Aetna Better Health of Michigan Formulary Guide August 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 7
ALTERNATIVE MEDICINES 8
AMINOGLYCOSIDES 8
ANALGESICS - ANTI-INFLAMMATORY 9
ANALGESICS - NONNARCOTIC 18
ANALGESICS - OPIOID 19
ANDROGENS-ANABOLIC 24
ANORECTAL AND RELATED PRODUCTS 25
ANTACIDS 25
ANTHELMINTICS 26
ANTIANGINAL AGENTS 26
ANTIANXIETY AGENTS 27
ANTIARRHYTHMICS 28
ANTIASTHMATIC AND BRONCHODILATOR AGENTS 29
ANTICOAGULANTS 35
ANTICONVULSANTS 37
ANTIDEPRESSANTS 43
ANTIDIABETICS 47
ANTIDIARRHEAL/PROBIOTIC AGENTS 57
ANTIDOTES AND SPECIFIC ANTAGONISTS 58
ANTIEMETICS 59
ANTIFUNGALS 60
ANTIHISTAMINES 61
ANTIHYPERLIPIDEMICS 64
ANTIHYPERTENSIVES 67
ANTI-INFECTIVE AGENTS - MISC. 73
ANTIMALARIALS 74
ANTIMYASTHENIC/CHOLINERGIC AGENTS 75
ANTIMYCOBACTERIAL AGENTS 75
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES 76
ANTIPARKINSON AND RELATED THERAPY AGENTS 85
ANTIPSYCHOTICS/ANTIMANIC AGENTS 87
ANTIVIRALS 92
BETA BLOCKERS 97
CALCIUM CHANNEL BLOCKERS 98
CARDIOTONICS 100
CARDIOVASCULAR AGENTS - MISC. 101
CEPHALOSPORINS 103
CHEMICALS 104
CONTRACEPTIVES 104
CORTICOSTEROIDS 114
COUGH/COLD/ALLERGY 117
DERMATOLOGICALS 119
DIAGNOSTIC PRODUCTS 147
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS 147
DIGESTIVE AIDS 148
DIURETICS 150
ENDOCRINE AND METABOLIC AGENTS - MISC. 151
ESTROGENS 158

FLUOROQUINOLONES 159
GASTROINTESTINAL AGENTS - MISC. 159
GENITOURINARY AGENTS - MISCELLANEOUS 165
GOUT AGENTS 166
HEMATOLOGICAL AGENTS - MISC. 166
HEMATOPOIETIC AGENTS 171
HEMOSTATICS 176
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS 176
LAXATIVES 180
MACROLIDES 184
MEDICAL DEVICES AND SUPPLIES 186
MIGRAINE PRODUCTS 207
MINERALS & ELECTROLYTES 209
MISCELLANEOUS THERAPEUTIC CLASSES 214
MOUTH/THROAT/DENTAL AGENTS 217
MULTIVITAMINS 218
MUSCULOSKELETAL THERAPY AGENTS 227
NASAL AGENTS - SYSTEMIC AND TOPICAL 228
NEUROMUSCULAR AGENTS 230
NUTRIENTS 231
OPHTHALMIC AGENTS 231
OTIC AGENTS 240
OXYTOCICS 241
PASSIVE IMMUNIZING AND TREATMENT AGENTS 241
PENICILLINS 242
PHARMACEUTICAL ADJUVANTS 243
PROGESTINS 243
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. 244
RESPIRATORY AGENTS - MISC. 252
TETRACYCLINES 252
THYROID AGENTS 253
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS 254
URINARY ANTISPASMODICS 258
VACCINES 260
VAGINAL AND RELATED PRODUCTS 260
VASOPRESSORS 262
VITAMINS 262

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

Formulary Drug Name	Reference	Tiering	Restrictions
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	Dexedrine	State Carve-Out	
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg		State Carve-Out	
dextroamphetamine sulfate oral solution 5 mg/5ml	ProCentra	State Carve-Out	
dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	Zenzedi	State Carve-Out	
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	Vyvanse	State Carve-Out	
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	Vyvanse	State Carve-Out	
methamphetamine hcl oral tablet 5 mg		State Carve-Out	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG		State Carve-Out	
DESOXYN ORAL TABLET 5 MG	methamphetamine hcl	State Carve-Out	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	dextroamphetamine sulfate er	State Carve-Out	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML		State Carve-Out	
EVEKEO ORAL TABLET 10 MG, 5 MG	amphetamine sulfate	State Carve-Out	
PROCENTRA ORAL SOLUTION 5 MG/5ML	dextroamphetamine sulfate	State Carve-Out	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	lisdexamfetamine dimesylate	State Carve-Out	
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	lisdexamfetamine dimesylate	State Carve-Out	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	dextroamphetamine sulfate	State Carve-Out	
Analeptics**			
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml		Common Formulary	AL (Max 1 Years)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Anorexiant Combinations**			
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	Qsymia	Preferred	PA
Anorexiants Non-Amphetamine**			
benzphetamine hcl oral tablet 50 mg		Preferred	PA
diethylpropion hcl er oral tablet extended release 24 hour 75 mg		Preferred	PA
diethylpropion hcl oral tablet 25 mg		Preferred	PA
phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg		Preferred	PA
phendimetrazine tartrate oral tablet 35 mg		Preferred	PA
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg		Preferred	PA
phentermine hcl oral tablet 37.5 mg	Adipex-P	Preferred	PA
ADIPEX-P ORAL TABLET 37.5 MG	phentermine hcl	Preferred	PA
LOMAIRA ORAL TABLET 8 MG		Preferred	PA
Anti-Obesity - Gip & Glp-1 Receptor Agonists**			
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		Preferred	PA; QLL
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		Preferred	PA; QLL
Anti-Obesity - Glp-1 Receptor Agonists**			
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML		Preferred	PA; QLL
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML		Preferred	PA; QLL
Lipase Inhibitors**			
orlistat oral capsule 120 mg	Xenical	Preferred	PA; QLL
XENICAL ORAL CAPSULE 120 MG	orlistat	Preferred	PA; QLL

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

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

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

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

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

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

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

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

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
butalbital-apap-caffeine oral tablet 50-325-40 mg	BAC (Butalbital-Acetamin-Caff)	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		Common Formulary	QLL; AL (Max 64 Years)
BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
BAC ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
ESGIC ORAL TABLET 50-325-40 MG	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
Salicylate Combinations**			
sm aspirin tri-buffered oral tablet 325 mg	Bufferin	Common Formulary	AL (Min 40 Years and Max 79 Years); OTC
tri-buffered aspirin oral tablet 325 mg	Bufferin	Common Formulary	AL (Min 40 Years and Max 79 Years); OTC
Salicylates**			
aspirin low dose oral tablet delayed release 81 mg	Bayer Aspirin EC Low Dose	Common Formulary	QLL; OTC
aspirin low strength oral tablet chewable 81 mg	Bayer Low Dose	Common Formulary	QLL; OTC
aspirin oral tablet 325 mg	Bayer Advanced Aspirin Reg St	Common Formulary	QLL; AL (Min 40 Years and Max 79 Years); OTC
aspirin oral tablet delayed release 325 mg	Bayer Aspirin	Common Formulary	QLL; AL (Min 40 Years and Max 79 Years); OTC
aspirin rectal suppository 300 mg		Common Formulary	OTC
diflunisal oral tablet 500 mg		Non-Preferred	PA
DOLOBID ORAL TABLET 250 MG, 375 MG		Non-Preferred	PA
ANALGESICS - OPIOID			
Codeine Combinations**			
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml		Preferred	AL (Min 12 Years)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg		Preferred	AL (Min 12 Years)
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	Fioricet/Codeine	Non-Preferred	PA; AL (Min 12 Years)

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

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

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

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

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

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

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	fluticasone-salmeterol	Non-Preferred	PA; QLL
Anti-Ige Monoclonal Antibodies**			
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		Preferred	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML		Preferred	PA
Beta Adrenergics**			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Ventolin HFA	Non-Preferred	PA; QLL; Non-Preferred NDC: 66993001968
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	Ventolin HFA	Preferred	QLL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		Preferred	
albuterol sulfate oral syrup 2 mg/5ml		Supplemental Formulary	
albuterol sulfate oral tablet 2 mg, 4 mg		Supplemental Formulary	
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	Brovana	Non-Preferred	PA
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	Perforomist	Non-Preferred	PA
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml		Non-Preferred	PA
levalbuterol tartrate inhalation aerosol 45 mcg/act	Xopenex HFA	Non-Preferred	PA; QLL
terbutaline sulfate oral tablet 2.5 mg, 5 mg		Common Formulary	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML	arformoterol tartrate	Non-Preferred	PA
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	formoterol fumarate	Non-Preferred	PA

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

Formulary Drug Name	Reference	Tiering	Restrictions
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML		Non-Preferred	PA
Leukotriene Receptor Antagonists**			
montelukast sodium oral packet 4 mg	Singulair	Non-Preferred	PA; AL (Max 5 Years)
montelukast sodium oral tablet 10 mg	Singulair	Preferred	
montelukast sodium oral tablet chewable 4 mg	Singulair	Preferred	AL (Max 5 Years)
montelukast sodium oral tablet chewable 5 mg	Singulair	Preferred	AL (Max 14 Years)
zafirlukast oral tablet 10 mg, 20 mg	Accolate	Non-Preferred	PA
ACCOLATE ORAL TABLET 10 MG, 20 MG	zafirlukast	Non-Preferred	PA
SINGULAIR ORAL PACKET 4 MG	montelukast sodium	Non-Preferred	PA; AL (Max 5 Years)
SINGULAIR ORAL TABLET 10 MG	montelukast sodium	Non-Preferred	PA
SINGULAIR ORAL TABLET CHEWABLE 4 MG	montelukast sodium	Non-Preferred	PA; AL (Max 5 Years)
SINGULAIR ORAL TABLET CHEWABLE 5 MG	montelukast sodium	Non-Preferred	PA; AL (Max 14 Years)
Phosphodiesterase 3 & 4 (Pde3 & Pde4) Inhibitors**			
OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML		Common Formulary	PA; QLL
Selective Phosphodiesterase 4 (Pde4) Inhibitors**			
roflumilast oral tablet 250 mcg, 500 mcg	Daliresp	Preferred	PA
DALIRESP ORAL TABLET 250 MCG, 500 MCG	roflumilast	Non-Preferred	PA
Steroid Inhalants**			
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	Pulmicort	Preferred	QLL; AL (Max 8 Years)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act		Non-Preferred	PA
fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act		Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT		Preferred	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	fluticasone furoate ellipta	Non-Preferred	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	fluticasone furoate ellipta	Non-Preferred	PA; AL (Max 11 Years)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Preferred	QLL
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Preferred	QLL
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT		Preferred	QLL
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT		Preferred	QLL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT		Non-Preferred	PA; QLL
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT		Non-Preferred	PA; QLL
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML	budesonide	Non-Preferred	PA; QLL; AL (Max 8 Years)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT		Non-Preferred	PA
Thymic Stromal Lymphopoietin (Tslp) Antagonists**			
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Xanthines**			
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg		Common Formulary	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg		Common Formulary	
theophylline oral elixir 80 mg/15ml	Elixophyllin	Common Formulary	
theophylline oral solution 80 mg/15ml		Common Formulary	
ANTICOAGULANTS			
Coumarin Anticoagulants**			
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Jantoven	Preferred	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	warfarin sodium	Preferred	
Direct Factor Xa Inhibitors**			
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG		Preferred	QLL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		Preferred	QLL
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG		Non-Preferred	PA
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	rivaroxaban	Preferred	QLL
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG		Preferred	QLL
XARELTO ORAL TABLET 2.5 MG	rivaroxaban	Preferred	QLL
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG		Preferred	QLL
Heparins And Heparinoid-Like Agents**			
heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml		Common Formulary	
heparin sodium (porcine) pf injection solution 5000 unit/ml		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Low Molecular Weight Heparins**			
enoxaparin sodium injection solution 300 mg/3ml	Lovenox	Preferred	
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	Lovenox	Preferred	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML		Non-Preferred	PA
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML		Non-Preferred	PA
LOVENOX INJECTION SOLUTION 300 MG/3ML	enoxaparin sodium	Non-Preferred	PA
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML	enoxaparin sodium	Non-Preferred	PA
Synthetic Heparinoid-Like Agents**			
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml	Arixtra	Non-Preferred	PA
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	fondaparinux sodium	Non-Preferred	PA
Thrombin Inhibitors - Selective Direct & Reversible**			
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	Pradaxa	Preferred	QLL
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	dabigatran etexilate mesylate	Non-Preferred	PA; QLL
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ANTICONVULSANTS			
Ampa Glutamate Receptor Antagonists**			
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	perampanel	State Carve-Out	
Anticonvulsants - Benzodiazepines**			
clobazam oral suspension 2.5 mg/ml	Onfi	State Carve-Out	
clobazam oral tablet 10 mg, 20 mg	Onfi	State Carve-Out	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	KlonoPIN	State Carve-Out	
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg		State Carve-Out	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg		State Carve-Out	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	clonazepam	State Carve-Out	
ONFI ORAL SUSPENSION 2.5 MG/ML	clobazam	State Carve-Out	
ONFI ORAL TABLET 10 MG, 20 MG	clobazam	State Carve-Out	
Anticonvulsants - Misc.**			
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	Carbatrol	State Carve-Out	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	TEGretol-XR	State Carve-Out	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	TEGretol	State Carve-Out	
carbamazepine oral tablet 200 mg	Epitol	State Carve-Out	
carbamazepine oral tablet chewable 100 mg		State Carve-Out	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Neurontin	State Carve-Out	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	Neurontin	State Carve-Out	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	State Carve-Out	
lacosamide intravenous solution 200 mg/20ml	Vimpat	State Carve-Out	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Vimpat	State Carve-Out	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	Vimpat	State Carve-Out	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	LaMICtal XR	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	LaMICtal ODT	State Carve-Out	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	LaMICtal	State Carve-Out	
lamotrigine oral tablet chewable 25 mg, 5 mg	LaMICtal	State Carve-Out	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	LaMICtal ODT	State Carve-Out	
lamotrigine starter kit-blue oral kit 35 x 25 mg	LaMICtal Starter	State Carve-Out	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	LaMICtal Starter	State Carve-Out	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	LaMICtal Starter	State Carve-Out	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	Keppra XR	State Carve-Out	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml		State Carve-Out	
levetiracetam intravenous solution 500 mg/5ml	Keppra	State Carve-Out	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	Keppra	State Carve-Out	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	Keppra	State Carve-Out	
oxcarbazepine oral suspension 300 mg/5ml	Trileptal	State Carve-Out	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	Trileptal	State Carve-Out	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	Lyrica	State Carve-Out	
pregabalin oral solution 20 mg/ml	Lyrica	State Carve-Out	
primidone oral tablet 250 mg, 50 mg	Mysoline	State Carve-Out	
rufinamide oral suspension 40 mg/ml	Banzel	State Carve-Out	
rufinamide oral tablet 200 mg, 400 mg	Banzel	State Carve-Out	
topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg		State Carve-Out	
topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	Trokendi XR	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
topiramate oral capsule sprinkle 15 mg, 25 mg	Topamax Sprinkle	State Carve-Out	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	Topamax	State Carve-Out	
zonisamide oral capsule 100 mg, 25 mg	Zonegran	State Carve-Out	
zonisamide oral capsule 50 mg		State Carve-Out	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	eslicarbazepine acetate	State Carve-Out	
BANZEL ORAL SUSPENSION 40 MG/ML	rufinamide	State Carve-Out	
BANZEL ORAL TABLET 200 MG, 400 MG	rufinamide	State Carve-Out	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG	carbamazepine er	State Carve-Out	
EPITOL ORAL TABLET 200 MG	carbamazepine	State Carve-Out	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML	levetiracetam	State Carve-Out	
KEPPRA ORAL SOLUTION 100 MG/ML	levetiracetam	State Carve-Out	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG	levetiracetam	State Carve-Out	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG	levetiracetam er	State Carve-Out	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG	lamotrigine	State Carve-Out	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG	lamotrigine	State Carve-Out	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	State Carve-Out	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	lamotrigine	State Carve-Out	
LAMICTAL STARTER ORAL KIT 35 X 25 MG	lamotrigine starter kit-blue	State Carve-Out	
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG	lamotrigine starter kit-orange	State Carve-Out	
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	lamotrigine starter kit-green	State Carve-Out	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	lamotrigine er	State Carve-Out	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	pregabalin	State Carve-Out	
LYRICA ORAL SOLUTION 20 MG/ML	pregabalin	State Carve-Out	
MYSOLINE ORAL TABLET 250 MG, 50 MG	primidone	State Carve-Out	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	gabapentin	State Carve-Out	
NEURONTIN ORAL SOLUTION 250 MG/5ML	gabapentin	State Carve-Out	
NEURONTIN ORAL TABLET 600 MG, 800 MG	gabapentin	State Carve-Out	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG	oxcarbazepine er	State Carve-Out	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	topiramate er	State Carve-Out	
ROWEEPRA ORAL TABLET 500 MG	levetiracetam	State Carve-Out	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG		State Carve-Out	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	levetiracetam	State Carve-Out	
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	lamotrigine	State Carve-Out	
SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG	lamotrigine starter kit-blue	State Carve-Out	
SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG & 14X100 MG	lamotrigine starter kit-green	State Carve-Out	
SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG & 7 X 100 MG	lamotrigine starter kit-orange	State Carve-Out	
TEGRETOL ORAL SUSPENSION 100 MG/5ML	carbamazepine	State Carve-Out	
TEGRETOL ORAL TABLET 200 MG	carbamazepine	State Carve-Out	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG	carbamazepine er	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	topiramate	State Carve-Out	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG	topiramate	State Carve-Out	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML	oxcarbazepine	State Carve-Out	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	oxcarbazepine	State Carve-Out	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	topiramate er	State Carve-Out	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	lacosamide	State Carve-Out	
VIMPAT ORAL SOLUTION 10 MG/ML	lacosamide	State Carve-Out	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	lacosamide	State Carve-Out	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	zonisamide	State Carve-Out	
Carbamates**			
felbamate oral suspension 600 mg/5ml		State Carve-Out	
felbamate oral tablet 400 mg, 600 mg	Felbatol	State Carve-Out	
FELBATOL ORAL TABLET 400 MG, 600 MG	felbamate	State Carve-Out	
Gaba Modulators**			
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg		State Carve-Out	
vigabatrin oral packet 500 mg	Sabril	State Carve-Out	
vigabatrin oral tablet 500 mg	Sabril	State Carve-Out	
SABRIL ORAL PACKET 500 MG	vigabatrin	State Carve-Out	
SABRIL ORAL TABLET 500 MG	vigabatrin	State Carve-Out	
VIGADRONE ORAL PACKET 500 MG	vigabatrin	State Carve-Out	
VIGADRONE ORAL TABLET 500 MG	vigabatrin	State Carve-Out	
VIGPODER ORAL PACKET 500 MG	vigabatrin	State Carve-Out	
Hydantoins**			
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	Cerebyx	State Carve-Out	
phenytoin oral suspension 125 mg/5ml	Dilantin-125	State Carve-Out	
phenytoin oral tablet chewable 50 mg	Dilantin Infatabs	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
phenytoin sodium extended oral capsule 100 mg	Dilantin	State Carve-Out	
phenytoin sodium extended oral capsule 200 mg, 300 mg	Phenytek	State Carve-Out	
phenytoin sodium injection solution 50 mg/ml		State Carve-Out	
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML	fosphenytoin sodium	State Carve-Out	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	State Carve-Out	
DILANTIN ORAL CAPSULE 100 MG	phenytoin sodium extended	State Carve-Out	
DILANTIN ORAL CAPSULE 30 MG		State Carve-Out	
DILANTIN ORAL SUSPENSION 125 MG/5ML	phenytoin	State Carve-Out	
DILANTIN-125 ORAL SUSPENSION 125 MG/5ML	phenytoin	State Carve-Out	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	phenytoin sodium extended	State Carve-Out	
PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG	phenytoin	State Carve-Out	
Succinimides**			
ethosuximide oral capsule 250 mg	Zarontin	State Carve-Out	
ethosuximide oral solution 250 mg/5ml	Zarontin	State Carve-Out	
methsuximide oral capsule 300 mg	Celontin	State Carve-Out	
CELONTIN ORAL CAPSULE 300 MG	methsuximide	State Carve-Out	
ZARONTIN ORAL CAPSULE 250 MG	ethosuximide	State Carve-Out	
ZARONTIN ORAL SOLUTION 250 MG/5ML	ethosuximide	State Carve-Out	
Valproic Acid**			
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	Depakote ER	State Carve-Out	
divalproex sodium oral capsule delayed release sprinkle 125 mg	Depakote Sprinkles	State Carve-Out	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	Depakote	State Carve-Out	
valproate sodium intravenous solution 100 mg/ml		State Carve-Out	
valproic acid oral capsule 250 mg		State Carve-Out	
valproic acid oral solution 250 mg/5ml		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG	divalproex sodium er	State Carve-Out	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG	divalproex sodium	State Carve-Out	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG	divalproex sodium	State Carve-Out	
ANTIDEPRESSANTS			
Alpha-2 Receptor Antagonists (Tetracyclics)**			
mirtazapine oral tablet 15 mg, 30 mg	Remeron	State Carve-Out	
mirtazapine oral tablet 45 mg, 7.5 mg		State Carve-Out	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	Remeron SolTab	State Carve-Out	
REMERON ORAL TABLET 15 MG, 30 MG	mirtazapine	State Carve-Out	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG	mirtazapine	State Carve-Out	
Antidepressants - Misc.**			
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	Wellbutrin SR	State Carve-Out	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	State Carve-Out	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	Forfivo XL	State Carve-Out	
bupropion hcl oral tablet 100 mg, 75 mg		State Carve-Out	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG		State Carve-Out	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	bupropion hcl er (xl)	State Carve-Out	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG	bupropion hcl er (sr)	State Carve-Out	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	bupropion hcl er (xl)	State Carve-Out	
Monoamine Oxidase Inhibitors (Maois)**			
phenelzine sulfate oral tablet 15 mg	Nardil	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
tranylcypromine sulfate oral tablet 10 mg	Parnate	State Carve-Out	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR		State Carve-Out	
MARPLAN ORAL TABLET 10 MG		State Carve-Out	
NARDIL ORAL TABLET 15 MG	phenelzine sulfate	State Carve-Out	
PARNATE ORAL TABLET 10 MG	tranylcypromine sulfate	State Carve-Out	
Selective Serotonin Reuptake Inhibitors (Ssris)**			
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml		State Carve-Out	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	CeleXA	State Carve-Out	
escitalopram oxalate oral solution 5 mg/5ml		State Carve-Out	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	Lexapro	State Carve-Out	
fluoxetine hcl oral capsule 10 mg, 40 mg		State Carve-Out	
fluoxetine hcl oral capsule 20 mg	PROzac	State Carve-Out	
fluoxetine hcl oral capsule delayed release 90 mg		State Carve-Out	
fluoxetine hcl oral solution 20 mg/5ml		State Carve-Out	
fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg		State Carve-Out	
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg		State Carve-Out	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg		State Carve-Out	
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	Paxil CR	State Carve-Out	
paroxetine hcl oral suspension 10 mg/5ml		State Carve-Out	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	Paxil	State Carve-Out	
sertraline hcl oral concentrate 20 mg/ml	Zoloft	State Carve-Out	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	Zoloft	State Carve-Out	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	citalopram hydrobromide	State Carve-Out	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	escitalopram oxalate	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG	paroxetine hcl er	State Carve-Out	
PAXIL ORAL SUSPENSION 10 MG/5ML	paroxetine hcl	State Carve-Out	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	paroxetine hcl	State Carve-Out	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	fluoxetine hcl	State Carve-Out	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	sertraline hcl	State Carve-Out	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	sertraline hcl	State Carve-Out	
Serotonin Modulators**			
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		State Carve-Out	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg		State Carve-Out	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	Viibryd	State Carve-Out	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG		State Carve-Out	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	vilazodone hcl	State Carve-Out	
Serotonin-Norepinephrine Reuptake Inhibitors (Snris)**			
desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg		State Carve-Out	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	Pristiq	State Carve-Out	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg		State Carve-Out	
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	Effexor XR	State Carve-Out	
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg		State Carve-Out	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg		State Carve-Out	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG	duloxetine hcl	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG	venlafaxine hcl er	State Carve-Out	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG		State Carve-Out	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG		State Carve-Out	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG	desvenlafaxine succinate er	State Carve-Out	
Tricyclic Agents**			
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		State Carve-Out	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		State Carve-Out	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	Anafranil	State Carve-Out	
desipramine hcl oral tablet 10 mg, 25 mg	Norpramin	State Carve-Out	
desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg		State Carve-Out	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		State Carve-Out	
doxepin hcl oral concentrate 10 mg/ml		State Carve-Out	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		State Carve-Out	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg		State Carve-Out	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	Pamelor	State Carve-Out	
nortriptyline hcl oral solution 10 mg/5ml		State Carve-Out	
protriptyline hcl oral tablet 10 mg, 5 mg		State Carve-Out	
trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg		State Carve-Out	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	clomipramine hcl	State Carve-Out	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	desipramine hcl	State Carve-Out	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	nortriptyline hcl	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
ANTIDIABETICS			
Alpha-Glucosidase Inhibitors**			
acarbose oral tablet 100 mg, 25 mg, 50 mg		Preferred	
miglitol oral tablet 100 mg, 25 mg, 50 mg		Preferred	
Antidiabetic - Amylin Analogs**			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML		Preferred	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML		Preferred	
Biguanides**			
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg		Non-Preferred	PA
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg		Non-Preferred	PA
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg		Preferred	
metformin hcl oral solution 500 mg/5ml	Riomet	Non-Preferred	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		Preferred	
metformin hcl oral tablet 625 mg, 750 mg		Non-Preferred	PA
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	metformin hcl er (mod)	Non-Preferred	PA
RIOMET ORAL SOLUTION 500 MG/5ML	metformin hcl	Non-Preferred	PA
Diabetic Other**			
diazoxide oral suspension 50 mg/ml	Proglycem	Non-Preferred	PA
glucagon emergency injection kit 1 mg		Preferred	
glucagon emergency injection solution reconstituted 1 mg/ml		Non-Preferred	PA
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE		Preferred	QLL
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE		Preferred	QLL

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

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)**			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		Non-Preferred	PA; QLL
Incretin Mimetic Agents (Glp-1 Receptor Agonists)**			
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML		Non-Preferred	PA; QLL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	exenatide	Preferred	PA; QLL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	exenatide	Preferred	PA; QLL
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML		Preferred	PA; QLL
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML		Preferred	PA; QLL
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML		Preferred	PA; QLL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG		Non-Preferred	PA; QLL
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		Preferred	PA; QLL
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	liraglutide	Preferred	PA; QLL
Insulin-Incretin Mimetic Combinations**			
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML		Non-Preferred	PA; QLL
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
Meglitinide Analogues**			
nateglinide oral tablet 120 mg, 60 mg		Preferred	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg		Preferred	
Sglt2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb**			
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG		Non-Preferred	PA
Sglt2 Inhibitor - Dpp-4 Inhibitor Combinations**			
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG		Non-Preferred	PA
QTERN ORAL TABLET 10-5 MG, 5-5 MG		Non-Preferred	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG		Non-Preferred	PA
Sodium-Glucose Co-Transporter 2 (Sglt2) Inhibitors**			
dapagliflozin propanediol oral tablet 10 mg, 5 mg	Farxiga	Non-Preferred	PA
FARXIGA ORAL TABLET 10 MG, 5 MG	dapagliflozin propanediol	Preferred	
INVOKANA ORAL TABLET 100 MG, 300 MG		Non-Preferred	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG		Preferred	
STEGLATRO ORAL TABLET 15 MG, 5 MG		Non-Preferred	PA
Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb**			
dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg	Xigduo XR	Non-Preferred	PA
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		Non-Preferred	PA
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG		Non-Preferred	PA

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

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
clemastine fumarate oral tablet 2.68 mg		Supplemental Formulary	
diphenhydramine hcl injection solution 50 mg/ml		Common Formulary	AL (Max 64 Years)
diphenhydramine hcl oral capsule 25 mg, 50 mg	Banophen	Common Formulary	AL (Max 64 Years)
diphenhydramine hcl oral elixir 12.5 mg/5ml		Supplemental Formulary	
diphenhydramine hcl oral liquid 12.5 mg/5ml	Banophen	Common Formulary	OTC
diphenhydramine hcl oral tablet 25 mg	Banophen	Common Formulary	AL (Max 64 Years); OTC
BANOPHEN ORAL CAPSULE 50 MG	diphenhydramine hcl	Common Formulary	AL (Max 64 Years); OTC
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG		Common Formulary	OTC
Antihistamines - Non-Sedating**			
allergy childrens oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
allergy childrens oral suspension 30 mg/5ml	Allegra Allergy Childrens	Preferred	OTC
allergy rel child (loratadine) oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
allergy relief (cetirizine) oral capsule 10 mg	Wal-Zyr	Non-Preferred	PA; OTC
allergy relief (loratadine) oral tablet 10 mg	KLS AllerClear	Preferred	OTC
allergy relief cetirizine oral tablet 5 mg		Preferred	OTC
allergy relief oral tablet 10 mg	KLS AllerClear	Preferred	OTC
allergy relief oral tablet 5 mg	Xyzal Allergy 24HR	Preferred	OTC
cetirizine hcl childrens oral solution 5 mg/5ml	KLS Aller-Tec Childrens	Non-Preferred	PA; OTC
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	KLS Aller-Tec Childrens	Preferred	
cetirizine hcl oral tablet 10 mg	KLS Aller-Tec	Preferred	OTC
cetirizine hcl oral tablet 5 mg		Preferred	OTC
cetirizine hcl oral tablet chewable 10 mg, 5 mg	Wal-Zyr Childrens	Non-Preferred	PA; OTC
childrens loratadine oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
desloratadine oral tablet 5 mg	Clarinex	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
desloratadine oral tablet dispersible 2.5 mg		Non-Preferred	PA; AL (Max 11 Years)
desloratadine oral tablet dispersible 5 mg		Non-Preferred	PA
fexofenadine hcl oral tablet 180 mg, 60 mg	Allegra Allergy	Preferred	OTC
ft all day allergy relief oral tablet 10 mg	KLS AllerClear	Preferred	OTC
ft allergy childrens oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
ft allergy relief loratadine oral tablet 10 mg	KLS AllerClear	Preferred	OTC
gnp all day allergy relief oral capsule 10 mg	Wal-Zyr	Non-Preferred	PA; OTC
gnp allergy relief 24 hr oral tablet 5 mg	Xyzal Allergy 24HR	Preferred	OTC
gnp loratadine childrens oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
gnp loratadine oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
gnp loratadine oral tablet 10 mg	KLS AllerClear	Preferred	OTC
gnp loratadine oral tablet dispersible 10 mg	Alavert	Preferred	OTC
goodsense allergy relief child oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
goodsense allergy relief oral tablet 10 mg	KLS AllerClear	Preferred	OTC
hm loratadine childrens oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
hm loratadine oral tablet 10 mg	KLS AllerClear	Preferred	OTC
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	Xyzal Allergy 24HR Childrens	Non-Preferred	PA
levocetirizine dihydrochloride oral tablet 5 mg	Xyzal Allergy 24HR	Preferred	
loratadine childrens oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
loratadine childrens oral tablet chewable 5 mg	Claritin	Preferred	OTC
loratadine oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
loratadine oral tablet 10 mg	KLS AllerClear	Preferred	OTC
loratadine oral tablet dispersible 10 mg	Alavert	Preferred	OTC
sm all day allergy relief oral tablet 10 mg	KLS AllerClear	Preferred	OTC
sm allergy childrens oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC
sm allergy relief oral tablet dispersible 10 mg	Alavert	Preferred	OTC
sm childrens loratadine oral solution 5 mg/5ml	Claritin Allergy Childrens	Preferred	OTC

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
LOPID ORAL TABLET 600 MG	gemfibrozil	Non-Preferred	PA
TRICOR ORAL TABLET 145 MG, 48 MG	fenofibrate	Non-Preferred	PA
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	fenofibric acid	Non-Preferred	PA
Hmg Coa Reductase Inhibitors**			
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	Lipitor	Preferred	QLL
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	Lescol XL	Non-Preferred	PA; QLL
fluvastatin sodium oral capsule 20 mg, 40 mg		Non-Preferred	PA; QLL
lovastatin oral tablet 10 mg, 20 mg, 40 mg		Preferred	QLL
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	Livalo	Non-Preferred	PA; QLL
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg		Preferred	QLL
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Crestor	Preferred	QLL
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	Preferred	QLL
simvastatin oral tablet 5 mg, 80 mg		Preferred	QLL
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG		Non-Preferred	PA; QLL
ATORVALIQ ORAL SUSPENSION 20 MG/5ML		Non-Preferred	PA
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	rosuvastatin calcium	Non-Preferred	PA
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG		Non-Preferred	PA; QLL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG	fluvastatin sodium er	Non-Preferred	PA; QLL
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	atorvastatin calcium	Non-Preferred	PA; QLL
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	pitavastatin calcium	Non-Preferred	PA; QLL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	simvastatin	Non-Preferred	PA; QLL

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
moexipril hcl oral tablet 15 mg, 7.5 mg		Non-Preferred	PA
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		Non-Preferred	PA
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Accupril	Non-Preferred	PA
ramipril oral capsule 1.25 mg, 10 mg, 5 mg		Preferred	
ramipril oral capsule 2.5 mg	Altace	Preferred	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		Non-Preferred	PA
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	quinapril hcl	Non-Preferred	PA
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	ramipril	Non-Preferred	PA
EPANED ORAL SOLUTION 1 MG/ML	enalapril maleate	Non-Preferred	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	benazepril hcl	Non-Preferred	PA
QBRELIS ORAL SOLUTION 1 MG/ML		Non-Preferred	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	enalapril maleate	Non-Preferred	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	lisinopril	Non-Preferred	PA
Angiotensin Ii Receptor Antag & Ca Channel Blocker Comb**			
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	Exforge	Preferred	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	Azor	Preferred	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg		Non-Preferred	PA
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	amlodipine-olmesartan	Non-Preferred	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	amlodipine besylate-valsartan	Non-Preferred	PA
Angiotensin Ii Receptor Antag & Thiazide/Thiazide-Like**			
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	Atacand HCT	Non-Preferred	PA
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	Avalide	Non-Preferred	PA

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	vancomycin hcl	Preferred	
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	vancomycin hcl	Preferred	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	vancomycin hcl	Non-Preferred	PA
Leprostatics**			
dapsone oral tablet 100 mg, 25 mg		Common Formulary	
Lincosamides**			
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	Cleocin	Common Formulary	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	Cleocin	Common Formulary	AL (Max 12 Years)
Monobactams**			
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG		Preferred	
Oxazolidinones**			
linezolid oral suspension reconstituted 100 mg/5ml	Zyvox	Non-Preferred	PA
linezolid oral tablet 600 mg	Zyvox	Preferred	QLL
SIVEXTRO ORAL TABLET 200 MG		Non-Preferred	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	linezolid	Non-Preferred	PA
ZYVOX ORAL TABLET 600 MG	linezolid	Non-Preferred	PA; QLL
Urinary Anti-Infectives**			
methenamine hippurate oral tablet 1 gm	Hiprex	Common Formulary	
methenamine mandelate oral tablet 0.5 gm, 1 gm		Common Formulary	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	Macrodantin	Common Formulary	QLL; AL (Max 64 Years)
nitrofurantoin monohyd macro oral capsule 100 mg	Macrobid	Common Formulary	QLL; AL (Max 64 Years)
ANTIMALARIALS			
Antimalarials**			
chloroquine phosphate oral tablet 250 mg, 500 mg		Common Formulary	QLL
hydroxychloroquine sulfate oral tablet 100 mg, 400 mg		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
hydroxychloroquine sulfate oral tablet 200 mg, 300 mg	Sovuna	Common Formulary	
mefloquine hcl oral tablet 250 mg		Common Formulary	PA; QLL
primaquine phosphate oral tablet 26.3 (15 base) mg		Common Formulary	
pyrimethamine oral tablet 25 mg	Daraprim	Common Formulary	PA; QLL
KRINTAFEL ORAL TABLET 150 MG		Common Formulary	PA; QLL
SOVUNA ORAL TABLET 200 MG, 300 MG	hydroxychloroquine sulfate	Common Formulary	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			
Antimyasthenic/Cholinergic Agents**			
pyridostigmine bromide oral tablet 60 mg	Mestinon	Common Formulary	
FIRDAPSE ORAL TABLET 10 MG		State Carve-Out	
ANTIMYCOBACTERIAL AGENTS			
Antimycobacterial Agents**			
cycloserine oral capsule 250 mg		Common Formulary	QLL
ethambutol hcl oral tablet 100 mg, 400 mg		Common Formulary	
isoniazid oral syrup 50 mg/5ml		Common Formulary	AL (Max 12 Years)
isoniazid oral tablet 100 mg, 300 mg		Common Formulary	
pretomanid oral tablet 200 mg		Common Formulary	PA; QLL
pyrazinamide oral tablet 500 mg		Common Formulary	
rifabutin oral capsule 150 mg		Common Formulary	
rifampin oral capsule 150 mg, 300 mg		Common Formulary	
PRIFTIN ORAL TABLET 150 MG		Common Formulary	QLL
SIRTURO ORAL TABLET 100 MG, 20 MG		Common Formulary	PA

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

Formulary Drug Name	Reference	Tiering	Restrictions
floxuridine injection solution reconstituted 0.5 gm		Common Formulary	
mercaptopurine oral tablet 50 mg		Common Formulary	
methotrexate sodium oral tablet 2.5 mg		Common Formulary	
JYLAMVO ORAL SOLUTION 2 MG/ML		Common Formulary	
ONUREG ORAL TABLET 200 MG, 300 MG		Common Formulary	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	mercaptopurine	Common Formulary	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG		Common Formulary	
XATMEP ORAL SOLUTION 2.5 MG/ML		Common Formulary	
XELODA ORAL TABLET 150 MG, 500 MG	capecitabine	Common Formulary	
Antineoplastic - Akt Inhibitors**			
TRUQAP ORAL TABLET 200 MG		State Carve-Out	
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG		State Carve-Out	
Antineoplastic - Alk Inhibitors**			
ALECENSA ORAL CAPSULE 150 MG		State Carve-Out	
XALKORI ORAL CAPSULE 200 MG, 250 MG		State Carve-Out	
Antineoplastic - Anti-Her2 Agents**			
TUKYSA ORAL TABLET 150 MG, 50 MG		State Carve-Out	
Antineoplastic - Bcl-2 Inhibitors**			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Common Formulary	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Antineoplastic - Bcr-Abl Kinase Inhibitors**			
imatinib mesylate oral tablet 100 mg, 400 mg	Gleevec	State Carve-Out	
BOSULIF ORAL TABLET 100 MG, 500 MG		State Carve-Out	
GLEEVEC ORAL TABLET 100 MG, 400 MG	imatinib mesylate	State Carve-Out	
ICLUSIG ORAL TABLET 15 MG, 45 MG		State Carve-Out	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	dasatinib	State Carve-Out	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	nilotinib hcl	State Carve-Out	
Antineoplastic - Braf Kinase Inhibitors**			
BRAFTOVI ORAL CAPSULE 75 MG		Common Formulary	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG		State Carve-Out	
TAFINLAR ORAL TABLET SOLUBLE 10 MG		State Carve-Out	
ZELBORAF ORAL TABLET 240 MG		State Carve-Out	
Antineoplastic - Btk Inhibitors**			
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		State Carve-Out	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		State Carve-Out	
Antineoplastic - Egfr Inhibitors**			
erlotinib hcl oral tablet 100 mg	Tarceva	State Carve-Out	
erlotinib hcl oral tablet 150 mg, 25 mg		State Carve-Out	
gefitinib oral tablet 250 mg	Iressa	State Carve-Out	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		State Carve-Out	
IRESSA ORAL TABLET 250 MG	gefitinib	State Carve-Out	
LAZCLUZE ORAL TABLET 240 MG, 80 MG		State Carve-Out	
TAGRISSO ORAL TABLET 40 MG, 80 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	erlotinib hcl	State Carve-Out	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		State Carve-Out	
Antineoplastic - Hedgehog Pathway Inhibitors**			
DAURISMO ORAL TABLET 100 MG, 25 MG		Common Formulary	
ERIVEDGE ORAL CAPSULE 150 MG		Common Formulary	
ODOMZO ORAL CAPSULE 200 MG		Common Formulary	
Antineoplastic - Histone Deacetylase Inhibitors**			
ZOLINZA ORAL CAPSULE 100 MG		Common Formulary	
Antineoplastic - Hormonal And Related Agent Combinations**			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		Common Formulary	
Antineoplastic - Immunomodulators**			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Common Formulary	
Antineoplastic - Kras Inhibitors**			
KRAZATI ORAL TABLET 200 MG		Common Formulary	
LUMAKRAS ORAL TABLET 120 MG, 320 MG		Common Formulary	
Antineoplastic - Mek Inhibitors**			
COTELLIC ORAL TABLET 20 MG		State Carve-Out	
MEKINIST ORAL TABLET 0.5 MG, 2 MG		State Carve-Out	
Antineoplastic - Menin Inhibitors**			
REVUFORJ ORAL TABLET 110 MG, 160 MG		State Carve-Out	

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

Formulary Drug Name	Reference	Tiering	Restrictions
Antineoplastic - Proteasome Inhibitors**			
bortezomib injection solution reconstituted 3.5 mg	Velcade	State Carve-Out	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	bortezomib	State Carve-Out	
Antineoplastic - Ret Inhibitors**			
GAVRETO ORAL CAPSULE 100 MG		State Carve-Out	
Antineoplastic - Xpo1 Inhibitors**			
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		Common Formulary	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG		Common Formulary	
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		Common Formulary	
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG		Common Formulary	
Antineoplastic Combinations**			
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		State Carve-Out	
INQOVI ORAL TABLET 35-100 MG		Common Formulary	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Common Formulary	
Antineoplastics Misc.**			
hydroxyurea oral capsule 500 mg	Hydrea	Common Formulary	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		Common Formulary	
HYDREA ORAL CAPSULE 500 MG	hydroxyurea	Common Formulary	
MATULANE ORAL CAPSULE 50 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Aromatase Inhibitors**			
anastrozole oral tablet 1 mg	Arimidex	Common Formulary	
exemestane oral tablet 25 mg	Aromasin	Common Formulary	
letrozole oral tablet 2.5 mg	Femara	Common Formulary	
ARIMIDEX ORAL TABLET 1 MG	anastrozole	Common Formulary	
AROMASIN ORAL TABLET 25 MG	exemestane	Common Formulary	
FEMARA ORAL TABLET 2.5 MG	letrozole	Common Formulary	
Cyclin-Dependent Kinases (Cdk) Inhibitors**			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		State Carve-Out	
Folic Acid Antagonists Rescue Agents**			
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		Common Formulary	
Gonadotropin Releasing Hormone (Gnrh) Antagonists**			
ORGOVYX ORAL TABLET 120 MG		Common Formulary	
Imidazotetrazines**			
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg		Common Formulary	
Isocitrate Dehydrogenase-1 (Idh1) Inhibitors**			
REZLIDHIA ORAL CAPSULE 150 MG		Common Formulary	
TIBSOVO ORAL TABLET 250 MG		Common Formulary	
Isocitrate Dehydrogenase-2 (Idh2) Inhibitors**			
IDHIFA ORAL TABLET 100 MG, 50 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Janus Associated Kinase (Jak) Inhibitors**			
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG		Common Formulary	
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG		State Carve-Out	
VONJO ORAL CAPSULE 100 MG		State Carve-Out	
Lhrh Analogs**			
leuprolide acetate (3 month) intramuscular injectable 22.5 mg	Lutrate Depot	Common Formulary	
leuprolide acetate injection kit 1 mg/0.2ml		Common Formulary	
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG		Common Formulary	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG		Common Formulary	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG		Common Formulary	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG		Common Formulary	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG		Common Formulary	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG		Common Formulary	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG		Common Formulary	
Mitotic Inhibitors**			
etoposide oral capsule 50 mg		Common Formulary	
Nitrogen Mustards And Related Analogues**			
cyclophosphamide oral capsule 25 mg, 50 mg		Common Formulary	
cyclophosphamide oral tablet 25 mg, 50 mg		Common Formulary	
Oligonucleotide Telomerase Inhibitors**			
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors**			
ZYDELIG ORAL TABLET 100 MG, 150 MG		State Carve-Out	
Progestins-Antineoplastic**			
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml		Preferred	
megestrol acetate oral tablet 20 mg, 40 mg		Common Formulary	
Retinoids**			
tretinoin oral capsule 10 mg		Common Formulary	
Selective Estrogen Receptor Degraders**			
ORSERDU ORAL TABLET 345 MG, 86 MG		Common Formulary	
Selective Retinoid X Receptor Agonists**			
bexarotene oral capsule 75 mg	Targretin	Common Formulary	
TARGRETIN ORAL CAPSULE 75 MG	bexarotene	Common Formulary	
Topoisomerase I Inhibitors**			
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG		Common Formulary	
Urinary Tract Protective Agents**			
MESNEX ORAL TABLET 400 MG	mesna	Common Formulary	
Vascular Endothelial Growth Factor (Vegf) Inhibitors**			
INLYTA ORAL TABLET 1 MG, 5 MG		State Carve-Out	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		State Carve-Out	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		State Carve-Out	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		State Carve-Out	
ANTIPARKINSON AND RELATED THERAPY AGENTS			
Adenosine Receptor Antagonist**			
NOURIANZ ORAL TABLET 20 MG, 40 MG		Non-Preferred	PA
Antiparkinson Anticholinergics**			
benztropine mesylate injection solution 1 mg/ml		State Carve-Out	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg		State Carve-Out	
trihexyphenidyl hcl oral solution 0.4 mg/ml		State Carve-Out	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg		State Carve-Out	
Antiparkinson Dopaminergics**			
amantadine hcl oral capsule 100 mg		Preferred	
amantadine hcl oral solution 50 mg/5ml		Preferred	
amantadine hcl oral tablet 100 mg		Non-Preferred	PA
bromocriptine mesylate oral capsule 5 mg	Parlodel	Non-Preferred	PA
bromocriptine mesylate oral tablet 2.5 mg	Parlodel	Non-Preferred	PA
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG		Non-Preferred	PA
INBRIJA INHALATION CAPSULE 42 MG		Non-Preferred	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG		Non-Preferred	PA
PARLODEL ORAL CAPSULE 5 MG	bromocriptine mesylate	Non-Preferred	PA
PARLODEL ORAL TABLET 2.5 MG	bromocriptine mesylate	Non-Preferred	PA
Antiparkinson Monoamine Oxidase Inhibitors**			
rasagiline mesylate oral tablet 0.5 mg, 1 mg	Azilect	Preferred	PA
selegiline hcl oral capsule 5 mg		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
selegiline hcl oral tablet 5 mg		Non-Preferred	PA
AZILECT ORAL TABLET 0.5 MG, 1 MG	rasagiline mesylate	Non-Preferred	PA
XADAGO ORAL TABLET 100 MG, 50 MG		Non-Preferred	PA
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG		Non-Preferred	PA
Central/Peripheral Comt Inhibitors**			
tolcapone oral tablet 100 mg	Tasmar	Non-Preferred	PA
TASMAR ORAL TABLET 100 MG	tolcapone	Non-Preferred	PA
Decarboxylase Inhibitors**			
carbidopa oral tablet 25 mg	Lodosyn	Non-Preferred	PA
LODOSYN ORAL TABLET 25 MG	carbidopa	Non-Preferred	PA
Levodopa Combinations**			
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg		Preferred	
carbidopa-levodopa oral tablet 10-100 mg	Sinemet	Preferred	
carbidopa-levodopa oral tablet 25-100 mg	Dhivy	Preferred	
carbidopa-levodopa oral tablet 25-250 mg		Preferred	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg		Non-Preferred	PA
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg		Non-Preferred	PA
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG		Non-Preferred	PA
DHIVY ORAL TABLET 25-100 MG	carbidopa-levodopa	Non-Preferred	PA
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML		Non-Preferred	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG		Non-Preferred	PA
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	carbidopa-levodopa	Non-Preferred	PA
VYALEV SUBCUTANEOUS SOLUTION 240-12 MG/ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Nonergoline Dopamine Receptor Agonists**			
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		Non-Preferred	PA
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg		Preferred	
ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg		Non-Preferred	PA
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg		Preferred	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR		Non-Preferred	PA; QLL
Peripheral Comt Inhibitors**			
entacapone oral tablet 200 mg		Preferred	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG		Non-Preferred	PA
ANTIPSYCHOTICS/ANTIMANIC AGENTS			
Antimanic Agents**			
lithium carbonate er oral tablet extended release 300 mg	Lithobid	State Carve-Out	
lithium carbonate er oral tablet extended release 450 mg		State Carve-Out	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		State Carve-Out	
lithium carbonate oral tablet 300 mg		State Carve-Out	
lithium oral solution 8 meq/5ml		State Carve-Out	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	lithium carbonate er	State Carve-Out	
Antipsychotics - Misc.**			
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	Latuda	State Carve-Out	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	Geodon	State Carve-Out	
ziprasidone mesylate intramuscular solution reconstituted 20 mg	Geodon	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG		State Carve-Out	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	ziprasidone mesylate	State Carve-Out	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	ziprasidone hcl	State Carve-Out	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	lurasidone hcl	State Carve-Out	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG		State Carve-Out	
Benzisoxazoles**			
paliperidone er oral tablet extended release 24 hour 1.5 mg		State Carve-Out	
paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg	Invega	State Carve-Out	
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	RisperDAL Consta	State Carve-Out	
risperidone oral solution 1 mg/ml	RisperDAL	State Carve-Out	
risperidone oral tablet 0.25 mg		State Carve-Out	
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	RisperDAL	State Carve-Out	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg		State Carve-Out	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG		State Carve-Out	
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG		State Carve-Out	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG		State Carve-Out	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG	paliperidone er	State Carve-Out	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML		State Carve-Out	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	risperidone microspheres er	State Carve-Out	
RISPERDAL ORAL SOLUTION 1 MG/ML	risperidone	State Carve-Out	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	risperidone	State Carve-Out	
Butyrophenones**			
haloperidol decanoate intramuscular solution 100 mg/ml	Haldol Decanoate	State Carve-Out	
haloperidol decanoate intramuscular solution 50 mg/ml		State Carve-Out	
haloperidol lactate injection solution 5 mg/ml		State Carve-Out	
haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml		State Carve-Out	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg		State Carve-Out	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	haloperidol decanoate	State Carve-Out	
Dibenzodiazepines**			
clozapine oral tablet 100 mg, 25 mg	Clozaril	State Carve-Out	
clozapine oral tablet 200 mg, 50 mg		State Carve-Out	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg		State Carve-Out	
CLOZARIL ORAL TABLET 100 MG, 25 MG	clozapine	State Carve-Out	
VERSACLOZ ORAL SUSPENSION 50 MG/ML		State Carve-Out	
Dibenzo-Oxepino Pyrroles**			
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	Saphris	State Carve-Out	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	asenapine maleate	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Dibenzothiazepines**			
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	SEROquel XR	State Carve-Out	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	SEROquel	State Carve-Out	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	quetiapine fumarate	State Carve-Out	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	quetiapine fumarate er	State Carve-Out	
Dibenzoxazepines**			
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg		State Carve-Out	
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG		State Carve-Out	
Dihydroindolones**			
molindone hcl oral tablet 10 mg, 25 mg, 5 mg		State Carve-Out	
Muscarinic Agent - Combinations**			
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG		State Carve-Out	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG		State Carve-Out	
Phenothiazines**			
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml		State Carve-Out	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg		State Carve-Out	
fluphenazine decanoate injection solution 25 mg/ml		State Carve-Out	
fluphenazine hcl injection solution 2.5 mg/ml		State Carve-Out	
fluphenazine hcl oral concentrate 5 mg/ml		State Carve-Out	
fluphenazine hcl oral elixir 2.5 mg/5ml		State Carve-Out	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg		State Carve-Out	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
prochlorperazine maleate oral tablet 10 mg, 5 mg		Common Formulary	QLL
prochlorperazine rectal suppository 25 mg	Compro	Common Formulary	QLL
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg		State Carve-Out	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg		State Carve-Out	
COMPRO RECTAL SUPPOSITORY 25 MG	prochlorperazine	Common Formulary	QLL
Quinolinone Derivatives**			
aripiprazole oral solution 1 mg/ml		State Carve-Out	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	Abilify	State Carve-Out	
aripiprazole oral tablet dispersible 10 mg, 15 mg		State Carve-Out	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG		State Carve-Out	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG		State Carve-Out	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	aripiprazole	State Carve-Out	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG		State Carve-Out	
Thienbenzodiazepines**			
olanzapine intramuscular solution reconstituted 10 mg	ZyPREXA	State Carve-Out	
olanzapine oral tablet 10 mg, 15 mg, 7.5 mg		State Carve-Out	
olanzapine oral tablet 2.5 mg, 20 mg, 5 mg	ZyPREXA	State Carve-Out	
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg		State Carve-Out	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG	olanzapine	State Carve-Out	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	olanzapine	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG		State Carve-Out	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	olanzapine	State Carve-Out	
Thioxanthenes**			
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg		State Carve-Out	
ANTIVIRALS			
Antiretroviral Combinations**			
abacavir sulfate-lamivudine oral tablet 600-300 mg		State Carve-Out	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg		State Carve-Out	
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	State Carve-Out	
lamivudine-zidovudine oral tablet 150-300 mg		State Carve-Out	
lopinavir-ritonavir oral solution 400-100 mg/5ml	Kaletra	State Carve-Out	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	Kaletra	State Carve-Out	
ATRIPLA ORAL TABLET 600-200-300 MG	efavirenz-emtricitab-tenofo df	State Carve-Out	
COMPLERA ORAL TABLET 200-25-300 MG	emtricitab-rilpivir-tenofov df	State Carve-Out	
EPZICOM ORAL TABLET 600-300 MG	abacavir sulfate-lamivudine	State Carve-Out	
EVOTAZ ORAL TABLET 300-150 MG		State Carve-Out	
KALETRA ORAL SOLUTION 400-100 MG/5ML		State Carve-Out	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	lopinavir-ritonavir	State Carve-Out	
PREZCOBIX ORAL TABLET 800-150 MG		State Carve-Out	
STRIBILD ORAL TABLET 150-150-200-300 MG		State Carve-Out	
TRIUMEQ ORAL TABLET 600-50-300 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
TRUVADA ORAL TABLET 200-300 MG	emtricitabine-tenofovir df	State Carve-Out	
Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)**			
maraviroc oral tablet 150 mg, 300 mg	Selzentry	State Carve-Out	
SELZENTRY ORAL TABLET 150 MG, 300 MG	maraviroc	State Carve-Out	
Antiretrovirals - Fusion Inhibitors**			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG		State Carve-Out	
Antiretrovirals - Integrase Inhibitors**			
ISENTRESS ORAL PACKET 100 MG		State Carve-Out	
ISENTRESS ORAL TABLET 400 MG		State Carve-Out	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG		State Carve-Out	
TIVICAY ORAL TABLET 50 MG		State Carve-Out	
Antiretrovirals - Protease Inhibitors**			
atazanavir sulfate oral capsule 150 mg		State Carve-Out	
atazanavir sulfate oral capsule 200 mg, 300 mg	Reyataz	State Carve-Out	
darunavir oral tablet 600 mg, 800 mg	Prezista	State Carve-Out	
fosamprenavir calcium oral tablet 700 mg		State Carve-Out	
ritonavir oral tablet 100 mg	Norvir	State Carve-Out	
APTIVUS ORAL CAPSULE 250 MG		State Carve-Out	
LEXIVA ORAL TABLET 700 MG	fosamprenavir calcium	State Carve-Out	
NORVIR ORAL TABLET 100 MG	ritonavir	State Carve-Out	
PREZISTA ORAL SUSPENSION 100 MG/ML		State Carve-Out	
PREZISTA ORAL TABLET 150 MG, 75 MG		State Carve-Out	
PREZISTA ORAL TABLET 600 MG, 800 MG	darunavir	State Carve-Out	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	atazanavir sulfate	State Carve-Out	
REYATAZ ORAL PACKET 50 MG		State Carve-Out	
VIRACEPT ORAL TABLET 250 MG, 625 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Antiretrovirals - Rti-Non-Nucleoside Analogues**			
efavirenz oral capsule 200 mg, 50 mg		State Carve-Out	
efavirenz oral tablet 600 mg		State Carve-Out	
etravirine oral tablet 100 mg, 200 mg	Intelence	State Carve-Out	
nevirapine er oral tablet extended release 24 hour 400 mg		State Carve-Out	
nevirapine oral suspension 50 mg/5ml		State Carve-Out	
nevirapine oral tablet 200 mg		State Carve-Out	
EDURANT ORAL TABLET 25 MG		State Carve-Out	
INTELENCE ORAL TABLET 100 MG, 200 MG	etravirine	State Carve-Out	
INTELENCE ORAL TABLET 25 MG		State Carve-Out	
SUSTIVA ORAL TABLET 600 MG	efavirenz	State Carve-Out	
Antiretrovirals - Rti-Nucleoside Analogues-Purines**			
abacavir sulfate oral solution 20 mg/ml	Ziagen	State Carve-Out	
abacavir sulfate oral tablet 300 mg		State Carve-Out	
ZIAGEN ORAL SOLUTION 20 MG/ML	abacavir sulfate	State Carve-Out	
Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines**			
emtricitabine oral capsule 200 mg	Emtriva	State Carve-Out	
lamivudine oral solution 10 mg/ml	Epivir	State Carve-Out	
lamivudine oral tablet 150 mg, 300 mg	Epivir	State Carve-Out	
EMTRIVA ORAL CAPSULE 200 MG	emtricitabine	State Carve-Out	
EMTRIVA ORAL SOLUTION 10 MG/ML		State Carve-Out	
EPIVIR ORAL SOLUTION 10 MG/ML	lamivudine	State Carve-Out	
EPIVIR ORAL TABLET 150 MG, 300 MG	lamivudine	State Carve-Out	
Antiretrovirals - Rti-Nucleoside Analogues-Thymidines**			
zidovudine oral capsule 100 mg	Retrovir	State Carve-Out	
zidovudine oral syrup 50 mg/5ml	Retrovir	State Carve-Out	
zidovudine oral tablet 300 mg		State Carve-Out	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
RETROVIR ORAL CAPSULE 100 MG	zidovudine	State Carve-Out	
RETROVIR ORAL SYRUP 50 MG/5ML	zidovudine	State Carve-Out	
Antiretrovirals - Rti-Nucleotide Analogues**			
tenofovir disoproxil fumarate oral tablet 300 mg	Viread	State Carve-Out	
VIREAD ORAL POWDER 40 MG/GM		State Carve-Out	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		State Carve-Out	
VIREAD ORAL TABLET 300 MG	tenofovir disoproxil fumarate	State Carve-Out	
Antiretrovirals Adjuvants**			
TYBOST ORAL TABLET 150 MG		State Carve-Out	
Antiviral Combinations**			
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL		Common Formulary	
PAXLOVID (150/100) TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ORAL		Preferred	
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG		Preferred	
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL		Common Formulary	
PAXLOVID (300/100) TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ORAL		Preferred	
Cmv Agents**			
valganciclovir hcl oral tablet 450 mg	Valcyte	Common Formulary	QLL
LIVTENCITY ORAL TABLET 200 MG		Common Formulary	
PREVYMIS ORAL PACKET 120 MG, 20 MG		Common Formulary	
PREVYMIS ORAL TABLET 240 MG, 480 MG		Common Formulary	
Hepatitis B Agents**			
adefovir dipivoxil oral tablet 10 mg		Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
entecavir oral tablet 0.5 mg, 1 mg	Baraclude	Common Formulary	QLL
lamivudine oral tablet 100 mg		Common Formulary	QLL
VEMLIDY ORAL TABLET 25 MG		Common Formulary	PA; QLL
Herpes Agents - Purine Analogues**			
acyclovir oral capsule 200 mg		Preferred	
acyclovir oral suspension 200 mg/5ml		Preferred	
acyclovir oral tablet 400 mg, 800 mg		Preferred	
valacyclovir hcl oral tablet 1 gm, 500 mg	Valtrex	Preferred	
VALTREX ORAL TABLET 1 GM, 500 MG	valacyclovir hcl	Non-Preferred	PA
Herpes Agents - Thymidine Analogues**			
famciclovir oral tablet 125 mg, 250 mg, 500 mg		Preferred	
Influenza Agents**			
rimantadine hcl oral tablet 100 mg		Preferred	
Neuraminidase Inhibitors**			
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	Tamiflu	Preferred	QLL
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	Tamiflu	Preferred	QLL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT		Preferred	QLL
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	oseltamivir phosphate	Non-Preferred	PA; QLL
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	oseltamivir phosphate	Non-Preferred	PA; QLL
Pa Endonuclease Inhibitors**			
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG		Non-Preferred	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG		Non-Preferred	PA

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

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

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

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	Non-Preferred	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	diltiazem hcl	Non-Preferred	PA
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	diltiazem hcl er coated beads	Preferred	
KATERZIA ORAL SUSPENSION 1 MG/ML		Non-Preferred	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er	Non-Preferred	PA
NORLIQVA ORAL SOLUTION 1 MG/ML		Preferred	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	amlodipine besylate	Non-Preferred	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG	nifedipine er osmotic release	Non-Preferred	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	nisoldipine er	Non-Preferred	PA
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er beads	Non-Preferred	PA
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	diltiazem hcl er beads	Non-Preferred	PA
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	verapamil hcl er	Non-Preferred	PA
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	verapamil hcl er	Non-Preferred	PA
CARDIOTONICS			
Cardiac Glycosides**			
digoxin oral tablet 125 mcg, 250 mcg	Digox	Common Formulary	
DIGOX ORAL TABLET 125 MCG, 250 MCG	digoxin	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
CARDIOVASCULAR AGENTS - MISC.			
Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb**			
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	Caduet	Non-Preferred	PA; QLL
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg		Non-Preferred	PA; QLL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	amlodipine-atorvastatin	Non-Preferred	PA; QLL
Cardiac Myosin Inhibitors**			
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG		Common Formulary	PA; QLL
Cardiovascular Sglt2 Inhibitors*			
INPEFA ORAL TABLET 200 MG, 400 MG		Non-Preferred	PA
Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb**			
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG		Non-Preferred	PA; QLL
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	sacubitril-valsartan	Preferred	QLL
Pde Inhibitor-Endothelin Recptor Antagonist Combinations**			
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG		Non-Preferred	PA; QLL
Prostaglandin Vasodilators**			
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG		Non-Preferred	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG		Non-Preferred	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Non-Preferred	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG		Non-Preferred	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		Preferred	PA
Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)**			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Preferred	PA
Pulmonary Hypertension - Activin Signaling Inhibitor**			
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		Non-Preferred	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists**			
ambrisentan oral tablet 10 mg, 5 mg	Letairis	Preferred	PA
bosentan oral tablet 125 mg, 62.5 mg	Tracleer	Non-Preferred	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	ambrisentan	Non-Preferred	PA
OPSUMIT ORAL TABLET 10 MG		Preferred	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	bosentan	Preferred	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Pulmonary Hypertension - Phosphodiesterase Inhibitors**			
sildenafil citrate oral suspension reconstituted 10 mg/ml		Preferred	PA
sildenafil citrate oral tablet 20 mg	Revatio	Preferred	PA
tadalafil (pah) oral tablet 20 mg	Alyq	Preferred	PA
ADCIRCA ORAL TABLET 20 MG	tadalafil (pah)	Non-Preferred	PA
ALYQ ORAL TABLET 20 MG	tadalafil (pah)	Preferred	PA
REVATIO ORAL TABLET 20 MG	sildenafil citrate	Non-Preferred	PA
TADLIQ ORAL SUSPENSION 20 MG/5ML		Non-Preferred	PA
Pulmonary Hypertension - Prostacyclin Receptor Agonist**			
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Preferred	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG		Preferred	PA
Sinus Node Inhibitors*			
ivabradine hcl oral tablet 5 mg	Corlanor	Common Formulary	PA
CORLANOR ORAL SOLUTION 5 MG/5ML		Common Formulary	PA
CORLANOR ORAL TABLET 7.5 MG	ivabradine hcl	Common Formulary	PA
Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)**			
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG		Common Formulary	PA; QLL
CEPHALOSPORINS			
Cephalosporins - 1St Generation**			
cefadroxil oral capsule 500 mg		Preferred	QLL
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml		Preferred	
cefadroxil oral tablet 1 gm		Non-Preferred	PA; QLL
cephalexin oral capsule 250 mg, 500 mg, 750 mg		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		Preferred	
cephalexin oral tablet 250 mg, 500 mg		Preferred	
Cephalosporins - 2Nd Generation**			
cefaclor er oral tablet extended release 12 hour 500 mg		Non-Preferred	PA; QLL
cefaclor oral capsule 250 mg, 500 mg		Non-Preferred	PA; QLL
cefaclor oral suspension reconstituted 250 mg/5ml		Non-Preferred	PA
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		Preferred	
cefprozil oral tablet 250 mg, 500 mg		Preferred	QLL
cefuroxime axetil oral tablet 250 mg, 500 mg		Preferred	QLL
Cephalosporins - 3Rd Generation**			
cefdinir oral capsule 300 mg		Preferred	QLL
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml		Preferred	
cefixime oral capsule 400 mg		Preferred	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml		Non-Preferred	PA
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml		Non-Preferred	PA
cefpodoxime proxetil oral tablet 100 mg, 200 mg		Non-Preferred	PA; QLL
ceftriaxone sodium injection solution reconstituted 250 mg		Preferred	
CHEMICALS			
Bulk Chemicals - Do**			
doxepin hcl powder		State Carve-Out	
CONTRACEPTIVES			
Biphasic Contraceptives - Oral**			
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	Azurette	Common Formulary	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	Azurette	Common Formulary	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	desogestrel-ethinyl estradiol	Common Formulary	
Combination Contraceptives - Oral**			
alyacen 1/35 oral tablet 1-35 mg-mcg	Dasetta 1/35 (28)	Common Formulary	
briellyn oral tablet 0.4-35 mg-mcg	Balziva	Common Formulary	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	Jasmiel	Common Formulary	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	Ocella	Common Formulary	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	Kelnor 1/35	Common Formulary	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	Kelnor 1/50	Common Formulary	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	Afirmelle	Common Formulary	
levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg	Altavera	Common Formulary	
marlissa oral tablet 0.15-30 mg-mcg	Altavera	Common Formulary	
norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg	Aurovela Fe 1.5/30	Common Formulary	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	Aurovela FE 1/20	Common Formulary	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	Charlotte 24 Fe	Common Formulary	
norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg	Aurovela 1.5/30	Common Formulary	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	Aurovela 1/20	Common Formulary	
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	Wymzya Fe	Common Formulary	
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	Kaitlib Fe	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Estarylla	Common Formulary	
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
APRI ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
AVIANE ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
AYUNA ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	briellyn	Common Formulary	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
CHARLOTTE 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Common Formulary	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
DELYLA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
ELINEST ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
FALMINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Common Formulary	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
JASMIEL ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
JULEBER ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	norethin-eth estradiol-fe	Common Formulary	
KALLIGA ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	Common Formulary	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	ethynodiol diac-eth estradiol	Common Formulary	
KURVELO ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
LAYOLIS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	norethin-eth estradiol-fe	Common Formulary	
LESSINA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
LORYNA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
LUTERA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	norethin ace-eth estrad-fe	Common Formulary	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	norethindrone acet-ethinyl est	Common Formulary	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
MILI ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
NIKKI ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG		Common Formulary	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	alyacen 1/35	Common Formulary	
OCELLA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Common Formulary	
PHILITH ORAL TABLET 0.4-35 MG-MCG	briellyn	Common Formulary	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG		Common Formulary	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
SRONYX ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
SYEDA ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Common Formulary	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)		Common Formulary	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	norethin ace-eth estrad-fe	Common Formulary	
TURQOZ ORAL TABLET 0.3-30 MG-MCG		Common Formulary	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG		Common Formulary	
VESTURA ORAL TABLET 3-0.02 MG	drospirenone-ethinyl estradiol	Common Formulary	
VIENVA ORAL TABLET 0.1-20 MG-MCG	levonorgestrel-ethinyl estrad	Common Formulary	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	briellyn	Common Formulary	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	norgestimate-eth estradiol	Common Formulary	
WERA ORAL TABLET 0.5-35 MG-MCG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	norethin-eth estradiol-fe	Common Formulary	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	ethynodiol diac-eth estradiol	Common Formulary	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	drospirenone-ethinyl estradiol	Common Formulary	
Combination Contraceptives - Transdermal**			
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	Xulane	Common Formulary	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	Common Formulary	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	norelgestromin-eth estradiol	Common Formulary	
Combination Contraceptives - Vaginal**			
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	EluRyng	Common Formulary	QLL
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Common Formulary	QLL
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Common Formulary	QLL
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	etonogestrel-ethinyl estradiol	Common Formulary	QLL
Continuous Contraceptives - Oral**			
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	Amethyst	Common Formulary	
AMETHYST ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	Common Formulary	
DOLISHALE ORAL TABLET 90-20 MCG	levonorgestrel-ethinyl estrad	Common Formulary	
Copper Contraceptives - Iud**			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		Common Formulary	
Emergency Contraceptives**			
levonorgestrel oral tablet 1.5 mg	EContra One-Step	Common Formulary	OTC
CURAE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
ELLA ORAL TABLET 30 MG		Common Formulary	
HER STYLE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
MY CHOICE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
MY WAY ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
NEW DAY ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
OPCICON ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
REACT ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
Extended-Cycle Contraceptives - Oral**			
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	Iclevia	Common Formulary	
ICLEVIA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
INTROVALE ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
SETLAKIN ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91-day	Common Formulary	
Progestin Contraceptives - Implants**			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		Common Formulary	
Progestin Contraceptives - Injectable**			
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	Depo-Provera	Common Formulary	QLL
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	Depo-Provera	Supplemental Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
Progestin Contraceptives - Iud**			
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG		Common Formulary	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY		Common Formulary	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY		Common Formulary	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG		Common Formulary	
Progestin Contraceptives - Oral**			
norethindrone oral tablet 0.35 mg	Camila	Common Formulary	
CAMILA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
DEBLITANE ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
EMZAHH ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
ERRIN ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
HEATHER ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
INCASSIA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
JENCYCLA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
LYLEQ ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
LYZA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
NORA-BE ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
NORLYDA ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
NORLYROC ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
OPILL ORAL TABLET 0.075 MG		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
SHAROBEL ORAL TABLET 0.35 MG	norethindrone	Common Formulary	
Triphasic Contraceptives - Oral**			
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Dasetta 7/7/7	Common Formulary	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	Enpresse-28	Common Formulary	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Tilia Fe	Common Formulary	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	Tri-Lo-Estarylla	Common Formulary	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	Tri Femynor	Common Formulary	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG		Common Formulary	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Common Formulary	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG		Common Formulary	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Common Formulary	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	alyacen 7/7/7	Common Formulary	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	norethindron-ethinyl estrad-fe	Common Formulary	
TRI FEMYNOR ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	norethindron-ethinyl estrad-fe	Common Formulary	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	levonorg-eth estrad triphasic	Common Formulary	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	norgestim-eth estrad triphasic	Common Formulary	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	norgestim-eth estrad triphasic	Common Formulary	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG		Common Formulary	
CORTICOSTEROIDS			
Glucocorticosteroids**			
budesonide er oral tablet extended release 24 hour 9 mg	Uceris	Non-Preferred	PA
budesonide oral capsule delayed release particles 3 mg		Common Formulary	PA
deflazacort oral suspension 22.75 mg/ml	Emflaza	Common Formulary	
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	Emflaza	Common Formulary	
dexamethasone oral elixir 0.5 mg/5ml		Common Formulary	
dexamethasone oral solution 0.5 mg/5ml		Common Formulary	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg		Common Formulary	
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml		Common Formulary	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml		Common Formulary	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	Cortef	Common Formulary	
methylprednisolone acetate injection suspension 40 mg/ml	Depo-Medrol	Common Formulary	
methylprednisolone acetate injection suspension 80 mg/ml	DEPO-Medrol	Common Formulary	
methylprednisolone oral tablet 16 mg, 4 mg, 8 mg	Medrol	Common Formulary	
methylprednisolone oral tablet 32 mg		Common Formulary	
methylprednisolone oral tablet therapy pack 4 mg	Medrol	Common Formulary	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 500 mg	SOLU-Medrol	Common Formulary	
methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg		Common Formulary	
prednisolone oral solution 15 mg/5ml		Common Formulary	
prednisolone oral tablet 5 mg		Common Formulary	
prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml		Common Formulary	
prednisolone sodium phosphate oral solution 5 mg/5ml	Pediapred	Common Formulary	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	Orapred ODT	Common Formulary	
prednisone oral solution 5 mg/5ml		Common Formulary	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg		Common Formulary	
prednisone oral tablet therapy pack 10 mg (21), 5 mg (21)		Common Formulary	
triamcinolone acetonide injection suspension 40 mg/ml	Kenalog-40	Common Formulary	
AGAMREE ORAL SUSPENSION 40 MG/ML		Common Formulary	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG		Common Formulary	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	hydrocortisone	Common Formulary	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
DEPO-MEDROL INJECTION SUSPENSION 40 MG/ML, 80 MG/ML	methylprednisolone acetate	Common Formulary	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML		Common Formulary	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	deflazacort	Common Formulary	
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	deflazacort	Common Formulary	
EOHILIA ORAL SUSPENSION 2 MG/10ML		Common Formulary	PA; QLL
HEMADY ORAL TABLET 20 MG		Common Formulary	
KENALOG-10 INJECTION SUSPENSION 10 MG/ML		Common Formulary	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML	triamcinolone acetonide	Common Formulary	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	methylprednisolone	Common Formulary	
MEDROL ORAL TABLET 2 MG		Common Formulary	
MEDROL ORAL TABLET THERAPY PACK 4 MG	methylprednisolone	Common Formulary	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	prednisolone sodium phosphate	Common Formulary	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML		Common Formulary	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG		Common Formulary	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG	hydrocortisone sod suc (pf)	Common Formulary	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG		Common Formulary	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG		Common Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 500 MG	methylprednisolone sodium succ	Common Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM		Common Formulary	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)		Common Formulary	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	budesonide er	Non-Preferred	PA
Mineralocorticoids**			
fludrocortisone acetate oral tablet 0.1 mg		Common Formulary	
COUGH/COLD/ALLERGY			
Antitussive - Nonnarcotic**			
benzonatate oral capsule 100 mg, 200 mg		Preferred	QLL; AL (Min 10 Years)
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	Delsym	Supplemental Formulary	OTC
Antitussive-Expectorant - Decongest-Analgesic**			
cough/cold/sore throat child oral liquid 5-10-200-325 mg/10ml	Mucinex Childrens Freefrom	Supplemental Formulary	OTC
Antitussive-Expectorant**			
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml	Diabetic Tussin DM	Supplemental Formulary	OTC
dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml	Delsym Cgh/Chest Cong DM Child	Preferred	OTC
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml		Preferred	OTC
dextromethorphan-guaifenesin oral tablet 20-400 mg	Fenesin DM IR	Preferred	OTC
guaifenesin-codeine oral solution 100-10 mg/5ml		Preferred	OTC
Antitussive-Expectorants-Decongestant**			
ft tussin cf adult oral liquid 10-20-200 mg/10ml	Desgen DM	Preferred	OTC
goodsense tussin cf oral liquid 5-10-100 mg/5ml	Desgen DM	Preferred	OTC
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	Desgen DM	Preferred	OTC
sm tussin cf oral liquid 5-10-100 mg/5ml	Desgen DM	Preferred	OTC
tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml	Desgen DM	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
Decongestant & Antihistamine**			
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	EQ Allergy Relief Nasal Decong	Preferred	QLL; OTC
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	Alavert D-12 Hour Allergy/Cong	Preferred	QLL; OTC
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	Claritin-D 24 Hour	Preferred	QLL; OTC
Expectorants**			
guaifenesin er oral tablet extended release 12 hour 600 mg	EQ Mucus ER	Preferred	OTC
guaifenesin oral liquid 100 mg/5ml	Buckleys Chest Congestion	Preferred	OTC
guaifenesin oral liquid 200 mg/10ml	Buckleys Chest Congestion	Supplemental Formulary	OTC
guaifenesin oral tablet 200 mg		Supplemental Formulary	OTC
guaifenesin oral tablet 400 mg	Xpect	Supplemental Formulary	OTC
Misc. Respiratory Inhalants**			
sodium chloride inhalation nebulization solution 0.9 %		Common Formulary	
sodium chloride nebulization solution 3 % inhalation	Nebusal	CSHCS Coverage	
sodium chloride nebulization solution 7 % inhalation	HyperSal	CSHCS Coverage	
Mucolytics**			
acetylcysteine inhalation solution 10 %, 20 %		Common Formulary	
Non-Narc Antitussive-Antihistamine**			
promethazine-dm oral syrup 6.25-15 mg/5ml		Preferred	
Non-Narc Antitussive-Decongestant-Antihistamine**			
cold & cough childrens oral liquid 1-5-2.5 mg/5ml	Dimaphen DM Cold/Cough	Supplemental Formulary	OTC
Opioid Antitussive-Antihistamine**			
promethazine-codeine oral solution 6.25-10 mg/5ml		Preferred	QLL; AL (Min 18 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
promethazine-codeine oral syrup 6.25-10 mg/5ml		Preferred	QLL; AL (Min 18 Years)
DERMATOLOGICALS			
Acne Antibiotics**			
clindamycin phosphate external solution 1 %		Common Formulary	QLL
clindamycin phosphate external swab 1 %	Clindacin ETZ	Common Formulary	
erythromycin external solution 2 %		Common Formulary	
CLINDACIN ETZ EXTERNAL SWAB 1 %	clindamycin phosphate	Common Formulary	
CLINDACIN-P EXTERNAL SWAB 1 %	clindamycin phosphate	Common Formulary	
Acne Combinations**			
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	Common Formulary	QLL; AL (Max 30 Years)
benzoyl peroxide-erythromycin external gel 5-3 %	Benzamycin	Common Formulary	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	Preferred	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Onexton	Non-Preferred	PA
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	Preferred	PA
clindamycin phos-benzoyl perox external gel 1-5 %		Preferred	
sulfacetamide sodium-sulfur external liquid 10-5 %	Avar Cleanser	Common Formulary	
ACANYA EXTERNAL GEL 1.2-2.5 %	clindamycin phos-benzoyl perox	Non-Preferred	PA
AVAR CLEANSER EXTERNAL LIQUID 10-5 %	sulfacetamide sodium-sulfur	Common Formulary	
NEUAC EXTERNAL GEL 1.2-5 %	clindamycin phos-benzoyl perox	Non-Preferred	PA
ONEXTON EXTERNAL GEL 1.2-3.75 %	clindamycin phos-benzoyl perox	Non-Preferred	PA
Acne Products**			
acne medication 10 external gel 10 %	Clean & Clear Persa-Gel Max St	Common Formulary	QLL; OTC
acne medication 5 external gel 5 %	Medpura Benzoyl Peroxide	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
adapalene external gel 0.1 %	Differin	Common Formulary	QLL
adapalene external gel 0.3 %	Differin	Common Formulary	QLL; AL (Max 30 Years)
benzoyl peroxide external gel 10 %	Clean & Clear Persa-Gel Max St	Common Formulary	QLL
benzoyl peroxide external gel 5 %	Medpura Benzoyl Peroxide	Common Formulary	OTC
benzoyl peroxide external liquid 10 %	Medpura Benzoyl Peroxide	Common Formulary	
benzoyl peroxide wash external liquid 10 %	Medpura Benzoyl Peroxide	Common Formulary	
benzoyl peroxide wash external liquid 5 %	Benzac AC Wash	Common Formulary	OTC
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Accutane	Common Formulary	PA; QLL
tretinoin external cream 0.025 %, 0.05 %	Retin-A	Common Formulary	QLL; AL (Max 30 Years)
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	isotretinoin	Common Formulary	PA; QLL
Alopecia Agents - Janus Kinus (Jak) Inhibitors**			
LITFULO ORAL CAPSULE 50 MG		Common Formulary	PA; QLL; AL (Min 12 Years)
Antibiotic Mixtures Topical**			
triple antibiotic external ointment 3.5-400-5000 , 5-400-5000	Lanabiotic	Common Formulary	OTC
Antibiotics - Topical**			
bacitracin external ointment 500 unit/gm	Bacitraycin Plus	Common Formulary	OTC
bacitracin zinc external ointment 500 unit/gm		Common Formulary	OTC
gentamicin sulfate external cream 0.1 %		Common Formulary	
gentamicin sulfate external ointment 0.1 %		Common Formulary	
mupirocin calcium external cream 2 %		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
mupirocin external ointment 2 %		Preferred	
Antifungals - Topical Combinations**			
clotrimazole-betamethasone external cream 1-0.05 %		Preferred	
clotrimazole-betamethasone external lotion 1-0.05 %		Non-Preferred	PA
miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %	Vusion	Non-Preferred	PA
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%		Preferred	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%		Preferred	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 %	miconazole-zinc oxide-petrolat	Non-Preferred	PA
Antifungals - Topical**			
antifungal (tolnaftate) external cream 1 %	Tinactin	Preferred	OTC
athletes foot (terbinafine) external cream 1 %	LamISIL AT Athletes Foot	Common Formulary	OTC
butenafine hcl external cream 1 %	Lotrimin Ultra	Non-Preferred	PA; OTC
ciclopirox external gel 0.77 %		Non-Preferred	PA
ciclopirox external shampoo 1 %		Non-Preferred	PA
ciclopirox external solution 8 %	Ciclodan	Preferred	
ciclopirox olamine external cream 0.77 %		Preferred	
ciclopirox olamine external suspension 0.77 %		Non-Preferred	PA
ciclopirox treatment external kit 8 %		Non-Preferred	PA
ft antifungal external cream 1 %	Tinactin	Preferred	OTC
ft athletes foot (terbinafine) external cream 1 %	LamISIL AT Athletes Foot	Common Formulary	OTC
gnp terbinafine hydrochloride external cream 1 %	LamISIL AT Athletes Foot	Common Formulary	OTC
gnp tolnaftate external cream 1 %	Tinactin	Preferred	OTC
naftifine hcl external cream 1 %, 2 %		Non-Preferred	PA
naftifine hcl external gel 2 %	Naftin	Non-Preferred	PA
nystatin external cream 100000 unit/gm		Preferred	
nystatin external ointment 100000 unit/gm		Preferred	
nystatin external powder 100000 unit/gm	Klayesta	Preferred	
sm antifungal tolnaftate external cream 1 %	Tinactin	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
sm athletes foot external cream 1 %	LamISIL AT Athletes Foot	Common Formulary	OTC
terbinafine hcl external cream 1 %	LamISIL AT Athletes Foot	Common Formulary	OTC
tolnaftate antifungal external cream 1 %	Tinactin	Preferred	OTC
tolnaftate external cream 1 %	Tinactin	State Carve-Out	OTC
tolnaftate external powder 1 %	Lotrimin AF	Preferred	OTC
CICLODAN EXTERNAL SOLUTION 8 %	ciclopirox	Non-Preferred	PA
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	nystatin	Preferred	
NAFTIN EXTERNAL GEL 2 %	naftifine hcl	Non-Preferred	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	nystatin	Preferred	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	nystatin	Preferred	
TINACTIN EXTERNAL CREAM 1 %	antifungal (tolnaftate)	Non-Preferred	PA; OTC
Anti-Inflammatory Agents - Topical**			
diclofenac epolamine external patch 1.3 %	Flector	Non-Preferred	PA; QLL
diclofenac sodium external gel 1 %	Aspercreme Arthritis Pain	Preferred	
diclofenac sodium external solution 1.5 %		Preferred	
diclofenac sodium external solution 2 %	Pennsaid	Non-Preferred	PA
PENNSAID EXTERNAL SOLUTION 2 %	diclofenac sodium	Non-Preferred	PA
Antineoplastic Alkylating Agents - Topical**			
VALCHLOR EXTERNAL GEL 0.016 %		Common Formulary	
Antineoplastic Antimetabolites - Topical**			
fluorouracil external cream 5 %		Common Formulary	
fluorouracil external solution 2 %, 5 %		Common Formulary	
CARAC EXTERNAL CREAM 0.5 %		Common Formulary	
EFUDEX EXTERNAL CREAM 5 %	fluorouracil	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Antineoplastic Or Premalignant Lesions - Topical Nsaid's**			
diclofenac sodium external gel 3 %		Common Formulary	
Antipsoriatics - Systemic**			
acitretin oral capsule 10 mg, 17.5 mg, 25 mg		Common Formulary	PA; QLL
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML		Non-Preferred	PA; AL (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML		Non-Preferred	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML		Non-Preferred	PA; AL (Min 18 Years)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML		Non-Preferred	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Preferred	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Preferred	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Preferred	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML		Preferred	
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML		Preferred	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML		Non-Preferred	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Non-Preferred	PA
SOTYKTU ORAL TABLET 6 MG		Non-Preferred	PA; QLL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	ustekinumab	Non-Preferred	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	ustekinumab	Non-Preferred	PA
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML		Non-Preferred	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML, 80 MG/ML		Non-Preferred	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML		Non-Preferred	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML		Non-Preferred	PA
Antipsoriatics**			
calcipotriene external cream 0.005 %		Common Formulary	PA
calcipotriene external ointment 0.005 %	Calcitrene	Common Formulary	PA
calcipotriene external solution 0.005 %		Common Formulary	PA
calcitriol external ointment 3 mcg/gm	Vectical	Common Formulary	PA
tazarotene external cream 0.05 %, 0.1 %	Tazorac	Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
tazarotene external gel 0.05 %, 0.1 %	Tazorac	Common Formulary	PA
CALCITRENE EXTERNAL OINTMENT 0.005 %	calcipotriene	Common Formulary	PA
VTAMA EXTERNAL CREAM 1 %		Common Formulary	PA; QLL
Antiseborrheic Products**			
selenium sulfide external lotion 2.5 %		Common Formulary	
Antiviral Topical Combinations**			
XERESE EXTERNAL CREAM 5-1 %		Non-Preferred	PA
Antivirals - Topical**			
acyclovir external cream 5 %	Zovirax	Non-Preferred	PA
acyclovir external ointment 5 %	Zovirax	Preferred	
docosanol external cream 10 %	Abreva	Common Formulary	OTC
penciclovir external cream 1 %	Denavir	Non-Preferred	PA
DENAVIR EXTERNAL CREAM 1 %	penciclovir	Preferred	
ZOVIRAX EXTERNAL CREAM 5 %	acyclovir	Preferred	
ZOVIRAX EXTERNAL OINTMENT 5 %	acyclovir	Non-Preferred	PA
Astringents**			
gnp zinc oxide external ointment 20 %	Medpura Zinc Oxide	Preferred	OTC
zinc oxide external ointment 20 %	Medpura Zinc Oxide	Preferred	OTC
Atopic Dermatitis - Janus Kinase (Jak) Inhibitors**			
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG		Non-Preferred	PA
OPZELURA EXTERNAL CREAM 1.5 %		Non-Preferred	PA; QLL
Atopic Dermatitis - Monoclonal Antibodies**			
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Preferred	PA; QLL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML		Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML		Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML		Non-Preferred	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML		Non-Preferred	PA
Burn Products**			
silver sulfadiazine external cream 1 %	SSD	Common Formulary	
SSD EXTERNAL CREAM 1 %	silver sulfadiazine	Common Formulary	
Corticosteroids - Topical**			
alclometasone dipropionate external cream 0.05 %		Non-Preferred	PA
alclometasone dipropionate external ointment 0.05 %		Non-Preferred	PA
amcinonide external cream 0.1 %		Non-Preferred	PA
betamethasone dipropionate aug external cream 0.05 %		Non-Preferred	PA
betamethasone dipropionate aug external gel 0.05 %		Non-Preferred	PA
betamethasone dipropionate aug external lotion 0.05 %		Non-Preferred	PA
betamethasone dipropionate aug external ointment 0.05 %	Diprolene	Non-Preferred	PA
betamethasone dipropionate external cream 0.05 %		Preferred	
betamethasone dipropionate external lotion 0.05 %		Preferred	
betamethasone dipropionate external ointment 0.05 %		Preferred	
betamethasone valerate external cream 0.1 %		Preferred	
betamethasone valerate external foam 0.12 %		Non-Preferred	PA
betamethasone valerate external lotion 0.1 %		Preferred	
betamethasone valerate external ointment 0.1 %		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
clobetasol propionate e external cream 0.05 %		Non-Preferred	PA
clobetasol propionate emulsion external foam 0.05 %	Tovet	Non-Preferred	PA
clobetasol propionate external cream 0.05 %		Preferred	
clobetasol propionate external foam 0.05 %		Non-Preferred	PA
clobetasol propionate external gel 0.05 %		Non-Preferred	PA
clobetasol propionate external liquid 0.05 %	Clobex Spray	Non-Preferred	PA
clobetasol propionate external lotion 0.05 %	Clobex	Non-Preferred	PA
clobetasol propionate external ointment 0.05 %		Preferred	
clobetasol propionate external shampoo 0.05 %	Clodan	Non-Preferred	PA
clobetasol propionate external solution 0.05 %		Preferred	
clocortolone pivalate external cream 0.1 %	Cloderm	Non-Preferred	PA
desonide external cream 0.05 %	DesOwen	Non-Preferred	PA
desonide external lotion 0.05 %		Non-Preferred	PA
desonide external ointment 0.05 %		Non-Preferred	PA
desoximetasone external cream 0.05 %, 0.25 %		Non-Preferred	PA
desoximetasone external gel 0.05 %		Non-Preferred	PA
desoximetasone external liquid 0.25 %	Topicort Spray	Non-Preferred	PA
desoximetasone external ointment 0.05 %, 0.25 %	Topicort	Non-Preferred	PA
diflorasone diacetate external cream 0.05 %		Non-Preferred	PA
diflorasone diacetate external ointment 0.05 %		Non-Preferred	PA
fluocinolone acetonide body external oil 0.01 %	Derma-Smoothe/FS Body	Non-Preferred	PA
fluocinolone acetonide external cream 0.01 %		Non-Preferred	PA
fluocinolone acetonide external cream 0.025 %	Synalar	Non-Preferred	PA
fluocinolone acetonide external ointment 0.025 %	Synalar	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
fluocinolone acetonide external solution 0.01 %		Non-Preferred	PA
fluocinolone acetonide scalp external oil 0.01 %	Derma-Smoothe/FS Scalp	Non-Preferred	PA
fluocinonide emulsified base external cream 0.05 %		Preferred	
fluocinonide external cream 0.05 %		Preferred	
fluocinonide external cream 0.1 %	Vanos	Preferred	
fluocinonide external gel 0.05 %		Preferred	
fluocinonide external ointment 0.05 %		Preferred	
fluocinonide external solution 0.05 %		Preferred	
flurandrenolide external cream 0.05 %		Non-Preferred	PA
flurandrenolide external lotion 0.05 %		Non-Preferred	PA
fluticasone propionate external cream 0.05 %		Preferred	
fluticasone propionate external lotion 0.05 %		Non-Preferred	PA
fluticasone propionate external ointment 0.005 %		Preferred	
ft itch relief max strength external ointment 1 %	Aquaphor Itch Relief Children	Preferred	OTC
gnp hydrocortisone external cream 0.5 %		Preferred	OTC
gnp hydrocortisone max st external ointment 1 %	Aquaphor Itch Relief Children	Preferred	OTC
goodsense anti-itch maximum st external ointment 1 %	Aquaphor Itch Relief Children	Preferred	OTC
halcinonide external cream 0.1 %	Halog	Non-Preferred	PA
halobetasol propionate external cream 0.05 %		Preferred	
halobetasol propionate external foam 0.05 %	Lexette	Non-Preferred	PA
halobetasol propionate external ointment 0.05 %		Preferred	
hydrocortisone acetate external cream 1 %		Preferred	OTC
hydrocortisone acetate external ointment 1 %		Preferred	OTC
hydrocortisone butyrate external cream 0.1 %		Non-Preferred	PA
hydrocortisone butyrate external lotion 0.1 %		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
hydrocortisone butyrate external ointment 0.1 %		Non-Preferred	PA
hydrocortisone butyrate external solution 0.1 %		Non-Preferred	PA
hydrocortisone complete kit external therapy pack 2 %		Non-Preferred	PA
hydrocortisone external cream 0.5 %		Preferred	OTC
hydrocortisone external cream 1 %	Medpura Hydrocortisone	Preferred	
hydrocortisone external cream 2.5 %		Preferred	
hydrocortisone external lotion 2.5 %		Preferred	
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	Preferred	
hydrocortisone external ointment 2.5 %		Preferred	
hydrocortisone max st external ointment 1 %	Aquaphor Itch Relief Children	Preferred	OTC
hydrocortisone valerate external cream 0.2 %		Non-Preferred	PA
hydrocortisone valerate external ointment 0.2 %		Non-Preferred	PA
mometasone furoate external cream 0.1 %		Preferred	
mometasone furoate external ointment 0.1 %		Preferred	
mometasone furoate external solution 0.1 %		Preferred	
sm hydrocortisone external cream 0.5 %		Preferred	OTC
sm hydrocortisone max st external ointment 1 %	Aquaphor Itch Relief Children	Preferred	OTC
triamcinolone acetonide external aerosol solution 0.147 mg/gm		Non-Preferred	PA
triamcinolone acetonide external cream 0.025 %, 0.1 %		Preferred	
triamcinolone acetonide external cream 0.5 %	Triderm	Preferred	
triamcinolone acetonide external lotion 0.025 %, 0.1 %		Preferred	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %		Preferred	
triamcinolone in absorbase external ointment 0.05 %		Preferred	
APEXICON E EXTERNAL CREAM 0.05 %		Non-Preferred	PA
BRYHALI EXTERNAL LOTION 0.01 %		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
CLODAN EXTERNAL SHAMPOO 0.05 %	clobetasol propionate	Non-Preferred	PA
DERMA-SMOOTHE/FS BODY EXTERNAL OIL 0.01 %	fluocinolone acetonide body	Non-Preferred	PA
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL 0.01 %	fluocinolone acetonide scalp	Non-Preferred	PA
DIPROLENE EXTERNAL OINTMENT 0.05 %	betamethasone dipropionate aug	Non-Preferred	PA
HALOG EXTERNAL CREAM 0.1 %	halcinonide	Non-Preferred	PA
HALOG EXTERNAL OINTMENT 0.1 %		Non-Preferred	PA
HALOG EXTERNAL SOLUTION 0.1 %	halcinonide	Non-Preferred	PA
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM	triamcinolone acetonide	Non-Preferred	PA
LEXETTE EXTERNAL FOAM 0.05 %	halobetasol propionate	Non-Preferred	PA
LOCOID EXTERNAL LOTION 0.1 %	hydrocortisone butyrate	Non-Preferred	PA
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 %	hydrocortisone	Preferred	OTC
PANDEL EXTERNAL CREAM 0.1 %		Non-Preferred	PA
SYNALAR EXTERNAL CREAM 0.025 %	fluocinolone acetonide	Non-Preferred	PA
SYNALAR EXTERNAL OINTMENT 0.025 %	fluocinolone acetonide	Non-Preferred	PA
TEXACORT EXTERNAL SOLUTION 2.5 %	hydrocortisone	Non-Preferred	PA
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	desoximetasone	Non-Preferred	PA
TOPICORT EXTERNAL GEL 0.05 %	desoximetasone	Non-Preferred	PA
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %	desoximetasone	Non-Preferred	PA
TOPICORT SPRAY EXTERNAL LIQUID 0.25 %	desoximetasone	Non-Preferred	PA
TOVET EXTERNAL FOAM 0.05 %	clobetasol propionate emulsion	Non-Preferred	PA
ULTRAVATE EXTERNAL LOTION 0.05 %		Non-Preferred	PA
VANOS EXTERNAL CREAM 0.1 %	fluocinonide	Non-Preferred	PA
Emollients**			
advanced healing/baby external ointment	Aqua-Nu	Preferred	OTC
ammonium lactate external cream 12 %		Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ammonium lactate external lotion 12 %	Amlactin Daily	Common Formulary	QLL
beauty lotion external lotion	AmLactin Intensive Healing	Preferred	OTC
beta care external cream	AmLactin Ultra Smoothing	Preferred	OTC
beta care external lotion	AmLactin Intensive Healing	Preferred	OTC
cocoa butter external lotion	AmLactin Intensive Healing	Preferred	OTC
cocoa butter hand & body external lotion	AmLactin Intensive Healing	Preferred	OTC
cocoa butter skin external cream	AmLactin Ultra Smoothing	Preferred	OTC
coconut oil beauty external cream	AmLactin Ultra Smoothing	Preferred	OTC
collagen external cream	AmLactin Ultra Smoothing	Preferred	OTC
collagen premium skin external cream	AmLactin Ultra Smoothing	Preferred	OTC
complete moisture external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs advanced healing external ointment	Aqua-Nu	Preferred	OTC
cvs beauty 360 dry skin external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs daily ultra moisture external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs dry skin therapy external cream	AmLactin Ultra Smoothing	Preferred	OTC
cvs dry skin therapy external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs extra moisturizing external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs gentle skin cleanser external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs intense dry skin therapy external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs moisturizing external cream	AmLactin Ultra Smoothing	Preferred	OTC
cvs moisturizing external lotion	AmLactin Intensive Healing	Preferred	OTC
cvs skin therapy external lotion	AmLactin Intensive Healing	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
cvs special care external lotion	AmLactin Intensive Healing	Preferred	OTC
dermaide aloe external cream 70 %	AmLactin Ultra Smoothing	Preferred	OTC
derma-r external cream	AmLactin Ultra Smoothing	Preferred	OTC
dry skin treatment adv therapy external ointment	Aqua-Nu	Preferred	OTC
dry skin treatment external ointment	Aqua-Nu	Preferred	OTC
e-ointment external ointment	Aqua-Nu	Preferred	OTC
eq therapeutic dry skin external cream	AmLactin Ultra Smoothing	Preferred	OTC
eq therapeutic moisturizing external cream	AmLactin Ultra Smoothing	Preferred	OTC
eql absolute moisture dry skin external lotion	AmLactin Intensive Healing	Preferred	OTC
eql advanced healing external ointment 41 %	Aqua-Nu	Preferred	OTC
eql advanced recovery external lotion	AmLactin Intensive Healing	Preferred	OTC
eql advanced skin therapy external lotion	AmLactin Intensive Healing	Preferred	OTC
eql aloe after sun external lotion	AmLactin Intensive Healing	Preferred	OTC
eql moisturizing external cream	AmLactin Ultra Smoothing	Preferred	OTC
eql ultra moisturizing daily external lotion	AmLactin Intensive Healing	Preferred	OTC
eucerin advanced repair external cream	AmLactin Ultra Smoothing	Preferred	OTC
gordomatic external lotion	AmLactin Intensive Healing	Preferred	OTC
hydrazone lotion external lotion	AmLactin Intensive Healing	Preferred	OTC
hydrophor external ointment	Aqua-Nu	Preferred	OTC
leader finger cream external cream	AmLactin Ultra Smoothing	Preferred	OTC
lubricating lotion external lotion	AmLactin Intensive Healing	Preferred	OTC
moisture external lotion	AmLactin Intensive Healing	Preferred	OTC
moisture recovery external lotion	AmLactin Intensive Healing	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
moisturizing cream external cream	AmLactin Ultra Smoothing	Preferred	OTC
moisturizing lotion external lotion	AmLactin Intensive Healing	Preferred	OTC
moisturizing sensitive skin external lotion	AmLactin Intensive Healing	Preferred	OTC
msm skin external lotion	AmLactin Intensive Healing	Preferred	OTC
ra daylogic healing dry skin external lotion	AmLactin Intensive Healing	Preferred	OTC
radiaguard advanced external lotion	AmLactin Intensive Healing	Preferred	OTC
refreshing aloe external lotion	AmLactin Intensive Healing	Preferred	OTC
sm dry skin therapy external lotion	AmLactin Intensive Healing	Preferred	OTC
special care external cream	AmLactin Ultra Smoothing	Preferred	OTC
thera-derm external lotion	AmLactin Intensive Healing	Preferred	OTC
therapeutic moisturizing external cream	AmLactin Ultra Smoothing	Preferred	OTC
vitamin e with panthenol external cream	AmLactin Ultra Smoothing	Preferred	OTC
AMLACTIN DAILY EXTERNAL LOTION 12 %	ammonium lactate	Common Formulary	QLL; OTC
AMLACTIN INTENSIVE HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 %	beauty lotion	Preferred	OTC
AMLACTIN ULTRA SMOOTHING EXTERNAL CREAM 15 %	beta care	Preferred	OTC
AQUA GLYCOLIC FACE EXTERNAL CREAM	beta care	Preferred	OTC
AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
AQUA LACTEN EXTERNAL LOTION	beauty lotion	Preferred	OTC
AQUA-CERIN EXTERNAL CREAM	beta care	Preferred	OTC
AQUAMED EXTERNAL LOTION	beauty lotion	Preferred	OTC
AQUA-NU EXTERNAL OINTMENT	advanced healing/baby	Preferred	OTC
AVEENO DAILY MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO POSITIVELY RADIANT EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO RESTORATIVE SKIN THERAP EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM	beta care	Preferred	OTC
AVEENO STRESS RELIEF EXTERNAL LOTION	beauty lotion	Preferred	OTC
BALMBARR HAND & BODY EXTERNAL CREAM	beta care	Preferred	OTC
BALMBARR HAND & BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
BALMBARR MOISTURIZING EXTERNAL CREAM	beta care	Preferred	OTC
BALMBARR STRETCH MARK EXTERNAL CREAM	beta care	Preferred	OTC
BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION	beauty lotion	Preferred	OTC
BETA XMA EXTERNAL CREAM	beta care	Preferred	OTC
CAM EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE AM SPF 30 EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE DAILY MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE DIABETICS DRY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
CERAVE MOISTURIZING EXTERNAL CREAM	beta care	Preferred	OTC
CERAVE PM EXTERNAL LOTION	beauty lotion	Preferred	OTC
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL ADVANCED RELIEF EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL DAILY ADVANCE EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL DAILY FACIAL SPF 15 EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CETAPHIL MOISTURIZING EXTERNAL CREAM	beta care	Preferred	OTC
CETAPHIL MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL RESTORADERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	beta care	Preferred	OTC
CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM	beta care	Preferred	OTC
CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION	beauty lotion	Preferred	OTC
CORN HUSKERS EXTERNAL LOTION	beauty lotion	Preferred	OTC
CUTEMOL EXTERNAL CREAM	beta care	Preferred	OTC
DAILY MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
D-CERIN EXTERNAL CREAM 33 %	beta care	Preferred	OTC
DERMABASE EXTERNAL CREAM	beta care	Preferred	OTC
DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 %	beauty lotion	Preferred	OTC
DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 %	beauty lotion	Preferred	OTC
DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 %	beauty lotion	Preferred	OTC
DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 %	beauty lotion	Preferred	OTC
DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 %	beauty lotion	Preferred	OTC
DERMEND BRUISE FORMULA EXTERNAL CREAM	beta care	Preferred	OTC
DERMEND FRAGILE SKIN EXTERNAL CREAM	beta care	Preferred	OTC
DIABETIDERM EXTERNAL CREAM	beta care	Preferred	OTC
DIABETIDERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	beta care	Preferred	OTC
DML EXTERNAL LOTION	beauty lotion	Preferred	OTC
DML FORTE EXTERNAL CREAM	beta care	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM	beta care	Preferred	OTC
EMOLLIA-CREME EXTERNAL CREAM	beta care	Preferred	OTC
EMOLLIA-LOTION EXTERNAL LOTION	beauty lotion	Preferred	OTC
EPILYT EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN BABY EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN DAILY HYDRATION EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN DAILY HYDRATION EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN INTENSIVE REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN ORIGINAL HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	beta care	Preferred	OTC
EUCERIN PLUS EXTERNAL LOTION 5-5 %	beauty lotion	Preferred	OTC
EUCERIN PROFESSIONAL REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN REDNESS RELIEF NIGHT EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN ROUGHNESS RELIEF EXTERNAL LOTION	beauty lotion	Preferred	OTC
EUCERIN SKIN CALMING EXTERNAL CREAM	beta care	Preferred	OTC
EUCERIN SMOOTHING REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GOLD BOND CREPE CORRECTOR EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND DIABETICS DRY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ESSENTIALS MENS EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND EVERYDAY MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND HEALING HAND EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND MEDICATED BODY EX ST EXTERNAL LOTION 0.5 %, 5-0.5 %	beauty lotion	Preferred	OTC
GOLD BOND MEDICATED BODY EXTERNAL LOTION 5-0.15 %	beauty lotion	Preferred	OTC
GOLD BOND PURE MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND RADIANCE RENEWAL EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULT SHEER RIBBONS EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULTIMATE HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE OVERNIGHT EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE PROTECTION EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE RESTORING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE SOFTENING EXTERNAL LOTION	beauty lotion	Preferred	OTC
GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM	beta care	Preferred	OTC
GOLD BOND ULTIMATE SOOTHING EXTERNAL LOTION	beauty lotion	Preferred	OTC
HYDRASYN25 EXTERNAL CREAM	beta care	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
HYDROLATUM EXTERNAL OINTMENT	advanced healing/baby	Preferred	OTC
J & J BURN CREAM EXTERNAL CREAM	beta care	Preferred	OTC
JOHNSONS SKIN NOURISH MOIST EXTERNAL LOTION	beauty lotion	Preferred	OTC
KERADAN EXTERNAL CREAM	beta care	Preferred	OTC
KERI NOURISHING SHEA BUTTER EXTERNAL LOTION	beauty lotion	Preferred	OTC
KERI ORIGINAL DAILY MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
LACTINOL HX EXTERNAL CREAM	beta care	Preferred	OTC
LUBRIDERM ADVANCED THERAPY EXTERNAL CREAM	beta care	Preferred	OTC
LUBRIDERM ADVANCED THERAPY EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRIDERM DAILY MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRIDERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRIDERM INTENSE SKIN REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC
LUBRISOFT EXTERNAL LOTION	beauty lotion	Preferred	OTC
MEDERMA AG FACE EXTERNAL CREAM	beta care	Preferred	OTC
MEDERMA AG HAND & BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	beta care	Preferred	OTC
MINERIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
NEUTROGENA HAND EXTERNAL CREAM	beta care	Preferred	OTC
NEUTROGENA MOISTURE SENS SKIN EXTERNAL LOTION	beauty lotion	Preferred	OTC
NISEKO HYDRATING FACIAL EXTERNAL CREAM	beta care	Preferred	OTC
NIVEA ESSENTIALLY ENRICHED EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA EXTERNAL CREAM	beta care	Preferred	OTC
NIVEA EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA IN-SHOWER EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
NIVEA INTENSE HEALING EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA ORIGINAL MOISTURE EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA SHEA NOURISH EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA VISAGE EXTERNAL CREAM	beta care	Preferred	OTC
NIVEA VISAGE EXTERNAL LOTION	beauty lotion	Preferred	OTC
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	beta care	Preferred	OTC
NUTRADERM ADVANCED FORMULA EXTERNAL LOTION	beauty lotion	Preferred	OTC
NUTRADERM EXTERNAL CREAM	beta care	Preferred	OTC
NUTRADERM EXTERNAL LOTION	beauty lotion	Preferred	OTC
OKEEFFES WORKING HANDS EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS COCOA BUTTER FORMULA EXTERNAL LOTION	beauty lotion	Preferred	OTC
PALMERS COCONUT OIL BODY EXTERNAL LOTION	beauty lotion	Preferred	OTC
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS NIGHT CREAM EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS STRETCH MARKS EXTERNAL CREAM	beta care	Preferred	OTC
PALMERS STRETCH MARKS EXTERNAL LOTION	beauty lotion	Preferred	OTC
PEN-KERA EXTERNAL CREAM	beta care	Preferred	OTC
PENTRAVAN EXTERNAL CREAM	beta care	Preferred	OTC
PENTRAVAN PLUS EXTERNAL CREAM	beta care	Preferred	OTC
PRETTY FEET/HANDS EXTERNAL CREAM	beta care	Preferred	OTC
RESTA EXTERNAL CREAM	beta care	Preferred	OTC
RESTA LITE EXTERNAL LOTION	beauty lotion	Preferred	OTC
RISABAL-PH EXTERNAL CREAM	beta care	Preferred	OTC
SKIN REPAIR EXTERNAL LOTION	beauty lotion	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
STUDIO 35 EXTRA MOISTURIZING EXTERNAL LOTION	beauty lotion	Preferred	OTC
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	beta care	Preferred	OTC
UDDERLY SMOOTH EXTERNAL CREAM	beta care	Preferred	OTC
UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM	beta care	Preferred	OTC
UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM	beta care	Preferred	OTC
VANICREAM EXTERNAL CREAM	beta care	Preferred	OTC
VANICREAM EXTERNAL LOTION	beauty lotion	Preferred	OTC
VELVACHOL EXTERNAL CREAM	beta care	Preferred	OTC
WIBI EXTERNAL LOTION	beauty lotion	Preferred	OTC
Imidazole-Related Antifungals - Topical**			
antifungal external cream 2 %	Desenex	Preferred	OTC
athletes foot external solution 1 %		Preferred	OTC
clotrimazole external cream 1 %	Lotrimin AF	Preferred	
clotrimazole external solution 1 %		Preferred	
clotrimazole solution 1 % external (rx)		Non-Preferred	PA
cvs clotrimazole external solution 1 %		Preferred	OTC
econazole nitrate external cream 1 %		Preferred	
ft antifungal external cream 2 %	Desenex	Preferred	OTC
ketoconazole external cream 2 %		Preferred	
ketoconazole external foam 2 %	Ketodan	Non-Preferred	PA
ketoconazole external shampoo 2 %		Preferred	
luliconazole external cream 1 %	Luzu	Non-Preferred	PA
miconazole nitrate external cream 2 %	Desenex	Preferred	
miconazole nitrate external solution 2 %	Azolen Anti-Fungal Wash	Preferred	OTC
oxiconazole nitrate external cream 1 %		Non-Preferred	PA
sm antifungal miconazole external cream 2 %	Desenex	Preferred	OTC
ERTACZO EXTERNAL CREAM 2 %		Non-Preferred	PA
JUBLIA EXTERNAL SOLUTION 10 %		Non-Preferred	PA
KETODAN EXTERNAL FOAM 2 %	ketoconazole	Non-Preferred	PA
LUZU EXTERNAL CREAM 1 %	luliconazole	Non-Preferred	PA
OXISTAT EXTERNAL LOTION 1 %		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Immunomodulators Imidazoquinolinamines - Topical**			
imiquimod external cream 5 %		Common Formulary	
Interleukin-31 Receptor Antagonists - Systemic**			
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG		Non-Preferred	PA
Keratolytic/Antimitotic/Vesicant Agents**			
podofilox external solution 0.5 %		Common Formulary	
Liniment Combinations**			
amplify relief mm external cream 10-30 %	Arthritis Hot	State Carve-Out	OTC
analgesic balm external cream 10-15 %	Arthritis Hot	State Carve-Out	OTC
calypxo external cream 3-10 %	Arthritis Hot	State Carve-Out	OTC
calypxo hp external cream 10-15 %	Arthritis Hot	State Carve-Out	OTC
cool & heat extra strength external cream	Arthritis Hot	State Carve-Out	OTC
cool n heat extra strength external cream 10-30 %	Arthritis Hot	State Carve-Out	OTC
cool n heat muscle & joint external cream 10-30 %	Arthritis Hot	State Carve-Out	OTC
cvs cold & hot pain relieving external cream , 10-30 %	Arthritis Hot	State Carve-Out	OTC
goodsense muscle rub external cream 8-30 %	Arthritis Hot	State Carve-Out	OTC
muscle rub external cream 10-15 %	Arthritis Hot	State Carve-Out	OTC
pain relieving external cream	Arthritis Hot	State Carve-Out	OTC
qc muscle rub external cream 10-15 %	Arthritis Hot	State Carve-Out	OTC
ra hot & cold pain relieving external cream	Arthritis Hot	State Carve-Out	OTC
sm cold & hot extra strength external cream	Arthritis Hot	State Carve-Out	OTC
ARTHRITIS HOT EXTERNAL CREAM 10-15 %	amplify relief mm	State Carve-Out	OTC
ASPERFLEX EXTERNAL CREAM 10-15 %	amplify relief mm	State Carve-Out	OTC
CAPASIL EXTERNAL CREAM 2-10 %	amplify relief mm	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DYNARUB EXTERNAL CREAM 10-15 %	amplify relief mm	State Carve-Out	OTC
ICY HOT EXTRA STRENGTH EXTERNAL CREAM 10-30 %	amplify relief mm	State Carve-Out	OTC
ICY HOT ORIGINAL PAIN RELIEF EXTERNAL CREAM 10-30 %	amplify relief mm	State Carve-Out	OTC
MENCYLATE EXTERNAL CREAM 2-10 %	amplify relief mm	State Carve-Out	OTC
THERA-GESIC EXTERNAL CREAM 0.5-15 %, 1-15 %	amplify relief mm	State Carve-Out	OTC
Local Anesthetics - Topical**			
lidocaine external ointment 5 %		Common Formulary	QLL
lidocaine external patch 4 %	Aspercreme Lidocaine	Common Formulary	QLL; OTC
lidocaine external patch 5 %	Lidocan	Common Formulary	PA; QLL
lidocaine hcl external cream 3 %		Common Formulary	QLL
lidocaine hcl external cream 4 %	Aspercreme Lidocaine	Common Formulary	QLL; OTC
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	Glydo	Common Formulary	
lidocaine pain relief external patch 4 %	Aspercreme Lidocaine	Common Formulary	QLL; OTC
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	lidocaine hcl urethral/mucosal	Common Formulary	
LIDOCAN EXTERNAL PATCH 5 %	lidocaine	Common Formulary	PA; QLL
TRIDACAINE EXTERNAL PATCH 5 %	lidocaine	Common Formulary	PA; QLL
TRIDACAINE II EXTERNAL PATCH 5 %	lidocaine	Common Formulary	PA; QLL
Macrolide Immunosuppressants - Topical**			
pimecrolimus external cream 1 %	Elidel	Preferred	PA; QLL
tacrolimus external ointment 0.03 %		Preferred	PA; QLL; AL (Min 2 Years)
tacrolimus external ointment 0.1 %		Preferred	PA; QLL; AL (Min 16 Years)
ELIDEL EXTERNAL CREAM 1 %	pimecrolimus	Preferred	PA; QLL
HYFTOR EXTERNAL GEL 0.2 %		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Oxaborole-Related Antifungals - Topical**			
tavaborole external solution 5 %		Non-Preferred	PA
Phosphodiesterase 4 (Pde4) Inhibitors - Topical**			
EUCRISA EXTERNAL OINTMENT 2 %		Preferred	PA; QLL
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %		Common Formulary	PA
ZORYVE EXTERNAL FOAM 0.3 %		Common Formulary	PA
Rosacea Agents**			
metronidazole external cream 0.75 %	MetroCream	Common Formulary	
metronidazole external gel 0.75 %		Common Formulary	
Scabicide Combinations**			
ft lice killing max st external shampoo 0.33-4 %	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
gnp lice treatment external shampoo 0.33-4 %	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
lice killing external shampoo 0.33-4 %	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
lice killing maximum strength external shampoo 0.33-4 %	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
lice killing shampoo max str external shampoo 0.33-4 %	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
sm lice killing external shampoo 0.33-4 %		Common Formulary	QLL; OTC
sm lice killing max strength external shampoo 0.33-4 %	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
Scabicides & Pediculicides**			
cvs lice treatment external liquid 1 %	Nix Creme Rinse	Common Formulary	QLL; OTC
malathion external lotion 0.5 %	Ovide	Common Formulary	QLL
permethrin external cream 5 %	Elimite	Common Formulary	QLL
spinosad external suspension 0.9 %	Natroba	Common Formulary	QLL
Soaps**			
cvs daily facial cleanser external liquid	AcuWash	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
eql body wash/sensitive skin external liquid	AcuWash	Preferred	OTC
eql body wash/shea butter external liquid	AcuWash	Preferred	OTC
eql clear hand soap refill external liquid	AcuWash	Preferred	OTC
eql gentle skin cleanser external liquid	AcuWash	Preferred	OTC
eql high power body wash external liquid	AcuWash	Preferred	OTC
eql liquid hand soap external liquid	AcuWash	Preferred	OTC
eql skin astringent external liquid	AcuWash	Preferred	OTC
gentle skin cleanser external liquid	AcuWash	Preferred	OTC
gnp gentle skin cleanser external liquid	AcuWash	Preferred	OTC
kp gentle skin cleanser external liquid	AcuWash	Preferred	OTC
refresh cleanser external liquid	AcuWash	Preferred	OTC
refreshing facial cleanser external liquid	AcuWash	Preferred	OTC
ACUWASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
ALOE VESTA BODY WASH/SHAMPOO EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AQUA GLYCOLIC FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AQUA GLYCOLIC SHAMPOO/BODY EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AQUA GLYCOLIC TONER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO BABY CALMING COMFORT EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO BABY CLEANSING THERAPY EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO CALM & RESTORE CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
AVEENO DAILY MOISTURIZ FACIAL EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
BASIS CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
BOUDREAUXS BUTT BATH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CERAVE FOAMING FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CERAVE HYDRATING CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CERAVE SA BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CETAPHIL DERMACONTROL FOAM WSH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL GENTLE CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CETAPHIL RESTORADERM EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR ALOE VERA CLEANS EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR ESSENTIALS EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR MORNING BURST EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLEAN & CLEAR NIGHT RELAX WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN HAND & FOOT WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN SPORT WASH HIGH PERFORM EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
CLN SPORTWASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
EUCERIN ADVANCED CLEANSING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
EUCERIN SKIN CALMING BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
EYESCRUB EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
FREE & CLEAR/SENSITIVE EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/EXFOLIATING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/HEALING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
GOLD BOND ULT WASH/SENSITIVE EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
GOLD BOND ULT WASH/SOFTENING EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
IONIL EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
JOHNSONS KIDS CLEAN & FRESH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
MEDERMA AG BODY CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
MEDERMA AG FACIAL TONER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
NEUTROGENA DEEP CLEAN EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
NIVEA VISAGE EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
REHYLA WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
TENA SKIN-CARING BODY WASH EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
VANICREAM CLEANSER EXTERNAL LIQUID	cvs daily facial cleanser	Preferred	OTC
Topical Anesthetic Combinations**			
lidocaine-prilocaine external cream 2.5-2.5 %		Common Formulary	QLL
Topical Selective Retinoid X Receptor Agonists**			
bexarotene external gel 1 %	Targretin	Common Formulary	
TARGRETIN EXTERNAL GEL 1 %	bexarotene	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
DIAGNOSTIC PRODUCTS			
Diagnostic Drugs**			
cosyntropin injection solution reconstituted 0.25 mg	Cortrosyn	State Carve-Out	
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG	cosyntropin	State Carve-Out	
Diagnostic Tests**			
ketone test in vitro strip	Chemstrip K	Supplemental Formulary	OTC
CHEMSTRIP K IN VITRO STRIP	ketone test	Supplemental Formulary	OTC
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP	blood glucose test	Supplemental Formulary	OTC
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	blood glucose test	Supplemental Formulary	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS			
Dietary Management Product Combinations**			
westab max oral tablet 2.5-25-2 mg	Niva-Fol	CSHCS Coverage	OTC
NIVA-FOL ORAL TABLET 2.5-25-2 MG	westab max	CSHCS Coverage	OTC
Nutritional Supplements**			
anti-inflammatory enzyme oral capsule	Estroven Weight Management	Common Formulary	OTC
antioxidant formula oral capsule	Estroven Weight Management	Common Formulary	OTC
bio-immunex oral capsule	Estroven Weight Management	Common Formulary	OTC
cardio complete oral capsule	Estroven Weight Management	Common Formulary	OTC
chronovision oral capsule	Estroven Weight Management	Common Formulary	OTC
homocysteine support oral capsule	Estroven Weight Management	Common Formulary	OTC
male support oral capsule	Estroven Weight Management	Common Formulary	OTC
prostate 2.4 oral capsule	Estroven Weight Management	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ESTROVEN WEIGHT MANAGEMENT ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
HORMONE PROTECT ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
LEPTIN MANAGER ORAL CAPSULE 15-80 MG	anti-inflammatory enzyme	Common Formulary	OTC
METHIONINE-200 ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
PROTEOLIN ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
VITEYES TEAR SUPPORT ORAL CAPSULE	anti-inflammatory enzyme	Common Formulary	OTC
DIGESTIVE AIDS			
Digestive Enzyme Combinations**			
betaine hcl oral capsule 650-130 mg, 650-2-130 mg	Abatrace	State Carve-Out	OTC
biohm prebiotic supplement oral capsule	Abatrace	State Carve-Out	OTC
digestive enzyme oral capsule	Abatrace	State Carve-Out	OTC
digestive enzymes oral capsule	Abatrace	State Carve-Out	OTC
digestive support oral capsule	Abatrace	State Carve-Out	OTC
digestive wellness oral capsule	Abatrace	State Carve-Out	OTC
enzyme digest oral capsule	Abatrace	State Carve-Out	OTC
lipase concentrate-hp oral capsule 55.5 mg	Abatrace	State Carve-Out	OTC
panplex 2-phase oral tablet delayed release		State Carve-Out	OTC
ABATRACE ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
BEVITROL ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
DIGAZ ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
DOCTORS BEST DIGESTIVE ENZYMES ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
GASTRACE DIGESTIVE SUPPORT ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
GASTRACID ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
PANXYME PH ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
SIMILASE LIPO ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
TYLER SIMILASE ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
TYLER SIMILASE SENSITIVE ORAL CAPSULE	betaine hcl	State Carve-Out	OTC
XYMOZYME ORAL CAPSULE	betaine hcl	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
Digestive Enzymes**			
cvs dairy relief ex st oral tablet 4500 unit		State Carve-Out	OTC
cvs dairy relief fast acting oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
cvs dairy relief oral tablet 3000 unit	Lactaid	State Carve-Out	OTC
cvs dairy relief oral tablet chewable 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
cvs lactase enzyme ultra str oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
dairy digestive supplement oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
dairy digestive ultra oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
dairy relief oral tablet 3000 unit	Lactaid	State Carve-Out	OTC
dairy-digestive oral tablet chewable 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
eq dairy digestive fast acting oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
eq dairy digestive fast acting oral tablet chewable 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
eql dairy digest fast acting oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
gnp dairy relief oral tablet 3000 unit	Lactaid	State Carve-Out	OTC
gnp fast acting dairy relief oral tablet chewable 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
lactase enzyme oral tablet 3000 unit	Lactaid	State Carve-Out	OTC
lactase enzyme oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
lactase fast acting oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
lactose fast acting relief oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
lactose fast acting relief oral tablet chewable 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
ra dairy aid oral tablet 3000 unit	Lactaid	State Carve-Out	OTC
ra dairy relief fast acting oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
ra dairy relief fast acting oral tablet chewable 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
sb dairy relief oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
sb lactase oral tablet 3000 unit	Lactaid	State Carve-Out	OTC
sm ultra dairy digestive oral tablet 9000 unit	Lactaid Fast Act	State Carve-Out	OTC
surelac oral tablet 3000 unit	Lactaid	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT		Preferred	PA
LACTAID FAST ACT ORAL TABLET 9000 UNIT	cvs dairy relief fast acting	State Carve-Out	OTC
LACTAID FAST ACT ORAL TABLET CHEWABLE 9000 UNIT	cvs dairy relief	State Carve-Out	OTC
LACTAID ORAL TABLET 3000 UNIT	cvs dairy relief	State Carve-Out	OTC
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT		Non-Preferred	PA
SUCRAID ORAL SOLUTION 8500 UNIT/ML		State Carve-Out	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT		Non-Preferred	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT		Preferred	PA
DIURETICS			
Carbonic Anhydrase Inhibitors**			
acetazolamide er oral capsule extended release 12 hour 500 mg		Common Formulary	QLL
acetazolamide oral tablet 125 mg, 250 mg		Common Formulary	QLL
Diuretic Combinations**			
amiloride-hydrochlorothiazide oral tablet 5-50 mg		Common Formulary	QLL
spironolactone-hctz oral tablet 25-25 mg		Common Formulary	QLL
triamterene-hctz oral capsule 37.5-25 mg		Common Formulary	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg		Common Formulary	
Loop Diuretics**			
furosemide oral solution 10 mg/ml, 8 mg/ml		Common Formulary	AL (Max 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
furosemide oral tablet 20 mg, 40 mg, 80 mg	Lasix	Common Formulary	QLL
torsemide oral tablet 10 mg, 100 mg, 5 mg		Common Formulary	QLL
torsemide oral tablet 20 mg	Soaanz	Common Formulary	QLL
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML		Common Formulary	PA
Potassium Sparing Diuretics**			
amiloride hcl oral tablet 5 mg		Common Formulary	QLL
spironolactone oral tablet 100 mg, 25 mg, 50 mg	Aldactone	Common Formulary	QLL
Thiazides And Thiazide-Like Diuretics**			
chlorthalidone oral tablet 25 mg, 50 mg		Common Formulary	QLL
hydrochlorothiazide oral capsule 12.5 mg		Common Formulary	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg		Common Formulary	
indapamide oral tablet 1.25 mg, 2.5 mg		Common Formulary	QLL
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		Common Formulary	QLL
DIURIL ORAL SUSPENSION 250 MG/5ML		Common Formulary	AL (Max 12 Years)
ENDOCRINE AND METABOLIC AGENTS - MISC.			
Alpha-Mannosidosis Treatment - Agents**			
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG		State Carve-Out	
Bisphosphonates**			
alendronate sodium oral solution 70 mg/75ml		Non-Preferred	PA
alendronate sodium oral tablet 10 mg, 5 mg		Preferred	
alendronate sodium oral tablet 35 mg		Preferred	QLL
alendronate sodium oral tablet 70 mg	Fosamax	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ibandronate sodium intravenous solution 3 mg/3ml		Non-Preferred	PA
ibandronate sodium oral tablet 150 mg		Non-Preferred	PA; QLL
risedronate sodium oral tablet 150 mg	Actonel	Non-Preferred	PA
risedronate sodium oral tablet 30 mg, 5 mg		Non-Preferred	PA
risedronate sodium oral tablet 35 mg	Actonel	Non-Preferred	PA; QLL
risedronate sodium oral tablet delayed release 35 mg	Atelvia	Non-Preferred	PA; QLL
ACTONEL ORAL TABLET 150 MG	risedronate sodium	Non-Preferred	PA
ACTONEL ORAL TABLET 35 MG	risedronate sodium	Non-Preferred	PA; QLL
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG	risedronate sodium	Non-Preferred	PA; QLL
BINOSTO ORAL TABLET EFFERVESCENT 70 MG		Non-Preferred	PA
FOSAMAX ORAL TABLET 70 MG	alendronate sodium	Non-Preferred	PA; QLL
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT		Non-Preferred	PA; QLL
Calcimimetic Agents**			
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	Sensipar	Common Formulary	PA; QLL
Calcitonins**			
calcitonin (salmon) nasal solution 200 unit/act		Preferred	
Carnitine Replenisher - Agents**			
levocarnitine intravenous solution 200 mg/ml	Carnitor	State Carve-Out	
levocarnitine oral solution 1 gm/10ml	Carnitor	State Carve-Out	
levocarnitine oral tablet 330 mg	Carnitor	State Carve-Out	
levocarnitine sf oral solution 1 gm/10ml	Carnitor	State Carve-Out	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	levocarnitine	State Carve-Out	
CARNITOR ORAL SOLUTION 1 GM/10ML	levocarnitine	State Carve-Out	
CARNITOR ORAL TABLET 330 MG	levocarnitine	State Carve-Out	
CARNITOR SF ORAL SOLUTION 1 GM/10ML	levocarnitine	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**			
XPHOZAH ORAL TABLET 20 MG, 30 MG		Non-Preferred	PA
Corticotropin**			
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML		State Carve-Out	
ACTHAR INJECTION GEL 80 UNIT/ML		State Carve-Out	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML		State Carve-Out	
CORTROPHIN INJECTION GEL 80 UNIT/ML		State Carve-Out	
Dopamine Receptor Agonists**			
cabergoline oral tablet 0.5 mg		Common Formulary	
Fabry Disease - Agents**			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG		State Carve-Out	
Gaa Deficiency Treatment - Agents**			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		State Carve-Out	
Gnrh/Lhrh Antagonists**			
ORILISSA ORAL TABLET 150 MG, 200 MG		Preferred	PA; QLL
Growth Hormones**			
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG		Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG		Preferred	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG		Preferred	PA
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML		Non-Preferred	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML		Preferred	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML		Preferred	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML		Non-Preferred	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML		Non-Preferred	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML		Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML		Non-Preferred	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG		Non-Preferred	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG		Non-Preferred	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG		Non-Preferred	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML		Non-Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG		Non-Preferred	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG		Non-Preferred	PA
Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents**			
nitisinone oral capsule 10 mg, 2 mg, 5 mg	Orfadin	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		State Carve-Out	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	nitisinone	State Carve-Out	
ORFADIN ORAL SUSPENSION 4 MG/ML		State Carve-Out	
Homocystinuria Treatment - Agents**			
betaine oral powder	Cystadane	State Carve-Out	
CYSTADANE ORAL POWDER	betaine	State Carve-Out	
Hyperammonemia Treatment - Agents**			
carglumic acid oral tablet soluble 200 mg	Carbaglu	State Carve-Out	
CARBAGLU ORAL TABLET SOLUBLE 200 MG	carglumic acid	State Carve-Out	
Hyperparathyroid Treatment - Vitamin D Analogs**			
calcitriol oral capsule 0.25 mcg, 0.5 mcg	Rocaltrol	Common Formulary	QLL
calcitriol oral solution 1 mcg/ml	Rocaltrol	Common Formulary	AL (Max 12 Years)
Hypoparathyroid Treatment - Parathyroid Hormone Analogs**			
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML		Common Formulary	PA; QLL
Leptin Analogues**			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG		State Carve-Out	
Mucopolysaccharidosis I (Mps I) - Agents**			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML		State Carve-Out	
Mucopolysaccharidosis Ii (Mps Ii) - Agents**			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Mucopolysaccharidosis Iv (Mps Iv) - Agents**			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML		State Carve-Out	
Mucopolysaccharidosis Vi (Mps Vi) - Agents**			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML		State Carve-Out	
Non-Steroidal Mineralocorticoid Receptor Antagonists**			
KERENDIA ORAL TABLET 10 MG, 20 MG		Common Formulary	PA; QLL
Parathyroid Hormone And Derivatives**			
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	Forteo	Non-Preferred	PA
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml, 620 mcg/2.48ml		Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	teriparatide	Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML		Non-Preferred	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML		Non-Preferred	PA
Phenylketonuria Treatment - Agents**			
sapropterin dihydrochloride oral packet 100 mg, 500 mg	Javygtor	State Carve-Out	
sapropterin dihydrochloride oral tablet 100 mg	Javygtor	State Carve-Out	
JAVYGTOR ORAL PACKET 100 MG, 500 MG	sapropterin dihydrochloride	State Carve-Out	
JAVYGTOR ORAL TABLET 100 MG	sapropterin dihydrochloride	State Carve-Out	
KUVAN ORAL PACKET 100 MG, 500 MG	sapropterin dihydrochloride	State Carve-Out	
KUVAN ORAL TABLET 100 MG	sapropterin dihydrochloride	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Selective Estrogen Receptor Modulators (Serms)**			
raloxifene hcl oral tablet 60 mg	Evista	Preferred	
EVISTA ORAL TABLET 60 MG	raloxifene hcl	Non-Preferred	PA
Selective Vasopressin V2-Receptor Antagonists**			
tolvaptan oral tablet 15 mg, 30 mg	Jynarque	Common Formulary	PA; QLL; AL (Min 18 Years)
JYNARQUE ORAL TABLET 15 MG, 30 MG	tolvaptan	Common Formulary	PA; QLL; AL (Min 18 Years)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	tolvaptan	Common Formulary	PA; QLL; AL (Min 18 Years)
Somatostatic Agents**			
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	SandoSTATIN	Common Formulary	PA
octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml		Common Formulary	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml		Common Formulary	PA
Urea Cycle Disorder - Agents**			
sod benz-sod phenylacet intravenous solution 10-10 %		State Carve-Out	
sodium phenylbutyrate oral powder 3 gm/tsp	Buphenyl	State Carve-Out	
sodium phenylbutyrate oral tablet 500 mg	Buphenyl	State Carve-Out	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	sod benz-sod phenylacet	State Carve-Out	
BUPHENYL ORAL POWDER 3 GM/TSP	sodium phenylbutyrate	State Carve-Out	
BUPHENYL ORAL TABLET 500 MG	sodium phenylbutyrate	State Carve-Out	
RAVICTI ORAL LIQUID 1.1 GM/ML		State Carve-Out	
Vasopressin**			
desmopressin ace spray refrig nasal solution 0.01 %		Common Formulary	PA
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	DDAVP	Common Formulary	QLL
desmopressin acetate spray nasal solution 0.01 %		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ESTROGENS			
Estrogen & Progestin**			
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	Abigale Lo	Common Formulary	AL (Max 64 Years)
estradiol-norethindrone acet oral tablet 1-0.5 mg	Mimvey	Common Formulary	AL (Max 64 Years)
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg	Fyavolv	Common Formulary	QLL; AL (Max 64 Years)
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	Fyavolv	Common Formulary	AL (Max 64 Years)
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	norethindrone-eth estradiol	Common Formulary	QLL; AL (Max 64 Years)
FYAVOLV ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	Common Formulary	AL (Max 64 Years)
JINTELI ORAL TABLET 1-5 MG-MCG	norethindrone-eth estradiol	Common Formulary	AL (Max 64 Years)
MIMVEY ORAL TABLET 1-0.5 MG	estradiol-norethindrone acet	Common Formulary	AL (Max 64 Years)
PREMPHASE ORAL TABLET 0.625-5 MG		Common Formulary	QLL; AL (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		Common Formulary	QLL; AL (Max 64 Years)
Estrogen-Progestin-Gnrh Antagonist**			
MYFEMBREE ORAL TABLET 40-1-0.5 MG		Preferred	PA; QLL
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG		Preferred	PA; QLL
Estrogens**			
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	Estrace	Common Formulary	AL (Max 64 Years)
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	Alora	Common Formulary	QLL; AL (Max 64 Years)
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr	Dotti	Common Formulary	QLL; AL (Max 64 Years)
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	Climara	Common Formulary	QLL; AL (Max 64 Years)
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml	Delestrogen	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
estradiol valerate intramuscular oil 40 mg/ml		Common Formulary	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	Common Formulary	QLL; AL (Max 64 Years)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	estradiol valerate	Common Formulary	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	Common Formulary	QLL; AL (Max 64 Years)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	estradiol	Common Formulary	QLL; AL (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG		Common Formulary	AL (Max 64 Years)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG		Common Formulary	QLL; AL (Max 64 Years)
FLUOROQUINOLONES			
Fluoroquinolones**			
ciprofloxacin hcl oral tablet 250 mg, 500 mg	Cipro	Preferred	QLL
ciprofloxacin hcl oral tablet 750 mg		Preferred	QLL
levofloxacin oral solution 25 mg/ml		Preferred	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg		Preferred	QLL
moxifloxacin hcl oral tablet 400 mg		Non-Preferred	PA; QLL
ofloxacin oral tablet 300 mg, 400 mg		Non-Preferred	PA
BAXDELA ORAL TABLET 450 MG		Non-Preferred	PA
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)		Preferred	
CIPRO ORAL TABLET 250 MG, 500 MG	ciprofloxacin hcl	Non-Preferred	PA; QLL
GASTROINTESTINAL AGENTS - MISC.			
5-Ht4 Receptor Agonists**			
prucalopride succinate oral tablet 1 mg, 2 mg	Motegrity	Non-Preferred	PA
MOTEGRITY ORAL TABLET 1 MG, 2 MG	prucalopride succinate	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Antiflatulents**			
anti-gas oral capsule	CVS Beanaid	State Carve-Out	OTC
eql gas prevention oral capsule	CVS Beanaid	State Carve-Out	OTC
ft gas relief extra strength oral capsule 125 mg	Gas-X Extra Strength	Preferred	OTC
gas relief & prevention oral capsule	CVS Beanaid	State Carve-Out	OTC
gas relief extra strength oral capsule 125 mg	Gas-X Extra Strength	Preferred	OTC
gas relief oral liquid 40 mg/0.6ml	Gas-X Infant Drops	Common Formulary	OTC
gnp gas relief extra strength oral capsule 125 mg	Gas-X Extra Strength	Preferred	OTC
goodsense gas relief extra st oral capsule 125 mg	Gas-X Extra Strength	Preferred	OTC
simethicone drops infants oral suspension 20 mg/0.3ml	Little Remedies Gas Relief	Common Formulary	OTC
simethicone oral capsule 180 mg	Gas-X Ultra Strength	Preferred	OTC
simethicone oral suspension 40 mg/0.6ml	Little Remedies Gas Relief	Common Formulary	OTC
simethicone oral tablet chewable 125 mg	Gas-X Extra Strength	Preferred	OTC
simethicone oral tablet chewable 80 mg		Common Formulary	OTC
sm gas relief extra strength oral capsule 125 mg	Gas-X Extra Strength	Preferred	OTC
BEANO ULTRA 800 ORAL TABLET		State Carve-Out	OTC
CVS BEANAID ORAL CAPSULE	anti-gas	State Carve-Out	OTC
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	gas relief	Common Formulary	OTC
GAS-X PREVENTION ORAL CAPSULE	anti-gas	State Carve-Out	OTC
Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists**			
TRULANCE ORAL TABLET 3 MG		Non-Preferred	PA
Gallstone Solubilizing Agents**			
ursodiol oral capsule 300 mg		Preferred	
ursodiol oral tablet 250 mg		Preferred	
ursodiol oral tablet 500 mg	Urso Forte	Preferred	
RELTONE ORAL CAPSULE 200 MG, 400 MG	ursodiol	Non-Preferred	PA
URSO FORTE ORAL TABLET 500 MG	ursodiol	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Gastrointestinal Antiallergy Agents**			
cromolyn sodium oral concentrate 100 mg/5ml	Gastrocrom	Common Formulary	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML	cromolyn sodium	Common Formulary	
Gastrointestinal Chloride Channel Activators**			
lubiprostone oral capsule 24 mcg, 8 mcg	Amitiza	Preferred	QLL; AL (Min 18 Years)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	lubiprostone	Non-Preferred	PA
Gastrointestinal Stimulants**			
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml		Common Formulary	
metoclopramide hcl oral tablet 10 mg, 5 mg	Reglan	Common Formulary	
Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists**			
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		Preferred	QLL; AL (Min 6 Years)
Ibs Agent - Mu-Opioid Receptor Agonists**			
VIBERZI ORAL TABLET 100 MG, 75 MG		Non-Preferred	PA; QLL
Ibs Agent - Selective 5-Ht3 Receptor Antagonists**			
alosetron hcl oral tablet 0.5 mg, 1 mg	Lotronex	Non-Preferred	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	alosetron hcl	Non-Preferred	PA
Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor**			
IBSRELA ORAL TABLET 50 MG		Non-Preferred	PA; QLL
Inflammatory Bowel Agents**			
balsalazide disodium oral capsule 750 mg	Colazal	Non-Preferred	PA
mesalamine er oral capsule extended release 24 hour 0.375 gm	Apriso	Non-Preferred	PA
mesalamine er oral capsule extended release 500 mg	Pentasa	Non-Preferred	PA
mesalamine oral capsule delayed release 400 mg	Delzicol	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
mesalamine oral tablet delayed release 1.2 gm	Lialda	Preferred	
mesalamine oral tablet delayed release 800 mg		Non-Preferred	PA
mesalamine rectal enema 4 gm		Common Formulary	
sulfasalazine oral tablet 500 mg	Azulfidine	Preferred	
sulfasalazine oral tablet delayed release 500 mg	Azulfidine EN-tabs	Preferred	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM	mesalamine er	Preferred	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG	sulfasalazine	Non-Preferred	PA
AZULFIDINE ORAL TABLET 500 MG	sulfasalazine	Non-Preferred	PA
COLAZAL ORAL CAPSULE 750 MG	balsalazide disodium	Non-Preferred	PA
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG	mesalamine	Non-Preferred	PA
DIPENTUM ORAL CAPSULE 250 MG		Non-Preferred	PA
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	mesalamine	Non-Preferred	PA
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG		Preferred	
Integrin Receptor Antagonists**			
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		Non-Preferred	PA
Interleukin Antagonists**			
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML		Non-Preferred	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		Non-Preferred	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	ustekinumab	Non-Preferred	PA
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML		Non-Preferred	PA
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Non-Preferred	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML		Non-Preferred	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML		Non-Preferred	PA
Intestinal Acidifiers**			
enulose oral solution 10 gm/15ml		State Carve-Out	
generlac oral solution 10 gm/15ml		State Carve-Out	
lactulose encephalopathy oral solution 10 gm/15ml		State Carve-Out	
lactulose encephalopathy solution 10 gm/15ml oral		Common Formulary	
Peripheral Opioid Receptor Antagonists**			
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		Non-Preferred	PA
RELISTOR ORAL TABLET 150 MG		Non-Preferred	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML		Non-Preferred	PA
SYMPROIC ORAL TABLET 0.2 MG		Non-Preferred	PA
Phosphate Binder Agents**			
calcium acetate (phos binder) oral capsule 667 mg		Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
calcium acetate (phos binder) oral tablet 667 mg	Calphron	Preferred	PA
calcium acetate oral tablet 667 mg	Calphron	Preferred	PA
ferric citrate oral tablet 1 gm 210 mg(fe)	Auryxia	Non-Preferred	PA
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	Fosrenol	Non-Preferred	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	Renvela	Non-Preferred	PA
sevelamer carbonate oral tablet 800 mg	Renvela	Preferred	PA
sevelamer hcl oral tablet 400 mg, 800 mg		Non-Preferred	PA
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	ferric citrate	Non-Preferred	PA
CALPHRON ORAL TABLET 667 MG	calcium acetate	Preferred	PA; OTC
FOSRENOL ORAL PACKET 1000 MG, 750 MG		Non-Preferred	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	lanthanum carbonate	Non-Preferred	PA
RENVELA ORAL PACKET 0.8 GM, 2.4 GM	sevelamer carbonate	Non-Preferred	PA
RENVELA ORAL TABLET 800 MG	sevelamer carbonate	Non-Preferred	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG		Non-Preferred	PA
Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)**			
VELSIPITY ORAL TABLET 2 MG		Non-Preferred	PA; AL (Min 18 Years)
Tumor Necrosis Factor Alpha Blockers**			
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		Non-Preferred	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG		Non-Preferred	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML		Non-Preferred	PA
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		Non-Preferred	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML		Non-Preferred	PA
GENITOURINARY AGENTS - MISCELLANEOUS			
5-Alpha Reductase Inhibitors**			
dutasteride oral capsule 0.5 mg	Avodart	Preferred	
finasteride oral tablet 5 mg	Proscar	Preferred	
AVODART ORAL CAPSULE 0.5 MG	dutasteride	Non-Preferred	PA
PROSCAR ORAL TABLET 5 MG	finasteride	Non-Preferred	PA
Alpha 1-Adrenoceptor Antagonists**			
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	Uroxatral	Preferred	
silodosin oral capsule 4 mg, 8 mg	Rapaflo	Non-Preferred	PA
tamsulosin hcl oral capsule 0.4 mg		Preferred	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG		Non-Preferred	PA
FLOMAX ORAL CAPSULE 0.4 MG	tamsulosin hcl	Non-Preferred	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	silodosin	Non-Preferred	PA
Citrates**			
potassium citrate er oral tablet extended release 10 meq (1080 mg)	Urocit-K 10	Common Formulary	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	Urocit-K 15	Common Formulary	
potassium citrate er oral tablet extended release 5 meq (540 mg)		Common Formulary	
potassium citrate-citric acid oral solution 1100-334 mg/5ml		Common Formulary	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml		Common Formulary	
Genitourinary Irrigants**			
sodium chloride irrigation solution 0.9 %	Argyle Sterile Saline	Preferred	
Interstitial Cystitis Agents**			
ELMIRON ORAL CAPSULE 100 MG		Common Formulary	PA; QLL
Phosphates**			
K-PHOS NO 2 ORAL TABLET 305-700 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Prostatic Hypertrophy Agent Combinations**			
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	Jalyn	Non-Preferred	PA
Urinary Analgesics**			
phenazopyridine hcl oral tablet 100 mg, 200 mg	Pyridium	Common Formulary	
Urinary Stone Agents**			
LITHOSTAT ORAL TABLET 250 MG		State Carve-Out	
GOUT AGENTS			
Gout Agent Combinations**			
colchicine-probenecid oral tablet 0.5-500 mg		Preferred	
Gout Agents**			
allopurinol oral tablet 100 mg, 200 mg, 300 mg		Preferred	
colchicine oral capsule 0.6 mg	Mitigare	Non-Preferred	PA
colchicine oral tablet 0.6 mg		Preferred	
febuxostat oral tablet 40 mg, 80 mg	Uloric	Non-Preferred	PA
GLOPERBA ORAL SOLUTION 0.6 MG/5ML		Non-Preferred	PA
MITIGARE ORAL CAPSULE 0.6 MG	colchicine	Non-Preferred	PA
ULORIC ORAL TABLET 40 MG, 80 MG	febuxostat	Non-Preferred	PA
Uricosurics**			
probenecid oral tablet 500 mg		Preferred	
HEMATOLOGICAL AGENTS - MISC.			
Antihemophilic Products - Monoclonal Antibodies**			
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML		State Carve-Out	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML		State Carve-Out	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Antihemophilic Products**			
obizur intravenous solution reconstituted 500 unit		State Carve-Out	
rixubis intravenous solution reconstituted 1000 unit, 2000 unit, 250 unit, 3000 unit, 500 unit	Ixinity	State Carve-Out	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT		State Carve-Out	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT		State Carve-Out	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT		State Carve-Out	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT		State Carve-Out	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT		State Carve-Out	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT		State Carve-Out	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED		State Carve-Out	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT		State Carve-Out	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	rixubis	State Carve-Out	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT		State Carve-Out	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		State Carve-Out	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG		State Carve-Out	
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT		State Carve-Out	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED		State Carve-Out	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT		State Carve-Out	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT		State Carve-Out	
C1 Esterase Inhibitors**			
BERINERT INTRAVENOUS KIT 500 UNIT		State Carve-Out	
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		State Carve-Out	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT		State Carve-Out	
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT		State Carve-Out	
Complement C5 Inhibitors**			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		State Carve-Out	
Direct-Acting P2y12 Inhibitors**			
BRILINTA ORAL TABLET 60 MG, 90 MG	ticagrelor	Preferred	
Hematorheologic Agents**			
pentoxifylline er oral tablet extended release 400 mg		Common Formulary	
Human Protein C**			
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		State Carve-Out	
Phosphodiesterase Iii Inhibitors**			
cilostazol oral tablet 100 mg, 50 mg		Common Formulary	QLL
Plasma Kallikrein Inhibitors**			
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML		State Carve-Out	
Plasma Proteins**			
albumin human intravenous solution 25 %	Albuked 25	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
albumin human intravenous solution 5 %	Albuked 5	State Carve-Out	
albumin-zlb intravenous solution 25 %	Albuked 25	State Carve-Out	
albumin-zlb intravenous solution 5 %	Albuked 5	State Carve-Out	
alburx intravenous solution 5 %	Albuked 5	State Carve-Out	
kedbumin intravenous solution 25 %	Albuked 25	State Carve-Out	
ALBUKED 25 INTRAVENOUS SOLUTION 25 %	albumin human	State Carve-Out	
ALBUKED 5 INTRAVENOUS SOLUTION 5 %	albumin human	State Carve-Out	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 %	albumin human	State Carve-Out	
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 %	albumin human	State Carve-Out	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION		State Carve-Out	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION		State Carve-Out	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION		State Carve-Out	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION		State Carve-Out	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT		State Carve-Out	
Platelet Aggregation Inhibitor Combinations**			
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg		Non-Preferred	PA
Platelet Aggregation Inhibitors**			
dipyridamole oral tablet 25 mg, 50 mg, 75 mg		Non-Preferred	PA
Quinazoline Agents**			
anagrelide hcl oral capsule 0.5 mg	Agrylin	Common Formulary	
anagrelide hcl oral capsule 1 mg		Common Formulary	
Thienopyridine Derivatives**			
clopidogrel bisulfate oral tablet 300 mg		Preferred	
clopidogrel bisulfate oral tablet 75 mg	Plavix	Preferred	QLL
prasugrel hcl oral tablet 10 mg, 5 mg	Effient	Preferred	AL (Max 75 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
EFFIENT ORAL TABLET 10 MG, 5 MG	prasugrel hcl	Non-Preferred	PA; AL (Max 75 Years)
PLAVIX ORAL TABLET 75 MG	clopidogrel bisulfate	Non-Preferred	PA; QLL
HEMATOPOIETIC AGENTS			
Agents For Gaucher Disease**			
miglustat oral capsule 100 mg	Yargesa	State Carve-Out	
CERDELGA ORAL CAPSULE 84 MG		State Carve-Out	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		State Carve-Out	
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT		State Carve-Out	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT		State Carve-Out	
YARGESA ORAL CAPSULE 100 MG	miglustat	State Carve-Out	
ZAVESCA ORAL CAPSULE 100 MG	miglustat	State Carve-Out	
Agents For Sickle Cell Disease - Autologous Gene Therapy**			
CASGEVY INTRAVENOUS SUSPENSION		State Carve-Out	
LYFGENIA INTRAVENOUS SUSPENSION		State Carve-Out	
Amino Acids**			
ENDARI ORAL PACKET 5 GM	l-glutamine	Common Formulary	PA; QLL
Cobalamins**			
cyanocobalamin injection solution 1000 mcg/ml		Common Formulary	
DODEX INJECTION SOLUTION 1000 MCG/ML	cyanocobalamin	Common Formulary	
Cytotoxic Agents**			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		Common Formulary	
SIKLOS ORAL TABLET 100 MG, 1000 MG		Common Formulary	AL (Min 2 Years)
XROMI ORAL SOLUTION 100 MG/ML		Common Formulary	

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		Preferred	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML		Preferred	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		Preferred	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML		Non-Preferred	PA
PROCRIT INJECTION SOLUTION 40000 UNIT/ML		Non-Preferred	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML		Preferred	PA
Folic Acid/Folate Combinations**			
folbee oral tablet 2.5-25-1 mg	Airavite	Common Formulary	OTC
westab one oral tablet 2.5-25-1 mg	Airavite	Common Formulary	OTC
AIRAVITE ORAL TABLET 2.5-25-1 MG	folbee	Common Formulary	
FOLGARD RX ORAL TABLET 2.2-25-1 MG		Common Formulary	
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG		Common Formulary	OTC
NUFOL ORAL TABLET 2.5-25-1 MG	folbee	Common Formulary	
Folic Acid/Folates**			
folic acid oral tablet 1 mg		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
folic acid oral tablet 400 mcg		Common Formulary	QLL; OTC
folic acid oral tablet 800 mcg		Common Formulary	OTC
sm folic acid oral tablet 400 mcg		Common Formulary	QLL; OTC
true folic acid oral tablet 1 mg		Common Formulary	OTC
true folic acid oral tablet 400 mcg		Common Formulary	QLL; OTC
Granulocyte Colony-Stimulating Factors (G-Csf)**			
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml		Non-Preferred	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Non-Preferred	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Non-Preferred	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML		Non-Preferred	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Preferred	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Preferred	
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Non-Preferred	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Non-Preferred	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML		Non-Preferred	PA; QLL
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML		Non-Preferred	PA; QLL
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML		Non-Preferred	PA; QLL
Granulocyte/Macrophage Colony-Stimulating Factor(Gm-Csf)**			
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG		Non-Preferred	PA
Hematopoietic Autologous Cellular Gene Therapy*			
ZYNTEGLO INTRAVENOUS SUSPENSION		State Carve-Out	
Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors**			
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG		Non-Preferred	PA; AL (Min 18 Years)
VAFSEO ORAL TABLET 150 MG, 300 MG		Non-Preferred	PA
Iron Combinations**			
iron 100 plus oral tablet 100-250-0.025-1 mg	Icar-C Plus	Common Formulary	AL (Max 12 Years); OTC
NEPHRON FA ORAL TABLET		CSHCS Coverage	
Iron**			
cvs slow release dried iron oral tablet extended release 45 mg		Common Formulary	OTC
eq slow-release iron oral tablet extended release 45 mg		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg	Ferrocite	Preferred	OTC
ferrous gluconate oral tablet 324 (38 fe) mg		Common Formulary	OTC
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 mg/6.8ml	One Vite Ferrous Sulfate	Common Formulary	AL (Max 12 Years); OTC
ferrous sulfate oral solution 300 (60 fe) mg/5ml		Common Formulary	AL (Max 12 Years); OTC
ferrous sulfate oral tablet 325 (65 fe) mg	FeroSul	Common Formulary	OTC
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg		Common Formulary	OTC
ferrous sulfate solution 75 (15 fe) mg/ml oral	BProtected Pedia Iron	CSHCS Coverage	OTC
fe-vite iron oral solution 75 (15 fe) mg/ml	BProtected Pedia Iron	CSHCS Coverage	OTC
gnp iron oral tablet 200 (65 fe) mg	Feosol	Common Formulary	OTC
gnp iron oral tablet extended release 45 mg	Slow Fe	Common Formulary	OTC
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	BProtected Pedia Iron	CSHCS Coverage	OTC
iron infant & toddler oral solution 75 (15 fe) mg/ml	BProtected Pedia Iron	CSHCS Coverage	OTC
iron infant/toddler oral solution 75 (15 fe) mg/ml	BProtected Pedia Iron	CSHCS Coverage	OTC
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	BProtected Pedia Iron	CSHCS Coverage	OTC
polysaccharide iron complex oral capsule 150 mg	Ferrex 150	Preferred	OTC
ra slow release iron oral tablet extended release 45 mg		Common Formulary	OTC
slow release iron oral tablet extended release 45 mg		Common Formulary	OTC
sm iron oral tablet 325 (65 fe) mg	FeroSul	Common Formulary	OTC
sm slow release dried iron oral tablet extended release 45 mg		Common Formulary	OTC
true ferrous sulfate oral tablet delayed release 324 mg		Common Formulary	OTC
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	fe-vite iron	CSHCS Coverage	OTC
FERATE ORAL TABLET 240 (27 FE) MG	cvs iron	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
FEROSUL ORAL TABLET 325 (65 FE) MG	ferrous sulfate	Common Formulary	OTC
FERREX 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	Preferred	OTC
FERROCITE ORAL TABLET 324 MG	ferrous fumarate	Preferred	OTC
NU-IRON ORAL CAPSULE 150 MG	polysaccharide iron complex	Preferred	OTC
POLY-IRON 150 ORAL CAPSULE 150 MG	polysaccharide iron complex	Preferred	OTC
HEMOSTATICS			
Hemostatics - Systemic**			
aminocaproic acid intravenous solution 250 mg/ml		State Carve-Out	
aminocaproic acid oral tablet 1000 mg, 500 mg		State Carve-Out	
tranexamic acid intravenous solution 1000 mg/10ml	Cyklokapron	State Carve-Out	
tranexamic acid oral tablet 650 mg		State Carve-Out	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML	tranexamic acid	State Carve-Out	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			
Antihistamine Hypnotic Combinations**			
acetaminophen pm oral tablet 500-25 mg	Healthy Mama eaZZZe the Pain	Supplemental Formulary	OTC
Antihistamine Hypnotics**			
cvs sleep aid nighttime oral tablet 25 mg	Nytol QuickCaps	State Carve-Out	OTC
cvs sleep aid oral tablet 25 mg	Nytol QuickCaps	State Carve-Out	OTC
cvs sleep-aid (doxylamine) oral tablet 25 mg	Unisom SleepTabs	State Carve-Out	OTC
cvs sleep-aid nighttime oral capsule 25 mg	Unisom SleepMinis	State Carve-Out	OTC
cvs ultra sleep oral tablet 25 mg	Unisom SleepTabs	State Carve-Out	OTC
diphenhydramine hcl (sleep) oral tablet 50 mg	Sominex Max St	State Carve-Out	OTC
eq sleep-aid nighttime oral capsule 25 mg	Unisom SleepMinis	State Carve-Out	OTC
eq sleep-aid oral tablet 25 mg	Unisom SleepTabs	State Carve-Out	OTC
eql nighttime sleep aid oral capsule 25 mg	Unisom SleepMinis	State Carve-Out	OTC
eql nighttime sleep aid oral tablet 25 mg	Nytol QuickCaps	State Carve-Out	OTC
eql sleep aid oral capsule 50 mg	Unisom Sleepgels	State Carve-Out	OTC

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

Formulary Drug Name	Reference	Tiering	Restrictions
sleep-aid oral capsule 50 mg	Unisom Sleepgels	State Carve-Out	OTC
sleep-aid oral tablet 25 mg	Unisom SleepTabs	State Carve-Out	OTC
sleep-tabs oral tablet 25 mg	Nytol QuickCaps	State Carve-Out	OTC
sm sleep aid oral tablet 25 mg	Unisom SleepTabs	State Carve-Out	OTC
wal-som maximum strength oral capsule 50 mg	Unisom Sleepgels	State Carve-Out	OTC
wal-som oral tablet 25 mg	Unisom SleepTabs	State Carve-Out	OTC
wal-som oral tablet dispersible 25 mg	Unisom SleepMelts	State Carve-Out	OTC
NYTOL QUICKCAPS ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
SIMPLY SLEEP ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
SOMINEX MAX ST ORAL TABLET 50 MG	diphenhydramine hcl (sleep)	State Carve-Out	OTC
SOMINEX NIGHTTIME SLEEP-AID ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
SOMINEX ORAL TABLET 25 MG	cvs sleep aid	State Carve-Out	OTC
UNISOM SLEEPGELS ORAL CAPSULE 50 MG	eql sleep aid	State Carve-Out	OTC
UNISOM SLEEPMELTS ORAL TABLET DISPERSIBLE 25 MG	wal-som	State Carve-Out	OTC
UNISOM SLEEPMINIS ORAL CAPSULE 25 MG	cvs sleep-aid nighttime	State Carve-Out	OTC
UNISOM SLEEPTABS ORAL TABLET 25 MG	cvs sleep-aid (doxylamine)	State Carve-Out	OTC
WAL-SLEEP Z ORAL CAPSULE 25 MG	cvs sleep-aid nighttime	State Carve-Out	OTC
WAL-SLEEP Z ORAL LIQUID 50 MG/30ML	eql sleep aid	State Carve-Out	OTC
WAL-SLEEP Z ORAL TABLET DISPERSIBLE 25 MG	wal-som	State Carve-Out	OTC
ZZZQUIL ORAL CAPSULE 25 MG	cvs sleep-aid nighttime	State Carve-Out	OTC
ZZZQUIL ORAL LIQUID 50 MG/30ML	eql sleep aid	State Carve-Out	OTC
Barbiturate Hypnotics**			
pentobarbital sodium injection solution 50 mg/ml		State Carve-Out	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml		State Carve-Out	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml		State Carve-Out	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG		State Carve-Out	
Benzodiazepine Hypnotics**			
estazolam oral tablet 1 mg, 2 mg		State Carve-Out	
flurazepam hcl oral capsule 15 mg, 30 mg		State Carve-Out	
midazolam hcl oral syrup 2 mg/ml		State Carve-Out	
quazepam oral tablet 15 mg		State Carve-Out	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	Restoril	State Carve-Out	
triazolam oral tablet 0.125 mg		State Carve-Out	
triazolam oral tablet 0.25 mg	Halcion	State Carve-Out	
DORAL ORAL TABLET 15 MG	quazepam	State Carve-Out	
HALCION ORAL TABLET 0.25 MG	triazolam	State Carve-Out	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	temazepam	State Carve-Out	
Hypnotics - Tricyclic Agents**			
doxepin hcl oral tablet 3 mg, 6 mg	Silenor	State Carve-Out	
SILENOR ORAL TABLET 3 MG, 6 MG	doxepin hcl	State Carve-Out	
Non-Benzodiazepine - Gaba-Receptor Modulators**			
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	Lunesta	State Carve-Out	
zaleplon oral capsule 10 mg, 5 mg		State Carve-Out	
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	Ambien CR	State Carve-Out	
zolpidem tartrate oral capsule 7.5 mg		State Carve-Out	
zolpidem tartrate oral tablet 10 mg, 5 mg	Ambien	State Carve-Out	
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg		State Carve-Out	
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG	zolpidem tartrate er	State Carve-Out	
AMBIEN ORAL TABLET 10 MG, 5 MG	zolpidem tartrate	State Carve-Out	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG		State Carve-Out	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	eszopiclone	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
Orexin Receptor Antagonists**			
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		State Carve-Out	
Selective Alpha2-Adrenoreceptor Agonist Sedatives**			
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	Precedex	State Carve-Out	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	Precedex	State Carve-Out	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG		State Carve-Out	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML	dexmedetomidine hcl	State Carve-Out	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML	dexmedetomidine hcl in nacl	State Carve-Out	
Selective Melatonin Receptor Agonists**			
ramelteon oral tablet 8 mg	Rozerem	State Carve-Out	
tasimelteon oral capsule 20 mg	Hetlioz	State Carve-Out	
HETLIOZ ORAL CAPSULE 20 MG	tasimelteon	State Carve-Out	
ROZEREM ORAL TABLET 8 MG	ramelteon	State Carve-Out	
LAXATIVES			
Bowel Evacuant Combinations**			
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	Suprep Bowel Prep Kit	Common Formulary	QLL
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	GaviLyte-N with Flavor Pack	Common Formulary	
peg-3350/electrolytes oral solution reconstituted 236 gm	GaviLyte-G	Common Formulary	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM		Common Formulary	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	peg-3350/electrolytes	Common Formulary	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	peg 3350-kcl-na bicarb-nacl	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
Bulk Laxatives**			
fiber laxative + calcium oral tablet 625 mg	FiberCon	Preferred	OTC
fiber oral tablet 625 mg	FiberCon	Preferred	OTC
fiber therapy oral tablet 500 mg	Citrucel	Preferred	OTC
fiber-lax oral tablet 625 mg	FiberCon	Preferred	OTC
ft fiber laxative oral tablet 625 mg	FiberCon	Preferred	OTC
gnp fiber oral powder 43 %	Metamucil 4 in 1 Fiber	Common Formulary	OTC
gnp fiber-caps oral tablet 625 mg	FiberCon	Preferred	OTC
gnp natural fiber oral capsule 0.52 gm	Medi-Mucil	Preferred	OTC
gnp natural fiber oral powder 28.3 %	Metamucil Smooth Texture	Common Formulary	OTC
sm fiber oral powder 28.3 %, 58.6 %	Metamucil Smooth Texture	Common Formulary	OTC
sm fiber oral powder 43 %	Metamucil 4 in 1 Fiber	Common Formulary	OTC
Laxatives - Miscellaneous**			
constulose oral solution 10 gm/15ml		Common Formulary	
ft clearlax oral powder 17 gm/scoop	ClearLax	Common Formulary	OTC
gavilax oral powder 17 gm/scoop	ClearLax	Common Formulary	OTC
lactulose oral solution 10 gm/15ml, 20 gm/30ml		Common Formulary	
peg 3350 oral powder 17 gm/scoop	ClearLax	Common Formulary	OTC
polyethylene glycol 3350 oral powder 17 gm/scoop	ClearLax	Common Formulary	
CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
GLYCOLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
HM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM		Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
SM CLEARLAX ORAL POWDER 17 GM/SCOOP	ft clearlax	Common Formulary	OTC
Laxatives & Dss**			
senna plus oral capsule 50-8.6 mg		Common Formulary	OTC
sennosides-docusate sodium oral tablet 8.6-50 mg	Colace 2-IN-1	Common Formulary	OTC
stool softener/laxative oral capsule 50-8.6 mg		Common Formulary	OTC
Lubricant Laxatives**			
enema mineral oil rectal enema	Fleet Oil	Common Formulary	OTC
ft enema mineral oil rectal enema	Fleet Oil	Common Formulary	OTC
hm enema mineral oil rectal enema	Fleet Oil	CSHCS Coverage	OTC
sm mineral oil enema rectal	Fleet Oil	CSHCS Coverage	OTC
sm mineral oil rectal enema	Fleet Oil	Common Formulary	OTC
FLEET OIL RECTAL ENEMA	enema mineral oil	CSHCS Coverage	OTC
Saline Laxative Mixtures**			
enema ready-to-use rectal enema 7-19 gm/118ml	Fleet Enema	CSHCS Coverage	OTC
enema rectal enema 7-19 gm/118ml	Fleet Enema	CSHCS Coverage	OTC
ft enema saline rectal enema 7-19 gm/118ml	Fleet Enema	Common Formulary	OTC
hm enema rectal enema 7-19 gm/118ml	Fleet Enema	CSHCS Coverage	OTC
sm enema enema 7-19 gm/118ml rectal	Fleet Enema	CSHCS Coverage	OTC
sm enema rectal enema	Fleet Enema	Common Formulary	OTC
FLEET ENEMA ENEMA RECTAL	ft enema saline	CSHCS Coverage	OTC
FLEET ENEMA RECTAL ENEMA	ft enema saline	Common Formulary	OTC
Saline Laxatives**			
cvs laxative dietary supplemnt oral tablet 500 mg	Phillips	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ft milk of magnesia oral suspension 1200 mg/15ml	Dulcolax	Common Formulary	OTC
gnp milk of magnesia oral suspension 1200 mg/15ml	Dulcolax	Common Formulary	OTC
hm milk of magnesia oral suspension 1200 mg/15ml	Dulcolax	Common Formulary	OTC
magnesium citrate oral solution 1.745 gm/30ml	Citroma	Common Formulary	OTC
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	Dulcolax	Common Formulary	OTC
sm milk of magnesia oral suspension 1200 mg/15ml	Dulcolax	Common Formulary	OTC
PHILLIPS ORAL TABLET 500 MG	cvs laxative dietary supplemnt	Common Formulary	OTC
Stimulant Laxatives**			
bisacodyl oral tablet delayed release 5 mg	Dulcolax	Common Formulary	OTC
bisacodyl rectal suppository 10 mg	Dulcolax	Common Formulary	OTC
chocolated laxative oral tablet chewable 15 mg	Ex-Lax	Preferred	OTC
laxative max str oral tablet 25 mg	Ex-Lax Maximum Strength	Common Formulary	OTC
laxative regular strength oral tablet 15 mg	Medi-Lax	Common Formulary	OTC
senna oral capsule 8.6 mg		Common Formulary	OTC
senna oral liquid 8.8 mg/5ml	OneLAX Senna	Common Formulary	OTC
senna oral syrup 176 mg/5ml		Common Formulary	OTC
senna oral syrup 8.8 mg/5ml	OneLAX Senna	Common Formulary	
sennosides oral tablet 8.6 mg	Black-Draught Lax-Senna	Common Formulary	OTC
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	cvs senna-extra	Common Formulary	OTC
Surfactant Laxatives**			
cvs mini enema rectal enema 20-283 mg	Enemeez Plus	Common Formulary	OTC
cvs stool softener oral capsule 50 mg	Colace Clear	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
docusate calcium oral capsule 240 mg	Surfak	Common Formulary	OTC
docusate mini rectal enema 283 mg/5ml	Enemeez Mini	CSHCS Coverage	OTC
docusate sodium oral capsule 100 mg	Colace	Common Formulary	OTC
docusate sodium oral capsule 250 mg	Prolaxa	Common Formulary	
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml		Common Formulary	OTC
ft stool softener oral capsule 100 mg	Colace	Common Formulary	OTC
gnp stool softener oral capsule 100 mg	Colace	Common Formulary	OTC
hm stool softener oral capsule 100 mg	Colace	Common Formulary	OTC
silace oral liquid 150 mg/15ml		Common Formulary	OTC
sm stool softener oral capsule 100 mg	Colace	Common Formulary	OTC
stool softener laxative oral capsule 100 mg	Colace	Common Formulary	OTC
stool softener oral capsule 100 mg	Colace	Common Formulary	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	cvs stool softener	Common Formulary	OTC
DOK ORAL TABLET 100 MG	ft stool softener	Common Formulary	OTC
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	docusate mini	CSHCS Coverage	OTC
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	cvs mini enema	CSHCS Coverage	OTC
MACROLIDES			
Azithromycin**			
azithromycin oral packet 1 gm		Preferred	QLL
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	Zithromax	Preferred	
azithromycin oral tablet 250 mg	Zithromax	Preferred	
azithromycin oral tablet 500 mg	Zithromax	Preferred	QLL
azithromycin oral tablet 600 mg		Preferred	QLL
ZITHROMAX ORAL PACKET 1 GM		Non-Preferred	PA; QLL

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

Formulary Drug Name	Reference	Tiering	Restrictions
Fidaxomicin**			
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML		Non-Preferred	PA; AL (Max 17 Years)
DIFICID ORAL TABLET 200 MG	fidaxomicin	Preferred	
MEDICAL DEVICES AND SUPPLIES			
Applicators,Cotton Balls,Etc**			
alcohol prep pad , 70 %	BD Swab Single Use Regular	Preferred	OTC
alcohol prep pad pad 70 %	BD Swab Single Use Regular	Preferred	OTC
alcohol prep pads pad 70 %	BD Swab Single Use Regular	Preferred	OTC
alcohol swabs pad , 70 %	BD Swab Single Use Regular	Preferred	OTC
alcohol swabstick pad	BD Swab Single Use Regular	Preferred	OTC
aum alcohol prep pads pad 70 %	BD Swab Single Use Regular	Preferred	OTC
cvs alcohol prep pads pad 70 %	BD Swab Single Use Regular	Preferred	OTC
cvs prep pad 70 %	BD Swab Single Use Regular	Preferred	OTC
eql alcohol swabs pad 70 %	BD Swab Single Use Regular	Preferred	OTC
global alcohol prep ease pad 70 %	BD Swab Single Use Regular	Preferred	OTC
gnp alcohol swabs pad 70 %	BD Swab Single Use Regular	Preferred	OTC
h-e-b incontrol alcohol pad	BD Swab Single Use Regular	Preferred	OTC
hm sterile alcohol prep pad	BD Swab Single Use Regular	Preferred	OTC
meijer alcohol swabs pad 70 %	BD Swab Single Use Regular	Preferred	OTC
qc alcohol swabs pad 70 %	BD Swab Single Use Regular	Preferred	OTC
ra alcohol swabs pad 70 %	BD Swab Single Use Regular	Preferred	OTC
reality swabs pad	BD Swab Single Use Regular	Preferred	OTC
sb alcohol prep pad 70 %	BD Swab Single Use Regular	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
sm alcohol prep pad , 70 %	BD Swab Single Use Regular	Preferred	OTC
sure comfort alcohol prep pad 70 %	BD Swab Single Use Regular	Preferred	OTC
true comfort pro alcohol prep pad 70 %	BD Swab Single Use Regular	Preferred	OTC
ultilet alcohol swabs pad	BD Swab Single Use Regular	Preferred	OTC
ultra-care alcohol prep pads pad 70 %	BD Swab Single Use Regular	Preferred	OTC
zevrx sterile alcohol prep pad pad 70 %	BD Swab Single Use Regular	Preferred	OTC
BD SWAB SINGLE USE REGULAR PAD	alcohol prep	Preferred	OTC
CARETOUCH ALCOHOL PREP PAD 70 %	alcohol prep	Preferred	OTC
CURITY ALCOHOL PREPS PAD 70 %	alcohol prep	Preferred	OTC
DROPSAFE ALCOHOL PREP PAD 70 %	alcohol prep	Preferred	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	alcohol prep	Preferred	OTC
FIFTY50 ALCOHOL PREP PAD 70 %	alcohol prep	Preferred	OTC
RELION ALCOHOL SWABS PAD , 70 %	alcohol prep	Preferred	OTC
ULTICARE ALCOHOL SWABS PAD , 70 %	alcohol prep	Preferred	OTC
WEBCOL ALCOHOL PREP LARGE PAD 70 %	alcohol prep	Preferred	OTC
WEBCOL ALCOHOL PREP MEDIUM PAD 70 %	alcohol prep	Preferred	OTC
Blood Pressure Devices**			
blood pressure monitor	3 Series BP Monitor/Wrist	Supplemental Formulary	OTC
Cervical Caps**			
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		Common Formulary	
Condoms - Female**			
FC2 FEMALE CONDOM		Common Formulary	QLL; OTC

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

Formulary Drug Name	Reference	Tiering	Restrictions
REALITY LATEX/ULTRA TEXTURED DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
REALITY LATEX/ULTRA THIN DEVICE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX COLOR CONDOMS + LUBE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUB/RIBBED/STUDDED	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUB/SPERMICIDE EX ST	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUB/SPERMICIDE XL	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED EX LARGE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED EXTRA ST	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX LUBRICATED/SPERMICIDE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX NATURAL CONDOMS + LUBE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX NON-LUBRICATED	kimono micro thin	Common Formulary	QLL; OTC
TRUSTEX RIA LUB/SPERMICIDE	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX RIA LUBRICATED	aimsco lubricated	Common Formulary	QLL; OTC
TRUSTEX RIA NON-LUBRICATED	kimono micro thin	Common Formulary	QLL; OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD	aimsco lubricated	Common Formulary	QLL; OTC
Diaphragms			
CAYA VAGINAL DIAPHRAGM		Common Formulary	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM		Preferred	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %		Common Formulary	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %		Common Formulary	

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
ONETOUCH ULTRA CONTROL IN VITRO LIQUID	element compact control 2	Preferred	OTC
ONETOUCH VERIO IN VITRO LIQUID	element compact control 2	Preferred	OTC
ONETOUCH VERIO IN VITRO LIQUID HIGH	easy plus ii control	Preferred	OTC
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
POCKETCHEM EZ CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID	element compact control 2	Preferred	OTC
PRODIGY CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
QUICKTEK CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION	element compact control 2	Preferred	OTC
RELION TRUE MET AIR GLUC METER KIT W/DEVICE	blood glucose monitor system	Supplemental Formulary	OTC
RIGHTEST GC300 CONTROL IN VITRO LIQUID HIGH	easy plus ii control	Preferred	OTC
RIGHTEST GC300 CONTROL IN VITRO LIQUID NORMAL	easy talk control	Preferred	OTC
SMARTEST CONTROL MEDIUM IN VITRO SOLUTION	element compact control 2	Preferred	OTC
SOLUS V2 CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
TAI DOC CONTROL IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE	blood glucose monitor system	Supplemental Formulary	OTC
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW	easy plus ii control	Preferred	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL	easy talk control	Preferred	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH	easy plus ii control	Preferred	OTC
TRUE METRIX METER KIT W/DEVICE	blood glucose monitor system	Supplemental Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID	element compact control 2	Preferred	OTC
TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID	element compact control 2	Preferred	OTC
UNISTRIP CONTROL IN VITRO SOLUTION HIGH , LOW	easy plus ii control	Preferred	OTC
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	element compact control 2	Preferred	OTC
Insulin Administration Supplies**			
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT		Supplemental Formulary	PA; QLL
OMNIPOD 5 DEXG7G6 PODS GEN 5		Supplemental Formulary	PA; QLL
OMNIPOD 5 LIBRE2 G6 INTRO G5 KIT		Supplemental Formulary	PA; QLL
OMNIPOD 5 LIBRE2 PLUS G6 KIT		Supplemental Formulary	PA; QLL
OMNIPOD 5 LIBRE2 PLUS G6 PODS		Supplemental Formulary	PA; QLL
OMNIPOD DASH INTRO (GEN 4) KIT		Supplemental Formulary	PA; QLL
OMNIPOD DASH PDM (GEN 4) KIT		Supplemental Formulary	PA; QLL
OMNIPOD DASH PODS (GEN 4)		Supplemental Formulary	PA; QLL
OMNIPOD GO KIT 35 UNIT/24HR, 40 UNIT/24HR		Supplemental Formulary	PA; QLL
TWIIST REFILL KIT KIT		Supplemental Formulary	PA; QLL
TWIIST REFILL KIT/INFUSION SET KIT		Supplemental Formulary	PA; QLL
TWIIST STARTER KIT KIT		Supplemental Formulary	PA; QLL
Masks**			
pediatric medium mask	Acteev Protect Face Mask	Common Formulary	QLL; OTC
pediatric small mask	Acteev Protect Face Mask	Common Formulary	QLL; OTC
Needles & Syringes**			
BD AUTOSHIELD DUO 30G X 5 MM	pen needles	Supplemental Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	Supplemental Formulary	OTC
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		Supplemental Formulary	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Supplemental Formulary	OTC
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	Supplemental Formulary	OTC
BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	sure comfort pen needles	Supplemental Formulary	OTC
BD PEN NEEDLE SHORT ULTRAFINE 31G X 8 MM	1st tier unifine pentips	Supplemental Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	global inject ease insulin syr	Supplemental Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	global inject ease insulin syr	Supplemental Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	aq insulin syringe	Supplemental Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	global easy glide insulin syr	Supplemental Formulary	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	global easy glide insulin syr	Supplemental Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	global easy glide insulin syr	Supplemental Formulary	OTC
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	careone insulin syringe	Supplemental Formulary	OTC
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	Supplemental Formulary	OTC
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	Supplemental Formulary	OTC
EMBECTA AUTOSHIELD DUO 30G X 5 MM	pen needles	Supplemental Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	global easy glide insulin syr	Supplemental Formulary	OTC
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	careone insulin syringe	Supplemental Formulary	OTC
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	careone insulin syringe	Supplemental Formulary	OTC
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	global easy glide insulin syr	Supplemental Formulary	OTC
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML	aq insulin syringe	Supplemental Formulary	OTC
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML		Supplemental Formulary	
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1st tier unifine pentips	Supplemental Formulary	OTC
EMBECTA PEN NEEDLE NANO 32G X 4 MM	1st tier unifine pentips	Supplemental Formulary	OTC
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	sure comfort pen needles	Supplemental Formulary	OTC
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM , 32G X 6 MM	1st tier unifine pentips	Supplemental Formulary	OTC
Peak Flow Meters**			
breathe ease peak flow meter device	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
lung perform peak flow meter device	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
peak a-i-r flow meter device	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
peak flow meter universal rang device	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
pure comfort flow meter adult device	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
pure comfort flow meter child device	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
AIRZONE PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
ASSESS PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
CLEVER CHOICE PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
MICROLIFE DIGITAL PEAK FLOW DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
MINI WRIGHT PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
PEAK AIR PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
PERSONAL BEST FULL RANGE DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
PIKO 1 DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
POCKET PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
POCKETPEAK PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL; OTC
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE	breathe ease peak flow meter	Common Formulary	QLL
TRUZONE PEAK FLOW METER DEVICE	breathe ease peak flow meter	Common Formulary	QLL
Respiratory Therapy Supplies**			
adult aerosol mask	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
adult disposable mouthpiece	Adapter Ped Disposable	Common Formulary	QLL; OTC
adult mask device	Aerobika	Common Formulary	QLL
adult mask large	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
breathe ease neb mask/child	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
breathe ease neb mask/infant	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
co monitor device	Aerobika	Common Formulary	QLL
co monitor replacement pieces	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
disposable paper mouthpiece	Adapter Ped Disposable	Common Formulary	QLL; OTC
expiratory mouthpiece	Adapter Ped Disposable	Common Formulary	QLL; OTC
filter air pp	Ace Aerosol Cloud Enhancer	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
full kit nebulizer set	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
nebulizer air tube/plugs	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
nebulizer mask adult	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
nebulizer mask child	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
nose clip	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
one-way valved expiratory mouthpiece	Adapter Ped Disposable	Common Formulary	QLL; OTC
one-way valved inspiratory mouthpiece	Adapter Ped Disposable	Common Formulary	QLL; OTC
ped disposable mouthpiece	Adapter Ped Disposable	Common Formulary	QLL; OTC
pediatric mouthpiece	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
pharmacist choice mask wipes	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
pillow mask/adult	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
pillow mask/child	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
pillow mask/pediatric	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
replacement air filter	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
replacement filters	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
silicone mask/adult	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
silicone mask/infant	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
silicone mask/pediatric	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
sootheneb nbl 100 adult mask	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
sootheneb nbl 100 child mask	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
sootheneb nbl 100 med cup	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
sootheneb nbl 100 mesh cap	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
spiro pd device	Aerobika	Common Formulary	QLL
tubing/wing tip	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
ultra neb accessories kit	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
ACE AEROSOL CLOUD ENHANCER	adult aerosol mask	Common Formulary	QLL
ACTIVITY POUCH	adult aerosol mask	Common Formulary	QLL
ADAPTER PED DISPOSABLE MOUTHPIECE	adult disposable	Common Formulary	QLL; OTC
AEROBIKA DEVICE	adult mask	Common Formulary	QLL
AEROECLIPSE EZ TWIST TUBING	adult aerosol mask	Common Formulary	QLL
AEROECLIPSE MASK LARGE	adult aerosol mask	Common Formulary	QLL; OTC
AEROECLIPSE MASK MEDIUM	adult aerosol mask	Common Formulary	QLL; OTC
AEROECLIPSE MASK SMALL	adult aerosol mask	Common Formulary	QLL; OTC
AEROTRACH PLUS	adult aerosol mask	Common Formulary	QLL
AIRS PEDIATRIC AEROSOL MASK	adult aerosol mask	Common Formulary	QLL
ALL FLOW 1000 PFT FILTER	adult aerosol mask	Common Formulary	QLL
ALL FLOW 1000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 2000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 3000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 4000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 5000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 6000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
ALL FLOW 7000 PFT FILTER DEVICE	adult mask	Common Formulary	QLL
BUBBLES THE FISH II PEDI MASK	adult aerosol mask	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CARETOUCH 2 CPAP HOSE HANGER	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP & BIPAP HOSE	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP MASK WIPES	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP PRE-WASH SOLN	adult aerosol mask	Common Formulary	QLL
CARETOUCH CPAP TUBE BRUSH	adult aerosol mask	Common Formulary	QLL
CARETOUCH UNIVERSL CPAP FILTER	adult aerosol mask	Common Formulary	QLL
EASY FLOW 300 MM HOSE	adult aerosol mask	Common Formulary	QLL; OTC
EASY FLOW 400 MM HOSE	adult aerosol mask	Common Formulary	QLL; OTC
EASY FLOW AIR NOZZLE	adult aerosol mask	Common Formulary	QLL; OTC
EASY FLOW HEPA FILTER	adult aerosol mask	Common Formulary	QLL; OTC
EBASE CONTROLLER KIT	adult aerosol mask	Common Formulary	QLL
FLYP HYPERSONIQ CARTRIDGE	adult aerosol mask	Common Formulary	QLL; OTC
IN-CHECK DIAL FLOW TRAINER DEVICE	adult mask	Common Formulary	QLL
IN-CHECK INSPIRATORY FLOW MTR DEVICE	adult mask	Common Formulary	QLL
INNOSPIRE REPLACEMENT FILTER	adult aerosol mask	Common Formulary	QLL
KOKO PEAK PRO MOUTHPIECE	adult disposable	Common Formulary	QLL; OTC
LITETOUCH MASK LARGE	adult aerosol mask	Common Formulary	QLL
LITETOUCH MASK MEDIUM	adult aerosol mask	Common Formulary	QLL
LITETOUCH MASK SMALL	adult aerosol mask	Common Formulary	QLL
MINIELITE FILTER REPLACEMENTS	adult aerosol mask	Common Formulary	QLL; OTC
OMBRA COMPRESSOR AIR FILTERS	adult aerosol mask	Common Formulary	QLL; OTC
OMBRA TABLE TOP COMPRESSOR DEVICE	adult mask	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
ONE FLOW SPIROMETER DEVICE	adult mask	Common Formulary	QLL
ONE FLOW TESTER MOUTHPIECE	adult disposable	Common Formulary	QLL; OTC
PARI ALTERA NEBULIZER HANDSET	adult aerosol mask	Common Formulary	QLL
PARI BABY CONVERSION KIT	adult aerosol mask	Common Formulary	QLL
PARI ERAPID NEBULIZER HANDSET	adult aerosol mask	Common Formulary	QLL
PARI EXPIRATORY FILTER SET DEVICE	adult aerosol mask	Common Formulary	QLL
PARI MANUAL INTERRUPTER DEVICE	adult mask	Common Formulary	QLL
PARI MASK SET	adult aerosol mask	Common Formulary	QLL
PARI SMARTMASK BABY/ELBOW	adult aerosol mask	Common Formulary	QLL; OTC
PARI SOFT PLASTIC ADULT MASK	adult aerosol mask	Common Formulary	QLL
PARI SOFT PLASTIC PED MASK	adult aerosol mask	Common Formulary	QLL
PARI TREK S COMBO PACK DEVICE	adult mask	Common Formulary	QLL
PFLEX	adult aerosol mask	Common Formulary	QLL
PRONEB ULTRA FILTER SET	adult aerosol mask	Common Formulary	QLL; OTC
QUAKE DEVICE	adult mask	Common Formulary	QLL
REUSABLE COMFORTSEAL MASK-LRG	adult aerosol mask	Common Formulary	QLL
REUSABLE COMFORTSEAL MASK-MED	adult aerosol mask	Common Formulary	QLL
REUSABLE COMFORTSEAL MASK-SML	adult aerosol mask	Common Formulary	QLL
SAMI THE SEAL FILTERS	adult aerosol mask	Common Formulary	QLL; OTC
SIDESTREAM ADULT FACE MASK	adult aerosol mask	Common Formulary	QLL
SIDESTREAM PEDIATRIC FACE MASK	adult aerosol mask	Common Formulary	QLL
SIDESTREAM PLS ADULT FACE MASK	adult aerosol mask	Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
THRESHOLD IMT	adult aerosol mask	Common Formulary	QLL
THRESHOLD PEP DEVICE	adult mask	Common Formulary	QLL
VERSAPAP DEVICE	adult mask	Common Formulary	QLL
VERSAPAP W/UNIVERSAL TUBING DEVICE	adult mask	Common Formulary	QLL
WINDMILL TRAINER	adult aerosol mask	Common Formulary	QLL
Spacer/Aerosol-Holding Chambers & Supplies**			
breathe comfort chamber/adult device	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
breathe comfort chamber/child device	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
breathe ease large device	AeroChamber Holding Chamber	Common Formulary	QLL
breathe ease medium device	AeroChamber Holding Chamber	Common Formulary	QLL
breathe ease small device	AeroChamber Holding Chamber	Common Formulary	QLL
eq space chamber anti-static device	AeroChamber Holding Chamber	Common Formulary	QLL
eq space chamber anti-static l device	AeroChamber Holding Chamber	Common Formulary	QLL
eq space chamber anti-static m device	AeroChamber Holding Chamber	Common Formulary	QLL
eq space chamber anti-static s device	AeroChamber Holding Chamber	Common Formulary	QLL
pro comfort spacer adult	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
pro comfort spacer child	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
pro comfort spacer infant device	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
procare spacer/adult mask device	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
procare spacer/child mask device	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
prochamber vhc device	AeroChamber Holding Chamber	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
pure comfort spacer chamber device	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
AEROCHAMBER HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER MINI CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER MV	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU LARGE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU MEDIUM	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU SMALL	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER PLUS FLOW VU	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER W/FLOWSIGNAL	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS CHAMBR	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS/LARGE	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS/MEDIUM	breathe comfort chamber/adult	Common Formulary	QLL
AEROCHAMBER Z-STAT PLUS/SMALL	breathe comfort chamber/adult	Common Formulary	QLL
AEROVENT PLUS DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
BREATHERITE VALVED MDI CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
CLEVER CHOICE HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER/LG MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER/MED MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
COMPACT SPACE CHAMBER/SM MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT MASK LARGE	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT MASK MEDIUM	breathe comfort chamber/adult	Common Formulary	QLL
EASIVENT MASK SMALL	breathe comfort chamber/adult	Common Formulary	QLL
FLEXICHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
INSPIREASE	breathe comfort chamber/adult	Common Formulary	QLL
MASK VORTEX/CHILD/FROG		Common Formulary	QLL; OTC
MASK VORTEX/TODDLER/LADYBUG		Common Formulary	QLL; OTC
MICROCHAMBER	breathe comfort chamber/adult	Common Formulary	QLL
MICROCHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
MICROSPACER	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND-LG MASK DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND-MD MASK	breathe comfort chamber/adult	Common Formulary	QLL
OPTICHAMBER DIAMOND-SM MASK	breathe comfort chamber/adult	Common Formulary	QLL
PANDA MASK LARGE		Common Formulary	QLL; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PANDA MASK MEDIUM		Common Formulary	QLL; OTC
PANDA MASK SMALL		Common Formulary	QLL; OTC
PARI VORTEX ADULT MASK		Common Formulary	QLL; OTC
PEDIATRIC PANDA MASK		Common Formulary	QLL; OTC
POCKET CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
POCKET SPACER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
RITEFLO DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
VORTEX VALVED HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
MIGRAINE PRODUCTS			
Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)**			
NURTEC ORAL TABLET DISPERSIBLE 75 MG		Preferred	PA; QLL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Non-Preferred	PA; QLL
UBRELVY ORAL TABLET 100 MG, 50 MG		Non-Preferred	PA; QLL
ZAVZPRET NASAL SOLUTION 10 MG/ACT		Non-Preferred	PA; QLL; AL (Min 18 Years)
Cgrp Receptor Antagonists - Monocolonal Antibodies**			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Preferred	PA; QLL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		Preferred	PA; QLL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		Preferred	PA; QLL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Preferred	PA; QLL
Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors**			
ELYXYB ORAL SOLUTION 120 MG/4.8ML		Non-Preferred	PA
Selective Serotonin Agonist-Nsaid Combinations**			
sumatriptan-naproxen sodium oral tablet 85-500 mg	Treximet	Non-Preferred	PA
Selective Serotonin Agonists 5-Ht(1)**			
almotriptan malate oral tablet 12.5 mg, 6.25 mg		Non-Preferred	PA; QLL
eletriptan hydrobromide oral tablet 20 mg, 40 mg	Relpax	Non-Preferred	PA; QLL
frovatriptan succinate oral tablet 2.5 mg	Frova	Non-Preferred	PA; QLL
naratriptan hcl oral tablet 1 mg, 2.5 mg		Non-Preferred	PA; QLL
rizatriptan benzoate oral tablet 10 mg	Maxalt	Preferred	QLL
rizatriptan benzoate oral tablet 5 mg		Preferred	QLL
rizatriptan benzoate oral tablet dispersible 10 mg	Maxalt-MLT	Preferred	QLL
rizatriptan benzoate oral tablet dispersible 5 mg		Preferred	QLL
sumatriptan nasal solution 20 mg/act, 5 mg/act		Preferred	PA; QLL
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	Imitrex	Preferred	QLL
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose Refill	Preferred	QLL
sumatriptan succinate subcutaneous solution 6 mg/0.5ml		Preferred	QLL
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml	Imitrex STATdose System	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
zolmitriptan nasal solution 2.5 mg, 5 mg	Zomig	Non-Preferred	PA
zolmitriptan oral tablet 2.5 mg, 5 mg	Zomig	Non-Preferred	PA; QLL
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg		Non-Preferred	PA; QLL
FROVA ORAL TABLET 2.5 MG	frovatriptan succinate	Non-Preferred	PA; QLL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	sumatriptan succinate	Non-Preferred	PA; QLL
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML	sumatriptan succinate refill	Non-Preferred	PA; QLL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML	sumatriptan succinate	Non-Preferred	PA; QLL
MAXALT ORAL TABLET 10 MG	rizatriptan benzoate	Non-Preferred	PA; QLL
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	rizatriptan benzoate	Non-Preferred	PA; QLL
RELPAX ORAL TABLET 20 MG, 40 MG	eletriptan hydrobromide	Non-Preferred	PA; QLL
TOSYMRA NASAL SOLUTION 10 MG/ACT		Non-Preferred	PA; QLL
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML		Non-Preferred	PA
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG	zolmitriptan	Non-Preferred	PA
ZOMIG ORAL TABLET 2.5 MG, 5 MG	zolmitriptan	Non-Preferred	PA; QLL
Selective Serotonin Agonists 5-Ht(1F)**			
REYVOW ORAL TABLET 100 MG, 50 MG		Non-Preferred	PA; QLL
MINERALS & ELECTROLYTES			
Calcium Combinations**			
calcium + d3 oral tablet 250-3 mg-mcg		Common Formulary	OTC
calcium + vitamin d3 oral tablet 500-5 mg-mcg	Oysco 500+D	Common Formulary	OTC
calcium 600+d3 oral tablet 600-20 mg-mcg	Caltrate 600+D3	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg	One Vite Calcium + D3	Common Formulary	OTC
calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg	Citracal Maximum	Common Formulary	OTC
calcium-vitamin d3 oral tablet 250-3.125 mg-mcg		Common Formulary	OTC
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	Citracal Petites/Vitamin D	Preferred	OTC
gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg	Citracal Maximum	Common Formulary	OTC
oyster shell calcium w/d oral tablet 500-5 mg-mcg	Oysco 500+D	Common Formulary	OTC
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	Oysco 500+D	Common Formulary	OTC
sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg		Common Formulary	OTC
sm calcium citrate-vit d oral tablet 315-5 mg-mcg		Common Formulary	OTC
sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg		Common Formulary	OTC
sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg		Common Formulary	OTC
OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	Common Formulary	OTC
OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG	calcium 500 + d3	Common Formulary	OTC
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	calcium + vitamin d3	Common Formulary	OTC
Calcium**			
calcium citrate oral tablet 950 (200 ca) mg		Common Formulary	OTC
calcium gluconate intravenous solution 10 %		CSHCS Coverage	
gnp calcium oral tablet 1500 (600 ca) mg		Common Formulary	OTC
oyster shell calcium oral tablet 500 mg		Common Formulary	OTC
Electrolytes Oral**			
pediatric electrolyte oral solution	Pedialyte	Common Formulary	OTC
truelyte oral solution	Pedialyte	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PEDIALYTE FREEZER POPS ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
PEDIALYTE ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
PEDIALYTE SINGLES ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
REHYDRALYTE ORAL SOLUTION	pediatric electrolyte	Common Formulary	OTC
Fluoride**			
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	SoluVita	Common Formulary	QLL; AL (Max 16 Years)
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg		Common Formulary	QLL; AL (Max 16 Years)
Magnesium Combinations**			
BEELITH ORAL TABLET 362-20 MG		CSHCS Coverage	OTC
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG		Common Formulary	OTC
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG		Common Formulary	OTC
Magnesium**			
chelated magnesium oral tablet 100 mg		CSHCS Coverage	OTC
cvs magnesium oxide oral tablet 250 mg		Preferred	OTC
magnesium chloride injection solution 200 mg/ml		Common Formulary	
magnesium citrate oral tablet 100 mg		CSHCS Coverage	OTC
magnesium gluconate oral tablet 27.5 mg		CSHCS Coverage	OTC
magnesium oxide -mg supplement oral tablet 250 mg		Preferred	OTC
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	MAGnesium-Oxide	Common Formulary	OTC
magnesium oxide -mg supplement tablet 400 (240 mg) mg oral	MAGnesium-Oxide	CSHCS Coverage	OTC
magnesium oxide -mg supplement tablet 500 mg oral		CSHCS Coverage	OTC
magnesium sulfate injection solution 50 %		Common Formulary	
natrul magnesium oral tablet 250 mg		Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
sm magnesium oral tablet 250 mg		Common Formulary	OTC
sm magnesium oxide oral tablet 250 mg		Preferred	OTC
true magnesium oxide oral tablet 400 mg	MAGnesium-Oxide	Common Formulary	OTC
true magnesium oxide oral tablet 500 mg		Common Formulary	OTC
true magnesium oxide tablet 400 mg oral	MAGnesium-Oxide	CSHCS Coverage	OTC
true magnesium oxide tablet 500 mg oral		CSHCS Coverage	OTC
well magnesium oxide oral tablet 400 (240 mg) mg	MAGnesium-Oxide	CSHCS Coverage	OTC
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	magnesium oxide -mg supplement	Common Formulary	OTC
MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL	magnesium oxide -mg supplement	CSHCS Coverage	OTC
SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE 85 MG		CSHCS Coverage	OTC
Phosphate**			
phos-nak oral packet 280-160-250 mg		CSHCS Coverage	OTC
phosphorous oral tablet 155-852-130 mg	Phospha 250 Neutral	Preferred	
phosphorus supplement oral packet 280-160-250 mg		CSHCS Coverage	OTC
phosphorus w/sod & potassium oral packet 280-160-250 mg		CSHCS Coverage	OTC
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml		Common Formulary	
sodium phosphates intravenous solution 45 mmole/15ml		Common Formulary	
sodium phosphates solution 15 mmole/5ml intravenous		CSHCS Coverage	
sodium phosphates solution 150 mmole/50ml intravenous		CSHCS Coverage	
sodium phosphates solution 45 mmole/15ml intravenous		CSHCS Coverage	
sodium-potassium-phosphorus oral packet 160-280-250 mg		CSHCS Coverage	OTC
wes-phos 250 neutral oral tablet 155-852-130 mg	Phospha 250 Neutral	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML		Common Formulary	
K-PHOS ORAL TABLET 500 MG		Common Formulary	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	Preferred	
PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG	phosphorous	Preferred	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG		Common Formulary	
Potassium**			
potassium chloride crys er oral tablet extended release 10 meq	Klor-Con M10	Common Formulary	
potassium chloride crys er oral tablet extended release 20 meq	Klor-Con M20	Common Formulary	
potassium chloride er oral capsule extended release 10 meq, 8 meq		Common Formulary	
potassium chloride er oral tablet extended release 10 meq	Klor-Con 10	Common Formulary	
potassium chloride er oral tablet extended release 20 meq		Common Formulary	
potassium chloride er oral tablet extended release 8 meq	Klor-Con	Common Formulary	
EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ		Common Formulary	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride er	Common Formulary	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	potassium chloride crys er	Common Formulary	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	potassium chloride crys er	Common Formulary	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	potassium chloride er	Common Formulary	
KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ		Common Formulary	
Sodium**			
sodium chloride intravenous solution 0.9 %		Common Formulary	
sodium chloride oral tablet 1 gm		CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
MISCELLANEOUS THERAPEUTIC CLASSES			
Antileprotics**			
THALOMID ORAL CAPSULE 100 MG, 50 MG		Common Formulary	PA
Cyclosporine Analogs**			
cyclosporine modified oral capsule 100 mg, 25 mg	Gengraf	Common Formulary	
cyclosporine modified oral capsule 50 mg		Common Formulary	
cyclosporine modified oral solution 100 mg/ml	Gengraf	Common Formulary	
cyclosporine oral capsule 100 mg, 25 mg	SandIMMUNE	Common Formulary	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	Common Formulary	
GENGRAF ORAL SOLUTION 100 MG/ML	cyclosporine modified	Common Formulary	
NEORAL ORAL CAPSULE 100 MG, 25 MG	cyclosporine modified	Common Formulary	
NEORAL ORAL SOLUTION 100 MG/ML	cyclosporine modified	Common Formulary	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	cyclosporine	Common Formulary	
Immunomodulators For Myelodysplastic Syndromes**			
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	Revlimid	Common Formulary	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	lenalidomide	Common Formulary	
Inosine Monophosphate Dehydrogenase Inhibitors**			
mycophenolate mofetil oral capsule 250 mg	CellCept	Common Formulary	
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	CellCept	Common Formulary	
mycophenolate mofetil oral tablet 500 mg	CellCept	Common Formulary	
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	Myfortic	Common Formulary	
mycophenolic acid oral tablet delayed release 180 mg, 360 mg	Myfortic	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
CELLCEPT ORAL CAPSULE 250 MG	mycophenolate mofetil	Common Formulary	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML	mycophenolate mofetil	Common Formulary	
CELLCEPT ORAL TABLET 500 MG	mycophenolate mofetil	Common Formulary	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG	mycophenolate sodium	Common Formulary	
Macrolide Immunosuppressants**			
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	Common Formulary	
sirolimus oral solution 1 mg/ml		Common Formulary	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg		Common Formulary	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	Prograf	Common Formulary	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG		Common Formulary	
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG		Common Formulary	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	tacrolimus	Common Formulary	
PROGRAF ORAL PACKET 0.2 MG, 1 MG		Common Formulary	
RAPAMUNE ORAL SOLUTION 1 MG/ML	sirolimus	Common Formulary	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	sirolimus	Common Formulary	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	everolimus	Common Formulary	
Misc Natural Products**			
eczema & psoriasis spray oral liquid	Body Choice Hoodia Weight Loss	State Carve-Out	OTC
essiac tonic oral liquid	Body Choice Hoodia Weight Loss	State Carve-Out	OTC
BODY CHOICE HOODIA WEIGHT LOSS ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CRAMP RELEAF ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
CRANBLADDER RELEAF ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CRAN-B-OTC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
CYSTEX URINARY HEALTH ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
DEEP HEALTH ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
DEEP SLEEP ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
EARLY ALERT ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
HERBAPROFEN ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
IBEROGAST ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LOVIRAL ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LUNG TONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LYDIA PINKHAM ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
LYMPHATONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
MENOPAUTONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
MOUTH TONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
PHYTOCILLIN ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
RESPIRATONIC ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
SINGERS SAVING GRACE THROAT ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
STRESS RELEAF ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
ZARBEES THROAT SPRAY CHILDRENS ORAL LIQUID	eczema & psoriasis spray	State Carve-Out	OTC
Miscellaneous Therapeutic Classes**			
ammonia inhalants inhalation inhaler		State Carve-Out	OTC
qc aromatic ammonia inhalation spirit		State Carve-Out	OTC
Monoclonal Antibodies**			
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Common Formulary	PA; QLL
Potassium Removing Agents**			
sodium polystyrene sulfonate oral powder		Common Formulary	
LOKELMA ORAL PACKET 10 GM, 5 GM		Preferred	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML		Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML		Preferred	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM		Non-Preferred	PA
Purine Analogs**			
azathioprine oral tablet 100 mg, 75 mg	Azasan	Common Formulary	
azathioprine oral tablet 50 mg	Imuran	Common Formulary	
AZASAN ORAL TABLET 100 MG, 75 MG	azathioprine	Common Formulary	
IMURAN ORAL TABLET 50 MG	azathioprine	Common Formulary	
Rock Inhibitors**			
REZUROCK ORAL TABLET 200 MG		Common Formulary	
MOUTH/THROAT/DENTAL AGENTS			
Anesthetics Topical Oral**			
lidocaine viscous hcl mouth/throat solution 2 %		Common Formulary	
Anti-Infectives - Throat**			
clotrimazole mouth/throat troche 10 mg		Preferred	
nystatin mouth/throat suspension 100000 unit/ml		Preferred	
ORAVIG BUCCAL TABLET 50 MG		Non-Preferred	PA
Antiseptics - Mouth/Throat**			
chlorhexidine gluconate mouth/throat solution 0.12 %	Peridex	Common Formulary	
Dental Products - Combinations**			
denta 5000 plus sensitive dental gel 1.1-5 %	Fluoridex Sensitivity Relief	Common Formulary	
Fluoride Dental Products**			
sf 5000 plus dental cream 1.1 %	Denta 5000 Plus	Common Formulary	
sf dental gel 1.1 %	DentaGel	Common Formulary	
sodium fluoride 5000 plus dental cream 1.1 %	Denta 5000 Plus	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
sodium fluoride 5000 ppm dental cream 1.1 %	Denta 5000 Plus	Common Formulary	
sodium fluoride 5000 ppm dental gel 1.1 %	DentaGel	Common Formulary	
sodium fluoride dental gel 1.1 %	DentaGel	Common Formulary	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	sf 5000 plus	Common Formulary	
DENTAGEL DENTAL GEL 1.1 %	sf	Common Formulary	
Saliva Stimulants**			
pilocarpine hcl oral tablet 5 mg, 7.5 mg	Salagen	Common Formulary	
Steroids - Mouth/Throat/Dental**			
triamcinolone acetonide mouth/throat paste 0.1 %	Oralone	Common Formulary	QLL
ORALONE MOUTH/THROAT PASTE 0.1 %	triamcinolone acetonide	Common Formulary	
MULTIVITAMINS			
B-Complex Vitamins**			
b complex oral capsule		Common Formulary	OTC
b-complex/b-12 oral tablet		Common Formulary	OTC
vitamin b complex oral capsule		Common Formulary	OTC
vitamin b complex w/b-12 oral tablet		Common Formulary	OTC
vitamin b-complex 100 injection solution		CSHCS Coverage	
B-Complex W/ C & Folic Acid**			
folika-bc oral tablet 1 mg	Dialyvite	Common Formulary	OTC
rena-vite oral tablet	Dialyvite 800	Common Formulary	OTC
rena-vite rx oral tablet 1 mg	Dialyvite	Common Formulary	OTC
reno caps oral capsule 1 mg	Renal	CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
tm-vite rx oral tablet 1 mg	Dialyvite	Common Formulary	
triphrocaps oral capsule 1 mg	Renal	CSHCS Coverage	
virt-caps oral capsule 1 mg	Renal	CSHCS Coverage	
wescaps oral capsule 1 mg	Renal	CSHCS Coverage	
DIALYVITE 800 ORAL TABLET 0.8 MG	rena-vite	Common Formulary	OTC
DIALYVITE ORAL TABLET	folika-bc	CSHCS Coverage	
NEPHRONEX ORAL TABLET	folika-bc	Common Formulary	
NEPHRO-VITE ORAL TABLET 0.8 MG	rena-vite	Common Formulary	OTC
RENAL ORAL CAPSULE 1 MG	reno caps	CSHCS Coverage	
B-Complex W/ C**			
ra b-complex/vitamin c cr oral tablet extended release		Common Formulary	OTC
B-Complex W/ C-Biotin-D & Folic Acid**			
DIALYVITE 800 PLUS D ORAL WAFER 800 MCG		Common Formulary	OTC
B-Complex W/ C-Biotin-D-Zinc & Folic Acid**			
VITAL-D RX ORAL TABLET 1 MG		Common Formulary	
B-Complex W/ C-Biotin-E-Minerals & Folic Acid**			
DIALYVITE 3000 ORAL TABLET 3 MG		CSHCS Coverage	
DIALYVITE 5000 ORAL TABLET 5 MG		CSHCS Coverage	
B-Complex W/ C-Zn & Folic Acid**			
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG		Common Formulary	OTC
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
DIALYVITE/ZINC ORAL TABLET		CSHCS Coverage	
NEPHPLEX RX ORAL TABLET		CSHCS Coverage	
B-Complex W/ Folic Acid**			
sm balanced b-100 oral tablet	Big 100	Common Formulary	OTC
sm balanced b-50 oral tablet	Big 100	Common Formulary	OTC
B-Complex W/Biotin & Folic Acid**			
balance b-50 oral tablet	Big 100 (Biotin)	Common Formulary	OTC
Multiple Vitamins W/ Iron**			
sm multiple vitamins/iron oral tablet	Tab-A-Vite/Iron/Beta Carotene	Common Formulary	OTC
Multiple Vitamins W/ Minerals**			
dialyvite 800/ultra d oral tablet	Cerovite Senior	Common Formulary	OTC
glucoten oral capsule	Dexatran	Common Formulary	OTC
gnp healthy eyes oral tablet	Cerovite Senior	Common Formulary	OTC
gnp mega multi for men oral tablet	Cerovite Senior	Common Formulary	OTC
gnp mega multi for women oral tablet	Cerovite Senior	Common Formulary	OTC
gnp one daily mens health 50+ oral tablet	Cerovite Senior	Common Formulary	OTC
gnp one daily mens/lycopene oral tablet	Cerovite Senior	Common Formulary	OTC
gnp one daily womens 50+ oral tablet	Cerovite Senior	Common Formulary	OTC
gnp one daily womens oral tablet	Cerovite Senior	Common Formulary	OTC
i-vite oral tablet	Cerovite Senior	Common Formulary	OTC
one-daily multi caps oral capsule	Dexatran	Common Formulary	OTC
sentry senior oral tablet	Cerovite Senior	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
sm complete advanced formula oral tablet	Cerovite Senior	Common Formulary	OTC
sm complete oral tablet	Cerovite Senior	Common Formulary	OTC
sm complete senior formula oral tablet	Cerovite Senior	Common Formulary	OTC
sm daily diet support oral tablet	Cerovite Senior	Common Formulary	OTC
sm opti-vitamins oral tablet	Cerovite Senior	Common Formulary	OTC
v-c forte oral capsule	Dexatran	Common Formulary	
CEROVITE SENIOR ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
CERTAVITE/ANTIOXIDANTS ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
COMPETE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
CORVITA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DERMACINRX MULTITAM ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DERMACINRX RIBOTIN-E ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DERMACINRX ZINTREXYL-C ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
DEXATRAN ORAL CAPSULE	one-daily multi caps	Common Formulary	
DIALYVITE SUPREME D ORAL TABLET	dialyvite 800/ultra d	CSHCS Coverage	
DIATROL ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
FOLIFLEX ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
FOLITIN-Z ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
ICAPS AREDS FORMULA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
ICAPS MV ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
ICAPS ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
MENATROL ORAL CAPSULE	one-daily multi caps	Common Formulary	
MULTIA ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
MULTITOL-M ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
NUTRICAP ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
NUTRIFAC ZX ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
OCUVITE ADULT 50+ ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE ADULT FORMULA ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE EXTRA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
OCUVITE EYE + MULTI ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE EYE HEATLH GUMMIES ORAL TABLET CHEWABLE	a thru z select	Common Formulary	OTC
OCUVITE-LUTEIN ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
OCUVITE-LUTEIN ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
ONCOVITE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
PRESERVISION AREDS 2 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	a thru z select	Common Formulary	OTC
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRESERVISION AREDS ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PRESERVISION AREDS ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
PRESERVISION/LUTEIN ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PRORENAL + D ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
PROSIGHT ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
RENAPLEX ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
RENAPLEX-D ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
SYSTANE ICAPS AREDS2 ORAL CAPSULE	one-daily multi caps	Common Formulary	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET	dialyvite 800/ultra d	Common Formulary	OTC
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	a thru z select	Common Formulary	OTC
UDAMIN SP ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENEXA FE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENEXA ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENTRIXYL FE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VENTRIXYL ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITA S FORTE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITRAMYN ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITRANOL FE ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
VITRANOL ORAL TABLET	dialyvite 800/ultra d	Common Formulary	
Multivitamins**			
daily-vite oral tablet	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
gnp essential one daily oral tablet	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
sm multiple vitamins essential oral tablet	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
stress formula oral tablet	Tab-A-Vite/Beta Carotene	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
tm-daily vite oral tablet	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
true multivitamin oral tablet	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
TAB-A-VITE/BETA CAROTENE ORAL TABLET	daily-vite	Common Formulary	OTC
THERA ORAL TABLET	daily-vite	Common Formulary	OTC
Niacin W/ Inositol**			
cvs niacin flush free oral capsule 400-100 mg		Common Formulary	OTC
gnp niacin flush free oral capsule 400-100 mg		Common Formulary	OTC
niacin flush free oral capsule 400-100 mg		Common Formulary	OTC
no flush niacin oral capsule 400-100 mg		Common Formulary	OTC
Ped Multi Vitamins W/Fl & Fe**			
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml		Common Formulary	QLL; AL (Max 12 Years); OTC
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml		Common Formulary	QLL; AL (Max 12 Years)
Ped Mv W/ Fluoride**			
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Multi-Vit-Flor	Common Formulary	QLL; AL (Max 12 Years)
multivitamin/fluoride oral solution 0.25 mg/ml	Floriva Plus	Common Formulary	QLL; AL (Max 12 Years); OTC
multi-vitamin/fluoride oral solution 0.25 mg/ml	Floriva Plus	Common Formulary	QLL; AL (Max 12 Years)
multivitamin/fluoride oral solution 0.5 mg/ml	Quflora Pediatric	Common Formulary	QLL; AL (Max 12 Years); OTC
multi-vitamin/fluoride oral solution 0.5 mg/ml	Quflora Pediatric	Common Formulary	QLL; AL (Max 12 Years)
multivitamin/fluoride oral suspension 0.25 mg/ml	Poly-Vi-Flor	Common Formulary	QLL; AL (Max 12 Years)
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	Multi-Vit-Flor	Common Formulary	QLL; AL (Max 12 Years)
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
Ped Mv W/ Iron**			
multivitamin infant & toddler oral solution 11 mg/ml	BProtected Pedia Poly-Vite/Fe	Preferred	OTC
Ped Vitamins Acd W/ Fluoride**			
tri-vite/fluoride oral solution 0.25 mg/ml	SoluVita ACD with Fluoride	Common Formulary	QLL; AL (Max 12 Years)
tri-vite/fluoride oral solution 0.5 mg/ml		Common Formulary	QLL; AL (Max 12 Years)
vitamins acd-fluoride oral solution 0.25 mg/ml	SoluVita ACD with Fluoride	Common Formulary	QLL; AL (Max 12 Years); OTC
vitamins acd-fluoride oral solution 0.5 mg/ml		Common Formulary	QLL; AL (Max 12 Years); OTC
Pediatric Vitamins A & D W/ C**			
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml		Common Formulary	OTC
tri-vite pediatric oral solution 750-400-35 unit-mg/ml		Common Formulary	OTC
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	Tri-Vi-Sol A/C/D	Common Formulary	OTC
Prenatal Mv & Min W/Fe-Fa**			
classic prenatal oral tablet 28-0.8 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
completenate oral tablet chewable 29-1 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
gnp prenatal oral tablet 28-0.8 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
m-natal plus oral tablet 27-1 mg	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
prenatal 19 oral tablet chewable		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
prenatal oral tablet 27-1 mg	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
prenatal plus oral tablet 27-1 mg	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
prenatal plus vitamin/mineral oral tablet 27-1 mg	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
prenatal vitamins oral tablet 28-0.8 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
se-natal 19 oral tablet 29-1 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
se-natal 19 oral tablet chewable 29-1 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
sm prenatal vitamins oral tablet 28-0.8 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
thrivite rx oral tablet 29-1 mg	Prenatabs Rx	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
trinatal rx 1 oral tablet 60-1 mg		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
westab plus oral tablet 27-1 mg	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
NESTABS ORAL TABLET 32-1 MG		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
NIVA-PLUS ORAL TABLET 27-1 MG	m-natal plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
OBTREX ORAL TABLET		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
PRENATABS RX ORAL TABLET 29-1 MG	thrivite rx	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
VINATE II ORAL TABLET 29-1 MG		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
Specialty Vitamins Products**			
MG PLUS PROTEIN ORAL TABLET 133 MG	a thru z advantage	CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
Vitamin Mixtures**			
ecee plus oral tablet		Common Formulary	OTC
Vitamins W/ Lipotropics**			
balanced b-50 complex oral capsule		Common Formulary	OTC
b-stress oral capsule		Common Formulary	OTC
complex b-100-inositol oral tablet extended release		Common Formulary	OTC
multi-vitamin hp/minerals oral capsule		Common Formulary	OTC
risanoid plus oral tablet	Actiflovit Ear Health	Common Formulary	OTC
LIPOFLAVOVIT ORAL TABLET	risanoid plus	Common Formulary	OTC
MUSCULOSKELETAL THERAPY AGENTS			
Central Muscle Relaxants**			
baclofen oral solution 5 mg/5ml		Preferred	PA
baclofen oral suspension 25 mg/5ml	Fleqsuvy	Non-Preferred	PA
baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg		Preferred	
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg		Non-Preferred	PA
cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg	Amrix	Non-Preferred	PA
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		Preferred	
cyclobenzaprine hcl oral tablet 7.5 mg	Fexmid	Preferred	
metaxalone oral tablet 400 mg, 800 mg		Non-Preferred	PA
methocarbamol oral tablet 1000 mg	Tanlor	Preferred	
methocarbamol oral tablet 500 mg, 750 mg		Preferred	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg		Preferred	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg		Non-Preferred	PA
tizanidine hcl oral tablet 2 mg		Preferred	
tizanidine hcl oral tablet 4 mg	Zanaflex	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	cyclobenzaprine hcl er	Non-Preferred	PA
FEXMID ORAL TABLET 7.5 MG	cyclobenzaprine hcl	Non-Preferred	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML	baclofen	Non-Preferred	PA
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG		Non-Preferred	PA
TANLOR ORAL TABLET 1000 MG	methocarbamol	Non-Preferred	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	tizanidine hcl	Non-Preferred	PA
ZANAFLEX ORAL TABLET 4 MG	tizanidine hcl	Non-Preferred	PA
Direct Muscle Relaxants**			
dantrolene sodium oral capsule 100 mg, 50 mg		Non-Preferred	PA
dantrolene sodium oral capsule 25 mg	Dantrium	Non-Preferred	PA
DANTRIUM ORAL CAPSULE 25 MG	dantrolene sodium	Non-Preferred	PA
Muscle Relaxant Combinations**			
norgesic forte oral tablet 50-770-60 mg	Orphengesic Forte	Non-Preferred	PA
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	Norgesic	Non-Preferred	PA
NORGESIC ORAL TABLET 25-385-30 MG	orphenadrine-aspirin-caffeine	Non-Preferred	PA
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG	norgesic forte	Non-Preferred	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL			
Antihistamine-Steroid**			
azelastine-fluticasone nasal suspension 137-50 mcg/act	Dymista	Non-Preferred	PA
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT	azelastine-fluticasone	Non-Preferred	PA
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT		Non-Preferred	PA
Nasal Agents - Misc.**			
saline nasal gel	Ayr Saline Nasal	Supplemental Formulary	OTC
saline nasal spray nasal solution 0.65 %	Ayr	Common Formulary	OTC

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

Formulary Drug Name	Reference	Tiering	Restrictions
triamcinolone acetonide nasal aerosol 55 mcg/act	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT	allergy nasal spray (momet)	Non-Preferred	PA; OTC
OMNARIS NASAL SUSPENSION 50 MCG/ACT		Non-Preferred	PA
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT		Non-Preferred	PA
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT		Non-Preferred	PA
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT		Non-Preferred	PA
Systemic Decongestants**			
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
ft nasal decongestant max str oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
gnp nasal decongestant oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
pseudoephedrine hcl oral tablet 30 mg	Sudafed	Supplemental Formulary	OTC
pseudoephedrine hcl oral tablet 60 mg	SudoGest	Supplemental Formulary	
sm nasal decongestant oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
suphedrine 12hour oral tablet extended release 12 hour 120 mg	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
Topical Decongestants**			
oxymetazoline hcl nasal solution 0.05 %	Afrin 12 Hour	Preferred	QLL; OTC
NEUROMUSCULAR AGENTS			
Benzathiazoles**			
riluzole oral tablet 50 mg		Common Formulary	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Friedrich's Ataxia Agents - Nrf2 Pathway Activators**			
SKYCLARYS ORAL CAPSULE 50 MG		State Carve-Out	
NUTRIENTS			
Amino Acids-Single**			
l-tryptophan oral capsule 500 mg		State Carve-Out	OTC
l-tryptophan oral tablet 500 mg		State Carve-Out	OTC
Misc. Nutritional Substances**			
fish oil high potency oral capsule 1000 mg	Sea-Omega	Common Formulary	OTC
fish oil oral capsule 1000 mg	Sea-Omega	Common Formulary	OTC
fish oil oral capsule 500 mg	Ovega-3	Common Formulary	OTC
omega-3 fish oil oral capsule 1000 mg	Sea-Omega	Common Formulary	OTC
sm fish oil oral capsule 1000 mg	Sea-Omega	Common Formulary	OTC
sm omega-3 fish oil oral capsule 1200 mg	Theragran-M Fish Oil Conc	Common Formulary	OTC
SEA-OMEGA ORAL CAPSULE 1000 MG	fish oil	Common Formulary	OTC
OPHTHALMIC AGENTS			
Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb**			
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %		Preferred	
Artificial Tear And Lubricant Combinations**			
artificial tears ophthalmic solution 0.5-0.6 %	Clear Eyes Natural Tears	Common Formulary	OTC
gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %	GenTeal Tears Night-Time	Common Formulary	OTC
lubricant eye drops ophthalmic solution 0.4-0.3 %	Systane	Common Formulary	OTC
lubricant eye nighttime ophthalmic ointment	GenTeal Tears Night-Time	Common Formulary	OTC
lubricating eye drops ophthalmic solution 0.4-0.3 %	Systane	Common Formulary	OTC

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
Ophthalmic Antiallergic**			
azelastine hcl ophthalmic solution 0.05 %		Preferred	
bepotastine besilate ophthalmic solution 1.5 %	Bepreve	Non-Preferred	PA
cromolyn sodium ophthalmic solution 4 %		Preferred	
epinastine hcl ophthalmic solution 0.05 %		Non-Preferred	PA
eye allergy itch relief ophthalmic solution 0.2 %	Pataday	Preferred	OTC
eye allergy itch/redness rel ophthalmic solution 0.1 %	Pataday	Preferred	OTC
ft eye allergy itch & redness ophthalmic solution 0.1 %	Pataday	Preferred	OTC
ft eye allergy itch relief ophthalmic solution 0.2 %	Pataday	Preferred	OTC
gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	Pataday	Preferred	OTC
hm eye allergy itch relief ophthalmic solution 0.2 %	Pataday	Preferred	OTC
hm eye allergy itch/red relief ophthalmic solution 0.1 %	Pataday	Preferred	OTC
ketotifen fumarate ophthalmic solution 0.035 %	Zaditor	Preferred	OTC
olopatadine hcl ophthalmic solution 0.2 %	Pataday	Preferred	
olopatadine hcl solution 0.1 % ophthalmic (otc)	Pataday	Preferred	
olopatadine hcl solution 0.1 % ophthalmic (rx)	Pataday	Non-Preferred	PA
olopatadine hcl solution 0.2 % ophthalmic (rx)	Pataday	Non-Preferred	PA
sm olopatadine hcl ophthalmic solution 0.2 %	Pataday	Preferred	OTC
ALOCRIL OPHTHALMIC SOLUTION 2 %		Non-Preferred	PA
ALOMIDE OPHTHALMIC SOLUTION 0.1 %		Non-Preferred	PA
BEPREVE OPHTHALMIC SOLUTION 1.5 %	bepotastine besilate	Non-Preferred	PA
LASTACAFT OPHTHALMIC SOLUTION 0.25 %		Non-Preferred	PA
PATADAY OPHTHALMIC SOLUTION 0.1 %	eye allergy itch/redness rel	Non-Preferred	PA; OTC
PATADAY OPHTHALMIC SOLUTION 0.2 %	eye allergy itch relief	Non-Preferred	PA; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
PATADAY OPHTHALMIC SOLUTION 0.7 %		Non-Preferred	PA; OTC
ZADITOR OPHTHALMIC SOLUTION 0.035 %	ketotifen fumarate	Non-Preferred	PA; OTC
ZERVIATE OPHTHALMIC SOLUTION 0.24 %		Non-Preferred	PA
Ophthalmic Antibiotics**			
bacitracin ophthalmic ointment 500 unit/gm		Common Formulary	
ciprofloxacin hcl ophthalmic solution 0.3 %		Preferred	
erythromycin ophthalmic ointment 5 mg/gm		Preferred	
gatifloxacin ophthalmic solution 0.5 %		Non-Preferred	PA
gentamicin sulfate ophthalmic solution 0.3 %		Common Formulary	
levofloxacin ophthalmic solution 0.5 %		Non-Preferred	PA
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %		Non-Preferred	PA
moxifloxacin hcl ophthalmic solution 0.5 %	Vigamox	Preferred	
ofloxacin ophthalmic solution 0.3 %	Ocuflox	Preferred	
tobramycin ophthalmic solution 0.3 %		Common Formulary	
AZASITE OPHTHALMIC SOLUTION 1 %		Non-Preferred	PA
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %		Non-Preferred	PA
CILOXAN OPHTHALMIC OINTMENT 0.3 %		Non-Preferred	PA
OCUFLOX OPHTHALMIC SOLUTION 0.3 %	ofloxacin	Non-Preferred	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	moxifloxacin hcl	Non-Preferred	PA
Ophthalmic Anti-Infective Combinations**			
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	Polycin	Common Formulary	
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	Neo-Polycin	Common Formulary	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%		Common Formulary	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	neomycin-bacitracin zn-polymyx	Common Formulary	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	bacitracin-polymyxin b	Common Formulary	
Ophthalmic Carbonic Anhydrase Inhibitors**			
brinzolamide ophthalmic suspension 1 %	Azopt	Preferred	
dorzolamide hcl ophthalmic solution 2 %		Preferred	
AZOPT OPHTHALMIC SUSPENSION 1 %	brinzolamide	Non-Preferred	PA
Ophthalmic Decongestant Combinations**			
allergy eye ophthalmic solution 0.025-0.3 %	Naphcon-A	Common Formulary	OTC
eye allergy relief ophthalmic solution 0.025-0.3 %	Naphcon-A	Common Formulary	OTC
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	Common Formulary	OTC
VISINE OPHTHALMIC SOLUTION 0.025-0.3 %	allergy eye	Common Formulary	OTC
Ophthalmic Hyperosmolar Products**			
sodium chloride (hypertonic) ophthalmic ointment 5 %	Altachlore	Common Formulary	OTC
sodium chloride (hypertonic) ophthalmic solution 5 %	Altachlore	Common Formulary	OTC
Ophthalmic Immunomodulators**			
cyclosporine ophthalmic emulsion 0.05 %	Restasis	Non-Preferred	PA; QLL
CEQUA OPHTHALMIC SOLUTION 0.09 %		Non-Preferred	PA; QLL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	cyclosporine	Non-Preferred	PA; QLL
RESTASIS OPHTHALMIC EMULSION 0.05 %	cyclosporine	Preferred	QLL
VERKAZIA OPHTHALMIC EMULSION 0.1 %		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
Ophthalmic Kinase Inhibitors - Combinations**			
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %		Preferred	
Ophthalmic Local Anesthetics**			
proparacaine hcl ophthalmic solution 0.5 %	Alcaine	Common Formulary	
Ophthalmic Nerve Growth Factors**			
OXERVATE OPHTHALMIC SOLUTION 0.002 %		Common Formulary	PA; QLL
Ophthalmic Nonsteroidal Anti-Inflammatory Agents**			
bromfenac sodium (once-daily) ophthalmic solution 0.09 %		Non-Preferred	PA
bromfenac sodium ophthalmic solution 0.07 %	Prolensa	Non-Preferred	PA
bromfenac sodium ophthalmic solution 0.075 %	BromSite	Non-Preferred	PA
diclofenac sodium ophthalmic solution 0.1 %		Preferred	
flurbiprofen sodium ophthalmic solution 0.03 %		Preferred	
ketorolac tromethamine ophthalmic solution 0.4 %	Acular LS	Non-Preferred	PA
ketorolac tromethamine ophthalmic solution 0.5 %	Acular	Preferred	
ACULAR LS OPHTHALMIC SOLUTION 0.4 %	ketorolac tromethamine	Non-Preferred	PA
ACULAR OPHTHALMIC SOLUTION 0.5 %	ketorolac tromethamine	Non-Preferred	PA
ACUVAIL OPHTHALMIC SOLUTION 0.45 %		Non-Preferred	PA
BROMSITE OPHTHALMIC SOLUTION 0.075 %	bromfenac sodium	Non-Preferred	PA
ILEVRO OPHTHALMIC SUSPENSION 0.3 %		Non-Preferred	PA
NEVANAC OPHTHALMIC SUSPENSION 0.1 %		Non-Preferred	PA
PROLENSA OPHTHALMIC SOLUTION 0.07 %	bromfenac sodium	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Ophthalmic Rho Kinase Inhibitors**			
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %		Preferred	
Ophthalmic Selective Alpha Adrenergic Agonists**			
apraclonidine hcl ophthalmic solution 0.5 %		Preferred	
brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %	Alphagan P	Non-Preferred	PA
brimonidine tartrate ophthalmic solution 0.2 %		Preferred	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %	brimonidine tartrate	Non-Preferred	PA
IOPIDINE OPHTHALMIC SOLUTION 1 %		Non-Preferred	PA
Ophthalmic Steroid Combinations**			
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	Neo-Polycin HC	Common Formulary	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	Maxitrol	Common Formulary	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	Common Formulary	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %		Common Formulary	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %		Common Formulary	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	bacitra-neomycin-polymyxin-hc	Common Formulary	
Ophthalmic Steroids**			
dexamethasone sodium phosphate ophthalmic solution 0.1 %		Common Formulary	
fluorometholone ophthalmic suspension 0.1 %	FML Liquifilm	Common Formulary	QLL
loteprednol etabonate ophthalmic suspension 0.2 %	Alrex	Non-Preferred	PA
prednisolone acetate ophthalmic suspension 1 %	Pred Forte	Common Formulary	
prednisolone sodium phosphate ophthalmic solution 1 %		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
ALREX OPHTHALMIC SUSPENSION 0.2 %	loteprednol etabonate	Non-Preferred	PA
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %		Non-Preferred	PA; QLL
Ophthalmic Sulfonamides**			
sulfacetamide sodium ophthalmic ointment 10 %		Common Formulary	
sulfacetamide sodium ophthalmic solution 10 %		Common Formulary	
Ophthalmics Misc. - Other**			
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML		Non-Preferred	PA; QLL; AL (Min 18 Years)
Prostaglandins - Ophthalmic**			
bimatoprost ophthalmic solution 0.03 %		Non-Preferred	PA
latanoprost ophthalmic solution 0.005 %	Xalatan	Preferred	
tafluprost (pf) ophthalmic solution 0.0015 %	Zioptan	Non-Preferred	PA
travoprost (bak free) ophthalmic solution 0.004 %	Travatan Z	Non-Preferred	PA
IYUZEH OPHTHALMIC SOLUTION 0.005 %		Non-Preferred	PA
LUMIGAN OPHTHALMIC SOLUTION 0.01 %		Non-Preferred	PA
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	travoprost (bak free)	Non-Preferred	PA
VYZULTA OPHTHALMIC SOLUTION 0.024 %		Non-Preferred	PA
XALATAN OPHTHALMIC SOLUTION 0.005 %	latanoprost	Non-Preferred	PA
XELPROS OPHTHALMIC EMULSION 0.005 %		Non-Preferred	PA
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	tafluprost (pf)	Non-Preferred	PA
OTIC AGENTS			
Otic Agents - Miscellaneous**			
acetic acid otic solution 2 %		Common Formulary	
earwax removal otic solution 6.5 %	Clearcanal Earwax Softener	Preferred	QLL; OTC
Otic Anti-Infectives**			
ciprofloxacin hcl otic solution 0.2 %	Cetraxal	Non-Preferred	PA

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

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

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

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

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

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
sm nicotine mouth/throat lozenge 2 mg	KLS Quit2	Common Formulary	QLL; OTC
sm nicotine polacrilex mouth/throat gum 2 mg	KLS Quit2	Common Formulary	QLL; OTC
sm nicotine polacrilex mouth/throat gum 4 mg	KLS Quit4	Common Formulary	QLL; OTC
sm nicotine polacrilex mouth/throat lozenge 2 mg	KLS Quit2	Common Formulary	QLL; OTC
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42		Common Formulary	QLL
varenicline tartrate oral tablet 0.5 mg		Common Formulary	QLL
varenicline tartrate oral tablet 1 mg	Chantix	Common Formulary	QLL
varenicline tartrate(continue) oral tablet 1 mg	Chantix	Common Formulary	QLL
NICOTROL INHALATION INHALER 10 MG		Common Formulary	QLL
NICOTROL NS NASAL SOLUTION 10 MG/ML		Common Formulary	QLL
Sphingosine 1-Phosphate (S1p) Receptor Modulators**			
fingolimod hcl oral capsule 0.5 mg	Gilenya	Preferred	
GILENYA ORAL CAPSULE 0.25 MG		Non-Preferred	PA
GILENYA ORAL CAPSULE 0.5 MG	fingolimod hcl	Non-Preferred	PA
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG		Non-Preferred	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG		Non-Preferred	PA
PONVORY ORAL TABLET 20 MG		Non-Preferred	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG		Non-Preferred	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG		Non-Preferred	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG		Non-Preferred	PA
ZEPOSIA ORAL CAPSULE 0.92 MG		Non-Preferred	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
Thienbenzodiazepines & Ssris**			
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg		State Carve-Out	
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	Symbyax	State Carve-Out	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	olanzapine-fluoxetine hcl	State Carve-Out	
Vasomotor Symptom Agents - Ssris**			
paroxetine mesylate oral capsule 7.5 mg		State Carve-Out	
RESPIRATORY AGENTS - MISC.			
Cftr Potentiators**			
KALYDECO ORAL PACKET 50 MG, 75 MG		State Carve-Out	
KALYDECO ORAL TABLET 150 MG		State Carve-Out	
Cystic Fibrosis Agents - Miscellaneous**			
BRONCHITOL INHALATION CAPSULE 40 MG		Common Formulary	PA; QLL
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG		Common Formulary	PA; QLL
Hydrolytic Enzymes**			
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML		Common Formulary	PA; QLL
TETRACYCLINES			
Tetracyclines**			
doxycycline hyclate oral capsule 100 mg, 50 mg		Common Formulary	
doxycycline hyclate oral tablet 100 mg, 20 mg		Common Formulary	
doxycycline monohydrate oral capsule 100 mg	Mondoxyne NL	Common Formulary	
doxycycline monohydrate oral capsule 50 mg		Common Formulary	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml		Common Formulary	
doxycycline monohydrate oral tablet 100 mg, 50 mg		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg		Common Formulary	
THYROID AGENTS			
Antithyroid Agents**			
methimazole oral tablet 10 mg, 5 mg		Common Formulary	
propylthiouracil oral tablet 50 mg		Common Formulary	
Thyroid Hormones**			
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	Euthyrox	Common Formulary	
levothyroxine sodium oral tablet 300 mcg	Levo-T	Common Formulary	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	Cytomel	Common Formulary	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Adthyza	Common Formulary	AL (Max 64 Years)
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	Adthyza	Common Formulary	AL (Max 64 Years)
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Common Formulary	AL (Max 64 Years)
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG		Common Formulary	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Common Formulary	AL (Max 64 Years)
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG		Common Formulary	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	liothyronine sodium	Common Formulary	
ERMEZA ORAL SOLUTION 150 MCG/5ML		Common Formulary	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Common Formulary	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Common Formulary	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	niva thyroid	Common Formulary	AL (Max 64 Years)
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Common Formulary	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML		Common Formulary	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	levothyroxine sodium	Common Formulary	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS			
Antispasmodics**			
dicyclomine hcl oral capsule 10 mg		Common Formulary	AL (Max 64 Years)
dicyclomine hcl oral solution 10 mg/5ml		Common Formulary	AL (Max 64 Years)
dicyclomine hcl oral tablet 20 mg		Common Formulary	AL (Max 64 Years)
Belladonna Alkaloids**			
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	Levbid	Common Formulary	AL (Max 64 Years)
hyoscyamine sulfate oral elixir 0.125 mg/5ml		Common Formulary	AL (Max 64 Years)
hyoscyamine sulfate oral solution 0.125 mg/ml		Common Formulary	AL (Max 64 Years)
hyoscyamine sulfate oral tablet 0.125 mg	Levsin	Common Formulary	AL (Max 64 Years)
hyoscyamine sulfate oral tablet dispersible 0.125 mg	NuLev	Common Formulary	AL (Max 64 Years)
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	Levsin/SL	Common Formulary	AL (Max 64 Years)
oscimin oral tablet 0.125 mg	Levsin	Common Formulary	AL (Max 64 Years)
oscimin sublingual tablet sublingual 0.125 mg	Levsin/SL	Common Formulary	AL (Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
NULEV ORAL TABLET DISPERSIBLE 0.125 MG	hyoscyamine sulfate	Common Formulary	AL (Max 64 Years)
H-2 Antagonists**			
cimetidine hcl oral solution 300 mg/5ml		Common Formulary	
cimetidine oral tablet 200 mg	Tagamet HB	Common Formulary	
cimetidine oral tablet 300 mg, 400 mg, 800 mg		Common Formulary	
famotidine oral suspension reconstituted 40 mg/5ml		Common Formulary	QLL; AL (Max 6 Years)
famotidine oral tablet 10 mg	Pepcid AC	Common Formulary	OTC
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	Common Formulary	
famotidine oral tablet 40 mg	Pepcid	Common Formulary	
sm acid reducer oral tablet 200 mg	Tagamet HB	Common Formulary	OTC
Misc. Anti-Ulcer**			
sucralfate oral tablet 1 gm	Carafate	Common Formulary	QLL
Ppi - Potassium-Competitive Acid Blockers (P-Cab)**			
VOQUEZNA ORAL TABLET 10 MG, 20 MG		Common Formulary	PA; QLL
Proton Pump Inhibitor-Antacid Combinations**			
goodsense omep/sod bicarb oral capsule 20-1100 mg	Zegerid OTC	Non-Preferred	PA; OTC
omeprazole-sodium bicarbonate oral capsule 20-1100 mg	Zegerid OTC	Non-Preferred	PA
omeprazole-sodium bicarbonate oral capsule 40-1100 mg		Non-Preferred	PA
omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg		Non-Preferred	PA
KONVOMEP ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML		Non-Preferred	PA
ZEGERID ORAL CAPSULE 20-1100 MG	goodsense omep/sod bicarb	Non-Preferred	PA
ZEGERID ORAL CAPSULE 40-1100 MG	omeprazole-sodium bicarbonate	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG	omeprazole-sodium bicarbonate	Non-Preferred	PA
Proton Pump Inhibitors**			
acid reducer oral capsule delayed release 20.6 (20 base) mg		Non-Preferred	PA; OTC
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	Dexilant	Non-Preferred	PA
esomeprazole magnesium oral capsule delayed release 20 mg	GoodSense Esomeprazole	Non-Preferred	PA
esomeprazole magnesium oral capsule delayed release 40 mg	NexIUM	Non-Preferred	PA
esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg	NexIUM	Non-Preferred	PA; QLL
esomeprazole magnesium oral tablet delayed release 20 mg	NexIUM 24HR	Non-Preferred	PA; OTC
gnp esomeprazole magnesium oral capsule delayed release 20 mg	GoodSense Esomeprazole	Non-Preferred	PA; OTC
gnp omeprazole oral capsule delayed release 20.6 (20 base) mg		Non-Preferred	PA; OTC
gnp omeprazole oral tablet delayed release dispersible 20 mg		Non-Preferred	PA; OTC
goodsense lansoprazole oral tablet delayed release dispersible 15 mg	Prevacid SoluTab	Non-Preferred	PA; OTC
hm esomeprazole magnesium dr oral capsule delayed release 20 mg	GoodSense Esomeprazole	Non-Preferred	PA; OTC
lansoprazole oral capsule delayed release 15 mg	Prevacid 24HR	Non-Preferred	PA
lansoprazole oral capsule delayed release 30 mg	Prevacid	Non-Preferred	PA
lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg	Prevacid SoluTab	Non-Preferred	PA
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg		Non-Preferred	PA; OTC
omeprazole magnesium oral tablet delayed release 20 mg	PriLOSEC OTC	Non-Preferred	PA; OTC
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg		Preferred	QLL
omeprazole oral tablet delayed release 20 mg		Non-Preferred	PA; OTC
omeprazole oral tablet delayed release dispersible 20 mg		Non-Preferred	PA; OTC
pantoprazole sodium oral packet 40 mg	Protonix	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	Protonix	Preferred	QLL
rabeprazole sodium oral tablet delayed release 20 mg	Aciphex	Non-Preferred	PA
sm esomeprazole magnesium oral capsule delayed release 20 mg	GoodSense Esomeprazole	Non-Preferred	PA; OTC
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG	rabeprazole sodium	Non-Preferred	PA
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	dexlansoprazole	Non-Preferred	PA
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML		Supplemental Formulary	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML		Supplemental Formulary	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG	esomeprazole magnesium	Non-Preferred	PA; OTC
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG	esomeprazole magnesium	Non-Preferred	PA
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	esomeprazole magnesium	Preferred	QLL
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML		Supplemental Formulary	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	lansoprazole	Non-Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG	goodsense lansoprazole	Non-Preferred	PA
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG	lansoprazole	Non-Preferred	PA
PRILOSEC ORAL PACKET 10 MG, 2.5 MG		Non-Preferred	PA
PROTONIX ORAL PACKET 40 MG	pantoprazole sodium	Preferred	QLL
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG	pantoprazole sodium	Non-Preferred	PA; QLL
Quaternary Anticholinergics**			
glycopyrrolate oral solution 1 mg/5ml	Cuvposa	Common Formulary	AL (Max 12 Years)
glycopyrrolate oral tablet 1 mg, 2 mg		Common Formulary	

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

Formulary Drug Name	Reference	Tiering	Restrictions
trospium chloride er oral capsule extended release 24 hour 60 mg		Non-Preferred	PA
trospium chloride oral tablet 20 mg		Non-Preferred	PA
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	tolterodine tartrate er	Non-Preferred	PA
DETROL ORAL TABLET 1 MG, 2 MG	tolterodine tartrate	Non-Preferred	PA
GELNIQUE TRANSDERMAL GEL 10 %		Non-Preferred	PA
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR		Common Formulary	OTC
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR		Non-Preferred	PA
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	fesoterodine fumarate er	Preferred	
VESICARE LS ORAL SUSPENSION 5 MG/5ML		Non-Preferred	PA
VESICARE ORAL TABLET 10 MG, 5 MG	solifenacin succinate	Non-Preferred	PA
Urinary Antispasmodics - Beta-3 Adrenergic Agonists**			
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	Myrbetriq	Non-Preferred	PA
GEMTESA ORAL TABLET 75 MG		Non-Preferred	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML		Non-Preferred	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	mirabegron er	Non-Preferred	PA
Urinary Antispasmodics - Cholinergic Agonists**			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		Common Formulary	QLL
Urinary Antispasmodics - Direct Muscle Relaxants**			
flavoxate hcl oral tablet 100 mg		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
VACCINES			
Viral Vaccines**			
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML		Common Formulary	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML		Common Formulary	AL (Min 60 Years)
VAGINAL AND RELATED PRODUCTS			
Imidazole-Related Antifungals**			
3 day vaginal vaginal cream 2 %		Common Formulary	Female Only; OTC
7 day vaginal vaginal cream 2 %	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
clotrimazole vaginal cream 1 %		Common Formulary	Female Only
ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	Monistat 3 Combo Pack App	Common Formulary	Female Only; OTC
ft miconazole 7 vaginal cream 2 %	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
gnp clotrimazole 3 vaginal cream 2 %		Common Formulary	Female Only; OTC
gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
gnp miconazole 7 vaginal cream 2 %	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
miconazole 7 vaginal cream 2 %	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
miconazole 7 vaginal suppository 100 mg		Common Formulary	Female Only; OTC
miconazole nitrate vaginal cream 2 %	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
sm 3-day vaginal vaginal cream 2 %		Common Formulary	Female Only; OTC
sm clotrimazole vaginal vaginal cream 1 %		Common Formulary	Female Only; OTC
sm miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm)	Monistat 3 Combo Pack App	Common Formulary	Female Only; OTC

Formulary Drug Name	Reference	Tiering	Restrictions
sm miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
sm miconazole 7 vaginal cream 2 %	Monistat 7 Simply Cure	Common Formulary	Female Only; OTC
sm miconazole 7 vaginal suppository 100 mg		Common Formulary	Female Only; OTC
terconazole vaginal cream 0.4 %, 0.8 %		Common Formulary	Female Only
Spermicides**			
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %		Preferred	OTC
TODAY SPONGE VAGINAL 1000 MG		Preferred	OTC
Vaginal Anti-Infectives**			
clindamycin phosphate vaginal cream 2 %	Cleocin	Preferred	
metronidazole vaginal gel 0.75 %	Vandazole	Preferred	
CLEOCIN VAGINAL CREAM 2 %	clindamycin phosphate	Non-Preferred	PA
CLEOCIN VAGINAL SUPPOSITORY 100 MG		Preferred	
CLINDESSE VAGINAL CREAM 2 %		Preferred	
NUVESSA VAGINAL GEL 1.3 %		Preferred	
VANDAZOLE VAGINAL GEL 0.75 %	metronidazole	Non-Preferred	PA
XACIATO VAGINAL GEL 2 %		Non-Preferred	PA
Vaginal Contraceptive Ph Modulator - Combinations**			
PHEXXI VAGINAL GEL 1.8-1-0.4 %		Common Formulary	QLL
Vaginal Estrogens**			
estradiol vaginal cream 0.1 mg/gm	Estrace	Common Formulary	QLL
estradiol vaginal tablet 10 mcg	Vagifem	Common Formulary	
VAGIFEM VAGINAL TABLET 10 MCG	estradiol	Common Formulary	
YUVAFEM VAGINAL TABLET 10 MCG	estradiol	Common Formulary	
Vaginal Progestins**			
CRINONE VAGINAL GEL 4 %, 8 %		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
VASOPRESSORS			
Anaphylaxis Therapy Agents**			
epinephrine injection solution auto-injector 0.15 mg/0.15ml	Auvi-Q	Preferred	QLL
epinephrine injection solution auto-injector 0.15 mg/0.3ml	EpiPen Jr 2-Pak	Preferred	QLL
epinephrine injection solution auto-injector 0.3 mg/0.3ml	EpiPen 2-Pak	Preferred	QLL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML		Non-Preferred	PA; QLL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	epinephrine	Non-Preferred	PA; QLL
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	epinephrine	Non-Preferred	PA; QLL
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	epinephrine	Preferred	QLL
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	epinephrine	Preferred	QLL
NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML		Non-Preferred	PA; QLL
Vasopressors**			
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg		Common Formulary	QLL
VITAMINS			
Biotin**			
biotin oral tablet 5 mg		Common Formulary	OTC
Vitamin A**			
vitamin a oral capsule 3 mg (10000 ut)		CSHCS Coverage	OTC
Vitamin B-2**			
b-2 oral tablet 100 mg, 50 mg		CSHCS Coverage	OTC
cvs vitamin b-2 oral tablet 100 mg		CSHCS Coverage	OTC
true vitamin b2 oral tablet 100 mg, 25 mg, 50 mg		CSHCS Coverage	OTC
vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg		CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
Vitamin B-3**			
niacin er oral capsule extended release 250 mg		Preferred	OTC
niacin er oral tablet extended release 1000 mg		Common Formulary	OTC
niacin er oral tablet extended release 500 mg	Slo-Niacin	Preferred	OTC
niacin er oral tablet extended release 750 mg	Endur-Acin	Preferred	PA; OTC
niacin oral tablet 100 mg, 500 mg		Preferred	OTC
niacin oral tablet 250 mg, 50 mg		Common Formulary	OTC
niacinamide er oral tablet extended release 500 mg	Endur-Amide	Common Formulary	OTC
niacinamide oral tablet 100 mg		Common Formulary	OTC
qc niacin oral tablet 100 mg		Common Formulary	OTC
true vitamin b3 oral tablet 250 mg, 50 mg		Common Formulary	OTC
true vitamin b3 oral tablet 500 mg		Preferred	OTC
true vitamin d3 oral tablet 50 mcg	Thera-D 2000	CSHCS Coverage	OTC
ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG	niacinamide er	Common Formulary	OTC
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG	niacin er	Preferred	OTC
Vitamin B-6**			
sm vitamin b-6 oral tablet 100 mg		Preferred	OTC
true vitamin b6 oral tablet 100 mg, 25 mg, 50 mg		Preferred	OTC
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg		Preferred	OTC
Vitamin C**			
vitamin c oral tablet 500 mg	Easy-C Immune Health	CSHCS Coverage	OTC
Vitamin D**			
aqueous vitamin d oral liquid 10 mcg/ml	BProtected Pedia D-Vite	CSHCS Coverage	OTC
cvs d3 oral capsule 10 mcg (400 unit)		Common Formulary	OTC

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

Formulary Drug Name	Reference	Tiering	Restrictions
vitamin d3 capsule 50 mcg (2000 ut) oral		CSHCS Coverage	OTC
vitamin d3 oral capsule 1.25 mg (50000 ut)	Decara	Common Formulary	OTC
vitamin d3 oral capsule 10 mcg (400 unit)		Common Formulary	OTC
vitamin d3 oral tablet 10 mcg (400 unit)		Common Formulary	OTC
vitamin d3 oral tablet 125 mcg (5000 ut)	Radiance Platinum Vitamin D3	Common Formulary	OTC
vitamin d3 super strength oral capsule 50 mcg (2000 ut)		Common Formulary	OTC
vitamin d3 super strength oral tablet 50 mcg (2000 ut)	Thera-D 2000	Common Formulary	OTC
vitamin d3 tablet 25 mcg (1000 ut) oral	Vitamin D-1000 Max St	CSHCS Coverage	OTC
vitamin d3 tablet 25 mcg oral	Vitamin D-1000 Max St	CSHCS Coverage	OTC
vitamin d3 tablet 50 mcg (2000 ut) oral	Thera-D 2000	CSHCS Coverage	OTC
vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)	Dialyvite Vitamin D 5000	Common Formulary	OTC
well vitamin d3 oral capsule 50 mcg (2000 ut)		CSHCS Coverage	OTC
CALCIDOL ORAL SOLUTION 200 MCG/ML	ergocalciferol	CSHCS Coverage	OTC
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	true vitamin d3	Common Formulary	OTC
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	true vitamin d3	Common Formulary	OTC
DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)	true vitamin d3	Common Formulary	OTC
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	true vitamin d3	Common Formulary	OTC
Vitamin E**			
aqueous vitamin e oral solution 15 mg/0.67ml		Common Formulary	AL (Max 12 Years); OTC
e-200 oral capsule 90 mg (200 unit)		Common Formulary	OTC
true vitamin e oral capsule 180 mg, 450 mg, 90 mg		CSHCS Coverage	OTC
vitamin e capsule 180 mg (400 unit) oral		CSHCS Coverage	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
vitamin e capsule 450 mg (1000 ut) oral		CSHCS Coverage	OTC
vitamin e oral capsule 180 mg (400 unit)		Common Formulary	OTC
vitamin e oral solution 15 mg/0.67ml		CSHCS Coverage	AL (Max 12 Years); OTC
vitamin e oral tablet 100 unit, 67 mg (100 unit)		CSHCS Coverage	OTC
vitamin supplement e-1000 oral capsule 450 mg (1000 ut)		Common Formulary	OTC
vitamin supplement e-400 capsule 180 mg (400 unit) oral		CSHCS Coverage	OTC
vitamin supplement e-400 oral capsule 180 mg (400 unit)		Common Formulary	OTC
Vitamin K**			
phytonadione oral tablet 5 mg		Common Formulary	QLL