred
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	Tier 1	PA; QLL
*Astringents***			
XERAC AC EXTERNAL SOLUTION 6.25 %		Tier 1	AL (Max 20 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG		Tier 1	PA; QLL; AL (Min 12 Years)
OPZELURA EXTERNAL CREAM 1.5 %		Tier 1	PA; QLL; AL (Min 12 Years)
*Atopic Dermatitis - Monoclonal Antibodies***			
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		Tier 3	PA; QLL; AL (Min 18 Years)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Tier 1	PA; QLL; AL (Min 12 Years)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		Tier 1	PA; QLL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		Tier 1	PA; QLL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML		Tier 1	PA; QLL; AL (Min 12 Years)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML		Tier 1	PA; QLL; AL (Min 12 Years)
*Burn Products***			
<i>mafenide acetate external packet 5 %</i>		Tier 1	
<i>silver sulfadiazine external cream 1 %</i>	Silvadene	Tier 1	
SILVADENE EXTERNAL CREAM 1 %	silver sulfadiazine	Tier 1	PA
SSD EXTERNAL CREAM 1 %	silver sulfadiazine	Tier 1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM		Tier 1	QLL
*Cauterizing Agents***			
<i>silver nitrate external solution 0.5 %</i>		Tier 1	
*Corticosteroids - Topical***			
<i>alclometasone dipropionate external cream 0.05 %</i>		Tier 2	PA
<i>alclometasone dipropionate external ointment 0.05 %</i>		Tier 2	PA
<i>amcinonide external cream 0.1 %</i>		Tier 2	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<i>betamethasone dipropionate aug external cream 0.05 %</i>		Tier 1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>		Tier 2	PA
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		Tier 2	PA
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	Tier 1	
<i>betamethasone dipropionate external cream 0.05 %</i>		Tier 1	
<i>betamethasone dipropionate external lotion 0.05 %</i>		Tier 1	
<i>betamethasone dipropionate external ointment 0.05 %</i>		Tier 1	
<i>betamethasone valerate external cream 0.1 %</i>		Tier 1	
<i>betamethasone valerate external foam 0.12 %</i>		Tier 2	PA
<i>betamethasone valerate external lotion 0.1 %</i>		Tier 2	PA
<i>betamethasone valerate external ointment 0.1 %</i>		Tier 1	
<i>clobetasol propionate cream 0.025 % external</i>	Impoyz	Tier 1	PA
<i>clobetasol propionate cream 0.05 % external</i>		Tier 1	
<i>clobetasol propionate e external cream 0.05 %</i>		Tier 1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tovet	Tier 3	PA
<i>clobetasol propionate external foam 0.05 %</i>		Tier 1	PA
<i>clobetasol propionate external gel 0.05 %</i>		Tier 2	PA; QLL
<i>clobetasol propionate external liquid 0.05 %</i>	Clobex Spray	Tier 2	PA
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	Tier 2	PA
<i>clobetasol propionate external ointment 0.05 %</i>		Tier 1	
<i>clobetasol propionate external shampoo 0.05 %</i>	Clodan	Tier 2	PA
<i>clobetasol propionate external solution 0.05 %</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>clocortolone pivalate external cream 0.1 %</i>	Cloderm	Tier 3	PA
<i>desonide external cream 0.05 %</i>	DesOwen	Tier 1	
<i>desonide external lotion 0.05 %</i>		Tier 3	PA
<i>desonide external ointment 0.05 %</i>		Tier 1	
<i>desoximetasone cream 0.05 % external</i>	Topicort	Tier 3	PA
<i>desoximetasone cream 0.25 % external</i>	Topicort	Tier 1	
<i>desoximetasone external gel 0.05 %</i>	Topicort	Tier 2	PA
<i>desoximetasone external liquid 0.25 %</i>	Topicort Spray	Tier 3	PA; QLL
<i>desoximetasone ointment 0.05 % external</i>	Topicort	Tier 3	PA
<i>desoximetasone ointment 0.25 % external</i>	Topicort	Tier 1	
<i>diflorasone diacetate external cream 0.05 %</i>		Tier 3	PA
<i>diflorasone diacetate external ointment 0.05 %</i>		Tier 3	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothe/FS Body	Tier 2	PA; QLL; Brand Preferred
<i>fluocinolone acetonide external cream 0.01 %</i>		Tier 2	PA
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	Tier 2	PA
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	Tier 2	PA
<i>fluocinolone acetonide external solution 0.01 %</i>		Tier 1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothe/FS Scalp	Tier 2	PA; QLL; Brand Preferred
<i>fluocinonide emulsified base external cream 0.05 %</i>		Tier 2	PA; QLL
<i>fluocinonide external cream 0.05 %</i>		Tier 1	
<i>fluocinonide external cream 0.1 %</i>	Vanos	Tier 1	
<i>fluocinonide external gel 0.05 %</i>		Tier 2	PA
<i>fluocinonide external ointment 0.05 %</i>		Tier 1	
<i>fluocinonide external solution 0.05 %</i>		Tier 1	
<i>flurandrenolide external lotion 0.05 %</i>		Tier 3	PA; QLL
<i>fluticasone propionate external cream 0.05 %</i>		Tier 1	
<i>fluticasone propionate external lotion 0.05 %</i>		Tier 3	PA; QLL
<i>fluticasone propionate external ointment 0.005 %</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>halcinonide external cream 0.1 %</i>	Halog	Tier 3	PA
<i>halcinonide external solution 0.1 %</i>		Tier 3	PA
<i>halobetasol propionate external cream 0.05 %</i>		Tier 1	
<i>halobetasol propionate external foam 0.05 %</i>	Lexette	Tier 3	PA; QLL; AL (Min 18 Years); Generic Preferred
<i>halobetasol propionate external ointment 0.05 %</i>		Tier 1	
<i>hydrocortisone butyrate external cream 0.1 %</i>		Tier 3	PA
<i>hydrocortisone butyrate external lotion 0.1 %</i>	Locoid	Tier 3	PA
<i>hydrocortisone butyrate external ointment 0.1 %</i>		Tier 2	PA
<i>hydrocortisone butyrate external solution 0.1 %</i>		Tier 2	PA; QLL
<i>hydrocortisone external cream 1 %</i>	Aveeno Anti-Itch Max St	Tier 1	QLL
<i>hydrocortisone external cream 2.5 %</i>		Tier 1	QLL
<i>hydrocortisone external lotion 2.5 %</i>		Tier 1	
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	Tier 1	QLL
<i>hydrocortisone external ointment 2.5 %</i>		Tier 1	QLL
<i>hydrocortisone external solution 2.5 %</i>	Texacort	Tier 3	PA; QLL
<i>hydrocortisone valerate external cream 0.2 %</i>		Tier 1	
<i>hydrocortisone valerate external ointment 0.2 %</i>		Tier 3	PA
<i>mometasone furoate external cream 0.1 %</i>		Tier 1	
<i>mometasone furoate external ointment 0.1 %</i>		Tier 1	
<i>mometasone furoate external solution 0.1 %</i>		Tier 1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>		Tier 3	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>		Tier 1	
<i>triamcinolone acetonide external cream 0.5 %</i>	Triderm	Tier 1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>		Tier 1	
<i>triamcinolone acetonide ointment 0.025 % external</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>triamcinolone acetonide ointment 0.05 % external</i>		Tier 2	PA
<i>triamcinolone acetonide ointment 0.1 % external</i>		Tier 1	
<i>triamcinolone acetonide ointment 0.5 % external</i>		Tier 1	
<i>triamcinolone acetonide powder</i>		Tier 1	QLL
BRYHALI EXTERNAL LOTION 0.01 %		Tier 3	PA; QLL
CLODAN EXTERNAL SHAMPOO 0.05 %	clobetasol propionate	Tier 2	PA
CLODERM EXTERNAL CREAM 0.1 %	clocortolone pivalate	Tier 3	PA
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	Tier 2	PA; QLL; Brand Preferred
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 %	fluocinolone acetonide scalp	Tier 2	PA; QLL; Brand Preferred
DIPROLENE EXTERNAL OINTMENT 0.05 %	betamethasone dipropionate aug	Tier 1	PA
LOCOID EXTERNAL LOTION 0.1 %	hydrocortisone butyrate	Tier 3	PA
PANDEL EXTERNAL CREAM 0.1 %		Tier 2	PA
SYNALAR EXTERNAL CREAM 0.025 %	fluocinolone acetonide	Tier 2	PA
SYNALAR EXTERNAL OINTMENT 0.025 %	fluocinolone acetonide	Tier 2	PA
TEXACORT EXTERNAL SOLUTION 2.5 %	hydrocortisone	Tier 3	PA; QLL
TOPICORT EXTERNAL CREAM 0.25 %	desoximetasone	Tier 1	PA
TOPICORT EXTERNAL GEL 0.05 %	desoximetasone	Tier 2	PA
TOVET EXTERNAL FOAM 0.05 %	clobetasol propionate emulsion	Tier 3	PA
VANOS EXTERNAL CREAM 0.1 %	fluocinonide	Tier 1	PA
*Emollient/Keratolytic Agents***			
<i>urea cream 39 % external</i>	Uredeb	Tier 1	
<i>urea cream 40 % external</i>		Tier 1	QLL
*Emollients***			
<i>ammonium lactate external cream 12 %</i>		Tier 1	
<i>ammonium lactate external lotion 12 %</i>	AL12	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Enzymes - Topical***			
SANTYL EXTERNAL OINTMENT 250 UNIT/GM		Tier 1	PA; QLL; AL (Max 20 Years)
*Imidazole-Related Antifungals - Topical***			
<i>antifungal (clotrimazole) external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
<i>athletes foot (clotrimazole) external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
<i>clotrimazole anti-fungal external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
<i>clotrimazole external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years)
<i>clotrimazole external solution 1 %</i>		Tier 2	PA
<i>econazole nitrate external cream 1 %</i>		Tier 1	
<i>ft athletes foot (clotrimaz) external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
<i>gnp athletes foot external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ketoconazole external cream 2 %</i>		Tier 1	
<i>ketoconazole external foam 2 %</i>	Ketodan	Tier 2	PA
<i>ketoconazole external shampoo 2 %</i>		Tier 1	QLL
<i>luliconazole external cream 1 %</i>	Luzu	Tier 2	PA; QLL
<i>oxiconazole nitrate external cream 1 %</i>		Tier 2	PA
<i>sm antifungal clotrimazole external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
<i>tm-clotrimazole external cream 1 %</i>	Mycozyl AC	Tier 1	QLL; AL (Max 20 Years); OTC
ERTACZO EXTERNAL CREAM 2 %		Tier 2	PA
JUBLIA EXTERNAL SOLUTION 10 %		Special PA	PA; QLL
KETODAN EXTERNAL FOAM 2 %	ketoconazole	Tier 2	PA
LUZU EXTERNAL CREAM 1 %	luliconazole	Tier 2	PA; QLL
MYCOZYL AC EXTERNAL CREAM 1 %	antifungal (clotrimazole)	Tier 1	QLL; AL (Max 20 Years); OTC
OXISTAT EXTERNAL LOTION 1 %		Tier 2	PA
TRIMAZOLE EXTERNAL CREAM 1 %	antifungal (clotrimazole)	Tier 1	QLL; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod cream 3.75 % external</i>	Zyclara	Tier 1	PA; QLL; AL (Min 13 Years)
<i>imiquimod cream 5 % external</i>		Tier 1	QLL
<i>imiquimod pump external cream 3.75 %</i>	Zyclara	Tier 1	PA; QLL; AL (Min 13 Years)
ZYCLARA EXTERNAL CREAM 3.75 %	imiquimod	Tier 1	PA; QLL; AL (Min 13 Years)
ZYCLARA PUMP EXTERNAL CREAM 2.5 %		Tier 1	PA; QLL; AL (Min 13 Years)
ZYCLARA PUMP EXTERNAL CREAM 3.75 %	imiquimod	Tier 1	PA; QLL; AL (Min 13 Years)
*Interleukin-31 Receptor Antagonists - Systemic***			
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Keratolytic/Antimitotic/Vesicant Agents***			
<i>podofilox external gel 0.5 %</i>	Condylox	Tier 1	QLL
<i>podofilox external solution 0.5 %</i>		Tier 1	QLL
<i>salicylic acid external ointment 3 %</i>	MG217 Psoriasis Multi-Symptom	Tier 2	PA
CONDYLOX EXTERNAL GEL 0.5 %	podofilox	Tier 1	PA; QLL
SALYCIM EXTERNAL CREAM 6 %	salimez	Tier 1	AL (Max 20 Years)
YCANTH EXTERNAL SOLUTION 0.7 %	cantharidin	Tier 1	PA; QLL; AL (Min 2 Years)
*Local Anesthetics - Topical***			
<i>lidocaine external ointment 5 %</i>		Tier 1	QLL
<i>lidocaine external patch 5 %</i>	Lidocan	Tier 1	QLL
<i>lidocaine hcl external cream 3 %</i>		Tier 1	QLL
<i>lidocaine hcl external solution 4 %</i>		Tier 1	
<i>lidocaine hcl urethral/mucosal external gel 2 %</i>		Tier 1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	Tier 1	
<i>lidocaine pak external ointment 5 %</i>		Tier 1	QLL
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	lidocaine hcl urethral/mucosal	Tier 1	
LIDOCAN EXTERNAL PATCH 5 %	lidocaine	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
LIDODERM EXTERNAL PATCH 5 %	lidocaine	Tier 1	PA; QLL
TRIDACAINE EXTERNAL PATCH 5 %	lidocaine	Tier 1	QLL
TRIDACAINE II EXTERNAL PATCH 5 %	lidocaine	Tier 1	QLL
TRIDACAINE III EXTERNAL PATCH 5 %	lidocaine	Tier 1	QLL
TRIDACAINE XL EXTERNAL PATCH 5 %	lidocaine	Tier 1	QLL
ZTLIDO EXTERNAL PATCH 1.8 %		Tier 1	PA; QLL
*Macrolide Immunosuppressants - Topical***			
<i>pimecrolimus external cream 1 %</i>	Elidel	Tier 1	QLL; AL (Min 2 Years)
<i>tacrolimus ointment 0.03 % external</i>		Tier 1	QLL; AL (Min 2 Years)
<i>tacrolimus ointment 0.1 % external</i>		Tier 1	QLL; AL (Min 15 Years)
ELIDEL EXTERNAL CREAM 1 %	pimecrolimus	Tier 1	PA; QLL; AL (Min 2 Years)
HYFTOR EXTERNAL GEL 0.2 %		Tier 1	PA; QLL; AL (Min 6 Years and Max 20 Years)
*Misc. Topical***			
DRYSOL EXTERNAL SOLUTION 20 %		Tier 1	PA; AL (Max 20 Years)
SOFDRA EXTERNAL GEL 12.45 %		Tier 1	PA; QLL; AL (Min 9 Years and Max 20 Years)
*Oxaborole-Related Antifungals - Topical***			
<i>tavaborole external solution 5 %</i>		Special PA	PA; QLL
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA EXTERNAL OINTMENT 2 %		Tier 1	PA; ST; QLL
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %		Tier 1	PA; QLL; AL (Min 6 Years)
ZORYVE EXTERNAL FOAM 0.3 %		Tier 1	PA; QLL; AL (Min 6 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Rosacea Agents***			
<i>brimonidine tartrate external gel 0.33 %</i>	Mirvaso	Tier 1	PA; QLL; AL (Min 18 Years and Max 20 Years)
<i>doxycycline oral capsule delayed release 40 mg</i>	Oracea	Tier 1	PA
<i>metronidazole external cream 0.75 %</i>	MetroCream	Tier 1	AL (Max 20 Years)
<i>metronidazole external lotion 0.75 %</i>	MetroLotion	Tier 1	AL (Max 20 Years)
<i>metronidazole gel 0.75 % external</i>		Tier 1	AL (Max 20 Years)
<i>metronidazole gel 1 % external</i>	Metrogel	Tier 1	PA; AL (Max 20 Years)
NORITATE EXTERNAL CREAM 1 %		Tier 1	PA; AL (Max 20 Years)
*Scabicide Combinations***			
VANALICE EXTERNAL GEL 0.3-3.5 %		Tier 1	AL (Max 18 Years); OTC
*Scabicides & Pediculicides***			
<i>gnp lice treatment external liquid 1 %</i>	Nix Creme Rinse	Tier 1	QLL; AL (Max 20 Years); OTC
<i>goodsense lice killing external liquid 1 %</i>	Nix Creme Rinse	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ivermectin external lotion 0.5 %</i>	Sklice	Tier 2	PA; QLL
<i>malathion external lotion 0.5 %</i>	Ovide	Tier 3	PA; QLL; AL (Min 6 Years)
<i>permethrin external cream 5 %</i>	Elimite	Tier 1	QLL
<i>spinosad external suspension 0.9 %</i>	Natroba	Tier 1	PA; QLL; Brand Preferred
CROTAN EXTERNAL LOTION 10 %		Tier 1	PA; QLL; AL (Min 18 Years)
ELIMITE EXTERNAL CREAM 5 %	permethrin	Tier 1	QLL
NATROBA EXTERNAL SUSPENSION 0.9 %	spinosad	Tier 1	QLL; Brand Preferred
SKLICE EXTERNAL LOTION 0.5 %	ivermectin	Tier 2	PA; QLL; OTC
*Steroid-Local Anesthetic Combinations***			
EPIFOAM EXTERNAL FOAM 1-1 %		Tier 1	
*Topical Anesthetic Combinations***			
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Topical Selective Retinoid X Receptor Agonists***			
<i>bexarotene external gel 1 %</i>	Targretin	Tier 1	
TARGRETIN EXTERNAL GEL 1 %	bexarotene	Tier 1	PA
*Topical Steroid Combinations***			
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>		Tier 3	PA
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	Taclonex	Tier 3	PA
DUOBRII EXTERNAL LOTION 0.01-0.045 %		Tier 1	PA; QLL
ENSTILAR EXTERNAL FOAM 0.005-0.064 %		Tier 2	PA; QLL; AL (Min 18 Years)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 %	calcipotriene-betameth diprop	Tier 3	PA
*Wound Cleansers/Decubitus Ulcer Therapy***			
VASHE WOUND THERAPY EXTERNAL SOLUTION		Tier 1	PA; AL (Max 20 Years)
*Wound Dressings***			
FILSUEZ EXTERNAL GEL 10 %		Tier 1	PA; QLL
*Wound Treatment - Gene Therapy***			
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML		Tier 1	PA; QLL
DIAGNOSTIC PRODUCTS			
*Diagnostic Biologicals***			
APLISOL INTRADERMAL SOLUTION 5 UNIT/0.1ML		Tier 1	QLL
*Diagnostic Drugs***			
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>		Tier 1	
<i>adenosine intravenous solution 3 mg/ml</i>		Tier 1	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	Cortrosyn	Tier 1	
<i>dipyridamole intravenous solution 5 mg/ml</i>		Tier 1	
<i>glucagon hcl (diagnostic) injection solution reconstituted 1 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>regadenoson intravenous solution 0.4 mg/5ml</i>	Lexiscan	Tier 1	
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG	cosyntropin	Tier 1	PA
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML	regadenoson	Tier 1	PA
METOPIRONE ORAL CAPSULE 250 MG		Tier 1	
R-GENE 10 INTRAVENOUS SOLUTION 10 %		Tier 1	
*Diagnostic Tests***			
<i>ketone test in vitro strip</i>	Ketostix	Tier 1	QLL; OTC
ACCU-CHEK GUIDE TEST IN VITRO STRIP	blood glucose test	Tier 2	PA; OTC
CONTOUR NEXT TEST IN VITRO STRIP	blood glucose test	Tier 2	PA; OTC
EASYMAX TEST IN VITRO STRIP	blood glucose test	Tier 2	PA; OTC
KETOSTIX IN VITRO STRIP	ketone test	Tier 1	QLL; OTC
PRECISION XTRA KETONE IN VITRO STRIP		Tier 1	QLL; AL (Max 4 Years); OTC
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	blood glucose test	Tier 2	PA; OTC
RELION KETONE TEST IN VITRO STRIP	ketone test	Tier 1	QLL; OTC
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	blood glucose test	Tier 1	PA; OTC
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	blood glucose test	Tier 1	PA; OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			
*Dietary Management Product Combinations***			
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG	l-methylfolate forte	Tier 3	PA; QLL; AL (Max 20 Years)
NEOPHE ORAL POWDER	neoke bhb	Tier 1	PA; OTC
NEOPHE ORAL TABLET	proleva	Tier 1	PA; OTC
*Dietary Management Products***			
URE-NA ORAL PACKET 15 GM		Tier 3	PA; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Infant Foods***			
PERIFLEX INFANT ORAL POWDER	cvs advantage/iron	Tier 1	PA; OTC
PHENYL-FREE 1 ORAL POWDER	cvs advantage/iron	Tier 1	PA; OTC
*Nutritional Supplements***			
<i>flavor packets oral packet</i>		Tier 1	AL (Max 20 Years); OTC
<i>pku trio oral powder</i>	Glytactin Bettermilk	Tier 1	PA; OTC
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR		Tier 1	PA
EAA SUPPLEMENT ORAL PACKET	nutricia preop	Tier 1	PA; OTC
GLYTACTIN BETTERMILK 15 ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN BETTERMILK ORAL POWDER	pku trio	Tier 1	PA
GLYTACTIN BUILD 10PE ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN BUILD 20/20 ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN BUILD 20/20 PKU ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN BURST ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN COMPLETE 10PE ORAL BAR		Tier 1	PA
GLYTACTIN RESTORE 10 ORAL LIQUID	balanced nutritional drink	Tier 1	PA
GLYTACTIN RESTORE 5 ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	balanced nutritional drink	Tier 1	PA
GLYTACTIN RESTORE LITE 10PE ORAL PACKET	nutricia preop	Tier 1	PA
GLYTACTIN RTD 10 ORAL LIQUID	balanced nutritional drink	Tier 1	PA
GLYTACTIN RTD 15 ORAL LIQUID	balanced nutritional drink	Tier 1	PA
GLYTACTIN RTD LITE 15 ORAL LIQUID	balanced nutritional drink	Tier 1	PA
GLYTACTIN SWIRL 15 ORAL PACKET	nutricia preop	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
GLYTACTIN SWIRL 15PE ORAL PACKET	nutricia preop	Tier 1	PA
LANAFLEX ORAL PACKET	nutricia preop	Tier 1	PA; OTC
LOPHLEX LQ 20 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
LOPHLEX ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PERIFLEX ADVANCE ORAL POWDER	pku trio	Tier 1	PA; OTC
PERIFLEX JUNIOR ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENEX-1 ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENEX-2 ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYLADE DRINK MIX ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYLADE ESSENTIAL DRINK MIX ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYLADE ESSENTIAL MIX/FIBER ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PHENYLADE ESSENTIAL MIX/FIBER ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	pku trio	Tier 1	PA
PHENYLADE GMP MIX-IN ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PHENYLADE GMP MIX-IN ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYLADE GMP ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PHENYLADE GMP ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYLADE GMP READY ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PHENYLADE GMP ULTRA ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PHENYLADE RTD PKU 10 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PHENYLADE60 DRINK MIX ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PHENYLADE60 DRINK MIX ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYL-FREE 2 ORAL POWDER	pku trio	Tier 1	PA; OTC
PHENYL-FREE 2HP ORAL POWDER	pku trio	Tier 1	PA; OTC
PHLEXY-10 ORAL PACKET	nutricia preop	Tier 1	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PKU 2 ORAL POWDER	pku trio	Tier 1	PA; OTC
PKU 3 ORAL POWDER	pku trio	Tier 1	PA; OTC
PKU AIR20 GOLD ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU AIR20 GREEN ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU AIR20 YELLOW ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU COOLER 10 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU COOLER 15 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU COOLER 20 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU EASY MICROTABS PLUS ORAL TABLET DELAYED RELEASE		Tier 1	
PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL (OTC)		Tier 1	
PKU EASY MICROTABS TABLET DELAYED RELEASE ORAL (RX)		Tier 1	PA
PKU EASY ORAL TABLET	5-htp tryptophan	Tier 1	PA
PKU EASY SHAKE & GO ORAL POWDER	pku trio	Tier 1	PA; OTC
PKU EXPLORE10 ORAL PACKET	nutricia preop	Tier 1	OTC
PKU EXPLORE5 ORAL PACKET	nutricia preop	Tier 1	OTC
PKU EXPRESS 15 PLUS+ ORAL PACKET	nutricia preop	Tier 1	PA
PKU EXPRESS 20 PLUS+ ORAL PACKET	nutricia preop	Tier 1	PA
PKU GEL ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PKU LOPHLEX LQ 20 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU PERIFLEX EARLY YEARS ORAL POWDER	pku trio	Tier 1	PA; OTC
PKU PERIFLEX JUNIOR PLUS ORAL POWDER	pku trio	Tier 1	PA; OTC
PKU SPHERE 15 ORAL PACKET	nutricia preop	Tier 1	OTC
PKU SPHERE 20 ORAL LIQUID	balanced nutritional drink	Tier 1	PA; OTC
PKU SPHERE 20 ORAL PACKET	nutricia preop	Tier 1	PA; OTC
PKU SPHERE NEXT 15 ORAL LIQUID	balanced nutritional drink	Tier 1	OTC
PKU START ORAL POWDER	pku trio	Tier 1	PA; OTC
TYR EASY ORAL TABLET	5-htp tryptophan	Tier 1	PA
XPHE MAXAMAID ORAL POWDER	pku trio	Tier 1	PA; OTC
XPHE-XTYR MAXAMAID ORAL POWDER	pku trio	Tier 1	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DIGESTIVE AIDS			
*Digestive Enzymes***			
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		Tier 1	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT		Tier 1	PA; AL (Max 20 Years)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT		Tier 1	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		Tier 1	PA; AL (Max 20 Years)
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT		Tier 1	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		Tier 1	
DIURETICS			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>		Tier 1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>		Tier 1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>		Tier 1	
<i>dichlorphenamide oral tablet 50 mg</i>	Keveyis	Tier 1	PA; QLL
<i>methazolamide oral tablet 25 mg, 50 mg</i>		Special PA	PA
KEVEYIS ORAL TABLET 50 MG	dichlorphenamide	Tier 1	PA; QLL
ORMALVI ORAL TABLET 50 MG	dichlorphenamide	Tier 1	PA; QLL
*Diuretic Combinations***			
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>		Tier 1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>		Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		Tier 1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Loop Diuretics***			
<i>bumetanide injection solution 0.25 mg/ml</i>		Tier 1	
<i>bumetanide oral tablet 0.5 mg</i>	Bumex	Tier 1	
<i>bumetanide oral tablet 1 mg, 2 mg</i>		Tier 1	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>		Tier 1	
<i>ethacrynic acid oral tablet 25 mg</i>	Edecrin	Tier 1	
<i>furosemide injection solution 10 mg/ml</i>		Tier 1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		Tier 1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	Tier 1	QLL
<i>torsemide oral tablet 10 mg, 100 mg, 5 mg</i>		Tier 1	QLL
<i>torsemide oral tablet 20 mg</i>	Soaanz	Tier 1	QLL
EDECIN ORAL TABLET 25 MG	ethacrynic acid	Tier 1	PA
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML		Tier 1	PA; AL (Min 18 Years)
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	furosemide	Tier 1	PA; QLL
*Osmotic Diuretics***			
<i>mannitol intravenous solution 20 %</i>	Osmitrol	Tier 1	
<i>mannitol intravenous solution 25 %</i>		Tier 1	
OSMITROL INTRAVENOUS SOLUTION 10 %		Tier 1	
OSMITROL INTRAVENOUS SOLUTION 20 %	mannitol	Tier 1	
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral tablet 5 mg</i>		Tier 1	
<i>spironolactone oral suspension 25 mg/5ml</i>	CaroSpir	Tier 1	PA; QLL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	Tier 1	
<i>spironolactone powder</i>		Tier 1	QLL
<i>triamterene oral capsule 100 mg, 50 mg</i>	Dyrenium	Tier 1	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	spironolactone	Tier 1	PA
CAROSPIR ORAL SUSPENSION 25 MG/5ML	spironolactone	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>		Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		Tier 1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		Tier 1	QLL
<i>hydrochlorothiazide tablet 12.5 mg oral</i>		Tier 1	
<i>hydrochlorothiazide tablet 25 mg oral</i>		Tier 1	QLL
<i>hydrochlorothiazide tablet 50 mg oral</i>		Tier 1	QLL
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		Tier 1	QLL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		Tier 1	
DIURIL ORAL SUSPENSION 250 MG/5ML		Tier 1	
INZIRQO ORAL SUSPENSION RECONSTITUTED 10 MG/ML		Tier 1	PA; QLL; AL (Max 6 Years)
THALITONE ORAL TABLET 15 MG		Tier 1	
ENDOCRINE AND METABOLIC AGENTS - MISC.			
*Acid Sphingomyelinase Deficiency (Asmd) - Agents***			
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG		Tier 1	PA
*Adenosine Deaminase Scid Treatment - Agents***			
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML		Tier 1	PA
*Alpha-Mannosidosis Treatment - Agents***			
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		Tier 1	PA
*Aromatic Amino Acid Decarboxylate Deficiency - Agents***			
KEBILIDI INJECTION SUSPENSION 280000000000 VG/0.5ML		Tier 1	QLL; AL (Min 1 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Bisphosphonates***			
<i>alendronate sodium oral solution 70 mg/75ml</i>		Tier 1	PA; QLL
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>		Tier 1	QLL
<i>alendronate sodium oral tablet 70 mg</i>	Fosamax	Tier 1	QLL
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>		Special PA	PA; QLL
<i>ibandronate sodium oral tablet 150 mg</i>		Tier 1	QLL
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>		Tier 1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	Atelvia	Special PA	PA; QLL
<i>risedronate sodium tablet 150 mg oral</i>	Actonel	Tier 2	PA; QLL
<i>risedronate sodium tablet 30 mg oral</i>		Special PA	PA; QLL
<i>risedronate sodium tablet 35 mg oral</i>	Actonel	Tier 2	PA; QLL
<i>risedronate sodium tablet 5 mg oral</i>		Tier 2	PA; QLL
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>		Tier 1	
<i>zoledronic acid intravenous solution 4 mg/100ml</i>		Tier 1	QLL
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Reclast	Tier 1	QLL
ACTONEL ORAL TABLET 150 MG, 35 MG	risedronate sodium	Tier 2	PA; QLL
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	risedronate sodium	Special PA	PA; QLL
BINOSTO ORAL TABLET EFFERVESCENT 70 MG		Special PA	PA; QLL
FOSAMAX ORAL TABLET 70 MG	alendronate sodium	Tier 1	PA; QLL
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT		Tier 2	PA; QLL
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML	zoledronic acid	Tier 1	PA; QLL
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Sensipar	Tier 1	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
SENSIPAR ORAL TABLET 30 MG, 90 MG	cinacalcet hcl	Tier 1	PA
*Calcitonins***			
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	Miacalcin	Tier 1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>		Tier 1	QLL
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	calcitonin (salmon)	Tier 1	PA
*Carnitine Replenisher - Agents***			
<i>levocarnitine intravenous solution 200 mg/ml</i>	Carnitor	Tier 1	
<i>levocarnitine oral solution 1 gm/10ml</i>	Carnitor	Tier 1	
<i>levocarnitine oral tablet 330 mg</i>	Carnitor	Tier 1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	Carnitor	Tier 1	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	levocarnitine	Tier 1	PA
CARNITOR ORAL SOLUTION 1 GM/10ML	levocarnitine	Tier 1	PA
CARNITOR ORAL TABLET 330 MG	levocarnitine	Tier 1	PA
CARNITOR SF ORAL SOLUTION 1 GM/10ML	levocarnitine	Tier 1	PA
*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
XPHOZAH ORAL TABLET 20 MG, 30 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Corticotropin***			
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML		Tier 3	PA
ACTHAR INJECTION GEL 80 UNIT/ML		Tier 1	PA
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML		Tier 1	PA
CORTROPHIN INJECTION GEL 80 UNIT/ML		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag			
CRENESSITY ORAL CAPSULE 100 MG, 50 MG		Tier 1	PA; QLL; AL (Min 4 Years)
CRENESSITY ORAL SOLUTION 50 MG/ML		Tier 1	PA; QLL; AL (Min 4 Years)
*Cortisol Synthesis Inhibitors***			
ISTURISA ORAL TABLET 1 MG, 5 MG		Tier 1	PA; QLL
RECORLEV ORAL TABLET 150 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Dopamine Receptor Agonists***			
<i>cabergoline oral tablet 0.5 mg</i>		Tier 1	
*Fabry Disease - Agents***			
ELFABRIO SOLUTION 20 MG/10ML INTRAVENOUS		Tier 1	PA; AL (Min 18 Years)
ELFABRIO SOLUTION 5 MG/2.5ML INTRAVENOUS		Tier 3	PA; AL (Min 18 Years)
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG		Tier 1	PA
GALAFOLD ORAL CAPSULE 123 MG		Tier 1	PA; QLL
*Gaa Deficiency Treatment - Agents***			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		Tier 1	PA
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	PA
OPFOLDA ORAL CAPSULE 65 MG		Tier 1	PA; QLL; AL (Min 18 Years)
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG		Tier 1	PA; AL (Min 18 Years)
*Gnrh/Lhrh Antagonists***			
ORILISSA ORAL TABLET 150 MG, 200 MG		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Growth Hormone Receptor Antagonists***			
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG		Tier 1	
*Growth Hormones***			
GENOTROPIN MINISQUICK 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		Tier 1	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG		Tier 1	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG		Tier 2	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML		Tier 2	PA
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML		Tier 2	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML		Tier 2	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML		Tier 2	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML		Tier 2	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		Tier 2	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		Tier 2	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		Tier 2	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		Tier 2	PA

Formulary Drug Name	Reference	Tiering	Restrictions
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		Tier 2	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG		Tier 2	PA
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Orfadin	Tier 1	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		Tier 1	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	nitisinone	Tier 1	PA
ORFADIN ORAL SUSPENSION 4 MG/ML		Tier 1	
*Homocystinuria Treatment - Agents***			
<i>betaine oral powder</i>	Cystadane	Tier 1	
CYSTADANE ORAL POWDER	betaine	Tier 1	PA
*Hyperammonemia Treatment - Agents***			
<i>carglumic acid oral tablet soluble 200 mg</i>	Carbaglu	Tier 1	PA; Brand Preferred
CARBAGLU ORAL TABLET SOLUBLE 200 MG	carglumic acid	Tier 1	PA; Brand Preferred
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	Tier 1	
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	Tier 1	
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	Hectorol	Tier 1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>		Tier 1	PA
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	Zemplar	Tier 1	PA; AL (Min 10 Years)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	Zemplar	Tier 1	PA; QLL; AL (Min 10 Years)
<i>paricalcitol oral capsule 4 mcg</i>		Tier 1	PA; QLL; AL (Min 10 Years)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML	doxercalciferol	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG		Tier 1	PA; QLL
ROCALTROL ORAL SOLUTION 1 MCG/ML	calcitriol	Tier 1	PA
ZEMPLAR INTRAVENOUS SOLUTION 5 MCG/ML	paricalcitol	Tier 1	PA; AL (Min 10 Years)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	paricalcitol	Tier 1	PA; QLL; AL (Min 10 Years)
*Hypoparathyroid Treatment - Parathyroid Hormone Analog***			
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Hypophosphatasia (Hpp) Agents***			
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML		Tier 1	PA
*Insulin-Like Growth Factor-1 Receptor Inhibitors(Igf-1R)***			
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG		Tier 1	PA
*Insulin-Like Growth Factors (Somatomedins)***			
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML		Tier 1	PA
*Leptin Analogues***			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG		Tier 1	PA; QLL
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG		Tier 1	PA; QLL; AL (Min 18 Years)
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG INTRAMUSCULAR		Tier 1	PA; AL (Min 18 Years)
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG INTRAMUSCULAR		Tier 1	PA
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG INTRAMUSCULAR		Tier 1	PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG		Tier 1	PA; AL (Min 18 Years)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG		Tier 3	QLL; AL (Min 18 Years)
SYNAREL NASAL SOLUTION 2 MG/ML		Tier 1	PA; QLL; AL (Max 16 Years)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG		Tier 1	PA; QLL; AL (Min 2 Years and Max 14 Years)
*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***			
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Molybdenum Cofactor Deficiency (Mocd) - Agents***			
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG		Tier 1	PA
*Mucopolysaccharidosis I (Mps I) - Agents***			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML		Tier 1	PA
*Mucopolysaccharidosis Ii (Mps Ii) - Agents***			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML		Tier 1	PA
*Mucopolysaccharidosis Vi (Mps Vi) - Agents***			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML		Tier 1	PA
*Mucopolysaccharidosis Vii (Mps Vii) - Agents***			
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML		Tier 1	PA
*Natriuretic Peptides***			
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG		Tier 1	PA; QLL; AL (Min 5 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Neurokinin 3 (Nk3) Receptor Antagonists***			
VEOZAH ORAL TABLET 45 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA ORAL TABLET 10 MG, 20 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Ovulation Stimulants-Gonadotropins***			
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	Pregnyl	Tier 1	PA; Male Only; AL (Min 4 Years and Max 10 Years)
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT		Tier 1	PA; Male Only; AL (Min 4 Years and Max 10 Years)
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	chorionic gonadotropin	Tier 1	PA; Male Only; AL (Min 4 Years and Max 10 Years)
*Parathyroid Hormone And Derivatives***			
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	Forteo	Special PA	PA; QLL; Brand Preferred
<i>teriparatide solution pen-injector 620 mcg/2.48ml subcutaneous</i>		Special PA	PA; QLL
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	teriparatide	Special PA	PA; QLL; Brand Preferred
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		Special PA	PA; QLL
*Phenylketonuria Treatment - Agents***			
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Javygtor	Tier 1	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Javygtor	Tier 1	PA
JAVYGTOR ORAL PACKET 100 MG, 500 MG	sapropterin dihydrochloride	Tier 1	PA
JAVYGTOR ORAL TABLET 100 MG	sapropterin dihydrochloride	Tier 1	PA
KUVAN ORAL PACKET 100 MG, 500 MG	sapropterin dihydrochloride	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
KUVAN ORAL TABLET 100 MG	sapropterin dihydrochloride	Tier 1	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML		Tier 1	PA; QLL
*Rank Ligand (Rankl) Inhibitors***			
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML		Special PA	PA; QLL
*Sclerostin Inhibitors***			
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML		Special PA	PA; QLL
*Selective Estrogen Receptor Modulators (Serms)***			
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	Tier 1	
EVISTA ORAL TABLET 60 MG	raloxifene hcl	Tier 1	PA
*Selective Vasopressin V2-Receptor Antagonists***			
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Jynarque	Tier 1	QLL
JYNARQUE ORAL TABLET 15 MG, 30 MG	tolvaptan	Tier 1	QLL
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG		Tier 1	PA; QLL
SAMSCA ORAL TABLET 15 MG, 30 MG	tolvaptan	Tier 1	PA; QLL
*Somatostatic Agents***			
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	Somatuline Depot	Tier 1	QLL
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	SandoSTATIN	Tier 1	
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		Tier 1	
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	SandoSTATIN LAR Depot	Tier 1	QLL
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG		Tier 1	PA; QLL
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	octreotide acetate	Tier 1	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	octreotide acetate	Tier 1	QLL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG		Tier 1	PA; QLL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML		Tier 1	QLL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	lanreotide acetate	Tier 1	QLL
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML		Tier 1	QLL
*Tripeptidyl Peptidase 1 Deficiency Treatment - Agents***			
BRINEURA KIT 2 X 150 MG/5ML		Tier 1	PA
*Urea Cycle Disorder - Agents***			
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>		Tier 1	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Buphenyl	Tier 1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Buphenyl	Tier 1	
BUPHENYL ORAL POWDER 3 GM/TSP	sodium phenylbutyrate	Tier 1	PA
BUPHENYL ORAL TABLET 500 MG	sodium phenylbutyrate	Tier 1	PA
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK		Tier 1	PA; QLL
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM		Tier 1	PA; QLL
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM		Tier 1	PA; QLL
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM		Tier 1	PA; QLL
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
PHEBURANE ORAL PELLETT 483 MG/GM		Tier 1	PA; QLL
RAVICTI ORAL LIQUID 1.1 GM/ML		Tier 1	PA; QLL
*Vasopressin***			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		Tier 1	QLL
<i>desmopressin acetate injection solution 4 mcg/ml</i>	DDAVP	Tier 1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	DDAVP PF	Tier 1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>		Tier 1	QLL
<i>desmopressin acetate tablet 0.1 mg oral</i>	DDAVP	Tier 1	
<i>desmopressin acetate tablet 0.2 mg oral</i>	DDAVP	Tier 1	QLL
<i>vasopressin-sodium chloride intravenous solution 20-0.9 ut/100ml-%, 40-0.9 ut/100ml-%</i>		Tier 1	
DDAVP INJECTION SOLUTION 4 MCG/ML	desmopressin acetate	Tier 1	PA
DDAVP PF INJECTION SOLUTION 4 MCG/ML	desmopressin acetate pf	Tier 1	PA
DDAVP TABLET 0.1 MG ORAL	desmopressin acetate	Tier 1	PA
DDAVP TABLET 0.2 MG ORAL	desmopressin acetate	Tier 1	PA; QLL
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG		Special PA	PA; QLL
VASOSTRICT INTRAVENOUS SOLUTION 20-5 UT/100ML-%	vasopressin-dextrose	Tier 1	
VASOSTRICT INTRAVENOUS SOLUTION 40-5 UT/100ML-%		Tier 1	
*X-Linked Hypophosphatemia (Xlh) Treatment - Agents***			
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML		Tier 1	PA; AL (Min 1 Years)
ESTROGENS			
*Estrogen & Progestin***			
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>		Tier 1	Female Only
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Activella	Tier 1	Female Only
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Fyavolv	Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
ACTIVELLA ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	Tier 1	PA; Female Only
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG		Tier 1	Female Only
BIJUVA CAPSULE 0.5-100 MG ORAL		Tier 1	PA; QLL
BIJUVA CAPSULE 1-100 MG ORAL		Tier 1	PA; Female Only; QLL
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY		Tier 1	Female Only; QLL
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY		Tier 1	Female Only; QLL
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	norethindrone-eth estradiol	Tier 1	Female Only
JINTELI ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	Tier 1	Female Only
MIMVEY ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	Tier 1	Female Only
PREMPHASE ORAL TABLET 0.625-5 MG		Tier 1	Female Only
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Tier 1	Female Only
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE ORAL TABLET 40-1-0.5 MG		Tier 1	PA; Female Only; QLL
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG		Tier 1	PA; QLL
*Estrogens***			
<i>estradiol gel 0.25 mg/0.25gm transdermal</i>	Divigel	Tier 1	Female Only; QLL
<i>estradiol gel 0.5 mg/0.5gm transdermal</i>	Divigel	Tier 1	Female Only; QLL; AL (Min 1 Years)
<i>estradiol gel 0.75 mg/0.75gm transdermal</i>	Divigel	Tier 1	Female Only; QLL
<i>estradiol gel 0.75 mg/1.25 gm (0.06%) transdermal</i>	Estrogel	Tier 1	Female Only; QLL
<i>estradiol gel 1 mg/gm transdermal</i>	Divigel	Tier 1	Female Only; QLL
<i>estradiol gel 1.25 mg/1.25gm transdermal</i>	Divigel	Tier 1	Female Only; QLL
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Estrace	Tier 1	Female Only
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Dotti	Tier 1	Female Only; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<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	Tier 1	Female Only; QLL
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	Delestrogen	Tier 1	Female Only
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		Tier 1	Female Only
CLIMARA 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	estradiol	Tier 1	PA; Female Only; QLL
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	estradiol valerate	Tier 1	PA; Female Only
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML		Tier 1	Female Only
DIVIGEL GEL 0.25 MG/0.25GM TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL
DIVIGEL GEL 0.5 MG/0.5GM TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL; AL (Min 1 Years)
DIVIGEL GEL 0.75 MG/0.75GM TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL
DIVIGEL GEL 1 MG/GM TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL
DIVIGEL GEL 1.25 MG/1.25GM TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL
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	Tier 1	Female Only; QLL
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)		Tier 1	PA; Female Only; QLL; AL (Max 65 Years)
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	estradiol	Tier 1	PA; Female Only
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY		Tier 1	Female Only; QLL
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	Tier 1	Female Only; QLL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Tier 1	Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR		Tier 1	Female Only; QLL
MINIVELLE 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	Tier 1	PA; Female Only; QLL
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG		Tier 1	Female Only
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Tier 1	Female Only
VIVELLE-DOT PATCH TWICE WEEKLY 0.025 MG/24HR TRANSDERMAL	estradiol	Tier 1	Female Only; QLL
VIVELLE-DOT PATCH TWICE WEEKLY 0.0375 MG/24HR TRANSDERMAL	estradiol	Tier 1	Female Only; QLL
VIVELLE-DOT PATCH TWICE WEEKLY 0.05 MG/24HR TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL
VIVELLE-DOT PATCH TWICE WEEKLY 0.075 MG/24HR TRANSDERMAL	estradiol	Tier 1	Female Only; QLL
VIVELLE-DOT PATCH TWICE WEEKLY 0.1 MG/24HR TRANSDERMAL	estradiol	Tier 1	PA; Female Only; QLL
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE ORAL TABLET 0.45-20 MG		Special PA	PA; Female Only; QLL
FLUOROQUINOLONES			
*Fluoroquinolones***			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	Tier 1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>		Tier 1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>		Tier 1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>		Tier 1	
<i>levofloxacin oral solution 25 mg/ml</i>		Tier 1	AL (Max 6 Years)
<i>levofloxacin tablet 250 mg oral</i>		Tier 1	
<i>levofloxacin tablet 500 mg oral</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>levofloxacin tablet 750 mg oral</i>		Tier 1	QLL
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>		Tier 1	
<i>moxifloxacin hcl intravenous solution 400 mg/250ml</i>		Tier 1	
<i>moxifloxacin hcl oral tablet 400 mg</i>		Tier 1	QLL
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		Tier 1	PA; QLL
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		Tier 1	PA; QLL
BAXDELA ORAL TABLET 450 MG		Tier 1	PA; QLL
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)		Tier 1	AL (Max 6 Years)
CIPRO ORAL TABLET 250 MG, 500 MG	ciprofloxacin hcl	Tier 1	PA
GASTROINTESTINAL AGENTS - MISC.			
*5-Ht4 Receptor Agonists***			
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Motegrity	Tier 1	PA; QLL
MOTEGRITY ORAL TABLET 1 MG, 2 MG	prucalopride succinate	Tier 1	PA; QLL
*Bile Acid Synthesis Disorder Agents***			
CHOLBAM ORAL CAPSULE 250 MG, 50 MG		Tier 1	PA; QLL
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE ORAL TABLET 3 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Farnesoid X Receptor (Fxr) Agonists***			
OALIVA ORAL TABLET 10 MG, 5 MG		Tier 1	PA; QLL
*Gallstone Solubilizing Agents***			
<i>ursodiol oral capsule 300 mg</i>		Tier 1	
<i>ursodiol oral tablet 250 mg</i>		Tier 1	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	Tier 1	
CHENODAL ORAL TABLET 250 MG		Tier 1	AL (Min 16 Years)
CTEXLI ORAL TABLET 250 MG		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
RELSTONE ORAL CAPSULE 200 MG, 400 MG	ursodiol	Tier 1	PA
URSO FORTE ORAL TABLET 500 MG	ursodiol	Tier 1	PA
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	Tier 1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	cromolyn sodium	Tier 1	PA
*Gastrointestinal Chloride Channel Activators***			
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	Tier 1	PA; QLL
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	lubiprostone	Tier 1	PA; QLL
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl injection solution 5 mg/ml</i>		Tier 1	
<i>metoclopramide hcl monohydrate powder</i>		Tier 1	QLL
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		Tier 1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	Tier 1	
<i>metoclopramide hcl powder</i>		Tier 1	QLL
GIMOTI NASAL SOLUTION 15 MG/ACT		Tier 1	PA; QLL; AL (Min 18 Years and Max 65 Years)
REGLAN ORAL TABLET 10 MG, 5 MG	metoclopramide hcl	Tier 1	PA
*Glucagon-Like Peptide-2 (Glp-2) Analogs***			
GATTEX SUBCUTANEOUS KIT 5 MG		Tier 1	PA; QLL
*Hepatotropics - Thyroid Hormone Receptor-Beta Agonists***			
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Tier 1	PA; QLL; AL (Min 6 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI ORAL TABLET 100 MG, 75 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Lotronex	Tier 1	QLL
LOTROXON ORAL TABLET 0.5 MG, 1 MG	alosetron hcl	Tier 1	PA; QLL
*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***			
IBSRELA ORAL TABLET 50 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Ileal Bile Acid Transporter (Ibat) Inhibitors***			
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG		Tier 1	PA
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG		Tier 1	PA
LIVMARLI SOLUTION 19 MG/ML ORAL		Tier 3	PA; QLL
LIVMARLI SOLUTION 9.5 MG/ML ORAL		Tier 1	PA; QLL
*Inflammatory Bowel Agents***			
<i>balsalazide disodium oral capsule 750 mg</i>	Colazal	Tier 1	QLL; AL (Min 5 Years)
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	Tier 1	QLL
<i>mesalamine er oral capsule extended release 500 mg</i>	Pentasa	Tier 1	PA; QLL; Brand Preferred
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	Tier 1	QLL
<i>mesalamine rectal enema 4 gm</i>		Tier 1	QLL
<i>mesalamine rectal suppository 1000 mg</i>	Canasa	Tier 1	QLL
<i>mesalamine tablet delayed release 1.2 gm oral</i>	Lialda	Tier 1	QLL
<i>mesalamine tablet delayed release 800 mg oral</i>		Tier 1	PA; QLL
<i>mesalamine-cleanser rectal kit 4 gm</i>	Rowasa	Tier 1	PA
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	Tier 1	
<i>sulfasalazine powder</i>		Tier 1	QLL
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	mesalamine er	Tier 1	PA; QLL
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	sulfasalazine	Tier 1	PA
AZULFIDINE ORAL TABLET 500 MG	sulfasalazine	Tier 1	PA
CANASA RECTAL SUPPOSITORY 1000 MG	mesalamine	Tier 1	PA; QLL
COLAZAL ORAL CAPSULE 750 MG	balsalazide disodium	Tier 1	PA; QLL; AL (Min 5 Years)
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	mesalamine	Tier 1	PA; QLL
DIPENTUM ORAL CAPSULE 250 MG		Tier 1	QLL
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	mesalamine	Tier 1	PA; QLL
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		Tier 1	QLL; Brand Preferred
ROWASA RECTAL KIT 4 GM	mesalamine-cleanser	Tier 1	PA
SFROWASA RECTAL ENEMA 4 GM/60ML		Tier 1	QLL
*Integrin Receptor Antagonists***			
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		Tier 3	PA; QLL
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		Special PA	PA; QLL
*Interleukin Antagonists***			
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML		Special PA	PA; QLL
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML		Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML		Special PA	PA; QLL
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Special PA	PA; QLL
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Special PA	PA; QLL
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML		Special PA	PA; QLL
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	ustekinumab-ttwe	Special PA	PA; QLL
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML		Special PA	PA; QLL
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML		Special PA	PA; QLL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		Special PA	PA; QLL
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	ustekinumab	Special PA	PA; QLL
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML		Special PA	PA; QLL
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Special PA	PA
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML		Special PA	PA; QLL; AL (Min 18 Years)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Special PA	PA; QLL; AL (Min 18 Years)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML		Special PA	PA; QLL; AL (Min 18 Years)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		Special PA	PA; QLL
*Intestinal Acidifiers***			
<i>enulose oral solution 10 gm/15ml</i>		Tier 1	
<i>generlac oral solution 10 gm/15ml</i>		Tier 1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		Tier 1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Live Fecal Microbiota (Human)**			
VOWST ORAL CAPSULE		Tier 1	PA; QLL; AL (Min 18 Years)
*Peripheral Opioid Receptor Antagonists***			
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Tier 1	PA; QLL
RELISTOR ORAL TABLET 150 MG		Tier 1	PA; QLL; AL (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML		Tier 1	PA; QLL; AL (Min 18 Years)
SYMPROIC ORAL TABLET 0.2 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Peroxisome Proliferator-Activated Receptor Agonists***			
IQIRVO ORAL TABLET 80 MG		Tier 1	PA; QLL; AL (Min 18 Years)
LIVDELZI ORAL CAPSULE 10 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Phosphate Binder Agents***			
<i>calcium acetate (phos binder) oral capsule 667 mg</i>		Tier 1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	Calphron	Tier 1	
<i>calcium acetate oral tablet 667 mg</i>	Calphron	Tier 1	
<i>ferric citrate oral tablet 1 gm 210 mg(fe)</i>	Auryxia	Tier 1	PA; QLL; AL (Min 19 Years)
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	Fosrenol	Tier 1	PA; Brand Preferred
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	Renvela	Tier 1	
<i>sevelamer carbonate oral tablet 800 mg</i>	Renvela	Tier 1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>		Tier 1	PA
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	ferric citrate	Tier 1	PA; QLL; AL (Min 19 Years)
FOSRENOL ORAL PACKET 1000 MG, 750 MG		Tier 1	PA
FOSRENOL TABLET CHEWABLE 1000 MG ORAL	lanthanum carbonate	Tier 1	PA; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
FOSRENOL TABLET CHEWABLE 500 MG ORAL	lanthanum carbonate	Tier 1	Brand Preferred
FOSRENOL TABLET CHEWABLE 750 MG ORAL	lanthanum carbonate	Tier 1	Brand Preferred
REVELA ORAL PACKET 0.8 GM, 2.4 GM	sevelamer carbonate	Tier 1	PA
REVELA ORAL TABLET 800 MG	sevelamer carbonate	Tier 1	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG		Tier 2	PA
*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***			
VELSIPITY ORAL TABLET 2 MG		Special PA	PA; QLL
*Tumor Necrosis Factor Alpha Blockers***			
<i>infliximab intravenous solution reconstituted 100 mg</i>	Remicade	Tier 3	PA; QLL
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 3	PA; QLL
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		Tier 3	PA; QLL
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		Tier 3	PA; QLL
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		Tier 3	PA; QLL
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 2	PA; QLL
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	infliximab	Tier 3	PA; QLL
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 3	PA; QLL
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		Special PA	PA; QLL
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML		Special PA	PA; QLL
GENERAL ANESTHETICS			
*Anesthetics - Misc.***			
<i>etomidate intravenous solution 2 mg/ml</i>	Amidate	Tier 1	
<i>propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	Diprivan	Tier 1	
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML	etomidate	Tier 1	PA
DIPRIVAN EMULSION 100 MG/10ML INTRAVENOUS		Tier 1	
DIPRIVAN EMULSION 1000 MG/100ML INTRAVENOUS	propofol	Tier 1	PA
DIPRIVAN EMULSION 200 MG/20ML INTRAVENOUS	propofol	Tier 1	PA
DIPRIVAN EMULSION 500 MG/50ML INTRAVENOUS	propofol	Tier 1	PA
*Barbiturate Anesthetics***			
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG	methohexital sodium	Tier 1	
*Volatile Anesthetics***			
<i>desflurane inhalation solution</i>	Suprane	Tier 1	
<i>isoflurane inhalation solution</i>	Forane	Tier 1	
<i>sevoflurane inhalation solution</i>	Ultane	Tier 1	
FORANE INHALATION SOLUTION	isoflurane	Tier 1	PA
SUPRANE INHALATION SOLUTION	desflurane	Tier 1	PA
TERRELL INHALATION SOLUTION	isoflurane	Tier 1	
ULTANE INHALATION SOLUTION	sevoflurane	Tier 1	PA
GENITOURINARY AGENTS - MISCELLANEOUS			
*5-Alpha Reductase Inhibitors***			
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	Tier 1	QLL
<i>finasteride oral tablet 5 mg</i>	Proscar	Tier 1	QLL
PROSCAR ORAL TABLET 5 MG	finasteride	Tier 1	PA; QLL
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>silodosin oral capsule 4 mg, 8 mg</i>	Rapaflo	Tier 2	PA
<i>tamsulosin hcl oral capsule 0.4 mg</i>		Tier 1	QLL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		Tier 2	PA
FLOMAX ORAL CAPSULE 0.4 MG	tamsulosin hcl	Tier 1	PA; QLL
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	silodosin	Tier 2	PA
*Citrates***			
<i>oral citrate oral solution 490-640 mg/5ml</i>	Oracit	Tier 1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i>	Urocit-K 10	Tier 1	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>	Urocit-K 15	Tier 1	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i>		Tier 1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>		Tier 1	PA
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>		Tier 1	
ORACIT ORAL SOLUTION 490-640 MG/5ML	oral citrate	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG)	potassium citrate er	Tier 1	PA
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG)	potassium citrate er	Tier 1	PA
*Cystinosis Agents***			
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		Tier 1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG		Tier 1	PA
PROCYSBI ORAL PACKET 300 MG, 75 MG		Tier 1	PA
*Genitourinary Irrigants***			
<i>acetic acid irrigation solution 0.25 %</i>		Tier 1	
<i>glycine irrigation solution 1.5 %</i>		Tier 1	
<i>glycine urologic irrigation solution 1.5 %</i>		Tier 1	
<i>sodium chloride irrigation solution 0.9 %</i>	Argyle Sterile Saline	Tier 1	
<i>sorbitol irrigation solution 3 %</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>		Tier 1	
*Igan Agents - Endothelin & Angiotensin II Receptor Antag***			
FILSPARI ORAL TABLET 200 MG, 400 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Igan Agents - Endothelin Receptor Antagonist***			
VANRAFIA ORAL TABLET 0.75 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Interstitial Cystitis Agents***			
ELMIRON ORAL CAPSULE 100 MG		Tier 1	
RIMSO-50 INTRAVESICAL SOLUTION 50 %		Tier 1	
*Phosphates***			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Tier 1	
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	Jalyn	Tier 2	PA
*Small Interfering Ribonucleic Acid Agents (Sirna)***			
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML		Tier 1	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML		Tier 1	PA; QLL; AL (Min 9 Years and Max 11 Years)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML		Tier 3	PA; QLL; AL (Min 9 Years)
*Urinary Stone Agents***			
<i>tiopronin oral tablet 100 mg</i>	Thiola	Tier 1	PA; QLL; Brand Preferred
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	Thiola EC	Tier 1	PA; Brand Preferred
LITHOSTAT ORAL TABLET 250 MG		Tier 1	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	tiopronin	Tier 1	Brand Preferred
THIOLA ORAL TABLET 100 MG	tiopronin	Tier 1	QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
VENXXIVA ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	tiopronin	Tier 1	Brand Preferred
GOUT AGENTS			
*Gout Agent Combinations***			
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>		Tier 1	
*Gout Agents***			
<i>allopurinol tablet 100 mg oral</i>		Tier 1	
<i>allopurinol tablet 200 mg oral</i>		Tier 1	PA
<i>allopurinol tablet 300 mg oral</i>		Tier 1	
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	Tier 1	QLL
<i>colchicine oral tablet 0.6 mg</i>		Tier 1	QLL
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	Tier 1	PA; QLL
GLOPERBA ORAL SOLUTION 0.6 MG/5ML		Tier 1	PA; QLL
MITIGARE ORAL CAPSULE 0.6 MG	colchicine	Tier 1	PA; QLL
ULORIC ORAL TABLET 40 MG, 80 MG	febuxostat	Tier 1	PA; QLL
*Uricosurics***			
<i>probenecid oral tablet 500 mg</i>		Tier 1	
HEMATOLOGICAL AGENTS - MISC.			
Agents For Congenital Thrombotic Thrombocytopenic Purpura			
<i>adzynma intravenous kit 1500 unit, 500 unit</i>		Tier 1	PA
*Aminolevulinate Synthase 1- Directed Sirna***			
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML		Tier 1	PA
*Antihemophilic Products - Antithrombin-Directed Sirna***			
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML		Tier 1	PA; QLL; AL (Min 12 Years)
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML		Tier 1	PA; QLL; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Antihemophilic Products - Gene Therapy Agents***			
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML		Tier 1	PA; QLL; AL (Min 18 Years)
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML		Tier 1	PA; AL (Min 19 Years)
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML		Tier 1	PA; AL (Min 18 Years)
*Antihemophilic Products - Monoclonal Antibodies***			
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML		Tier 1	PA; AL (Min 12 Years)
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML		Tier 1	PA
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Tier 1	PA; QLL; AL (Min 12 Years)
*Antihemophilic Products***			
<i>adynovate intravenous solution reconstituted 1000 unit, 1500 unit, 2000 unit, 250 unit, 3000 unit, 500 unit, 750 unit</i>		Tier 1	PA
<i>obizur intravenous solution reconstituted 500 unit</i>		Tier 1	PA
<i>rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit</i>	Ixinity	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		Tier 1	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT		Tier 1	PA
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		Tier 1	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		Tier 1	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		Tier 1	PA
ALTUVIHO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		Tier 1	PA
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		Tier 1	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT		Tier 1	PA
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT		Tier 1	PA
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT		Tier 1	PA
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		Tier 1	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT		Tier 1	PA
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT		Tier 1	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT		Tier 1	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT		Tier 1	PA
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	rixubis	Tier 1	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT		Tier 1	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		Tier 1	PA
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT		Tier 1	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		Tier 1	
KOGENATE FS INTRAVENOUS KIT 250 UNIT, 3000 UNIT, 500 UNIT		Tier 1	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		Tier 1	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		Tier 1	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG		Tier 1	PA
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		Tier 1	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		Tier 1	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT		Tier 1	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED		Tier 1	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG		Tier 1	PA
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT		Tier 1	PA
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT		Tier 1	
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT		Tier 1	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		Tier 1	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		Tier 1	
*Anti-Von Willebrand Factor Agents***			
CABLIVI INJECTION KIT 11 MG		Tier 1	PA; QLL
*Bradykinin B2 Receptor Antagonists***			
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	Firazyr	Tier 1	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	icatibant acetate	Tier 1	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	icatibant acetate	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*C1 Esterase Inhibitors***			
BERINERT INTRAVENOUS KIT 500 UNIT		Tier 1	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		Tier 1	PA; QLL
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		Tier 1	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT		Tier 1	PA; QLL
*Complement C1 Inhibitors***			
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Complement C3 Inhibitors***			
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Complement C5 Inhibitors***			
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML		Tier 1	PA
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML		Tier 1	PA
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		Tier 1	PA
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML		Tier 1	PA
VEOPOZ INJECTION SOLUTION 400 MG/2ML		Tier 1	PA; QLL; AL (Min 1 Years)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Complement C5a Receptor Inhibitors***			
TAVNEOS ORAL CAPSULE 10 MG		Special PA	PA; QLL; AL (Min 18 Years)
*Complement Factor B Inhibitors***			
FABHALTA ORAL CAPSULE 200 MG		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Complement Factor D Inhibitors***			
VOYDEYA ORAL TABLET 100 MG		Tier 1	PA; QLL
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG		Tier 1	PA; QLL
*Direct-Acting P2y12 Inhibitors***			
<i>ticagrelor oral tablet 90 mg</i>	Brilinta	Tier 1	QLL
BRILINTA ORAL TABLET 60 MG		Tier 1	QLL
BRILINTA ORAL TABLET 90 MG	ticagrelor	Tier 1	QLL
*Glycoprotein Iib/Iiia Receptor Inhibitors***			
<i>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</i>		Tier 1	
<i>tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%</i>	Aggrastat	Tier 1	
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML		Tier 1	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-%	tirofiban hcl in nacl	Tier 1	PA
*Hematorheologic Agents***			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		Tier 1	
*Human Protein C***			
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		Tier 1	
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		Tier 1	
*Plasma Expanders***			
<i>hetastarch-nacl intravenous solution 6-0.9 %</i>		Tier 1	
HEXTEND INTRAVENOUS SOLUTION 6 %		Tier 1	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 %		Tier 1	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 %		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Plasma Kallikrein Inhibitors - Monoclonal Antibodies***			
TAKHZYRO SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS		Tier 1	PA; QLL; AL (Min 2 Years and Max 11 Years)
TAKHZYRO SOLUTION PREFILLED SYRINGE 300 MG/2ML SUBCUTANEOUS		Tier 1	PA; QLL; AL (Min 12 Years)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML		Tier 1	PA; QLL; AL (Min 12 Years)
*Plasma Kallikrein Inhibitors***			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML		Tier 1	PA
ORLADEYO ORAL CAPSULE 110 MG, 150 MG		Tier 1	PA; QLL; AL (Min 12 Years)
*Plasma Proteins***			
<i>albumin human intravenous solution 25 %</i>	Albuked 25	Tier 1	
<i>albumin human intravenous solution 5 %</i>	Albuked 5	Tier 1	
<i>alburx intravenous solution 5 %</i>	Albuked 5	Tier 1	
<i>kedbumin intravenous solution 25 %</i>	Albuked 25	Tier 1	
ALBUKED 25 INTRAVENOUS SOLUTION 25 %	albumin human	Tier 1	
ALBUKED 5 INTRAVENOUS SOLUTION 5 %	albumin human	Tier 1	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 %		Tier 1	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 %	albumin human	Tier 1	
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 %	albumin human	Tier 1	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG		Tier 1	PA
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		Tier 1	
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		Tier 1	QLL
*Protamine***			
<i>protamine sulfate intravenous solution 10 mg/ml</i>		Tier 1	
*Pyruvate Kinase Activators***			
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG		Tier 1	PA; QLL; AL (Min 18 Years)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Quinazoline Agents***			
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	Tier 1	
<i>anagrelide hcl oral capsule 1 mg</i>		Tier 1	
AGRYLIN ORAL CAPSULE 0.5 MG	anagrelide hcl	Tier 1	PA
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE ORAL TABLET 100 MG, 150 MG		Tier 1	PA; QLL
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 300 mg</i>		Tier 1	QLL
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	Tier 1	QLL
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	Tier 1	QLL
EFFIENT ORAL TABLET 10 MG, 5 MG	prasugrel hcl	Tier 1	PA; QLL
PLAVIX ORAL TABLET 75 MG	clopidogrel bisulfate	Tier 1	PA; QLL
*Tissue Plasminogen Activators***			
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG		Tier 1	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG		Tier 1	
HEMATOPOIETIC AGENTS			
*Agents For Gaucher Disease***			
<i>miglustat oral capsule 100 mg</i>	Yargesa	Tier 1	PA; QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
CERDELGA ORAL CAPSULE 84 MG		Tier 1	PA; QLL
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		Tier 1	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT		Tier 1	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		Tier 1	PA
YARGESA ORAL CAPSULE 100 MG	miglustat	Tier 1	PA; QLL; Brand Preferred
ZAVESCA ORAL CAPSULE 100 MG	miglustat	Tier 1	PA; QLL; Brand Preferred
*Amino Acids***			
<i>l-glutamine oral packet 5 gm</i>	Endari	Tier 1	PA; AL (Min 5 Years)
ENDARI ORAL PACKET 5 GM	l-glutamine	Tier 1	PA; AL (Min 5 Years)
*Cobalamins***			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		Tier 1	AL (Max 20 Years)
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>		Tier 1	AL (Max 20 Years)
*Cxcr4 Receptor Antagonist***			
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	Mozobil	Tier 1	PA; QLL
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG		Tier 1	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	plerixafor	Tier 1	PA; QLL
XOLREMDI ORAL CAPSULE 100 MG		Tier 1	PA; AL (Min 12 Years)
*Cytotoxic Agents***			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Tier 1	
SIKLOS ORAL TABLET 100 MG, 1000 MG		Tier 1	PA; AL (Min 2 Years)
XROMI ORAL SOLUTION 100 MG/ML		Tier 1	AL (Max 6 Years)
*Erythroid Maturation Agents***			
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG		Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Erythropoiesis-Stimulating Agents (Esas)***			
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML		Tier 1	PA; QLL
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		Tier 1	PA; QLL
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		Tier 1	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		Tier 1	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		Tier 1	PA
*Folic Acid/Folates***			
<i>folic acid injection solution 5 mg/ml</i>		Tier 1	
<i>folic acid oral tablet 1 mg</i>		Tier 1	
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
<i>releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml</i>		Tier 1	PA; QLL
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	QLL
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	QLL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Tier 1	QLL
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	PA; QLL
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Tier 1	QLL
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Tier 1	QLL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Tier 1	PA; QLL
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Tier 1	PA; QLL
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	PA; QLL
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML		Tier 1	PA; QLL
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	PA; QLL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML		Tier 1	PA; QLL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	PA; QLL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Tier 1	QLL
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Tier 1	QLL
*Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)***			
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		Tier 1	
*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***			
VAFSEO ORAL TABLET 150 MG, 300 MG		Tier 1	PA; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Iron***			
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i>	BProtected Pedia Iron	Tier 3	PA; AL (Max 2 Years); OTC
ACCRUFER ORAL CAPSULE 30 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Selectin Blockers***			
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML		Tier 1	PA
*Thrombopoietin (Tpo) Receptor Agonists***			
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG		Tier 3	PA; AL (Min 6 Years)
DOPTelet ORAL TABLET 20 MG		Tier 1	PA; QLL
MULPLETA ORAL TABLET 3 MG		Tier 3	PA; QLL
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG		Tier 1	
PROMACTA ORAL PACKET 12.5 MG, 25 MG		Tier 1	QLL
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG		Tier 1	QLL
HEMOSTATICS			
*Hemostatic Combinations - Topical***			
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML		Tier 1	
*Hemostatics - Systemic***			
<i>aminocaproic acid intravenous solution 250 mg/ml</i>		Tier 1	
<i>aminocaproic acid oral solution 0.25 gm/ml</i>		Tier 1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>		Tier 1	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	Cyklokapron	Tier 1	
<i>tranexamic acid oral tablet 650 mg</i>		Tier 1	
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>		Tier 1	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	tranexamic acid	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Hemostatics - Topical***			
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT		Tier 1	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT		Tier 1	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT		Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			
*Barbiturate Hypnotics***			
<i>pentobarbital sodium injection solution 50 mg/ml</i>		Tier 1	QLL; AL (Min 19 Years)
<i>phenobarbital elixir 20 mg/5ml oral</i>		Tier 1	
<i>phenobarbital elixir 20 mg/5ml oral</i>		Tier 1	PA; AL (Max 20 Years)
<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>		Tier 1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>		Tier 1	
*Benzodiazepine Hypnotics***			
<i>estazolam oral tablet 1 mg, 2 mg</i>		Tier 1	QLL; AL (Min 19 Years)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>		Tier 1	QLL; AL (Min 19 Years)
<i>midazolam hcl (pf) + rfid injection solution 2 mg/2ml</i>		Tier 1	
<i>midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml</i>		Tier 1	
<i>midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml</i>		Tier 1	
<i>midazolam hcl oral syrup 2 mg/ml</i>		Tier 1	
<i>midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%</i>		Tier 1	
<i>midazolam-sodium chloride intravenous solution 100-0.9 mg/100ml-%, 50-0.9 mg/50ml-%</i>		Tier 1	
<i>quazepam oral tablet 15 mg</i>		Special PA	PA; QLL; AL (Min 19 Years)
<i>temazepam capsule 15 mg oral</i>	Restoril	Tier 1	QLL; AL (Min 19 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>temazepam capsule 22.5 mg oral</i>	Restoril	Special PA	PA; QLL; AL (Min 19 Years)
<i>temazepam capsule 30 mg oral</i>	Restoril	Tier 1	QLL; AL (Min 19 Years)
<i>temazepam capsule 7.5 mg oral</i>	Restoril	Special PA	PA; QLL; AL (Min 19 Years)
<i>triazolam oral tablet 0.125 mg</i>		Tier 1	QLL; AL (Min 19 Years)
<i>triazolam oral tablet 0.25 mg</i>	Halcion	Tier 1	QLL; AL (Min 19 Years)
HALCION ORAL TABLET 0.25 MG	triazolam	Tier 1	PA; QLL; AL (Min 19 Years)
RESTORIL CAPSULE 15 MG ORAL	temazepam	Tier 1	PA; QLL; AL (Min 19 Years)
RESTORIL CAPSULE 22.5 MG ORAL	temazepam	Special PA	PA; QLL; AL (Min 19 Years)
RESTORIL CAPSULE 30 MG ORAL	temazepam	Tier 1	PA; QLL; AL (Min 19 Years)
RESTORIL CAPSULE 7.5 MG ORAL	temazepam	Special PA	PA; QLL; AL (Min 19 Years)
*Hypnotics - Tricyclic Agents***			
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	Silenor	Special PA	PA; QLL; AL (Min 19 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	Lunesta	Tier 1	QLL; AL (Min 19 Years)
<i>zaleplon oral capsule 10 mg, 5 mg</i>		Tier 1	QLL; AL (Min 19 Years)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	Ambien CR	Tier 2	PA; QLL; AL (Min 19 Years)
<i>zolpidem tartrate oral capsule 7.5 mg</i>		Special PA	PA; QLL; AL (Min 19 Years)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	Ambien	Tier 1	QLL; AL (Min 19 Years)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>		Special PA	PA; QLL; AL (Min 19 Years)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	zolpidem tartrate er	Tier 2	PA; QLL; AL (Min 19 Years)
AMBIEN ORAL TABLET 10 MG, 5 MG	zolpidem tartrate	Tier 1	PA; QLL; AL (Min 19 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG		Special PA	PA; QLL; AL (Min 19 Years)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	eszopiclone	Tier 1	PA; QLL; AL (Min 19 Years)
*Orexin Receptor Antagonists***			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		Tier 3	PA; QLL; AL (Min 19 Years)
DAYVIGO ORAL TABLET 10 MG, 5 MG		Tier 3	PA; QLL; AL (Min 19 Years)
QUVIVIQ ORAL TABLET 25 MG, 50 MG		Special PA	PA; QLL; AL (Min 19 Years)
*Selective Melatonin Receptor Agonists***			
<i>ramelteon oral tablet 8 mg</i>	Rozerem	Tier 1	PA; QLL; AL (Min 19 Years); Brand Preferred
<i>tasimelteon oral capsule 20 mg</i>	HetlioZ	Special PA	PA; QLL; AL (Min 19 Years)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		Special PA	PA; AL (Min 3 Years and Max 15 Years)
HETLIOZ ORAL CAPSULE 20 MG	tasimelteon	Special PA	PA; QLL; AL (Min 19 Years)
ROZEREM ORAL TABLET 8 MG	ramelteon	Tier 1	QLL; AL (Min 19 Years); Brand Preferred
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	Tier 1	PA; QLL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	Tier 1	QLL
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	Tier 1	QLL
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	MoviPrep	Tier 1	QLL
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	MoviPrep	Tier 1	QLL
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML		Tier 1	PA; QLL
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	Tier 1	QLL
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	peg 3350-kcl-na bicarb-nacl	Tier 1	QLL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	Tier 1	PA; QLL
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM	peg-3350/electrolytes/ascorbat	Tier 1	PA; QLL
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM		Tier 1	PA; QLL
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM		Tier 1	PA; QLL
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	na sulfate-k sulfate-mg sulf	Tier 1	PA; QLL
SUTAB ORAL TABLET 1479-225-188 MG		Tier 1	PA; QLL
*Laxatives - Miscellaneous***			
<i>constulose oral solution 10 gm/15ml</i>		Tier 1	
<i>ft clearlax oral powder 17 gm/scoop</i>	ClearLax	Tier 1	QLL; AL (Max 20 Years); OTC
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	Tier 1	QLL; AL (Max 20 Years); OTC
<i>lactulose oral packet 10 gm, 20 gm</i>	Kristalose	Tier 1	PA; QLL
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		Tier 1	
<i>peg 3350 oral packet 17 gm</i>	GNP ClearLax	Tier 1	AL (Max 20 Years); OTC
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	Tier 1	QLL; AL (Max 20 Years); OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	GNP ClearLax	Tier 1	AL (Max 20 Years); OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	Tier 1	QLL; AL (Max 20 Years)
<i>true laxative oral powder 17 gm/scoop</i>	ClearLax	Tier 1	QLL; AL (Max 20 Years); OTC
CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Tier 1	QLL; AL (Max 20 Years); OTC
GNP CLEARLAX ORAL PACKET 17 GM	peg 3350	Tier 1	AL (Max 20 Years); OTC
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Tier 1	QLL; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Tier 1	QLL; AL (Max 20 Years); OTC
HEALTHYLAX ORAL PACKET 17 GM	peg 3350	Tier 1	AL (Max 20 Years); OTC
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Tier 1	QLL; AL (Max 20 Years); OTC
KRISTALOSE ORAL PACKET 10 GM, 20 GM	lactulose	Tier 1	PA; QLL
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Tier 1	QLL; AL (Max 20 Years); OTC
*Stimulant Laxatives***			
FLEET BISACODYL RECTAL ENEMA 10 MG/30ML		Tier 3	PA; QLL; AL (Max 20 Years); OTC
*Surfactant Laxatives***			
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	docusate mini	Tier 3	PA; QLL; AL (Max 20 Years); OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	cvs mini enema	Tier 3	PA; QLL; AL (Max 20 Years); OTC
LOCAL ANESTHETICS-PARENTERAL			
*Local Anesthetic & Sympathomimetic***			
<i>bupivacaine-epinephrine (pf) injection solution 0.25% -1:200000, 0.5% - 1:200000</i>	Marcaine/Epinephrine PF	Tier 1	
<i>bupivacaine-epinephrine injection solution 0.25% -1:200000, 0.5% - 1:200000</i>	Marcaine/Epinephrine	Tier 1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000</i>	Xylocaine-MPF/EPINEPHrine	Tier 1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	Xylocaine/EPINEPHrine	Tier 1	
<i>lidocaine-epinephrine injection solution 1 %-1:100000</i>	Xylocaine/Epinephrine	Tier 1	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% - 1:200000	bupivacaine-epinephrine	Tier 1	PA
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% - 1:200000	bupivacaine-epinephrine (pf)	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.5% -1:200000	bupivacaine-epinephrine	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.5% -1:200000	bupivacaine-epinephrine (pf)	Tier 1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 %		Tier 1	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000	lidocaine-epinephrine	Tier 1	PA
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1 %-1:200000 INJECTION		Tier 1	
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 1.5 %-1:200000 INJECTION	lidocaine-epinephrine (pf)	Tier 1	PA
XYLOCAINE-MPF/EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	lidocaine-epinephrine (pf)	Tier 1	PA
*Local Anesthetics - Amides***			
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	Marcaine Preservative Free	Tier 1	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %</i>	Marcaine Preservative Free	Tier 1	
<i>bupivacaine hcl (pf) injection solution 0.75 %</i>	Marcaine	Tier 1	
<i>bupivacaine hcl injection solution 0.25 %, 0.5 %</i>	Marcaine	Tier 1	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	Marcaine Spinal	Tier 1	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	Marcaine Spinal	Tier 1	
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %</i>	Xylocaine-MPF	Tier 1	
<i>lidocaine hcl (pf) injection solution 4 %</i>		Tier 1	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	Xylocaine	Tier 1	
<i>ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	Naropin	Tier 1	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %	bupivacaine hcl	Tier 1	PA
MARCAINE INJECTION SOLUTION 0.75 %	bupivacaine hcl (pf)	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 %	bupivacaine fisiopharma	Tier 1	PA
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.75 %	bupivacaine hcl (pf)	Tier 1	PA
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 %	bupivacaine in dextrose	Tier 1	PA
NAROPIN INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 5 MG/ML, 7.5 MG/ML	ropivacaine hcl	Tier 1	PA
POLOCAINE INJECTION SOLUTION 1 %, 2 %		Tier 1	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 %		Tier 1	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 %	bupivacaine hcl	Tier 1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %	bupivacaine fisiopharma	Tier 1	
SENSORCAINE-MPF INJECTION SOLUTION 0.75 %	bupivacaine hcl (pf)	Tier 1	
XYLOCAINE INJECTION SOLUTION 1 %, 2 %	lidocaine hcl	Tier 1	PA
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 %	lidocaine hcl (pf)	Tier 1	PA
*Local Anesthetics - Esters***			
<i>chloroprocaine hcl (pf) injection solution 2 %, 3 %</i>	Nesacaine-MPF	Tier 1	PA
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML		Tier 1	PA
NESACAINE INJECTION SOLUTION 1 %, 2 %		Tier 1	PA
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 %	chloroprocaine hcl (pf)	Tier 1	PA
MACROLIDES			
*Azithromycin***			
<i>azithromycin intravenous solution reconstituted 500 mg</i>	Zithromax	Tier 1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	Zithromax	Tier 1	QLL
<i>azithromycin oral tablet 250 mg, 500 mg</i>	Zithromax	Tier 1	
<i>azithromycin oral tablet 600 mg</i>		Tier 1	

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

Formulary Drug Name	Reference	Tiering	Restrictions
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML	erythromycin ethylsuccinate	Tier 1	PA
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	erythromycin	Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	erythromycin lactobionate	Tier 1	
*Fidaxomicin***			
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Tier 1	QLL
DIFICID ORAL TABLET 200 MG		Tier 1	QLL
MEDICAL DEVICES AND SUPPLIES			
*Condoms - Female***			
FC2 FEMALE CONDOM		Tier 1	QLL; OTC
*Condoms - Male***			
<i>kimono</i>	Durex Extra Sensitive Thin	Tier 1	OTC
<i>kimono micro thin</i>	Trustex Non-Lubricated	Tier 1	OTC
<i>kimono micro thin plus</i>	Durex Extra Sensitive Thin	Tier 1	OTC
<i>kimono plus</i>	Durex Extra Sensitive Thin	Tier 1	OTC
<i>kimono sensation</i>	Durex Extra Sensitive Thin	Tier 1	OTC
<i>kimono sensation plus</i>	Durex Extra Sensitive Thin	Tier 1	OTC
<i>maxx</i>	Durex Extra Sensitive Thin	Tier 1	OTC
<i>true cover device</i>	Durex Extra Sensitive Thin	Tier 1	OTC
DUREX EXTRA SENSITIVE THIN	kimono	Tier 1	OTC
DUREX EXTRA SENSITIVE THIN DEVICE	kimono	Tier 1	OTC
DUREX TROPICAL	kimono	Tier 1	OTC
FANTASY LUBRICATED	kimono	Tier 1	OTC
FANTASY LUBRICATED/SPERMICIDE	kimono	Tier 1	OTC
KIMONO COLORS DEVICE	kimono	Tier 1	OTC
KIMONO MAXX-LARGE FLARE	kimono	Tier 1	OTC
KIMONO SPECIAL DEVICE	kimono	Tier 1	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
TROJAN MAGNUM	kimono	Tier 1	OTC
TROJAN ULTRA THIN	kimono	Tier 1	OTC
TROJAN ULTRA THIN/SPERMICIDAL	kimono	Tier 1	OTC
TROJAN-ENZ LUBRICATED	kimono	Tier 1	OTC
TROJAN-ENZ/SPERMICIDAL	kimono	Tier 1	OTC
TRUSTEX LUB/RIBBED/STUDDED	kimono	Tier 1	OTC
TRUSTEX LUB/SPERMICIDE EX ST	kimono	Tier 1	OTC
TRUSTEX LUB/SPERMICIDE XL	kimono	Tier 1	OTC
TRUSTEX LUBRICATED	kimono	Tier 1	OTC
TRUSTEX LUBRICATED EX LARGE	kimono	Tier 1	OTC
TRUSTEX LUBRICATED EXTRA ST	kimono	Tier 1	OTC
TRUSTEX LUBRICATED/SPERMICIDE	kimono	Tier 1	OTC
TRUSTEX NON-LUBRICATED	kimono micro thin	Tier 1	OTC
TRUSTEX RIA LUB/SPERMICIDE	kimono	Tier 1	OTC
TRUSTEX RIA LUBRICATED	kimono	Tier 1	OTC
TRUSTEX RIA NON-LUBRICATED	kimono micro thin	Tier 1	OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD	kimono	Tier 1	OTC
*Diaphragms***			
CAYA VAGINAL DIAPHRAGM		Tier 1	
*Glucose Monitoring Test Supplies***			
<i>acti-lance 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>acti-lance lite lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>acti-lance special lancets 17g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>acti-lance universal 23g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>advanced mobile lancet</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>assure comfort lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>careone advanced lancing dev</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>careone lancet thin 23g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>comfort assured lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>comfort assured lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>cvs lancets 21g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>cvs lancets micro thin 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>cvs lancets thin 26g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>cvs lancets ultra thin 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>cvs lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>cvs ultra thin lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>drug mart lancets thin 26g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>easy comfort lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>easy comfort lancets twist top</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>easy mini eject lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>easy mini lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>embrace lancing device/ejector</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>eql color lancets 21g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>eql super thin lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>eql thin lancets 26g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>global inject ease lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>global inject ease lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>global lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>gnp lancets 21g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>gnp lancets thin 26g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>gnp sterile lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>goodsense color lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>goodsense lancets 26g univ</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>goodsense lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>goodsense lancets 30g univ</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>goodsense lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>goodsense lancets 33g univ</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>goodsense lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>h-e-b incontrol adv lancing</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>h-e-b incontrol lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>h-e-b incontrol lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>h-e-b incontrol lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>kinney lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>kinney thin lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>croger lancets 21g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>croger lancets micro thin 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>croger lancets thin 26g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>croger lancets ultrathin 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>croger lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>lancet device with ejector</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancets 28g thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancets micro thin 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancets super thin 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>lancets thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancets ultra thin 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>leader advanced lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>lite touch lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>live better lancet super thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>longs lancets standard</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>longs lancets thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>longs lancets ultra thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>mini lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>multi-lancet device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>pip lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>preferred plus lancets colored</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>preferred plus lancets thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>pro comfort lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>pro comfort lancets 31g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>pro comfort safety lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>pure comfort lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>px advanced lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>px lancets microthin 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>px lancets ultra thin 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>qc advanced lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>qc lancets super thin 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>qc unilet lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>qc unilet lancets micro thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>safety lancet 30g/pressure act</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>safety lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>saps health plus lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>saps health twist top lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>saps twist top lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sapscare twist top lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>select-lite lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>sm lancets 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sure comfort lancets 18g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sure comfort lancets 21g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sure comfort lancets 23g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sure comfort lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sure comfort lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>sure comfort lancing pen</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>todays health lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>todays health thin lancets 28g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>todays health thin lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>topcare lancets micro-thin 33g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>true comfort safety lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>true comfort twist top lancets</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>twist top lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>ultra thin lancets 31g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ultra-care lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>value plus lancet standard 21g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>value plus lancing device</i>	Advocate Lancing Device	Tier 1	QLL; OTC
<i>walgreens lancets micro thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>walgreens lancets super thin</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
<i>zevrx twist top lancets 30g</i>	Accu-Chek FastClix Lancets	Tier 1	QLL; OTC
ACCU-CHEK FASTCLIX LANCET KIT	select-lite device/lancets	Tier 1	QLL; OTC
ACCU-CHEK FASTCLIX LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ACCU-CHEK SAFE-T PRO LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	select-lite device/lancets	Tier 1	QLL; OTC
ACCU-CHEK SOFTCLIX LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ADVOCATE LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ADVOCATE LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
ADVOCATE LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
ADVOCATE RAPID-SAFE LANCING	careone advanced lancing dev	Tier 1	QLL; OTC
ADVOCATE SAFETY LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ADVOCATE SAFETY LANCETS 26G	acti-lance 28g	Tier 1	QLL; OTC
AGAMATRIX ULTRA-THIN LANCETS	acti-lance 28g	Tier 1	QLL; OTC
AQUALANCE LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
ASSURE LANCE LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ASSURE LANCE SAFETY LANCET 28G	acti-lance 28g	Tier 1	QLL; OTC
AUTO-LANCET MINI	careone advanced lancing dev	Tier 1	QLL; OTC
AUTOLET LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
AUTOLET LITE LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
AUTOLET PLUS	careone advanced lancing dev	Tier 1	QLL; OTC
BD MICROTAINER LANCETS	acti-lance 28g	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
CAREONE LANCET SUPER THIN 30G	acti-lance 28g	Tier 1	QLL; OTC
CARESENS LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	element compact control 2	Tier 1	QLL; OTC
CARETOUCH SAFETY LANCETS	acti-lance 28g	Tier 1	QLL; OTC
CARETOUCH SAFETY LANCETS 26G	acti-lance 28g	Tier 1	QLL; OTC
CARETOUCH TWIST LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
CARETOUCH TWIST LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
CARETOUCH TWIST LANCETS 33G	acti-lance 28g	Tier 1	QLL; OTC
CARETOUCH TWIST MC LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
CHOSEN LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
CHOSEN LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
CHOSEN SAFETY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
CLEVER CHEK LANCETS	acti-lance 28g	Tier 1	QLL; OTC
CLEVER CHOICE COMFORT EZ	acti-lance 28g	Tier 1	QLL; OTC
CLEVER CHOICE LANCETS 23G	acti-lance 28g	Tier 1	QLL; OTC
CLEVER CHOICE LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
COAGUCHEK LANCETS	acti-lance 28g	Tier 1	QLL; OTC
COMFORT TOUCH LANCETS 31G	acti-lance 28g	Tier 1	QLL; OTC
COMFORT TOUCH PLUS LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
DEXCOM G6 RECEIVER DEVICE		Tier 1	ST; QLL
DEXCOM G6 SENSOR	guardian sensor 3	Tier 1	ST; QLL
DEXCOM G6 TRANSMITTER		Tier 1	ST; QLL
DEXCOM G7 RECEIVER DEVICE		Tier 1	ST; QLL
DEXCOM G7 SENSOR	guardian sensor 3	Tier 1	ST; QLL
DIASCREEN 1K STRIP	diascreen liquid urine control	Tier 1	OTC
DROPLET GENTEEL LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
DROPLET LANCETS ULTRA THIN 30G	acti-lance 28g	Tier 1	QLL; OTC
DROPLET LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
DROPLET PERSONAL LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DRUG MART ON-THE-GO LANCET 30G	acti-lance 28g	Tier 1	QLL; OTC
DRUG MART UNILET LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
DRUG MART UNILET LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
DRUG MART UNILET LANCETS 33G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 21G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 23G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 26G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 28G/TWIST	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 30G/TWIST	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 32G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 32G/TWIST	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCETS 33G/TWIST	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
EASY TOUCH SAFETY LANCETS 21G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH SAFETY LANCETS 23G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH SAFETY LANCETS 26G	acti-lance 28g	Tier 1	QLL; OTC
EASY TOUCH SAFETY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
EMBRACE LANCETS ULTRA THIN 30G	acti-lance 28g	Tier 1	QLL; OTC
EMBRACE PRESSURE ACTIVATED 21G	acti-lance 28g	Tier 1	QLL; OTC
EMBRACE PRESSURE ACTIVATED 28G	acti-lance 28g	Tier 1	QLL; OTC
E-Z JECT LANCET MICRO-THIN 33G	acti-lance 28g	Tier 1	QLL; OTC
E-Z JECT LANCET SUPER THIN 30G	acti-lance 28g	Tier 1	QLL; OTC
E-Z JECT LANCETS	acti-lance 28g	Tier 1	QLL; OTC
E-Z JECT LANCETS 21G	acti-lance 28g	Tier 1	QLL; OTC
E-Z JECT LANCETS THIN 26G	acti-lance 28g	Tier 1	QLL; OTC
EZ-LETS LANCETS 26G	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
FIFTY50 SAFETY SEAL LANCETS	acti-lance 28g	Tier 1	QLL; OTC
FIFTY50 UNILET LANCETS 33G	acti-lance 28g	Tier 1	QLL; OTC
FINGERSTIX LANCETS	acti-lance 28g	Tier 1	QLL; OTC
FORA LANCETS	acti-lance 28g	Tier 1	QLL; OTC
FORA LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
FREESTYLE CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Tier 1	QLL; OTC
FREESTYLE LANCETS	acti-lance 28g	Tier 1	QLL; OTC
FREESTYLE LIBRE 14 DAY READER DEVICE		Tier 1	ST; QLL
FREESTYLE LIBRE 14 DAY SENSOR	guardian sensor 3	Tier 1	ST; QLL
FREESTYLE LIBRE 2 PLUS SENSOR	guardian sensor 3	Tier 1	
FREESTYLE LIBRE 2 READER DEVICE		Tier 1	ST; QLL
FREESTYLE LIBRE 2 SENSOR	guardian sensor 3	Tier 1	ST; QLL
FREESTYLE LIBRE 3 PLUS SENSOR	guardian sensor 3	Tier 1	
FREESTYLE LIBRE 3 READER DEVICE		Tier 1	ST; QLL
FREESTYLE LIBRE 3 SENSOR	guardian sensor 3	Tier 1	ST; QLL
FREESTYLE LIBRE READER DEVICE		Tier 1	ST; QLL
FREESTYLE UNISTICK II LANCETS	acti-lance 28g	Tier 1	QLL; OTC
GENTEEL BUTTERFLY TOUCH LANCET	acti-lance 28g	Tier 1	QLL; OTC
GLUCOCOM LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
GLUCOCOM LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
GLUCOCOM LANCETS 33G	acti-lance 28g	Tier 1	QLL; OTC
GNP LANCING SYSTEM DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
GOJJI LANCING DEVICE/CLEAR CAP	careone advanced lancing dev	Tier 1	QLL; OTC
GOJJI STERILE LANCETS	acti-lance 28g	Tier 1	QLL; OTC
HEALTH CARE LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
HYPOLANCE AST LANCING KIT	select-lite device/lancets	Tier 1	QLL; OTC
KROGER AUTOLET LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
KROGER HEALTHPRO LANCET 26G	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
LANCETS ULTRA THIN	acti-lance 28g	Tier 1	QLL; OTC
LANZO	careone advanced lancing dev	Tier 1	QLL; OTC
LITE TOUCH LANCING PEN	careone advanced lancing dev	Tier 1	QLL; OTC
LITETOUCH LANCETS	acti-lance 28g	Tier 1	QLL; OTC
MEDLANCE PLUS EXTRA 21G	acti-lance 28g	Tier 1	QLL; OTC
MEDLANCE PLUS LITE 25G	acti-lance 28g	Tier 1	QLL; OTC
MEDLANCE PLUS SPECIAL 0.8MM	acti-lance 28g	Tier 1	QLL; OTC
MEDLANCE PLUS SUPERLITE 30G	acti-lance 28g	Tier 1	QLL; OTC
MEDLANCE PLUS UNIVERSAL 21G	acti-lance 28g	Tier 1	QLL; OTC
MEIJER LANCETS	acti-lance 28g	Tier 1	QLL; OTC
MEIJER LANCETS THIN	acti-lance 28g	Tier 1	QLL; OTC
MEIJER LANCETS UNIVERSAL 33G	acti-lance 28g	Tier 1	QLL; OTC
MEIJER SUPER THIN LANCETS	acti-lance 28g	Tier 1	QLL; OTC
MICROLET LANCETS	acti-lance 28g	Tier 1	QLL; OTC
MICROLET NEXT LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
MM LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
MM TWIST LANCETS	acti-lance 28g	Tier 1	QLL; OTC
MONOLET LANCETS	acti-lance 28g	Tier 1	QLL; OTC
MULTI-LANCET DEVICE 2 KIT	select-lite device/lancets	Tier 1	QLL; OTC
MYGLUCOHEALTH LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
NOVA SAFETY LANCETS 23G	acti-lance 28g	Tier 1	QLL; OTC
NOVA SAFETY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
NOVA SUREFLEX LANCETS	acti-lance 28g	Tier 1	QLL; OTC
NOVA SUREFLEX LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
ONETOUCH DELICA PLUS LANCET30G	acti-lance 28g	Tier 1	QLL; OTC
ONETOUCH DELICA PLUS LANCET33G	acti-lance 28g	Tier 1	QLL; OTC
ONETOUCH DELICA PLUS LANCING	careone advanced lancing dev	Tier 1	QLL; OTC
ONETOUCH DELICA SAFETY LANCING	acti-lance 28g	Tier 1	QLL; OTC
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	element compact control 2	Tier 1	QLL; OTC
ONETOUCH ULTRASOFT 2 LANCETS	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ONETOUCH VERIO IN VITRO LIQUID	element compact control 2	Tier 1	QLL; OTC
ONETOUCH VERIO IN VITRO LIQUID HIGH	easy plus ii control	Tier 1	QLL; OTC
PERFECT POINT SAFETY LANCETS	acti-lance 28g	Tier 1	QLL; OTC
PHARMACIST CHOICE LANCETS	acti-lance 28g	Tier 1	QLL; OTC
PRODIGY AUTOCODE BLOOD GLUCOSE KIT W/DEVICE	blood glucose monitor system	Tier 2	PA; QLL; OTC
PRODIGY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
PRODIGY LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
PRODIGY TWIST TOP LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
RA E-ZJECT LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
RA E-ZJECT LANCETS THIN 26G	acti-lance 28g	Tier 1	QLL; OTC
RA E-ZJECT LANCETS THIN 28G	acti-lance 28g	Tier 1	QLL; OTC
RA E-ZJECT LANCETS ULTRA THIN	acti-lance 28g	Tier 1	QLL; OTC
READYLANCE SAFETY LANCETS	acti-lance 28g	Tier 1	QLL; OTC
RELION LANCET DEVICES 30G	acti-lance 28g	Tier 1	QLL; OTC
RELION LANCETS MICRO-THIN 33G	acti-lance 28g	Tier 1	QLL; OTC
RELION LANCETS THIN 26G	acti-lance 28g	Tier 1	QLL; OTC
RELION LANCETS ULTRA-THIN 30G	acti-lance 28g	Tier 1	QLL; OTC
RELION LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
RELION LANCING DEVICE KIT	select-lite device/lancets	Tier 1	QLL; OTC
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	blood glucose monitor system	Tier 1	PA; QLL; OTC
RELION ULTRA THIN LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
RELION ULTRA THIN PLUS LANCETS	acti-lance 28g	Tier 1	QLL; OTC
RIGHTEST GD500 LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
RIGHTEST GL300 LANCETS	acti-lance 28g	Tier 1	QLL; OTC
SAFETY LANCETS	acti-lance 28g	Tier 1	QLL; OTC
SAFETY LANCETS 21G	acti-lance 28g	Tier 1	QLL; OTC
SAFETY LANCETS 23G	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
SIMPLE DIAGNOSTICS LANCING DEV	careone advanced lancing dev	Tier 1	QLL; OTC
SMART DIABETES VANTAGE LANCING	careone advanced lancing dev	Tier 1	QLL; OTC
SMARTTEST LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
SOLUS V2 LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
SOLUS V2 LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
SOLUS V2 TWIST LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
STERILANCE TL	acti-lance 28g	Tier 1	QLL; OTC
TECHLITE LANCETS	acti-lance 28g	Tier 1	QLL; OTC
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	blood glucose monitor system	Tier 1	PA; QLL; OTC
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW	easy plus ii control	Tier 1	QLL; OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL	easy talk control	Tier 1	QLL; OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	easy plus ii control	Tier 1	QLL; OTC
TRUE METRIX METER KIT W/DEVICE	blood glucose monitor system	Tier 1	PA; QLL; OTC
TRUEPLUS LANCETS 26G	acti-lance 28g	Tier 1	QLL; OTC
TRUEPLUS LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
TRUEPLUS LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
TRUEPLUS LANCETS 33G	acti-lance 28g	Tier 1	QLL; OTC
TRUEPLUS SAFETY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
ULTI-LANCE AUTOMATIC	careone advanced lancing dev	Tier 1	QLL; OTC
ULTILET CLASSIC LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ULTILET LANCETS	acti-lance 28g	Tier 1	QLL; OTC
ULTILET SAFETY LANCETS 23G	acti-lance 28g	Tier 1	QLL; OTC
ULTRA-THIN II LANCETS	acti-lance 28g	Tier 1	QLL; OTC
UNILET COMFORTOUCH LANCET	acti-lance 28g	Tier 1	QLL; OTC
UNILET EXCELITE	acti-lance 28g	Tier 1	QLL; OTC
UNILET EXCELITE II	acti-lance 28g	Tier 1	QLL; OTC
UNILET G.P. SUPERLITE LANCET	acti-lance 28g	Tier 1	QLL; OTC
UNILET GP 28 ULTRA THIN	acti-lance 28g	Tier 1	QLL; OTC
UNILET LANCET	acti-lance 28g	Tier 1	QLL; OTC
UNILET MICRO-THIN 33G	acti-lance 28g	Tier 1	QLL; OTC
UNILET SUPER-THIN 30G	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
UNILET ULTRA-THIN 28G	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK 2 NORMAL	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK 3 COMFORT	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK 3 EXTRA	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK 3 GENTLE	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK 3 NORMAL	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK CZT COMFORT	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK CZT NORMAL	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK NORMAL	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK PRO SAFETY LANCET	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK SAFETY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK SAFETY LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK TOUCH SAFETY LANC 21G	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK TOUCH SAFETY LANC 23G	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK TOUCH SAFETY LANC 28G	acti-lance 28g	Tier 1	QLL; OTC
UNISTIK TOUCH SAFETY LANC 30G	acti-lance 28g	Tier 1	QLL; OTC
UNIVERSAL 1 LANCETS THIN 26G	acti-lance 28g	Tier 1	QLL; OTC
UNIVERSAL 1 LANCETS ULTRA THIN	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE SAFE LANCET MINI 21G	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE SAFE LANCET MINI 23G	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE SAFE LANCET MINI 28G	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE SAFE LANCET MINI 30G	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE UNIVERSAL LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE UNIVERSAL LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
VERIFINE UNIVERSAL LANCETS 33G	acti-lance 28g	Tier 1	QLL; OTC
VIVAGUARD LANCETS	acti-lance 28g	Tier 1	QLL; OTC
VIVAGUARD LANCETS 30G	acti-lance 28g	Tier 1	QLL; OTC
VIVAGUARD LANCING DEVICE	careone advanced lancing dev	Tier 1	QLL; OTC
VIVAGUARD SAFETY LANCETS 28G	acti-lance 28g	Tier 1	QLL; OTC
WALGREENS LANCETS	acti-lance 28g	Tier 1	QLL; OTC
WALGREENS THIN LANCETS	acti-lance 28g	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
WALGREENS ULTRA THIN LANCETS	acti-lance 28g	Tier 1	QLL; OTC
*Glucose/Ketone Monitoring Test Supplies***			
PRECISION XTRA-GLUCOSE/KETONE DEVICE		Tier 1	QLL; AL (Max 4 Years); OTC
*Insulin Administration Supplies***			
EASY TOUCH INSULIN BARRELS U-100 1 ML	kmart valu insulin syringe 30g	Tier 2	PA; QLL; OTC
*Needles & Syringes***			
<i>1st tier unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>1st tier unifine pentips 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>1st tier unifine pentips 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>1st tier unifine pentips 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>1st tier unifine pentips plus 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>1st tier unifine pentips plus 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>1st tier unifine pentips plus 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>aq insulin syringe 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>aqinject pen needle 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL
<i>aqinject pen needle 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL
<i>aum mini insulin pen needle 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>aum mini insulin pen needle 32g x 5 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>aum mini insulin pen needle 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>aum mini insulin pen needle 32g x 8 mm , 33g x 5 mm , 33g x 6 mm</i>	Comfort EZ Pen Needles	Tier 1	QLL; OTC
<i>aum mini insulin pen needle 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>aurora pen needles 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>aurora pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>careone insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>careone insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>careone unifine pentips plus 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>careone unifine pentips plus 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>careone unifine pentips plus 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>clickfine pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>dropsafe safety pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>dropsafe safety pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>drug mart unifine pentips 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>drug mart unifine pentips plus 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>easy comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>easy comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>easy comfort insulin syringe 31g x 1/2" 0.3 ml, 32g x 5/16" 1 ml</i>		Tier 1	QLL; OTC
<i>easy comfort pen needles 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>easy comfort pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>easy comfort pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>easy comfort pen needles 33g x 5 mm , 33g x 6 mm</i>	Comfort EZ Pen Needles	Tier 1	QLL; OTC
<i>easy glide pen needles 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>global ease inject pen needles 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>global ease inject pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>global ease inject pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>global easy glide insulin syr 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml</i>	BD SafetyGlide Insulin Syringe	Tier 1	QLL; OTC
<i>global easy glide insulin syr 31g x 5/16" 0.3 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>global easy glide pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>global inject ease insulin syr 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>global inject ease insulin syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>global inject ease insulin syr 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>global insulin syringes 30g x 1/2" 0.3 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>global insulin syringes 30g x 5/16" 0.3 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>gnp clickfine pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>gnp clickfine pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>gnp insulin syringe 28g x 1/2" 0.5 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>gnp insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>gnp insulin syringes 28gx1/2" 28g x 1/2" 1 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>gnp pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>gnp pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>gnp pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>gnp ulticare pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>gnp ulticare pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>gnp ulticare pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>goodsense clickfine pen needle 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>healthwise insulin syr/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>healthwise micron pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>healthwise short pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>h-e-b incontrol pen needles 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>h-e-b incontrol pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>h-e-b incontrol pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>insulin syringe 28g x 1/2" 0.5 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml (otc)</i>	Easy Touch Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 27g x 1/2" 0.5 ml (rx)</i>	Easy Touch Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 27g x 1/2" 1 ml (otc)</i>	BD Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 27g x 1/2" 1 ml (rx)</i>	BD Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml (otc)</i>	BD Insulin Syringe MicroFine	Tier 1	QLL
<i>insulin syringe-needle u-100 28g x 1/2" 0.5 ml (rx)</i>	BD Insulin Syringe MicroFine	Tier 1	QLL
<i>insulin syringe-needle u-100 28g x 1/2" 1 ml (otc)</i>	BD Insulin Syringe MicroFine	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>insulin syringe-needle u-100 28g x 1/2" 1 ml (rx)</i>	BD Insulin Syringe MicroFine	Tier 1	QLL
<i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (otc)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 29g x 1/2" 0.5 ml (rx)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml (otc)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml (rx)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 30g x 1/2" 1 ml (otc)</i>	BD Insulin Syringe U/F	Tier 1	QLL
<i>insulin syringe-needle u-100 30g x 1/2" 1 ml (rx)</i>	BD Insulin Syringe U/F	Tier 1	QLL
<i>insulin syringe-needle u-100 30g x 5/16" 0.3 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (otc)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 30g x 5/16" 0.5 ml (rx)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 30g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 31g x 1/4" 0.3 ml</i>	UltiCare Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 31g x 1/4" 0.5 ml</i>	UltiCare Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 31g x 1/4" 1 ml</i>	UltiCare Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 31g x 5/16" 0.3 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (otc)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 31g x 5/16" 0.5 ml (rx)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 31g x 5/16" 1 ml (otc)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insulin syringe-needle u-100 31g x 5/16" 1 ml (rx)</i>	Advocate Insulin Syringe	Tier 1	QLL
<i>insupen pen needles 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>insupen pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>insupen pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>kinray insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>kmart valu insulin syringe 29g u-100 0.5 ml</i>		Tier 1	QLL; OTC
<i>kmart valu insulin syringe 30g u-100 0.5 ml</i>		Tier 1	QLL; OTC
<i>kmart valu insulin syringe 30g u-100 1 ml</i>	BD Insulin Syringe	Tier 1	QLL; OTC
<i>croger insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>croger pen needles 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>croger pen needles 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>croger pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>leader insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>leader insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>medicine shoppe pen needles 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>medicine shoppe pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>meijer pen needles 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>meijer pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>mm insulin syringe/needle 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>pc unifine pentips 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>pc unifine pentips 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pen needles 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pen needles 30g x 5 mm (otc)</i>	BD AutoShield Duo	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pen needles 30g x 8 mm</i>	Assure ID Safety Pen Needles	Tier 1	QLL; OTC
<i>pen needles 31g x 5 mm (otc)</i>	Advocate Insulin Pen Needles	Tier 1	QLL
<i>pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pen needles 31g x 8 mm (otc)</i>	Advocate Insulin Pen Needles	Tier 1	QLL
<i>pen needles 32g x 4 mm (otc)</i>	Advocate Insulin Pen Needle	Tier 1	QLL
<i>pen needles 32g x 5 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>pen needles 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>pen needles 5/16" 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>pip pen needles 31g x 5mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>pip pen needles 32g x 4mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>preferred plus insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>preferred plus unifine pentips 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pro comfort pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL
<i>pro comfort pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL
<i>pro comfort pen needles 32g x 5 mm</i>	CareTouch Pen Needles	Tier 1	QLL
<i>pro comfort pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>pure comfort pen needle 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>pure comfort pen needle 32g x 5 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pure comfort pen needle 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>pure comfort pen needle 32g x 8 mm</i>	Comfort EZ Pen Needles	Tier 1	QLL; OTC
<i>pure comfort safety pen needle 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pure comfort safety pen needle 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>pure comfort safety pen needle 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>px extra short pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>px mini pen needles 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>px pen needle 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>px pen needle 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>qc unifine pentips 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>ra insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>ra pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>raya sure pen needle 29g x 12mm , 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>raya sure pen needle 31g x 4 mm</i>	AUM Safety Pen Needle	Tier 1	QLL; OTC
<i>raya sure pen needle 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>safety pen needles 30g x 5 mm</i>	BD AutoShield Duo	Tier 1	QLL; OTC
<i>safety pen needles 30g x 8 mm</i>	Assure ID Safety Pen Needles	Tier 1	QLL; OTC
<i>sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml</i>	BD Insulin Syringe MicroFine	Tier 1	QLL; OTC
<i>sure comfort insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>sure comfort insulin syringe 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>sure comfort insulin syringe 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml</i>	UltiCare Insulin Syringe	Tier 1	QLL; OTC
<i>sure comfort pen needles 29g x 12.7mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>sure comfort pen needles 30g x 8 mm</i>	Assure ID Safety Pen Needles	Tier 1	QLL; OTC
<i>sure comfort pen needles 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sure comfort pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL
<i>sure comfort pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>sure comfort pen needles 32g x 4 mm (otc)</i>	Advocate Insulin Pen Needle	Tier 1	QLL
<i>sure comfort pen needles 32g x 4 mm (rx)</i>	Advocate Insulin Pen Needle	Tier 1	QLL
<i>sure comfort pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>techlite insulin syringe 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>techlite insulin syringe 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml</i>	BD SafetyGlide Insulin Syringe	Tier 1	QLL; OTC
<i>techlite insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>today's health pen needles 29g x 12mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>today's health short pen needle 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>topcare clickfine pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>topcare clickfine pen needles 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>topcare ultra comfort ins syr 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>true comfort insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>true comfort insulin syringe 32g x 5/16" 1 ml</i>		Tier 1	QLL; OTC
<i>true comfort pen needles 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>true comfort pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>true comfort pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>true comfort pro insulin syr 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>true comfort pro insulin syr 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml</i>		Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>true comfort pro pen needles 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>true comfort pro pen needles 31g x 6 mm , 32g x 5 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>true comfort pro pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>true comfort pro pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>true comfort pro pen needles 33g x 5 mm , 33g x 6 mm</i>	Comfort EZ Pen Needles	Tier 1	QLL; OTC
<i>true comfort safety pen needle 31g x 5 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>true comfort safety pen needle 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>true comfort safety pen needle 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>ultracare insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>ultracare insulin syringe 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>ultracare pen needles 31g x 5 mm , 31g x 8 mm , 33g x 4 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>ultracare pen needles 31g x 6 mm , 32g x 5 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>ultracare pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>ultracare pen needles 32g x 6 mm</i>	BD Pen Needle Micro U/F	Tier 1	QLL; OTC
<i>wegmans unifine pentips plus 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>wegmans unifine pentips plus 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC
<i>wegmans unifine pentips plus 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
<i>zevrx insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml</i>	BD Insulin Syringe U/F	Tier 1	QLL; OTC
<i>zevrx insulin syringe 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml</i>	Advocate Insulin Syringe	Tier 1	QLL; OTC
<i>zevrx pen needles 31g x 5 mm , 31g x 8 mm</i>	Advocate Insulin Pen Needles	Tier 1	QLL; OTC
<i>zevrx pen needles 31g x 6 mm</i>	CareTouch Pen Needles	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>zevrx pen needles 32g x 4 mm</i>	Advocate Insulin Pen Needle	Tier 1	QLL; OTC
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
ASSURE ID SAFETY PEN NEEDLES 30G X 8 MM	pen needles	Tier 1	QLL; OTC
AUM SAFETY PEN NEEDLE 31G X 4 MM	raya sure pen needle	Tier 1	QLL; OTC
AUM SAFETY PEN NEEDLE 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
BD AUTOSHIELD DUO 30G X 5 MM	pen needles	Tier 1	QLL; OTC
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML		Tier 2	PA; QLL; OTC
BD INSULIN SYRINGE 27G X 1/2" 1 ML	insulin syringe-needle u-100	Tier 1	QLL; OTC
BD INSULIN SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	eql insulin syringe	Tier 1	QLL
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	aq insulin syringe	Tier 1	QLL
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML		Tier 1	QLL; OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	global inject ease insulin syr	Tier 1	QLL; OTC
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (OTC)	global inject ease insulin syr	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC
BD INSULIN SYRINGE U/F 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	Tier 1	QLL; OTC
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
BD INSULIN SYRINGE U-100 1 ML	kmart valu insulin syringe 30g	Tier 1	QLL; OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		Tier 1	QLL
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
BD PEN NEEDLE MINI U/F 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
BD PEN NEEDLE NANO U/F 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1st tier unifine pentips	Tier 1	QLL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	aq insulin syringe	Tier 1	QLL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	Tier 1	QLL
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	global easy glide insulin syr	Tier 1	QLL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	global easy glide insulin syr	Tier 1	QLL; OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML		Tier 2	PA; QLL; OTC
BD TB SYRINGE 27G X 1/2" 0.5 ML		Tier 1	QLL; AL (Max 20 Years); OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	Tier 1	QLL; OTC
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	Tier 1	QLL
CARETOUCH HYPODERMIC NEEDLE 27G X 1-1/2"	hypodermic needle	Tier 2	PA; QLL; OTC
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML		Tier 1	QLL; OTC
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML, 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
CARETOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
CARETOUCH PEN NEEDLES 32G X 5 MM	aum mini insulin pen needle	Tier 1	QLL; OTC
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
CLICKFINE PEN NEEDLES 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
CLICKFINE PEN NEEDLES 31G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
CLICKFINE PEN NEEDLES 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
COMFORT EZ INSULIN SYRINGE 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	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
COMFORT EZ INSULIN SYRINGE 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	Tier 1	QLL; OTC
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
COMFORT EZ PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
COMFORT EZ PEN NEEDLES 32G X 5 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM	aum mini insulin pen needle	Tier 1	QLL; OTC
COMFORT EZ PEN NEEDLES 33G X 8 MM		Tier 1	QLL; OTC
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	pen needles	Tier 1	QLL; OTC
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	raya sure pen needle	Tier 1	QLL; OTC
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM	1st tier unifine pentips	Tier 1	QLL; OTC
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	raya sure pen needle	Tier 1	QLL; OTC
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM , 32G X 8 MM , 33G X 5 MM , 33G X 6 MM	aum mini insulin pen needle	Tier 1	QLL; OTC
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
DROPLET INSULIN SYRINGE 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	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML		Tier 1	QLL; OTC
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
DROPLET INSULIN SYRINGE 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	Tier 1	QLL; OTC
DROPLET MICRON 34G X 3.5 MM		Tier 1	QLL; OTC
DROPLET PEN NEEDLES 29G X 10MM		Tier 1	QLL; OTC
DROPLET PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
DROPLET PEN NEEDLES 30G X 8 MM	pen needles	Tier 1	QLL; OTC
DROPLET PEN NEEDLES 32G X 5 MM , 32G X 8 MM	aum mini insulin pen needle	Tier 1	QLL; OTC
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL
DROPSAFE SAFETY SYRINGE/NEEDLE 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	Tier 1	QLL
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	careone insulin syringe	Tier 1	QLL; OTC
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	aq insulin syringe	Tier 1	QLL; OTC
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	careone insulin syringe	Tier 1	QLL; OTC
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	insulin syringe-needle u-100	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML		Tier 1	QLL; OTC
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
EASY TOUCH INSULIN SYRINGE 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	Tier 1	QLL; OTC
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
EASY TOUCH PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
EASY TOUCH PEN NEEDLES 30G X 5 MM , 30G X 8 MM	pen needles	Tier 1	QLL; OTC
EASY TOUCH PEN NEEDLES 32G X 5 MM	aum mini insulin pen needle	Tier 1	QLL; OTC
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	easy comfort pen needles	Tier 1	QLL; OTC
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM		Tier 1	QLL; OTC
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	pen needles	Tier 1	QLL; OTC
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	careone insulin syringe	Tier 1	QLL; OTC
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
EMBECTA INSULIN SYRINGE U/F 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	Tier 1	QLL; OTC
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
EMBECTA PEN NEEDLE NANO 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
EMBECTA PEN NEEDLE U/F 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
EMBECTA PEN NEEDLE U/F 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
EMBRACE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM	pen needles	Tier 1	QLL; OTC
FIFTY50 PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
GNP ULTIGUARD SAFEPAK NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
GOODSENSE PEN NEEDLE PENFINE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
H-E-B INCONTROL UNIFINE PENTIP 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
LEADER UNIFINE PENTIPS 31G X 5 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
LITETOUCH PEN NEEDLES 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
LITETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	1st tier unifine pentips	Tier 1	QLL; OTC
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML	aq insulin syringe	Tier 1	QLL
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL
MARATHON MEDICAL PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	easy comfort pen needles	Tier 1	QLL; OTC
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM		Tier 1	QLL; OTC
MAXICOMFORT SYR 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML	insulin syringe-needle u-100	Tier 1	QLL; OTC
MICRODOT PEN NEEDLE 31G X 6 MM , 32G X 4 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
MM PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML		Tier 1	QLL; OTC
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	insulin syringe-needle u-100	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (RX)	insulin syringe-needle u-100	Tier 1	QLL
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	global inject ease insulin syr	Tier 1	QLL
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	global inject ease insulin syr	Tier 1	QLL
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	global inject ease insulin syr	Tier 1	QLL
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	aq insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	aq insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (OTC)	easy comfort insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	easy comfort insulin syringe	Tier 1	QLL
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
MONOJECT INSULIN SYRINGE U-100 1 ML	kmart valu insulin syringe 30g	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	global inject ease insulin syr	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	global inject ease insulin syr	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	global inject ease insulin syr	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (RX)	global inject ease insulin syr	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	eql insulin syringe	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	eql insulin syringe	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (OTC)	aq insulin syringe	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	aq insulin syringe	Tier 1	QLL
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC
MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
NOVOFINE PEN NEEDLE 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
PENTIPS 29G X 12MM (OTC)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 29G X 12MM (RX)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 31G X 5 MM (OTC)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 31G X 5 MM (RX)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 31G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
PENTIPS 31G X 8 MM (OTC)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 31G X 8 MM (RX)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 32G X 4 MM (OTC)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 32G X 4 MM (RX)	1st tier unifine pentips	Tier 1	QLL
PENTIPS 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
PENTIPS GENERIC PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM , 31G X 8 MM	1st tier unifine pentips	Tier 1	QLL; OTC
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
RELION INSULIN SYRINGE 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	Tier 1	QLL; OTC
RELION INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
RELION INSULIN SYRINGE 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
RELION MINI PEN NEEDLES 31G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
RELION PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
RELION SHORT PEN NEEDLES 31G X 8 MM	1st tier unifine pentips	Tier 1	QLL; OTC
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	pen needles	Tier 1	QLL; OTC
TECHLITE PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
TECHLITE PLUS PEN NEEDLES 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	global inject ease insulin syr	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	global inject ease insulin syr	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	aq insulin syringe	Tier 1	QLL
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	sure comfort insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	sure comfort insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	sure comfort insulin syringe	Tier 1	QLL; OTC
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	careone insulin syringe	Tier 1	QLL
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	careone insulin syringe	Tier 1	QLL
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
ULTICARE MICRO PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTICARE MINI PEN NEEDLES 30G X 5 MM	pen needles	Tier 1	QLL; OTC
ULTICARE MINI PEN NEEDLES 31G X 6 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	sure comfort pen needles	Tier 1	QLL
ULTICARE PEN NEEDLES 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	pen needles	Tier 1	QLL; OTC
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	1st tier unifine pentips	Tier 1	QLL
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML		Tier 2	PA; QLL; OTC
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
ULTIGUARD SAFEPAK PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTIGUARD SAFEPAK SYR/NEEDLE 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	careone insulin syringe	Tier 1	QLL; OTC
ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
ULTILET PEN NEEDLE 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTRA THIN PEN NEEDLES 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	easy comfort insulin syringe	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	1st tier unifine pentips	Tier 1	QLL; OTC
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	sure comfort pen needles	Tier 1	QLL; OTC
UNIFINE PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
UNIFINE PENTIPS 30G X 5 MM	pen needles	Tier 1	QLL; OTC
UNIFINE PENTIPS PLUS 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
UNIFINE PENTIPS PLUS 30G X 5 MM	pen needles	Tier 1	QLL; OTC
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM	pen needles	Tier 1	QLL; OTC
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM , 30G X 8 MM	pen needles	Tier 1	QLL; OTC
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML		Tier 1	QLL; OTC
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	1st tier unifine pentips	Tier 1	QLL; OTC
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	eql insulin syringe	Tier 1	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML, 31G X 5/16" 1 ML	aq insulin syringe	Tier 1	QLL; OTC
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Tier 1	QLL; OTC
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	1st tier unifine pentips	Tier 1	QLL; OTC
*Respiratory Therapy Supplies***			
<i>pure comfort peak flow mouthpiece</i>	Adapter Ped Disposable	Tier 1	QLL; OTC
ACE AEROSOL CLOUD ENHANCER	adult aerosol mask	Tier 1	QLL
AEROTRACH PLUS	adult aerosol mask	Tier 1	QLL
REUSABLE COMFORTSEAL MASK-LRG	adult aerosol mask	Tier 1	QLL
REUSABLE COMFORTSEAL MASK-MED	adult aerosol mask	Tier 1	QLL
REUSABLE COMFORTSEAL MASK-SML	adult aerosol mask	Tier 1	QLL
*Spacer/Aerosol-Holding Chambers & Supplies***			
<i>eq space chamber anti-static device</i>	AeroChamber Holding Chamber	Tier 1	QLL
<i>eq space chamber anti-static l device</i>	AeroChamber Holding Chamber	Tier 1	QLL
<i>eq space chamber anti-static m device</i>	AeroChamber Holding Chamber	Tier 1	QLL
<i>eq space chamber anti-static s device</i>	AeroChamber Holding Chamber	Tier 1	QLL
<i>pro comfort spacer adult</i>	AeroChamber Holding Chamber	Tier 1	QLL; OTC
<i>pro comfort spacer child</i>	AeroChamber Holding Chamber	Tier 1	QLL; OTC
<i>pro comfort spacer infant device</i>	AeroChamber Holding Chamber	Tier 1	QLL; OTC
<i>procare spacer/adult mask device</i>	AeroChamber Holding Chamber	Tier 1	QLL; OTC
<i>procare spacer/child mask device</i>	AeroChamber Holding Chamber	Tier 1	QLL; OTC
<i>prochamber vhc device</i>	AeroChamber Holding Chamber	Tier 1	QLL
<i>pure comfort spacer chamber device</i>	AeroChamber Holding Chamber	Tier 1	QLL; OTC
AEROCHAMBER HOLDING CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
AEROCHAMBER MINI CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER MV	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU LARGE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU MEDIUM	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU SMALL	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER PLUS FLOW VU	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER W/FLOWSIGNAL	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER Z-STAT PLUS	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER Z-STAT PLUS CHAMBR	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER Z-STAT PLUS/LARGE	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER Z-STAT PLUS/MEDIUM	eq space chamber anti-static	Tier 1	QLL
AEROCHAMBER Z-STAT PLUS/SMALL	eq space chamber anti-static	Tier 1	QLL
BREATHERITE VALVED MDI CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
CLEVER CHOICE HOLDING CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
COMPACT SPACE CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
COMPACT SPACE CHAMBER/LG MASK DEVICE	eq space chamber anti-static	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
COMPACT SPACE CHAMBER/MED MASK DEVICE	eq space chamber anti-static	Tier 1	QLL
COMPACT SPACE CHAMBER/SM MASK DEVICE	eq space chamber anti-static	Tier 1	QLL
EASIVENT	eq space chamber anti-static	Tier 1	QLL
EASIVENT MASK LARGE	eq space chamber anti-static	Tier 1	QLL
EASIVENT MASK MEDIUM	eq space chamber anti-static	Tier 1	QLL
EASIVENT MASK SMALL	eq space chamber anti-static	Tier 1	QLL
FLEXICHAMBER ADULT MASK/SMALL		Tier 1	QLL
FLEXICHAMBER CHILD MASK/LARGE		Tier 1	QLL
FLEXICHAMBER CHILD MASK/SMALL		Tier 1	QLL
FLEXICHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
MICROCHAMBER	eq space chamber anti-static	Tier 1	QLL
MICROCHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
MICROSPACER	eq space chamber anti-static	Tier 1	QLL
OPTICHAMBER DIAMOND	eq space chamber anti-static	Tier 1	QLL
OPTICHAMBER DIAMOND-LG MASK DEVICE	eq space chamber anti-static	Tier 1	QLL
OPTICHAMBER DIAMOND-MD MASK	eq space chamber anti-static	Tier 1	QLL
OPTICHAMBER DIAMOND-SM MASK	eq space chamber anti-static	Tier 1	QLL
POCKET CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
RITEFLO DEVICE	eq space chamber anti-static	Tier 1	QLL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	eq space chamber anti-static	Tier 1	QLL
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	eq space chamber anti-static	Tier 1	QLL
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	eq space chamber anti-static	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
VORTEX VALVED HOLDING CHAMBER DEVICE	eq space chamber anti-static	Tier 1	QLL
MIGRAINE PRODUCTS			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC ORAL TABLET DISPERSIBLE 75 MG		Special PA	PA; QLL; AL (Min 18 Years)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Tier 1	PA; QLL; AL (Min 18 Years)
UBRELVY ORAL TABLET 100 MG, 50 MG		Special PA	PA; QLL; AL (Min 18 Years)
ZAVZPRET NASAL SOLUTION 10 MG/ACT		Special PA	PA; QLL; AL (Min 18 Years)
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS		Tier 1	PA; AL (Min 18 Years)
AIMOVIG SOLUTION AUTO-INJECTOR 70 MG/ML SUBCUTANEOUS		Tier 1	PA; QLL; AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		Tier 1	PA; QLL; AL (Min 18 Years)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		Tier 1	PA; QLL; AL (Min 18 Years)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Ergot Combinations***			
MIGERGOT RECTAL SUPPOSITORY 2-100 MG		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***			
ELYXYB ORAL SOLUTION 120 MG/4.8ML		Special PA	PA; QLL; AL (Min 18 Years)
*Migraine Products - Nsaids***			
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	Cambia	Special PA	PA
*Migraine Products***			
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>		Special PA	PA; QLL
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>		Special PA	PA; QLL
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG		Tier 1	PA; QLL
MIGRANAL NASAL SOLUTION 4 MG/ML	dihydroergotamine mesylate	Special PA	PA; QLL
*Selective Serotonin Agonist-Nsaiid Combinations***			
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Treximet	Tier 3	PA; QLL
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>		Tier 3	PA; QLL
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	Tier 1	QLL
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Frova	Tier 2	PA; QLL
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		Tier 1	QLL
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	Tier 1	QLL
<i>rizatriptan benzoate oral tablet 5 mg</i>		Tier 1	QLL
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	Tier 1	QLL
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		Tier 1	QLL
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		Special PA	PA; QLL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	Tier 1	QLL
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		Special PA	PA; QLL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	Special PA	PA; QLL
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Zomig	Special PA	PA; QLL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Zomig	Tier 1	QLL
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		Tier 1	QLL
FROVA ORAL TABLET 2.5 MG	frovatriptan succinate	Tier 2	PA; QLL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	sumatriptan succinate	Tier 1	PA; QLL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	sumatriptan succinate refill	Special PA	PA; QLL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	sumatriptan succinate	Special PA	PA; QLL
MAXALT ORAL TABLET 10 MG	rizatriptan benzoate	Tier 1	PA; QLL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	rizatriptan benzoate	Tier 1	PA; QLL
RELPAX ORAL TABLET 20 MG, 40 MG	eletriptan hydrobromide	Tier 1	PA; QLL
TOSYMRA NASAL SOLUTION 10 MG/ACT		Special PA	PA; QLL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML		Special PA	PA; QLL
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	zolmitriptan	Special PA	PA; QLL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	zolmitriptan	Tier 1	QLL
*Selective Serotonin Agonists 5-Ht(1F)***			
REYVOW ORAL TABLET 100 MG, 50 MG		Special PA	PA; QLL; AL (Min 18 Years)
MINERALS & ELECTROLYTES			
*Bicarbonates***			
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %, 8.4 %</i>		Tier 1	
<i>tromethamine intravenous solution 30 meq/100ml</i>	Tham	Tier 1	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML	tromethamine	Tier 1	AL (Max 20 Years)
*Calcium Combinations***			
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Tier 2	PA; OTC
<i>calcium + vitamin d3 oral tablet 600-5 mg-mcg</i>		Tier 2	PA; OTC
<i>calcium 600/vitamin d oral tablet 600-10 mg-mcg</i>	One Vite Calcium + D3	Tier 2	PA; OTC
<i>calcium 600+d oral tablet 600-10 mg-mcg</i>	One Vite Calcium + D3	Tier 2	PA; OTC
<i>calcium carb-cholecalciferol oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Tier 2	PA; OTC
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	One Vite Calcium + D3	Tier 2	PA; OTC
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	Calcitrate	Tier 2	PA; OTC
<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i>	Citracal Petites/Vitamin D	Tier 2	PA; OTC
<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i>		Tier 2	PA; OTC
<i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%</i>		Tier 1	
<i>calcium high potency/vitamin d oral tablet 600-5 mg-mcg</i>		Tier 1	OTC
<i>kp calcium citrate+d oral tablet 315-6.25 mg-mcg</i>	Calcitrate	Tier 2	PA; OTC
<i>oyster shell calcium + d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Tier 2	PA; OTC
<i>oyster shell calcium plus d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Tier 2	PA; OTC
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Tier 2	PA; OTC
<i>oyster shell calcium/d oral tablet 500-5 mg-mcg</i>		Tier 2	PA; OTC
<i>oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg</i>		Tier 2	PA; OTC
<i>oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg</i>		Tier 2	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Tier 2	PA; OTC
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	One Vite Calcium + D3	Tier 2	PA; OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	Tier 2	PA; OTC
*Calcium***			
<i>calcium chloride intravenous solution 10 %</i>		Tier 1	
<i>calcium gluconate solution 10 % intravenous</i>		Tier 1	
<i>calcium gluconate solution 10 % intravenous</i>		Tier 1	PA
*Electrolytes & Dextrose***			
<i>dextrose 5%/electrolyte #48 intravenous solution</i>		Tier 1	
<i>dextrose in lactated ringers intravenous solution 5 %</i>		Tier 1	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>		Tier 1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>		Tier 1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>		Tier 1	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>		Tier 1	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>		Tier 1	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION		Tier 1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION		Tier 1	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION		Tier 1	
*Electrolytes Parenteral***			
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>		Tier 1	
<i>lactated ringers intravenous solution</i>		Tier 1	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	Plasma-Lyte 148	Tier 1	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	Plasma-Lyte A	Tier 1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>		Tier 1	
<i>ringers intravenous solution</i>		Tier 1	
ISOLYTE-S INTRAVENOUS SOLUTION		Tier 1	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION		Tier 1	
NORMOSOL-R INTRAVENOUS SOLUTION		Tier 1	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION		Tier 1	
PLASMA-LYTE A INTRAVENOUS SOLUTION	multiple electro type 1 ph 7.4	Tier 1	PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE		Tier 1	
*Fluoride***			
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	SoluVita	Tier 1	QLL; AL (Max 6 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>		Tier 1	QLL
SOLUVITA ORAL SOLUTION 0.5 MG/ML	sodium fluoride	Tier 1	QLL; AL (Max 6 Years); OTC
*Magnesium***			
<i>mag-g oral tablet 500 (27 mg) mg</i>		Tier 3	PA; AL (Max 20 Years); OTC
<i>magnesium chloride injection solution 200 mg/ml</i>		Tier 1	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>		Tier 1	
<i>magnesium sulfate injection solution 50 %</i>		Tier 1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>		Tier 1	
MAGONATE ORAL LIQUID 54 (MAG EQUIV) MG/5ML		Tier 3	PA; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Phosphate***			
<i>phos-nak oral packet 280-160-250 mg</i>		Tier 3	PA; AL (Max 20 Years); OTC
<i>phosphorous oral tablet 155-852-130 mg</i>	K-Phos-Neutral	Tier 1	
<i>potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml</i>		Tier 1	
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>		Tier 1	
<i>potassium phosphates-nacl intravenous solution 15 mmol/250ml</i>		Tier 1	
<i>sodium phosphates intravenous solution 15 mmole/5ml, 45 mmole/15ml</i>		Tier 3	PA; AL (Max 20 Years)
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	K-Phos-Neutral	Tier 1	
K-PHOS ORAL TABLET 500 MG		Tier 1	PA
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	Tier 1	PA
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	Tier 1	
*Potassium***			
<i>potassium acetate intravenous solution 2 meq/ml</i>		Tier 1	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	Tier 1	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	Klor-Con M15	Tier 1	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	Tier 1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		Tier 1	
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	Tier 1	
<i>potassium chloride er oral tablet extended release 15 meq, 20 meq</i>		Tier 1	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	Tier 1	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>		Tier 1	
<i>potassium chloride oral packet 20 meq</i>	Klor-Con	Tier 1	PA; QLL
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		Tier 1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride er	Tier 1	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride crys er	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	potassium chloride crys er	Tier 1	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	potassium chloride crys er	Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	potassium chloride	Tier 1	PA; QLL
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	potassium chloride er	Tier 1	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		Tier 1	
POKONZA ORAL PACKET 10 MEQ		Tier 1	PA; AL (Max 10 Years)
*Sodium***			
<i>sodium chloride (pf) injection solution 0.9 %</i>		Tier 1	
<i>sodium chloride granules</i>		Tier 1	QLL
<i>sodium chloride injection solution 2.5 meq/ml</i>		Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 4 meq/ml, 5 %</i>		Tier 1	
*Zinc***			
<i>zinc chloride intravenous solution 1 mg/ml</i>		Tier 1	
GALZIN ORAL CAPSULE 25 MG, 50 MG		Tier 1	
MISCELLANEOUS THERAPEUTIC CLASSES			
*Activated Phosphoinositide 3- Kinase Delta Syndrome Agent***			
JOENJA ORAL TABLET 70 MG		Tier 1	PA; QLL; AL (Min 12 Years)
*Antileprotics***			
THALOMID ORAL CAPSULE 100 MG, 50 MG		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*B-Lymphocyte Stimulator (Blys)-Specific Inhibitors***			
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML		Special PA	PA; QLL
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML		Special PA	PA; QLL
*Chelating Agents***			
<i>penicillamine oral capsule 250 mg</i>	Cuprimine	Tier 1	
<i>penicillamine oral tablet 250 mg</i>	Depen Titratabs	Tier 1	PA
<i>trientine hcl capsule 250 mg oral</i>	Syprine	Tier 1	
<i>trientine hcl capsule 500 mg oral</i>		Tier 1	PA; QLL
CUPRIMINE ORAL CAPSULE 250 MG	penicillamine	Tier 1	PA
CUVRIOR ORAL TABLET 300 MG		Tier 1	PA; QLL; AL (Min 18 Years)
DEPEN TITRATABS ORAL TABLET 250 MG	penicillamine	Tier 1	PA
SYPRINE ORAL CAPSULE 250 MG	trientine hcl	Tier 1	PA
*Colony Stimulating Factor-1 Receptor (Csf-1R) Antibodies**			
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML		Tier 1	PA
*Cyclosporine Analogs***			
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	Tier 1	
<i>cyclosporine modified oral capsule 50 mg</i>		Tier 1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	Tier 1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	Tier 1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	Tier 1	QLL
GENGRAF ORAL SOLUTION 100 MG/ML	cyclosporine modified	Tier 1	QLL
LUPKYNIS ORAL CAPSULE 7.9 MG		Special PA	PA; QLL; AL (Min 18 Years)
NEORAL ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	Tier 1	PA; QLL
NEORAL ORAL SOLUTION 100 MG/ML	cyclosporine modified	Tier 1	PA

Formulary Drug Name	Reference	Tiering	Restrictions
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	cyclosporine	Tier 1	PA; QLL
*Enzymes***			
HYLENEX INJECTION SOLUTION 150 UNIT/ML		Tier 1	QLL
*Farnesyltransferase Inhibitors***			
ZOKINVY ORAL CAPSULE 50 MG, 75 MG		Tier 1	PA; QLL; AL (Min 1 Years)
*Immune Globulin Immunosuppressants***			
ATGAM INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG		Tier 1	
*Immunomodulators - Combinations***			
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Immunomodulators For Myelodysplastic Syndromes***			
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	Tier 1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	Tier 1	PA
*Inosine Monophosphate Dehydrogenase Inhibitors***			
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	CellCept Intravenous	Tier 1	
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	CellCept Intravenous	Tier 1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	Tier 1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	Tier 1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	Tier 1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	Tier 1	
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	mycophenolate mofetil	Tier 1	PA
CELLCEPT ORAL CAPSULE 250 MG	mycophenolate mofetil	Tier 1	PA; QLL
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	mycophenolate mofetil	Tier 1	PA; QLL
CELLCEPT ORAL TABLET 500 MG	mycophenolate mofetil	Tier 1	PA; QLL
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	mycophenolate sodium	Tier 1	PA
MYHIBBIN ORAL SUSPENSION 200 MG/ML		Tier 1	PA; QLL
*Irrigation Solutions***			
<i>lactated ringers irrigation solution</i>		Tier 1	
<i>ringers irrigation irrigation solution</i>	Tis-U-Sol	Tier 1	
<i>sterile water for irrigation irrigation solution</i>	Argyle Sterile Water	Tier 1	
<i>water for irrigation, sterile irrigation solution</i>	Argyle Sterile Water	Tier 1	
PHYSIOLYTE IRRIGATION SOLUTION		Tier 1	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION		Tier 1	
TIS-U-SOL IRRIGATION SOLUTION	ringers irrigation	Tier 1	
*Macrolide Immunosuppressants***			
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Zortress	Tier 1	QLL
<i>sirolimus oral solution 1 mg/ml</i>		Tier 1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		Tier 1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	Tier 1	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG		Tier 1	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		Tier 1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	tacrolimus	Tier 1	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG		Tier 1	AL (Max 6 Years)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	everolimus	Tier 1	PA; QLL
*Monoclonal Antibodies***			
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Tier 1	PA; QLL; AL (Min 18 Years)
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML		Tier 1	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG		Tier 1	
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML		Tier 1	PA; QLL
*Neonatal Fc Receptor (FcRn) Antagonists***			
RYSTIGGO SOLUTION 280 MG/2ML SUBCUTANEOUS		Tier 1	PA; QLL; AL (Min 18 Years)
RYSTIGGO SOLUTION 420 MG/3ML SUBCUTANEOUS		Tier 3	PA; QLL; AL (Min 18 Years)
RYSTIGGO SOLUTION 560 MG/4ML SUBCUTANEOUS		Tier 3	PA; QLL; AL (Min 18 Years)
RYSTIGGO SOLUTION 840 MG/6ML SUBCUTANEOUS		Tier 3	PA; QLL; AL (Min 18 Years)
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Pik3ca-Related Overgrowth Spectrum Agents - Pi3k Inhib***			
VIJOICE ORAL PACKET 50 MG		Tier 1	PA; QLL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG		Tier 1	PA; QLL
*Potassium Removing Agents***			
<i>sodium polystyrene sulfonate oral powder</i>		Tier 1	
KIONEX COMBINATION SUSPENSION 15 GM/60ML		Tier 1	
LOKELMA ORAL PACKET 10 GM, 5 GM		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		Tier 1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML		Tier 1	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		Tier 1	PA; QLL
*Purine Analogs***			
<i>azathioprine powder</i>		Tier 1	QLL
<i>azathioprine sodium injection solution reconstituted 100 mg</i>		Tier 1	
<i>azathioprine tablet 100 mg oral</i>	Azasan	Tier 1	
<i>azathioprine tablet 50 mg oral</i>	Imuran	Tier 1	
<i>azathioprine tablet 75 mg oral</i>	Azasan	Tier 1	QLL
AZASAN TABLET 100 MG ORAL	azathioprine	Tier 1	
AZASAN TABLET 75 MG ORAL	azathioprine	Tier 1	QLL
IMURAN ORAL TABLET 50 MG	azathioprine	Tier 1	PA
*Rock Inhibitors***			
REZUROCK ORAL TABLET 200 MG		Tier 1	PA; QLL; AL (Min 12 Years)
*Selective T-Cell Costimulation Blockers***			
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG		Tier 1	
*Type I Interferon (Ifn) Receptor Antagonists***			
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML		Special PA	PA; QLL; AL (Min 18 Years)
MOUTH/THROAT/DENTAL AGENTS			
*Anesthetics Topical Oral***			
<i>lidocaine hcl mouth/throat solution 4 %</i>		Tier 1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		Tier 1	
*Anti-Infectives - Throat***			
<i>amphotericin b powder</i>		Tier 1	QLL
<i>clotrimazole mouth/throat troche 10 mg</i>		Tier 1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Antiseptics - Mouth/Throat***			
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	Tier 1	QLL
*Dental Products - Combinations***			
<i>denta 5000 plus sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	Tier 1	QLL; AL (Min 6 Years)
<i>sod fluoride-potassium nitrate dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	Tier 1	QLL; AL (Min 6 Years)
<i>sodium fluoride 5000 enamel dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	Tier 1	QLL; AL (Min 6 Years)
<i>sodium fluoride 5000 sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	Tier 1	QLL; AL (Min 6 Years)
*Fluoride Dental Products***			
<i>fraiche 5000 dental dental gel 1.1 %</i>	DentaGel	Tier 1	QLL
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	Tier 1	QLL; AL (Max 20 Years)
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Denta 5000 Plus	Tier 1	QLL; AL (Max 20 Years)
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	DentaGel	Tier 1	QLL; AL (Min 6 Years and Max 20 Years)
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	Clinpro 5000	Tier 1	QLL; AL (Min 6 Years and Max 20 Years)
<i>sodium fluoride dental gel 1.1 %</i>	DentaGel	Tier 1	QLL; AL (Min 6 Years and Max 20 Years)
<i>sodium fluoride mouth/throat solution 0.2 %</i>	PreviDent	Tier 1	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	sodium fluoride 5000 plus	Tier 1	QLL
DENTAGEL DENTAL GEL 1.1 %	fraiche 5000 dental	Tier 1	QLL; AL (Min 6 Years and Max 20 Years)
*Saliva Stimulants***			
<i>cevimeline hcl oral capsule 30 mg</i>	Evoxac	Tier 1	QLL
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	Tier 1	
EVOXAC ORAL CAPSULE 30 MG	cevimeline hcl	Tier 1	PA; QLL
*Steroids - Mouth/Throat/Dental***			
<i>triamcinolone acetanide mouth/throat paste 0.1 %</i>	Oralone	Tier 1	QLL
ORALONE MOUTH/THROAT PASTE 0.1 %	triamcinolone acetanide	Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
MULTIVITAMINS			
*B-Complex W/ C & Folic Acid***			
<i>mi-vite rx oral tablet 1 mg</i>	Dialyvite	Tier 1	
*Multiple Vitamins W/ Minerals***			
DEKAS PLUS ORAL CAPSULE	50+ adult eye health	Tier 3	PA; QLL; AL (Max 20 Years); OTC
DEKAS PLUS ORAL TABLET CHEWABLE	a thru z select	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	50+ adult eye health	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	50+ adult eye health	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	50+ adult eye health	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION ORAL CAPSULE	50+ adult eye health	Tier 3	PA; QLL; AL (Max 20 Years); OTC
PHLEXY-VITS ORAL POWDER	c-buff	Tier 1	OTC
*Multivitamins***			
<i>dekas essential oral capsule</i>	Chlorocaps	Tier 3	PA; QLL; AL (Max 20 Years); OTC
<i>dekas essential oral liquid</i>	Dialyvite 800	Tier 3	PA; QLL; AL (Max 20 Years); OTC
*Ped Multiple Vitamins W/ Minerals***			
DEKAS PLUS ORAL LIQUID	mvw hi-d drops w/extra vit d	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	childrens gummies	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	childrens gummies	Tier 3	PA; QLL; AL (Max 20 Years); OTC
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	childrens gummies	Tier 3	PA; QLL; AL (Max 20 Years); OTC
*Prenatal Mv & Min W/Fe-Fa***			
<i>c-nate dha oral capsule 28-1-200 mg</i>	Viva DHA	Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>completenate oral tablet chewable 29-1 mg</i>		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>m-natal plus oral tablet 27-1 mg</i>	NeoNatal Plus	Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>pnv-omega oral capsule 28-0.6-0.4-340 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>pnv-select oral tablet 27-0.6-0.4 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>prenatal oral tablet 27-1 mg</i>	NeoNatal Plus	Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	NeoNatal Plus	Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>se-natal 19 oral tablet 29-1 mg</i>		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>wescap-c dha oral capsule 53.5-38-1 mg</i>	Concept DHA	Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
<i>wesnate dha oral capsule 28-1-200 mg</i>	Viva DHA	Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>westab plus oral tablet 27-1 mg</i>	NeoNatal Plus	Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
CITRANATAL B-CALM ORAL 20-1 MG & 2 X 25 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
ELITE-OB ORAL TABLET 50-1.25 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
ENBRACE HR ORAL CAPSULE		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
FOLIVANE-OB ORAL CAPSULE 85-1 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
NESTABS DHA ORAL 32-1 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
NESTABS ORAL TABLET 32-1 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
OB COMPLETE ONE ORAL CAPSULE 50-1-476 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
OB COMPLETE ORAL TABLET 50-1.25 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
OB COMPLETE PETITE ORAL CAPSULE 35-5-1-200 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
OB COMPLETE/DHA ORAL CAPSULE 30-10-1-200 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRIMACARE ORAL CAPSULE 30-1-470 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG, 29-1 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
TARON-C DHA ORAL CAPSULE 35-1 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
VITAFOL GUMMIES ORAL TABLET CHEWABLE 3.33-0.333-34.8 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
VITAFOL-OB ORAL TABLET		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha oral 29-1-200 & 200 mg</i>		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>wesnatal dha complete oral 29-1-200 & 200 mg</i>		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
*Prenatal Mv & Min W/Fe-Fa-Dha***			
<i>pnv-dha oral capsule 27-0.6-0.4-300 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>pnv-dha+docusate oral capsule 27-1.25-300 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>prenaissance plus oral capsule 28-1-250 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>tristart dha oral capsule 31-0.6-0.4-200 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>wescap-pn dha oral capsule 27-0.6-0.4-300 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
<i>westgel dha oral capsule 31-0.6-0.4-200 mg</i>		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
CITRANATAL 90 DHA ORAL 90-1 & 300 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
CITRANATAL ASSURE ORAL 35-1 & 300 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
NESTABS ONE ORAL CAPSULE 38-1-225 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
SELECT-OB+DHA ORAL 29-1 & 250 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
VITAFOL ULTRA ORAL CAPSULE 29-0.6-0.4-200 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
VITAFOL-OB+DHA ORAL 65-1 & 250 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
VITAFOL-ONE ORAL CAPSULE 29-1-200 MG		Tier 1	Female Only; AL (Min 10 Years and Max 50 Years)
*Prenatal Mv & Minerals W/Fa Without Iron***			
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
*Prenatal Vitamins***			
PRENATE AM ORAL TABLET 1 MG		Tier 2	PA; Female Only; AL (Min 10 Years and Max 50 Years)
MUSCULOSKELETAL THERAPY AGENTS			
*Central Muscle Relaxants***			
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	Gablofen	Tier 1	
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	Gablofen	Tier 1	
<i>baclofen oral solution 10 mg/5ml</i>	Ozobax DS	Special PA	PA; AL (Max 10 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>baclofen oral solution 5 mg/5ml</i>		Special PA	PA; AL (Max 10 Years)
<i>baclofen oral suspension 25 mg/5ml</i>	Fleqsuvy	Special PA	PA; AL (Max 10 Years)
<i>baclofen powder</i>		Tier 1	QLL
<i>baclofen refill kit-synchromed intrathecal kit 40 mg/20ml</i>		Tier 1	
<i>baclofen tablet 10 mg oral</i>		Tier 1	
<i>baclofen tablet 15 mg oral</i>		Special PA	PA
<i>baclofen tablet 20 mg oral</i>		Tier 1	
<i>baclofen tablet 5 mg oral</i>		Special PA	PA
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Soma	Special PA	PA; QLL
<i>chlorzoxazone tablet 250 mg oral</i>		Special PA	PA
<i>chlorzoxazone tablet 375 mg oral</i>		Special PA	PA; QLL
<i>chlorzoxazone tablet 500 mg oral</i>		Tier 1	
<i>chlorzoxazone tablet 750 mg oral</i>		Special PA	PA; QLL
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Amrix	Special PA	PA; QLL
<i>cyclobenzaprine hcl tablet 10 mg oral</i>		Tier 1	
<i>cyclobenzaprine hcl tablet 5 mg oral</i>		Tier 1	
<i>cyclobenzaprine hcl tablet 7.5 mg oral</i>	Fexmid	Special PA	PA; QLL
<i>metaxalone tablet 400 mg oral</i>		Tier 2	PA
<i>metaxalone tablet 640 mg oral</i>		Special PA	PA; QLL
<i>metaxalone tablet 800 mg oral</i>		Tier 2	PA
<i>methocarbamol injection solution 1000 mg/10ml</i>	Robaxin	Tier 1	
<i>methocarbamol tablet 1000 mg oral</i>	Tanlor	Tier 1	PA
<i>methocarbamol tablet 500 mg oral</i>		Tier 1	
<i>methocarbamol tablet 750 mg oral</i>		Tier 1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		Tier 1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>		Tier 1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>		Special PA	PA
<i>tizanidine hcl oral tablet 2 mg</i>		Tier 1	
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	Tier 1	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	cyclobenzaprine hcl er	Special PA	PA; QLL
FEXMID ORAL TABLET 7.5 MG	cyclobenzaprine hcl	Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	baclofen	Special PA	PA; AL (Max 10 Years)
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML		Tier 1	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 50 MCG/ML	baclofen	Tier 1	
GABLOFEN SOLUTION 10000 MCG/20ML INTRATHECAL	baclofen	Tier 1	
GABLOFEN SOLUTION 20000 MCG/20ML INTRATHECAL	baclofen	Tier 1	PA
GABLOFEN SOLUTION 40000 MCG/20ML INTRATHECAL	baclofen	Tier 1	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG		Special PA	PA; QLL; AL (Max 10 Years)
ROBAXIN INJECTION SOLUTION 1000 MG/10ML	methocarbamol	Tier 1	PA
SOMA ORAL TABLET 250 MG, 350 MG	carisoprodol	Special PA	PA; QLL
TANLOR ORAL TABLET 1000 MG	methocarbamol	Tier 1	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	tizanidine hcl	Special PA	PA
ZANAFLEX ORAL TABLET 4 MG	tizanidine hcl	Tier 1	PA
*Direct Muscle Relaxants***			
<i>dantrolene sodium intravenous solution reconstituted 20 mg</i>	Revonto	Tier 1	
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		Tier 1	
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	Tier 1	
DANTRIUM ORAL CAPSULE 25 MG	dantrolene sodium	Tier 1	PA
REVONTO INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	dantrolene sodium	Tier 1	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG		Tier 1	
*Muscle Relaxant Combinations***			
<i>norgesic forte oral tablet 50-770-60 mg</i>	Orphengesic Forte	Special PA	PA; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Norgesic	Special PA	PA; AL (Min 12 Years)
NORGESIC ORAL TABLET 25-385-30 MG	orphenadrine-aspirin-caffeine	Special PA	PA; AL (Min 12 Years)
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	norgesic forte	Special PA	PA; AL (Min 12 Years)
*Retinoic Acid Receptor Gamma Selective Agonists***			
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG		Tier 1	PA; QLL; AL (Min 8 Years)
NASAL AGENTS - SYSTEMIC AND TOPICAL			
*Antihistamine-Steroid***			
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Dymista	Tier 3	PA; QLL
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	azelastine-fluticasone	Tier 3	PA; QLL
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT		Tier 3	PA; QLL; AL (Min 12 Years)
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		Tier 1	QLL
*Nasal Antihistamines***			
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>		Tier 1	QLL
<i>olopatadine hcl nasal solution 0.6 %</i>		Tier 2	PA; QLL
*Nasal Steroids***			
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		Tier 3	PA; QLL
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	Flonase Allergy Rel Childrens	Tier 1	QLL
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex 24HR	Tier 2	PA; QLL
OMNARIS NASAL SUSPENSION 50 MCG/ACT		Tier 1	QLL
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT		Tier 3	PA; QLL; AL (Min 4 Years and Max 11 Years)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT		Tier 3	PA; QLL
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT		Tier 3	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Systemic Decongestants***			
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	12 hour decongestant	Tier 1	PA; AL (Max 20 Years); OTC
NEUROMUSCULAR AGENTS			
*Als Agents - Antisense Oligonucleotides***			
QALSODY INTRATHECAL SOLUTION 100 MG/15ML		Tier 1	PA; QLL; AL (Min 18 Years)
*Als Agents - Miscellaneous***			
<i>edaravone intravenous solution 30 mg/100ml</i>	Radicava	Tier 1	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	edaravone	Tier 1	PA
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML		Tier 1	PA; QLL
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML		Tier 1	PA; QLL
*Benzothiazoles***			
<i>riluzole oral tablet 50 mg</i>		Tier 1	PA; QLL
TIGLUTIK ORAL SUSPENSION 50 MG/10ML		Tier 1	PA; QLL
*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***			
SKYCLARYS ORAL CAPSULE 50 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Muscular Dystrophy - Gene Therapy Agents***			
<i>amondys 45 intravenous solution 100 mg/2ml</i>		Tier 1	PA
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT 10 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT 11 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT 12 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT 13 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML		Tier 1	PA; AL (Min 4 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT 15 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT 16 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT 17 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT 18 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT 19 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT 20 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT 21 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT 22 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT 23 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT 24 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT 26 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT 27 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT 28 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT 29 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 29.5-30.4 KG INTRAVENOUS KIT 30 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 30.5-31.4 KG INTRAVENOUS KIT 31 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 31.5-32.4 KG INTRAVENOUS KIT 32 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 32.5-33.4 KG INTRAVENOUS KIT 33 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 33.5-34.4 KG INTRAVENOUS KIT 34 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 34.5-35.4 KG INTRAVENOUS KIT 35 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT 36 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 36.5-37.4 KG INTRAVENOUS KIT 37 X 10 ML		Tier 1	PA; AL (Min 4 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ELEVIDYS 37.5-38.4 KG INTRAVENOUS KIT 38 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 38.5-39.4 KG INTRAVENOUS KIT 39 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 39.5-40.4 KG INTRAVENOUS KIT 40 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 40.5-41.4 KG INTRAVENOUS KIT 41 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 41.5-42.4 KG INTRAVENOUS KIT 42 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 42.5-43.4 KG INTRAVENOUS KIT 43 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 43.5-44.4 KG INTRAVENOUS KIT 44 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 44.5-45.4 KG INTRAVENOUS KIT 45 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 45.5-46.4 KG INTRAVENOUS KIT 46 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 46.5-47.4 KG INTRAVENOUS KIT 47 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 47.5-48.4 KG INTRAVENOUS KIT 48 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 48.5-49.4 KG INTRAVENOUS KIT 49 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 49.5-50.4 KG INTRAVENOUS KIT 50 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 50.5-51.4 KG INTRAVENOUS KIT 51 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 51.5-52.4 KG INTRAVENOUS KIT 52 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 52.5-53.4 KG INTRAVENOUS KIT 53 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 53.5-54.4 KG INTRAVENOUS KIT 54 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 54.5-55.4 KG INTRAVENOUS KIT 55 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 55.5-56.4 KG INTRAVENOUS KIT 56 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 56.5-57.4 KG INTRAVENOUS KIT 57 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT 58 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 58.5-59.4 KG INTRAVENOUS KIT 59 X 10 ML		Tier 1	PA; AL (Min 4 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ELEVIDYS 59.5-60.4 KG INTRAVENOUS KIT 60 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 60.5-61.4 KG INTRAVENOUS KIT 61 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 61.5-62.4 KG INTRAVENOUS KIT 62 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 62.5-63.4 KG INTRAVENOUS KIT 63 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 63.5-64.4 KG INTRAVENOUS KIT 64 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 64.5-65.4 KG INTRAVENOUS KIT 65 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 65.5-66.4 KG INTRAVENOUS KIT 66 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 66.5-67.4 KG INTRAVENOUS KIT 67 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 67.5-68.4 KG INTRAVENOUS KIT 68 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 68.5-69.4 KG INTRAVENOUS KIT 69 X 10 ML		Tier 1	PA; AL (Min 4 Years)
ELEVIDYS 69.5 KG PLUS INTRAVENOUS KIT 70 X 10 ML		Tier 1	PA; AL (Min 4 Years)
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML		Tier 1	PA
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML		Tier 1	PA
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML		Tier 1	PA
*Muscular Dystrophy - Histone Deacetylase Inhibitors**			
DUVYZAT ORAL SUSPENSION 8.86 MG/ML		Tier 1	PA; QLL; AL (Min 6 Years)
*Nondepolarizing Muscle Relaxants***			
<i>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</i>		Tier 1	
<i>cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml</i>		Tier 1	
<i>cisatracurium besylate intravenous solution 20 mg/10ml</i>		Tier 1	
<i>rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg</i>		Tier 1	
*Rett Syndrome Agents - Glycine-Proline-Glutamate Analogs***			
DAYBUE ORAL SOLUTION 200 MG/ML		Tier 1	PA; QLL; AL (Min 2 Years)
*Spinal Muscular Atrophy-Antisense Oligonucleotides***			
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML		Tier 1	PA
*Spinal Muscular Atrophy-Gene Therapy Agents***			
ZOLGENSMA 20.6-21.0 KG INTRAVENOUS KIT 14X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT 7X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT 2X5.5ML & 6X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT 1X5.5ML & 7X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT 8X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT 2X5.5ML & 7X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT 1X5.5ML & 8X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT 9X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 13.6-14.0 KG INTRAVENOUS KIT 2X5.5ML & 8X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 14.1-14.5 KG INTRAVENOUS KIT 1X5.5ML & 9X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 14.6-15.0 KG INTRAVENOUS KIT 10X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 15.1-15.5 KG INTRAVENOUS KIT 2X5.5ML & 9X8.3ML		Tier 1	PA; AL (Max 1 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ZOLGENSMA 15.6-16.0 KG INTRAVENOUS KIT 1X5.5ML & 10X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 16.1-16.5 KG INTRAVENOUS KIT 11X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 16.6-17.0 KG INTRAVENOUS KIT 2X5.5ML & 10X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 17.1-17.5 KG INTRAVENOUS KIT 1X5.5ML & 11X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 17.6-18.0 KG INTRAVENOUS KIT 12X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 18.1-18.5 KG INTRAVENOUS KIT 2X5.5ML & 11X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 18.6-19.0 KG INTRAVENOUS KIT 1X5.5ML & 12X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 19.1-19.5 KG INTRAVENOUS KIT 13X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 19.6-20.0 KG INTRAVENOUS KIT 2X5.5ML & 12X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT 2X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 20.1-20.5 KG INTRAVENOUS KIT 1X5.5ML & 13X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT 2X5.5ML & 1X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT 1X5.5ML & 2X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT 3X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT 2X5.5ML & 2X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT 1X5.5ML & 3X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT 4X8.3 ML		Tier 1	PA; AL (Max 1 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT 2X5.5ML & 3X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT 1X5.5ML & 4X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT 5X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT 2X5.5ML & 4X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT 1X5.5ML & 5X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT 6X8.3 ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT 2X5.5ML & 5X8.3ML		Tier 1	PA; AL (Max 1 Years)
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT 1X5.5ML & 6X8.3ML		Tier 1	PA; AL (Max 1 Years)
*Spinal Muscular Atrophy-Smn2 Splicing Modifiers***			
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML		Tier 1	PA; QLL
EVRYSDI ORAL TABLET 5 MG		Tier 1	PA; QLL; AL (Min 2 Years)
NUTRIENTS			
*Amino Acid Mixtures***			
<i>pku golike plus 16+ oral packet</i>	Phenylade Amino Acid Blend	Tier 1	OTC
<i>pku golike plus 4-16 oral packet</i>	Phenylade Amino Acid Blend	Tier 1	OTC
PERIFLEX LQ PKU ORAL LIQUID		Tier 1	PA; OTC
PHENYLADE AMINO ACID BLEND ORAL PACKET	pku golike plus 16+	Tier 1	PA; OTC
PHENYLADE AMINO ACID ORAL BAR	pku golike 5g p.e.	Tier 1	PA; OTC
PHENYLADE MTE AMINO ACID BLEND ORAL PACKET	pku golike plus 16+	Tier 1	PA; OTC
PHENYLADE MTE AMINO ACID BLEND ORAL POWDER	nutrasentials	Tier 1	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PHENYLADE MTE ORAL POWDER	nutrasententials	Tier 1	PA; OTC
PHENYLADE ORAL POWDER	nutrasententials	Tier 1	PA; OTC
PHENYLADE PHEBLOC ORAL POWDER	nutrasententials	Tier 1	PA; OTC
PHENYLADE PHEBLOC ORAL TABLET	amino action	Tier 1	PA; OTC
PHENYLADE40 DRINK MIX ORAL PACKET	pku golike plus 16+	Tier 1	PA; OTC
PHLEXY-10 ORAL TABLET	amino action	Tier 1	PA; OTC
PKU GOLIKE 10G P.E. ORAL BAR	pku golike 5g p.e.	Tier 1	OTC
PKU MAXAMUM ORAL POWDER	nutrasententials	Tier 1	PA; OTC
PROSOL INTRAVENOUS SOLUTION 20 %		Tier 1	
XPHE MAXAMUM ORAL PACKET	pku golike plus 16+	Tier 1	PA; OTC
*Amino Acids-Single***			
ELCYS INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
*Carbohydrates***			
<i>dextrose intravenous solution 10 %, 20 %, 250 mg/ml, 30 %, 40 %, 5 %, 50 %, 70 %</i>		Tier 1	
*Lipids***			
DOJOLVI ORAL LIQUID 100 %		Tier 3	PA; AL (Max 21 Years)
MCT OIL ORAL OIL	organic mct oil	Tier 3	PA; AL (Max 20 Years); OTC
OPHTHALMIC AGENTS			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		Tier 1	QLL
*Artificial Tear And Lubricant Combinations***			
REFRESH P.M. OPHTHALMIC OINTMENT	cvs dry-eye relief nighttime	Tier 1	PA; AL (Max 20 Years); OTC
*Beta-Blockers - Ophthalmic Combinations***			
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	Tier 1	QLL; AL (Min 3 Years); Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	Tier 1	QLL
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Cosopt PF	Tier 2	PA; QLL
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	brimonidine tartrate-timolol	Tier 1	QLL; AL (Min 3 Years); Brand Preferred
COSOPT OPHTHALMIC SOLUTION 2-0.5 %	dorzolamide hcl-timolol mal	Tier 1	PA; QLL
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	dorzolamide hcl-timolol mal pf	Tier 2	PA; QLL
*Beta-Blockers - Ophthalmic***			
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		Tier 2	PA; QLL
<i>carteolol hcl ophthalmic solution 1 %</i>		Tier 1	QLL
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		Tier 1	QLL
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	Betimol	Tier 2	PA
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Istalol	Special PA	PA; QLL
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		Tier 2	PA; QLL
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		Tier 1	QLL
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	Timoptic Ocudose	Special PA	PA; QLL
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Timolol Maleate Ocudose	Special PA	PA; QLL
BETIMOL OPHTHALMIC SOLUTION 0.25 %		Tier 2	PA
BETIMOL OPHTHALMIC SOLUTION 0.5 %	timolol hemihydrate	Tier 2	PA
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %		Tier 1	
ISTALOL OPHTHALMIC SOLUTION 0.5 %	timolol maleate (once-daily)	Special PA	PA; QLL
TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %	timolol maleate pf	Special PA	PA; QLL
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	timolol maleate pf	Special PA	PA; QLL
*Cholinergic Agonists***			
TYRVAYA NASAL SOLUTION 0.03 MG/ACT		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Cycloplegic Mydriatic Combinations***			
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 %		Tier 1	
*Cycloplegic Mydriatics***			
<i>atropine sulfate ophthalmic solution 1 %</i>		Tier 1	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	Tier 1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	Altafrin	Tier 1	
<i>tropicamide ophthalmic solution 0.5 %</i>		Tier 1	
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	Tier 1	
CYCLOGYL SOLUTION 0.5 % OPHTHALMIC		Tier 1	
CYCLOGYL SOLUTION 1 % OPHTHALMIC	cyclopentolate hcl	Tier 1	PA
CYCLOGYL SOLUTION 2 % OPHTHALMIC		Tier 1	
MYDRIACYL OPHTHALMIC SOLUTION 1 %	tropicamide	Tier 1	PA
*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***			
XIIDRA OPHTHALMIC SOLUTION 5 %		Tier 1	PA; QLL; AL (Min 17 Years)
*Miotics - Cholinesterase Inhibitors***			
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %		Tier 1	QLL
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		Tier 1	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG		Tier 1	
MIOSTAT INTRAOCULAR SOLUTION 0.01 %		Tier 1	QLL
VUITY OPHTHALMIC SOLUTION 1.25 %		Tier 1	PA
*Ophthalmic Antiallergic***			
<i>azelastine hcl ophthalmic solution 0.05 %</i>		Tier 2	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Bepreve	Tier 3	PA; QLL
<i>cromolyn sodium ophthalmic solution 4 %</i>		Tier 1	QLL
<i>epinastine hcl ophthalmic solution 0.05 %</i>		Tier 2	PA; QLL
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Tier 3	PA; QLL; OTC
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	Pataday	Tier 2	PA; QLL; OTC
<i>eye itch relief ophthalmic solution 0.035 %</i>	Alaway	Tier 1	QLL; AL (Max 20 Years); OTC
<i>ft eye allergy itch & redness ophthalmic solution 0.1 %</i>	Pataday	Tier 2	PA; QLL; OTC
<i>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Tier 3	PA; QLL; OTC
<i>gnp olopatadine hcl solution 0.1 % ophthalmic</i>	Pataday	Tier 2	PA; QLL; OTC
<i>gnp olopatadine hcl solution 0.2 % ophthalmic</i>	Pataday	Tier 3	PA; QLL; OTC
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Tier 3	PA; QLL; OTC
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Pataday	Tier 2	PA; QLL; OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Alaway	Tier 1	QLL; AL (Max 20 Years); OTC
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Pataday	Tier 2	PA; QLL
<i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i>	Pataday	Tier 2	PA; QLL
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Pataday	Tier 3	PA; QLL
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	Tier 3	PA; QLL; OTC
ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION 0.035 %	eye itch relief	Tier 1	QLL; AL (Max 20 Years); OTC
ALAWAY OPHTHALMIC SOLUTION 0.035 %	eye itch relief	Tier 1	QLL; AL (Max 20 Years); OTC
ALOMIDE OPHTHALMIC SOLUTION 0.1 %		Tier 3	PA; QLL
BEPREVE OPHTHALMIC SOLUTION 1.5 %	bepotastine besilate	Tier 3	PA; QLL
PATADAY SOLUTION 0.1 % OPHTHALMIC	eye allergy itch/redness rel	Tier 2	PA; QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PATADAY SOLUTION 0.2 % OPHTHALMIC (OTC)	eye allergy itch relief	Tier 3	PA; QLL; OTC
PATADAY SOLUTION 0.7 % OPHTHALMIC		Tier 2	PA; QLL; OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	eye itch relief	Tier 1	PA; QLL; AL (Max 20 Years); OTC
ZERVIAE OPHTHALMIC SOLUTION 0.24 %		Tier 3	PA; QLL
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		Tier 2	PA; QLL
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		Tier 1	QLL
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		Tier 1	QLL
<i>gatifloxacin ophthalmic solution 0.5 %</i>		Tier 2	PA; QLL
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		Tier 1	
<i>levofloxacin ophthalmic solution 0.5 %</i>		Tier 1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	Tier 1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	Tier 1	
<i>tobramycin ophthalmic solution 0.3 %</i>		Tier 1	
AZASITE OPHTHALMIC SOLUTION 1 %		Tier 1	QLL
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		Tier 1	
CILOXAN OINTMENT 0.3 % OPHTHALMIC		Tier 1	QLL
CILOXAN OINTMENT 0.3 % OPHTHALMIC		Tier 2	PA; QLL
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	ofloxacin	Tier 1	PA
TOBREX OPHTHALMIC OINTMENT 0.3 %		Tier 1	QLL
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	moxifloxacin hcl	Tier 1	PA
*Ophthalmic Antifungal***			
NATACYN OPHTHALMIC SUSPENSION 5 %		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	Polycin	Tier 1	QLL
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	Neo-Polycin	Tier 1	QLL
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		Tier 2	PA
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		Tier 1	QLL
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	neomycin-bacitracin zn-polymyx	Tier 1	QLL
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	Tier 1	QLL
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic solution 1 %</i>		Tier 1	QLL
ZIRGAN OPHTHALMIC GEL 0.15 %		Tier 1	
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	Tier 1	PA; QLL; Brand Preferred
<i>dorzolamide hcl ophthalmic solution 2 %</i>		Tier 1	QLL
AZOPT OPHTHALMIC SUSPENSION 1 %	brinzolamide	Tier 1	QLL; Brand Preferred
*Ophthalmic Diagnostic Products***			
<i>ak-fluor intravenous solution 10 %</i>	Fluorescite	Tier 1	
<i>fluorescein intravenous solution 10 %</i>	Fluorescite	Tier 1	
<i>fluorescein sodium intravenous solution 25 %</i>		Tier 1	
FLUORESCITE INTRAVENOUS SOLUTION 10 %	ak-fluor	Tier 1	PA
FLUOR-I-STRIPS A.T. OPHTHALMIC STRIP 1 MG		Tier 1	
GLOSTRIPS OPHTHALMIC STRIP 1 MG		Tier 1	
*Ophthalmic Ectoparasiticide**			
XDEMZY OPHTHALMIC SOLUTION 0.25 %		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmic Gene Therapy***			
LUXTURN A INTRAOCULAR SUSPENSION 5000000000000 VG/ML		Tier 1	PA; QLL; AL (Min 4 Years)
*Ophthalmic Hyperosmolar Products***			
MURO 128 OPHTHALMIC SOLUTION 5 %	cvs sodium chloride	Tier 3	PA; AL (Max 20 Years); OTC
*Ophthalmic Immunomodulators***			
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	Tier 1	QLL
CEQUA OPHTHALMIC SOLUTION 0.09 %		Tier 1	PA; QLL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	cyclosporine	Tier 1	PA; QLL
RESTASIS OPHTHALMIC EMULSION 0.05 %	cyclosporine	Tier 1	QLL
VERKAZIA OPHTHALMIC EMULSION 0.1 %		Tier 1	PA; QLL
VEVYE OPHTHALMIC SOLUTION 0.1 %		Tier 1	PA; QLL; AL (Min 18 Years)
*Ophthalmic Irrigation Solutions***			
BSS INTRAOCULAR SOLUTION		Tier 1	
BSS PLUS INTRAOCULAR SOLUTION		Tier 1	
*Ophthalmic Kinase Inhibitors - Combinations***			
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		Tier 1	QLL
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Alcaine	Tier 1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	Altacaine	Tier 1	
AKTEN OPHTHALMIC GEL 3.5 %		Tier 1	
ALCAINE OPHTHALMIC SOLUTION 0.5 %	proparacaine hcl	Tier 1	PA
*Ophthalmic Nerve Growth Factors***			
OXERVATE OPHTHALMIC SOLUTION 0.002 %		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		Tier 2	PA; QLL
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Prolensa	Tier 2	PA; QLL
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	BromSite	Tier 2	PA; QLL
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		Tier 1	QLL
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		Tier 1	QLL
<i>ketorolac tromethamine solution 0.4 % ophthalmic</i>	Acular LS	Tier 2	PA; QLL
<i>ketorolac tromethamine solution 0.5 % ophthalmic</i>	Acular	Tier 1	
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	ketorolac tromethamine	Tier 2	PA; QLL
ACULAR OPHTHALMIC SOLUTION 0.5 %	ketorolac tromethamine	Tier 1	PA
ACUVAIL OPHTHALMIC SOLUTION 0.45 %		Tier 2	PA; QLL
BROMSITE OPHTHALMIC SOLUTION 0.075 %	bromfenac sodium	Tier 2	PA; QLL
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		Tier 2	PA; QLL
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		Tier 2	PA; QLL
PROLENSA OPHTHALMIC SOLUTION 0.07 %	bromfenac sodium	Tier 2	PA; QLL
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		Tier 1	QLL
*Ophthalmic Selective Alpha Adrenergic Agonists***			
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		Tier 2	PA; QLL
<i>brimonidine tartrate solution 0.1 % ophthalmic</i>	Alphagan P	Tier 1	QLL; AL (Min 3 Years); Brand Preferred
<i>brimonidine tartrate solution 0.15 % ophthalmic</i>	Alphagan P	Special PA	PA; QLL; AL (Min 3 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>brimonidine tartrate solution 0.2 % ophthalmic</i>		Tier 1	QLL; AL (Min 3 Years)
ALPHAGAN P SOLUTION 0.1 % OPHTHALMIC	brimonidine tartrate	Tier 1	QLL; AL (Min 3 Years); Brand Preferred
ALPHAGAN P SOLUTION 0.15 % OPHTHALMIC	brimonidine tartrate	Special PA	PA; QLL; AL (Min 3 Years)
IOPIDINE OPHTHALMIC SOLUTION 1 %		Tier 2	PA
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	Neo-Polycin HC	Tier 1	QLL
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	Tier 1	QLL
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	Tier 1	QLL
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		Tier 2	PA; QLL
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		Tier 1	QLL
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1	neomycin-polymyxin- dexameth	Tier 1	PA; QLL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	neomycin-polymyxin- dexameth	Tier 1	PA; QLL
NEO-POLYCYN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin- polymyxin-hc	Tier 1	QLL
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %		Tier 1	QLL
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %		Tier 1	QLL
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %		Tier 1	QLL
*Ophthalmic Steroids***			
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		Tier 1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	Durezol	Tier 1	PA; Brand Preferred
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	Tier 1	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	Lotemax	Tier 1	PA; QLL; Brand Preferred

Formulary Drug Name	Reference	Tiering	Restrictions
<i>loteprednol etabonate suspension 0.2 % ophthalmic</i>	Alrex	Tier 3	PA; QLL
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Lotemax	Tier 1	QLL; Brand Preferred
<i>loteprednol etabonate suspension 0.5 % ophthalmic</i>	Lotemax	Tier 1	PA; QLL; Brand Preferred
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	Tier 1	QLL
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		Tier 1	
ALREX OPHTHALMIC SUSPENSION 0.2 %	loteprednol etabonate	Tier 3	PA; QLL
DUREZOL OPHTHALMIC EMULSION 0.05 %	difluprednate	Tier 1	Brand Preferred
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		Tier 1	PA; QLL
FLAREX OPHTHALMIC SUSPENSION 0.1 %		Tier 1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %		Tier 2	PA; QLL
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 %	fluorometholone	Tier 1	PA
INVELTYS OPHTHALMIC SUSPENSION 1 %		Tier 2	PA; QLL
LOTEMAX OPHTHALMIC GEL 0.5 %	loteprednol etabonate	Tier 1	QLL; Brand Preferred
LOTEMAX OPHTHALMIC OINTMENT 0.5 %		Tier 1	QLL; Brand Preferred
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	loteprednol etabonate	Tier 1	QLL; Brand Preferred
LOTEMAX SM OPHTHALMIC GEL 0.38 %		Tier 2	PA; QLL
MAXIDEX OPHTHALMIC SUSPENSION 0.1 %		Tier 1	
PRED FORTE OPHTHALMIC SUSPENSION 1 %	prednisolone acetate	Tier 2	PA; QLL
PRED MILD OPHTHALMIC SUSPENSION 0.12 %		Tier 1	
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		Tier 2	PA; QLL
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		Tier 2	PA

Formulary Drug Name	Reference	Tiering	Restrictions
*Ophthalmics - Cystinosis Agents**			
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %		Tier 2	PA; QLL
CYSTARAN OPHTHALMIC SOLUTION 0.44 %		Tier 2	PA; QLL
*Ophthalmics Misc. - Other***			
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		Tier 2	PA; QLL; AL (Min 18 Years)
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic solution 0.03 %</i>		Tier 2	PA; QLL
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	Tier 1	QLL
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Zioptan	Tier 1	QLL; Brand Preferred
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Travatan Z	Tier 1	PA; QLL; Brand Preferred
IYUZEH OPHTHALMIC SOLUTION 0.005 %		Special PA	PA; QLL
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		Tier 1	QLL
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	travoprost (bak free)	Tier 1	QLL; Brand Preferred
VYZULTA OPHTHALMIC SOLUTION 0.024 %		Special PA	PA; QLL
XALATAN OPHTHALMIC SOLUTION 0.005 %	latanoprost	Tier 1	PA; QLL
XELPROS OPHTHALMIC EMULSION 0.005 %		Tier 2	PA; QLL
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	tafluprost (pf)	Tier 1	QLL; Brand Preferred
OTIC AGENTS			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic solution 2 %</i>		Tier 1	QLL
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	Tier 2	ST; QLL
<i>ofloxacin otic solution 0.3 %</i>		Tier 1	
*Otic Steroid-Anti-Infective Combinations***			
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		Tier 2	ST; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Otovel	Tier 2	ST; QLL
<i>neomycin-polymyxin-hc otic solution 1 %</i>		Tier 2	ST; QLL
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		Tier 2	ST
CIPRO HC OTIC SUSPENSION 0.2-1 %		Tier 1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML		Tier 1	QLL
*Otic Steroids***			
<i>fluocinolone acetonide otic oil 0.01 %</i>	DermOtic	Tier 1	QLL
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		Special PA	PA
DERMOTIC OTIC OIL 0.01 %	fluocinolone acetonide	Tier 1	PA; QLL
OXYTOCICS			
*Abortifacients/Cervical Ripening - Prostaglandins***			
CERVIDIL VAGINAL INSERT 10 MG		Tier 1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM		Tier 1	
*Oxytocics***			
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>		Tier 1	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	Tier 1	QLL
<i>oxytocin injection solution 10 unit/ml</i>	Pitocin	Tier 1	
METHERGINE ORAL TABLET 0.2 MG	methylergonovine maleate	Tier 1	QLL
PITOCIN INJECTION SOLUTION 10 UNIT/ML	oxytocin	Tier 1	PA
PASSIVE IMMUNIZING AND TREATMENT AGENTS			
*Antiviral Monoclonal Antibodies***			
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML		Tier 1	PA; QLL; AL (Max 2 Years)
*Immune Serums***			
<i>kedrab injection solution 1500 unit/10ml</i>		Tier 1	
<i>kedrab injection solution 300 unit/2ml</i>	Imogam Rabies-HT	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		Tier 1	AL (Min 18 Years)
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML		Tier 1	
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML		Tier 1	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML		Tier 1	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML		Tier 1	
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML		Tier 1	
GAMASTAN INTRAMUSCULAR INJECTABLE		Tier 1	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		Tier 1	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM		Tier 1	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML		Tier 1	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML		Tier 1	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		Tier 1	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML		Tier 1	AL (Min 19 Years)
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		Tier 1	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML		Tier 1	AL (Min 19 Years)
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML		Tier 1	QLL; AL (Min 19 Years)
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML, 900 UNIT/3ML		Tier 1	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT		Tier 1	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML		Tier 1	AL (Min 19 Years)
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML		Tier 1	AL (Min 19 Years)
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML		Tier 1	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		Tier 1	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		Tier 1	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT		Tier 1	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML		Tier 1	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML		Tier 1	QLL
WINRHO SDF SOLUTION 1500 UNIT/1.3ML INJECTION		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
WINRHO SDF SOLUTION 15000 UNIT/13ML INJECTION		Tier 1	
WINRHO SDF SOLUTION 2500 UNIT/2.2ML INJECTION		Tier 1	QLL
WINRHO SDF SOLUTION 5000 UNIT/4.4ML INJECTION		Tier 1	QLL
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML		Tier 1	
*Passive Immunizing Agents - Combinations***			
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		Tier 1	
PENICILLINS			
*Aminopenicillins***			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		Tier 1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		Tier 1	
<i>amoxicillin tablet 500 mg oral</i>		Tier 1	PA
<i>amoxicillin tablet 875 mg oral</i>		Tier 1	
<i>ampicillin oral capsule 500 mg</i>		Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>		Tier 1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>		Tier 1	
*Natural Penicillins***			
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>		Tier 1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	Pfizerpen	Tier 1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>		Tier 1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>		Tier 1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML		Tier 1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	penicillin g potassium	Tier 1	PA
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>		Tier 1	PA; QLL
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>		Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i>	Augmentin ES-600	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>		Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>		Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	Unasyn	Tier 1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>		Tier 1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	Unasyn	Tier 1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>		Tier 1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML	amoxicillin-pot clavulanate	Tier 1	PA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML		Tier 1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML		Tier 1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM	ampicillin-sulbactam sodium	Tier 1	PA
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	ampicillin-sulbactam sodium	Tier 1	PA
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML		Tier 1	
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>		Tier 1	
<i>nafcillin sodium in dextrose intravenous solution 2 gm/100ml</i>		Tier 1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>		Tier 1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>		Tier 1	
<i>oxacillin sodium in dextrose intravenous solution 2 gm/50ml</i>		Tier 1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>		Tier 1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>		Tier 1	
PHARMACEUTICAL ADJUVANTS			
*Flavoring Agents***			
<i>cherry flavor liquid</i>	Flavorx	Tier 1	AL (Max 20 Years)
*Oral Vehicles***			
<i>cherry oral syrup</i>		Tier 1	AL (Max 20 Years)
<i>oral suspend oral liquid</i>	Ora-Plus	Tier 1	AL (Max 20 Years); OTC
<i>oral syrup sf oral syrup</i>	Ora-Sweet	Tier 1	AL (Max 20 Years); OTC
<i>simple syrup oral syrup</i>	Syrpalta	Tier 1	AL (Max 20 Years)
<i>syrup vehicle oral syrup</i>	Ora-Sweet	Tier 1	AL (Max 20 Years)
ORA-BLEND ORAL SUSPENSION	suspension vehicle	Tier 1	AL (Max 20 Years)
ORA-BLEND SF ORAL SUSPENSION	suspension vehicle	Tier 1	AL (Max 20 Years)
ORA-PLUS ORAL LIQUID	oral suspend	Tier 1	AL (Max 20 Years)
ORA-SWEET ORAL SYRUP	oral syrup sf	Tier 1	AL (Max 20 Years)
ORA-SWEET SF ORAL SYRUP	oral syrup sf	Tier 1	AL (Max 20 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
SYRPALTA ORAL SYRUP	oral syrup sf	Tier 1	AL (Max 20 Years)
SYRPALTA ORAL SYRUP 85 %	simple syrup	Tier 1	AL (Max 20 Years)
SYRSPEND SF ORAL LIQUID	oral suspend	Tier 1	AL (Max 20 Years)
*Parenteral Vehicles***			
<i>bacteriostatic water(benz alc) injection solution</i>		Tier 1	
<i>diluent for treprostinil intravenous solution</i>	Sterile Diluent for Remodulin	Tier 1	
<i>saline bacteriostatic injection solution 0.9 %</i>		Tier 1	
<i>sodium chloride bacteriostatic injection solution 0.9 %</i>		Tier 1	
<i>sterile water for injection injection solution</i>		Tier 1	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	diluent for treprostinil	Tier 1	PA
*Pharmaceutical Excipients***			
<i>sodium benzoate powder</i>		Tier 1	
*Thickening Agents***			
THICK-IT #2 ORAL POWDER		Tier 2	PA; AL (Max 20 Years); OTC
PROGESTINS			
*Progestins***			
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	Tier 1	Female Only
<i>megestrol acetate oral suspension 625 mg/5ml</i>		Tier 1	
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	Tier 1	Female Only
<i>progesterone intramuscular oil 50 mg/ml</i>		Tier 1	Female Only
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	Tier 1	Female Only
GALLIFREY ORAL TABLET 5 MG	norethindrone acetate	Tier 1	Female Only
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	progesterone	Tier 1	PA; Female Only
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	medroxyprogesterone acetate	Tier 1	PA; Female Only

Formulary Drug Name	Reference	Tiering	Restrictions
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.			
*Agents For Opioid Withdrawal***			
<i>lofexidine hcl oral tablet 0.18 mg</i>	Lucemyra	Tier 1	PA; QLL
LUCEMYRA ORAL TABLET 0.18 MG	lofexidine hcl	Tier 1	PA; QLL
*Alcohol Deterrents***			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		Tier 1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>		Tier 1	
*Alzheimer's Treatment - Anti-Amyloid Antibodies***			
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML		Tier 1	PA; QLL
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML		Tier 1	PA
*Anti-Cataplectic Agents***			
<i>sodium oxybate oral solution 500 mg/ml</i>	Xyrem	Tier 3	PA; Brand Preferred
XYREM ORAL SOLUTION 500 MG/ML	sodium oxybate	Tier 1	PA; Brand Preferred
*Anti-Cataplectic Combinations***			
XYWAV ORAL SOLUTION 500 MG/ML		Tier 1	PA; QLL; AL (Min 7 Years)
*Antidementia Agent Combinations***			
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 28-10 mg</i>	Namzaric	Tier 1	PA; QLL; AL (Min 51 Years)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG	memantine hcl-donepezil hcl	Tier 1	PA; QLL; AL (Min 51 Years)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG		Tier 1	PA; QLL; AL (Min 51 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Antisense Oligonucleotide (Aso) Inhibitor Agents***			
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML		Tier 3	PA; QLL
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		Tier 1	
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		Tier 1	PA; AL (Min 51 Years)
<i>donepezil hcl tablet 10 mg oral</i>	Aricept	Tier 1	QLL; AL (Min 51 Years)
<i>donepezil hcl tablet 23 mg oral</i>	Aricept	Tier 1	PA; AL (Min 51 Years)
<i>donepezil hcl tablet 5 mg oral</i>	Aricept	Tier 1	QLL; AL (Min 51 Years)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		Tier 1	PA; AL (Min 51 Years)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		Tier 1	PA; AL (Min 51 Years)
<i>galantamine hydrobromide tablet 12 mg oral</i>		Tier 1	AL (Min 51 Years)
<i>galantamine hydrobromide tablet 4 mg oral</i>		Tier 1	QLL; AL (Min 51 Years)
<i>galantamine hydrobromide tablet 8 mg oral</i>		Tier 1	AL (Min 51 Years)
<i>rivastigmine tartrate capsule 1.5 mg oral</i>		Tier 1	AL (Min 51 Years)
<i>rivastigmine tartrate capsule 3 mg oral</i>		Tier 1	QLL; AL (Min 51 Years)
<i>rivastigmine tartrate capsule 4.5 mg oral</i>		Tier 1	AL (Min 51 Years)
<i>rivastigmine tartrate capsule 6 mg oral</i>		Tier 1	AL (Min 51 Years)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	Tier 1	PA; QLL; AL (Min 51 Years)
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY		Tier 1	PA; QLL; AL (Min 51 Years)
ARICEPT TABLET 10 MG ORAL	donepezil hcl	Tier 1	PA; QLL; AL (Min 51 Years)
ARICEPT TABLET 23 MG ORAL	donepezil hcl	Tier 1	PA; AL (Min 51 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ARICEPT TABLET 5 MG ORAL	donepezil hcl	Tier 1	PA; QLL; AL (Min 51 Years)
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	rivastigmine	Tier 1	PA; QLL; AL (Min 51 Years)
ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG		Tier 1	PA; QLL; AL (Min 51 Years)
*Fibromyalgia Agent - Snris***			
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		Tier 2	PA; QLL
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG		Tier 2	PA; QLL
*Movement Disorder Drug Therapy***			
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Xenazine	Tier 1	PA
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG		Tier 1	PA; QLL
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG		Tier 3	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL		Tier 1	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18 MG ORAL		Tier 3	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24 MG ORAL		Tier 1	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30 MG ORAL		Tier 1	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36 MG ORAL		Tier 1	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42 MG ORAL		Tier 1	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48 MG ORAL		Tier 1	PA; QLL
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL		Tier 1	PA; QLL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG		Tier 1	PA; QLL
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		Tier 1	PA; QLL
XENAZINE ORAL TABLET 12.5 MG, 25 MG	tetrabenazine	Tier 1	PA
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	Tier 1	PA; QLL
AUBAGIO ORAL TABLET 14 MG, 7 MG	teriflunomide	Tier 1	PA; QLL
*Multiple Sclerosis Agents - Antimetabolites***			
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG		Tier 1	PA
*Multiple Sclerosis Agents - Combinations***			
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920- 23000 MG-UT/23ML		Tier 1	PA; QLL
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML		Tier 1	PA; QLL
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML		Tier 1	PA; QLL
BETASERON SUBCUTANEOUS KIT 0.3 MG		Tier 1	PA; QLL
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML		Tier 1	PA; QLL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML		Tier 1	PA; QLL
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML		Tier 1	PA; QLL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML		Tier 1	PA; QLL
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML		Tier 2	PA; QLL
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG		Tier 2	PA; QLL
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML		Tier 2	PA; QLL
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG		Tier 2	PA; QLL
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML		Tier 1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML		Tier 1	PA; QLL; AL (Min 18 Years)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML		Tier 1	PA
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML		Tier 1	PA
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	Tecfidera	Tier 1	PA; QLL
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG		Tier 1	PA; QLL; AL (Min 18 Years)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	dimethyl fumarate	Tier 1	PA; QLL
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	dimethyl fumarate starter pack	Tier 1	PA; QLL
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG		Tier 1	PA; QLL
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	Tier 1	PA; QLL
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	dalfampridine er	Tier 1	PA; QLL
*Multiple Sclerosis Agents***			
<i>glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous</i>	Copaxone	Tier 1	PA; QLL; Brand Preferred
<i>glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous</i>	Copaxone	Tier 1	PA; QLL
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	glatiramer acetate	Tier 1	PA; QLL; Brand Preferred
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	glatiramer acetate	Tier 1	PA; QLL
GLATOPA SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS	glatiramer acetate	Tier 1	PA; QLL; Brand Preferred
GLATOPA SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS	glatiramer acetate	Tier 1	PA; QLL
*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>		Tier 1	PA; QLL; AL (Min 51 Years)
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>		Tier 1	PA; AL (Min 51 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<i>memantine hcl tablet 10 mg oral</i>		Tier 1	QLL; AL (Min 51 Years)
<i>memantine hcl tablet 28 x 5 mg & 21 x 10 mg oral</i>	Namenda Titration Pak	Tier 1	PA; AL (Min 51 Years)
<i>memantine hcl tablet 5 mg oral</i>		Tier 1	QLL; AL (Min 51 Years)
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG	memantine hcl	Tier 1	PA; AL (Min 51 Years)
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		Tier 1	
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***			
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	Gralise	Tier 1	PA; QLL
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	Lyrica CR	Tier 1	PA; QLL
GRALISE ORAL TABLET 300 MG, 600 MG	gabapentin (once-daily)	Tier 1	PA; QLL
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG		Tier 1	PA; QLL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG	pregabalin er	Tier 1	PA; QLL
*Premenstrual Dysphoric Disorder (Pmdd) Agents - Ssris***			
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>		Special PA	PA; QLL
*Pseudobulbar Affect Agent Combinations***			
NUEDEXTA ORAL CAPSULE 20-10 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral tablet 1 mg</i>		Tier 1	
<i>pimozide oral tablet 1 mg, 2 mg</i>		Tier 1	
AQNEURSA ORAL PACKET 1 GM		Tier 1	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG		Tier 1	PA; QLL; AL (Min 2 Years)
*Restless Leg Syndrome (RLs) Agents***			
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG		Tier 1	PA; QLL
*Small Interfering Ribonucleic Acid (Sirna) Agents***			
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML		Tier 1	PA; QLL
*Smoking Deterrents***			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		Tier 1	QLL
<i>ft nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>ft nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>ft nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>ft nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>ft nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>ft nicotine mouth/throat lozenge 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>ft nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	Tier 1	QLL; OTC
<i>ft nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	Tier 1	QLL; OTC
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>gnp nicotine mini mouth/throat lozenge 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>gnp nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>gnp nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Tier 1	OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	Tier 1	QLL; OTC

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

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	Tier 1	OTC
<i>sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	Tier 1	QLL; OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>		Tier 1	QLL; AL (Min 17 Years)
<i>varenicline tartrate oral tablet 0.5 mg</i>		Tier 1	QLL; AL (Min 17 Years)
<i>varenicline tartrate oral tablet 1 mg</i>	Chantix	Tier 1	QLL; AL (Min 17 Years)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Chantix	Tier 1	QLL; AL (Min 17 Years)
NICOTROL NS NASAL SOLUTION 10 MG/ML		Tier 1	
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
<i>fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	Tier 1	PA; QLL
GILENYA ORAL CAPSULE 0.5 MG	fingolimod hcl	Tier 1	PA; QLL
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		Tier 1	PA; QLL
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG		Tier 1	PA; QLL
PONVORY ORAL TABLET 20 MG		Tier 1	PA; QLL; AL (Min 18 Years)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG		Tier 1	PA; QLL; AL (Min 18 Years)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG		Tier 1	PA; QLL; AL (Min 10 Years)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG		Tier 1	PA; QLL
ZEPOSIA ORAL CAPSULE 0.92 MG		Tier 1	PA; QLL
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)		Tier 1	PA; QLL
*Thienbenzodiazepines & Opioid Antagonists***			
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG		Tier 3	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Thienbenzodiazepines & Ssris***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>		Tier 3	PA; QLL; AL (Min 5 Years)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	Symbyax	Tier 3	PA; QLL; AL (Min 5 Years)
*Vasomotor Symptom Agents - Ssris***			
<i>paroxetine mesylate oral capsule 7.5 mg</i>		Special PA	PA; QLL
RESPIRATORY AGENTS - MISC.			
*Alpha-Proteinase Inhibitor (Human)***			
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG		Tier 1	PA; AL (Min 18 Years)
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML		Tier 1	PA; AL (Min 18 Years)
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML		Tier 1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG		Tier 1	PA; AL (Min 18 Years)
*Cftr Potentiators***			
KALYDECO ORAL TABLET 150 MG		Tier 1	PA; QLL; AL (Min 2 Years)
KALYDECO PACKET 13.4 MG ORAL		Tier 1	PA; QLL; AL (Max 1 Years)
KALYDECO PACKET 25 MG ORAL		Tier 1	PA; QLL; AL (Max 5 Years)
KALYDECO PACKET 5.8 MG ORAL		Tier 1	PA; QLL; AL (Max 1 Years)
KALYDECO PACKET 50 MG ORAL		Tier 1	PA; QLL; AL (Max 5 Years)
KALYDECO PACKET 75 MG ORAL		Tier 1	PA; QLL; AL (Max 5 Years)
*Cystic Fibrosis Agent - Combinations***			
ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG		Tier 1	PA; QLL; AL (Min 6 Years)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG		Tier 1	PA; QLL; AL (Min 6 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ORKAMBI PACKET 100-125 MG ORAL		Tier 1	PA; QLL; AL (Min 1 Years and Max 6 Years)
ORKAMBI PACKET 150-188 MG ORAL		Tier 1	PA; QLL; AL (Min 1 Years and Max 6 Years)
ORKAMBI PACKET 75-94 MG ORAL		Tier 1	PA; QLL; AL (Min 1 Years and Max 2 Years)
SYMDEKO TABLET THERAPY PACK 100-150 & 150 MG ORAL		Tier 1	PA; QLL; AL (Min 6 Years)
SYMDEKO TABLET THERAPY PACK 50-75 & 75 MG ORAL		Tier 1	PA; QLL; AL (Min 6 Years and Max 11 Years)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG		Tier 1	PA; QLL; AL (Min 2 Years and Max 5 Years)
TRIKAFTA TABLET THERAPY PACK 100-50-75 & 150 MG ORAL		Tier 1	PA; QLL; AL (Min 6 Years)
TRIKAFTA TABLET THERAPY PACK 50-25-37.5 & 75 MG ORAL		Tier 1	PA; QLL; AL (Min 2 Years and Max 11 Years)
*Cystic Fibrosis Agents - Miscellaneous***			
BRONCHITOL INHALATION CAPSULE 40 MG		Tier 1	QLL; AL (Min 18 Years)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG		Tier 1	QLL; AL (Min 18 Years)
*Hydrolytic Enzymes***			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		Tier 1	PA; QLL
*Pulmonary Fibrosis Agents - Kinase Inhibitors***			
OFEV ORAL CAPSULE 100 MG, 150 MG		Tier 1	PA; QLL; AL (Min 18 Years)
*Pulmonary Fibrosis Agents***			
<i>pirfenidone oral capsule 267 mg</i>	Esbriet	Tier 1	PA; QLL; AL (Min 18 Years)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	Esbriet	Tier 1	PA; QLL; AL (Min 18 Years)
<i>pirfenidone oral tablet 534 mg</i>		Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
ESBRIET ORAL CAPSULE 267 MG	pirfenidone	Tier 1	PA; QLL; AL (Min 18 Years)
ESBRIET ORAL TABLET 267 MG, 801 MG	pirfenidone	Tier 1	PA; QLL; AL (Min 18 Years)
*Respiratory Agents - Misc.***			
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML		Tier 1	
SULFONAMIDES			
*Sulfonamides***			
<i>sulfadiazine oral tablet 500 mg</i>		Tier 1	
TETRACYCLINES			
*Aminomethylcyclines***			
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	PA; AL (Min 18 Years)
NUZYRA ORAL TABLET 150 MG		Tier 1	PA; AL (Min 18 Years)
*Glycylcyclines***			
<i>tigecycline intravenous solution reconstituted 50 mg</i>	Tygacil	Tier 1	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	tigecycline	Tier 1	PA
*Tetracyclines***			
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>		Tier 1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	Doxy 100	Tier 1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>		Tier 1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg, 80 mg</i>		Tier 1	PA
<i>doxycycline hyclate tablet 100 mg oral</i>		Tier 1	
<i>doxycycline hyclate tablet 150 mg oral</i>		Tier 1	PA
<i>doxycycline hyclate tablet 20 mg oral</i>		Tier 1	
<i>doxycycline hyclate tablet 50 mg oral</i>	TargaDOX	Tier 1	PA
<i>doxycycline hyclate tablet 75 mg oral</i>		Tier 1	PA
<i>doxycycline monohydrate capsule 100 mg oral</i>	Mondoxylene NL	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>doxycycline monohydrate capsule 150 mg oral</i>		Tier 1	PA
<i>doxycycline monohydrate capsule 50 mg oral</i>		Tier 1	
<i>doxycycline monohydrate capsule 75 mg oral</i>		Tier 1	PA
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		Tier 1	
<i>doxycycline monohydrate tablet 100 mg oral</i>		Tier 1	
<i>doxycycline monohydrate tablet 150 mg oral</i>		Tier 1	PA
<i>doxycycline monohydrate tablet 50 mg oral</i>		Tier 1	
<i>doxycycline monohydrate tablet 75 mg oral</i>		Tier 1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>		Tier 1	PA
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		Tier 1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>		Tier 1	PA; QLL
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>		Tier 1	QLL
<i>tetracycline hcl oral tablet 250 mg, 500 mg</i>		Tier 1	PA; QLL
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG		Tier 1	PA; QLL
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	doxycycline hyclate	Tier 1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		Tier 1	
THYROID AGENTS			
*Antithyroid Agents***			
<i>methimazole oral tablet 10 mg, 5 mg</i>		Tier 1	
<i>methimazole powder</i>		Tier 1	QLL
<i>propylthiouracil oral tablet 50 mg</i>		Tier 1	
*Thyroid Hormones***			
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 200 mcg/5ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>		Tier 1	
<i>levothyroxine sodium oral capsule 100 mcg, 112 mcg, 125 mcg, 13 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tirosint	Tier 1	PA
<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	Tier 1	
<i>levothyroxine sodium oral tablet 300 mcg</i>	Levo-T	Tier 1	
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>		Tier 1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	Tier 1	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Adthyza	Tier 1	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Adthyza	Tier 1	
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Tier 1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Tier 1	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Tier 1	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Tier 1	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	liothyronine sodium	Tier 1	PA
ERMEZA ORAL SOLUTION 150 MCG/5ML		Tier 1	PA
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	Tier 1	
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	Tier 1	
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	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Tier 1	
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	Tier 1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML		Tier 1	PA; QLL
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Tier 1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS			
*Anticholinergic Combinations***			
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>		Tier 1	
*Antispasmodics***			
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	Bentyl	Tier 1	
<i>dicyclomine hcl oral capsule 10 mg</i>		Tier 1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		Tier 1	
<i>dicyclomine hcl oral tablet 20 mg</i>		Tier 1	
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	dicyclomine hcl	Tier 1	PA
*Belladonna Alkaloids***			
<i>atropine sulfate injection solution 8 mg/20ml</i>		Tier 1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>		Tier 1	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>		Tier 1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	Tier 1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	Tier 1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	NuLev	Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	Tier 1	
<i>oscimin oral tablet 0.125 mg</i>	Levsin	Tier 1	
<i>oscimin sublingual tablet sublingual 0.125 mg</i>	Levsin/SL	Tier 1	
LEVSIN ORAL TABLET 0.125 MG	hyoscyamine sulfate	Tier 1	PA
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	hyoscyamine sulfate	Tier 1	PA
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	hyoscyamine sulfate	Tier 1	
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		Tier 1	QLL
<i>cimetidine oral tablet 200 mg</i>	Tagamet HB	Special PA	PA; QLL
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		Special PA	PA; QLL
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>		Tier 1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>		Tier 1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>		Tier 1	QLL; AL (Max 6 Years)
<i>famotidine oral tablet 20 mg, 40 mg</i>	Pepcid	Tier 1	QLL
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>		Tier 1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		Special PA	PA; QLL
PEPCID ORAL TABLET 20 MG, 40 MG	famotidine	Tier 1	PA; QLL
*Misc. Anti-Ulcer***			
<i>sucralfate oral suspension 1 gm/10ml</i>	Carafate	Special PA	PA
<i>sucralfate oral tablet 1 gm</i>	Carafate	Tier 1	
<i>sucralfate powder</i>		Tier 1	QLL
CARAFATE ORAL SUSPENSION 1 GM/10ML	sucralfate	Special PA	PA
CARAFATE ORAL TABLET 1 GM	sucralfate	Tier 1	PA
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Special PA	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Proton Pump Inhibitor-Antacid Combinations***			
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg</i>	Zegerid OTC	Special PA	PA; QLL
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>		Special PA	PA; QLL
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>		Special PA	PA; QLL
KONVOMEPRAL SUSPENSION RECONSTITUTED 2-84 MG/ML		Special PA	PA; QLL; AL (Min 18 Years)
*Proton Pump Inhibitors***			
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Dexilant	Tier 2	PA; QLL
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	NexIUM	Tier 1	QLL
<i>esomeprazole magnesium packet 10 mg oral</i>	NexIUM	Tier 1	PA; QLL; Brand Preferred
<i>esomeprazole magnesium packet 2.5 mg oral</i>	NexIUM	Tier 1	QLL; Brand Preferred
<i>esomeprazole magnesium packet 20 mg oral</i>	NexIUM	Tier 1	PA; QLL; Brand Preferred
<i>esomeprazole magnesium packet 40 mg oral</i>	NexIUM	Tier 1	PA; QLL; Brand Preferred
<i>esomeprazole magnesium packet 5 mg oral</i>	NexIUM	Tier 1	QLL; Brand Preferred
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>		Tier 3	PA
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	Tier 1	QLL
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	Tier 1	QLL
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Prevacid SoluTab	Tier 1	PA; QLL; Brand Preferred
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		Tier 1	QLL
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	Protonix	Tier 2	PA; QLL
<i>pantoprazole sodium oral packet 40 mg</i>	Protonix	Tier 3	PA; QLL
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	Tier 1	QLL
<i>pantoprazole sodium-nacl solution 40-0.9 mg/100ml-% intravenous</i>		Special PA	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<i>pantoprazole sodium-nacl solution 40-0.9 mg/50ml-% intravenous</i>		Special PA	PA
<i>pantoprazole sodium-nacl solution 80-0.9 mg/100ml-% intravenous</i>		Special PA	PA; QLL
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	Tier 1	QLL
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	dexlansoprazole	Tier 2	PA; QLL
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	esomeprazole magnesium	Tier 1	PA; QLL
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	esomeprazole magnesium	Tier 1	QLL; Brand Preferred
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	lansoprazole	Tier 1	PA; QLL
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG	lansoprazole	Tier 1	QLL; Brand Preferred
PRILOSEC ORAL PACKET 10 MG, 2.5 MG		Tier 3	PA; QLL
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	pantoprazole sodium	Tier 2	PA; QLL
PROTONIX ORAL PACKET 40 MG	pantoprazole sodium	Tier 3	PA; QLL
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	pantoprazole sodium	Tier 1	PA; QLL
*Quaternary Anticholinergics***			
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>		Tier 1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Cuvposa	Tier 1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		Tier 1	
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml</i>		Tier 1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>		Tier 1	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	Glyrx-PF	Tier 1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>		Tier 1	
CUVPOSA ORAL SOLUTION 1 MG/5ML	glycopyrrolate	Tier 1	PA
GLYCATE ORAL TABLET 1.5 MG	glycopyrrolate	Special PA	PA; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML		Tier 1	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 1 MG/5ML		Tier 1	
*Ulcer Anti-Infective W/ Bismuth Combinations***			
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Pylera	Special PA	PA
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Pylera	Special PA	PA
PYLERA ORAL CAPSULE 140-125-125 MG	bis subcit-metronid-tetracyc	Special PA	PA
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***			
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>		Special PA	PA; QLL
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG		Special PA	PA; QLL
*Ulcer Anti-Infective-Pcab Combinations***			
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG		Special PA	PA; QLL; AL (Min 18 Years)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG		Special PA	PA; QLL; AL (Min 18 Years)
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	Tier 1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	misoprostol	Tier 1	PA
URINARY ANTISPASMODICS			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		Tier 3	PA; QLL
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	Tier 1	QLL
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		Tier 1	QLL
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		Tier 1	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>oxybutynin chloride tablet 2.5 mg oral</i>		Special PA	PA; QLL
<i>oxybutynin chloride tablet 5 mg oral</i>		Tier 1	QLL
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	Tier 1	QLL
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>		Tier 2	PA; QLL
<i>tolterodine tartrate oral tablet 1 mg</i>		Tier 2	PA
<i>tolterodine tartrate oral tablet 2 mg</i>	Detrol	Tier 2	PA
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>		Tier 3	PA
<i>tropium chloride oral tablet 20 mg</i>		Tier 1	QLL
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	tolterodine tartrate er	Tier 2	PA; QLL
DETROL ORAL TABLET 1 MG, 2 MG	tolterodine tartrate	Tier 2	PA
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR		Special PA	PA; QLL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	fesoterodine fumarate er	Tier 1	PA; QLL
VESICARE LS ORAL SUSPENSION 5 MG/5ML		Tier 1	QLL; AL (Min 2 Years and Max 10 Years)
VESICARE ORAL TABLET 10 MG, 5 MG	solifenacin succinate	Tier 1	PA; QLL
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Myrbetriq	Tier 1	PA; QLL; Brand Preferred
GEMTESA ORAL TABLET 75 MG		Special PA	PA; QLL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		Tier 3	PA; QLL; AL (Min 3 Years and Max 10 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	mirabegron er	Tier 1	QLL; Brand Preferred
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride tablet 10 mg oral</i>		Tier 1	QLL
<i>bethanechol chloride tablet 25 mg oral</i>		Tier 1	QLL
<i>bethanechol chloride tablet 5 mg oral</i>		Tier 1	
<i>bethanechol chloride tablet 50 mg oral</i>		Tier 1	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl oral tablet 100 mg</i>		Tier 1	
VAGINAL AND RELATED PRODUCTS			
*Imidazole-Related Antifungals***			
<i>miconazole 3 vaginal suppository 200 mg</i>		Tier 1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		Tier 1	
<i>terconazole vaginal suppository 80 mg</i>		Tier 1	
GYNAZOLE-1 VAGINAL CREAM 2 %		Tier 1	QLL
*Spermicides***			
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 %		Tier 1	OTC
*Vaginal Anti-Infectives***			
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	Tier 1	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	Tier 1	QLL
CLEOCIN VAGINAL CREAM 2 %	clindamycin phosphate	Tier 1	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Tier 1	
CLINDESSE VAGINAL CREAM 2 %		Tier 1	QLL
NUVESSA VAGINAL GEL 1.3 %		Tier 1	PA; QLL
VANDAZOLE VAGINAL GEL 0.75 %	metronidazole	Tier 1	QLL; Generic Preferred
XACIATO VAGINAL GEL 2 %		Tier 1	PA; QLL
*Vaginal Contraceptive Ph Modulator - Combinations***			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Tier 1	PA
*Vaginal Estrogens***			
<i>estradiol vaginal cream 0.1 mg/gm</i>	Estrace	Tier 1	Female Only; QLL
<i>estradiol vaginal tablet 10 mcg</i>	Vagifem	Tier 1	Female Only
ESTRACE VAGINAL CREAM 0.1 MG/GM	estradiol	Tier 1	PA; Female Only; QLL
ESTRING VAGINAL RING 7.5 MCG/24HR		Tier 1	Female Only
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR		Tier 1	Female Only
PREMARIN VAGINAL CREAM 0.625 MG/GM		Tier 1	Female Only; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
VAGIFEM VAGINAL TABLET 10 MCG	estradiol	Tier 1	PA; Female Only
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	Tier 1	Female Only
*Vaginal Progestins***			
CRINONE VAGINAL GEL 8 %		Tier 1	PA; Female Only; QLL; AL (Min 12 Years and Max 55 Years)
ENDOMETRIN VAGINAL INSERT 100 MG		Tier 1	PA; Female Only; QLL; AL (Min 12 Years and Max 55 Years)
VASOPRESSORS			
*Anaphylaxis Therapy Agents***			
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	Adrenalin	Tier 1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i>	Auvi-Q	Tier 1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	Tier 1	
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML	epinephrine (anaphylaxis)	Tier 1	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML		Tier 1	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	epinephrine	Tier 1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	epinephrine	Tier 1	PA
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	epinephrine	Tier 1	PA
NEFFY NASAL SOLUTION 2 MG/0.1ML		Tier 1	
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Northera	Tier 1	PA; QLL; AL (Min 18 Years)
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	droxidopa	Tier 1	PA; QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
*Vasopressors***			
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	Akovaz	Tier 1	
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	Adrenalin	Tier 1	
<i>epinephrine injection solution 1 mg/ml</i>		Tier 1	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>		Tier 1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		Tier 1	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	Levophed	Tier 1	
<i>norepinephrine-dextrose intravenous solution 16-5 mg/250ml-%, 4-5 mg/250ml-%, 8-5 mg/250ml-%</i>		Tier 1	
<i>norepinephrine-sodium chloride intravenous solution 16-0.9 mg/250ml-%, 4-0.9 mg/250ml-%, 8-0.9 mg/250ml-%</i>		Tier 1	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML	ephedrine sulfate (pressors)	Tier 1	PA
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML	norepinephrine bitartrate	Tier 1	PA
VITAMINS			
*Vitamin B-1***			
<i>thiamine hcl powder</i>		Tier 1	PA; AL (Max 2 Years)
*Vitamin D***			
<i>aqueous vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	Tier 3	PA; AL (Max 20 Years); OTC
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	Drisdol	Tier 1	PA
<i>ergocalciferol oral solution 200 mcg/ml</i>	Calcidol	Tier 3	PA; AL (Max 20 Years); OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Drisdol	Tier 1	PA
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	Tier 3	PA; AL (Max 20 Years); OTC
<i>vitamin d3 adult gummies oral tablet chewable 25 mcg (1000 ut)</i>	Kids First Vitamin D3 Gummies	Tier 3	PA; AL (Max 20 Years); OTC
<i>vitamin d3 oral liquid 125 mcg/ml</i>		Tier 3	PA; AL (Max 20 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
*Vitamin E***			
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>		Tier 3	PA; AL (Max 20 Years); OTC
*Vitamin K***			
<i>phytonadione oral tablet 5 mg</i>		Tier 1	
<i>phytonadione solution 1 mg/0.5ml injection</i>		Tier 1	QLL
<i>phytonadione solution 10 mg/ml injection</i>		Tier 1	
<i>vitamin k1 solution 1 mg/0.5ml injection</i>		Tier 1	QLL
<i>vitamin k1 solution 10 mg/ml injection</i>		Tier 1	

