



**Aetna Better Health of  
Michigan  
Formulary Guide  
February 2026**

## **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*	20
*ANDROGENS-ANABOLIC*	25
*ANORECTAL AND RELATED PRODUCTS*	25
*ANTACIDS*	26
*ANTHELMINTICS*	27
*ANTIANGINAL AGENTS*	27
*ANTIANKXIETY AGENTS*	28
*ANTIARRHYTHMICS*	29
*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*	30
*ANTICOAGULANTS*	36
*ANTICONVULSANTS*	38
*ANTIDEPRESSANTS*	44
*ANTIDIABETICS*	48
*ANTIDIARRHEAL/PROBIOTIC AGENTS*	59
*ANTIDOTES AND SPECIFIC ANTAGONISTS*	60
*ANTIEMETICS*	60
*ANTIFUNGALS*	61
*ANTI HISTAMINES*	63
*ANTIHYPERLIPIDEMICS*	66
*ANTI HYPERTENSIVES*	69
*ANTI-INFECTIVE AGENTS - MISC.*	74
*ANTIMALARIALS*	76
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*	76
*ANTIMYCOBACTERIAL AGENTS*	76
*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*	77
*ANTIPARKINSON AND RELATED THERAPY AGENTS*	86
*ANTIPSYCHOTICS/ANTIMANIC AGENTS*	88
*ANTIVIRALS*	93
*BETA BLOCKERS*	98
*CALCIUM CHANNEL BLOCKERS*	99
*CARDIOTONICS*	101
*CARDIOVASCULAR AGENTS - MISC.*	102
*CEPHALOSPORINS*	105
*CHEMICALS*	105
*CONTRACEPTIVES*	106
*CORTICOSTEROIDS*	115
*COUGH/COLD/ALLERGY*	118
*DERMATOLOGICALS*	120
*DIAGNOSTIC PRODUCTS*	149
*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS*	149
*DIGESTIVE AIDS*	150
*DIURETICS*	152
*ENDOCRINE AND METABOLIC AGENTS - MISC.*	153
*ESTROGENS*	160

*FLUOROQUINOLONES*	161
*GASTROINTESTINAL AGENTS - MISC.*	162
*GENITOURINARY AGENTS - MISCELLANEOUS*	167
*GOUT AGENTS*	168
*HEMATOLOGICAL AGENTS - MISC.*	169
*HEMATOPOIETIC AGENTS*	174
*HEMOSTATICS*	179
*HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS*	179
*LAXATIVES*	183
*MACROLIDES*	188
*MEDICAL DEVICES AND SUPPLIES*	189
*MIGRAINE PRODUCTS*	211
*MINERALS & ELECTROLYTES*	213
*MISCELLANEOUS THERAPEUTIC CLASSES*	217
*MOUTH/THROAT/DENTAL AGENTS*	221
*MULTIVITAMINS*	222
*MUSCULOSKELETAL THERAPY AGENTS*	231
*NASAL AGENTS - SYSTEMIC AND TOPICAL*	232
*NEUROMUSCULAR AGENTS*	234
*NUTRIENTS*	234
*OPHTHALMIC AGENTS*	235
*OTIC AGENTS*	244
*OXYTOCICS*	244
*PASSIVE IMMUNIZING AND TREATMENT AGENTS*	245
*PENICILLINS*	245
*PHARMACEUTICAL ADJUVANTS*	246
*PROGESTINS*	247
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*	247
*RESPIRATORY AGENTS - MISC.*	255
*TETRACYCLINES*	255
*THYROID AGENTS*	256
*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*	257
*URINARY ANTISPASMODICS*	261
*VACCINES*	263
*VAGINAL AND RELATED PRODUCTS*	263
*VASOPRESSORS*	265
*VITAMINS*	265

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Anorexiants Combinations***</b>			
<i>phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg</i>	Qsymia	Preferred	PA
<b>*Anorexiants Non-Amphetamine***</b>			
<i>benzphetamine hcl oral tablet 50 mg</i>		Preferred	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>		Preferred	PA
<i>diethylpropion hcl oral tablet 25 mg</i>		Preferred	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>		Preferred	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>		Preferred	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>		Preferred	PA
<i>phentermine hcl oral tablet 37.5 mg</i>		Preferred	PA
<b>ADIPEX-P ORAL TABLET 37.5 MG</b>	phentermine hcl	Preferred	PA
<b>LOMAIRA ORAL TABLET 8 MG</b>	phentermine hcl	Preferred	PA
<b>*Anti-Obesity - Gip &amp; Glp-1 Receptor Agonists***</b>			
<b>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</b>		Preferred	PA; QLL
<b>*Anti-Obesity - Glp-1 Receptor Agonists***</b>			
<i>liraglutide -weight management subcutaneous solution pen-injector 18 mg/3ml</i>	Saxenda	Non-Preferred	PA; QLL
<b>SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML</b>	liraglutide -weight management	Non-Preferred	PA; QLL
<b>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</b>		Non-Preferred	PA; QLL
<b>*Lipase Inhibitors***</b>			
<i>orlistat oral capsule 120 mg</i>	Xenical	Preferred	PA; QLL
<b>XENICAL ORAL CAPSULE 120 MG</b>	orlistat	Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Stimulants - Misc.***</b>			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	Nuvigil	State Carve-Out	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	Focalin XR	State Carve-Out	
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Focalin	State Carve-Out	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Metadate CD	State Carve-Out	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	Ritalin LA	State Carve-Out	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>		State Carve-Out	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	Concerta	State Carve-Out	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Aptensio XR	State Carve-Out	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>		State Carve-Out	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>		State Carve-Out	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	Methylin	State Carve-Out	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Ritalin	State Carve-Out	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>		State Carve-Out	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	Daytrana	State Carve-Out	
<i>modafinil oral tablet 100 mg, 200 mg</i>	Provigil	State Carve-Out	
<b>APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG</b>	methylphenidate hcl er (xr)	State Carve-Out	
<b>CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG</b>	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	
<b>*ALLERGENIC EXTRACTS/BIOLOGICALS MISC*</b>			
<b>*Allergenic Extracts***</b>			
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
<b>PALFORZIA (200 MG DAILY DOSE) ORAL 2 X 100 MG</b>		Common Formulary	PA
<b>PALFORZIA (240 MG DAILY DOSE) ORAL 2 X 20 MG &amp; 2 X 100 MG</b>		Common Formulary	PA
<b>PALFORZIA (3 MG DAILY DOSE) ORAL 3 X 1 MG</b>		Common Formulary	PA
<b>PALFORZIA (300 MG MAINTENANCE) ORAL PACKET 300 MG</b>		Common Formulary	PA
<b>PALFORZIA (300 MG TITRATION) ORAL PACKET 300 MG</b>		Common Formulary	PA
<b>PALFORZIA (40 MG DAILY DOSE) ORAL 2 X 20 MG</b>		Common Formulary	PA
<b>PALFORZIA (6 MG DAILY DOSE) ORAL 6 X 1 MG</b>		Common Formulary	PA
<b>PALFORZIA (80 MG DAILY DOSE) ORAL 4 X 20 MG</b>		Common Formulary	PA
<b>PALFORZIA INITIAL ESCALATION ORAL 0.5 &amp; 1 &amp; 1.5 &amp; 3 &amp; 6 MG</b>		Common Formulary	PA
<b>*ALTERNATIVE MEDICINES*</b>			
<b>*Alternative Medicine - Me's***</b>			
<b>MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML</b>	melatonin	CSHCS Coverage	OTC
<b>*Alternative Medicine - St's***</b>			
<i>movana oral tablet 300 mg</i>	Perika	State Carve-Out	OTC
<i>ra st johns wort oral tablet 300 mg</i>	Perika	State Carve-Out	OTC
<i>sm st johns wort oral tablet 300 mg</i>	Perika	State Carve-Out	OTC
<i>st johns wort oral capsule 150 mg, 300 mg</i>		State Carve-Out	OTC
<i>st johns wort oral tablet 300 mg</i>	Perika	State Carve-Out	OTC
<i>st johns wort positive mood oral capsule 300 mg</i>		State Carve-Out	OTC
<b>*AMINOGLYCOSIDES*</b>			
<b>*Aminoglycosides***</b>			
<i>neomycin sulfate oral tablet 500 mg</i>		Preferred	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Bethkis	Non-Preferred	PA
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Kitabis Pak (w/ nebulizer)	Preferred	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	Kitabis Pak (w/ nebulizer)	Non-Preferred	PA; Non-Preferred NDC: 70644089999

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; QLL
RINVOQ LQ ORAL SOLUTION 1 MG/ML		Non-Preferred	PA; QLL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG		Non-Preferred	PA; QLL
XELJANZ ORAL SOLUTION 1 MG/ML		Non-Preferred	PA; QLL
XELJANZ ORAL TABLET 10 MG, 5 MG		Non-Preferred	PA; QLL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG		Non-Preferred	PA; QLL

**\*Anti-Tnf-Alpha - Monoclonal Antibodies\*\*\***

<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml</i>		Non-Preferred	PA; QLL
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Yuflyma (1 Pen)	Non-Preferred	PA
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	Yuflyma (1 Pen)	Non-Preferred	PA; QLL
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml</i>	Yuflyma (1 Pen)	Non-Preferred	PA; QLL
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml</i>	Yuflyma (2 Syringe)	Non-Preferred	PA; QLL
<i>adalimumab-adaz subcutaneous solution auto-injector 40 mg/0.4ml</i>	Hyrimoz	Non-Preferred	PA; QLL

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

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML</b>	adalimumab-fkjp (2 syringe)	Non-Preferred	PA; QLL
<b>HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>		Preferred	QLL
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML</b>		Preferred	QLL
<b>HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>		Preferred	
<b>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML</b>		Preferred	QLL
<b>HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>		Preferred	QLL
<b>HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML &amp; 40MG/0.4ML</b>		Preferred	QLL
<b>HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML</b>	adalimumab-adaz	Non-Preferred	PA; QLL
<b>HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML</b>	adalimumab-adaz	Non-Preferred	PA; QLL
<b>HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML</b>	adalimumab-adaz	Non-Preferred	PA; QLL
<b>HYRIMOZ-PED&lt;40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML &amp; 40MG/0.4ML</b>		Non-Preferred	PA; QLL
<b>HYRIMOZ-PED&gt;=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML</b>		Non-Preferred	PA; QLL
<b>HYRIMOZ-PLAQ PSOR/UEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML &amp; 40MG/0.4ML</b>		Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML &amp; 40MG/0.4ML</b>		Non-Preferred	PA; QLL
<b>IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML</b>	adalimumab-aacf (2 pen)	Non-Preferred	PA; QLL
<b>IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML</b>	adalimumab-aacf (2 syringe)	Non-Preferred	PA; QLL
<b>IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML</b>	adalimumab-aacf (2 pen)	Non-Preferred	PA; QLL
<b>IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML</b>	adalimumab-aacf (2 pen)	Non-Preferred	PA; QLL
<b>SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML</b>	adalimumab-ryvk (2 pen)	Non-Preferred	PA; QLL
<b>SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>	adalimumab-ryvk (1 pen)	Non-Preferred	PA; QLL
<b>SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML</b>		Non-Preferred	PA; QLL
<b>SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML</b>	adalimumab-ryvk (2 pen)	Non-Preferred	PA; QLL
<b>SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML</b>		Non-Preferred	PA; QLL
<b>SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML</b>		Non-Preferred	PA
<b>SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML</b>		Non-Preferred	PA; QLL
<b>SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML</b>		Non-Preferred	PA; QLL
<b>YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML</b>	adalimumab-aaty (1 pen)	Non-Preferred	PA; QLL
<b>YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML</b>	adalimumab-aaty (1 pen)	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML</b>	adalimumab-aaty (2 syringe)	Non-Preferred	PA; QLL
<b>YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML</b>	adalimumab-aaty (1 pen)	Non-Preferred	PA; QLL
<b>YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML</b>		Non-Preferred	PA; QLL
<b>*Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	CeleBREX	Preferred	QLL
<b>CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG</b>	celecoxib	Non-Preferred	PA; QLL
<b>*Interleukin-1 Blockers***</b>			
<b>ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG</b>		State Carve-Out	
<b>*Interleukin-1 Receptor Antagonist (Il-1Ra)***</b>			
<b>KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML</b>		State Carve-Out	
<b>*Interleukin-6 Receptor Inhibitors***</b>			
<b>ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML</b>		Non-Preferred	PA; QLL
<b>ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML</b>		Non-Preferred	PA; QLL
<b>KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML</b>		Non-Preferred	PA; QLL
<b>KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML</b>		Non-Preferred	PA; QLL
<b>TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML</b>		Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML</b>		Non-Preferred	PA; QLL
<b>*Nonsteroidal Anti-Inflammatory Agent Combinations***</b>			
<i>acetaminophen-ibuprofen oral tablet 250-125 mg</i>	Advil Dual Action	Non-Preferred	PA; OTC
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	Arthrotec	Non-Preferred	PA
<i>dual action pain relief oral tablet 125-250 mg</i>	Advil Dual Action	Non-Preferred	PA; OTC
<i>gnp acetaminophen/ibuprofen oral tablet 250-125 mg</i>	Advil Dual Action	Non-Preferred	PA; OTC
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>		Non-Preferred	PA
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>		Non-Preferred	PA
<b>ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG</b>	diclofenac-misoprostol	Non-Preferred	PA
<b>DUEXIS ORAL TABLET 800-26.6 MG</b>	ibuprofen-famotidine	Non-Preferred	PA
<b>VIMOVO ORAL TABLET DELAYED RELEASE 500-20 MG</b>	naproxen-esomeprazole mg	Non-Preferred	PA
<b>*Nonsteroidal Anti-Inflammatory Agents (Nsaid)***</b>			
<i>childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	Preferred	OTC
<i>diclofenac potassium oral capsule 25 mg</i>	Zipsor	Non-Preferred	PA
<i>diclofenac potassium oral tablet 25 mg</i>	Lofena	Non-Preferred	PA
<i>diclofenac potassium oral tablet 50 mg</i>		Non-Preferred	PA
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>		Non-Preferred	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>		Preferred	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>		Non-Preferred	PA
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>		Non-Preferred	PA
<i>etodolac oral capsule 200 mg, 300 mg</i>		Non-Preferred	PA
<i>etodolac oral tablet 400 mg</i>	Lodine	Non-Preferred	PA
<i>etodolac oral tablet 500 mg</i>		Non-Preferred	PA
<i>fenoprofen calcium oral capsule 400 mg</i>		Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>fenoprofen calcium oral tablet 600 mg</i>		Non-Preferred	PA
<i>flurbiprofen oral tablet 100 mg</i>	Lurbiro	Non-Preferred	PA
<i>ft ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>gnp childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>goodsense ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>hm ibuprofen childrens oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml</i>	Childrens Advil	Preferred	OTC
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	Infants Advil	Preferred	OTC
<i>ibuprofen oral capsule 200 mg</i>	Advil	Preferred	OTC
<i>ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	
<i>ibuprofen oral tablet 200 mg</i>	Addaprin	Preferred	OTC
<i>ibuprofen oral tablet 300 mg</i>		Non-Preferred	PA
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	IBU	Preferred	
<i>ibuprofen oral tablet chewable 100 mg</i>	Advil Junior Strength	Preferred	OTC
<i>indomethacin er oral capsule extended release 75 mg</i>		Non-Preferred	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>		Preferred	
<i>indomethacin oral suspension 25 mg/5ml</i>	Indocin	Non-Preferred	PA
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>		Non-Preferred	PA
<i>ketoprofen oral capsule 25 mg</i>		Non-Preferred	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>		Preferred	QLL
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>		Non-Preferred	PA
<i>mefenamic acid oral capsule 250 mg</i>		Non-Preferred	PA
<i>meloxicam oral capsule 10 mg, 5 mg</i>		Non-Preferred	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>		Preferred	
<i>nabumetone oral tablet 500 mg, 750 mg</i>		Preferred	
<i>naproxen dr oral tablet delayed release 500 mg</i>		Non-Preferred	PA
<i>naproxen oral suspension 125 mg/5ml</i>		Non-Preferred	PA
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>		Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>		Non-Preferred	PA
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	Naprelan	Non-Preferred	PA
<i>naproxen sodium oral capsule 220 mg</i>	Aleve	Preferred	OTC
<i>naproxen sodium oral tablet 220 mg</i>	Aleve	Preferred	OTC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>		Non-Preferred	PA
<i>oxaprozin oral tablet 600 mg</i>		Non-Preferred	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>		Non-Preferred	PA
<i>sm childrens ibuprofen oral suspension 100 mg/5ml</i>	Childrens Advil	Preferred	OTC
<i>sm ibuprofen jr oral tablet 100 mg</i>	Advil Junior Strength	Preferred	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>		Preferred	
<i>tolmetin sodium oral capsule 400 mg</i>		Non-Preferred	PA
<b>DAYPRO ORAL TABLET 600 MG</b>	oxaprozin	Non-Preferred	PA
<b>FENOPRON ORAL CAPSULE 300 MG</b>		Non-Preferred	PA
<b>IBU ORAL TABLET 400 MG, 600 MG, 800 MG</b>	ibuprofen	Preferred	
<b>KIPROFEN ORAL CAPSULE 25 MG</b>	ketoprofen	Non-Preferred	PA
<b>LOFENA ORAL TABLET 25 MG</b>	diclofenac potassium	Non-Preferred	PA
<b>NALFON ORAL CAPSULE 400 MG</b>	fenoprofen calcium	Non-Preferred	PA
<b>NALFON ORAL TABLET 600 MG</b>		Non-Preferred	PA
<b>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG</b>	naproxen sodium er	Non-Preferred	PA
<b>NAPROSYN ORAL SUSPENSION 125 MG/5ML</b>	naproxen	Non-Preferred	PA
<b>RELAFEN DS ORAL TABLET 1000 MG</b>		Non-Preferred	PA
<b>TOLECTIN 600 ORAL TABLET 600 MG</b>	tolmetin sodium	Non-Preferred	PA
<b>*Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<b>OTEZLA ORAL TABLET 20 MG, 30 MG</b>		Non-Preferred	PA; QLL
<b>OTEZLA ORAL TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG, 4 X 10 &amp; 51 X20 MG</b>		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG		Non-Preferred	PA; QLL
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG		Non-Preferred	PA; QLL
<b>*Pyrimidine Synthesis Inhibitors***</b>			
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Arava	Common Formulary	QLL
<b>*Selective Costimulation Modulators***</b>			
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML		Non-Preferred	PA; QLL
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML		Non-Preferred	PA; QLL
<b>*Soluble Tumor Necrosis Factor Receptor Agents***</b>			
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML		Preferred	QLL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML		Preferred	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML		Preferred	QLL
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML		Preferred	QLL
<b>*ANALGESICS - NONNARCOTIC*</b>			
<b>*Analgesics - Selective Nav1.8 Sodium Channel Inhibitors***</b>			
JOURNAVX ORAL TABLET 50 MG		Common Formulary	QLL; AL (Min 18 Years)
<b>*Analgesics Other***</b>			
<i>acetaminophen childrens oral solution 160 mg/5ml</i>		Common Formulary	OTC
<i>acetaminophen er oral tablet extended release 650 mg</i>	Midol	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>acetaminophen extra strength oral capsule 500 mg</i>		Common Formulary	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	Healthy Mama Shake That Ache	Common Formulary	OTC
<i>acetaminophen oral liquid 160 mg/5ml</i>	Little Remedies for Fever	Common Formulary	OTC
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>		Common Formulary	OTC
<i>acetaminophen oral suspension 160 mg/5ml</i>	Max Relief Jr Child Pain/Fever	Common Formulary	OTC
<i>acetaminophen oral tablet 325 mg</i>	Aphen	Common Formulary	OTC
<i>acetaminophen oral tablet 500 mg</i>	Healthy Mama Shake That Ache	Common Formulary	OTC
<i>acetaminophen rectal suppository 120 mg</i>	FeverAll Childrens	Common Formulary	OTC
<i>acetaminophen rectal suppository 650 mg</i>		Common Formulary	OTC
<i>mapap oral capsule 500 mg</i>		Common Formulary	OTC
<i>sm rapid melts junior oral tablet dispersible 160 mg</i>		Common Formulary	OTC
<b>FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG</b>	acetaminophen	Common Formulary	OTC
<b>FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG</b>		Common Formulary	OTC
<b>MAPAP CHILDRENS ORAL TABLET CHEWABLE 80 MG</b>	acetaminophen	Common Formulary	OTC
<b>*Analgesics-Sedatives***</b>			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tencon	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	BAC (Butalbital-Acetamin-Caff)	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>		Common Formulary	QLL; AL (Max 64 Years)
<b>BAC (BUTALBITAL-ACETAMIN-CAFF) ORAL TABLET 50-325-40 MG</b>	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
<b>BAC ORAL TABLET 50-325-40 MG</b>	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<b>ESGIC ORAL TABLET 50-325-40 MG</b>	butalbital-apap-caffeine	Common Formulary	QLL; AL (Min 10 Years and Max 64 Years)
<b>*Salicylate Combinations***</b>			
<i>sm aspirin tri-buffered oral tablet 325 mg</i>	Bufferin	Common Formulary	AL (Min 40 Years and Max 79 Years); OTC
<i>tri-buffered aspirin oral tablet 325 mg</i>	Bufferin	Common Formulary	AL (Min 40 Years and Max 79 Years); OTC
<b>*Salicylates***</b>			
<i>aspirin low dose oral tablet delayed release 81 mg</i>	Bayer Aspirin EC Low Dose	Common Formulary	QLL; OTC
<i>aspirin low strength oral tablet chewable 81 mg</i>	Bayer Low Dose	Common Formulary	QLL; OTC
<i>aspirin oral tablet 325 mg</i>	Bayer Advanced Aspirin Reg St	Common Formulary	QLL; AL (Min 40 Years and Max 79 Years); OTC
<i>aspirin oral tablet delayed release 325 mg</i>	Bayer Aspirin	Common Formulary	QLL; AL (Min 40 Years and Max 79 Years); OTC
<i>aspirin rectal suppository 300 mg</i>		Common Formulary	OTC
<i>diflunisal oral tablet 500 mg</i>		Non-Preferred	PA
<b>DOLOBID ORAL TABLET 250 MG, 375 MG</b>		Non-Preferred	PA
<b>*ANALGESICS - OPIOID*</b>			
<b>*Codeine Combinations***</b>			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>		Preferred	AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>		Preferred	AL (Min 12 Years)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>		Non-Preferred	PA; AL (Min 12 Years)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	Ascomp-Codeine	Non-Preferred	PA; AL (Min 12 Years)
<b>ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG</b>	butalbital-asa-caff-codeine	Non-Preferred	PA; AL (Min 12 Years)
<b>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</b>	butalbital-apap-caff-cod	Non-Preferred	PA; AL (Min 12 Years)
<b>*Dihydrocodeine Combinations***</b>			
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	Trezix	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Hydrocodone Combinations***</b>			
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		Preferred	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>		Preferred	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>		Non-Preferred	PA
<b>*Opioid Agonists***</b>			
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>		Preferred	QLL; AL (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>		Non-Preferred	PA; QLL
<i>fentanyl citrate buccal tablet 400 mcg, 600 mcg, 800 mcg</i>		Non-Preferred	PA; QLL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		Preferred	QLL
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>		Non-Preferred	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>		Non-Preferred	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	Hysingla ER	Non-Preferred	PA
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 120 mg</i>		Non-Preferred	PA
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>		Non-Preferred	PA
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	Dilaudid	Preferred	QLL
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	Dilaudid	Preferred	QLL
<i>hydromorphone hcl rectal suppository 3 mg</i>		Non-Preferred	PA
<i>levorphanol tartrate oral tablet 2 mg</i>	Xyvona	Non-Preferred	PA
<i>levorphanol tartrate oral tablet 3 mg</i>		Non-Preferred	PA
<i>meperidine hcl oral solution 50 mg/5ml</i>		Non-Preferred	PA; QLL
<i>meperidine hcl oral tablet 50 mg</i>		Non-Preferred	PA; QLL
<i>methadone hcl oral concentrate 10 mg/ml</i>	Methadone HCl Intensol	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>		Non-Preferred	PA
<i>methadone hcl oral tablet 10 mg, 5 mg</i>		Non-Preferred	PA
<i>methadone hcl oral tablet soluble 40 mg</i>	Diskets	Non-Preferred	PA
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>		Preferred	QLL
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>		Non-Preferred	PA
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		Non-Preferred	PA
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>		Preferred	
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	MS Contin	Preferred	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>		Preferred	QLL
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>		Preferred	QLL
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>		Preferred	
<i>oxycodone hcl oral capsule 5 mg</i>		Non-Preferred	PA; QLL
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		Non-Preferred	PA; QLL
<i>oxycodone hcl oral solution 5 mg/5ml</i>		Preferred	QLL
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>		Preferred	QLL
<i>oxycodone hcl oral tablet 15 mg</i>	Roxicodone	Preferred	QLL
<i>oxycodone hcl oral tablet 20 mg</i>		Non-Preferred	PA; QLL
<i>oxycodone hcl oral tablet 30 mg</i>	Roxicodone	Non-Preferred	PA; QLL
<i>oxycodone hcl oral tablet abuse-deterrent 10 mg</i>	RoxyBond	Non-Preferred	PA; QLL
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	RoxyBond	Preferred	QLL
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>		Non-Preferred	PA
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>		Non-Preferred	PA; QLL
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	ConZip	Non-Preferred	PA; AL (Min 12 Years)

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Tramadol Combinations***</b>			
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>		Preferred	AL (Min 12 Years)
<b>SEGLENTIS ORAL TABLET 56-44 MG</b>		Non-Preferred	PA; AL (Min 12 Years)
<b>*ANDROGENS-ANABOLIC*</b>			
<b>*Androgens***</b>			
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		Common Formulary	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Depo-Testosterone	Common Formulary	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	AndroGel Pump	Preferred	PA
<i>testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>		Non-Preferred	PA
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	Vogelxo Pump	Non-Preferred	PA
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Testim	Non-Preferred	PA
<i>testosterone transdermal solution 30 mg/act</i>		Non-Preferred	PA
<b>ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)</b>	testosterone	Non-Preferred	PA
<b>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML</b>	testosterone cypionate	Common Formulary	
<b>NATESTO NASAL GEL 5.5 MG/ACT</b>		Non-Preferred	PA
<b>TESTIM TRANSDERMAL GEL 50 MG/5GM (1%)</b>	testosterone	Non-Preferred	PA
<b>VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)</b>	testosterone	Non-Preferred	PA
<b>VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)</b>	testosterone	Non-Preferred	PA
<b>*ANORECTAL AND RELATED PRODUCTS*</b>			
<b>*Rectal Anesthetic/Steroids***</b>			
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	Lidocort	Preferred	
<b>LIDOCORT EXTERNAL CREAM 3-0.5 %</b>	lidocaine-hydrocort (perianal)	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Rectal Steroids***</b>			
<i>hydrocortisone (perianal) external cream 1 %</i>	Proctocort	Non-Preferred	PA
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Procto-Med HC	Common Formulary	
<b>PROCTOCORT EXTERNAL CREAM 1 %</b>	hydrocortisone (perianal)	Non-Preferred	PA
<b>PROCTO-MED HC EXTERNAL CREAM 2.5 %</b>	hydrocortisone (perianal)	Common Formulary	
<b>PROCTOSOL HC EXTERNAL CREAM 2.5 %</b>	hydrocortisone (perianal)	Common Formulary	
<b>PROCTOZONE-HC EXTERNAL CREAM 2.5 %</b>	hydrocortisone (perianal)	Common Formulary	
<b>*ANTACIDS*</b>			
<b>*Antacid &amp; Simethicone***</b>			
<i>alum &amp; mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	Mintox	Common Formulary	OTC
<i>antacid &amp; antigas oral suspension 2400-2400-240 mg/30ml</i>	Almacone Double Strength	Common Formulary	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5ml</i>	Almacone Double Strength	Common Formulary	OTC
<b>ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML</b>	antacid & antigas	Common Formulary	OTC
<b>*Antacid Combinations***</b>			
<b>ACID GONE ORAL SUSPENSION 95-358 MG/15ML</b>		Common Formulary	OTC
<b>*Antacids - Aluminum Salts***</b>			
<i>aluminum hydroxide gel oral suspension 320 mg/5ml</i>		Common Formulary	OTC
<b>*Antacids - Bicarbonate***</b>			
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>		Common Formulary	OTC
<b>*Antacids - Calcium Salts***</b>			
<i>antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Chewy Bites Ultra Str	Common Formulary	OTC
<i>calcium antacid extra strength oral tablet chewable 750 mg</i>	Alka-Seltzer Heartburn	Common Formulary	OTC
<i>calcium carbonate antacid oral suspension 1250 mg/5ml</i>		Common Formulary	OTC
<i>calcium carbonate antacid oral tablet chewable 500 mg</i>	Cal-Gest Antacid	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>gnp antacid ultra strength oral tablet chewable 1000 mg</i>	Tums Chewy Bites Ultra Str	Common Formulary	OTC
<b>*Antacids - Magnesium Salts***</b>			
<i>mag 440 oral tablet 440 mg</i>		CSHCS Coverage	OTC
<i>magnesium oxide oral tablet 400 mg</i>		CSHCS Coverage	OTC
<i>magnesium oxide oral tablet 420 mg</i>	Maox	CSHCS Coverage	OTC
<b>*ANTHELMINTICS*</b>			
<b>*Anthelmintics***</b>			
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>		Common Formulary	PA
<i>ivermectin oral tablet 3 mg</i>	Stromectol	Common Formulary	QLL
<b>*ANTIANGINAL AGENTS*</b>			
<b>*Antianginals-Other***</b>			
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>		Common Formulary	PA; QLL
<b>ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG</b>		Common Formulary	PA; QLL
<b>*Nitrates***</b>			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		Common Formulary	
<i>isosorbide dinitrate oral tablet 5 mg</i>	Isordil Titradoso	Common Formulary	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>		Common Formulary	QLL
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>		Common Formulary	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	Nitrostat	Common Formulary	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Nitro-Dur	Common Formulary	QLL
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	Nitrolingual	Common Formulary	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*ANTIANKXIETY AGENTS*</b>			
<b>*Antianxiety Agents - Misc.***</b>			
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>		State Carve-Out	
<i>droperidol injection solution 2.5 mg/ml</i>		State Carve-Out	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		Common Formulary	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		Common Formulary	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>		Common Formulary	
<i>meprobamate oral tablet 200 mg, 400 mg</i>		State Carve-Out	
<b>BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 7.5 MG</b>		State Carve-Out	
<b>*Benzodiazepines***</b>			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg</i>		State Carve-Out	
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>	Xanax XR	State Carve-Out	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Xanax	State Carve-Out	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		State Carve-Out	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg</i>		State Carve-Out	
<i>alprazolam xr oral tablet extended release 24 hour 2 mg</i>	Xanax XR	State Carve-Out	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>		State Carve-Out	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>		State Carve-Out	
<i>diazepam injection solution 10 mg/2ml, 5 mg/ml</i>		State Carve-Out	
<i>diazepam oral concentrate 5 mg/ml</i>	diazePAM Intensol	State Carve-Out	
<i>diazepam oral solution 5 mg/5ml</i>		State Carve-Out	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Valium	State Carve-Out	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	Ativan	State Carve-Out	
<i>lorazepam oral concentrate 1 mg/0.5ml, 2 mg/ml</i>	LORazepam Intensol	State Carve-Out	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Ativan	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>		State Carve-Out	
<b>ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML</b>		State Carve-Out	
<b>ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML</b>	lorazepam	State Carve-Out	
<b>ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	lorazepam	State Carve-Out	
<b>DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML</b>	diazepam	State Carve-Out	
<b>LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML</b>	lorazepam	State Carve-Out	
<b>VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG</b>	diazepam	State Carve-Out	
<b>XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG</b>	alprazolam	State Carve-Out	
<b>XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG</b>	alprazolam er	State Carve-Out	
<b>*ANTIARRHYTHMICS*</b>			
<b>*Antiarrhythmics Type I-A***</b>			
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Norpace	Common Formulary	AL (Max 64 Years)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>		Common Formulary	
<b>*Antiarrhythmics Type I-B***</b>			
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>		Common Formulary	
<b>*Antiarrhythmics Type I-C***</b>			
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>		Common Formulary	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>		Common Formulary	
<b>*Antiarrhythmics Type Iii***</b>			
<i>amiodarone hcl oral tablet 100 mg</i>	Pacerone	Common Formulary	QLL
<i>amiodarone hcl oral tablet 200 mg</i>	Pacerone	Common Formulary	
<i>amiodarone hcl oral tablet 400 mg</i>		Common Formulary	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	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	
<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS*</b>			
<b>*5-Lipoxygenase Inhibitors***</b>			
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>		Non-Preferred	PA
ZYFLO ORAL TABLET 600 MG		Non-Preferred	PA
<b>*Adrenergic Combinations***</b>			
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	Symbicort	Non-Preferred	PA; QLL
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	Breo Ellipta	Non-Preferred	PA
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	Advair HFA	Non-Preferred	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	Advair Diskus	Non-Preferred	PA; QLL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		Non-Preferred	PA; QLL
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		Preferred	
<i>umeclidinium-vilanterol inhalation aerosol powder breath activated 62.5-25 mcg/act</i>	Anoro Ellipta	Non-Preferred	PA; QLL
<b>ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	fluticasone-salmeterol	Preferred	QLL
<b>ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT</b>	fluticasone-salmeterol	Preferred	QLL
<b>AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT</b>	fluticasone-salmeterol	Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT</b>	fluticasone-salmeterol	Non-Preferred	PA; QLL
<b>AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT</b>	fluticasone-salmeterol	Non-Preferred	PA; QLL
<b>AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT</b>		Non-Preferred	PA; QLL
<b>ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT</b>	umeclidinium-vilanterol	Preferred	QLL
<b>BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT</b>		Preferred	QLL
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT</b>	fluticasone furoate-vilanterol	Non-Preferred	PA
<b>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH</b>		Non-Preferred	PA; QLL
<b>BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	budesonide-formoterol fumarate	Non-Preferred	PA; QLL
<b>BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT</b>		Non-Preferred	PA
<b>COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT</b>		Preferred	QLL
<b>DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT</b>		Non-Preferred	PA
<b>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT</b>		Preferred	
<b>DULERA INHALATION AEROSOL 50-5 MCG/ACT</b>		Preferred	QLL; AL (Max 11 Years)
<b>STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT</b>		Preferred	QLL
<b>SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT</b>	budesonide-formoterol fumarate	Preferred	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT</b>		Preferred	
<b>WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT</b>	fluticasone-salmeterol	Non-Preferred	PA; QLL
<b>*Anti-Ige Monoclonal Antibodies***</b>			
<b>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>		Preferred	PA
<b>XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML</b>		Preferred	PA
<b>*Beta Adrenergics***</b>			
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	Ventolin HFA	Non-Preferred	PA; QLL; Non-Preferred NDC: 66993001968
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	Ventolin HFA	Preferred	QLL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>		Preferred	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		Supplemental Formulary	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>		Supplemental Formulary	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>		Non-Preferred	PA
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	Perforomist	Non-Preferred	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>		Non-Preferred	PA
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	Xopenex HFA	Non-Preferred	PA; QLL
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>		Common Formulary	
<b>BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML</b>	arformoterol tartrate	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML</b>	formoterol fumarate	Non-Preferred	PA
<b>PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT</b>		Non-Preferred	PA; QLL
<b>PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>	albuterol sulfate hfa	Preferred	QLL
<b>SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>		Preferred	QLL
<b>STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT</b>		Non-Preferred	PA
<b>VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT</b>	albuterol sulfate hfa	Preferred	QLL
<b>XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT</b>	levalbuterol tartrate	Preferred	QLL
<b>*Bronchodilators - Anticholinergics***</b>			
<i>ipratropium bromide inhalation solution 0.02 %</i>		Preferred	
<i>tiotropium bromide inhalation capsule 18 mcg</i>	Spiriva HandiHaler	Non-Preferred	PA; QLL
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>		Non-Preferred	PA; QLL
<b>ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT</b>		Preferred	QLL
<b>INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT</b>		Preferred	
<b>SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG</b>	tiotropium bromide	Preferred	QLL
<b>SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT</b>		Preferred	QLL
<b>TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT</b>		Non-Preferred	PA
<b>YUPELRI INHALATION SOLUTION 175 MCG/3ML</b>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Interleukin-5 Antagonists (Igg1 Kappa)***</b>			
<b>FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML</b>		Preferred	PA
<b>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>		Non-Preferred	PA
<b>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML</b>		Non-Preferred	PA
<b>*Leukotriene Receptor Antagonists***</b>			
<i>montelukast sodium oral packet 4 mg</i>	Singulair	Non-Preferred	PA; AL (Max 5 Years)
<i>montelukast sodium oral tablet 10 mg</i>	Singulair	Preferred	
<i>montelukast sodium oral tablet chewable 4 mg</i>	Singulair	Preferred	AL (Max 5 Years)
<i>montelukast sodium oral tablet chewable 5 mg</i>	Singulair	Preferred	AL (Max 14 Years)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Accolate	Non-Preferred	PA
<b>ACCOLATE ORAL TABLET 10 MG, 20 MG</b>	zafirlukast	Non-Preferred	PA
<b>SINGULAIR ORAL PACKET 4 MG</b>	montelukast sodium	Non-Preferred	PA; AL (Max 5 Years)
<b>SINGULAIR ORAL TABLET 10 MG</b>	montelukast sodium	Non-Preferred	PA
<b>SINGULAIR ORAL TABLET CHEWABLE 4 MG</b>	montelukast sodium	Non-Preferred	PA; AL (Max 5 Years)
<b>SINGULAIR ORAL TABLET CHEWABLE 5 MG</b>	montelukast sodium	Non-Preferred	PA; AL (Max 14 Years)
<b>*Phosphodiesterase 3 &amp; 4 (Pde3 &amp; Pde4) Inhibitors***</b>			
<b>OHTUVAYRE INHALATION SUSPENSION 3 MG/2.5ML</b>		Common Formulary	PA; QLL
<b>*Selective Phosphodiesterase 4 (Pde4) Inhibitors***</b>			
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	Daliresp	Preferred	PA
<b>DALIRESP ORAL TABLET 250 MCG, 500 MCG</b>	roflumilast	Non-Preferred	PA
<b>*Steroid Inhalants***</b>			
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	Pulmicort	Preferred	QLL; AL (Max 8 Years)

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act</i>	Arnuity Ellipta	Non-Preferred	PA
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 50 mcg/act</i>	Arnuity Ellipta	Non-Preferred	PA; AL (Max 11 Years)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>		Non-Preferred	PA
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>		Preferred	QLL
<b>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT</b>		Preferred	
<b>ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT</b>	fluticasone furoate ellipta	Preferred	
<b>ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT</b>	fluticasone furoate ellipta	Preferred	AL (Max 11 Years)
<b>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>		Preferred	QLL
<b>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>		Preferred	QLL
<b>ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT</b>		Preferred	QLL
<b>ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT</b>		Preferred	QLL
<b>ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT</b>		Non-Preferred	PA; QLL
<b>PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT</b>		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML</b>	budesonide	Non-Preferred	PA; QLL; AL (Max 8 Years)
<b>QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT</b>		Non-Preferred	PA
<b>*Thymic Stromal Lymphopoietin (Tslp) Antagonists***</b>			
<b>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML</b>		Non-Preferred	PA
<b>*Xanthines***</b>			
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>		Common Formulary	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>		Common Formulary	
<i>theophylline oral elixir 80 mg/15ml</i>	Elixophyllin	Common Formulary	
<i>theophylline oral solution 80 mg/15ml</i>		Common Formulary	
<b>*ANTICOAGULANTS*</b>			
<b>*Coumarin Anticoagulants***</b>			
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Jantoven	Preferred	
<b>JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG</b>	warfarin sodium	Preferred	
<b>*Direct Factor Xa Inhibitors***</b>			
<i>rivaroxaban oral suspension reconstituted 1 mg/ml</i>	Xarelto	Non-Preferred	PA; QLL
<i>rivaroxaban oral tablet 2.5 mg</i>	Xarelto	Non-Preferred	PA; QLL
<b>ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG</b>		Preferred	QLL
<b>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</b>		Preferred	QLL
<b>SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG</b>		Non-Preferred	PA
<b>XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML</b>	rivaroxaban	Preferred	QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>		Preferred	QLL
<b>XARELTO ORAL TABLET 2.5 MG</b>	rivaroxaban	Preferred	QLL
<b>XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 &amp; 20 MG</b>		Preferred	QLL
<b>*Heparins And Heparinoid-Like Agents***</b>			
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i>		Common Formulary	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>		Common Formulary	
<b>*Low Molecular Weight Heparins***</b>			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	Lovenox	Preferred	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	Lovenox	Preferred	
<b>FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML</b>		Non-Preferred	PA
<b>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</b>		Non-Preferred	PA
<b>LOVENOX INJECTION SOLUTION 300 MG/3ML</b>	enoxaparin sodium	Non-Preferred	PA
<b>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</b>	enoxaparin sodium	Non-Preferred	PA
<b>*Synthetic Heparinoid-Like Agents***</b>			
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	Arixtra	Non-Preferred	PA
<b>ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML</b>	fondaparinux sodium	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Thrombin Inhibitors - Selective Direct &amp; Reversible***</b>			
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	Pradaxa	Preferred	QLL
<b>PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG</b>	dabigatran etexilate mesylate	Non-Preferred	PA; QLL
<b>PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG</b>		Non-Preferred	PA
<b>*ANTICONVULSANTS*</b>			
<b>*Ampa Glutamate Receptor Antagonists***</b>			
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>	perampanel	State Carve-Out	
<b>*Anticonvulsants - Benzodiazepines***</b>			
<i>clobazam oral suspension 2.5 mg/ml</i>	Onfi	State Carve-Out	
<i>clobazam oral tablet 10 mg, 20 mg</i>	Onfi	State Carve-Out	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Klonopin	State Carve-Out	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>		State Carve-Out	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>		State Carve-Out	
<b>KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	clonazepam	State Carve-Out	
<b>ONFI ORAL SUSPENSION 2.5 MG/ML</b>	clobazam	State Carve-Out	
<b>ONFI ORAL TABLET 10 MG, 20 MG</b>	clobazam	State Carve-Out	
<b>*Anticonvulsants - Misc.***</b>			
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	Carbatrol	State Carve-Out	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	TEGretol-XR	State Carve-Out	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	TEGretol	State Carve-Out	
<i>carbamazepine oral tablet 200 mg</i>	TEGretol	State Carve-Out	
<i>carbamazepine oral tablet chewable 100 mg</i>		State Carve-Out	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Neurontin	State Carve-Out	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	Neurontin	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Neurontin	State Carve-Out	
<i>lacosamide intravenous solution 200 mg/20ml</i>	Vimpat	State Carve-Out	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	Vimpat	State Carve-Out	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Vimpat	State Carve-Out	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	LaMICtal XR	State Carve-Out	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	LaMICtal ODT	State Carve-Out	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	LaMICtal	State Carve-Out	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	LaMICtal	State Carve-Out	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	LaMICtal ODT	State Carve-Out	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	LaMICtal Starter	State Carve-Out	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	LaMICtal Starter	State Carve-Out	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	LaMICtal Starter	State Carve-Out	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	Keppra XR	State Carve-Out	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>		State Carve-Out	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	Keppra	State Carve-Out	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	Keppra	State Carve-Out	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	Keppra	State Carve-Out	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	Trileptal	State Carve-Out	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Trileptal	State Carve-Out	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	Lyrica	State Carve-Out	
<i>pregabalin oral solution 20 mg/ml</i>	Lyrica	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>primidone oral tablet 250 mg, 50 mg</i>	Mysoline	State Carve-Out	
<i>rufinamide oral suspension 40 mg/ml</i>	Banzel	State Carve-Out	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	Banzel	State Carve-Out	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	Trokendi XR	State Carve-Out	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	Topamax Sprinkle	State Carve-Out	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Topamax	State Carve-Out	
<i>zonisamide oral capsule 100 mg, 25 mg</i>	Zonegran	State Carve-Out	
<i>zonisamide oral capsule 50 mg</i>		State Carve-Out	
<b>APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG</b>	eslicarbazepine acetate	State Carve-Out	
<b>BANZEL ORAL SUSPENSION 40 MG/ML</b>	rufinamide	State Carve-Out	
<b>BANZEL ORAL TABLET 200 MG, 400 MG</b>	rufinamide	State Carve-Out	
<b>CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG</b>	carbamazepine er	State Carve-Out	
<b>EPITOL ORAL TABLET 200 MG</b>	carbamazepine	State Carve-Out	
<b>KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML</b>	levetiracetam	State Carve-Out	
<b>KEPPRA ORAL SOLUTION 100 MG/ML</b>	levetiracetam	State Carve-Out	
<b>KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG</b>	levetiracetam	State Carve-Out	
<b>KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG</b>	levetiracetam er	State Carve-Out	
<b>LAMICTAL ODT ORAL KIT 21 X 25 MG &amp; 7 X 50 MG, 25 &amp; 50 &amp; 100 MG, 42 X 50 MG &amp; 14X100 MG</b>	lamotrigine	State Carve-Out	
<b>LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG</b>	lamotrigine	State Carve-Out	
<b>LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	lamotrigine	State Carve-Out	
<b>LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG</b>	lamotrigine	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>LAMICTAL STARTER ORAL KIT 35 X 25 MG</b>	lamotrigine starter kit-blue	State Carve-Out	
<b>LAMICTAL STARTER ORAL KIT 42 X 25 MG &amp; 7 X 100 MG</b>	lamotrigine starter kit-orange	State Carve-Out	
<b>LAMICTAL STARTER ORAL KIT 84 X 25 MG &amp; 14X100 MG</b>	lamotrigine starter kit-green	State Carve-Out	
<b>LAMICTAL XR ORAL KIT 21 X 25 MG &amp; 7 X 50 MG, 25 &amp; 50 &amp; 100 MG, 50 &amp; 100 &amp; 200 MG</b>		State Carve-Out	
<b>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG</b>	lamotrigine er	State Carve-Out	
<b>LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG</b>	pregabalin	State Carve-Out	
<b>LYRICA ORAL SOLUTION 20 MG/ML</b>	pregabalin	State Carve-Out	
<b>MYSOLINE ORAL TABLET 250 MG, 50 MG</b>	primidone	State Carve-Out	
<b>NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG</b>	gabapentin	State Carve-Out	
<b>NEURONTIN ORAL SOLUTION 250 MG/5ML</b>	gabapentin	State Carve-Out	
<b>NEURONTIN ORAL TABLET 600 MG, 800 MG</b>	gabapentin	State Carve-Out	
<b>OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG</b>	oxcarbazepine er	State Carve-Out	
<b>QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</b>	topiramate er	State Carve-Out	
<b>ROWEEPRA ORAL TABLET 500 MG</b>	levetiracetam	State Carve-Out	
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 500 MG, 750 MG</b>		State Carve-Out	
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG</b>	levetiracetam	State Carve-Out	
<b>SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG</b>	lamotrigine	State Carve-Out	
<b>SUBVENITE STARTER KIT-BLUE ORAL KIT 35 X 25 MG</b>	lamotrigine starter kit-blue	State Carve-Out	
<b>SUBVENITE STARTER KIT-GREEN ORAL KIT 84 X 25 MG &amp; 14X100 MG</b>	lamotrigine starter kit-green	State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>SUBVENITE STARTER KIT-ORANGE ORAL KIT 42 X 25 MG &amp; 7 X 100 MG</b>	lamotrigine starter kit-orange	State Carve-Out	
<b>TEGRETOL ORAL SUSPENSION 100 MG/5ML</b>	carbamazepine	State Carve-Out	
<b>TEGRETOL ORAL TABLET 200 MG</b>	carbamazepine	State Carve-Out	
<b>TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG</b>	carbamazepine er	State Carve-Out	
<b>TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG</b>	topiramate	State Carve-Out	
<b>TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG</b>	topiramate	State Carve-Out	
<b>TRILEPTAL ORAL SUSPENSION 300 MG/5ML</b>	oxcarbazepine	State Carve-Out	
<b>TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG</b>	oxcarbazepine	State Carve-Out	
<b>TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG</b>	topiramate er	State Carve-Out	
<b>VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML</b>	lacosamide	State Carve-Out	
<b>VIMPAT ORAL SOLUTION 10 MG/ML</b>	lacosamide	State Carve-Out	
<b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</b>	lacosamide	State Carve-Out	
<b>ZONEGRAN ORAL CAPSULE 100 MG, 25 MG</b>	zonisamide	State Carve-Out	
<b>*Carbamates***</b>			
<i>felbamate oral suspension 600 mg/5ml</i>		State Carve-Out	
<i>felbamate oral tablet 400 mg, 600 mg</i>	Felbatol	State Carve-Out	
<b>FELBATOL ORAL TABLET 400 MG, 600 MG</b>	felbamate	State Carve-Out	
<b>*Gaba Modulators***</b>			
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>		State Carve-Out	
<i>vigabatrin oral packet 500 mg</i>	Sabril	State Carve-Out	
<i>vigabatrin oral tablet 500 mg</i>	Sabril	State Carve-Out	
<b>SABRIL ORAL PACKET 500 MG</b>	vigabatrin	State Carve-Out	
<b>SABRIL ORAL TABLET 500 MG</b>	vigabatrin	State Carve-Out	
<b>VIGADRONE ORAL PACKET 500 MG</b>	vigabatrin	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>VIGADRONE ORAL TABLET 500 MG</b>	vigabatrin	State Carve-Out	
<b>VIGPODER ORAL PACKET 500 MG</b>	vigabatrin	State Carve-Out	
<b>*Hydantoins***</b>			
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	Cerebyx	State Carve-Out	
<i>phenytoin oral suspension 100 mg/4ml, 125 mg/5ml</i>	Dilantin-125	State Carve-Out	
<i>phenytoin oral tablet chewable 50 mg</i>	Dilantin Infatabs	State Carve-Out	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Dilantin	State Carve-Out	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	Phenytek	State Carve-Out	
<i>phenytoin sodium injection solution 50 mg/ml</i>		State Carve-Out	
<b>CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML</b>	fosphenytoin sodium	State Carve-Out	
<b>DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG</b>	phenytoin	State Carve-Out	
<b>DILANTIN ORAL CAPSULE 100 MG</b>	phenytoin sodium extended	State Carve-Out	
<b>DILANTIN ORAL CAPSULE 30 MG</b>		State Carve-Out	
<b>DILANTIN ORAL SUSPENSION 125 MG/5ML</b>	phenytoin	State Carve-Out	
<b>DILANTIN-125 ORAL SUSPENSION 125 MG/5ML</b>	phenytoin	State Carve-Out	
<b>PHENYTEK ORAL CAPSULE 200 MG, 300 MG</b>	phenytoin sodium extended	State Carve-Out	
<b>PHENYTOIN INFATABS ORAL TABLET CHEWABLE 50 MG</b>	phenytoin	State Carve-Out	
<b>*Succinimides***</b>			
<i>ethosuximide oral capsule 250 mg</i>	Zarontin	State Carve-Out	
<i>ethosuximide oral solution 250 mg/5ml</i>	Zarontin	State Carve-Out	
<i>methsuximide oral capsule 300 mg</i>	Celontin	State Carve-Out	
<b>CELONTIN ORAL CAPSULE 300 MG</b>	methsuximide	State Carve-Out	
<b>ZARONTIN ORAL CAPSULE 250 MG</b>	ethosuximide	State Carve-Out	
<b>ZARONTIN ORAL SOLUTION 250 MG/5ML</b>	ethosuximide	State Carve-Out	
<b>*Valproic Acid***</b>			
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	Depakote ER	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	Depakote Sprinkles	State Carve-Out	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	Depakote	State Carve-Out	
<i>valproate sodium intravenous solution 100 mg/ml</i>		State Carve-Out	
<i>valproic acid oral capsule 250 mg</i>		State Carve-Out	
<i>valproic acid oral solution 250 mg/5ml</i>		State Carve-Out	
<b>DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG</b>	divalproex sodium er	State Carve-Out	
<b>DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG</b>	divalproex sodium	State Carve-Out	
<b>DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG</b>	divalproex sodium	State Carve-Out	
<b>*ANTIDEPRESSANTS*</b>			
<b>*Alpha-2 Receptor Antagonists (Tetracyclics)***</b>			
<i>mirtazapine oral tablet 15 mg, 30 mg</i>	Remeron	State Carve-Out	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>		State Carve-Out	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	Remeron SolTab	State Carve-Out	
<b>REMERON ORAL TABLET 15 MG, 30 MG</b>	mirtazapine	State Carve-Out	
<b>REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG</b>	mirtazapine	State Carve-Out	
<b>*Antidepressants - Misc.***</b>			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	Wellbutrin SR	State Carve-Out	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	Wellbutrin XL	State Carve-Out	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>		State Carve-Out	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>		State Carve-Out	
<b>APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG</b>		State Carve-Out	
<b>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG</b>	bupropion hcl er (xl)	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG</b>	bupropion hcl er (sr)	State Carve-Out	
<b>WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG</b>	bupropion hcl er (xl)	State Carve-Out	
<b>*Monoamine Oxidase Inhibitors (Maois)***</b>			
<i>phenelzine sulfate oral tablet 15 mg</i>	Nardil	State Carve-Out	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	Parnate	State Carve-Out	
<b>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR</b>		State Carve-Out	
<b>MARPLAN ORAL TABLET 10 MG</b>		State Carve-Out	
<b>NARDIL ORAL TABLET 15 MG</b>	phenelzine sulfate	State Carve-Out	
<b>PARNATE ORAL TABLET 10 MG</b>	tranylcypromine sulfate	State Carve-Out	
<b>*Selective Serotonin Reuptake Inhibitors (Ssris)***</b>			
<i>citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml</i>		State Carve-Out	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	CeleXA	State Carve-Out	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>		State Carve-Out	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Lexapro	State Carve-Out	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>		State Carve-Out	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>		State Carve-Out	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>		State Carve-Out	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>		State Carve-Out	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>		State Carve-Out	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	Paxil CR	State Carve-Out	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>		State Carve-Out	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Paxil	State Carve-Out	

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>		State Carve-Out	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>		State Carve-Out	
<b>CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG</b>	duloxetine hcl	State Carve-Out	
<b>EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG</b>	venlafaxine hcl er	State Carve-Out	
<b>FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG</b>		State Carve-Out	
<b>FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 &amp; 40 MG</b>		State Carve-Out	
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG</b>	desvenlafaxine succinate er	State Carve-Out	
<b>*Tricyclic Agents***</b>			
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		State Carve-Out	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	Anafranil	State Carve-Out	
<i>desipramine hcl oral tablet 10 mg, 25 mg</i>	Norpramin	State Carve-Out	
<i>desipramine hcl oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		State Carve-Out	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		State Carve-Out	
<i>doxepin hcl oral concentrate 10 mg/ml</i>		State Carve-Out	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>		State Carve-Out	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Pamelor	State Carve-Out	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>		State Carve-Out	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>		State Carve-Out	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>		State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG</b>	clomipramine hcl	State Carve-Out	
<b>NORPRAMIN ORAL TABLET 10 MG, 25 MG</b>	desipramine hcl	State Carve-Out	
<b>PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG</b>	nortriptyline hcl	State Carve-Out	
<b>*ANTIDIABETICS*</b>			
<b>*Alpha-Glucosidase Inhibitors***</b>			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	
<b>*Antidiabetic - Amylin Analogs***</b>			
<b>SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML</b>		Preferred	
<b>SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML</b>		Preferred	
<b>*Biguanides***</b>			
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>		Non-Preferred	PA
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>		Non-Preferred	PA
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>		Preferred	
<i>metformin hcl oral solution 500 mg/5ml</i>	Riomet	Non-Preferred	PA
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>		Preferred	
<i>metformin hcl oral tablet 625 mg, 750 mg</i>		Non-Preferred	PA
<b>GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG</b>	metformin hcl er (mod)	Non-Preferred	PA
<b>RIOMET ORAL SOLUTION 500 MG/5ML</b>	metformin hcl	Non-Preferred	PA
<b>*Diabetic Other***</b>			
<i>diazoxide oral suspension 50 mg/ml</i>	Proglycem	Non-Preferred	PA
<i>glucagon emergency injection kit 1 mg</i>		Preferred	
<i>glucagon emergency injection solution reconstituted 1 mg</i>		Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		Non-Preferred	PA
<b>BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE</b>		Preferred	QLL
<b>BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE</b>		Preferred	QLL
<b>GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML</b>		Non-Preferred	PA; QLL
<b>GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML</b>		Non-Preferred	PA; QLL
<b>GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML</b>		Non-Preferred	PA; QLL
<b>GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML</b>		Non-Preferred	PA; QLL
<b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>	diazoxide	Preferred	
<b>ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML</b>		Preferred	
<b>ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML</b>		Preferred	
<b>*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***</b>			
<i>alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg</i>		Non-Preferred	PA
<i>saxagliptin hcl oral tablet 2.5 mg</i>		Non-Preferred	PA
<i>saxagliptin hcl oral tablet 5 mg</i>	Onglyza	Non-Preferred	PA
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	Zituvio	Non-Preferred	PA
<b>BRYNOVIN ORAL SOLUTION 25 MG/ML</b>		Non-Preferred	PA; QLL
<b>JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG</b>		Preferred	QLL
<b>ONGLYZA ORAL TABLET 5 MG</b>	saxagliptin hcl	Non-Preferred	PA
<b>TRADJENTA ORAL TABLET 5 MG</b>		Preferred	
<b>ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG</b>	sitagliptin	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***</b>			
<i>alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg</i>		Non-Preferred	PA
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>		Non-Preferred	PA
<i>sitagliptin base-metformin hcl oral tablet 50-1000 mg, 50-500 mg</i>	Zituvimet	Non-Preferred	PA
<b>JANUMET ORAL TABLET 50-1000 MG, 50-500 MG</b>		Preferred	QLL
<b>JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG</b>		Preferred	
<b>JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG</b>		Preferred	
<b>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG</b>		Preferred	
<b>ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG</b>	sitaglipt base-metform hcl er	Non-Preferred	PA
<b>*Dpp-4 Inhibitor-Thiazolidinedione Combinations***</b>			
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		Non-Preferred	PA
<b>*Human Insulin***</b>			
<i>insulin asp prot &amp; asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	NovoLOG 70/30 FlexPen ReliOn	Preferred	QLL
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	NovoLOG FlexPen	Preferred	QLL
<i>insulin aspart injection solution 100 unit/ml</i>	NovoLOG	Preferred	QLL
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	NovoLOG PenFill	Preferred	QLL
<i>insulin aspart prot &amp; aspart subcutaneous suspension (70-30) 100 unit/ml</i>	NovoLOG Mix 70/30	Preferred	QLL
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml, 200 unit/ml</i>	Tresiba FlexTouch	Non-Preferred	PA; QLL
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	Tresiba	Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>insulin glargine max solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo Max SoloStar	Non-Preferred	PA; QLL
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	Toujeo SoloStar	Non-Preferred	PA; QLL
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	Semglee (yfgn)	Non-Preferred	PA; QLL
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	Semglee (yfgn)	Non-Preferred	PA; QLL
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG KwikPen	Preferred	QLL
<i>insulin lispro injection solution 100 unit/ml</i>	HumaLOG	Preferred	QLL
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	HumaLOG Junior KwikPen	Preferred	QLL
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml</i>	HumaLOG Mix 75/25 KwikPen	Preferred	QLL
<b>ADMELOG INJECTION SOLUTION 100 UNIT/ML</b>	insulin lispro	Non-Preferred	PA; QLL
<b>ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>	insulin lispro (1 unit dial)	Non-Preferred	PA; QLL
<b>AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &amp; 60X8 &amp; 60X12 UNIT, 8 UNIT, 90 X 4 UNIT &amp; 90X8 UNIT, 90 X 8 UNIT &amp; 90X12 UNIT</b>		Non-Preferred	PA; QLL
<b>APIDRA INJECTION SOLUTION 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>FIASP INJECTION SOLUTION 100 UNIT/ML</b>		Non-Preferred	PA; QLL

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML</b>		Preferred	QLL
<b>HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 500 UNIT/ML</b>		Preferred	QLL
<b>LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>		Preferred	QLL
<b>LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>		Preferred	QLL
<b>LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>		Preferred	QLL
<b>LYUMJEV INJECTION SOLUTION 100 UNIT/ML</b>		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>		Non-Preferred	PA; QLL
<b>NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN- INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN R INJECTION SOLUTION 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML</b>		Non-Preferred	PA; QLL; OTC
<b>NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	insulin asp prot & asp flexpen	Non-Preferred	PA; QLL
<b>NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>	insulin aspart flexpen	Non-Preferred	PA; QLL
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>	insulin aspart flexpen	Non-Preferred	PA; QLL
<b>NOVOLOG INJECTION SOLUTION 100 UNIT/ML</b>	insulin aspart	Non-Preferred	PA; QLL
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML</b>	insulin asp prot & asp flexpen	Non-Preferred	PA; QLL
<b>NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML</b>	insulin aspart prot & aspart	Non-Preferred	PA; QLL
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70- 30) 100 UNIT/ML</b>	insulin aspart prot & aspart	Non-Preferred	PA; QLL
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML</b>	insulin aspart penfill	Non-Preferred	PA; QLL
<b>NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML</b>	insulin aspart	Non-Preferred	PA; QLL
<b>REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>		Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	insulin glargine-yfgn	Non-Preferred	PA; QLL
<b>SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML</b>	insulin glargine-yfgn	Non-Preferred	PA; QLL
<b>TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML</b>	insulin glargine max solostar	Non-Preferred	PA; QLL
<b>TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 UNIT/ML</b>	insulin glargine solostar	Non-Preferred	PA; QLL
<b>TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN- INJECTOR 100 UNIT/ML, 200 UNIT/ML</b>	insulin degludec flectouch	Non-Preferred	PA; QLL
<b>TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML</b>	insulin degludec	Non-Preferred	PA; QLL
<b>*Incretin Mimetic Agents (Gip &amp; Glp-1 Receptor Agonists)***</b>			
<b>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</b>		Non-Preferred	PA; QLL
<b>*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***</b>			
<i>exenatide subcutaneous solution pen- injector 10 mcg/0.04ml, 5 mcg/0.02ml</i>		Non-Preferred	PA; QLL
<i>liraglutide subcutaneous solution pen- injector 18 mg/3ml</i>	Victoza	Non-Preferred	PA; QLL
<b>BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML</b>		Non-Preferred	PA; QLL
<b>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 10 MCG/0.04ML</b>	exenatide	Preferred	PA; QLL
<b>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN- INJECTOR 5 MCG/0.02ML</b>	exenatide	Preferred	PA; QLL
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/3ML</b>		Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
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
<b>*Insulin-Incretin Mimetic Combinations***</b>			
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
<b>*Meglitinide Analogues***</b>			
<i>nateglinide oral tablet 120 mg, 60 mg</i>		Preferred	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>		Preferred	
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***</b>			
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
<b>*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***</b>			
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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***</b>			
<i>dapagliflozin propanediol oral tablet 10 mg, 5 mg</i>	Farxiga	Non-Preferred	PA
<b>FARXIGA ORAL TABLET 10 MG, 5 MG</b>	dapagliflozin propanediol	Preferred	
<b>INVOKANA ORAL TABLET 100 MG, 300 MG</b>		Non-Preferred	PA
<b>JARDIANCE ORAL TABLET 10 MG, 25 MG</b>		Preferred	
<b>STEGLATRO ORAL TABLET 15 MG, 5 MG</b>		Non-Preferred	PA
<b>*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***</b>			
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg, 5-1000 mg</i>	Xigduo XR	Non-Preferred	PA
<b>INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>		Non-Preferred	PA
<b>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG</b>		Non-Preferred	PA
<b>SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG</b>		Non-Preferred	PA
<b>SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG</b>		Preferred	
<b>SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG</b>		Preferred	
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG</b>	dapagliflozin pro-metformin er	Preferred	
<b>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG</b>		Preferred	
<b>*Sulfonylurea-Biguanide Combinations***</b>			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>		Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>		Preferred	
<b>*Sulfonylureas***</b>			
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>		Preferred	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	Preferred	
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>		Preferred	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>		Preferred	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 5 mg</i>	Glucotrol XL	Preferred	
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>		Preferred	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>		Preferred	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>		Preferred	
<b>GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG</b>	glipizide er	Non-Preferred	PA
<b>*Sulfonylurea-Thiazolidinedione Combinations***</b>			
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Duetact	Non-Preferred	PA
<b>DUETACT ORAL TABLET 30-2 MG, 30-4 MG</b>	pioglitazone hcl-glimepiride	Non-Preferred	PA
<b>*Thiazolidinedione-Biguanide Combinations***</b>			
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>		Non-Preferred	PA
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i>	Actoplus Met	Non-Preferred	PA
<b>ACTOPLUS MET ORAL TABLET 15-850 MG</b>	pioglitazone hcl-metformin hcl	Non-Preferred	PA
<b>*Thiazolidinediones***</b>			
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	Actos	Preferred	
<b>ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG</b>	pioglitazone hcl	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*ANTIDIARRHEAL/PROBIOTIC AGENTS*</b>			
<b>*Antidiarrheal/Probiotic Agents - Misc.***</b>			
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>ft stomach relief oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>gnp pink bismuth oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>sm stomach relief oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>stomach relief extra strength oral suspension 525 mg/15ml</i>	Kaopectate Max	Common Formulary	OTC
<i>stomach relief oral suspension 525 mg/30ml</i>	Kaopectate	Common Formulary	OTC
<i>stomach relief oral tablet 262 mg</i>	Kaopectate	Common Formulary	OTC
<i>stomach relief ultra oral suspension 525 mg/15ml</i>	Kaopectate Max	Common Formulary	OTC
<b>CULTURELLE ORAL CAPSULE</b>	cvs probiotic (lactobacillus)	CSHCS Coverage	OTC
<b>*Antiperistaltic Agents***</b>			
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>		Preferred	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Lomotil	Preferred	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>gnp loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>hm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>loperamide hcl oral capsule 2 mg</i>	Imodium A-D	Preferred	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC
<i>loperamide hcl oral tablet 2 mg</i>	Imodium A-D	Preferred	OTC
<i>sm anti-diarrheal oral solution 1 mg/7.5ml</i>	Imodium A-D	Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*ANTIDOTES AND SPECIFIC ANTAGONISTS*</b>			
<b>*Antidotes - Chelating Agents***</b>			
<b>CHEMET ORAL CAPSULE 100 MG</b>		Common Formulary	
<b>*Opioid Antagonists***</b>			
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		Common Formulary	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>		Common Formulary	QLL
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>		Common Formulary	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	Narcan	Common Formulary	
<b>KLOXXADO NASAL LIQUID 8 MG/0.1ML</b>		Common Formulary	QLL
<b>NARCAN NASAL LIQUID 4 MG/0.1ML</b>	naloxone hcl	Common Formulary	
<b>OPVEE NASAL SOLUTION 2.7 MG/0.1ML</b>		Common Formulary	QLL
<b>REXTOVY NASAL LIQUID 4 MG/0.25ML</b>		Common Formulary	
<b>VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG</b>		State Carve-Out	
<b>ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML</b>		Common Formulary	QLL
<b>*ANTIEMETICS*</b>			
<b>*5-Ht3 Receptor Antagonists***</b>			
<i>granisetron hcl oral tablet 1 mg</i>		Preferred	QLL
<i>ondansetron hcl oral solution 4 mg/5ml</i>		Preferred	QLL
<i>ondansetron hcl oral tablet 24 mg</i>		Common Formulary	QLL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		Preferred	QLL
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		Preferred	QLL
<b>ANZEMET ORAL TABLET 50 MG</b>		Non-Preferred	PA; QLL
<b>SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR</b>		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antiemetic Combinations***</b>			
<b>AKYNZEO ORAL CAPSULE 300-0.5 MG</b>		Non-Preferred	PA; QLL
<b>*Antiemetics - Anticholinergic***</b>			
<i>meclizine hcl oral tablet 12.5 mg</i>		Common Formulary	
<i>meclizine hcl oral tablet 25 mg</i>	Dramamine	Common Formulary	
<i>meclizine hcl oral tablet chewable 25 mg</i>	Bonine	Common Formulary	
<i>motion-time oral tablet chewable 25 mg</i>	Bonine	Common Formulary	OTC
<b>DRIMINATE ORAL TABLET 50 MG</b>	cvs motion sickness	Common Formulary	OTC
<b>*Antiemetics - Miscellaneous***</b>			
<i>dronabinol oral capsule 10 mg, 5 mg</i>		Common Formulary	PA
<i>dronabinol oral capsule 2.5 mg</i>	Marinol	Common Formulary	PA
<b>*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***</b>			
<i>aprepitant oral 80 &amp; 125 mg</i>	Emend TriPack	Non-Preferred	PA; QLL; AL (Min 12 Years)
<i>aprepitant oral capsule 125 mg, 40 mg</i>		Non-Preferred	PA; QLL; AL (Min 12 Years)
<i>aprepitant oral capsule 80 &amp; 125 mg</i>	Emend TriPack	Non-Preferred	PA; QLL; AL (Min 12 Years)
<i>aprepitant oral capsule 80 mg</i>	Emend BiPack	Non-Preferred	PA; QLL; AL (Min 12 Years)
<b>EMEND BIPACK ORAL CAPSULE 80 MG</b>	aprepitant	Preferred	QLL; AL (Min 12 Years)
<b>EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML</b>		Non-Preferred	PA; AL (Min 12 Years)
<b>EMEND TRIPACK ORAL CAPSULE 80 &amp; 125 MG</b>	aprepitant	Non-Preferred	PA; QLL; AL (Min 12 Years)
<b>*ANTIFUNGALS*</b>			
<b>*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***</b>			
<b>BREXAFEMME ORAL TABLET 150 MG</b>		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antifungals***</b>			
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Ancobon	Non-Preferred	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>		Preferred	
<i>griseofulvin microsize oral tablet 500 mg</i>		Non-Preferred	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		Non-Preferred	PA
<i>nystatin oral tablet 500000 unit</i>		Preferred	
<i>terbinafine hcl oral tablet 250 mg</i>		Preferred	QLL
<b>ANCOBON ORAL CAPSULE 250 MG, 500 MG</b>	flucytosine	Non-Preferred	PA
<b>*Imidazoles***</b>			
<i>ketokonazole oral tablet 200 mg</i>		Preferred	
<b>*Tetrazoles***</b>			
<b>VIVJOA ORAL CAPSULE THERAPY PACK 150 MG</b>		Non-Preferred	PA
<b>*Triazoles***</b>			
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>		Preferred	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Diflucan	Preferred	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>		Preferred	
<i>fluconazole oral tablet 150 mg</i>	Diflucan	Preferred	QLL
<i>itraconazole oral capsule 100 mg</i>	Sporanox	Non-Preferred	PA; QLL
<i>itraconazole oral solution 10 mg/ml</i>		Non-Preferred	PA; QLL
<i>posaconazole oral suspension 40 mg/ml</i>	Noxafil	Non-Preferred	PA
<i>posaconazole oral tablet delayed release 100 mg</i>		Non-Preferred	PA
<i>tolsura oral capsule 65 mg</i>		Non-Preferred	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	Vfend	Non-Preferred	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>		Non-Preferred	PA
<b>CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG</b>		Non-Preferred	PA
<b>DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>	fluconazole	Non-Preferred	PA
<b>DIFLUCAN ORAL TABLET 100 MG, 200 MG</b>	fluconazole	Non-Preferred	PA
<b>DIFLUCAN ORAL TABLET 150 MG</b>	fluconazole	Non-Preferred	PA; QLL
<b>NOXAFIL ORAL PACKET 300 MG</b>		Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>NOXAFIL ORAL SUSPENSION 40 MG/ML</b>	posaconazole	Non-Preferred	PA
<b>NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG</b>	posaconazole	Non-Preferred	PA
<b>SPORANOX ORAL CAPSULE 100 MG</b>	itraconazole	Non-Preferred	PA; QLL
<b>SPORANOX ORAL SOLUTION 10 MG/ML</b>	itraconazole	Non-Preferred	PA; QLL
<b>VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>	voriconazole	Non-Preferred	PA
<b>VFEND ORAL TABLET 50 MG</b>	voriconazole	Non-Preferred	PA
<b>*ANTIHISTAMINES*</b>			
<b>*Antihistamines - Alkylamines***</b>			
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Wal-finat	Preferred	OTC
<b>*Antihistamines - Ethanolamines***</b>			
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>		Common Formulary	
<i>carbinoxamine maleate oral tablet 4 mg</i>		Common Formulary	
<i>clemastine fumarate oral tablet 2.68 mg</i>	Clemsza	Supplemental Formulary	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		Common Formulary	AL (Max 64 Years)
<i>diphenhydramine hcl oral capsule 25 mg</i>	Banophen	Common Formulary	AL (Max 64 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>		Common Formulary	AL (Max 64 Years); OTC
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>		Supplemental Formulary	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Banophen	Common Formulary	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	Banophen	Common Formulary	AL (Max 64 Years); OTC
<b>BANOPHEN ORAL CAPSULE 50 MG</b>	diphenhydramine hcl	Common Formulary	AL (Max 64 Years); OTC
<b>DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG</b>		Common Formulary	OTC
<b>*Antihistamines - Non-Sedating***</b>			
<i>allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>allergy childrens oral suspension 30 mg/5ml</i>	Allegra Allergy Childrens	Preferred	OTC
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	Wal-Zyr	Non-Preferred	PA; OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>allergy relief cetirizine oral tablet 5 mg</i>		Preferred	OTC
<i>allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>allergy relief oral tablet 5 mg</i>	Xyzal Allergy 24HR	Preferred	OTC
<i>cetirizine hcl childrens oral solution 5 mg/5ml</i>	KLS Aller-Tec Childrens	Non-Preferred	PA; OTC
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	KLS Aller-Tec Childrens	Preferred	
<i>cetirizine hcl oral tablet 10 mg</i>	KLS Aller-Tec	Preferred	OTC
<i>cetirizine hcl oral tablet 5 mg</i>		Preferred	OTC
<i>cetirizine hcl oral tablet chewable 10 mg, 5 mg</i>	Wal-Zyr Childrens	Non-Preferred	PA; OTC
<i>childrens loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>desloratadine oral tablet 5 mg</i>	Clarinx	Non-Preferred	PA
<i>desloratadine oral tablet dispersible 2.5 mg</i>		Non-Preferred	PA; AL (Max 11 Years)
<i>desloratadine oral tablet dispersible 5 mg</i>		Non-Preferred	PA
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	Allegra Allergy	Preferred	OTC
<i>ft all day allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>ft allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>ft allergy relief loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>gnp all day allergy relief oral capsule 10 mg</i>	Wal-Zyr	Non-Preferred	PA; OTC
<i>gnp allergy relief 24 hr oral tablet 5 mg</i>	Xyzal Allergy 24HR	Preferred	OTC
<i>gnp loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>gnp loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>gnp loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>gnp loratadine oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>goodsense allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>hm loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>hm loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	Xyzal Allergy 24HR Childrens	Non-Preferred	PA
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	Xyzal Allergy 24HR	Preferred	
<i>loratadine childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>loratadine childrens oral tablet chewable 5 mg</i>	Claritin	Preferred	OTC
<i>loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>loratadine oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>sm all day allergy relief oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<i>sm allergy childrens oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>sm allergy relief oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>sm childrens loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>sm loratadine allergy relief oral tablet dispersible 10 mg</i>	Alavert	Preferred	OTC
<i>sm loratadine oral solution 5 mg/5ml</i>	Claritin Allergy Childrens	Preferred	OTC
<i>sm loratadine oral tablet 10 mg</i>	KLS AllerClear	Preferred	OTC
<b>CLARINEX ORAL TABLET 5 MG</b>	desloratadine	Non-Preferred	PA
<b>KLS ALLERCLEAR ORAL TABLET 10 MG</b>	allergy relief	Preferred	OTC
<b>*Antihistamines - Phenothiazines***</b>			
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		Common Formulary	AL (Min 2 Years and Max 64 Years)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>		Common Formulary	AL (Min 2 Years and Max 64 Years)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	Promethegan	Common Formulary	QLL; AL (Min 2 Years and Max 64 Years)
<b>PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG</b>	promethazine hcl	Common Formulary	QLL; AL (Min 2 Years and Max 64 Years)
<b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG</b>		Common Formulary	QLL; AL (Min 2 Years and Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antihistamines - Piperidines***</b>			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		Common Formulary	AL (Max 64 Years)
<i>cyproheptadine hcl oral tablet 4 mg</i>		Common Formulary	AL (Max 64 Years)
<b>*ANTIHYPERLIPIDEMICS*</b>			
<b>*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***</b>			
<b>NEXLIZET ORAL TABLET 180-10 MG</b>		Non-Preferred	PA
<b>*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***</b>			
<b>NEXLETOL ORAL TABLET 180 MG</b>		Non-Preferred	PA
<b>*Antihyperlipidemics - Misc.***</b>			
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	Vascepa	Non-Preferred	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	Lovaza	Non-Preferred	PA
<b>LOVAZA ORAL CAPSULE 1 GM</b>	omega-3-acid ethyl esters	Non-Preferred	PA
<b>VASCEPA ORAL CAPSULE 0.5 GM, 1 GM</b>	icosapent ethyl	Non-Preferred	PA
<b>*Bile Acid Sequestrants***</b>			
<i>cholestyramine light oral packet 4 gm</i>	Prevalite	Preferred	
<i>cholestyramine light oral powder 4 gm/dose</i>	Prevalite	Preferred	
<i>cholestyramine oral packet 4 gm</i>	Questran	Preferred	
<i>cholestyramine oral powder 4 gm/dose</i>	Questran	Preferred	
<i>colesevelam hcl oral packet 3.75 gm</i>	Welchol	Non-Preferred	PA
<i>colesevelam hcl oral tablet 625 mg</i>	Welchol	Non-Preferred	PA
<i>colestipol hcl oral granules 5 gm</i>	Colestid	Non-Preferred	PA
<i>colestipol hcl oral packet 5 gm</i>		Non-Preferred	PA
<i>colestipol hcl oral tablet 1 gm</i>	Colestid	Preferred	
<b>COLESTID ORAL GRANULES 5 GM</b>	colestipol hcl	Non-Preferred	PA
<b>COLESTID ORAL TABLET 1 GM</b>	colestipol hcl	Non-Preferred	PA
<b>PREVALITE ORAL PACKET 4 GM</b>	cholestyramine light	Preferred	
<b>PREVALITE ORAL POWDER 4 GM/DOSE</b>	cholestyramine light	Preferred	
<b>QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE</b>	cholestyramine light	Non-Preferred	PA
<b>QUESTRAN ORAL PACKET 4 GM</b>	cholestyramine	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>QUESTRAN ORAL POWDER 4 GM/DOSE</b>	cholestyramine	Non-Preferred	PA
<b>WELCHOL ORAL PACKET 3.75 GM</b>	colesevelam hcl	Non-Preferred	PA
<b>WELCHOL ORAL TABLET 625 MG</b>	colesevelam hcl	Non-Preferred	PA
<b>*Fibric Acid Derivatives***</b>			
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>		Non-Preferred	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>		Preferred	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>		Preferred	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Lipofen	Non-Preferred	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>		Non-Preferred	PA
<i>fenofibrate oral tablet 145 mg</i>	Tricor	Preferred	
<i>fenofibrate oral tablet 160 mg, 48 mg, 54 mg</i>		Preferred	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>		Non-Preferred	PA
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>		Non-Preferred	PA
<i>gemfibrozil oral tablet 600 mg</i>	Lopid	Preferred	
<b>FIBRICOR ORAL TABLET 105 MG, 35 MG</b>	fenofibric acid	Non-Preferred	PA
<b>LIPOFEN ORAL CAPSULE 150 MG, 50 MG</b>	fenofibrate	Non-Preferred	PA
<b>LOPID ORAL TABLET 600 MG</b>	gemfibrozil	Non-Preferred	PA
<b>TRICOR ORAL TABLET 145 MG, 48 MG</b>	fenofibrate	Non-Preferred	PA
<b>TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG</b>	fenofibric acid	Non-Preferred	PA
<b>*Hmg Coa Reductase Inhibitors***</b>			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Lipitor	Preferred	QLL
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	Lescol XL	Non-Preferred	PA; QLL
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>		Non-Preferred	PA; QLL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		Preferred	QLL
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Livalo	Non-Preferred	PA; QLL
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		Preferred	QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Crestor	Preferred	QLL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Zocor	Preferred	QLL
<i>simvastatin oral tablet 5 mg, 80 mg</i>		Preferred	QLL
<b>ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG</b>		Non-Preferred	PA; QLL
<b>ATORVALIQ ORAL SUSPENSION 20 MG/5ML</b>		Non-Preferred	PA
<b>CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG</b>	rosuvastatin calcium	Non-Preferred	PA
<b>EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG</b>		Non-Preferred	PA; QLL
<b>LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG</b>	fluvastatin sodium er	Non-Preferred	PA; QLL
<b>LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG</b>	atorvastatin calcium	Non-Preferred	PA; QLL
<b>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</b>	pitavastatin calcium	Non-Preferred	PA; QLL
<b>ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG</b>	simvastatin	Non-Preferred	PA; QLL
<b>ZYPITAMAG ORAL TABLET 2 MG, 4 MG</b>		Non-Preferred	PA; QLL
<b>*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***</b>			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	Vytorin	Preferred	QLL
<b>VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG</b>	ezetimibe-simvastatin	Non-Preferred	PA; QLL
<b>*Intestinal Cholesterol Absorption Inhibitors***</b>			
<i>ezetimibe oral tablet 10 mg</i>	Zetia	Preferred	
<b>ZETIA ORAL TABLET 10 MG</b>	ezetimibe	Non-Preferred	PA
<b>*Nicotinic Acid Derivatives***</b>			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Pcsk9 Inhibitors***</b>			
<b>PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML</b>		Preferred	PA; QLL
<b>REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML</b>		Preferred	PA; QLL
<b>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML</b>		Preferred	PA; QLL
<b>REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>		Preferred	PA; QLL
<b>*ANTIHYPERTENSIVES*</b>			
<b>*Ace Inhibitor &amp; Calcium Channel Blocker Combinations***</b>			
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	Lotrel	Preferred	
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>		Preferred	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>		Non-Preferred	PA
<b>LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG</b>	amlodipine besy-benazepril hcl	Non-Preferred	PA
<b>*Ace Inhibitors &amp; Thiazide/Thiazide-Like***</b>			
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Lotensin HCT	Preferred	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>		Preferred	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>		Non-Preferred	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	Vaseretic	Preferred	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>		Preferred	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>		Non-Preferred	PA
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Zestoretic	Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>		Non-Preferred	PA
<b>ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG</b>	quinapril-hydrochlorothiazide	Non-Preferred	PA
<b>LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	benazepril-hydrochlorothiazide	Non-Preferred	PA
<b>VASERETIC ORAL TABLET 10-25 MG</b>	enalapril-hydrochlorothiazide	Non-Preferred	PA
<b>ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG</b>	lisinopril-hydrochlorothiazide	Non-Preferred	PA
<b>*Ace Inhibitors***</b>			
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i>	Lotensin	Preferred	
<i>benazepril hcl oral tablet 5 mg</i>		Preferred	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>		Non-Preferred	PA
<i>enalapril maleate oral solution 1 mg/ml</i>	Epaned	Non-Preferred	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Vasotec	Preferred	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>		Non-Preferred	PA
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Zestril	Preferred	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>		Non-Preferred	PA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>		Non-Preferred	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		Non-Preferred	PA
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>		Preferred	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>		Non-Preferred	PA
<b>ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG</b>	quinapril hcl	Non-Preferred	PA
<b>ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG</b>	ramipril	Non-Preferred	PA
<b>EPANED ORAL SOLUTION 1 MG/ML</b>	enalapril maleate	Non-Preferred	PA
<b>LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG</b>	benazepril hcl	Non-Preferred	PA
<b>QBRELIS ORAL SOLUTION 1 MG/ML</b>		Non-Preferred	PA
<b>VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG</b>	enalapril maleate	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG</b>	lisinopril	Non-Preferred	PA
<b>*Angiotensin Ii Receptor Antag &amp; Ca Channel Blocker Comb***</b>			
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	Exforge	Preferred	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	Azor	Preferred	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>		Non-Preferred	PA
<b>AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG</b>	amlodipine-olmesartan	Non-Preferred	PA
<b>EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG</b>	amlodipine besylate-valsartan	Non-Preferred	PA
<b>*Angiotensin Ii Receptor Antag &amp; Thiazide/Thiazide-Like***</b>			
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Atacand HCT	Non-Preferred	PA
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Avalide	Non-Preferred	PA
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Hyzaar	Preferred	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	Benicar HCT	Preferred	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	Micardis HCT	Non-Preferred	PA
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Diovan HCT	Preferred	
<b>ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG</b>	candesartan cilexetil-hctz	Non-Preferred	PA
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	irbesartan-hydrochlorothiazide	Non-Preferred	PA
<b>BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG</b>	olmesartan medoxomil-hctz	Non-Preferred	PA
<b>DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG</b>	valsartan-hydrochlorothiazide	Non-Preferred	PA
<b>EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</b>		Non-Preferred	PA
<b>HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG</b>	losartan potassium-hctz	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG</b>	telmisartan-hctz	Non-Preferred	PA
<b>*Angiotensin Ii Receptor Antagonists***</b>			
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Atacand	Non-Preferred	PA
<i>irbesartan oral tablet 150 mg, 300 mg</i>	Avapro	Non-Preferred	PA
<i>irbesartan oral tablet 75 mg</i>		Non-Preferred	PA
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	Cozaar	Preferred	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	Benicar	Preferred	
<i>telmisartan oral tablet 20 mg</i>		Non-Preferred	PA
<i>telmisartan oral tablet 40 mg, 80 mg</i>	Micardis	Non-Preferred	PA
<i>valsartan oral solution 4 mg/ml</i>		Non-Preferred	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Diovan	Preferred	
<b>ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG</b>	candesartan cilexetil	Non-Preferred	PA
<b>AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG</b>	irbesartan	Non-Preferred	PA
<b>BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG</b>	olmesartan medoxomil	Non-Preferred	PA
<b>COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG</b>	losartan potassium	Non-Preferred	PA
<b>DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG</b>	valsartan	Non-Preferred	PA
<b>EDARBI ORAL TABLET 40 MG, 80 MG</b>		Non-Preferred	PA
<b>MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG</b>	telmisartan	Non-Preferred	PA
<b>*Angiotensin Ii Receptor Ant-Ca Channel Blocker-Thiazides***</b>			
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	Exforge HCT	Preferred	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tribenzor	Non-Preferred	PA
<b>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</b>	amlodipine-valsartan-hctz	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>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</b>	olmesartan-amlodipine-hetz	Non-Preferred	PA
<b>*Antiadrenergics - Centrally Acting***</b>			
<i>clonidine er oral tablet extended release 24 hour 0.17 mg</i>	Nexiclon XR	Preferred	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>		Preferred	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i>	Catapres-TTS-1	Preferred	QLL
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i>	Catapres-TTS-2	Preferred	QLL
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Catapres-TTS-3	Preferred	QLL
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>		Preferred	
<i>methyldopa oral tablet 250 mg, 500 mg</i>		Preferred	
<b>NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG</b>	clonidine er	Preferred	
<b>*Antiadrenergics - Peripherally Acting***</b>			
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Cardura	Preferred	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>		Preferred	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		Preferred	
<b>CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG</b>	doxazosin mesylate	Non-Preferred	PA
<b>TEZRULY ORAL SOLUTION 1 MG/ML</b>		Non-Preferred	PA; QLL
<b>*Beta Blocker &amp; Diuretic Combinations***</b>			
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i>	Tenoretic 100	Preferred	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i>	Tenoretic 50	Preferred	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>		Preferred	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>TENORETIC 100 ORAL TABLET 100-25 MG</b>	atenolol-chlorthalidone	Non-Preferred	PA
<b>TENORETIC 50 ORAL TABLET 50-25 MG</b>	atenolol-chlorthalidone	Non-Preferred	PA
<b>*Direct Renin Inhibitors***</b>			
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	Tekturna	Non-Preferred	PA
<b>TEKTURNA ORAL TABLET 150 MG, 300 MG</b>	aliskiren fumarate	Non-Preferred	PA
<b>*Endothelin Receptor Antagonists***</b>			
<b>TRYVIO ORAL TABLET 12.5 MG</b>		Common Formulary	PA; QLL
<b>*Vasodilators***</b>			
<i>hydralazine hcl injection solution 20 mg/ml</i>		Common Formulary	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		Common Formulary	QLL
<i>hydralazine hcl solution 20 mg/ml injection</i>		CSHCS Coverage	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		Common Formulary	
<b>*ANTI-INFECTIVE AGENTS - MISC.*</b>			
<b>*Anti-Infective Agents - Misc.***</b>			
<i>metronidazole oral capsule 375 mg</i>		Non-Preferred	PA
<i>metronidazole oral tablet 125 mg</i>		Non-Preferred	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>		Preferred	
<i>tinidazole oral tablet 250 mg, 500 mg</i>		Preferred	
<i>trimethoprim oral tablet 100 mg</i>		Common Formulary	
<b>FLAGYL ORAL CAPSULE 375 MG</b>	metronidazole	Non-Preferred	PA
<b>LIKMEZ ORAL SUSPENSION 500 MG/5ML</b>		Non-Preferred	PA; QLL
<b>*Anti-Infective Misc. - Combinations***</b>			
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	Sulfatrim Pediatric	Common Formulary	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	Bactrim	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	Bactrim DS	Common Formulary	
<b>SULFATRIM PEDIATRIC ORAL SUSPENSION 200-40 MG/5ML</b>	sulfamethoxazole-trimethoprim	Common Formulary	
<b>*Antiprotozoal Agents***</b>			
<i>atovaquone oral suspension 750 mg/5ml</i>	Mepron	Common Formulary	
<i>nitazoxanide oral tablet 500 mg</i>		Non-Preferred	PA
<b>*Glycopeptides***</b>			
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>		Common Formulary	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	Vancocin	Preferred	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml</i>	Firvanq	Preferred	
<b>FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML</b>	vancomycin hcl	Non-Preferred	PA
<b>VANCOCIN ORAL CAPSULE 125 MG, 250 MG</b>	vancomycin hcl	Non-Preferred	PA
<b>*Leprostatics***</b>			
<i>dapsone oral tablet 100 mg, 25 mg</i>		Common Formulary	
<b>*Lincosamides***</b>			
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Cleocin	Common Formulary	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	Cleocin	Common Formulary	AL (Max 12 Years)
<b>*Monobactams***</b>			
<b>CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG</b>		Preferred	
<b>*Oxazolidinones***</b>			
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	Zyvox	Non-Preferred	PA
<i>linezolid oral tablet 600 mg</i>		Preferred	QLL
<b>SIVEXTRO ORAL TABLET 200 MG</b>		Non-Preferred	PA
<b>ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML</b>	linezolid	Non-Preferred	PA
<b>ZYVOX ORAL TABLET 600 MG</b>	linezolid	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Urinary Anti-Infectives***</b>			
<i>methenamine hippurate oral tablet 1 gm</i>	Hiprex	Common Formulary	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>		Common Formulary	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	Macrochantin	Common Formulary	QLL; AL (Max 64 Years)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	Macrobid	Common Formulary	QLL; AL (Max 64 Years)
<b>*ANTIMALARIALS*</b>			
<b>*Antimalarials***</b>			
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>		Common Formulary	QLL
<i>hydroxychloroquine sulfate oral tablet 100 mg, 400 mg</i>		Common Formulary	
<i>hydroxychloroquine sulfate oral tablet 200 mg, 300 mg</i>	Sovuna	Common Formulary	
<i>mefloquine hcl oral tablet 250 mg</i>		Common Formulary	PA; QLL
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>		Common Formulary	
<i>pyrimethamine oral tablet 25 mg</i>	Daraprim	Common Formulary	PA; QLL
<b>KRINTAFEL ORAL TABLET 150 MG</b>		Common Formulary	PA; QLL
<b>SOVUNA ORAL TABLET 200 MG, 300 MG</b>	hydroxychloroquine sulfate	Common Formulary	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*</b>			
<b>*Antimyasthenic/Cholinergic Agents***</b>			
<i>pyridostigmine bromide oral tablet 60 mg</i>	Mestinon	Common Formulary	
<b>FIRDAPSE ORAL TABLET 10 MG</b>		State Carve-Out	
<b>*ANTIMYCOBACTERIAL AGENTS*</b>			
<b>*Antimycobacterial Agents***</b>			
<i>cycloserine oral capsule 250 mg</i>		Common Formulary	QLL
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>		Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>isoniazid oral syrup 50 mg/5ml</i>		Common Formulary	AL (Max 12 Years)
<i>isoniazid oral tablet 100 mg, 300 mg</i>		Common Formulary	
<i>pretomanid oral tablet 200 mg</i>		Common Formulary	PA; QLL
<i>pyrazinamide oral tablet 500 mg</i>		Common Formulary	
<i>rifabutin oral capsule 150 mg</i>		Common Formulary	
<i>rifampin oral capsule 150 mg, 300 mg</i>		Common Formulary	
<b>PRIFTIN ORAL TABLET 150 MG</b>		Common Formulary	QLL
<b>SIRTURO ORAL TABLET 100 MG, 20 MG</b>		Common Formulary	PA
<b>TRECATOR ORAL TABLET 250 MG</b>		Common Formulary	
<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES*</b>			
<b>*Androgen Biosynthesis Inhibitors***</b>			
<i>abiraterone acetate micronized oral tablet 125 mg</i>	Yonsa	Common Formulary	
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	Zytiga	Common Formulary	
<b>YONSA ORAL TABLET 125 MG</b>	abiraterone acetate micronized	Common Formulary	
<b>ZYTIGA ORAL TABLET 250 MG, 500 MG</b>	abiraterone acetate	Common Formulary	
<b>*Antiadrenals***</b>			
<b>LYSODREN ORAL TABLET 500 MG</b>		Common Formulary	
<b>*Antiandrogens***</b>			
<i>bicalutamide oral tablet 50 mg</i>	Casodex	Common Formulary	
<i>nilutamide oral tablet 150 mg</i>		Common Formulary	
<b>CASODEX ORAL TABLET 50 MG</b>	bicalutamide	Common Formulary	
<b>ERLEADA ORAL TABLET 240 MG, 60 MG</b>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
NUBEQA ORAL TABLET 300 MG		Common Formulary	
XTANDI ORAL CAPSULE 40 MG		Common Formulary	
XTANDI ORAL TABLET 40 MG, 80 MG		Common Formulary	
<b>*Antiestrogens***</b>			
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>		Common Formulary	
<i>toremifene citrate oral tablet 60 mg</i>	Fareston	Common Formulary	
<b>FARESTON ORAL TABLET 60 MG</b>	toremifene citrate	Common Formulary	
<b>SOLTAMOX ORAL SOLUTION 10 MG/5ML</b>		Common Formulary	
<b>*Antimetabolites***</b>			
<i>capecitabine oral tablet 150 mg, 500 mg</i>		Common Formulary	
<i>floxuridine injection solution reconstituted 0.5 gm</i>		Common Formulary	
<i>mercaptopurine oral tablet 50 mg</i>		Common Formulary	
<i>methotrexate sodium oral tablet 2.5 mg</i>		Common Formulary	
<b>JYLAMVO ORAL SOLUTION 2 MG/ML</b>		Common Formulary	
<b>ONUREG ORAL TABLET 200 MG, 300 MG</b>		Common Formulary	
<b>PURIXAN ORAL SUSPENSION 2000 MG/100ML</b>	mercaptopurine	Common Formulary	
<b>TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG</b>		Common Formulary	
<b>XATMEP ORAL SOLUTION 2.5 MG/ML</b>		Common Formulary	
<b>XELODA ORAL TABLET 150 MG, 500 MG</b>	capecitabine	Common Formulary	
<b>*Antineoplastic - Akt Inhibitors***</b>			
<b>TRUQAP ORAL TABLET 200 MG</b>		State Carve-Out	
<b>TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG</b>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antineoplastic - Alk Inhibitors***</b>			
ALECENSA ORAL CAPSULE 150 MG		State Carve-Out	
XALKORI ORAL CAPSULE 200 MG, 250 MG		State Carve-Out	
<b>*Antineoplastic - Anti-Her2 Agents***</b>			
HERNEXEOS ORAL TABLET 60 MG		State Carve-Out	
TUKYSA ORAL TABLET 150 MG, 50 MG		State Carve-Out	
<b>*Antineoplastic - Bcl-2 Inhibitors***</b>			
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG		Common Formulary	
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG		Common Formulary	
<b>*Antineoplastic - Bcr-Abl Kinase Inhibitors***</b>			
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	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	
<b>*Antineoplastic - Braf Kinase Inhibitors***</b>			
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	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antineoplastic - Btk Inhibitors***</b>			
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG		State Carve-Out	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG		State Carve-Out	
<b>*Antineoplastic - Egfr Inhibitors***</b>			
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>		State Carve-Out	
<i>gefitinib oral tablet 250 mg</i>	Iressa	State Carve-Out	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG		State Carve-Out	
IRESSA ORAL TABLET 250 MG	gefitinib	State Carve-Out	
LAZCLUZE ORAL TABLET 240 MG, 80 MG		State Carve-Out	
TAGRISSE ORAL TABLET 40 MG, 80 MG		State Carve-Out	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	erlotinib hcl	State Carve-Out	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG		State Carve-Out	
<b>*Antineoplastic - Hedgehog Pathway Inhibitors***</b>			
DAURISMO ORAL TABLET 100 MG, 25 MG		Common Formulary	
ERIVEDGE ORAL CAPSULE 150 MG		Common Formulary	
ODOMZO ORAL CAPSULE 200 MG		Common Formulary	
<b>*Antineoplastic - Histone Deacetylase Inhibitors***</b>			
ZOLINZA ORAL CAPSULE 100 MG		Common Formulary	
<b>*Antineoplastic - Hormonal And Related Agent Combinations***</b>			
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG		Common Formulary	
<b>*Antineoplastic - Immunomodulators***</b>			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antineoplastic - Kras Inhibitors***</b>			
KRAZATI ORAL TABLET 200 MG		Common Formulary	
LUMAKRAS ORAL TABLET 120 MG, 320 MG		Common Formulary	
<b>*Antineoplastic - Mek Inhibitors***</b>			
COTELLIC ORAL TABLET 20 MG		State Carve-Out	
MEKINIST ORAL TABLET 0.5 MG, 2 MG		State Carve-Out	
<b>*Antineoplastic - Menin Inhibitors***</b>			
REVUFORJ ORAL TABLET 110 MG, 160 MG		State Carve-Out	
<b>*Antineoplastic - Methyltransferase Inhibitors***</b>			
TAZVERIK ORAL TABLET 200 MG		Common Formulary	
<b>*Antineoplastic - Mtor Kinase Inhibitors***</b>			
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Afinitor	Common Formulary	
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	Afinitor Disperz	Common Formulary	
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	everolimus	Common Formulary	
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	everolimus	Common Formulary	
<b>*Antineoplastic - Multikinase Inhibitors***</b>			
<i>lapatinib ditosylate oral tablet 250 mg</i>	Tykerb	State Carve-Out	
<i>pazopanib hcl oral tablet 200 mg</i>	Votrient	State Carve-Out	
<i>sorafenib tosylate oral tablet 200 mg</i>	NexAVAR	State Carve-Out	
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Sutent	State Carve-Out	
CAPRELSA ORAL TABLET 100 MG, 300 MG		State Carve-Out	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
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	
<b>*Antineoplastic - Pdgfr-Alpha Inhibitors***</b>			
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		State Carve-Out	
<b>*Antineoplastic - Proteasome Inhibitors***</b>			
<i>bortezomib injection solution reconstituted 3.5 mg</i>	Velcade	State Carve-Out	
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	bortezomib	State Carve-Out	
<b>*Antineoplastic - Ret Inhibitors***</b>			
GAVRETO ORAL CAPSULE 100 MG		State Carve-Out	
<b>*Antineoplastic - Xpo1 Inhibitors***</b>			
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	
<b>*Antineoplastic Combinations***</b>			
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
INQOVI ORAL TABLET 35-100 MG		Common Formulary	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG		Common Formulary	
<b>*Antineoplastics Misc.***</b>			
<i>hydroxyurea oral capsule 500 mg</i>	Hydrea	Common Formulary	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML		Common Formulary	
HYDREA ORAL CAPSULE 500 MG	hydroxyurea	Common Formulary	
MATULANE ORAL CAPSULE 50 MG		Common Formulary	
<b>*Aromatase Inhibitors***</b>			
<i>anastrozole oral tablet 1 mg</i>	Arimidex	Common Formulary	
<i>exemestane oral tablet 25 mg</i>	Aromasin	Common Formulary	
<i>letrozole oral tablet 2.5 mg</i>	Femara	Common Formulary	
ARIMIDEX ORAL TABLET 1 MG	anastrozole	Common Formulary	
AROMASIN ORAL TABLET 25 MG	exemestane	Common Formulary	
FEMARA ORAL TABLET 2.5 MG	letrozole	Common Formulary	
<b>*Cyclin-Dependent Kinases (Cdk) Inhibitors***</b>			
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG		State Carve-Out	
<b>*Folic Acid Antagonists Rescue Agents***</b>			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>		Common Formulary	
<i>leucovorin calcium oral tablet 5 mg</i>	Lederle Leucovorin	Common Formulary	
<b>*Gonadotropin Releasing Hormone (Gnrh) Antagonists***</b>			
ORGOVYX ORAL TABLET 120 MG		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Imidazotetrazines***</b>			
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		Common Formulary	
<b>*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***</b>			
REZLIDHIA ORAL CAPSULE 150 MG		Common Formulary	
TIBSOVO ORAL TABLET 250 MG		Common Formulary	
<b>*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***</b>			
IDHIFA ORAL TABLET 100 MG, 50 MG		Common Formulary	
<b>*Janus Associated Kinase (Jak) Inhibitors***</b>			
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	
<b>*Lhrh Analogs***</b>			
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	Lutrate Depot	Common Formulary	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>		Common Formulary	
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG		Common Formulary	
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	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Mitotic Inhibitors***</b>			
<i>etoposide oral capsule 50 mg</i>		Common Formulary	
<b>*Nitrogen Mustards And Related Analogues***</b>			
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>		Common Formulary	
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>		Common Formulary	
<b>*Oligonucleotide Telomerase Inhibitors***</b>			
<b>RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG</b>		State Carve-Out	
<b>*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***</b>			
<b>ZYDELIG ORAL TABLET 100 MG, 150 MG</b>		State Carve-Out	
<b>*Progestins-Antineoplastic***</b>			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>		Preferred	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>		Common Formulary	
<b>*Retinoids***</b>			
<i>tretinoin oral capsule 10 mg</i>		Common Formulary	
<b>*Selective Estrogen Receptor Degradors***</b>			
<b>ORSERDU ORAL TABLET 345 MG, 86 MG</b>		Common Formulary	
<b>*Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene oral capsule 75 mg</i>	Targretin	Common Formulary	
<b>TARGRETIN ORAL CAPSULE 75 MG</b>	bexarotene	Common Formulary	
<b>*Topoisomerase I Inhibitors***</b>			
<b>HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG</b>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Urinary Tract Protective Agents***</b>			
MESNEX ORAL TABLET 400 MG	mesna	Common Formulary	
<b>*Vascular Endothelial Growth Factor (Vegf) Inhibitors***</b>			
INLYTA ORAL TABLET 1 MG, 5 MG		State Carve-Out	
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG		State Carve-Out	
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG		State Carve-Out	
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG		State Carve-Out	
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG		State Carve-Out	
<b>*ANTIPARKINSON AND RELATED THERAPY AGENTS*</b>			
<b>*Adenosine Receptor Antagonist***</b>			
NOURIANZ ORAL TABLET 20 MG, 40 MG		Non-Preferred	PA
<b>*Antiparkinson Anticholinergics***</b>			
<i>benztropine mesylate injection solution 1 mg/ml</i>		State Carve-Out	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>		State Carve-Out	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>		State Carve-Out	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>		State Carve-Out	
<b>*Antiparkinson Dopaminergics***</b>			
<i>amantadine hcl oral capsule 100 mg</i>		Preferred	
<i>amantadine hcl oral solution 50 mg/5ml</i>		Preferred	
<i>amantadine hcl oral tablet 100 mg</i>		Non-Preferred	PA
<i>bromocriptine mesylate oral capsule 5 mg</i>	Parlodel	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	Parlodel	Non-Preferred	PA
<b>GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG</b>		Non-Preferred	PA
<b>INBRIJA INHALATION CAPSULE 42 MG</b>		Non-Preferred	PA
<b>OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG</b>		Non-Preferred	PA
<b>PARLODEL ORAL CAPSULE 5 MG</b>	bromocriptine mesylate	Non-Preferred	PA
<b>PARLODEL ORAL TABLET 2.5 MG</b>	bromocriptine mesylate	Non-Preferred	PA
<b>*Antiparkinson Monoamine Oxidase Inhibitors***</b>			
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	Azilect	Preferred	PA
<i>selegiline hcl oral capsule 5 mg</i>		Non-Preferred	PA
<i>selegiline hcl oral tablet 5 mg</i>		Non-Preferred	PA
<b>AZILECT ORAL TABLET 0.5 MG, 1 MG</b>	rasagiline mesylate	Non-Preferred	PA
<b>XADAGO ORAL TABLET 100 MG, 50 MG</b>		Non-Preferred	PA
<b>*Central/Peripheral Comt Inhibitors***</b>			
<i>tolcapone oral tablet 100 mg</i>	Tasmar	Non-Preferred	PA
<b>TASMAR ORAL TABLET 100 MG</b>	tolcapone	Non-Preferred	PA
<b>*Decarboxylase Inhibitors***</b>			
<i>carbidopa oral tablet 25 mg</i>	Lodosyn	Non-Preferred	PA
<b>LODOSYN ORAL TABLET 25 MG</b>	carbidopa	Non-Preferred	PA
<b>*Levodopa Combinations***</b>			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		Preferred	
<i>carbidopa-levodopa oral tablet 10-100 mg</i>	Sinemet	Preferred	
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	Dhivy	Preferred	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		Preferred	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>		Non-Preferred	PA
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG</b>		Non-Preferred	PA
<b>DHIVY ORAL TABLET 25-100 MG</b>	carbidopa-levodopa	Non-Preferred	PA
<b>DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML</b>		Non-Preferred	PA
<b>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25- 245 MG</b>	carbidopa-levodopa er	Non-Preferred	PA
<b>SINEMET ORAL TABLET 10-100 MG, 25-100 MG</b>	carbidopa-levodopa	Non-Preferred	PA
<b>VYALEV SUBCUTANEOUS SOLUTION 240-12 MG/ML</b>		Non-Preferred	PA
<b>*Nonergoline Dopamine Receptor Agonists***</b>			
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>		Non-Preferred	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>		Preferred	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>		Non-Preferred	PA
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>		Preferred	
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR</b>		Non-Preferred	PA; QLL
<b>ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML</b>		Non-Preferred	PA; QLL
<b>*Peripheral Comt Inhibitors***</b>			
<i>entacapone oral tablet 200 mg</i>		Preferred	
<b>ONGENTYS ORAL CAPSULE 25 MG, 50 MG</b>		Non-Preferred	PA
<b>*ANTIPSYCHOTICS/ANTIMAN IC AGENTS*</b>			
<b>*Antimanic Agents***</b>			
<i>lithium carbonate er oral tablet extended release 300 mg</i>	Lithobid	State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>lithium carbonate er oral tablet extended release 450 mg</i>		State Carve-Out	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>		State Carve-Out	
<i>lithium carbonate oral tablet 300 mg</i>		State Carve-Out	
<i>lithium oral solution 8 meq/5ml</i>		State Carve-Out	
<b>LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG</b>	lithium carbonate er	State Carve-Out	
<b>*Antipsychotics - Misc.***</b>			
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Latuda	State Carve-Out	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Geodon	State Carve-Out	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	Geodon	State Carve-Out	
<b>EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG</b>		State Carve-Out	
<b>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG</b>	ziprasidone mesylate	State Carve-Out	
<b>GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG</b>	ziprasidone hcl	State Carve-Out	
<b>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG</b>	lurasidone hcl	State Carve-Out	
<b>VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG</b>		State Carve-Out	
<b>*Benzisoxazoles***</b>			
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>		State Carve-Out	
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg</i>	Invega	State Carve-Out	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	RisperDAL Consta	State Carve-Out	
<i>risperidone oral solution 1 mg/ml</i>	RisperDAL	State Carve-Out	
<i>risperidone oral tablet 0.25 mg</i>		State Carve-Out	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	RisperDAL	State Carve-Out	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>		State Carve-Out	
<b>FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
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	
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	
<b>*Butyrophenones***</b>			
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>		State Carve-Out	
<i>haloperidol lactate injection solution 5 mg/ml</i>		State Carve-Out	
<i>haloperidol lactate oral concentrate 10 mg/5ml, 2 mg/ml</i>		State Carve-Out	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>		State Carve-Out	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	haloperidol decanoate	State Carve-Out	
<b>*Dibenzodiazepines***</b>			
<i>clozapine oral tablet 100 mg, 25 mg</i>	Clozaril	State Carve-Out	
<i>clozapine oral tablet 200 mg, 50 mg</i>		State Carve-Out	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>		State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>CLOZARIL ORAL TABLET 100 MG, 25 MG</b>	clozapine	State Carve-Out	
<b>VERSACLOZ ORAL SUSPENSION 50 MG/ML</b>		State Carve-Out	
<b>*Dibenzo-Oxepino Pyrroles***</b>			
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	Saphris	State Carve-Out	
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG</b>	asenapine maleate	State Carve-Out	
<b>*Dibenzothiazepines***</b>			
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel XR	State Carve-Out	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	SEROquel	State Carve-Out	
<b>SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG</b>	quetiapine fumarate	State Carve-Out	
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG</b>	quetiapine fumarate er	State Carve-Out	
<b>*Dibenzoxazepines***</b>			
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>		State Carve-Out	
<b>ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG</b>		State Carve-Out	
<b>*Dihydroindolones***</b>			
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>		State Carve-Out	
<b>*Muscarinic Agent - Combinations***</b>			
<b>COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG</b>		State Carve-Out	
<b>COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 &amp; 100-20 MG</b>		State Carve-Out	
<b>*Phenothiazines***</b>			
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>		State Carve-Out	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>		State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>fluphenazine decanoate injection solution 25 mg/ml</i>		State Carve-Out	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>		State Carve-Out	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>		State Carve-Out	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>		State Carve-Out	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>		State Carve-Out	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>		State Carve-Out	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>		Common Formulary	QLL
<i>prochlorperazine rectal suppository 25 mg</i>	Compro	Common Formulary	QLL
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		State Carve-Out	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>		State Carve-Out	
<b>COMPRO RECTAL SUPPOSITORY 25 MG</b>	prochlorperazine	Common Formulary	QLL
<b>*Quinolinone Derivatives***</b>			
<i>aripiprazole oral solution 1 mg/ml</i>		State Carve-Out	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Abilify	State Carve-Out	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>		State Carve-Out	
<b>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG</b>		State Carve-Out	
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG</b>		State Carve-Out	
<b>ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG</b>	aripiprazole	State Carve-Out	
<b>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG</b>		State Carve-Out	
<b>*Thienbenzodiazepines***</b>			
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	ZyPREXA	State Carve-Out	
<i>olanzapine oral tablet 10 mg, 15 mg, 7.5 mg</i>		State Carve-Out	

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Hepatitis B Agents***</b>			
<i>adefovir dipivoxil oral tablet 10 mg</i>		Common Formulary	QLL
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Baraclude	Common Formulary	QLL
<i>lamivudine oral tablet 100 mg</i>		Common Formulary	QLL
<b>VEMLIDY ORAL TABLET 25 MG</b>		Common Formulary	PA; QLL
<b>*Herpes Agents - Purine Analogues***</b>			
<i>acyclovir oral capsule 200 mg</i>		Preferred	
<i>acyclovir oral suspension 200 mg/5ml</i>		Preferred	
<i>acyclovir oral tablet 400 mg, 800 mg</i>		Preferred	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	Valtrex	Preferred	
<b>VALTREX ORAL TABLET 1 GM, 500 MG</b>	valacyclovir hcl	Non-Preferred	PA
<b>*Herpes Agents - Thymidine Analogues***</b>			
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>		Preferred	
<b>*Influenza Agents***</b>			
<i>rimantadine hcl oral tablet 100 mg</i>		Preferred	
<b>*Neuraminidase Inhibitors***</b>			
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	Tamiflu	Preferred	QLL
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	Tamiflu	Preferred	QLL
<b>RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT</b>		Preferred	QLL
<b>TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG</b>	oseltamivir phosphate	Non-Preferred	PA; QLL
<b>TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML</b>	oseltamivir phosphate	Non-Preferred	PA; QLL
<b>*Pa Endonuclease Inhibitors***</b>			
<b>XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG</b>		Non-Preferred	PA
<b>XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG</b>		Non-Preferred	PA

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG		Non-Preferred	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG		Non-Preferred	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Non-Preferred	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG		Non-Preferred	PA
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG		Non-Preferred	PA
TYVASO INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML		Preferred	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML		Preferred	PA
YUTREPIA INHALATION CAPSULE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG		Non-Preferred	PA
<b>*Pulm Hyperten-Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		Preferred	PA
<b>*Pulmonary Hypertension - Activin Signaling Inhibitor***</b>			
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG		Non-Preferred	PA
<b>*Pulmonary Hypertension - Endothelin Receptor Antagonists***</b>			
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	Letairis	Preferred	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	Tracleer	Non-Preferred	PA
<i>bosentan oral tablet soluble 32 mg</i>	Tracleer	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>LETAIRIS ORAL TABLET 10 MG, 5 MG</b>	ambrisentan	Non-Preferred	PA
<b>OPSUMIT ORAL TABLET 10 MG</b>		Preferred	PA
<b>TRACLEER ORAL TABLET 125 MG, 62.5 MG</b>	bosentan	Preferred	PA
<b>TRACLEER ORAL TABLET SOLUBLE 32 MG</b>	bosentan	Non-Preferred	PA
<b>*Pulmonary Hypertension - Phosphodiesterase Inhibitors***</b>			
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>		Preferred	PA
<i>sildenafil citrate oral tablet 20 mg</i>	Revatio	Preferred	PA
<i>tadalafil (pah) oral tablet 20 mg</i>	Alyq	Preferred	PA
<b>ADCIRCA ORAL TABLET 20 MG</b>	tadalafil (pah)	Non-Preferred	PA
<b>ALYQ ORAL TABLET 20 MG</b>	tadalafil (pah)	Preferred	PA
<b>REVATIO ORAL TABLET 20 MG</b>	sildenafil citrate	Non-Preferred	PA
<b>TADLIQ ORAL SUSPENSION 20 MG/5ML</b>		Non-Preferred	PA
<b>*Pulmonary Hypertension - Prostacyclin Receptor Agonist***</b>			
<b>UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</b>		Preferred	PA
<b>UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 &amp; 800 MCG</b>		Preferred	PA
<b>*Sinus Node Inhibitors**</b>			
<i>ivabradine hcl oral tablet 5 mg</i>	Corlanor	Common Formulary	PA
<b>CORLANOR ORAL SOLUTION 5 MG/5ML</b>		Common Formulary	PA
<b>CORLANOR ORAL TABLET 7.5 MG</b>	ivabradine hcl	Common Formulary	PA
<b>*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***</b>			
<b>VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>		Common Formulary	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*CEPHALOSPORINS*</b>			
<b>*Cephalosporins - 1St Generation***</b>			
<i>cefadroxil oral capsule 500 mg</i>		Preferred	QLL
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>		Preferred	
<i>cefadroxil oral tablet 1 gm</i>		Non-Preferred	PA; QLL
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>		Preferred	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>cephalexin oral tablet 250 mg, 500 mg</i>		Preferred	
<b>*Cephalosporins - 2Nd Generation***</b>			
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>		Non-Preferred	PA; QLL
<i>cefaclor oral capsule 250 mg, 500 mg</i>		Non-Preferred	PA; QLL
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>		Non-Preferred	PA
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>cefprozil oral tablet 250 mg, 500 mg</i>		Preferred	QLL
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>		Preferred	QLL
<b>*Cephalosporins - 3Rd Generation***</b>			
<i>cefdinir oral capsule 300 mg</i>		Preferred	QLL
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>cefixime oral capsule 400 mg</i>		Preferred	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>		Non-Preferred	PA
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>		Non-Preferred	PA
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>		Non-Preferred	PA; QLL
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>		Preferred	
<b>*CHEMICALS*</b>			
<b>*Bulk Chemicals - Do***</b>			
<i>doxepin hcl powder</i>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*CONTRACEPTIVES*</b>			
<b>*Biphasic Contraceptives - Oral***</b>			
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	Common Formulary	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	Azurette	Common Formulary	
<b>AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	Common Formulary	
<b>KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	Common Formulary	
<b>PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	Common Formulary	
<b>SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	Common Formulary	
<b>VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)</b>	desogestrel-ethinyl estradiol	Common Formulary	
<b>*Combination Contraceptives - Oral***</b>			
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	Dasetta 1/35 (28)	Common Formulary	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	Balziva	Common Formulary	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	Jasmiel	Common Formulary	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	Syeda	Common Formulary	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	Kelnor 1/35	Common Formulary	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	Valtya 1/50	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	Afirmelle	Common Formulary	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	Altavera	Common Formulary	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	Altavera	Common Formulary	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	Aurovela Fe 1.5/30	Common Formulary	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	Aurovela FE 1/20	Common Formulary	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	Charlotte 24 Fe	Common Formulary	

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG</b>		Common Formulary	
<b>CYRED EQ ORAL TABLET 0.15-30 MG-MCG</b>		Common Formulary	
<b>DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	Common Formulary	
<b>DELYLA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	Common Formulary	
<b>ELINEST ORAL TABLET 0.3-30 MG-MCG</b>		Common Formulary	
<b>ENSKYCE ORAL TABLET 0.15-30 MG-MCG</b>		Common Formulary	
<b>ESTARYLLA ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	Common Formulary	
<b>FALMINA ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	Common Formulary	
<b>FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)</b>	norethin ace-eth estrad-fe	Common Formulary	
<b>HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	Common Formulary	
<b>HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>		Common Formulary	
<b>HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	Common Formulary	
<b>HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG</b>		Common Formulary	
<b>ISIBLOOM ORAL TABLET 0.15-30 MG-MCG</b>		Common Formulary	
<b>JASMIEL ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	Common Formulary	
<b>JULEBER ORAL TABLET 0.15-30 MG-MCG</b>		Common Formulary	
<b>JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethindrone acet-ethinyl est	Common Formulary	
<b>JUNEL 1/20 ORAL TABLET 1-20 MG-MCG</b>	norethindrone acet-ethinyl est	Common Formulary	
<b>JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	Common Formulary	
<b>JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG</b>		Common Formulary	
<b>JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)</b>		Common Formulary	
<b>KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG</b>		Common Formulary	

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG</b>	norethin ace-eth estrad-fe	Common Formulary	
<b>MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG</b>		Common Formulary	
<b>MILI ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	Common Formulary	
<b>MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	Common Formulary	
<b>NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		Common Formulary	
<b>NIKKI ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	Common Formulary	
<b>NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG</b>		Common Formulary	
<b>NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	Common Formulary	
<b>NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	Common Formulary	
<b>NYLIA 1/35 ORAL TABLET 1-35 MG-MCG</b>	alyacen 1/35	Common Formulary	
<b>OCELLA ORAL TABLET 3-0.03 MG</b>	drospirenone-ethinyl estradiol	Common Formulary	
<b>PHILITH ORAL TABLET 0.4-35 MG-MCG</b>	briellyn	Common Formulary	
<b>PORTIA-28 ORAL TABLET 0.15-30 MG-MCG</b>	levonorgestrel-ethinyl estrad	Common Formulary	
<b>RECLIPSEN ORAL TABLET 0.15-30 MG-MCG</b>		Common Formulary	
<b>SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG</b>	norgestimate-eth estradiol	Common Formulary	
<b>SRONYX ORAL TABLET 0.1-20 MG-MCG</b>	levonorgestrel-ethinyl estrad	Common Formulary	
<b>SYEDA ORAL TABLET 3-0.03 MG</b>	drospirenone-ethinyl estradiol	Common Formulary	
<b>TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)</b>		Common Formulary	
<b>TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG</b>		Common Formulary	
<b>TURQOZ ORAL TABLET 0.3-30 MG-MCG</b>		Common Formulary	
<b>TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG</b>		Common Formulary	
<b>VESTURA ORAL TABLET 3-0.02 MG</b>	drospirenone-ethinyl estradiol	Common Formulary	

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Copper Contraceptives - Iud***</b>			
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE		Common Formulary	
<b>*Emergency Contraceptives***</b>			
<i>levonorgestrel oral tablet 1.5 mg</i>	EContra One-Step	Common Formulary	OTC
CURAE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
ELLA ORAL TABLET 30 MG		Common Formulary	
HER STYLE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
MY CHOICE ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
MY WAY ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
NEW DAY ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
OPCICON ONE-STEP ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
OPTION 2 ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
REACT ORAL TABLET 1.5 MG	levonorgestrel	Common Formulary	OTC
<b>*Extended-Cycle Contraceptives - Oral***</b>			
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	Iclevia	Common Formulary	
ICLEVIA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91- day	Common Formulary	
INTROVALE ORAL TABLET 0.15- 0.03 MG	levonorgest-eth estrad 91- day	Common Formulary	
JOLESSA ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91- day	Common Formulary	
SETLAKIN ORAL TABLET 0.15-0.03 MG	levonorgest-eth estrad 91- day	Common Formulary	
<b>*Progestin Contraceptives - Implants***</b>			
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG		Common Formulary	

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG		Common Formulary	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG		Common Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 500 MG	methylprednisolone sodium succ	Common Formulary	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM		Common Formulary	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49)		Common Formulary	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)		Common Formulary	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	budesonide er	Non-Preferred	PA
<b>*Mineralocorticoids***</b>			
<i>fludrocortisone acetate oral tablet 0.1 mg</i>		Common Formulary	
<b>*COUGH/COLD/ALLERGY*</b>			
<b>*Antitussive - Nonnarcotic***</b>			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		Preferred	QLL; AL (Min 10 Years)
<i>dextromethorphan polistirex er oral suspension extended release 30 mg/5ml</i>	Delsym	Supplemental Formulary	OTC
<b>*Antitussive-Expectorant - Decongest-Analgesic***</b>			
<i>cough/cold/sore throat child oral liquid 5-10-200-325 mg/10ml</i>	Mucinex Childrens Freefrom	Supplemental Formulary	OTC
<b>*Antitussive-Expectorant***</b>			
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml</i>	Diabetic Tussin DM	Supplemental Formulary	OTC
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	Delsym Cgh/Chest Cong DM Child	Preferred	OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml</i>		Preferred	OTC
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	Fenesin DM IR	Preferred	OTC
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		Preferred	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antitussive-Expectorants-Decongestant***</b>			
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	Desgen DM	Preferred	OTC
<i>goodsense tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
<i>robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
<i>sm tussin cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
<i>tussin multi-symptom cold cf oral liquid 5-10-100 mg/5ml</i>	Desgen DM	Preferred	OTC
<b>*Decongestant &amp; Antihistamine***</b>			
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	EQ Allergy Relief Nasal Decong	Preferred	QLL; OTC
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	Alavert D-12 Hour Allergy/Cong	Preferred	QLL; OTC
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	Claritin-D 24 Hour	Preferred	QLL; OTC
<b>*Expectorants***</b>			
<i>guaifenesin er oral tablet extended release 12 hour 600 mg</i>	EQ Mucus ER	Preferred	OTC
<i>guaifenesin oral liquid 100 mg/5ml</i>	Buckleys Chest Congestion	Preferred	OTC
<i>guaifenesin oral liquid 200 mg/10ml</i>	Buckleys Chest Congestion	Supplemental Formulary	OTC
<i>guaifenesin oral tablet 200 mg</i>		Supplemental Formulary	OTC
<i>guaifenesin oral tablet 400 mg</i>	Xpect	Supplemental Formulary	OTC
<b>*Misc. Respiratory Inhalants***</b>			
<i>sodium chloride inhalation nebulization solution 0.9 %</i>		Common Formulary	
<i>sodium chloride nebulization solution 3 % inhalation</i>	Nebusal	CSHCS Coverage	
<i>sodium chloride nebulization solution 7 % inhalation</i>	HyperSal	CSHCS Coverage	
<b>*Mucolytics***</b>			
<i>acetylcysteine inhalation solution 10 %, 20 %</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Non-Narc Antitussive-Antihistamine***</b>			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		Preferred	
<b>*Non-Narc Antitussive-Decongestant-Antihistamine***</b>			
<i>cold &amp; cough childrens oral liquid 1-5-2.5 mg/5ml</i>	Dimaphen DM Cold/Cough	Supplemental Formulary	OTC
<b>*Opioid Antitussive-Antihistamine***</b>			
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>		Preferred	QLL; AL (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>		Preferred	QLL; AL (Min 18 Years)
<b>*DERMATOLOGICALS*</b>			
<b>*Acne Antibiotics***</b>			
<i>clindamycin phosphate external solution 1 %</i>		Common Formulary	QLL
<i>clindamycin phosphate external swab 1 %</i>	Clindacin ETZ	Common Formulary	
<i>erythromycin external solution 2 %</i>		Common Formulary	
<b>CLINDACIN ETZ EXTERNAL SWAB 1 %</b>	clindamycin phosphate	Common Formulary	
<b>CLINDACIN-P EXTERNAL SWAB 1 %</b>	clindamycin phosphate	Common Formulary	
<b>*Acne Combinations***</b>			
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	Epiduo	Common Formulary	QLL; AL (Max 30 Years)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	Benzamycin	Common Formulary	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Acanya	Preferred	
<i>clindamycin phos-benzoyl perox external gel 1.2-3.75 %</i>	Onexton	Non-Preferred	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Neuac	Preferred	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		Preferred	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	Avar Cleanser	Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ACANYA EXTERNAL GEL 1.2-2.5 %</b>	clindamycin phos-benzoyl perox	Non-Preferred	PA
<b>AVAR CLEANSER EXTERNAL LIQUID 10-5 %</b>	sulfacetamide sodium-sulfur	Common Formulary	
<b>NEUAC EXTERNAL GEL 1.2-5 %</b>	clindamycin phos-benzoyl perox	Non-Preferred	PA
<b>ONEXTON EXTERNAL GEL 1.2-3.75 %</b>	clindamycin phos-benzoyl perox	Non-Preferred	PA
<b>*Acne Products***</b>			
<i>acne medication 10 external gel 10 %</i>	Clean & Clear Persa-Gel Max St	Common Formulary	QLL; OTC
<i>acne medication 5 external gel 5 %</i>	Medpura Benzoyl Peroxide	Common Formulary	OTC
<i>adapalene external gel 0.1 %</i>	Differin	Common Formulary	QLL
<i>adapalene external gel 0.3 %</i>	Differin	Common Formulary	QLL; AL (Max 30 Years)
<i>benzoyl peroxide external gel 10 %</i>	Clean & Clear Persa-Gel Max St	Common Formulary	QLL
<i>benzoyl peroxide external gel 5 %</i>	Medpura Benzoyl Peroxide	Common Formulary	OTC
<i>benzoyl peroxide external liquid 10 %</i>	Medpura Benzoyl Peroxide	Common Formulary	OTC
<i>benzoyl peroxide wash external liquid 10 %</i>	Medpura Benzoyl Peroxide	Common Formulary	
<i>benzoyl peroxide wash external liquid 5 %</i>	Benzac AC Wash	Common Formulary	OTC
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Accutane	Common Formulary	PA; QLL
<i>tretinoin external cream 0.025 %, 0.05 %</i>	Retin-A	Common Formulary	QLL; AL (Max 30 Years)
<b>ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	isotretinoin	Common Formulary	PA; QLL
<b>AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG</b>	isotretinoin	Common Formulary	PA; QLL
<b>CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	isotretinoin	Common Formulary	PA; QLL
<b>ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG</b>	isotretinoin	Common Formulary	PA; QLL
<b>*Alopecia Agents - Janus Kinus (Jak) Inhibitors***</b>			
<b>LITFULO ORAL CAPSULE 50 MG</b>		Common Formulary	PA; QLL; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antibiotic Mixtures Topical***</b>			
<i>triple antibiotic external ointment 3.5-400-5000 , 5-400-5000</i>	Lanabiotic	Common Formulary	OTC
<b>*Antibiotics - Topical***</b>			
<i>bacitracin external ointment 500 unit/gm</i>	Bacitraycin Plus	Common Formulary	OTC
<i>bacitracin zinc external ointment 500 unit/gm</i>		Common Formulary	OTC
<i>gentamicin sulfate external cream 0.1 %</i>		Common Formulary	
<i>gentamicin sulfate external ointment 0.1 %</i>		Common Formulary	
<i>mupirocin calcium external cream 2 %</i>		Non-Preferred	PA
<i>mupirocin external ointment 2 %</i>		Preferred	
<b>*Antifungals - Topical Combinations***</b>			
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>		Preferred	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>		Non-Preferred	PA
<i>miconazole-zinc oxide-petrolat external ointment 0.25-15-81.35 %</i>	Vusion	Non-Preferred	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>		Preferred	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>		Preferred	
<b>VUSION EXTERNAL OINTMENT 0.25-15-81.35 %</b>	miconazole-zinc oxide-petrolat	Non-Preferred	PA
<b>*Antifungals - Topical***</b>			
<i>antifungal (tolnaftate) external cream 1 %</i>	Tinactin	Preferred	OTC
<i>athletes foot (terbinafine) external cream 1 %</i>	LamISIL AT Athletes Foot	Common Formulary	OTC
<i>butenafine hcl external cream 1 %</i>	Lotrimin Ultra	Non-Preferred	PA; OTC
<i>ciclopirox external gel 0.77 %</i>		Non-Preferred	PA
<i>ciclopirox external shampoo 1 %</i>		Non-Preferred	PA
<i>ciclopirox external solution 8 %</i>	Ciclodan	Preferred	
<i>ciclopirox olamine external cream 0.77 %</i>		Preferred	
<i>ciclopirox olamine external suspension 0.77 %</i>		Non-Preferred	PA
<i>ciclopirox treatment external kit 8 %</i>		Non-Preferred	PA
<i>ft antifungal external cream 1 %</i>	Tinactin	Preferred	OTC

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Antineoplastic Antimetabolites - Topical***</b>			
<i>fluorouracil external cream 5 %</i>		Common Formulary	
<i>fluorouracil external solution 2 %, 5 %</i>		Common Formulary	
<b>CARAC EXTERNAL CREAM 0.5 %</b>	fluorouracil	Common Formulary	
<b>EFUDEX EXTERNAL CREAM 5 %</b>	fluorouracil	Common Formulary	
<b>*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***</b>			
<i>diclofenac sodium external gel 3 %</i>		Common Formulary	
<b>*Antipsoriatics - Systemic***</b>			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>		Common Formulary	PA; QLL
<i>ustekinumab-ttwe subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml</i>	Pyzchiva	Non-Preferred	PA
<b>BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML</b>		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML</b>		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>		Preferred	QLL
<b>COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>		Preferred	QLL
<b>COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>		Preferred	QLL
<b>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML</b>		Preferred	QLL
<b>COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML</b>		Preferred	QLL
<b>ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>		Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>		Non-Preferred	PA; QLL
<b>OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>	ustekinumab-aaaz	Non-Preferred	PA; QLL
<b>PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>		Preferred	PA
<b>PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>	ustekinumab-ttwe	Preferred	PA
<b>SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>		Non-Preferred	PA; QLL
<b>SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>	ustekinumab-aekn	Non-Preferred	PA
<b>SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>		Non-Preferred	PA; QLL
<b>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>		Non-Preferred	PA; QLL
<b>SOTYKTU ORAL TABLET 6 MG</b>		Non-Preferred	PA; QLL
<b>STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>	ustekinumab	Non-Preferred	PA; QLL
<b>STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>	ustekinumab	Non-Preferred	PA; QLL
<b>STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>		Preferred	PA; QLL
<b>TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML</b>		Non-Preferred	PA
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML</b>		Non-Preferred	PA
<b>TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML</b>		Non-Preferred	PA; QLL
<b>TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>		Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML</b>		Non-Preferred	PA; QLL
<b>TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML</b>		Non-Preferred	PA; QLL
<b>TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</b>		Non-Preferred	PA; QLL
<b>YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML</b>		Non-Preferred	PA; QLL
<b>YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML</b>		Non-Preferred	PA; QLL
<b>*Antipsoriatics***</b>			
<i>calcipotriene external cream 0.005 %</i>		Common Formulary	PA
<i>calcipotriene external ointment 0.005 %</i>	Calcitrene	Common Formulary	PA
<i>calcipotriene external solution 0.005 %</i>		Common Formulary	PA
<i>calcitriol external ointment 3 mcg/gm</i>	Vectical	Common Formulary	PA
<i>tazarotene external cream 0.05 %, 0.1 %</i>	Tazorac	Common Formulary	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	Tazorac	Common Formulary	PA
<b>CALCITRENE EXTERNAL OINTMENT 0.005 %</b>	calcipotriene	Common Formulary	PA
<b>VTAMA EXTERNAL CREAM 1 %</b>		Common Formulary	PA; QLL
<b>*Antiseborrheic Products***</b>			
<i>selenium sulfide external lotion 2.5 %</i>		Common Formulary	
<b>*Antivirals - Topical***</b>			
<i>acyclovir external cream 5 %</i>	Zovirax	Preferred	
<i>acyclovir external ointment 5 %</i>	Zovirax	Preferred	
<i>docosanol external cream 10 %</i>	Abreva	Common Formulary	OTC
<i>penciclovir external cream 1 %</i>	Denavir	Non-Preferred	PA
<b>DENAVIR EXTERNAL CREAM 1 %</b>	penciclovir	Preferred	
<b>ZOVIRAX EXTERNAL CREAM 5 %</b>	acyclovir	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ZOVIRAX EXTERNAL OINTMENT 5 %</b>	acyclovir	Non-Preferred	PA
<b>*Astringents***</b>			
<i>gnp zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	Preferred	OTC
<i>zinc oxide external ointment 20 %</i>	Medpura Zinc Oxide	Preferred	OTC
<b>*Atopic Dermatitis - Janus Kinase (Jak) Inhibitors***</b>			
<b>CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG</b>		Non-Preferred	PA
<b>OPZELURA EXTERNAL CREAM 1.5 %</b>		Non-Preferred	PA; QLL
<b>*Atopic Dermatitis - Monoclonal Antibodies***</b>			
<b>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML</b>		Preferred	PA; QLL
<b>DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML</b>		Preferred	PA
<b>DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML</b>		Preferred	PA
<b>EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML</b>		Non-Preferred	PA
<b>EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML</b>		Non-Preferred	PA
<b>*Burn Products***</b>			
<i>silver sulfadiazine external cream 1 %</i>	SSD	Common Formulary	
<b>SSD EXTERNAL CREAM 1 %</b>	silver sulfadiazine	Common Formulary	
<b>*Corticosteroids - Topical***</b>			
<i>alclometasone dipropionate external cream 0.05 %</i>		Non-Preferred	PA
<i>alclometasone dipropionate external ointment 0.05 %</i>		Non-Preferred	PA
<i>amcinonide external cream 0.1 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external cream 0.05 %</i>		Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>betamethasone dipropionate aug external gel 0.05 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external lotion 0.05 %</i>		Non-Preferred	PA
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	Diprolene	Non-Preferred	PA
<i>betamethasone dipropionate external cream 0.05 %</i>		Preferred	
<i>betamethasone dipropionate external lotion 0.05 %</i>		Preferred	
<i>betamethasone dipropionate external ointment 0.05 %</i>		Preferred	
<i>betamethasone valerate external cream 0.1 %</i>		Preferred	
<i>betamethasone valerate external foam 0.12 %</i>		Non-Preferred	PA
<i>betamethasone valerate external lotion 0.1 %</i>		Preferred	
<i>betamethasone valerate external ointment 0.1 %</i>		Preferred	
<i>clobetasol prop emollient base external cream 0.05 %</i>		Preferred	
<i>clobetasol propionate e external cream 0.05 %</i>		Non-Preferred	PA
<i>clobetasol propionate emulsion external foam 0.05 %</i>	Tovet	Non-Preferred	PA
<i>clobetasol propionate external cream 0.05 %</i>		Preferred	
<i>clobetasol propionate external foam 0.05 %</i>		Non-Preferred	PA
<i>clobetasol propionate external gel 0.05 %</i>		Non-Preferred	PA
<i>clobetasol propionate external liquid 0.05 %</i>	Clobex Spray	Non-Preferred	PA
<i>clobetasol propionate external lotion 0.05 %</i>	Clobex	Non-Preferred	PA
<i>clobetasol propionate external ointment 0.05 %</i>		Preferred	
<i>clobetasol propionate external shampoo 0.05 %</i>	Clodan	Non-Preferred	PA
<i>clobetasol propionate external solution 0.05 %</i>		Preferred	
<i>clocortolone pivalate external cream 0.1 %</i>		Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>desonide external cream 0.05 %</i>		Non-Preferred	PA
<i>desonide external lotion 0.05 %</i>		Non-Preferred	PA
<i>desonide external ointment 0.05 %</i>		Non-Preferred	PA
<i>desoximetasone external cream 0.05 %, 0.25 %</i>		Non-Preferred	PA
<i>desoximetasone external gel 0.05 %</i>		Non-Preferred	PA
<i>desoximetasone external liquid 0.25 %</i>	Topicort Spray	Non-Preferred	PA
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	Topicort	Non-Preferred	PA
<i>diflorasone diacetate external cream 0.05 %</i>		Non-Preferred	PA
<i>diflorasone diacetate external ointment 0.05 %</i>		Non-Preferred	PA
<i>fluocinolone acetonide body external oil 0.01 %</i>	Derma-Smoothie/FS Body	Non-Preferred	PA
<i>fluocinolone acetonide external cream 0.01 %</i>		Non-Preferred	PA
<i>fluocinolone acetonide external cream 0.025 %</i>	Synalar	Non-Preferred	PA
<i>fluocinolone acetonide external ointment 0.025 %</i>	Synalar	Non-Preferred	PA
<i>fluocinolone acetonide external solution 0.01 %</i>		Preferred	PA
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	Derma-Smoothie/FS Scalp	Non-Preferred	PA
<i>fluocinonide emulsified base external cream 0.05 %</i>		Preferred	
<i>fluocinonide external cream 0.05 %</i>		Preferred	
<i>fluocinonide external cream 0.1 %</i>	Vanos	Preferred	
<i>fluocinonide external gel 0.05 %</i>		Preferred	
<i>fluocinonide external ointment 0.05 %</i>		Preferred	
<i>fluocinonide external solution 0.05 %</i>		Preferred	
<i>flurandrenolide external cream 0.05 %</i>		Non-Preferred	PA
<i>flurandrenolide external lotion 0.05 %</i>		Non-Preferred	PA
<i>fluticasone propionate external cream 0.05 %</i>		Preferred	
<i>fluticasone propionate external lotion 0.05 %</i>		Non-Preferred	PA
<i>fluticasone propionate external ointment 0.005 %</i>		Preferred	
<i>ft itch relief max strength external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>gnp hydrocortisone external cream 0.5 %</i>		Preferred	OTC
<i>gnp hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>goodsense anti-itch maximum st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>halcinonide external cream 0.1 %</i>	Halog	Non-Preferred	PA
<i>halobetasol propionate external cream 0.05 %</i>		Preferred	
<i>halobetasol propionate external foam 0.05 %</i>	Lexette	Non-Preferred	PA
<i>halobetasol propionate external ointment 0.05 %</i>		Preferred	
<i>hydrocortisone acetate external cream 1 %</i>		Preferred	OTC
<i>hydrocortisone acetate external ointment 1 %</i>		Preferred	OTC
<i>hydrocortisone butyrate external cream 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone butyrate external lotion 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone butyrate external ointment 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone butyrate external solution 0.1 %</i>		Non-Preferred	PA
<i>hydrocortisone complete kit external therapy pack 2 %</i>		Non-Preferred	PA
<i>hydrocortisone external cream 0.5 %</i>		Preferred	OTC
<i>hydrocortisone external cream 1 %</i>	Medpura Hydrocortisone	Preferred	
<i>hydrocortisone external cream 2.5 %</i>		Preferred	
<i>hydrocortisone external lotion 2.5 %</i>		Preferred	
<i>hydrocortisone external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	
<i>hydrocortisone external ointment 2.5 %</i>		Preferred	
<i>hydrocortisone max st external ointment 1 %</i>	Aquaphor Itch Relief Children	Preferred	OTC
<i>hydrocortisone valerate external cream 0.2 %</i>		Non-Preferred	PA
<i>hydrocortisone valerate external ointment 0.2 %</i>		Non-Preferred	PA
<i>mometasone furoate external cream 0.1 %</i>		Preferred	
<i>mometasone furoate external ointment 0.1 %</i>		Preferred	

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>TEXACORT EXTERNAL SOLUTION 2.5 %</b>	hydrocortisone	Non-Preferred	PA
<b>TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %</b>	desoximetasone	Non-Preferred	PA
<b>TOPICORT EXTERNAL GEL 0.05 %</b>	desoximetasone	Non-Preferred	PA
<b>TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 %</b>	desoximetasone	Non-Preferred	PA
<b>TOPICORT SPRAY EXTERNAL LIQUID 0.25 %</b>	desoximetasone	Non-Preferred	PA
<b>TOVET EXTERNAL FOAM 0.05 %</b>	clobetasol propionate emulsion	Non-Preferred	PA
<b>ULTRAVATE EXTERNAL LOTION 0.05 %</b>		Non-Preferred	PA
<b>VANOS EXTERNAL CREAM 0.1 %</b>	fluocinonide	Non-Preferred	PA
<b>*Emollients***</b>			
<i>advanced healing/baby external ointment</i>	Aqua-Nu	Preferred	OTC
<i>ammonium lactate external cream 12 %</i>		Common Formulary	QLL
<i>ammonium lactate external lotion 12 %</i>	Amlactin Daily	Common Formulary	QLL
<i>beauty lotion external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>beta care external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>beta care external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cocoa butter external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cocoa butter hand &amp; body external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cocoa butter skin external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>coconut oil beauty external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>collagen external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>collagen premium skin external cream</i>	AmLactin Ultra Smoothing	Preferred	OTC
<i>complete moisture external lotion</i>	AmLactin Intensive Healing	Preferred	OTC
<i>cvs advanced healing external ointment</i>	Aqua-Nu	Preferred	OTC
<i>cvs beauty 360 dry skin external lotion</i>	AmLactin Intensive Healing	Preferred	OTC

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

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>AMLACTIN DAILY EXTERNAL LOTION 12 %</b>	ammonium lactate	Common Formulary	QLL; OTC
<b>AMLACTIN INTENSIVE HEALING EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>AMLACTIN RAPID RELIEF EXTERNAL LOTION 15 %</b>	beauty lotion	Preferred	OTC
<b>AMLACTIN ULTRA SMOOTHING EXTERNAL CREAM 15 %</b>	beta care	Preferred	OTC
<b>AQUA GLYCOLIC FACE EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AQUA GLYCOLIC HAND/BODY EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>AQUA LACTEN EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>AQUA-CERIN EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AQUAMED EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>AQUA-NU EXTERNAL OINTMENT</b>	advanced healing/baby	Preferred	OTC
<b>AVEENO DAILY MOISTURIZING EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AVEENO INTENSE RELIEF HAND EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AVEENO POSITIVELY RADIANT EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AVEENO RESTORATIVE SKIN THERAP EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>AVEENO STRESS RELIEF EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>BALMBARR HAND &amp; BODY EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>BALMBARR HAND &amp; BODY EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>BALMBARR MOISTURIZING EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>BALMBARR STRETCH MARK EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>BEAUTY 360 ADVANCED SKIN CARE EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>BETA XMA EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CAM EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>CERAVE AM SPF 30 EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CERAVE DAILY MOISTURIZING EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CERAVE DIABETICS DRY SKIN EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CERAVE MOISTURIZING EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CERAVE PM EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CERAVE SA ROUGH &amp; BUMPY SKIN EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CERAVE SA ROUGH &amp; BUMPY SKIN EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CETAPHIL ADVANCED RELIEF EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CETAPHIL DAILY ADVANCE EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CETAPHIL DAILY FACIAL SPF 15 EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CETAPHIL MOISTURIZING EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CETAPHIL MOISTURIZING EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CETAPHIL RESTORADERM EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>CLN FACIAL MOISTURIZER NOURISH EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CORN HUSKERS EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>CUTEMOL EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>DAILY MOISTURIZING EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>D-CERIN EXTERNAL CREAM 33 %</b>	beta care	Preferred	OTC
<b>DERMABASE EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>DERMAL THERAPY EXTRA STRENGTH EXTERNAL LOTION 10 %</b>	beauty lotion	Preferred	OTC
<b>DERMAL THERAPY FACE CARE EXTERNAL LOTION 1 %</b>	beauty lotion	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>DERMAL THERAPY FOOT MASSAGE EXTERNAL LOTION 1 %</b>	beauty lotion	Preferred	OTC
<b>DERMAL THERAPY HAND/ELBOW EXTERNAL LOTION 15 %</b>	beauty lotion	Preferred	OTC
<b>DERMAL THERAPY HEEL CARE EXTERNAL LOTION 25 %</b>	beauty lotion	Preferred	OTC
<b>DERMEND BRUISE FORMULA EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>DERMEND FRAGILE SKIN EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>DIABETIDERM EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>DIABETIDERM EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>DML EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>DML FORTE EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>ELON SKIN REPAIR SYSTEM EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>EMOLLIA-CREME EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>EMOLLIA-LOTION EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>EPILYT EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>EUCERIN BABY EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>EUCERIN CALMING DAILY MOIST EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>EUCERIN DAILY HYDRATION EXTERNAL CREAM</b>	beta care	Preferred	OTC
<b>EUCERIN DAILY HYDRATION EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>EUCERIN DAILY HYDRATION SPF15 EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>EUCERIN DAILY PROTECTION/SPF30 EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC
<b>EUCERIN EXTERNAL LOTION</b>	beauty lotion	Preferred	OTC

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

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

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

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

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>cvs cold &amp; hot pain relieving external cream , 10-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>goodsense muscle rub external cream 8-30 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>muscle rub external cream 10-15 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>pain relieving external cream</i>	Arthritis Hot	State Carve-Out	OTC
<i>qc muscle rub external cream 10-15 %</i>	Arthritis Hot	State Carve-Out	OTC
<i>ra hot &amp; cold pain relieving external cream</i>	Arthritis Hot	State Carve-Out	OTC
<i>sm cold &amp; hot extra strength external cream</i>	Arthritis Hot	State Carve-Out	OTC
<b>ARTHRITIS HOT EXTERNAL CREAM 10-15 %</b>	amplify relief mm	State Carve-Out	OTC
<b>ASPERFLEX EXTERNAL CREAM 10-15 %</b>	amplify relief mm	State Carve-Out	OTC
<b>CAPASIL EXTERNAL CREAM 2-10 %</b>	amplify relief mm	State Carve-Out	OTC
<b>DYNARUB EXTERNAL CREAM 10-15 %</b>	amplify relief mm	State Carve-Out	OTC
<b>ICY HOT EXTRA STRENGTH EXTERNAL CREAM 10-30 %</b>	amplify relief mm	State Carve-Out	OTC
<b>ICY HOT ORIGINAL PAIN RELIEF EXTERNAL CREAM 10-30 %</b>	amplify relief mm	State Carve-Out	OTC
<b>MENCYLATE EXTERNAL CREAM 2-10 %</b>	amplify relief mm	State Carve-Out	OTC
<b>THERA-GESIC EXTERNAL CREAM 0.5-15 %, 1-15 %</b>	amplify relief mm	State Carve-Out	OTC
<b>*Local Anesthetics - Topical***</b>			
<i>lidocaine external ointment 5 %</i>		Common Formulary	QLL
<i>lidocaine external patch 4 %</i>	AnLido 24	Common Formulary	QLL; OTC
<i>lidocaine external patch 5 %</i>	Lidocan	Common Formulary	PA; QLL
<i>lidocaine hcl external cream 3 %</i>	DermacinRx Lidocaine	Common Formulary	QLL
<i>lidocaine hcl external cream 4 %</i>	Aspercreme Lidocaine	Common Formulary	QLL; OTC
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	Glydo	Common Formulary	
<i>lidocaine pain relief external patch 4 %</i>	AnLido 24	Common Formulary	QLL; OTC

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>lice killing maximum strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<i>sm lice killing external shampoo 0.33-4 %</i>		Common Formulary	QLL; OTC
<i>sm lice killing max strength external shampoo 0.33-4 %</i>	Rid Lice Killing Shampoo	Common Formulary	QLL; OTC
<b>*Scabicides &amp; Pediculicides***</b>			
<i>cvs lice treatment external liquid 1 %</i>	Nix Creme Rinse	Common Formulary	QLL; OTC
<i>malathion external lotion 0.5 %</i>	Ovide	Common Formulary	QLL
<i>permethrin external cream 5 %</i>	Elimite	Common Formulary	QLL
<i>spinosad external suspension 0.9 %</i>	Natroba	Common Formulary	QLL
<b>*Skin Protectants***</b>			
<i>hydrocerin external cream</i>	AmeriCerin	Supplemental Formulary	OTC
<b>AMERICERIN EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>DYNASHIELD EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>EUCERIN ORIGINAL HEALING EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>MINERIN CREME EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>SENI CARE BODY EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>SENSI-CARE MOISTURIZING EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>SORBIDON HYDRATE EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>SWEEN MOISTURIZING BODY EXTERNAL CREAM</b>	hydrocerin	Supplemental Formulary	OTC
<b>*Soaps***</b>			
<i>cvs daily facial cleanser external liquid</i>	AcuWash	Preferred	OTC
<i>eql body wash/sensitive skin external liquid</i>	AcuWash	Preferred	OTC
<i>eql body wash/shear butter external liquid</i>	AcuWash	Preferred	OTC
<i>eql clear hand soap refill external liquid</i>	AcuWash	Preferred	OTC

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

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>JOHNSONS KIDS CLEAN &amp; FRESH EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>JOHNSONS SKIN NOURISH WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>MEDERMA AG BODY CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>MEDERMA AG FACIAL CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>MEDERMA AG FACIAL TONER EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>NEUTROGENA DEEP CLEAN EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>NIVEA VISAGE EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>PURPOSE GENTLE CLEANING WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>REHYLA HAIR + BODY CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>REHYLA WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>SENSI-CARE SEPTI-SOFT EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>TENA SKIN-CARING BODY WASH EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>TENA SKIN-CARING WASH CREAM EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>VANICREAM CLEANSER EXTERNAL LIQUID</b>	cvs daily facial cleanser	Preferred	OTC
<b>*Topical Anesthetic Combinations***</b>			
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>		Common Formulary	QLL
<b>*Topical Selective Retinoid X Receptor Agonists***</b>			
<i>bexarotene external gel 1 %</i>	Targretin	Common Formulary	
<b>TARGRETIN EXTERNAL GEL 1 %</b>	bexarotene	Common Formulary	
<b>*Wound Treatment - Gene Therapy***</b>			
<b>VYJUVEK EXTERNAL GEL 500000000 PFU/2.5ML</b>		State Carve-Out	

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

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

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

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Lasix	Common Formulary	QLL
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>		Common Formulary	QLL
<b>FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML</b>		Common Formulary	PA
<b>*Potassium Sparing Diuretics***</b>			
<i>amiloride hcl oral tablet 5 mg</i>		Common Formulary	QLL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Aldactone	Common Formulary	QLL
<b>*Thiazides And Thiazide-Like Diuretics***</b>			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		Common Formulary	QLL
<i>hydrochlorothiazide oral capsule 12.5 mg</i>		Common Formulary	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>		Common Formulary	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>		Common Formulary	QLL
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>		Common Formulary	QLL
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.*</b>			
<b>*Alkaptonuria (Aku) Treatment - Agents***</b>			
<b>HARLIKU ORAL TABLET 2 MG</b>		State Carve-Out	
<b>*Alpha-Mannosidosis Treatment - Agents***</b>			
<b>LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG</b>		State Carve-Out	
<b>*Atp-Sensitive Potassium Channel Activators***</b>			
<b>VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 25 MG, 75 MG</b>		State Carve-Out	
<b>*Bisphosphonates***</b>			
<i>alendronate sodium oral solution 70 mg/75ml</i>		Non-Preferred	PA

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

Formulary Drug Name	Reference	Tiering	Restrictions
CARNITOR SF ORAL SOLUTION 1 GM/10ML	levocarnitine	State Carve-Out	
<b>*Ckd Agent-Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>			
XPHOZAH ORAL TABLET 20 MG, 30 MG		Non-Preferred	PA
<b>*Corticotropin***</b>			
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	
<b>*Corticotropin-Releasing Factor (Crf) Receptor Type 1 Antag*</b>			
CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG		State Carve-Out	
CRENESSITY ORAL SOLUTION 50 MG/ML		State Carve-Out	
<b>*Dopamine Receptor Agonists***</b>			
<i>cabergoline oral tablet 0.5 mg</i>		Common Formulary	
<b>*Fabry Disease - Agents***</b>			
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG		State Carve-Out	
<b>*Gaa Deficiency Treatment - Agents***</b>			
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG		State Carve-Out	
<b>*Gnrh/Lhrh Antagonists***</b>			
ORILISSA ORAL TABLET 150 MG, 200 MG		Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>*Growth Hormones***</b>			
<b>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</b>		Preferred	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG</b>		Preferred	PA
<b>GENOTROPIN SUBCUTANEOUS CARTRIDGE 5 MG</b>		Preferred	PA
<b>HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG</b>		Non-Preferred	PA
<b>NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML</b>		Non-Preferred	PA
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 5 MG/1.5ML</b>		Preferred	PA
<b>NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML, 30 MG/3ML</b>		Preferred	PA
<b>NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML</b>		Non-Preferred	PA
<b>NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML</b>		Non-Preferred	PA
<b>NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML</b>		Non-Preferred	PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML</b>		Non-Preferred	PA
<b>OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG</b>		Non-Preferred	PA
<b>SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG</b>		Non-Preferred	PA
<b>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</b>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
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
<b>*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***</b>			
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	Orfadin	State Carve-Out	
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG		State Carve-Out	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	nitisinone	State Carve-Out	
ORFADIN ORAL SUSPENSION 4 MG/ML		State Carve-Out	
<b>*Homocystinuria Treatment - Agents***</b>			
<i>betaine oral powder</i>	Cystadane	State Carve-Out	
CYSTADANE ORAL POWDER	betaine	State Carve-Out	
<b>*Hyperammonemia Treatment - Agents***</b>			
<i>carglumic acid oral tablet soluble 200 mg</i>	Carbaglu	State Carve-Out	
CARBAGLU ORAL TABLET SOLUBLE 200 MG	carglumic acid	State Carve-Out	
<b>*Hyperparathyroid Treatment - Vitamin D Analogs***</b>			
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Rocaltrol	Common Formulary	QLL
<i>calcitriol oral solution 1 mcg/ml</i>	Rocaltrol	Common Formulary	AL (Max 12 Years)
<b>*Hypoparathyroid Treatment - Parathyroid Hormone Analogs***</b>			
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML, 294 MCG/0.98ML, 420 MCG/1.4ML		Common Formulary	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Leptin Analogues***</b>			
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG		State Carve-Out	
<b>*Lipoprotein Lipase Deficiency (Lpld) Deficiency - Agents***</b>			
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML		State Carve-Out	
<b>*Mucopolysaccharidosis I (Mps I) - Agents***</b>			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML		State Carve-Out	
<b>*Mucopolysaccharidosis Ii (Mps Ii) - Agents***</b>			
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML		State Carve-Out	
<b>*Mucopolysaccharidosis Iv (Mps Iv) - Agents***</b>			
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML		State Carve-Out	
<b>*Mucopolysaccharidosis Vi (Mps Vi) - Agents***</b>			
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML		State Carve-Out	
<b>*Non-Steroidal Mineralocorticoid Receptor Antagonists***</b>			
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG		Common Formulary	PA; QLL
<b>*Parathyroid Hormone And Derivatives***</b>			
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	Forteo	Non-Preferred	PA
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>		Non-Preferred	PA
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	teriparatide	Non-Preferred	PA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	teriparatide	Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML</b>		Non-Preferred	PA
<b>*Phenylketonuria Treatment - Agents***</b>			
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	Javygtor	State Carve-Out	
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	Javygtor	State Carve-Out	
<b>JAVYGTOR ORAL PACKET 100 MG, 500 MG</b>	sapropterin dihydrochloride	State Carve-Out	
<b>JAVYGTOR ORAL TABLET 100 MG</b>	sapropterin dihydrochloride	State Carve-Out	
<b>KUVAN ORAL PACKET 100 MG, 500 MG</b>	sapropterin dihydrochloride	State Carve-Out	
<b>KUVAN ORAL TABLET 100 MG</b>	sapropterin dihydrochloride	State Carve-Out	
<b>*Selective Estrogen Receptor Modulators (Serms)***</b>			
<i>raloxifene hcl oral tablet 60 mg</i>	Evista	Preferred	
<b>EVISTA ORAL TABLET 60 MG</b>	raloxifene hcl	Non-Preferred	PA
<b>*Selective Vasopressin V2-Receptor Antagonists***</b>			
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	Jynarque	Common Formulary	PA; QLL; AL (Min 18 Years)
<b>JYNARQUE ORAL TABLET 15 MG, 30 MG</b>	tolvaptan	Common Formulary	PA; QLL; AL (Min 18 Years)
<b>JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 &amp; 15 MG, 45 &amp; 15 MG, 60 &amp; 30 MG, 90 &amp; 30 MG</b>	tolvaptan	Common Formulary	PA; QLL; AL (Min 18 Years)
<b>*Somatostatic Agents***</b>			
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	SandoSTATIN	Common Formulary	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 200 mcg/ml</i>		Common Formulary	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>		Common Formulary	PA
<b>*Urea Cycle Disorder - Agents***</b>			
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	Buphenyl	State Carve-Out	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Buphenyl	State Carve-Out	
<b>AMMONUL INTRAVENOUS SOLUTION 10-10 %</b>	sod benz-sod phenylacet	State Carve-Out	
<b>BUPHENYL ORAL POWDER 3 GM/TSP</b>	sodium phenylbutyrate	State Carve-Out	
<b>BUPHENYL ORAL TABLET 500 MG</b>	sodium phenylbutyrate	State Carve-Out	
<b>RAVICTI ORAL LIQUID 1.1 GM/ML</b>	glycerol phenylbutyrate	State Carve-Out	
<b>*Vasopressin***</b>			
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>		Common Formulary	PA
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	DDAVP	Common Formulary	QLL
<i>desmopressin acetate spray nasal solution 0.01 %</i>		Common Formulary	PA
<b>*ESTROGENS*</b>			
<b>*Estrogen &amp; Progestin***</b>			
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	Abigale Lo	Common Formulary	AL (Max 64 Years)
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i>	Mimvey	Common Formulary	AL (Max 64 Years)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	Fyavolv	Common Formulary	QLL; AL (Max 64 Years)
<i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i>	Fyavolv	Common Formulary	AL (Max 64 Years)
<b>FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG</b>	norethindrone-eth estradiol	Common Formulary	QLL; AL (Max 64 Years)
<b>FYAVOLV ORAL TABLET 1-5 MG-MCG</b>	norethindrone-eth estradiol	Common Formulary	AL (Max 64 Years)
<b>JINTELI ORAL TABLET 1-5 MG-MCG</b>	norethindrone-eth estradiol	Common Formulary	AL (Max 64 Years)
<b>MIMVEY ORAL TABLET 1-0.5 MG</b>	estradiol-norethindrone acet	Common Formulary	AL (Max 64 Years)
<b>PREMPHASE ORAL TABLET 0.625-5 MG</b>		Common Formulary	QLL; AL (Max 64 Years)
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG</b>		Common Formulary	QLL; AL (Max 64 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Estrogen-Progestin-Gnrh Antagonist***</b>			
<b>MYFEMBREE ORAL TABLET 40-1-0.5 MG</b>		Preferred	PA; QLL
<b>ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 &amp; 300 MG</b>		Preferred	PA; QLL
<b>*Estrogens***</b>			
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>		Common Formulary	AL (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Alora	Common Formulary	QLL; AL (Max 64 Years)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i>	Dotti	Common Formulary	QLL; AL (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Climara	Common Formulary	QLL; AL (Max 64 Years)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml</i>	Delestrogen	Common Formulary	
<i>estradiol valerate intramuscular oil 40 mg/ml</i>		Common Formulary	
<b>ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</b>	estradiol	Common Formulary	QLL; AL (Max 64 Years)
<b>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML</b>	estradiol valerate	Common Formulary	
<b>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</b>	estradiol	Common Formulary	QLL; AL (Max 64 Years)
<b>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</b>	estradiol	Common Formulary	QLL; AL (Max 64 Years)
<b>MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG</b>		Common Formulary	AL (Max 64 Years)
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG</b>	estrogens conjugated	Common Formulary	QLL; AL (Max 64 Years)
<b>*FLUOROQUINOLONES*</b>			
<b>*Fluoroquinolones***</b>			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	Cipro	Preferred	QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>ciprofloxacin hcl oral tablet 750 mg</i>		Preferred	QLL
<i>levofloxacin oral solution 25 mg/ml</i>		Preferred	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>		Preferred	QLL
<i>moxifloxacin hcl oral tablet 400 mg</i>		Non-Preferred	PA; QLL
<i>ofloxacin oral tablet 300 mg, 400 mg</i>		Non-Preferred	PA
<b>BAXDELA ORAL TABLET 450 MG</b>		Non-Preferred	PA
<b>CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)</b>		Preferred	
<b>CIPRO ORAL TABLET 250 MG, 500 MG</b>	ciprofloxacin hcl	Non-Preferred	PA; QLL
<b>*GASTROINTESTINAL AGENTS - MISC.*</b>			
<b>*5-Ht4 Receptor Agonists***</b>			
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	Motegrity	Non-Preferred	PA
<b>MOTTEGRITY ORAL TABLET 1 MG, 2 MG</b>	prucalopride succinate	Non-Preferred	PA
<b>*Antiflatulents***</b>			
<i>anti-gas oral capsule</i>	CVS Beanaid	State Carve-Out	OTC
<i>eql gas prevention oral capsule</i>	CVS Beanaid	State Carve-Out	OTC
<i>ft gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>gas relief &amp; prevention oral capsule</i>	CVS Beanaid	State Carve-Out	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>gas relief oral liquid 40 mg/0.6ml</i>		Common Formulary	OTC
<i>gnp gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>goodsense gas relief extra st oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	Little Remedies Gas Relief	Common Formulary	OTC
<i>simethicone oral capsule 180 mg</i>	Gas-X Ultra Strength	Preferred	OTC
<i>simethicone oral suspension 40 mg/0.6ml</i>	Little Remedies Gas Relief	Common Formulary	OTC
<i>simethicone oral tablet chewable 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<i>simethicone oral tablet chewable 80 mg</i>		Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>sm gas relief extra strength oral capsule 125 mg</i>	Gas-X Extra Strength	Preferred	OTC
<b>BEANO ULTRA 800 ORAL TABLET</b>		State Carve-Out	OTC
<b>CVS BEANAID ORAL CAPSULE</b>	anti-gas	State Carve-Out	OTC
<b>GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML</b>	gas relief	Common Formulary	OTC
<b>GAS-X PREVENTION ORAL CAPSULE</b>	anti-gas	State Carve-Out	OTC
<b>*Gallstone Solubilizing Agents***</b>			
<i>ursodiol oral capsule 300 mg</i>		Preferred	
<i>ursodiol oral tablet 250 mg</i>		Preferred	
<i>ursodiol oral tablet 500 mg</i>	Urso Forte	Preferred	
<b>RELTONE ORAL CAPSULE 200 MG, 400 MG</b>	ursodiol	Non-Preferred	PA
<b>URSO FORTE ORAL TABLET 500 MG</b>	ursodiol	Non-Preferred	PA
<b>*Gastrointestinal Antiallergy Agents***</b>			
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	Gastrocrom	Common Formulary	
<b>GASTROCROM ORAL CONCENTRATE 100 MG/5ML</b>	cromolyn sodium	Common Formulary	
<b>*Gastrointestinal Chloride Channel Activators***</b>			
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	Amitiza	Preferred	QLL; AL (Min 18 Years)
<b>AMITIZA ORAL CAPSULE 24 MCG, 8 MCG</b>	lubiprostone	Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>*Gastrointestinal Stimulants***</b>			
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>		Common Formulary	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Reglan	Common Formulary	
<b>*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***</b>			
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>		Preferred	QLL; AL (Min 6 Years)
<b>*Ibs Agent - Mu-Opioid Receptor Agonists***</b>			
<b>VIBERZI ORAL TABLET 100 MG, 75 MG</b>		Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Ibs Agent - Selective 5-Ht3 Receptor Antagonists***</b>			
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	Lotronex	Non-Preferred	PA
<b>LOTROXEN ORAL TABLET 0.5 MG, 1 MG</b>	alosetron hcl	Non-Preferred	PA
<b>*Ibs Agent - Sodium/Hydrogen Exchanger 3 (Nhe3) Inhibitor***</b>			
<b>IBSRELA ORAL TABLET 50 MG</b>		Non-Preferred	PA; QLL
<b>*Inflammatory Bowel Agents***</b>			
<i>balsalazide disodium oral capsule 750 mg</i>		Non-Preferred	PA
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	Apriso	Preferred	
<i>mesalamine er oral capsule extended release 500 mg</i>	Pentasa	Non-Preferred	PA
<i>mesalamine oral capsule delayed release 400 mg</i>	Delzicol	Non-Preferred	PA
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Lialda	Preferred	
<i>mesalamine oral tablet delayed release 800 mg</i>		Non-Preferred	PA
<i>mesalamine rectal enema 4 gm</i>		Common Formulary	
<i>sulfasalazine oral tablet 500 mg</i>	Azulfidine	Preferred	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	Azulfidine EN-tabs	Preferred	
<b>AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG</b>	sulfasalazine	Non-Preferred	PA
<b>AZULFIDINE ORAL TABLET 500 MG</b>	sulfasalazine	Non-Preferred	PA
<b>COLAZAL ORAL CAPSULE 750 MG</b>	balsalazide disodium	Non-Preferred	PA
<b>DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG</b>	mesalamine	Non-Preferred	PA
<b>DIPENTUM ORAL CAPSULE 250 MG</b>		Non-Preferred	PA
<b>LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM</b>	mesalamine	Non-Preferred	PA
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG</b>		Preferred	
<b>PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG</b>	mesalamine er	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Integrin Receptor Antagonists***</b>			
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG		Non-Preferred	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML		Non-Preferred	PA; QLL
<b>*Interleukin Antagonists***</b>			
<i>ustekinumab-ttwe intravenous solution 130 mg/26ml</i>	Pyzchiva	Non-Preferred	PA
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26ML		Non-Preferred	PA; QLL
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML		Non-Preferred	PA; QLL
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML		Non-Preferred	PA; QLL
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML		Non-Preferred	PA; QLL
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Non-Preferred	PA; QLL
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML		Non-Preferred	PA
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	ustekinumab-ttwe	Preferred	PA
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML		Non-Preferred	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML		Non-Preferred	PA; QLL
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	ustekinumab	Non-Preferred	PA; QLL
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML		Preferred	PA; QLL
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Non-Preferred	PA

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG</b>	lanthanum carbonate	Non-Preferred	PA
<b>RENVELA ORAL PACKET 0.8 GM, 2.4 GM</b>	sevelamer carbonate	Non-Preferred	PA
<b>RENVELA ORAL TABLET 800 MG</b>	sevelamer carbonate	Non-Preferred	PA
<b>VELPHORO ORAL TABLET CHEWABLE 500 MG</b>		Non-Preferred	PA
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators (Gi)***</b>			
<b>VELSIPITY ORAL TABLET 2 MG</b>		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>*Tumor Necrosis Factor Alpha Blockers***</b>			
<b>CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML</b>		Non-Preferred	PA; QLL
<b>CIMZIA SUBCUTANEOUS KIT 2 X 200 MG</b>		Non-Preferred	PA; QLL
<b>CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML</b>		Non-Preferred	PA; QLL
<b>ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML</b>		Non-Preferred	PA
<b>ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 120 MG/ML</b>		Non-Preferred	PA; QLL
<b>ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 120 MG/ML</b>		Non-Preferred	PA
<b>*GENITOURINARY AGENTS - MISCELLANEOUS*</b>			
<b>*5-Alpha Reductase Inhibitors***</b>			
<i>dutasteride oral capsule 0.5 mg</i>	Avodart	Preferred	
<i>finasteride oral tablet 5 mg</i>	Proscar	Preferred	
<b>AVODART ORAL CAPSULE 0.5 MG</b>	dutasteride	Non-Preferred	PA
<b>PROSCAR ORAL TABLET 5 MG</b>	finasteride	Non-Preferred	PA
<b>*Alpha 1-Adrenoceptor Antagonists***</b>			
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	Uroxatral	Preferred	

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Gout Agents***</b>			
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>		Preferred	
<i>colchicine oral capsule 0.6 mg</i>	Mitigare	Non-Preferred	PA
<i>colchicine oral tablet 0.6 mg</i>		Preferred	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Uloric	Preferred	
<b>GLOPERBA ORAL SOLUTION 0.6 MG/5ML</b>		Non-Preferred	PA
<b>MITIGARE ORAL CAPSULE 0.6 MG</b>	colchicine	Non-Preferred	PA
<b>ULORIC ORAL TABLET 40 MG, 80 MG</b>	febuxostat	Non-Preferred	PA
<b>*Uricosurics***</b>			
<i>probenecid oral tablet 500 mg</i>		Preferred	
<b>*HEMATOLOGICAL AGENTS - MISC.*</b>			
<b>*Antihemophilic Products - Antithrombin-Directed Sirna***</b>			
<b>QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2ML</b>		State Carve-Out	
<b>QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML</b>		State Carve-Out	
<b>*Antihemophilic Products - Monoclonal Antibodies***</b>			
<b>ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 300 MG/3ML, 60 MG/1.5ML</b>		State Carve-Out	
<b>HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML</b>		State Carve-Out	
<b>HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML</b>		State Carve-Out	
<b>*Antihemophilic Products***</b>			
<i>obizur intravenous solution reconstituted 500 unit</i>		State Carve-Out	
<i>rixubis intravenous solution reconstituted 1000 unit, 3000 unit, 500 unit</i>	Ixinity	State Carve-Out	
<i>rixubis intravenous solution reconstituted 2000 unit, 250 unit</i>		State Carve-Out	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT</b>		State Carve-Out	
<b>ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT</b>		State Carve-Out	
<b>ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT</b>		State Carve-Out	
<b>ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT</b>		State Carve-Out	
<b>BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>		State Carve-Out	
<b>COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT</b>		State Carve-Out	
<b>CORIFACT INTRAVENOUS KIT 1000-1600 UNIT</b>		State Carve-Out	
<b>ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT</b>		State Carve-Out	
<b>FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT</b>		State Carve-Out	
<b>FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED</b>		State Carve-Out	
<b>HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT</b>		State Carve-Out	
<b>HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT</b>		State Carve-Out	
<b>IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT</b>	rixubis	State Carve-Out	

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Bruton's Tyrosine Kinase (Btk) Inhibitors***</b>			
WAYRILZ ORAL TABLET 400 MG		State Carve-Out	
<b>*C1 Esterase Inhibitors***</b>			
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	
<b>*Complement C5 Inhibitors***</b>			
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML		State Carve-Out	
<b>*Direct-Acting P2y12 Inhibitors***</b>			
<i>ticagrelor oral tablet 60 mg, 90 mg</i>	Brilinta	Non-Preferred	PA
<b>BRILINTA ORAL TABLET 60 MG, 90 MG</b>	ticagrelor	Preferred	
<b>*Hematorheologic Agents***</b>			
<i>pentoxifylline er oral tablet extended release 400 mg</i>		Common Formulary	
<b>*Human Protein C***</b>			
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT		State Carve-Out	
<b>*Phosphodiesterase Iii Inhibitors***</b>			
<i>cilostazol oral tablet 100 mg, 50 mg</i>		Common Formulary	QLL
<b>*Plasma Factor Xiia Inhibitors - Monoclonal Antibodies***</b>			
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.2ML		State Carve-Out	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Plasma Kallikrein Inhibitors***</b>			
<b>KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML</b>		State Carve-Out	
<b>*Plasma Proteins***</b>			
<i>albumin human intravenous solution 25 %</i>	Albuked 25	State Carve-Out	
<i>albumin human intravenous solution 5 %</i>	Albuked 5	State Carve-Out	
<i>albumin-zlb intravenous solution 25 %</i>	Albuked 25	State Carve-Out	
<i>albumin-zlb intravenous solution 5 %</i>	Albuked 5	State Carve-Out	
<i>kedbumin intravenous solution 25 %</i>	Albuked 25	State Carve-Out	
<b>ALBUKED 25 INTRAVENOUS SOLUTION 25 %</b>	albumin human	State Carve-Out	
<b>ALBUKED 5 INTRAVENOUS SOLUTION 5 %</b>	albumin human	State Carve-Out	
<b>ALBURX INTRAVENOUS SOLUTION 25 %, 5 %</b>	albumin human	State Carve-Out	
<b>ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 %</b>	albumin human	State Carve-Out	
<b>FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 %</b>	albumin human	State Carve-Out	
<b>OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION</b>		State Carve-Out	
<b>OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION</b>		State Carve-Out	
<b>OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION</b>		State Carve-Out	
<b>OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION</b>		State Carve-Out	
<b>THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT</b>		State Carve-Out	
<b>*Platelet Aggregation Inhibitor Combinations***</b>			
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>		Non-Preferred	PA
<b>*Platelet Aggregation Inhibitors***</b>			
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>		Non-Preferred	PA
<b>*Quinazoline Agents***</b>			
<i>anagrelide hcl oral capsule 0.5 mg</i>	Agrylin	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<i>anagrelide hcl oral capsule 1 mg</i>		Common Formulary	
<b>*Thienopyridine Derivatives***</b>			
<i>clopidogrel bisulfate oral tablet 300 mg</i>		Preferred	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Plavix	Preferred	QLL
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	Effient	Preferred	AL (Max 75 Years)
<b>EFFIENT ORAL TABLET 10 MG, 5 MG</b>	prasugrel hcl	Non-Preferred	PA; AL (Max 75 Years)
<b>PLAVIX ORAL TABLET 75 MG</b>	clopidogrel bisulfate	Non-Preferred	PA; QLL
<b>*HEMATOPOIETIC AGENTS*</b>			
<b>*Agents For Gaucher Disease***</b>			
<i>miglustat oral capsule 100 mg</i>	Yargesa	State Carve-Out	
<b>CERDELGA ORAL CAPSULE 84 MG</b>		State Carve-Out	
<b>CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</b>		State Carve-Out	
<b>ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT</b>		State Carve-Out	
<b>VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT</b>		State Carve-Out	
<b>YARGESA ORAL CAPSULE 100 MG</b>	miglustat	State Carve-Out	
<b>ZAVESCA ORAL CAPSULE 100 MG</b>	miglustat	State Carve-Out	
<b>*Agents For Sickle Cell Disease - Autologous Gene Therapy***</b>			
<b>CASGEVY INTRAVENOUS SUSPENSION</b>		State Carve-Out	
<b>LYFGENIA INTRAVENOUS SUSPENSION</b>		State Carve-Out	
<b>*Amino Acids***</b>			
<b>ENDARI ORAL PACKET 5 GM</b>	l-glutamine	Common Formulary	PA; QLL
<b>*Cobalamins***</b>			
<i>cyanocobalamin injection solution 1000 mcg/ml</i>		Common Formulary	
<b>DODEX INJECTION SOLUTION 1000 MCG/ML</b>	cyanocobalamin	Common Formulary	
<b>*Cytotoxic Agents***</b>			
<b>DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG</b>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
SIKLOS ORAL TABLET 100 MG, 1000 MG		Common Formulary	AL (Min 2 Years)
XROMI ORAL SOLUTION 100 MG/ML		Common Formulary	
<b>*Erythropoiesis-Stimulating Agents (Esas)***</b>			
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
<b>*Folic Acid/Folate Combinations***</b>			
<i>folbee oral tablet 2.5-25-1 mg</i>	Airavite	Common Formulary	OTC
<i>westab one oral tablet 2.5-25-1 mg</i>	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	

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML</b>		Non-Preferred	PA
<b>NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>		Non-Preferred	PA
<b>NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>		Non-Preferred	PA
<b>STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>		Non-Preferred	PA; QLL
<b>UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>		Non-Preferred	PA; QLL
<b>UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML</b>		Non-Preferred	PA; QLL
<b>UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>		Non-Preferred	PA; QLL
<b>ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML</b>		Non-Preferred	PA; QLL
<b>ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML</b>		Non-Preferred	PA; QLL
<b>*Granulocyte/Macrophage Colony-Stimulating Factor(Gm- Csf)***</b>			
<b>LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG</b>		Non-Preferred	PA
<b>*Hematopoietic Autologous Cellular Gene Therapy**</b>			
<b>ZYNTGLO INTRAVENOUS SUSPENSION</b>		State Carve-Out	
<b>*Hypoxia-Inducible Factor Prolyl Hydroxylase Inhibitors***</b>			
<b>JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG</b>		Non-Preferred	PA; AL (Min 18 Years)
<b>VAFSEO ORAL TABLET 150 MG, 300 MG</b>		Non-Preferred	PA
<b>*Iron Combinations***</b>			
<i>iron 100 plus oral tablet 100-250-0.025-1 mg</i>	Icar-C Plus	Common Formulary	AL (Max 12 Years); OTC

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

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

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

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

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG</b>	zolpidem tartrate er	State Carve-Out	
<b>AMBIEN ORAL TABLET 10 MG, 5 MG</b>	zolpidem tartrate	State Carve-Out	
<b>EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG</b>		State Carve-Out	
<b>LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG</b>	eszopiclone	State Carve-Out	
<b>*Orexin Receptor Antagonists***</b>			
<b>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</b>		State Carve-Out	
<b>*Selective Alpha2-Adrenoreceptor Agonist Sedatives***</b>			
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	Precedex	State Carve-Out	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	Precedex	State Carve-Out	
<b>IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG</b>		State Carve-Out	
<b>PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML</b>	dexmedetomidine hcl	State Carve-Out	
<b>PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML</b>	dexmedetomidine hcl in nacl	State Carve-Out	
<b>*Selective Melatonin Receptor Agonists***</b>			
<i>ramelteon oral tablet 8 mg</i>	Rozerem	State Carve-Out	
<i>tasimelteon oral capsule 20 mg</i>	Hetlioz	State Carve-Out	
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	tasimelteon	State Carve-Out	
<b>ROZEREM ORAL TABLET 8 MG</b>	ramelteon	State Carve-Out	
<b>*LAXATIVES*</b>			
<b>*Bowel Evacuant Combinations***</b>			
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	Suprep Bowel Prep Kit	Common Formulary	QLL
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	GaviLyte-N with Flavor Pack	Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	GaviLyte-G	Common Formulary	
<b>GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM</b>		Common Formulary	
<b>GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM</b>	peg-3350/electrolytes	Common Formulary	
<b>GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM</b>	peg 3350-kcl-na bicarb-nacl	Common Formulary	
<b>*Bulk Laxatives***</b>			
<i>fiber laxative + calcium oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>fiber oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>fiber therapy oral tablet 500 mg</i>	Citrucel	Preferred	OTC
<i>fiber-lax oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>ft fiber laxative oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>gnp fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	Common Formulary	OTC
<i>gnp fiber-caps oral tablet 625 mg</i>	FiberCon	Preferred	OTC
<i>gnp natural fiber oral capsule 0.52 gm</i>	Medi-Mucil	Preferred	OTC
<i>gnp natural fiber oral powder 28.3 %</i>	Metamucil Smooth Texture	Common Formulary	OTC
<i>sm fiber oral powder 28.3 %, 58.6 %</i>	Metamucil Smooth Texture	Common Formulary	OTC
<i>sm fiber oral powder 43 %</i>	Metamucil 4 in 1 Fiber	Common Formulary	OTC
<b>*Laxatives - Miscellaneous***</b>			
<i>constulose oral solution 10 gm/15ml</i>		Common Formulary	
<i>ft clearlax oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC
<i>gavilax oral packet 8.5 gm</i>		Common Formulary	OTC
<i>gavilax oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>		Common Formulary	
<i>lactulose solution 10 gm/15ml oral</i>		State Carve-Out	
<i>lactulose solution 20 gm/30ml oral</i>		State Carve-Out	
<i>peg 3350 oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	ClearLax	Common Formulary	OTC
<b>CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	ft clearlax	Common Formulary	OTC
<b>GLYCOLAX ORAL POWDER 17 GM/SCOOP</b>	ft clearlax	Common Formulary	OTC
<b>GNP CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	ft clearlax	Common Formulary	OTC
<b>GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	ft clearlax	Common Formulary	OTC
<b>HM CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	ft clearlax	Common Formulary	OTC
<b>PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM</b>		Preferred	OTC
<b>SM CLEARLAX ORAL POWDER 17 GM/SCOOP</b>	ft clearlax	Common Formulary	OTC
<b>*Laxatives &amp; Dss***</b>			
<i>senna plus oral capsule 50-8.6 mg</i>		Common Formulary	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Colace 2-IN-1	Common Formulary	OTC
<i>stool softener/laxative oral capsule 50-8.6 mg</i>		Common Formulary	OTC
<b>*Lubricant Laxatives***</b>			
<i>enema mineral oil rectal enema</i>	Fleet Oil	Common Formulary	OTC
<i>ft enema mineral oil rectal enema</i>	Fleet Oil	Common Formulary	OTC
<i>hm enema mineral oil rectal enema</i>	Fleet Oil	CSHCS Coverage	OTC
<i>sm mineral oil enema rectal</i>	Fleet Oil	CSHCS Coverage	OTC
<i>sm mineral oil rectal enema</i>	Fleet Oil	Common Formulary	OTC
<b>FLEET OIL RECTAL ENEMA</b>	enema mineral oil	CSHCS Coverage	OTC
<b>*Saline Laxative Mixtures***</b>			
<i>enema ready-to-use rectal enema 7-19 gm/118ml</i>	Fleet Enema	CSHCS Coverage	OTC
<i>enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	CSHCS Coverage	OTC
<i>ft enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>ft enema saline rectal enema 7-19 gm/118ml</i>	Fleet Enema	Common Formulary	OTC
<i>hm enema rectal enema 7-19 gm/118ml</i>	Fleet Enema	CSHCS Coverage	OTC
<i>sm enema enema 7-19 gm/118ml rectal</i>	Fleet Enema	CSHCS Coverage	OTC
<i>sm enema rectal enema</i>	Fleet Enema	Common Formulary	OTC
<b>FLEET ENEMA ENEMA RECTAL</b>	ft enema	CSHCS Coverage	OTC
<b>FLEET ENEMA RECTAL ENEMA</b>	ft enema	Common Formulary	OTC
<b>*Saline Laxatives***</b>			
<i>cvs laxative dietary supplemnt oral tablet 500 mg</i>	Phillips	Common Formulary	OTC
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<i>gnp milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<i>hm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	Citroma	Common Formulary	OTC
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %</i>	Dulcolax	Common Formulary	OTC
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	Dulcolax	Common Formulary	OTC
<b>PHILLIPS ORAL TABLET 500 MG</b>	cvs laxative dietary supplemnt	Common Formulary	OTC
<b>*Stimulant Laxatives***</b>			
<i>bisacodyl oral tablet delayed release 5 mg</i>	Dulcolax	Common Formulary	OTC
<i>bisacodyl rectal suppository 10 mg</i>	Dulcolax	Common Formulary	OTC
<i>chocolated laxative oral tablet chewable 15 mg</i>	Ex-Lax	Preferred	OTC
<i>laxative max str oral tablet 25 mg</i>	Ex-Lax Maximum Strength	Common Formulary	OTC
<i>laxative regular strength oral tablet 15 mg</i>	Medi-Lax	Common Formulary	OTC
<i>senna oral capsule 8.6 mg</i>		Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>senna oral liquid 8.8 mg/5ml</i>	OneLAX Senna	Common Formulary	OTC
<i>senna oral syrup 176 mg/5ml</i>		Common Formulary	OTC
<i>senna oral syrup 8.8 mg/5ml</i>	OneLAX Senna	Common Formulary	OTC
<i>sennosides oral tablet 8.6 mg</i>	Black-Draught Lax-Senna	Common Formulary	OTC
<b>SEKOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG</b>	cvs senna-extra	Common Formulary	OTC
<b>*Surfactant Laxatives***</b>			
<i>cvs mini enema rectal enema 20-283 mg</i>	Enemeez Plus	Common Formulary	OTC
<i>cvs stool softener oral capsule 50 mg</i>	Colace Clear	Common Formulary	OTC
<i>docusate calcium oral capsule 240 mg</i>		Common Formulary	OTC
<i>docusate mini rectal enema 283 mg/5ml</i>	Enemeez Mini	CSHCS Coverage	OTC
<i>docusate sodium oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>docusate sodium oral capsule 250 mg</i>	Prolaxa	Common Formulary	OTC
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>		Common Formulary	OTC
<i>ft stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>gnp stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>hm stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>silace oral liquid 150 mg/15ml</i>		Common Formulary	OTC
<i>sm stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>stool softener laxative oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<i>stool softener oral capsule 100 mg</i>	Colace	Common Formulary	OTC
<b>COLACE CLEAR ORAL CAPSULE 50 MG</b>	cvs stool softener	Common Formulary	OTC
<b>DOK ORAL TABLET 100 MG</b>	ft stool softener	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML</b>	docusate mini	CSHCS Coverage	OTC
<b>ENEMEEZ PLUS RECTAL ENEMA 20-283 MG</b>	cvs mini enema	CSHCS Coverage	OTC
<b>*MACROLIDES*</b>			
<b>*Azithromycin***</b>			
<i>azithromycin oral packet 1 gm</i>		Preferred	QLL
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>		Preferred	
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Zithromax	Preferred	
<i>azithromycin oral tablet 250 mg</i>	Zithromax	Preferred	
<i>azithromycin oral tablet 500 mg</i>	Zithromax	Preferred	QLL
<i>azithromycin oral tablet 600 mg</i>		Preferred	QLL
<b>ZITHROMAX ORAL PACKET 1 GM</b>		Non-Preferred	PA; QLL
<b>ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML</b>	azithromycin	Non-Preferred	PA
<b>ZITHROMAX ORAL TABLET 250 MG</b>	azithromycin	Non-Preferred	PA
<b>ZITHROMAX ORAL TABLET 500 MG</b>	azithromycin	Non-Preferred	PA; QLL
<b>ZITHROMAX TRI-PAK ORAL TABLET 500 MG</b>	azithromycin	Non-Preferred	PA; QLL
<b>ZITHROMAX Z-PAK ORAL TABLET 250 MG</b>	azithromycin	Non-Preferred	PA
<b>*Clarithromycin***</b>			
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>		Non-Preferred	PA
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>		Preferred	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>		Preferred	QLL
<b>*Erythromycins***</b>			
<i>erythromycin base oral capsule delayed release particles 250 mg</i>		Non-Preferred	PA
<i>erythromycin base oral tablet 250 mg, 500 mg</i>		Non-Preferred	PA
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	Non-Preferred	PA
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	E.E.S. Granules	Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	EryPed 400	Non-Preferred	PA
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	E.E.S. 400	Preferred	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	Ery-Tab	Non-Preferred	PA
<b>E.E.S. 400 ORAL TABLET 400 MG</b>	erythromycin ethylsuccinate	Non-Preferred	PA
<b>E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML</b>	erythromycin ethylsuccinate	Non-Preferred	PA
<b>ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML</b>	erythromycin ethylsuccinate	Non-Preferred	PA
<b>ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML</b>	erythromycin ethylsuccinate	Non-Preferred	PA
<b>ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG</b>	erythromycin	Non-Preferred	PA
<b>*Fidaxomicin***</b>			
<i>fidaxomicin oral tablet 200 mg</i>	Dificid	Non-Preferred	PA
<b>DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML</b>		Non-Preferred	PA; AL (Max 17 Years)
<b>DIFICID ORAL TABLET 200 MG</b>	fidaxomicin	Preferred	
<b>*MEDICAL DEVICES AND SUPPLIES*</b>			
<b>*Applicators,Cotton Balls,Etc***</b>			
<i>alcohol prep pad , 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol prep pad pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol swabs pad , 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>alcohol swabstick pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>aum alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>cvs alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>cvs prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>eql alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>global alcohol prep ease pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>gnp alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>h-e-b incontrol alcohol pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>hm sterile alcohol prep pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>meijer alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>qc alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>ra alcohol swabs pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>reality swabs pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>sb alcohol prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>sm alcohol prep pad , 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>sure comfort alcohol prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>true comfort pro alcohol prep pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>ultilet alcohol swabs pad</i>	BD Swab Single Use Regular	Preferred	OTC
<i>ultra-care alcohol prep pads pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<i>zevrx sterile alcohol prep pad pad 70 %</i>	BD Swab Single Use Regular	Preferred	OTC
<b>BD SWAB SINGLE USE REGULAR PAD</b>	alcohol prep	Preferred	OTC
<b>CARETOUCH ALCOHOL PREP PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>CURITY ALCOHOL PREPS PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>DROPSAFE ALCOHOL PREP PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>FIFTY50 ALCOHOL PREP PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>RELION ALCOHOL SWABS PAD , 70 %</b>	alcohol prep	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ULTICARE ALCOHOL SWABS PAD, 70 %</b>	alcohol prep	Preferred	OTC
<b>WEBCOL ALCOHOL PREP LARGE PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>WEBCOL ALCOHOL PREP MEDIUM PAD 70 %</b>	alcohol prep	Preferred	OTC
<b>*Blood Pressure Devices***</b>			
<i>blood pressure monitor</i>	3 Series BP Monitor/Wrist	Supplemental Formulary	OTC
<i>blood pressure monitor device</i>	3 Series BP Monitor/Wrist	Supplemental Formulary	OTC
<i>blood pressure monitor/arm device</i>	3 Series BP Monitor/Wrist	Supplemental Formulary	OTC
<b>*Cervical Caps***</b>			
<b>FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM</b>		Common Formulary	
<b>*Condoms - Female***</b>			
<b>FC2 FEMALE CONDOM</b>		Common Formulary	QLL; OTC
<b>*Condoms - Male***</b>			
<i>aimsco lubricated</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>condoms</i>		Preferred	OTC
<i>kimono</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono micro thin</i>	Trustex Non-Lubricated	Common Formulary	QLL; OTC
<i>kimono micro thin plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono ps</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono ps plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono sensation</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>kimono sensation plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>maxx</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>maxx plus</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<i>true cover device</i>	Durex Extra Sensitive Thin	Common Formulary	QLL; OTC
<b>DUREX EXTRA SENSITIVE THIN DEVICE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>DUREX REALFEEL DEVICE</b>		Preferred	OTC
<b>FANTASY LUBRICATED</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>FANTASY LUBRICATED/SPERMICIDE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>KAMELEON LUBRICATED</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>KIMONO COLORS DEVICE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>KIMONO MAXX-LARGE FLARE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>KIMONO SPECIAL DEVICE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>REALITY LATEX CONDOMS</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>REALITY LATEX/ULTRA TEXTURED DEVICE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>REALITY LATEX/ULTRA THIN DEVICE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX COLOR CONDOMS + LUBE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUB/RIBBED/STUDDED</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUB/SPERMICIDE EX ST</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUB/SPERMICIDE XL</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUBRICATED</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUBRICATED EX LARGE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUBRICATED EXTRA ST</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX LUBRICATED/SPERMICIDE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX NATURAL CONDOMS + LUBE</b>	aimsco lubricated	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>TRUSTEX NON-LUBRICATED</b>	kimono micro thin	Common Formulary	QLL; OTC
<b>TRUSTEX RIA LUB/SPERMICIDE</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX RIA LUBRICATED</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>TRUSTEX RIA NON-LUBRICATED</b>	kimono micro thin	Common Formulary	QLL; OTC
<b>TRUSTEX-NONOXYNOL-9/RIB/STUD</b>	aimsco lubricated	Common Formulary	QLL; OTC
<b>*Diaphragms***</b>			
<b>CAYA VAGINAL DIAPHRAGM</b>		Common Formulary	
<b>OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM</b>		Preferred	
<b>WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 %</b>		Common Formulary	
<b>*Glucose Monitoring Test Supplies***</b>			
<i>control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>easy plus ii control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy talk control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy talk control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>easy talk plus ii control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>easy trak control in vitro solution high , low</i>	Advocate Control Solution	Preferred	OTC
<i>easy trak control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>easy trak ii control in vitro liquid normal</i>	Advance Intuition Control	Preferred	OTC
<i>element compact control 2 in vitro solution</i>	Accu-Chek Aviva	Preferred	OTC
<i>element compact control 3 in vitro solution</i>	Accu-Chek Aviva	Preferred	OTC
<i>ge100 control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>glucose control in vitro solution</i>	Accu-Chek Aviva	Preferred	OTC
<i>glucose control in vitro solution normal</i>	Advance Intuition Control	Preferred	OTC
<i>supreme ii high/low control in vitro liquid</i>	Accu-Chek Aviva	Preferred	OTC
<i>verasens glucose control in vitro liquid</i>	Accu-Chek Aviva	Preferred	OTC
<b>ACCU-CHEK AVIVA IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>ADVANCE INTUITION CONTROL IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC
<b>ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ADVOCATE CONTROL SOLUTION IN VITRO LIQUID HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>AGAMATRIX CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>AGAMATRIX CONTROL IN VITRO SOLUTION HIGH</b>	easy plus ii control	Preferred	OTC
<b>AGAMATRIX CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>AGAMATRIX CONTROL NORMAL/HIGH IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>ASSURE 3 CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ASSURE 4 CONTROL LEVEL 1 &amp; 2 IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ASSURE DOSE CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>ASSURE II CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ASSURE II CONTROL LEVEL 1 &amp; 2 IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ASSURE PRISM CONTROL LEVEL 1&amp;2 IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>ASSURE PRO CONTROL LEVEL 1 &amp; 2 IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>BLULINK CONTROL HIGH &amp; LOW IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>CARESENS CONTROL A IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>CONTOUR CONTROL IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC
<b>CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW</b>	easy plus ii control	Preferred	OTC
<b>CONTOUR NEXT CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>COOL CONTROL A IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>COOL CONTROL B IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>DEXCOM G6 RECEIVER DEVICE</b>		Supplemental Formulary	PA
<b>DEXCOM G6 SENSOR</b>	guardian sensor 3	Supplemental Formulary	PA; QLL
<b>DEXCOM G6 TRANSMITTER</b>		Supplemental Formulary	PA; QLL
<b>DEXCOM G7 15 DAY SENSOR</b>	guardian sensor 3	Supplemental Formulary	PA; QLL
<b>DEXCOM G7 RECEIVER DEVICE</b>		Supplemental Formulary	PA
<b>DEXCOM G7 SENSOR</b>	guardian sensor 3	Supplemental Formulary	PA; QLL
<b>DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>DUO-CARE CONTROL SOLUTION IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>EASY STEP CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>EASY STEP CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>EASY TOUCH CONTROL HIGH &amp; LOW IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>EASYMAX CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ELEMENT CONTROL IN VITRO LIQUID HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>ELEMENT CONTROL IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC
<b>EMBRACE CONTROL IN VITRO SOLUTION LOW</b>	easy plus ii control	Preferred	OTC
<b>EMBRACE EVO CONTROL LEVEL 1 IN VITRO LIQUID LOW</b>	easy plus ii control	Preferred	OTC
<b>EMBRACE GLUCOSE CONTROL IN VITRO LIQUID HIGH</b>	easy plus ii control	Preferred	OTC
<b>EMBRACE PRO GLUCOSE CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>EVOLUTION CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>FORA CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>FORA CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>FORACARE GDH CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>FORACARE GDH CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>FREESTYLE CONTROL SOLUTION IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>GLUCOCARD 01 CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>GLUCOCARD 01 CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>GLUCOCARD SHINE CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>GLUCOCOM CONTROL IN VITRO LIQUID HIGH</b>	easy plus ii control	Preferred	OTC
<b>GLUCOCOM CONTROL IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC
<b>GNP EASY TOUCH CONT HIGH/LOW IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>GNP EASY TOUCH CONT HIGH/LOW IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>GOJJI CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>IN TOUCH GLUCOSE CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>INFINITY CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>INFINITY VOICE IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>KROGER HEALTHPRO CONTROL HI/LO IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>LIBERTY GLUCOSE CONTROL IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC
<b>LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION HIGH</b>	easy plus ii control	Preferred	OTC
<b>LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>MYGLUCOHEALTH CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>NEUTEK 2TEK CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ONETOUCH ULTRA CONTROL IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ONETOUCH VERIO IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>ONETOUCH VERIO IN VITRO LIQUID HIGH</b>	easy plus ii control	Preferred	OTC
<b>PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>POCKETCHEM EZ CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>PRODIGY CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>QUICKTEK CONTROL SOLUTION IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>RELION TRUE MET AIR GLUC METER KIT W/DEVICE</b>	blood glucose monitor system	Supplemental Formulary	OTC
<b>RIGHTEST GC300 CONTROL IN VITRO LIQUID HIGH</b>	easy plus ii control	Preferred	OTC
<b>RIGHTEST GC300 CONTROL IN VITRO LIQUID NORMAL</b>	easy talk control	Preferred	OTC
<b>SMARTEST CONTROL MEDIUM IN VITRO SOLUTION</b>	element compact control 2	Preferred	OTC
<b>SOLUS V2 CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>TAI DOC CONTROL IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>TRUE METRIX AIR GLUCOSE METER KIT W/DEVICE</b>	blood glucose monitor system	Supplemental Formulary	OTC
<b>TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW</b>	easy plus ii control	Preferred	OTC
<b>TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL</b>	easy talk control	Preferred	OTC
<b>TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH</b>	easy plus ii control	Preferred	OTC
<b>TRUE METRIX METER KIT W/DEVICE</b>	blood glucose monitor system	Supplemental Formulary	OTC
<b>TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>UNISTRIP CONTROL IN VITRO SOLUTION HIGH , LOW</b>	easy plus ii control	Preferred	OTC
<b>VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID</b>	element compact control 2	Preferred	OTC
<b>*Insulin Administration Supplies***</b>			
<b>OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD 5 DEXG7G6 PODS GEN 5</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD 5 LIBRE2 PLUS G6 KIT</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD 5 LIBRE2 PLUS G6 PODS</b>		Supplemental Formulary	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>OMNIPOD DASH INTRO (GEN 4) KIT</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD DASH PDM (GEN 4) KIT</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD DASH PODS (GEN 4)</b>		Supplemental Formulary	PA; QLL
<b>OMNIPOD GO KIT 35 UNIT/24HR, 40 UNIT/24HR</b>		Supplemental Formulary	PA; QLL
<b>TWIIST REFILL KIT KIT</b>		Supplemental Formulary	PA; QLL
<b>TWIIST REFILL KIT/INFUSION SET KIT</b>		Supplemental Formulary	PA; QLL
<b>TWIIST STARTER KIT KIT</b>		Supplemental Formulary	PA; QLL
<b>*Masks***</b>			
<i>pediatric medium mask</i>	Acteev Protect Face Mask	Common Formulary	QLL; OTC
<i>pediatric small mask</i>	Acteev Protect Face Mask	Common Formulary	QLL; OTC
<b>*Needles &amp; Syringes***</b>			
<b>BD AUTOSHIELD DUO 30G X 5 MM</b>	pen needles	Supplemental Formulary	OTC
<b>BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML</b>	careone insulin syringe	Supplemental Formulary	OTC
<b>BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML</b>		Supplemental Formulary	
<b>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</b>	careone insulin syringe	Supplemental Formulary	OTC
<b>BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML</b>	aq insulin syringe	Supplemental Formulary	OTC
<b>BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM</b>	1st tier unifine pentips	Supplemental Formulary	OTC
<b>BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM</b>	1st tier unifine pentips	Supplemental Formulary	OTC
<b>BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM</b>	1st tier unifine pentips	Supplemental Formulary	OTC
<b>BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM</b>	1st tier unifine pentips	Supplemental Formulary	OTC
<b>BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM</b>	sure comfort pen needles	Supplemental Formulary	OTC

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM</b>	sure comfort pen needles	Supplemental Formulary	OTC
<b>EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM , 32G X 6 MM</b>	1st tier unifine pentips	Supplemental Formulary	OTC
<b>*Peak Flow Meters***</b>			
<i>breathe ease peak flow meter device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>lung perform peak flow meter device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>peak a-i-r flow meter device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>peak flow meter universal rang device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>pure comfort flow meter adult device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<i>pure comfort flow meter child device</i>	Airzone Peak Flow Meter	Common Formulary	QLL; OTC
<b>AIRZONE PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>ASSESS PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>CLEVER CHOICE PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>MICROLIFE DIGITAL PEAK FLOW DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>MINI WRIGHT PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>PEAK AIR PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>PERSONAL BEST FULL RANGE DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>PIKO 1 DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>POCKET PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>POCKETPEAK PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL; OTC
<b>STRIVE DUAL ZONE PEAK FLOW MTR DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL
<b>TRUZONE PEAK FLOW METER DEVICE</b>	breathe ease peak flow meter	Common Formulary	QLL

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>pharmacist choice mask wipes</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>pillow mask/adult</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>pillow mask/child</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>pillow mask/pediatric</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>replacement air filter</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>replacement filters</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>silicone mask/adult</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>silicone mask/infant</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>silicone mask/pediatric</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL
<i>sootheneb nbl 100 adult mask</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>sootheneb nbl 100 child mask</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>sootheneb nbl 100 med cup</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>sootheneb nbl 100 mesh cap</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>spiro pd device</i>	Aerobika	Common Formulary	QLL
<i>tubing/wing tip</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<i>ultra neb accessories kit</i>	Ace Aerosol Cloud Enhancer	Common Formulary	QLL; OTC
<b>ACE AEROSOL CLOUD ENHANCER</b>	adult aerosol mask	Common Formulary	QLL
<b>ACTIVITY POUCH</b>	adult aerosol mask	Common Formulary	QLL
<b>ADAPTER PED DISPOSABLE MOUTHPIECE</b>	adult disposable	Common Formulary	QLL; OTC
<b>AEROBIKA DEVICE</b>	adult mask	Common Formulary	QLL
<b>AEROECLIPSE EZ TWIST TUBING</b>	adult aerosol mask	Common Formulary	QLL
<b>AEROECLIPSE MASK LARGE</b>	adult aerosol mask	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>AEROECLIPSE MASK MEDIUM</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>AEROECLIPSE MASK SMALL</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>AEROTRACH PLUS</b>	adult aerosol mask	Common Formulary	QLL
<b>AIRS PEDIATRIC AEROSOL MASK</b>	adult aerosol mask	Common Formulary	QLL
<b>ALL FLOW 1000 PFT FILTER</b>	adult aerosol mask	Common Formulary	QLL
<b>ALL FLOW 1000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ALL FLOW 2000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ALL FLOW 3000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ALL FLOW 4000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ALL FLOW 5000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ALL FLOW 6000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ALL FLOW 7000 PFT FILTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>BUBBLES THE FISH II PEDI MASK</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>CARETOUCH 2 CPAP HOSE HANGER</b>	adult aerosol mask	Common Formulary	QLL
<b>CARETOUCH CPAP &amp; BIPAP HOSE</b>	adult aerosol mask	Common Formulary	QLL
<b>CARETOUCH CPAP MASK WIPES</b>	adult aerosol mask	Common Formulary	QLL
<b>CARETOUCH CPAP PRE-WASH SOLN</b>	adult aerosol mask	Common Formulary	QLL
<b>CARETOUCH CPAP TUBE BRUSH</b>	adult aerosol mask	Common Formulary	QLL
<b>CARETOUCH UNIVERSL CPAP FILTER</b>	adult aerosol mask	Common Formulary	QLL
<b>EASY FLOW 300 MM HOSE</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>EASY FLOW 400 MM HOSE</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>EASY FLOW AIR NOZZLE</b>	adult aerosol mask	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>EASY FLOW HEPA FILTER</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>EBASE CONTROLLER KIT</b>	adult aerosol mask	Common Formulary	QLL
<b>FLYP HYPERSONIQ CARTRIDGE</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>IN-CHECK DIAL FLOW TRAINER DEVICE</b>	adult mask	Common Formulary	QLL
<b>IN-CHECK INSPIRATORY FLOW MTR DEVICE</b>	adult mask	Common Formulary	QLL
<b>INNOSPIRE REPLACEMENT FILTER</b>	adult aerosol mask	Common Formulary	QLL
<b>KOKO PEAK PRO MOUTHPIECE</b>	adult disposable	Common Formulary	QLL; OTC
<b>LITETOUCH MASK LARGE</b>	adult aerosol mask	Common Formulary	QLL
<b>LITETOUCH MASK MEDIUM</b>	adult aerosol mask	Common Formulary	QLL
<b>LITETOUCH MASK SMALL</b>	adult aerosol mask	Common Formulary	QLL
<b>MINIELITE FILTER REPLACEMENTS</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>OMBRA COMPRESSOR AIR FILTERS</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>OMBRA TABLE TOP COMPRESSOR DEVICE</b>	adult mask	Common Formulary	QLL
<b>ONE FLOW SPIROMETER DEVICE</b>	adult mask	Common Formulary	QLL
<b>ONE FLOW TESTER MOUTHPIECE</b>	adult disposable	Common Formulary	QLL; OTC
<b>PARI ALTERA NEBULIZER HANDSET</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI BABY CONVERSION KIT</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI ERAPID NEBULIZER HANDSET</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI EXPIRATORY FILTER SET DEVICE</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI MANUAL INTERRUPTER DEVICE</b>	adult mask	Common Formulary	QLL
<b>PARI MASK SET</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI SMARTMASK BABY/ELBOW</b>	adult aerosol mask	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>PARI SOFT PLASTIC ADULT MASK</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI SOFT PLASTIC PED MASK</b>	adult aerosol mask	Common Formulary	QLL
<b>PARI TREK S COMBO PACK DEVICE</b>	adult mask	Common Formulary	QLL
<b>PFLEX</b>	adult aerosol mask	Common Formulary	QLL
<b>PRONEB ULTRA FILTER SET</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>QUAKE DEVICE</b>	adult mask	Common Formulary	QLL
<b>REUSABLE COMFORTSEAL MASK-LRG</b>	adult aerosol mask	Common Formulary	QLL
<b>REUSABLE COMFORTSEAL MASK-MED</b>	adult aerosol mask	Common Formulary	QLL
<b>REUSABLE COMFORTSEAL MASK-SML</b>	adult aerosol mask	Common Formulary	QLL
<b>SAMI THE SEAL FILTERS</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>SIDESTREAM ADULT FACE MASK</b>	adult aerosol mask	Common Formulary	QLL
<b>SIDESTREAM PEDIATRIC FACE MASK</b>	adult aerosol mask	Common Formulary	QLL
<b>SIDESTREAM PLS ADULT FACE MASK</b>	adult aerosol mask	Common Formulary	QLL; OTC
<b>THRESHOLD IMT</b>	adult aerosol mask	Common Formulary	QLL
<b>THRESHOLD PEP DEVICE</b>	adult mask	Common Formulary	QLL
<b>VERSAPAP DEVICE</b>	adult mask	Common Formulary	QLL
<b>VERSAPAP W/UNIVERSAL TUBING DEVICE</b>	adult mask	Common Formulary	QLL
<b>WINDMILL TRAINER</b>	adult aerosol mask	Common Formulary	QLL
<b>*Spacer/Aerosol-Holding Chambers &amp; Supplies***</b>			
<i>breathe comfort chamber/adult device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>breathe comfort chamber/child device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>breathe ease large device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>breathe ease medium device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>breathe ease small device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static l device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static m device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>eq space chamber anti-static s device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>pro comfort spacer adult</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>pro comfort spacer child</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>pro comfort spacer infant device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>procare spacer/adult mask device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>procare spacer/child mask device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<i>prochamber vhc device</i>	AeroChamber Holding Chamber	Common Formulary	QLL
<i>pure comfort spacer chamber device</i>	AeroChamber Holding Chamber	Common Formulary	QLL; OTC
<b>AEROCHAMBER HOLDING CHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER MINI CHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER MV</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLS FLOVU MTHPIECE DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU INTERM DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU LARGE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU LARGE DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>AEROCHAMBER PLUS FLO-VU MEDIUM</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU SMALL</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLO-VU SMALL DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER PLUS FLOW VU</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER W/FLOWSIGNAL</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER Z-STAT PLUS</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER Z-STAT PLUS CHAMBR</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER Z-STAT PLUS/LARGE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER Z-STAT PLUS/MEDIUM</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROCHAMBER Z-STAT PLUS/SMALL</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>AEROVENT PLUS DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>BREATHERITE VALVED MDI CHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>CLEVER CHOICE HOLDING CHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>COMPACT SPACE CHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>COMPACT SPACE CHAMBER/LG MASK DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>COMPACT SPACE CHAMBER/MED MASK DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>COMPACT SPACE CHAMBER/SM MASK DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>EASIVENT</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>EASIVENT MASK LARGE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>EASIVENT MASK MEDIUM</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>EASIVENT MASK SMALL</b>	breathe comfort chamber/adult	Common Formulary	QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>FLEXICHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>INSPIREASE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>MASK VORTEX/CHILD/FROG</b>		Common Formulary	QLL; OTC
<b>MASK VORTEX/TODDLER/LADYBUG</b>		Common Formulary	QLL; OTC
<b>MICROCHAMBER</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>MICROCHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>MICROSPACER</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>OPTICHAMBER DIAMOND</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>OPTICHAMBER DIAMOND DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>OPTICHAMBER DIAMOND-LG MASK DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>OPTICHAMBER DIAMOND-MD MASK</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>OPTICHAMBER DIAMOND-SM MASK</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>PANDA MASK LARGE</b>		Common Formulary	QLL; OTC
<b>PANDA MASK MEDIUM</b>		Common Formulary	QLL; OTC
<b>PANDA MASK SMALL</b>		Common Formulary	QLL; OTC
<b>PARI VORTEX ADULT MASK</b>		Common Formulary	QLL; OTC
<b>PEDIATRIC PANDA MASK</b>		Common Formulary	QLL; OTC
<b>POCKET CHAMBER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>POCKET SPACER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>RITEFLO DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>VORTEX HOLD CHMBR/MASK/CHILD DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL
<b>VORTEX HOLD CHMBR/MASK/TODDLER DEVICE</b>	breathe comfort chamber/adult	Common Formulary	QLL

Formulary Drug Name	Reference	Tiering	Restrictions
VORTEX VALVED HOLDING CHAMBER DEVICE	breathe comfort chamber/adult	Common Formulary	QLL
<b>*MIGRAINE PRODUCTS*</b>			
<b>*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***</b>			
NURTEC ORAL TABLET DISPERSIBLE 75 MG		Preferred	PA; QLL
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG		Preferred	PA; QLL
UBRELVY ORAL TABLET 100 MG, 50 MG		Preferred	PA; QLL
ZAVZPRET NASAL SOLUTION 10 MG/ACT		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>*Cgrp Receptor Antagonists - Monoclonal Antibodies***</b>			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Preferred	PA; QLL
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML		Preferred	PA; QLL
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML		Preferred	PA; QLL
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Preferred	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		Preferred	PA; QLL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Preferred	PA; QLL
<b>*Migraine Products - Cyclooxygenase 2 (Cox-2) Inhibitors***</b>			
ELYXYB ORAL SOLUTION 120 MG/4.8ML		Non-Preferred	PA
<b>*Selective Serotonin Agonist-Nsaid Combinations***</b>			
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	Treximet	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>SYMBRAVO ORAL TABLET 20-10 MG</b>		Non-Preferred	PA; QLL
<b>*Selective Serotonin Agonists 5-Ht(1)***</b>			
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>		Non-Preferred	PA; QLL
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	Relpax	Non-Preferred	PA; QLL
<i>frovatriptan succinate oral tablet 2.5 mg</i>	Frova	Non-Preferred	PA; QLL
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>		Non-Preferred	PA; QLL
<i>rizatriptan benzoate oral tablet 10 mg</i>	Maxalt	Preferred	QLL
<i>rizatriptan benzoate oral tablet 5 mg</i>		Preferred	QLL
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	Maxalt-MLT	Preferred	QLL
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		Preferred	QLL
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>		Preferred	PA; QLL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Imitrex	Preferred	QLL
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose Refill	Preferred	QLL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		Preferred	QLL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	Imitrex STATdose System	Preferred	QLL
<i>zolmitriptan nasal solution 2.5 mg, 5 mg</i>	Zomig	Non-Preferred	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	Zomig	Non-Preferred	PA; QLL
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>		Non-Preferred	PA; QLL
<b>FROVA ORAL TABLET 2.5 MG</b>	frovatriptan succinate	Non-Preferred	PA; QLL
<b>IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG</b>	sumatriptan succinate	Non-Preferred	PA; QLL
<b>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML</b>		Non-Preferred	PA; QLL
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML</b>		Non-Preferred	PA; QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML</b>	sumatriptan succinate	Non-Preferred	PA; QLL
<b>MAXALT ORAL TABLET 10 MG</b>	rizatriptan benzoate	Non-Preferred	PA; QLL
<b>MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG</b>	rizatriptan benzoate	Non-Preferred	PA; QLL
<b>RELPAK ORAL TABLET 20 MG, 40 MG</b>	eletriptan hydrobromide	Non-Preferred	PA; QLL
<b>TOSYMRA NASAL SOLUTION 10 MG/ACT</b>		Non-Preferred	PA; QLL
<b>ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML</b>		Non-Preferred	PA
<b>ZOMIG NASAL SOLUTION 2.5 MG, 5 MG</b>	zolmitriptan	Non-Preferred	PA
<b>ZOMIG ORAL TABLET 2.5 MG, 5 MG</b>	zolmitriptan	Non-Preferred	PA; QLL
<b>*Selective Serotonin Agonists 5- Ht(1F)***</b>			
<b>REYVOW ORAL TABLET 100 MG, 50 MG</b>		Non-Preferred	PA; QLL
<b>*MINERALS &amp; ELECTROLYTES*</b>			
<b>*Calcium Combinations***</b>			
<i>calcium + d3 oral tablet 250-3 mg-mcg</i>		Common Formulary	OTC
<i>calcium + vitamin d3 oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Common Formulary	OTC
<i>calcium 600+d3 oral tablet 600-20 mg- mcg</i>	Caltrate 600+D3	Common Formulary	OTC
<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i>	One Vite Calcium + D3	Common Formulary	OTC
<i>calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg</i>	Citracal Maximum	Common Formulary	OTC
<i>calcium-vitamin d3 oral tablet 250-3.125 mg-mcg</i>		Common Formulary	OTC
<i>citrus calcium/vitamin d oral tablet 200- 6.25 mg-mcg</i>	Citracal Petites/Vitamin D	Preferred	OTC
<i>gnp calcium citrate +d3 oral tablet 315- 6.25 mg-mcg</i>	Citracal Maximum	Common Formulary	OTC
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	Oysco 500+D	Common Formulary	OTC
<i>sm calcium 500/vitamin d3 oral tablet 500-10 mg-mcg</i>		Common Formulary	OTC
<i>sm calcium citrate-vit d oral tablet 315-5 mg-mcg</i>		Common Formulary	OTC
<i>sm oyster shell calcium/vit d oral tablet 500-10 mg-mcg</i>		Common Formulary	OTC
<i>sm oyster shell calcium/vit d3 oral tablet 500-10 mg-mcg</i>		Common Formulary	OTC
<b>OS-CAL CALCIUM + D3 ORAL TABLET 500-5 MG-MCG</b>	calcium + vitamin d3	Common Formulary	OTC
<b>OS-CAL EXTRA D3 ORAL TABLET 500-15 MG-MCG</b>	calcium 500 + d3	Common Formulary	OTC
<b>OYSCO 500+D ORAL TABLET 500-5 MG-MCG</b>	calcium + vitamin d3	Common Formulary	OTC
<b>*Calcium***</b>			
<i>calcium citrate oral tablet 950 (200 ca) mg</i>		Common Formulary	OTC
<i>calcium gluconate intravenous solution 10 %</i>		CSHCS Coverage	
<i>gnp calcium oral tablet 1500 (600 ca) mg</i>		Common Formulary	OTC
<i>oyster shell calcium oral tablet 500 mg</i>		Common Formulary	OTC
<b>*Electrolytes Oral***</b>			
<i>pediatric electrolyte oral solution</i>	Pedialyte	Common Formulary	OTC
<i>truelyte oral solution</i>	Pedialyte	Common Formulary	OTC
<b>PEDIALYTE FREEZER POPS ORAL SOLUTION</b>	pediatric electrolyte	Common Formulary	OTC
<b>PEDIALYTE ORAL SOLUTION</b>	pediatric electrolyte	Common Formulary	OTC
<b>PEDIALYTE SINGLES ORAL SOLUTION</b>	pediatric electrolyte	Common Formulary	OTC
<b>REHYDRALYTE ORAL SOLUTION</b>	pediatric electrolyte	Common Formulary	OTC
<b>*Fluoride***</b>			
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		Common Formulary	QLL; AL (Max 16 Years)
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>		Common Formulary	QLL; AL (Max 16 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Magnesium Combinations***</b>			
<b>BEELITH ORAL TABLET 362-20 MG</b>		CSHCS Coverage	OTC
<b>SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG</b>		Common Formulary	OTC
<b>SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG</b>		Common Formulary	OTC
<b>*Magnesium***</b>			
<i>chelated magnesium oral tablet 100 mg</i>		CSHCS Coverage	OTC
<i>cvs magnesium oxide oral tablet 250 mg</i>		Preferred	OTC
<i>magnesium chloride injection solution 200 mg/ml</i>		Common Formulary	
<i>magnesium citrate oral tablet 100 mg</i>		CSHCS Coverage	OTC
<i>magnesium gluconate oral tablet 27.5 mg</i>		CSHCS Coverage	OTC
<i>magnesium oxide -mg supplement oral tablet 250 mg</i>		Preferred	OTC
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	Common Formulary	OTC
<i>magnesium oxide -mg supplement tablet 400 (240 mg) mg oral</i>	MAGnesium-Oxide	CSHCS Coverage	OTC
<i>magnesium oxide -mg supplement tablet 500 mg oral</i>		CSHCS Coverage	OTC
<i>magnesium sulfate injection solution 50 %</i>		Common Formulary	
<i>natrul magnesium oral tablet 250 mg</i>		Preferred	OTC
<i>sm magnesium oral tablet 250 mg</i>		Common Formulary	OTC
<i>sm magnesium oxide oral tablet 250 mg</i>		Preferred	OTC
<i>true magnesium oxide oral tablet 400 mg</i>	MAGnesium-Oxide	Common Formulary	OTC
<i>true magnesium oxide oral tablet 500 mg</i>		Common Formulary	OTC
<i>true magnesium oxide tablet 400 mg oral</i>	MAGnesium-Oxide	CSHCS Coverage	OTC
<i>true magnesium oxide tablet 500 mg oral</i>		CSHCS Coverage	OTC
<i>well magnesium oxide oral tablet 400 (240 mg) mg</i>	MAGnesium-Oxide	CSHCS Coverage	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG</b>	magnesium oxide -mg supplement	Common Formulary	OTC
<b>MAGNESIUM-OXIDE TABLET 400 (240 MG) MG ORAL</b>	magnesium oxide -mg supplement	CSHCS Coverage	OTC
<b>SLOWMAG MG MUSCLE HLTH/RECOVER ORAL TABLET CHEWABLE 85 MG</b>		CSHCS Coverage	OTC
<b>*Phosphate***</b>			
<i>phos-nak oral packet 280-160-250 mg</i>		CSHCS Coverage	OTC
<i>phosphorous oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	Preferred	
<i>phosphorus supplement oral packet 280-160-250 mg</i>		CSHCS Coverage	OTC
<i>phosphorus w/sod &amp; potassium oral packet 280-160-250 mg</i>		CSHCS Coverage	OTC
<i>potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml</i>		Common Formulary	
<i>sodium phosphates intravenous solution 45 mmole/15ml</i>		Common Formulary	
<i>sodium phosphates solution 15 mmole/5ml intravenous</i>		CSHCS Coverage	
<i>sodium phosphates solution 150 mmole/50ml intravenous</i>		CSHCS Coverage	
<i>sodium phosphates solution 45 mmole/15ml intravenous</i>		CSHCS Coverage	
<i>sodium-potassium-phosphorus oral packet 160-280-250 mg</i>		CSHCS Coverage	OTC
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	Phospha 250 Neutral	Preferred	OTC
<b>GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML</b>		Common Formulary	
<b>K-PHOS ORAL TABLET 500 MG</b>		Common Formulary	
<b>PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG</b>	phosphorous	Preferred	
<b>PHOSPHO-TRIN 250 NEUTRAL ORAL TABLET 155-852-130 MG</b>	phosphorous	Preferred	
<b>PHOSPHO-TRIN K500 ORAL TABLET 500 MG</b>		Common Formulary	
<b>*Potassium***</b>			
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Klor-Con M10	Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Klor-Con M20	Common Formulary	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>		Common Formulary	
<i>potassium chloride er oral tablet extended release 10 meq</i>	Klor-Con 10	Common Formulary	
<i>potassium chloride er oral tablet extended release 20 meq</i>		Common Formulary	
<i>potassium chloride er oral tablet extended release 8 meq</i>	Klor-Con	Common Formulary	
<b>EFFER-K ORAL TABLET EFFERVESCENT 25 MEQ</b>		Common Formulary	
<b>KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	potassium chloride er	Common Formulary	
<b>KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ</b>	potassium chloride crys er	Common Formulary	
<b>KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ</b>	potassium chloride crys er	Common Formulary	
<b>KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ</b>	potassium chloride er	Common Formulary	
<b>KLOR-CON/EF ORAL TABLET EFFERVESCENT 25 MEQ</b>		Common Formulary	
<b>*Sodium***</b>			
<i>sodium chloride intravenous solution 0.9 %</i>		Common Formulary	
<i>sodium chloride oral tablet 1 gm</i>		CSHCS Coverage	OTC
<b>*MISCELLANEOUS THERAPEUTIC CLASSES*</b>			
<b>*Antileprotics***</b>			
<b>THALOMID ORAL CAPSULE 100 MG, 50 MG</b>		Common Formulary	PA
<b>*Cyclosporine Analogs***</b>			
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i>	Gengraf	Common Formulary	
<i>cyclosporine modified oral capsule 50 mg</i>		Common Formulary	
<i>cyclosporine modified oral solution 100 mg/ml</i>	Gengraf	Common Formulary	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	SandIMMUNE	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>GENGRAF ORAL CAPSULE 100 MG, 25 MG</b>	cyclosporine modified	Common Formulary	
<b>GENGRAF ORAL SOLUTION 100 MG/ML</b>	cyclosporine modified	Common Formulary	
<b>NEORAL ORAL CAPSULE 100 MG, 25 MG</b>	cyclosporine modified	Common Formulary	
<b>NEORAL ORAL SOLUTION 100 MG/ML</b>	cyclosporine modified	Common Formulary	
<b>SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG</b>	cyclosporine	Common Formulary	
<b>*Immunomodulators For Myelodysplastic Syndromes***</b>			
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Revlimid	Common Formulary	
<b>REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG</b>	lenalidomide	Common Formulary	
<b>*Inosine Monophosphate Dehydrogenase Inhibitors***</b>			
<i>mycophenolate mofetil oral capsule 250 mg</i>	CellCept	Common Formulary	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	CellCept	Common Formulary	
<i>mycophenolate mofetil oral tablet 500 mg</i>	CellCept	Common Formulary	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	Common Formulary	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	Myfortic	Common Formulary	
<b>CELLCEPT ORAL CAPSULE 250 MG</b>	mycophenolate mofetil	Common Formulary	
<b>CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML</b>	mycophenolate mofetil	Common Formulary	
<b>CELLCEPT ORAL TABLET 500 MG</b>	mycophenolate mofetil	Common Formulary	
<b>MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG</b>	mycophenolate sodium	Common Formulary	
<b>*Macrolide Immunosuppressants***</b>			
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	Zortress	Common Formulary	
<i>sirolimus oral solution 1 mg/ml</i>		Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>		Common Formulary	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Prograf	Common Formulary	
<b>ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG</b>		Common Formulary	
<b>ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG</b>		Common Formulary	
<b>PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG</b>	tacrolimus	Common Formulary	
<b>PROGRAF ORAL PACKET 0.2 MG, 1 MG</b>		Common Formulary	
<b>RAPAMUNE ORAL SOLUTION 1 MG/ML</b>	sirolimus	Common Formulary	
<b>RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG</b>	sirolimus	Common Formulary	
<b>ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG</b>	everolimus	Common Formulary	
<b>*Misc Natural Products***</b>			
<i>eczema &amp; psoriasis spray oral liquid</i>	Body Choice Hoodia Weight Loss	State Carve-Out	OTC
<i>essiac tonic oral liquid</i>	Body Choice Hoodia Weight Loss	State Carve-Out	OTC
<b>BODY CHOICE HOODIA WEIGHT LOSS ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>CRAMP RELEAF ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>CRANBLADDER RELEAF ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>CRAN-B-OTC ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>CYSTEX URINARY HEALTH ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>DEEP HEALTH ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>DEEP SLEEP ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>EARLY ALERT ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>HERBAPROFEN ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>IBEROGAST ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>LOVIRAL ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>LUNG TONIC ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>LYDIA PINKHAM ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>LYMPHATONIC ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>MENOPAUTONIC ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>MOUTH TONIC ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>PHYTOCILLIN ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>RESPIRATONIC ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>SINGERS SAVING GRACE THROAT ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>STRESS RELEAF ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>ZARBEES THROAT SPRAY CHILDRENS ORAL LIQUID</b>	eczema & psoriasis spray	State Carve-Out	OTC
<b>*Miscellaneous Therapeutic Classes***</b>			
<i>ammonia inhalants inhalation inhaler</i>		State Carve-Out	OTC
<i>qc aromatic ammonia inhalation spirit</i>		State Carve-Out	OTC
<b>*Monoclonal Antibodies***</b>			
<b>ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML</b>		Common Formulary	PA; QLL
<b>*Potassium Removing Agents***</b>			
<i>sodium polystyrene sulfonate oral powder</i>		Common Formulary	
<b>LOKELMA ORAL PACKET 10 GM, 5 GM</b>		Preferred	
<b>SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML</b>	sodium polystyrene sulfonate	Preferred	
<b>SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML</b>		Preferred	
<b>VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM</b>		Non-Preferred	PA
<b>*Purine Analogs***</b>			
<i>azathioprine oral tablet 100 mg, 75 mg</i>	Azasan	Common Formulary	
<i>azathioprine oral tablet 50 mg</i>	Imuran	Common Formulary	
<b>AZASAN ORAL TABLET 100 MG, 75 MG</b>	azathioprine	Common Formulary	
<b>IMURAN ORAL TABLET 50 MG</b>	azathioprine	Common Formulary	
<b>*Rock Inhibitors***</b>			
<b>REZUROCK ORAL TABLET 200 MG</b>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*MOUTH/THROAT/DENTAL AGENTS*</b>			
<b>*Anesthetics Topical Oral***</b>			
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>		Common Formulary	
<b>*Anti-Infectives - Throat***</b>			
<i>clotrimazole mouth/throat troche 10 mg</i>		Preferred	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		Preferred	
<b>ORAVIG BUCCAL TABLET 50 MG</b>		Non-Preferred	PA
<b>*Antiseptics - Mouth/Throat***</b>			
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	Peridex	Common Formulary	
<b>*Dental Products - Combinations***</b>			
<i>denta 5000 plus sensitive dental gel 1.1-5 %</i>	Fluoridex Sensitivity Relief	Common Formulary	
<b>*Fluoride Dental Products***</b>			
<i>dentagel dental gel 1.1 %</i>	PreviDent	Common Formulary	
<i>sf 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	Common Formulary	
<i>sf dental gel 1.1 %</i>	PreviDent	Common Formulary	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	Denta 5000 Plus	Common Formulary	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	Denta 5000 Plus	Common Formulary	
<i>sodium fluoride 5000 ppm dental gel 1.1 %</i>	PreviDent	Common Formulary	
<i>sodium fluoride dental gel 1.1 %</i>	PreviDent	Common Formulary	
<b>DENTA 5000 PLUS DENTAL CREAM 1.1 %</b>	sf 5000 plus	Common Formulary	
<b>*Saliva Stimulants***</b>			
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Salagen	Common Formulary	
<b>*Steroids - Mouth/Throat/Dental***</b>			
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	Oralone	Common Formulary	QLL

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>ORALONE MOUTH/THROAT PASTE 0.1 %</b>	triamcinolone acetonide	Common Formulary	
<b>*MULTIVITAMINS*</b>			
<b>*B-Complex Vitamins***</b>			
<i>b complex oral capsule</i>		Common Formulary	OTC
<i>b-complex/b-12 oral tablet</i>		Common Formulary	OTC
<i>vitamin b complex oral capsule</i>		Common Formulary	OTC
<i>vitamin b complex w/b-12 oral tablet</i>		Common Formulary	OTC
<i>vitamin b-complex 100 injection solution</i>		CSHCS Coverage	
<b>*B-Complex W/ C &amp; Folic Acid***</b>			
<i>folika-bc oral tablet 1 mg</i>	Dialyvite	Common Formulary	OTC
<i>rena-vite oral tablet</i>	Dialyvite 800	Common Formulary	OTC
<i>rena-vite rx oral tablet 1 mg</i>	Dialyvite	Common Formulary	OTC
<i>reno caps oral capsule 1 mg</i>	Renal	CSHCS Coverage	OTC
<i>tm-vite rx oral tablet 1 mg</i>	Dialyvite	Common Formulary	
<i>triphrocaps oral capsule 1 mg</i>	Renal	CSHCS Coverage	
<i>wescaps oral capsule 1 mg</i>	Renal	CSHCS Coverage	
<b>DIALYVITE 800 ORAL TABLET 0.8 MG</b>	rena-vite	Common Formulary	OTC
<b>DIALYVITE ORAL TABLET</b>	folika-bc	CSHCS Coverage	
<b>NEPHRONEX ORAL TABLET</b>	folika-bc	Common Formulary	
<b>NEPHRO-VITE ORAL TABLET 0.8 MG</b>	rena-vite	Common Formulary	OTC
<b>RENAL ORAL CAPSULE 1 MG</b>	reno caps	CSHCS Coverage	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*B-Complex W/ C***</b>			
<i>ra b-complex/vitamin c cr oral tablet extended release</i>		Common Formulary	OTC
<b>*B-Complex W/ C-Biotin-D &amp; Folic Acid***</b>			
<b>DIALYVITE 800 PLUS D ORAL WAFER 800 MCG</b>		Common Formulary	OTC
<b>*B-Complex W/ C-Biotin-D-Zinc &amp; Folic Acid***</b>			
<b>VITAL-D RX ORAL TABLET 1 MG</b>		Common Formulary	
<b>*B-Complex W/ C-Biotin-E-Minerals &amp; Folic Acid***</b>			
<b>DIALYVITE 3000 ORAL TABLET 3 MG</b>		CSHCS Coverage	
<b>DIALYVITE 5000 ORAL TABLET 5 MG</b>		CSHCS Coverage	
<b>*B-Complex W/ C-Zn &amp; Folic Acid***</b>			
<b>DIALYVITE 800/ZINC ORAL TABLET 0.8 MG</b>		Common Formulary	OTC
<b>DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG</b>		Common Formulary	OTC
<b>DIALYVITE/ZINC ORAL TABLET</b>		CSHCS Coverage	
<b>NEPHPLEX RX ORAL TABLET</b>		CSHCS Coverage	
<b>*B-Complex W/ Folic Acid***</b>			
<i>sm balanced b-100 oral tablet</i>	Big 100	Common Formulary	OTC
<i>sm balanced b-50 oral tablet</i>	Big 100	Common Formulary	OTC
<b>*B-Complex W/Biotin &amp; Folic Acid***</b>			
<i>balance b-50 oral tablet</i>	Big 100 (Biotin)	Common Formulary	OTC
<b>*Multiple Vitamins W/ Iron***</b>			
<i>sm multiple vitamins/iron oral tablet</i>	Tab-A-Vite/Iron	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>*Multiple Vitamins W/ Minerals***</b>			
<i>dialyvite 800/ultra d oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>glucoten oral capsule</i>	Dexatran	Common Formulary	OTC
<i>gnp healthy eyes oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp mega multi for men oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp mega multi for women oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily mens health 50+ oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily mens/lycopene oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily womens 50+ oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>gnp one daily womens oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>i-vite oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>one-daily multi caps oral capsule</i>	Dexatran	Common Formulary	OTC
<i>sentry senior oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm complete advanced formula oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm complete oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm complete senior formula oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm daily diet support oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>sm opti-vitamins oral tablet</i>	Cerovite Senior	Common Formulary	OTC
<i>v-c forte oral capsule</i>	Dexatran	Common Formulary	
<b>CEROVITE SENIOR ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>CERTAVITE/ANTIOXIDANTS ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>COMPETE ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>CORVITA ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>DERMACINRX MULTITAM ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>DERMACINRX RIBOTIN-E ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>DERMACINRX ZINTREXYL-C ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>DEXATRAN ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	
<b>DIALYVITE SUPREME D ORAL TABLET</b>	dialyvite 800/ultra d	CSHCS Coverage	
<b>DIATROL ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>FOLIFLEX ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>FOLITIN-Z ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>ICAPS AREDS FORMULA ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>ICAPS LUTEIN &amp; OMEGA-3 ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>ICAPS MV ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>ICAPS ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>MENATROL ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	
<b>MULTIA ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>MULTITOL-M ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>NUTRICAP ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>NUTRIFAC ZX ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>OCUVITE ADULT 50+ ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>OCUVITE ADULT FORMULA ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>OCUVITE EXTRA ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>OCUVITE EYE + MULTI ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>OCUVITE EYE HEALTH FORMULA ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE</b>	a thru z select	Common Formulary	OTC
<b>OCUVITE-LUTEIN ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>OCUVITE-LUTEIN ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>ONCOVITE ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>PRESERVISION AREDS 2 ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>PRESERVISION AREDS 2 ORAL TABLET CHEWABLE</b>	a thru z select	Common Formulary	OTC
<b>PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>PRESERVISION AREDS ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>PRESERVISION AREDS ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>PRESERVISION/LUTEIN ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>PRORENAL + D ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>PRORENAL + D W/ OMEGA-3 ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>PROSIGHT ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>RENAPLEX ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>RENAPLEX-D ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>SYSTANE ICAPS AREDS2 ORAL CAPSULE</b>	one-daily multi caps	Common Formulary	OTC
<b>SYSTANE ICAPS AREDS2 ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	OTC
<b>SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE</b>	a thru z select	Common Formulary	OTC
<b>UDAMIN SP ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>VENEXA FE ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VENEXA ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VENTRIXYL FE ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VENTRIXYL ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VITA S FORTE ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VITRAMYN ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VITRANOL FE ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>VITRANOL ORAL TABLET</b>	dialyvite 800/ultra d	Common Formulary	
<b>*Multivitamins***</b>			
<i>daily-vite oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>gnp essential one daily oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>sm multiple vitamins essential oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>stress formula oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>tm-daily vite oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<i>true multivitamin oral tablet</i>	Tab-A-Vite/Beta Carotene	Common Formulary	OTC
<b>TAB-A-VITE/BETA CAROTENE ORAL TABLET</b>	daily-vite	Common Formulary	OTC
<b>THERA ORAL TABLET</b>	daily-vite	Common Formulary	OTC
<b>*Niacin W/ Inositol***</b>			
<i>cvs niacin flush free oral capsule 400-100 mg</i>		Common Formulary	OTC
<i>gnp niacin flush free oral capsule 400-100 mg</i>		Common Formulary	OTC
<i>niacin flush free oral capsule 400-100 mg</i>		Common Formulary	OTC
<i>no flush niacin oral capsule 400-100 mg</i>		Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Ped Multi Vitamins W/Fl &amp; Fe***</b>			
<i>multi-vit/iron/fluoride oral solution 0.25-10 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years); OTC
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years)
<b>*Ped Mv W/ Fluoride***</b>			
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	Common Formulary	QLL; AL (Max 12 Years)
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	Common Formulary	QLL; AL (Max 12 Years); OTC
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml</i>	Floriva Plus	Common Formulary	QLL; AL (Max 12 Years)
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	SoluVita with Fluoride	Common Formulary	QLL; AL (Max 12 Years); OTC
<i>multi-vitamin/fluoride oral solution 0.5 mg/ml</i>	SoluVita with Fluoride	Common Formulary	QLL; AL (Max 12 Years)
<i>multivitamin/fluoride oral suspension 0.25 mg/ml</i>	Poly-Vi-Flor	Common Formulary	QLL; AL (Max 12 Years)
<i>multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	Multi-Vit-Flor	Common Formulary	QLL; AL (Max 12 Years)
<b>MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG</b>	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
<b>POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG</b>	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
<b>QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG</b>	multivitamin w/fluoride	Common Formulary	QLL; AL (Max 12 Years)
<b>*Ped Mv W/ Iron***</b>			
<i>multivitamin infant &amp; toddler oral solution 11 mg/ml</i>	BProtected Pedia Poly-Vite/Fe	Preferred	OTC
<b>*Ped Vitamins Acid W/ Fluoride***</b>			
<i>tri-vite/fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	Common Formulary	QLL; AL (Max 12 Years)
<i>tri-vite/fluoride oral solution 0.5 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years)
<i>vitamins acid-fluoride oral solution 0.25 mg/ml</i>	SoluVita ACD with Fluoride	Common Formulary	QLL; AL (Max 12 Years); OTC
<i>vitamins acid-fluoride oral solution 0.5 mg/ml</i>		Common Formulary	QLL; AL (Max 12 Years); OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Pediatric Vitamins A &amp; D W/ C***</b>			
<i>pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml</i>		Common Formulary	OTC
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>		Common Formulary	OTC
<i>vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml</i>	Tri-Vi-Sol A/C/D	Common Formulary	OTC
<b>*Prenatal Mv &amp; Min W/Fe-Fa***</b>			
<i>classic prenatal oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>completenate oral tablet chewable 29-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>gnp prenatal oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>m-natal plus oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal 19 oral tablet chewable</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal plus oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>prenatal vitamins oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<i>se-natal 19 oral tablet 29-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>se-natal 19 oral tablet chewable 29-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>sm prenatal vitamins oral tablet 28-0.8 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>thrivite rx oral tablet 29-1 mg</i>	Prenatabs Rx	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>trinatal rx 1 oral tablet 60-1 mg</i>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<i>westab plus oral tablet 27-1 mg</i>	Niva-Plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<b>NESTABS ORAL TABLET 32-1 MG</b>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<b>NIVA-PLUS ORAL TABLET 27-1 MG</b>	m-natal plus	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<b>OBTREX ORAL TABLET</b>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<b>PRENATABS RX ORAL TABLET 29-1 MG</b>	thrivite rx	Common Formulary	QLL; AL (Min 12 Years and Max 55 Years); OTC
<b>VINATE II ORAL TABLET 29-1 MG</b>		Common Formulary	QLL; AL (Min 12 Years and Max 55 Years)
<b>*Specialty Vitamins Products***</b>			
<b>MG PLUS PROTEIN ORAL TABLET 133 MG</b>	a thru z advantage	CSHCS Coverage	OTC
<b>*Vitamin Mixtures***</b>			
<i>ecee plus oral tablet</i>		Common Formulary	OTC
<b>*Vitamins W/ Lipotropics***</b>			
<i>balanced b-50 complex oral capsule</i>		Common Formulary	OTC
<i>b-stress oral capsule</i>		Common Formulary	OTC
<i>complex b-100-inositol oral tablet extended release</i>		Common Formulary	OTC
<i>multi-vitamin hp/minerals oral capsule</i>		Common Formulary	OTC
<i>risanoid plus oral tablet</i>	Actiflovit Ear Health	Common Formulary	OTC
<b>LIPOFLAVOVIT ORAL TABLET</b>	risanoid plus	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*MUSCULOSKELETAL THERAPY AGENTS*</b>			
<b>*Central Muscle Relaxants***</b>			
<i>baclofen oral solution 5 mg/5ml</i>		Preferred	PA
<i>baclofen oral suspension 25 mg/5ml</i>	Fleqsuvy	Non-Preferred	PA
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>		Preferred	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>		Non-Preferred	PA
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	Amrix	Non-Preferred	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		Preferred	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Fexmid	Preferred	
<i>metaxalone oral tablet 400 mg, 800 mg</i>		Non-Preferred	PA
<i>methocarbamol oral tablet 1000 mg</i>	Tanlor	Non-Preferred	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		Preferred	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>		Preferred	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>		Non-Preferred	PA
<i>tizanidine hcl oral tablet 2 mg</i>		Preferred	
<i>tizanidine hcl oral tablet 4 mg</i>	Zanaflex	Preferred	
<b>AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG</b>	cyclobenzaprine hcl er	Non-Preferred	PA
<b>FEXMID ORAL TABLET 7.5 MG</b>	cyclobenzaprine hcl	Non-Preferred	PA
<b>FLEQSUVY ORAL SUSPENSION 25 MG/5ML</b>	baclofen	Non-Preferred	PA
<b>LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG</b>		Non-Preferred	PA
<b>TANLOR ORAL TABLET 1000 MG</b>	methocarbamol	Non-Preferred	PA
<b>ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG</b>	tizanidine hcl	Non-Preferred	PA
<b>ZANAFLEX ORAL TABLET 4 MG</b>	tizanidine hcl	Non-Preferred	PA
<b>*Direct Muscle Relaxants***</b>			
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>		Non-Preferred	PA
<i>dantrolene sodium oral capsule 25 mg</i>	Dantrium	Non-Preferred	PA
<b>DANTRIUM ORAL CAPSULE 25 MG</b>	dantrolene sodium	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Muscle Relaxant Combinations***</b>			
<i>norgesic forte oral tablet 50-770-60 mg</i>	Orphengestic Forte	Non-Preferred	PA
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	Norgesic	Non-Preferred	PA
<b>NORGESIC ORAL TABLET 25-385-30 MG</b>	orphenadrine-aspirin-caffeine	Non-Preferred	PA
<b>ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG</b>	norgesic forte	Non-Preferred	PA
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL*</b>			
<b>*Antihistamine-Steroid***</b>			
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	Dymista	Non-Preferred	PA
<b>DYMISTA NASAL SUSPENSION 137-50 MCG/ACT</b>	azelastine-fluticasone	Non-Preferred	PA
<b>RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT</b>		Non-Preferred	PA
<b>*Nasal Agents - Misc.***</b>			
<i>saline nasal gel</i>	Ayr Saline Nasal	Supplemental Formulary	OTC
<i>saline nasal spray nasal solution 0.65 %</i>	Ayr	Common Formulary	OTC
<b>*Nasal Agents Misc. - Combinations***</b>			
<b>SINUFLO READYRINSE NASAL KIT</b>		State Carve-Out	OTC
<b>*Nasal Anticholinergics***</b>			
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>		Preferred	
<b>*Nasal Antihistamines***</b>			
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>		Preferred	
<i>azelastine hcl nasal solution 0.15 %</i>	Astepro	Preferred	
<i>olopatadine hcl nasal solution 0.6 %</i>		Non-Preferred	PA
<b>*Nasal Mast Cell Stabilizers***</b>			
<i>cromolyn sodium nasal aerosol solution 5.2 mg/act</i>	NasalCrom	Common Formulary	OTC
<b>*Nasal Steroids***</b>			
<i>allergy nasal spray (momet) nasal suspension 50 mcg/act</i>	Nasonex 24HR	Non-Preferred	PA; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>allergy nasal spray nasal suspension 50 mcg/act</i>	Nasonex 24HR	Non-Preferred	PA; OTC
<i>budesonide nasal suspension 32 mcg/act</i>		Non-Preferred	PA; OTC
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		Non-Preferred	PA
<i>fluticasone propionate suspension 50 mcg/act nasal (otc)</i>	Flonase Allergy Rel Childrens	Non-Preferred	PA
<i>fluticasone propionate suspension 50 mcg/act nasal (rx)</i>	Flonase Allergy Rel Childrens	Preferred	
<i>ft 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>gnp 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>gnp budesonide nasal spray nasal suspension 32 mcg/act</i>		Non-Preferred	PA; OTC
<i>goodsense nasal allergy spray nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>hm 24 hour nasal allergy nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>mometasone furoate nasal suspension 50 mcg/act</i>	Nasonex 24HR	Non-Preferred	PA
<i>nasal allergy 24 hour nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<i>triamcinolone acetone nasal aerosol 55 mcg/act</i>	Nasacort Allergy 24HR	Non-Preferred	PA; OTC
<b>NASONEX 24HR NASAL SUSPENSION 50 MCG/ACT</b>	allergy nasal spray (momet)	Non-Preferred	PA; OTC
<b>OMNARIS NASAL SUSPENSION 50 MCG/ACT</b>		Non-Preferred	PA
<b>QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT</b>		Non-Preferred	PA
<b>QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT</b>		Non-Preferred	PA
<b>XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT</b>		Non-Preferred	PA
<b>*Systemic Decongestants***</b>			
<i>12 hour nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>gnp nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>gnp pseudoephedrine hcl 12 hr oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Sudafed	Supplemental Formulary	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	SudoGest	Supplemental Formulary	OTC
<i>sm nasal decongestant oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<i>suphedrine 12hour oral tablet extended release 12 hour 120 mg</i>	Sudafed Sinus Congestion 12HR	Preferred	QLL; OTC
<b>*Topical Decongestants***</b>			
<i>oxymetazoline hcl nasal solution 0.05 %</i>	Afrin 12 Hour	Preferred	QLL; OTC
<b>*NEUROMUSCULAR AGENTS*</b>			
<b>*Benzathiazoles***</b>			
<i>riluzole oral tablet 50 mg</i>		Common Formulary	
<b>TEGLUTIK ORAL SUSPENSION 50 MG/10ML</b>		Common Formulary	PA
<b>*Friedrich's Ataxia Agents - Nrf2 Pathway Activators***</b>			
<b>SKYCLARYS ORAL CAPSULE 50 MG</b>		State Carve-Out	
<b>*NUTRIENTS*</b>			
<b>*Amino Acids-Single***</b>			
<i>l-tryptophan oral capsule 500 mg</i>		State Carve-Out	OTC
<i>l-tryptophan oral tablet 500 mg</i>		State Carve-Out	OTC
<b>*Misc. Nutritional Substances***</b>			
<i>fish oil high potency oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>fish oil oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>fish oil oral capsule 500 mg</i>	Ovega-3	Common Formulary	OTC
<i>omega-3 fish oil oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC
<i>sm fish oil oral capsule 1000 mg</i>	Sea-Omega	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>sm omega-3 fish oil oral capsule 1200 mg</i>	Theragran-M Fish Oil Conc	Common Formulary	OTC
<b>SEA-OMEGA ORAL CAPSULE 1000 MG</b>	fish oil	Common Formulary	OTC
<b>*OPHTHALMIC AGENTS*</b>			
<b>*Alpha Adrenergic Agonist &amp; Carbonic Anhydrase Inhib Comb***</b>			
<b>SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %</b>		Preferred	
<b>*Artificial Tear And Lubricant Combinations***</b>			
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	Clear Eyes Natural Tears	Common Formulary	OTC
<i>gnp nighttime relief lub eye ophthalmic ointment 57.3-42.5 %</i>	GenTeal Tears Night-Time	Common Formulary	OTC
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	Common Formulary	OTC
<i>lubricant eye nighttime ophthalmic ointment</i>	GenTeal Tears Night-Time	Common Formulary	OTC
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	Systane	Common Formulary	OTC
<i>lubrifresh p.m. ophthalmic ointment</i>	GenTeal Tears Night-Time	Common Formulary	OTC
<b>BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %</b>	artificial tears pf	Common Formulary	OTC
<b>GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %</b>	artificial tears pf	Common Formulary	OTC
<b>GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT</b>	gnp nighttime relief lub eye	Common Formulary	OTC
<b>GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %</b>	artificial tears pf	Common Formulary	OTC
<b>GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %</b>		Common Formulary	OTC
<b>REFRESH LACRI-LUBE OPHTHALMIC OINTMENT</b>	gnp nighttime relief lub eye	Common Formulary	OTC
<b>REFRESH P.M. OPHTHALMIC OINTMENT</b>	gnp nighttime relief lub eye	Common Formulary	OTC
<b>SYSTANE NIGHTTIME OPHTHALMIC OINTMENT</b>	gnp nighttime relief lub eye	Common Formulary	OTC
<b>SYSTANE OPHTHALMIC GEL 0.4-0.3 %</b>		Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %</b>	lubricant eye drops	Common Formulary	OTC
<b>SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %</b>	lubricant eye drops	Common Formulary	OTC
<b>*Artificial Tear Solutions***</b>			
<i>artificial tears ophthalmic solution</i>	GenTeal Tears	Common Formulary	OTC
<i>sm artificial tears ophthalmic solution</i>	GenTeal Tears	Common Formulary	OTC
<b>GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %</b>	artificial tears	Common Formulary	OTC
<b>SYSTANE CONTACTS OPHTHALMIC SOLUTION</b>	artificial tears	Common Formulary	OTC
<b>*Artificial Tears And Lubricants***</b>			
<i>carboxymethylcellulose sod pf ophthalmic gel 1 %</i>	Refresh Celluvisc	Common Formulary	OTC
<i>carboxymethylcellulose sod pf ophthalmic solution 0.5 %</i>	Biolle Tears	Common Formulary	OTC
<i>carboxymethylcellulose sodium ophthalmic gel 1 %</i>	Refresh Liquigel	Common Formulary	OTC
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	Refresh Tears	Common Formulary	OTC
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	Refresh Tears	Common Formulary	OTC
<i>polyvinyl alcohol ophthalmic solution 1.4 %</i>		Common Formulary	OTC
<i>ventiva tears ophthalmic solution 0.5 %</i>	Refresh Tears	Common Formulary	OTC
<b>REFRESH CELLUVISC OPHTHALMIC GEL 1 %</b>	carboxymethylcellulose sod pf	Common Formulary	OTC
<b>REFRESH LIQUIGEL OPHTHALMIC GEL 1 %</b>	carboxymethylcellulose sodium	Common Formulary	OTC
<b>*Beta-Blockers - Ophthalmic Combinations***</b>			
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	Combigan	Non-Preferred	PA
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	Cosopt	Preferred	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	Cosopt PF	Non-Preferred	PA
<b>COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %</b>	brimonidine tartrate-timolol	Preferred	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>COSOPT OPHTHALMIC SOLUTION 2-0.5 %</b>	dorzolamide hcl-timolol mal	Non-Preferred	PA
<b>COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %</b>	dorzolamide hcl-timolol mal pf	Non-Preferred	PA
<b>*Beta-Blockers - Ophthalmic***</b>			
<i>betaxolol hcl ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>carteolol hcl ophthalmic solution 1 %</i>		Preferred	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	Istalol	Non-Preferred	PA
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>		Preferred	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>		Preferred	
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	Timoptic Ocudose	Non-Preferred	PA
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	Timolol Maleate Ocudose	Non-Preferred	PA
<b>BETIMOL OPHTHALMIC SOLUTION 0.25 %</b>		Non-Preferred	PA
<b>BETIMOL OPHTHALMIC SOLUTION 0.5 %</b>	timolol hemihydrate	Non-Preferred	PA
<b>BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %</b>		Preferred	
<b>ISTALOL OPHTHALMIC SOLUTION 0.5 %</b>	timolol maleate (once-daily)	Non-Preferred	PA
<b>TIMOLOL MALEATE OCUDOSE OPHTHALMIC SOLUTION 0.5 %</b>	timolol maleate pf	Non-Preferred	PA
<b>TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %</b>	timolol maleate pf	Non-Preferred	PA
<b>*Cholinergic Agonists***</b>			
<b>TYRVAYA NASAL SOLUTION 0.03 MG/ACT</b>		Non-Preferred	PA; QLL
<b>*Cycloplegic Mydriatics***</b>			
<i>atropine sulfate ophthalmic ointment 1 %</i>		Common Formulary	
<i>atropine sulfate ophthalmic solution 1 %</i>		Common Formulary	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Cyclogyl	Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	Altafrin	Common Formulary	
<i>tropicamide ophthalmic solution 0.5 %</i>		Common Formulary	
<i>tropicamide ophthalmic solution 1 %</i>	Mydriacyl	Common Formulary	
<b>CYCLOGYL OPHTHALMIC SOLUTION 2 %</b>		Common Formulary	
<b>*Lymphocyte Function-Associated Antigen-1 (Lfa-1) Antag***</b>			
<b>XIIDRA OPHTHALMIC SOLUTION 5 %</b>		Preferred	QLL
<b>*Miotics - Direct Acting***</b>			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>		Common Formulary	
<b>*Ophthalmic Antiallergic***</b>			
<i>azelastine hcl ophthalmic solution 0.05 %</i>		Preferred	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	Bepreve	Non-Preferred	PA
<i>cromolyn sodium ophthalmic solution 4 %</i>		Preferred	
<i>epinastine hcl ophthalmic solution 0.05 %</i>		Non-Preferred	PA
<i>eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<i>eye allergy itch/redness rel ophthalmic solution 0.1 %</i>	Pataday	Preferred	OTC
<i>ft eye allergy itch &amp; redness ophthalmic solution 0.1 %</i>	Pataday	Preferred	OTC
<i>ft eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<i>gnp olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	Pataday	Preferred	OTC
<i>hm eye allergy itch relief ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<i>hm eye allergy itch/red relief ophthalmic solution 0.1 %</i>	Pataday	Preferred	OTC
<i>ketotifen fumarate ophthalmic solution 0.035 %</i>	Zaditor	Preferred	OTC
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	Preferred	
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Pataday	Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i>	Pataday	Non-Preferred	PA
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	Pataday	Non-Preferred	PA
<i>sm olopatadine hcl ophthalmic solution 0.2 %</i>	Pataday	Preferred	OTC
<b>ALOCRILOPHTHALMIC SOLUTION 2 %</b>		Non-Preferred	PA
<b>ALOMIDOPHTHALMIC SOLUTION 0.1 %</b>		Non-Preferred	PA
<b>BEPREVEOPHTHALMIC SOLUTION 1.5 %</b>	bepotastine besilate	Non-Preferred	PA
<b>LASTACAFTOPHTHALMIC SOLUTION 0.25 %</b>		Non-Preferred	PA; OTC
<b>PATADAYOPHTHALMIC SOLUTION 0.1 %</b>	eye allergy itch/redness rel	Non-Preferred	PA; OTC
<b>PATADAYOPHTHALMIC SOLUTION 0.2 %</b>	eye allergy itch relief	Non-Preferred	PA; OTC
<b>PATADAYOPHTHALMIC SOLUTION 0.7 %</b>		Non-Preferred	PA; OTC
<b>ZADITOROPHTHALMIC SOLUTION 0.035 %</b>	ketotifen fumarate	Non-Preferred	PA; OTC
<b>ZERVIAOPHTHALMIC SOLUTION 0.24 %</b>		Non-Preferred	PA
<b>*Ophthalmic Antibiotics***</b>			
<i>bacitracin ophthalmic ointment 500 unit/gm</i>		Common Formulary	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>		Preferred	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>		Preferred	
<i>gatifloxacin ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>		Common Formulary	
<i>levofloxacin ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>		Non-Preferred	PA
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	Vigamox	Preferred	
<i>ofloxacin ophthalmic solution 0.3 %</i>	Ocuflox	Preferred	
<i>tobramycin ophthalmic solution 0.3 %</i>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>AZASITE OPHTHALMIC SOLUTION 1 %</b>		Non-Preferred	PA
<b>BESIVANCE OPHTHALMIC SUSPENSION 0.6 %</b>	besifloxacin hcl	Non-Preferred	PA
<b>CILOXAN OPHTHALMIC OINTMENT 0.3 %</b>		Non-Preferred	PA
<b>OCUFLOX OPHTHALMIC SOLUTION 0.3 %</b>	ofloxacin	Non-Preferred	PA
<b>VIGAMOX OPHTHALMIC SOLUTION 0.5 %</b>	moxifloxacin hcl	Non-Preferred	PA
<b>*Ophthalmic Anti-Infective Combinations***</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		Common Formulary	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>		Common Formulary	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		Common Formulary	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>		Common Formulary	
<b>NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000</b>	neomycin-bacitracin zn-polymyx	Common Formulary	
<b>POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM</b>	bacitracin-polymyxin b	Common Formulary	
<b>*Ophthalmic Carbonic Anhydrase Inhibitors***</b>			
<i>brinzolamide ophthalmic suspension 1 %</i>	Azopt	Preferred	
<i>dorzolamide hcl ophthalmic solution 2 %</i>		Preferred	
<b>AZOPT OPHTHALMIC SUSPENSION 1 %</b>	brinzolamide	Non-Preferred	PA
<b>*Ophthalmic Decongestant Combinations***</b>			
<i>allergy eye ophthalmic solution 0.025-0.3 %</i>	Naphcon-A	Common Formulary	OTC
<i>eye allergy relief ophthalmic solution 0.025-0.3 %</i>	Naphcon-A	Common Formulary	OTC
<b>NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %</b>	allergy eye	Common Formulary	OTC
<b>VISINE OPHTHALMIC SOLUTION 0.025-0.3 %</b>	allergy eye	Common Formulary	OTC

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Ophthalmic Hyperosmolar Products***</b>			
<i>sodium chloride (hypertonic) ophthalmic ointment 5 %</i>	Altachlore	Common Formulary	OTC
<i>sodium chloride (hypertonic) ophthalmic solution 5 %</i>	Altachlore	Common Formulary	OTC
<b>*Ophthalmic Immunomodulators***</b>			
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	Restasis	Non-Preferred	PA; QLL
<b>CEQUA OPHTHALMIC SOLUTION 0.09 %</b>		Non-Preferred	PA; QLL
<b>RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %</b>	cyclosporine	Non-Preferred	PA; QLL
<b>RESTASIS OPHTHALMIC EMULSION 0.05 %</b>	cyclosporine	Preferred	QLL
<b>VERKAZIA OPHTHALMIC EMULSION 0.1 %</b>		Non-Preferred	PA; QLL
<b>*Ophthalmic Kinase Inhibitors - Combinations***</b>			
<b>ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %</b>		Preferred	
<b>*Ophthalmic Local Anesthetics***</b>			
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	Alcaine	Common Formulary	
<b>*Ophthalmic Nerve Growth Factors***</b>			
<b>OXERVATE OPHTHALMIC SOLUTION 0.002 %</b>		Common Formulary	PA; QLL
<b>*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***</b>			
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>		Non-Preferred	PA
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	Prolensa	Non-Preferred	PA
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	BromSite	Non-Preferred	PA
<i>diclofenac sodium ophthalmic solution 0.1 %</i>		Preferred	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>		Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Acular LS	Non-Preferred	PA
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Acular	Preferred	
<b>ACULAR LS OPHTHALMIC SOLUTION 0.4 %</b>	ketorolac tromethamine	Non-Preferred	PA
<b>ACULAR OPHTHALMIC SOLUTION 0.5 %</b>	ketorolac tromethamine	Non-Preferred	PA
<b>ACUVAIL OPHTHALMIC SOLUTION 0.45 %</b>		Non-Preferred	PA
<b>BROMSITE OPHTHALMIC SOLUTION 0.075 %</b>	bromfenac sodium	Non-Preferred	PA
<b>ILEVRO OPHTHALMIC SUSPENSION 0.3 %</b>		Non-Preferred	PA
<b>NEVANAC OPHTHALMIC SUSPENSION 0.1 %</b>		Non-Preferred	PA
<b>PROLENSA OPHTHALMIC SOLUTION 0.07 %</b>	bromfenac sodium	Non-Preferred	PA
<b>*Ophthalmic Rho Kinase Inhibitors***</b>			
<b>RHOPRESSA OPHTHALMIC SOLUTION 0.02 %</b>		Preferred	
<b>*Ophthalmic Selective Alpha Adrenergic Agonists***</b>			
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>		Preferred	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i>	Alphagan P	Non-Preferred	PA
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>		Preferred	
<b>ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %, 0.15 %</b>	brimonidine tartrate	Non-Preferred	PA
<b>IOPIDINE OPHTHALMIC SOLUTION 1 %</b>		Non-Preferred	PA
<b>*Ophthalmic Steroid Combinations***</b>			
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>		Common Formulary	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	Maxitrol	Common Formulary	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	Maxitrol	Common Formulary	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>		Common Formulary	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>		Common Formulary	
<b>NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %</b>	bacitra-neomycin-polymyxin-hc	Common Formulary	
<b>*Ophthalmic Steroids***</b>			
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>		Common Formulary	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	FML Liquifilm	Common Formulary	QLL
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	Alrex	Non-Preferred	PA
<i>prednisolone acetate ophthalmic suspension 1 %</i>	Pred Forte	Common Formulary	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>		Common Formulary	
<b>ALREX OPHTHALMIC SUSPENSION 0.2 %</b>	loteprednol etabonate	Non-Preferred	PA
<b>EYSUVIS OPHTHALMIC SUSPENSION 0.25 %</b>		Non-Preferred	PA; QLL
<b>*Ophthalmic Sulfonamides***</b>			
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>		Common Formulary	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>		Common Formulary	
<b>*Ophthalmics - Trpm8 Receptor Agonists***</b>			
<b>TRYPTYR OPHTHALMIC SOLUTION 0.003 %</b>		Non-Preferred	PA; QLL
<b>*Ophthalmics Misc. - Other***</b>			
<b>MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML</b>		Non-Preferred	PA; QLL; AL (Min 18 Years)
<b>*Prostaglandins - Ophthalmic***</b>			
<i>bimatoprost ophthalmic solution 0.03 %</i>		Non-Preferred	PA
<i>latanoprost ophthalmic solution 0.005 %</i>	Xalatan	Preferred	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	Zioptan	Non-Preferred	PA
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	Travatan Z	Non-Preferred	PA
<b>IYUZEH OPHTHALMIC SOLUTION 0.005 %</b>		Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
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
<b>*OTIC AGENTS*</b>			
<b>*Otic Agents - Miscellaneous***</b>			
<i>acetic acid otic solution 2 %</i>		Common Formulary	
<i>earwax removal otic solution 6.5 %</i>	Clearcanal Earwax Softener	Preferred	QLL; OTC
<b>*Otic Anti-Infectives***</b>			
<i>ciprofloxacin hcl otic solution 0.2 %</i>	Cetraxal	Non-Preferred	PA
<i>ofloxacin otic solution 0.3 %</i>		Preferred	
<b>*Otic Steroid-Anti-Infective Combinations***</b>			
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>		Preferred	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	Otovel	Non-Preferred	PA
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>		Common Formulary	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>		Common Formulary	
<b>CIPRO HC OTIC SUSPENSION 0.2-1 %</b>	ciprofloxacin-hydrocortisone	Non-Preferred	PA
<b>*Otic Steroids***</b>			
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>		Common Formulary	
<b>*OXYTOCICS*</b>			
<b>*Oxytocics***</b>			
<i>methylergonovine maleate oral tablet 0.2 mg</i>	Methergine	Common Formulary	QLL; AL (Min 12 Years)

Formulary Drug Name	Reference	Tiering	Restrictions
METHERGINE ORAL TABLET 0.2 MG	methylergonovine maleate	Common Formulary	QLL; AL (Min 12 Years)
<b>*PASSIVE IMMUNIZING AND TREATMENT AGENTS*</b>			
<b>*Antiviral Monoclonal Antibodies***</b>			
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
<b>*Immune Serums***</b>			
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML		Supplemental Formulary	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		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		Supplemental Formulary	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML		Supplemental Formulary	PA
<b>*PENICILLINS*</b>			
<b>*Aminopenicillins***</b>			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		Common Formulary	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>		Common Formulary	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		Common Formulary	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		Common Formulary	

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*PROGESTINS*</b>			
<b>*Progestins***</b>			
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Provera	Preferred	
<i>megestrol acetate oral suspension 625 mg/5ml</i>		Non-Preferred	PA
<i>norethindrone acetate oral tablet 5 mg</i>	Gallifrey	Preferred	
<i>progesterone intramuscular oil 50 mg/ml</i>		Non-Preferred	PA
<i>progesterone oral capsule 100 mg, 200 mg</i>	Prometrium	Preferred	
<b>PROMETRIUM ORAL CAPSULE 100 MG, 200 MG</b>	progesterone	Non-Preferred	PA
<b>PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG</b>	medroxyprogesterone acetate	Non-Preferred	PA
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*</b>			
<b>*Agents For Opioid Withdrawal***</b>			
<b>LUCEMYRA ORAL TABLET 0.18 MG</b>	lofexidine hcl	Preferred	
<b>*Alcohol Deterrents***</b>			
<i>acamprosate calcium oral tablet delayed release 333 mg</i>		State Carve-Out	
<i>disulfiram oral tablet 250 mg, 500 mg</i>		State Carve-Out	
<b>*Anti-Cataplectic Agents***</b>			
<i>sodium oxybate oral solution 500 mg/ml</i>	Xyrem	Common Formulary	PA; QLL
<b>*Anti-Cataplectic Combinations***</b>			
<b>XYWAV ORAL SOLUTION 500 MG/ML</b>		Common Formulary	PA; QLL
<b>*Antidementia Agent Combinations***</b>			
<b>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 &amp; 14 &amp; 21 &amp; 28 -10 MG</b>		Non-Preferred	PA
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG</b>	memantine hcl-donepezil hcl er	Non-Preferred	PA

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG</b>		Non-Preferred	PA
<b>*Benzodiazepines &amp; Tricyclic Agents***</b>			
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>		State Carve-Out	
<b>*Cholinomimetics - Ache Inhibitors***</b>			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Aricept	Preferred	
<i>donepezil hcl oral tablet 23 mg</i>	Aricept	Non-Preferred	PA
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>		Preferred	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>		Non-Preferred	PA
<i>galantamine hydrobromide oral solution 4 mg/ml</i>		Non-Preferred	PA
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>		Preferred	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>		Preferred	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	Exelon	Non-Preferred	PA
<b>ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY</b>		Non-Preferred	PA
<b>ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG</b>	donepezil hcl	Non-Preferred	PA
<b>EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR</b>	rivastigmine	Preferred	
<b>ZUNVEYL ORAL TABLET DELAYED RELEASE 10 MG, 15 MG, 5 MG</b>		Non-Preferred	PA
<b>*Fibromyalgia Agent - Snris***</b>			
<b>SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG</b>		Preferred	
<b>SAVELLA TITRATION PACK ORAL 12.5 &amp; 25 &amp; 50 MG</b>		Preferred	
<b>*Movement Disorder Drug Therapy***</b>			
<b>AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG</b>		Common Formulary	PA

Formulary Drug Name	Reference	Tiering	Restrictions
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
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG		Common Formulary	PA
<b>*Ms Agents - Pyrimidine Synthesis Inhibitors***</b>			
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	Aubagio	Preferred	
AUBAGIO ORAL TABLET 14 MG, 7 MG	teriflunomide	Non-Preferred	PA
<b>*Multiple Sclerosis Agents - Antimetabolites***</b>			
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (10 tabs)	Non-Preferred	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (4 tabs)	Non-Preferred	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (5 tabs)	Non-Preferred	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (6 tabs)	Non-Preferred	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (7 tabs)	Non-Preferred	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (8 tabs)	Non-Preferred	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	cladribine (9 tabs)	Non-Preferred	PA
<b>*Multiple Sclerosis Agents - Interferons***</b>			
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	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML</b>		Non-Preferred	PA
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 &amp; 94 MCG/0.5ML</b>		Non-Preferred	PA
<b>PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 &amp; 94 MCG/0.5ML</b>		Non-Preferred	PA
<b>PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML</b>		Non-Preferred	PA
<b>PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML</b>		Non-Preferred	PA
<b>REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML</b>		Non-Preferred	PA
<b>REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 &amp; 6X22 MCG</b>		Non-Preferred	PA
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML</b>		Non-Preferred	PA
<b>REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML</b>		Non-Preferred	PA; QLL
<b>REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 &amp; 6X22 MCG</b>		Non-Preferred	PA
<b>*Multiple Sclerosis Agents - Monoclonal Antibodies***</b>			
<b>KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML</b>		Preferred	
<b>*Multiple Sclerosis Agents - Nrf2 Pathway Activators***</b>			
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	Tecfidera	Preferred	

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	Tecfidera	Preferred	
<b>BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG</b>		Non-Preferred	PA; QLL
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG</b>	dimethyl fumarate	Non-Preferred	PA
<b>TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 &amp; 240 MG</b>	dimethyl fumarate starter pack	Non-Preferred	PA
<b>VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG</b>		Non-Preferred	PA
<b>*Multiple Sclerosis Agents - Potassium Channel Blockers***</b>			
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	Ampyra	Common Formulary	PA; QLL
<b>*Multiple Sclerosis Agents***</b>			
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	Copaxone	Non-Preferred	PA
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML</b>	glatiramer acetate	Preferred	
<b>COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML</b>	glatiramer acetate	Non-Preferred	PA
<b>GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML</b>	glatiramer acetate	Non-Preferred	PA
<b>*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***</b>			
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>		Non-Preferred	PA
<i>memantine hcl oral solution 2 mg/ml</i>		Preferred	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>		Preferred	
<b>NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG &amp; 21 X 10 MG</b>	memantine hcl	Non-Preferred	PA

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Phenothiazines &amp; Tricyclic Agents***</b>			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>		State Carve-Out	
<b>*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***</b>			
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	Gralise	Preferred	
<b>GRALISE ORAL TABLET 300 MG, 450 MG, 600 MG, 750 MG, 900 MG</b>	gabapentin (once-daily)	Preferred	
<b>*Postherpetic Neuralgia(Phn)/Neuropathic Pain Comb Agents***</b>			
<i>active-pac/gabapentin combination therapy pack 300 &amp; 4-1 mg &amp; %</i>		State Carve-Out	
<b>*Premenstrual Dysphoric Disorder (Pmdd) Agents - SsrIs***</b>			
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>		State Carve-Out	
<b>*Psychotherapeutic And Neurological Agents - Misc.***</b>			
<i>pimozide oral tablet 1 mg, 2 mg</i>		State Carve-Out	
<b>MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG</b>		State Carve-Out	
<b>*Restless Leg Syndrome (Rls) Agents***</b>			
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG</b>		Preferred	
<b>*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***</b>			
<b>ADDYI ORAL TABLET 100 MG</b>		State Carve-Out	
<b>*Smoking Deterrents***</b>			
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>		Common Formulary	QLL
<i>ft nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>ft nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>ft nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>ft nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>gnp nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>gnp nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>gnp nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>goodsense nicotine mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>goodsense nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>goodsense nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>hm nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>hm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>hm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>nicotine polacrilex mouth/throat lozenge 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	Common Formulary	QLL; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	Nicoderm CQ	Common Formulary	QLL; OTC
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	Nicoderm CQ	Common Formulary	QLL; OTC
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>		Common Formulary	QLL; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	Nicoderm CQ	Common Formulary	QLL; OTC
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	Habitrol	Common Formulary	QLL; OTC
<i>sm nicotine mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>sm nicotine mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>sm nicotine polacrilex mouth/throat gum 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>sm nicotine polacrilex mouth/throat gum 4 mg</i>	KLS Quit4	Common Formulary	QLL; OTC
<i>sm nicotine polacrilex mouth/throat lozenge 2 mg</i>	KLS Quit2	Common Formulary	QLL; OTC
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	Chantix Starting Month Pak	Common Formulary	QLL
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Chantix	Common Formulary	QLL
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	Chantix	Common Formulary	QLL
<b>NICOTROL INHALATION INHALER 10 MG</b>		Common Formulary	QLL
<b>NICOTROL NS NASAL SOLUTION 10 MG/ML</b>		Common Formulary	QLL
<b>*Sphingosine 1-Phosphate (S1p) Receptor Modulators***</b>			
<i>fingolimod hcl oral capsule 0.5 mg</i>	Gilenya	Preferred	
<b>GILENYA ORAL CAPSULE 0.25 MG</b>		Non-Preferred	PA
<b>GILENYA ORAL CAPSULE 0.5 MG</b>	fingolimod hcl	Non-Preferred	PA
<b>MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG</b>		Non-Preferred	PA
<b>MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG</b>		Non-Preferred	PA
<b>PONVORY ORAL TABLET 20 MG</b>		Non-Preferred	PA

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>		Common Formulary	
<i>doxycycline monohydrate oral capsule 100 mg</i>	Mondoxyne NL	Common Formulary	
<i>doxycycline monohydrate oral capsule 50 mg</i>		Common Formulary	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>		Common Formulary	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>		Common Formulary	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>		Common Formulary	
<b>*THYROID AGENTS*</b>			
<b>*Antithyroid Agents***</b>			
<i>methimazole oral tablet 10 mg, 5 mg</i>		Common Formulary	
<i>propylthiouracil oral tablet 50 mg</i>		Common Formulary	
<b>*Thyroid Hormones***</b>			
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Levo-T	Common Formulary	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Cytomel	Common Formulary	
<i>niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	Common Formulary	AL (Max 64 Years)
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Armour Thyroid	Common Formulary	AL (Max 64 Years)
<b>ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	niva thyroid	Common Formulary	AL (Max 64 Years)
<b>ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG</b>		Common Formulary	
<b>ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	niva thyroid	Common Formulary	AL (Max 64 Years)
<b>ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG</b>		Common Formulary	
<b>CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG</b>	liothyronine sodium	Common Formulary	
<b>ERMEZA ORAL SOLUTION 150 MCG/5ML</b>		Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>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</b>	levothyroxine sodium	Common Formulary	
<b>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</b>	levothyroxine sodium	Common Formulary	
<b>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</b>	levothyroxine sodium	Common Formulary	
<b>NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG</b>	niva thyroid	Common Formulary	AL (Max 64 Years)
<b>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</b>	levothyroxine sodium	Common Formulary	
<b>THYQUIDITY ORAL SOLUTION 100 MCG/5ML</b>		Common Formulary	
<b>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</b>	levothyroxine sodium	Common Formulary	
<b>*ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS*</b>			
<b>*Antispasmodics***</b>			
<i>dicyclomine hcl oral capsule 10 mg</i>		Common Formulary	AL (Max 64 Years)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		Common Formulary	AL (Max 64 Years)
<i>dicyclomine hcl oral tablet 20 mg</i>		Common Formulary	AL (Max 64 Years)
<b>*Belladonna Alkaloids***</b>			
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	Levbid	Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>		Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>		Common Formulary	AL (Max 64 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Levsin	Common Formulary	AL (Max 64 Years)

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>		Non-Preferred	PA
<b>KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML</b>		Non-Preferred	PA
<b>ZEGERID ORAL CAPSULE 20-1100 MG</b>	goodsense omepr/sod bicarb	Non-Preferred	PA
<b>ZEGERID ORAL CAPSULE 40-1100 MG</b>	omeprazole-sodium bicarbonate	Non-Preferred	PA
<b>ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG</b>	omeprazole-sodium bicarbonate	Non-Preferred	PA
<b>*Proton Pump Inhibitors***</b>			
<i>acid reducer oral capsule delayed release 20.6 (20 base) mg</i>		Non-Preferred	PA; OTC
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	Dexilant	Non-Preferred	PA
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	NexIUM	Non-Preferred	PA
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	NexIUM	Non-Preferred	PA; QLL
<i>esomeprazole magnesium oral tablet delayed release 20 mg</i>	NexIUM 24HR	Non-Preferred	PA; OTC
<i>gnp esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA; OTC
<i>gnp omeprazole oral capsule delayed release 20.6 (20 base) mg</i>		Non-Preferred	PA; OTC
<i>gnp omeprazole oral tablet delayed release dispersible 20 mg</i>		Non-Preferred	PA; OTC
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	Prevacid SoluTab	Non-Preferred	PA; OTC
<i>hm esomeprazole magnesium dr oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA; OTC
<i>lansoprazole oral capsule delayed release 15 mg</i>	Prevacid 24HR	Non-Preferred	PA
<i>lansoprazole oral capsule delayed release 30 mg</i>	Prevacid	Non-Preferred	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	Prevacid SoluTab	Non-Preferred	PA
<i>omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg</i>		Non-Preferred	PA; OTC
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PriLOSEC OTC	Non-Preferred	PA; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>		Preferred	QLL
<i>omeprazole oral tablet delayed release 20 mg</i>		Non-Preferred	PA; OTC
<i>omeprazole oral tablet delayed release dispersible 20 mg</i>		Non-Preferred	PA; OTC
<i>pantoprazole sodium oral packet 40 mg</i>	Protonix	Non-Preferred	PA; QLL
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	Protonix	Preferred	QLL
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	Aciphex	Non-Preferred	PA
<i>sm esomeprazole magnesium oral capsule delayed release 20 mg</i>	GoodSense Esomeprazole	Non-Preferred	PA; OTC
<b>ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG</b>	rabeprazole sodium	Non-Preferred	PA
<b>DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG</b>	dexlansoprazole	Non-Preferred	PA
<b>FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML</b>		Supplemental Formulary	
<b>FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML</b>		Supplemental Formulary	
<b>GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG</b>	esomeprazole magnesium	Non-Preferred	PA; OTC
<b>NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG</b>	esomeprazole magnesium	Non-Preferred	PA
<b>NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG</b>	esomeprazole magnesium	Preferred	QLL
<b>OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML</b>		Supplemental Formulary	
<b>PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG</b>	lansoprazole	Non-Preferred	PA
<b>PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG</b>	goodsense lansoprazole	Non-Preferred	PA
<b>PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 30 MG</b>	lansoprazole	Non-Preferred	PA
<b>PRIOSEC ORAL PACKET 10 MG, 2.5 MG</b>		Non-Preferred	PA
<b>PROTONIX ORAL PACKET 40 MG</b>	pantoprazole sodium	Preferred	QLL
<b>PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG</b>	pantoprazole sodium	Non-Preferred	PA; QLL

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Quaternary Anticholinergics***</b>			
<i>glycopyrrolate oral solution 1 mg/5ml</i>	Cuvposa	Common Formulary	AL (Max 12 Years)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		Common Formulary	
<b>*Ulcer Anti-Infective W/ Bismuth Combinations***</b>			
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	Pylera	Non-Preferred	PA
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	Pylera	Non-Preferred	PA
<b>PYLERA ORAL CAPSULE 140-125-125 MG</b>	bis subcit-metronid-tetracyc	Preferred	
<b>*Ulcer Anti-Infective W/ Proton Pump Inhibitors***</b>			
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>		Non-Preferred	PA; QLL
<b>OMECLAMOX-PAK ORAL 500-500-20 MG</b>		Non-Preferred	PA
<b>TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG</b>		Non-Preferred	PA
<b>*Ulcer Drugs - Prostaglandins***</b>			
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Cytotec	Common Formulary	QLL
<b>*URINARY ANTISPASMODICS*</b>			
<b>*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***</b>			
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>		Non-Preferred	PA
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	Toviaz	Preferred	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		Preferred	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		Preferred	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>		Preferred	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	VESIcare	Preferred	

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

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Urinary Antispasmodics - Direct Muscle Relaxants***</b>			
<i>flavoxate hcl oral tablet 100 mg</i>		Non-Preferred	PA
<b>*VACCINES*</b>			
<b>*Viral Vaccines***</b>			
<b>ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML</b>		Common Formulary	
<b>AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML</b>		Common Formulary	AL (Min 50 Years)
<b>*VAGINAL AND RELATED PRODUCTS*</b>			
<b>*Imidazole-Related Antifungals***</b>			
<i>3 day vaginal vaginal cream 2 %</i>		Common Formulary	Female Only; OTC
<i>7 day vaginal vaginal cream 2 %</i>	Monistat 7	Common Formulary	Female Only; OTC
<i>clotrimazole vaginal cream 1 %</i>		Common Formulary	Female Only; OTC
<i>ft miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	Common Formulary	Female Only; OTC
<i>ft miconazole 7 vaginal cream 2 %</i>	Monistat 7	Common Formulary	Female Only; OTC
<i>gnp clotrimazole 3 vaginal cream 2 %</i>		Common Formulary	Female Only; OTC
<i>gnp miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
<i>gnp miconazole 7 vaginal cream 2 %</i>	Monistat 7	Common Formulary	Female Only; OTC
<i>miconazole 3 combo-supp vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
<i>miconazole 7 vaginal cream 2 %</i>	Monistat 7	Common Formulary	Female Only; OTC
<i>miconazole 7 vaginal suppository 100 mg</i>		Common Formulary	Female Only; OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Monistat 7	Common Formulary	Female Only; OTC
<i>sm 3-day vaginal vaginal cream 2 %</i>		Common Formulary	Female Only; OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>sm clotrimazole vaginal vaginal cream 1 %</i>		Common Formulary	Female Only; OTC
<i>sm miconazole 3 applicator vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combo Pack App	Common Formulary	Female Only; OTC
<i>sm miconazole 3 vaginal kit 200 &amp; 2 mg-% (9gm)</i>	Monistat 3 Combination Pack	Common Formulary	Female Only; OTC
<i>sm miconazole 7 vaginal cream 2 %</i>	Monistat 7	Common Formulary	Female Only; OTC
<i>sm miconazole 7 vaginal suppository 100 mg</i>		Common Formulary	Female Only; OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>		Common Formulary	Female Only
<b>*Spermicides***</b>			
<b>OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %</b>		Preferred	OTC
<b>TODAY SPONGE VAGINAL 1000 MG</b>		Preferred	OTC
<b>*Vaginal Anti-Infectives***</b>			
<i>clindamycin phosphate vaginal cream 2 %</i>	Cleocin	Preferred	
<i>metronidazole vaginal gel 0.75 %</i>	Vandazole	Preferred	
<b>CLEOCIN VAGINAL CREAM 2 %</b>	clindamycin phosphate	Non-Preferred	PA
<b>CLEOCIN VAGINAL SUPPOSITORY 100 MG</b>		Preferred	
<b>CLINDESSE VAGINAL CREAM 2 %</b>		Preferred	
<b>NUVESSA VAGINAL GEL 1.3 %</b>		Preferred	
<b>VANAZOLE VAGINAL GEL 0.75 %</b>	metronidazole	Non-Preferred	PA
<b>XACIATO VAGINAL GEL 2 %</b>		Non-Preferred	PA
<b>*Vaginal Contraceptive Ph Modulator - Combinations***</b>			
<b>PHEXXI VAGINAL GEL 1.8-1-0.4 %</b>		Common Formulary	QLL
<b>*Vaginal Estrogens***</b>			
<i>estradiol vaginal cream 0.01 %, 0.1 mg/gm</i>	Estrace	Common Formulary	QLL
<i>estradiol vaginal tablet 10 mcg</i>	Vagifem	Common Formulary	
<b>VAGIFEM VAGINAL TABLET 10 MCG</b>	estradiol	Common Formulary	
<b>YUVAFEM VAGINAL TABLET 10 MCG</b>	estradiol	Common Formulary	

Formulary Drug Name	Reference	Tiering	Restrictions
<b>*Vaginal Progestins***</b>			
CRINONE VAGINAL GEL 4 %, 8 %		Non-Preferred	PA
<b>*VASOPRESSORS*</b>			
<b>*Anaphylaxis Therapy Agents***</b>			
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	Auvi-Q	Preferred	QLL
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i>	EpiPen Jr 2-Pak	Preferred	QLL
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	EpiPen 2-Pak	Preferred	QLL
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML</b>		Non-Preferred	PA; QLL
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML</b>	epinephrine	Non-Preferred	PA; QLL
<b>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML</b>	epinephrine	Non-Preferred	PA; QLL
<b>EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML</b>	epinephrine	Preferred	QLL
<b>EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML</b>	epinephrine	Preferred	QLL
<b>NEFFY NASAL SOLUTION 1 MG/0.1ML, 2 MG/0.1ML</b>		Non-Preferred	PA; QLL
<b>*Vasopressors***</b>			
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>		Common Formulary	QLL
<b>*VITAMINS*</b>			
<b>*Biotin***</b>			
<i>biotin oral tablet 5 mg</i>		Common Formulary	OTC
<b>*Vitamin A***</b>			
<i>beta carotene oral capsule 25000 unit</i>		CSHCS Coverage	OTC
<i>vitamin a oral capsule 3 mg (10000 ut)</i>		CSHCS Coverage	OTC
<b>*Vitamin B-2***</b>			
<i>b-2 oral tablet 100 mg, 50 mg</i>		CSHCS Coverage	OTC
<i>cvs vitamin b-2 oral tablet 100 mg</i>		CSHCS Coverage	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>true vitamin b2 oral tablet 100 mg, 25 mg, 50 mg</i>		CSHCS Coverage	OTC
<i>vitamin b-2 oral tablet 100 mg, 25 mg, 50 mg</i>		CSHCS Coverage	OTC
<b>*Vitamin B-3***</b>			
<i>niacin er oral capsule extended release 250 mg</i>		Preferred	OTC
<i>niacin er oral tablet extended release 1000 mg</i>		Common Formulary	OTC
<i>niacin er oral tablet extended release 500 mg</i>	Slo-Niacin	Preferred	OTC
<i>niacin er oral tablet extended release 750 mg</i>	Endur-Acin	Preferred	PA; OTC
<i>niacin oral tablet 100 mg, 500 mg</i>		Preferred	OTC
<i>niacin oral tablet 250 mg, 50 mg</i>		Common Formulary	OTC
<i>niacinamide er oral tablet extended release 500 mg</i>	Endur-Amide	Common Formulary	OTC
<i>niacinamide oral tablet 100 mg</i>		Common Formulary	OTC
<i>qc niacin oral tablet 100 mg</i>		Common Formulary	OTC
<i>true vitamin b3 oral tablet 250 mg, 50 mg</i>		Common Formulary	OTC
<i>true vitamin b3 oral tablet 500 mg</i>		Preferred	OTC
<i>true vitamin d3 oral tablet 50 mcg</i>	Thera-D 2000	CSHCS Coverage	OTC
<b>ENDUR-AMIDE ORAL TABLET EXTENDED RELEASE 500 MG</b>	niacinamide er	Common Formulary	OTC
<b>SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG</b>	niacin er	Preferred	OTC
<b>*Vitamin B-6***</b>			
<i>sm vitamin b-6 oral tablet 100 mg</i>		Preferred	OTC
<i>true vitamin b6 oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg</i>		Preferred	OTC
<b>*Vitamin C***</b>			
<i>vitamin c oral tablet 500 mg</i>	Easy-C Immune Health	CSHCS Coverage	OTC

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

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<i>vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut)</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	Drisdol	Common Formulary	
<i>vitamin d infant oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	CSHCS Coverage	OTC
<i>vitamin d oral liquid 10 mcg/ml</i>	BProtected Pedia D-Vite	CSHCS Coverage	OTC
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>		CSHCS Coverage	OTC
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	Decara	Common Formulary	OTC
<i>vitamin d3 oral capsule 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>		Common Formulary	OTC
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i>	Radiance Platinum Vitamin D3	Common Formulary	OTC
<i>vitamin d3 super strength oral capsule 50 mcg (2000 ut)</i>		Common Formulary	OTC
<i>vitamin d3 super strength oral tablet 50 mcg (2000 ut)</i>	Thera-D 2000	Common Formulary	OTC
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>vitamin d3 tablet 25 mcg oral</i>	Vitamin D-1000 Max St	CSHCS Coverage	OTC
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	Thera-D 2000	CSHCS Coverage	OTC
<i>vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)</i>	Dialyvite Vitamin D 5000	Common Formulary	OTC
<i>well vitamin d3 oral capsule 50 mcg (2000 ut)</i>		CSHCS Coverage	OTC
<b>CALCIDOL ORAL SOLUTION 200 MCG/ML</b>	ergocalciferol	CSHCS Coverage	OTC
<b>DECARA ORAL CAPSULE 1.25 MG (50000 UT)</b>	true vitamin d3	Common Formulary	OTC
<b>DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)</b>	true vitamin d3	Common Formulary	OTC
<b>DIALYVITE VITAMIN D3 MAX ORAL TABLET 1.25 MG (50000 UT)</b>	true vitamin d3	Common Formulary	OTC
<b>WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)</b>	true vitamin d3	Common Formulary	OTC

<b>Formulary Drug Name</b>	<b>Reference</b>	<b>Tiering</b>	<b>Restrictions</b>
<b>*Vitamin E***</b>			
<i>aqueous vitamin e oral solution 15 mg/0.67ml</i>		Common Formulary	AL (Max 12 Years); OTC
<i>e-200 oral capsule 90 mg (200 unit)</i>		Common Formulary	OTC
<i>true vitamin e oral capsule 180 mg, 450 mg, 90 mg</i>		CSHCS Coverage	OTC
<i>vitamin e capsule 180 mg (400 unit) oral</i>		CSHCS Coverage	OTC
<i>vitamin e capsule 450 mg (1000 ut) oral</i>		CSHCS Coverage	OTC
<i>vitamin e oral capsule 180 mg (400 unit)</i>		Common Formulary	OTC
<i>vitamin e oral solution 15 mg/0.67ml</i>		CSHCS Coverage	AL (Max 12 Years); OTC
<i>vitamin e oral tablet 100 unit, 67 mg (100 unit)</i>		CSHCS Coverage	OTC
<i>vitamin supplement e-1000 oral capsule 450 mg (1000 ut)</i>		Common Formulary	OTC
<i>vitamin supplement e-400 capsule 180 mg (400 unit) oral</i>		CSHCS Coverage	OTC
<i>vitamin supplement e-400 oral capsule 180 mg (400 unit)</i>		Common Formulary	OTC
<b>*Vitamin K***</b>			
<i>phytonadione oral tablet 5 mg</i>		Common Formulary	QLL

