

IEHP Medi-Cal

2020 Formulary

Based on American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification

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CURRENT AS OF 3/1/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-HISTAMINE DRUGS - DRUGS FOR ALLERGY		
ETHANOLAMINE DERIVATIVES - DRUGS FOR ALLERGY		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML <i>(diphenhydramine)</i>	F	QL (240 ML per 30 days)
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML <i>(diphenhydramine)</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	F	QL (100 EA per 30 days)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	F	QL (100 EA per 30 days)
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG <i>(diphenhydramine)</i>	F	QL (100 EA per 30 days)
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - DRUGS FOR ALLERGY		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	F	
<i>cyproheptadine oral tablet 4 mg</i>	F	
FIRST GENERATION ANTIHISTAMINES - DRUGS FOR ALLERGY		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML <i>(diphenhydramine)</i>	F	QL (240 ML per 30 days)
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML <i>(diphenhydramine)</i>	F	QL (240 ML per 30 days)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	F	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	F	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	F	
<i>cyproheptadine oral tablet 4 mg</i>	F	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	F	QL (100 EA per 30 days)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral tablet 25 mg</i>	F	QL (100 EA per 30 days)

BRIEF DESCRIPTION | ABBREVIATIONS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine</i>)	F	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG (<i>diphenhydramine</i>)	F	QL (100 EA per 30 days)
PHENOTHIAZINE DERIVATIVES - DRUGS FOR ALLERGY		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	F	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	F	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	F	
<i>phenylephrine</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 ML)	F	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine</i> (Promethegan Rectal Suppository 50 Mg)	F	
PIPERAZINE DERIVATIVES - DRUGS FOR ALLERGY		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	F	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	F	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	F	QL (60 EA per 30 days)
<i>meclizine oral tablet, chewable 25 mg</i>	F	QL (60 EA per 30 days)
PROPYLAMINE DERIVATIVES - DRUGS FOR ALLERGY		
<i>chlorpheniramine maleate oral tablet 4 mg</i>	F	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	F	
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML (<i>brompheniramine</i>)	F	
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML (<i>brompheniramine</i>)	F	
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine</i>)	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	F	
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML (<i>chlorpheniramine</i>)	F	
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	F	QL (120 ML per 30 days)
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG (<i>phenylephrine</i>)	F	QL (60 EA per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG (<i>triprolidine</i>)	F	
WAL-PHED ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	F	QL (60 EA per 30 days)
SECOND GENERATION ANTIHISTAMINES - DRUGS FOR ALLERGY		
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	F	
<i>cetirizine oral solution 1 mg/ml</i>	F	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	F	
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	F	
CHILDREN'S CLARITIN ORAL TABLET, CHEWABLE 5 MG (<i>loratadine</i>)	F	QL (30 EA per 30 days)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	F	
<i>fexofenadine oral tablet 180 mg</i>	F	QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	F	QL (60 EA per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	F	QL (30 EA per 30 days)
<i>loratadine oral solution 5 mg/5 ml</i>	F	
<i>loratadine oral tablet 10 mg</i>	F	
<i>loratadine oral tablet, disintegrating 10 mg</i>	F	QL (30 EA per 30 days)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	F	
ANTI-INFECTIVE AGENTS - DRUGS FOR INFECTIONS		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - ANTIBIOTICS		
<i>cefazolin injection recon soln 1 gram, 10 gram</i>	C1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	F	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - ANTIBIOTICS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefaclor oral capsule 250 mg, 500 mg</i>	F	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	F	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	F	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	F	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - ANTIBIOTICS		
<i>cefdinir oral capsule 300 mg</i>	F	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	C1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	C1	
ALLYLAMINE ANTIFUNGALS - DRUGS FOR FUNGUS		
<i>terbinafine hcl oral tablet 250 mg</i>	F	QL (30 EA per 30 days)
AMEBICIDES - DRUGS FOR THE MOUTH AND THROAT		
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	C1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	F	
<i>paromomycin oral capsule 250 mg</i>	F	
AMINOGLYCOSIDE ANTIBIOTICS - ANTIBIOTICS		
<i>gentamicin injection solution 40 mg/ml</i>	C1	
<i>neomycin oral tablet 500 mg</i>	F	
<i>paromomycin oral capsule 250 mg</i>	F	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	F	QL (300 ML per 30 days)
AMINOPENICILLIN ANTIBIOTICS - ANTIBIOTICS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	F	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	F	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	F	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	F	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	F	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	F	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	F	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	F	
<i>ampicillin-sulbactam injection recon soln 3 gram</i>	C1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (<i>amoxicillin</i>)	F	
ANTHELMINTICS - DRUGS FOR PARASITES		
<i>ivermectin oral tablet 3 mg</i>	F	QL (5 EA per 14 days)
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML (<i>pyrantel</i>)	F	
ANTIFUNGALS, MISCELLANEOUS - DRUGS FOR FUNGUS		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	F	QL (1200 ML per 30 days)
<i>griseofulvin microsize oral tablet 500 mg</i>	F	QL (60 EA per 30 days)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	F	QL (90 EA per 30 days)
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	F	
ANTIMALARIALS - DRUGS FOR THE MOUTH AND THROAT		
<i>chloroquine phosphate oral tablet 250 mg</i>	F	
<i>chloroquine phosphate oral tablet 500 mg</i>	F	
<i>hydroxychloroquine oral tablet 200 mg</i>	F	
<i>primaquine oral tablet 26.3 mg</i>	F	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	F	
ANTIMYCOBACTERIALS, MISCELLANEOUS - ANTIBIOTICS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	F	
ANTIPROTOZOALS, MISCELLANEOUS - DRUGS FOR THE MOUTH AND THROAT		
<i>atovaquone oral suspension 750 mg/5 ml</i>	F	
<i>dapsone oral tablet 100 mg, 25 mg</i>	F	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	C1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	F	
NEBUPENT INHALATION RECON SOLN 300 MG (<i>pentamidine isethionate</i>)	F	
ANTITUBERCULOSIS AGENTS - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	F	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	F	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	F	
<i>cycloserine oral capsule 250 mg</i>	F	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	F	
<i>isoniazid oral solution 50 mg/5 ml</i>	F	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	F	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	C1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	F	
<i>pyrazinamide oral tablet 500 mg</i>	F	
<i>rifabutin oral capsule 150 mg</i>	C1	
RIFAMATE ORAL CAPSULE 300-150 MG (<i>rifampin</i>)	F	
<i>rifampin oral capsule 150 mg, 300 mg</i>	F	
AZOLE ANTIFUNGALS - DRUGS FOR FUNGUS		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	F	
<i>fluconazole oral tablet 100 mg</i>	F	QL (240 EA per 30 days)
<i>fluconazole oral tablet 150 mg</i>	F	QL (150 EA per 30 days)
<i>fluconazole oral tablet 200 mg</i>	F	QL (120 EA per 30 days)
<i>fluconazole oral tablet 50 mg</i>	F	QL (480 EA per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	F	
CARBAPENEM ANTIBIOTICS - ANTIBIOTICS		
<i>ertapenem injection recon soln 1 gram</i>	F	
CHLORAMPHENICOL ANTIBIOTICS - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	F	
GLYCOPEPTIDE ANTIBIOTICS - ANTIBIOTICS		
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	F	
<i>vancomycin intravenous recon soln 750 mg</i>	F	
<i>vancomycin oral capsule 125 mg</i>	F	QL (120 EA per 30 days)
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - DRUGS FOR VIRAL INFECTIONS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	F	QL (30 EA per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	F	
<i>zidovudine oral capsule 100 mg</i>	F	
<i>zidovudine oral syrup 10 mg/ml</i>	F	
<i>zidovudine oral tablet 300 mg</i>	F	
INTERFERON ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS		
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG (<i>peginterferon alfa-2b</i>)	F	PA; SPO
LINCOMYCIN ANTIBIOTICS - ANTIBIOTICS		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	F	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	F	
NATURAL PENICILLIN ANTIBIOTICS - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML (<i>penicillin g</i>)	F	QL (6 ML per 28 days)
BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML (<i>penicillin g</i>)	F	QL (12 ML per 28 days)
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML (<i>penicillin g</i>)	F	QL (3 ML per 28 days)
<i>penicillin g potassium injection recon soln 5 million unit</i>	C1	
<i>penicillin g sodium injection recon soln 5 million unit</i>	C1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	F	
NEURAMINIDASE INHIBITOR ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir oral capsule 30 mg</i>	F	QL (20 EA per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	F	QL (10 EA per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	F	QL (180 ML per 180 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule 200 mg</i>	F	
<i>acyclovir oral suspension 200 mg/5 ml</i>	F	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	F	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	F	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	F	QL (28 EA per 30 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	F	

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OTHER MACROLIDE ANTIBIOTICS - ANTIBIOTICS		
<i>azithromycin oral packet 1 gram</i>	F	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	F	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	F	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	F	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	F	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	F	
PENICILLINASE-RESISTANT PENICILLINS - ANTIBIOTICS		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	F	
POLYENE ANTIFUNGALS - DRUGS FOR FUNGUS		
<i>nystatin oral suspension 100,000 unit/ml</i>	F	
<i>nystatin oral tablet 500,000 unit</i>	F	
PYRIMIDINE ANTIFUNGALS - DRUGS FOR FUNGUS		
<i>flucytosine oral capsule 250 mg, 500 mg</i>	F	
QUINOLONE ANTIBIOTICS - ANTIBIOTICS		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	F	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	F	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	C1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	F	
RIFAMYCIN ANTIBIOTICS - ANTIBIOTICS		
<i>rifabutin oral capsule 150 mg</i>	C1	
RIFAMATE ORAL CAPSULE 300-150 MG (<i>rifampin</i>)	F	
<i>rifampin oral capsule 150 mg, 300 mg</i>	F	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - ANTIBIOTICS		
<i>sulfadiazine oral tablet 500 mg</i>	F	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	F	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	F	

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TETRACYCLINE ANTIBIOTICS - ANTIBIOTICS		
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	F	QL (60 EA per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	F	QL (60 EA per 30 days)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	F	QL (60 EA per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	F	QL (60 EA per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	F	
<i>minocycline oral tablet 100 mg</i>	F	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	F	
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	F	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	F	QL (460 ML per 30 days)
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	F	
<i>trimethoprim oral tablet 100 mg</i>	F	
ANTINEOPLASTIC AGENTS - DRUGS FOR CANCER		
ANTINEOPLASTIC AGENTS - DRUGS FOR CANCER		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	F	PA; SPO
<i>anastrozole oral tablet 1 mg</i>	F	SPO
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML (<i>bevacizumab</i>)	F	PA
<i>bexarotene oral capsule 75 mg</i>	F	SPO
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib</i>)	F	PA; SPO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (<i>ramucirumab</i>)	F	PA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML (<i>daratumumab</i>)	F	PA
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	F	PA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide</i>)	F	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide</i>)	F	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide</i>)	F	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide</i>)	F	PA
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG (<i>elotuzumab</i>)	F	PA
<i>etoposide oral capsule 50 mg</i>	F	SPO
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (<i>panobinostat</i>)	F	PA; SPO
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	F	
<i>fluorouracil topical cream 5 %</i>	F	
<i>flutamide oral capsule 125 mg</i>	F	SPO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) (<i>eribulin</i>)	F	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (<i>trastuzumab-oysk</i>)	F	PA
<i>hydroxyurea oral capsule 500 mg</i>	F	SPO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	F	PA
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	F	PA; SPO
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	F	PA
<i>irinotecan intravenous solution 500 mg/25 ml</i>	F	PA
KADCYLA INTRAVENOUS RECON SOLN 100 MG (<i>ado- trastuzumab emtansine</i>)	F	PA
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	F	SPO
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	F	SPO
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine</i>)	F	SPO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	F	QL (600 ML per 30 days)
<i>megestrol oral tablet 20 mg</i>	F	QL (120 EA per 30 days)
<i>megestrol oral tablet 40 mg</i>	F	QL (240 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	F	SPO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	F	SPO
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib</i>)	F	PA; SPO
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML (<i>nivolumab</i>)	F	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG (<i>peginterferon alfa-2b</i>)	F	PA; SPO
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	F	SPO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	F	SPO
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	F	
VENCLEXTA ORAL TABLET 10 MG, 50 MG (<i>venetoclax</i>)	F	PA
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	F	PA; SPO
<i>vinblastine intravenous solution 1 mg/ml</i>	F	PA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML) (<i>ipilimumab</i>)	F	PA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) (<i>ziv-aflibercept</i>)	F	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin</i>)	F	PA
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ANTITOXINS AND IMMUNE GLOBULINS - ORGAN TRANSPLANT		
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATR THAN 312 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	F	AR (Min 18 Years)
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (<i>hepatitis b immune globulin</i>)	F	AR (Min 18 Years)
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	F	AR (Min 18 Years)
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (<i>hepatitis b immune globulin</i>)	F	AR (Min 18 Years)
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (<i>rabies immune globulin</i>)	F	AR (Min 18 Years)
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT (<i>tetanus immune globulin</i>)	F	AR (Min 18 Years)
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	F	AR (Min 18 Years)
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (<i>varicella-zoster immune globulin (human)</i>)	F	AR (Min 18 Years)
TOXOIDS - VACCINES		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	AR (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	AR (Min 18 Years)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	F	AR (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (<i>hepatitis b virus vaccine</i>)	F	AR (Min 18 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	F	AR (Min 18 Years)
VACCINES - VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b polysaccharide conj w/tetanus toxoid</i>)	F	AR (Min 18 Years)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2019-20 (36 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (<i>influenza virus vaccine qv 2019-2020(6 mos-35 mos)</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	F	QL (1 EA per 365 days); AR (Min 18 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>neisseria meningitidis group b, nhba recombinant</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (<i>anthrax vaccine</i>)	F	QL (2 ML per 365 days); AR (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine</i>)	F	QL (3 ML per 365 days); AR (Min 18 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine</i>)	F	QL (3 ML per 365 days); AR (Min 18 Years)
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	F	AR (Min 18 Years)
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (<i>influenza virus vaccine trival 2019-2020(65 yr up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2019-20 (18 yr up),rcmb</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vac qv 19-20 (4 yrs up)cell deriv.</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vac qv 19-20 (4 yrs up)cell deriv.</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)

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FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza virus vaccine qval 2019-2020 (2-49 yrs)</i>)	F	QL (1 EA per 365 days); AR (Min 18 Years)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (<i>influenza virus vaccine trival 2019-2020(65 yr up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (<i>influenza virus vaccine qv 2019-2020(6 mos-35 mos)</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccine</i>)	F	QL (2 ML per 365 days); AR (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccine</i>)	F	QL (2 ML per 365 days); AR (Min 18 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (<i>rabies vaccine, human diploid cell</i>)	F	QL (4 EA per 365 days); AR (Min 18 Years)
IPOLENTON INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (<i>poliomyelitis vaccine,killed</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years)

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IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML <i>(japanese encephalitis vaccine)</i>	F	QL (1 ML per 365 days); AR (Min 18 Years)
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML <i>(diphtheria,pertussis (acell),tetanus,polio vaccine)</i>	F	AR (Min 18 Years)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG- 10 LF/0.5 ML <i>(diphtheria,pertussis (acell),tetanus,polio vaccine)</i>	F	AR (Min 18 Years)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML <i>(meningococcal vaccine a,c,y and w-135, dip tox con)</i>	F	AR (Min 18 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML <i>(meningococcal vaccine a,c,y and w-135, dip tox con)</i>	F	QL (1 EA per 365 days); AR (Min 18 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML <i>(measles, mumps, and rubella vaccine live)</i>	F	QL (2 EA per 365 days); AR (Min 18 Years)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG- 25LF-25 MCG-10LF/0.5 ML <i>(hepatitis b virus vaccine)</i>	F	AR (Min 18 Years)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML <i>(haemophilus b polysach conjugat with meningococcal)</i>	F	AR (Min 18 Years)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML <i>(diphtheria,pertussis (acell),tetanus,polio vaccine)</i>	F	AR (Min 18 Years)
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML <i>(haemophilus b polysacc conj- tetan tox, comp 2 of 2)</i>	F	AR (Min 18 Years)
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML <i>(diphth,pert(acell),tetan,polio vacc,component 1of2)</i>	F	AR (Min 18 Years)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML <i>(pneumococcal vaccine)</i>	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML <i>(pneumococcal vaccine)</i>	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML <i>(pneumococcal vaccine)</i>	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 <i>(measles, mumps, rubella,and varicella live vaccine)</i>	F	AR (Min 18 Years)

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QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (<i>diphtheria,pertussis (acell),tetanus,polio vaccine</i>)	F	AR (Min 18 Years)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (<i>rabies vaccine,purified chick-embryo cell (pcec)</i>)	F	QL (3 EA per 365 days); AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML (<i>hepatitis b virus vaccine</i>)	F	QL (3 ML per 365 days); AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	F	AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML (<i>hepatitis b virus vaccine</i>)	F	QL (3 ML per 365 days); AR (Min 18 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	F	AR (Min 18 Years)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML (<i>rotavirus vacc, live oral, 89-12 strain,g1p(8) type</i>)	F	AR (Min 18 Years)
ROTATEQ VACCINE ORAL SOLUTION 2 ML (<i>rotavirus vacc, live oral pentavalent</i>)	F	AR (Min 18 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e, recombinant</i>)	F	QL (2 EA per 365 days); AR (Min 50 Years)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (<i>yellow fever vaccine live</i>)	F	AR (Min 18 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis grp b,lipidated fhbp, rec.</i>)	F	QL (1.5 ML per 365 days); AR (Min 18 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus vaccine</i>)	F	QL (4 ML per 365 days); AR (Min 18 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (<i>typhoid vaccine</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (<i>typhoid vaccine</i>)	F	QL (0.5 ML per 365 days); AR (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML (<i>hepatitis a virus vaccine</i>)	F	QL (2 ML per 365 days); AR (Min 18 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML (<i>hepatitis a virus vaccine</i>)	F	QL (1 ML per 365 days); AR (Min 18 Years)

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VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML (<i>hepatitis a virus vaccine</i>)	F	QL (2 ML per 365 days); AR (Min 18 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live</i>)	F	QL (2 EA per 365 days); AR (Min 18 Years)
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (<i>cholera vaccine</i>)	F	AR (Min 18 Years)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (<i>typhoid vaccine</i>)	F	QL (4 EA per 365 days); AR (Min 18 Years)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (<i>yellow fever vaccine live</i>)	F	QL (1 EA per 365 days); AR (Min 18 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (<i>varicella virus vaccine live</i>)	F	QL (1 EA per 365 days); AR (Min 60 Years)
AUTONOMIC DRUGS - DRUGS FOR THE NERVOUS SYSTEM		
ALPHA- AND BETA-ADRENERGIC AGONISTS - DRUGS FOR HEART AND LUNGS		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (<i>epinephrine</i>)	F	
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	F	
<i>brompheniramine</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	F	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5- 120 mg</i>	F	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	F	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	F	
<i>epinephrine injection syringe 0.1 mg/ml</i>	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	F	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	F	
MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG (<i>guaifenesin</i>)	F	QL (60 EA per 30 days)
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG (<i>guaifenesin</i>)	F	QL (60 EA per 30 days)

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PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML (<i>chlorpheniramine</i>)	F	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	F	QL (60 EA per 30 days)
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	F	QL (60 EA per 30 days)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	F	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	F	QL (120 ML per 30 days)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine</i>)	F	QL (240 ML per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG (<i>triprolidine</i>)	F	
WAL-PHED ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	F	QL (60 EA per 30 days)
ALPHA-ADRENERGIC AGONISTS - DRUGS FOR HEART AND LUNGS		
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
CHILDREN'S STUFFY NOSE-COLD ORAL LIQUID 2.5-100 MG/5 ML (<i>guaifenesin</i>)	F	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	F	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	F	QL (120 EA per 30 days)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	F	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>	F	QL (8 EA per 28 days)
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML (<i>brompheniramine</i>)	F	
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML (<i>brompheniramine</i>)	F	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	F	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
<i>phenylephrine</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG (<i>phenylephrine</i>)	F	QL (60 EA per 30 days)
SUPRESS DX ORAL DROPS 2.5-5-50 MG/ML (<i>guaifenesin</i>)	F	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMUSCARINICS/ANTISPASMODICS - DRUGS FOR PARKINSON		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium</i>)	F	ST; QL (60 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium</i>)	F	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	F	QL (4 GM per 20 days)
<i>dicyclomine oral capsule 10 mg</i>	F	QL (120 EA per 30 days)
<i>dicyclomine oral solution 10 mg/5 ml</i>	F	QL (600 ML per 30 days)
<i>dicyclomine oral tablet 20 mg</i>	F	QL (120 EA per 30 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	F	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	F	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	F	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	F	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	F	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium</i>)	F	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	F	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	F	
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (<i>phenobarbital</i>)	F	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium</i>)	F	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium</i>)	F	QL (1 EA per 30 days)
AUTONOMIC DRUGS, MISCELLANEOUS - DRUGS FOR THE NERVOUS SYSTEM		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (<i>varenicline</i>)	F	QL (360 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG (<i>varenicline</i>)	F	QL (360 EA per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (<i>varenicline</i>)	F	QL (106 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	F	QL (4320 EA per 365 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	F	QL (3600 EA per 365 days)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	F	QL (3600 EA per 365 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	F	QL (180 EA per 365 days)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	F	QL (112 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	F	QL (2880 EA per 365 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	F	QL (720 ML per 365 days)
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - DRUGS FOR RELAXING MUSCLES		
<i>cyclobenzaprine oral tablet 10 mg</i>	F	
<i>cyclobenzaprine oral tablet 5 mg</i>	F	QL (180 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	F	QL (240 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	F	QL (180 EA per 30 days)
<i>tizanidine oral tablet 2 mg</i>	F	QL (180 EA per 30 days)
<i>tizanidine oral tablet 4 mg</i>	F	QL (270 EA per 30 days)
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - DRUGS FOR RELAXING MUSCLES		
<i>baclofen oral tablet 10 mg, 20 mg</i>	F	QL (120 EA per 30 days)
<i>baclofen oral tablet 5 mg</i>	F	QL (120 EA per 30 days)
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR THE HEART		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
NON-SEL. ALPHA-1-ADRENERGIC BLOCKING AGENTS - DRUGS FOR THE HEART		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	F	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	

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NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR THE HEART		
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	F	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine</i>)	F	QL (20 EA per 30 days)
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - DRUGS FOR BLADDER INCONTINENCE		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	F	
<i>donepezil oral tablet 10 mg</i>	F	QL (60 EA per 30 days)
<i>donepezil oral tablet 5 mg</i>	F	QL (120 EA per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg</i>	F	QL (60 EA per 30 days)
<i>donepezil oral tablet,disintegrating 5 mg</i>	F	QL (120 EA per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	F	QL (60 EA per 30 days)
MESTINON ORAL SYRUP 60 MG/5 ML (<i>pyridostigmine</i>)	F	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	F	
<i>pyridostigmine bromide oral tablet 60 mg</i>	F	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	F	ST
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	F	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - DRUGS FOR THE HEART		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>tamsulosin oral capsule 0.4 mg</i>	F	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - DRUGS FOR HEART AND LUNGS		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	F	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	F	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	F	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	F	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	F	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium</i>)	F	ST; QL (60 EA per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (<i>arformoterol</i>)	F	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	F	QL (4 GM per 20 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	F	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	F	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol</i>)	F	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium</i>)	F	QL (4 GM per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	F	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - DRUGS FOR THE HEART		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
BLOOD FORMATION, COAGULATION, THROMBOSIS - DRUGS FOR THE BLOOD		
COUMARIN DERIVATIVES - DRUGS TO PREVENT BLOOD CLOTS		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (<i>warfarin</i>)	F	
<i>warfarin</i> (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	F	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	F	
DIRECT FACTOR XA INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	F	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	F	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	F	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	F	QL (60 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	F	QL (51 EA per 30 days)
HEMATOPOIETIC AGENTS - DRUGS FOR ANEMIA		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	F	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa</i>)	F	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	F	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML (<i>filgrastim-sndz</i>)	F	QL (7 ML per 30 days)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	F	QL (11.2 ML per 30 days)
HEMORRHEOLOGIC AGENTS - DRUGS FOR BLOOD FLOW		
<i>pentoxifylline oral tablet extended release 400 mg</i>	F	QL (90 EA per 30 days)
HEMOSTATICS - DRUGS TO PREVENT BLEEDING		
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	F	
HEPARINS - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	F	QL (60 ML per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	F	QL (48 ML per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	F	QL (18 ML per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	F	QL (24 ML per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	F	QL (36 ML per 30 days)
IRON PREPARATIONS - VITAMINS AND MINERALS		
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG (<i>pediatric multivitamin no.158</i>)	F	AR (Max 5 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLETE MULTIVITAMIN ORAL TABLET (<i>multivitamin with iron, other minerals</i>)	F	
FERRETT'S ORAL TABLET 325 MG (106 MG IRON) (<i>iron</i>)	F	
FERRIMIN 150 ORAL TABLET 456 MG (150 MG IRON) (<i>iron</i>)	F	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	F	
<i>ferrous fumarate oral tablet 89 mg (29 mg iron)</i>	F	
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 324 mg (36 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	F	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron)</i>	F	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	F	QL (50 ML per 30 days)
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	F	QL (480 ML per 30 days)
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	F	QL (150 ML per 30 days)
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	F	QL (480 ML per 30 days)
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron)</i>	F	QL (90 EA per 30 days)
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 325 mg (65 mg iron)</i>	F	QL (90 EA per 30 days)
FERROUSUL ORAL TABLET 325 MG (65 MG IRON) (<i>iron</i>)	F	QL (90 EA per 30 days)
HONEY BEARS WITH IRON-ZINC ORAL TABLET, CHEWABLE 4.5 MG (<i>pediatric multivitamin no.159</i>)	F	AR (Max 5 Years)
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG (<i>multivitamin with minerals</i>)	F	
MULTILEX ORAL TABLET 15 MG IRON (<i>multivitamin with minerals</i>)	F	
MULTILEX-T AND M ORAL TABLET 15 MG IRON (<i>multivitamin with minerals</i>)	F	
MULTIPLE VITAMIN, WOMENS ORAL TABLET (<i>multivit with calcium, iron, and other minerals</i>)	F	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45</i>)	F	AR (Max 5 Years)
<i>multivitamin with iron oral tablet</i>	F	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals combination no.60</i>)	F	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals combination no.61</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (<i>multivitamin with minerals</i>)	F	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	F	AR (Max 50 Years)
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
POLY-VI-SOL WITH IRON ORAL DROPS 750 UNIT-400 UNIT-10 MG/ML (<i>pediatric multivitamin no.80</i>)	F	AR (Max 5 Years)
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vitamins with calcium no.21</i>)	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	F	AR (Max 50 Years)
SUPER MULTIPLE ORAL TABLET (<i>multivitamin with iron,other minerals</i>)	F	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	F	
THERAPEUTIC-M VITAMIN/MINERALS ORAL TABLET 27-0.4 MG (<i>multivit with calcium, iron, and other minerals</i>)	F	
THEREMS-M ORAL TABLET 27-0.4 MG (<i>multivitamin with iron,other minerals</i>)	F	
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins with calcium no.136</i>)	F	AR (Max 50 Years)
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG (<i>multivit with calcium, iron, and other minerals</i>)	F	
PLATELET-AGGREGATION INHIBITORS - DRUGS TO PREVENT BLOOD CLOTS		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet, chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	F	PA; QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	F	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	F	
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	F	QL (100 EA per 30 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	F	QL (30 EA per 30 days)
PLATELET-REDUCING AGENTS - DRUGS TO PREVENT BLOOD CLOTS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	F	
THROMBOLYTIC AGENTS - DRUGS TO PREVENT BLOOD CLOTS		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	F	QL (100 EA per 30 days)
CARDIOVASCULAR DRUGS - DRUGS FOR THE HEART		
ALPHA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	F	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	F	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 75 mg</i>	F	QL (60 EA per 30 days)
<i>irbesartan oral tablet 300 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	F	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS FOR THE HEART		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 75 mg</i>	F	QL (60 EA per 30 days)
<i>irbesartan oral tablet 300 mg</i>	F	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	F	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	F	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	F	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	F	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - DRUGS FOR THE HEART		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	F	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	F	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	F	
ANTIARRHYTHMICS, MISCELLANEOUS - DRUGS FOR ANGINA		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	F	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	F	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	F	
ANTILIPEMIC AGENTS, MISCELLANEOUS - DRUGS FOR CHOLESTEROL		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIACIN FLUSH FREE ORAL CAPSULE 400 MG NIACIN (500 MG) (<i>niacin</i>)	F	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	F	
<i>niacin oral tablet 100 mg, 50 mg, 500 mg</i>	F	
<i>niacin oral tablet 250 mg</i>	F	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	F	
<i>niacin oral tablet extended release 500 mg</i>	F	
<i>niacin</i> (Niacor Oral Tablet 500 Mg)	F	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	F	PA
BETA-ADRENERGIC BLOCKING AGENTS - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
BILE ACID SEQUESTRANTS - DRUGS FOR CHOLESTEROL		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	F	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	F	
<i>cholestyramine (Cholestyramine Light Oral Powder 4 Gram)</i>	F	
<i>cholestyramine (Cholestyramine Light Oral Powder In Packet 4 Gram)</i>	F	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
CALCIUM-CHANNEL BLOCKING AGENTS - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem</i> (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem</i> (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem</i> (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)	F	QL (60 EA per 30 days)
<i>diltiazem</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)	F	QL (30 EA per 30 days)
<i>diltiazem</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)	F	QL (90 EA per 30 days)
<i>diltiazem</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	F	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	F	
CARDIAC DRUGS, MISCELLANEOUS - DRUGS FOR ANGINA		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine</i>)	F	PA
CARDIOTONIC AGENTS - DRUGS FOR ANGINA		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	F	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	F	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG) (<i>digoxin</i>)	F	
CENTRAL ALPHA-AGONISTS - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	F	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	F	QL (120 EA per 30 days)
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	F	QL (4 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr</i>	F	QL (8 EA per 28 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	F	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL (30 EA per 30 days)
<i>methyl dopa oral tablet 250 mg, 500 mg</i>	F	
<i>methyl dopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
CHOLESTEROL ABSORPTION INHIBITORS - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet 10 mg</i>	F	
CLASS IA ANTIARRHYTHMICS - DRUGS FOR ANGINA		
<i>quinidine gluconate oral tablet extended release 324 mg</i>	F	
CLASS IB ANTIARRHYTHMICS - DRUGS FOR ANGINA		
<i>phenytoin</i> (Dilantin Extended Oral Capsule 100 Mg)	F	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet, Chewable 50 Mg)	F	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin</i>)	F	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (<i>phenytoin</i>)	F	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	F	
<i>phenytoin oral suspension 125 mg/5 ml</i>	F	
<i>phenytoin oral tablet, chewable 50 mg</i>	F	
<i>phenytoin sodium extended oral capsule 100 mg</i>	F	
CLASS IC ANTIARRHYTHMICS - DRUGS FOR ANGINA		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	F	
<i>propafenone oral capsule, extended release 12 hr 225 mg</i>	F	QL (60 EA per 30 days)
<i>propafenone oral capsule, extended release 12 hr 325 mg, 425 mg</i>	F	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	F	
CLASS II ANTIARRHYTHMICS - DRUGS FOR ANGINA		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>labetalol intravenous solution 5 mg/ml</i>	F	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	F	
<i>metoprolol tartrate oral tablet 25 mg</i>	F	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
CLASS III ANTIARRHYTHMICS - DRUGS FOR ANGINA		
<i>amiodarone oral tablet 200 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
CLASS IV ANTIARRHYTHMICS - DRUGS FOR ANGINA		
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
DIHYDROPYRIDINES - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
DIRECT VASODILATORS - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	F	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	F	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRIC ACID DERIVATIVES - DRUGS FOR CHOLESTEROL		
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	F	
<i>fenofibrate micronized oral capsule 200 mg</i>	F	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	F	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	F	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	F	
<i>gemfibrozil oral tablet 600 mg</i>	F	
HMG-COA REDUCTASE INHIBITORS - DRUGS FOR CHOLESTEROL		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	F	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	F	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	F	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	F	
HYPOTENSIVE AGENTS, MISCELLANEOUS - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	F	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	F	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	F	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOOP DIURETICS (HYPOTENSIVE AGENTS) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
<i>furosemide oral solution 10 mg/ml</i>	F	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	F	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	F	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	F	
MINERALOCORTICOID (ALDOSTERONE) ANTAGENTS - DRUGS FOR THE HEART		
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone</i>)	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone</i>)	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
NITRATES AND NITRITES - DRUGS FOR THE HEART		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG (<i>isosorbide</i>)	F	QL (120 EA per 30 days)
ISORDIL ORAL TABLET 40 MG (<i>isosorbide</i>)	F	QL (360 EA per 30 days)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	F	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	F	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	F	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	F	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	F	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	F	
PCSK9 INHIBITORS - DRUGS FOR CHOLESTEROL		
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	F	PA; SPO
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	F	PA; SPO
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	F	PA; SPO
PHOSPHODIESTERASE TYPE 5 INHIBITORS - DRUGS FOR THE HEART		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	F	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	F	PA; SPO
POTASSIUM-SPARING DIURETICS (HYPOTEN) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone</i>)	F	
<i>amiloride oral tablet 5 mg</i>	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone</i>)	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>chlorothiazide oral tablet 500 mg</i>	F	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	F	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - DRUGS FOR HIGH BLOOD PRESSURE & ANGINA		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	F	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	F	
VASODILATING AGENTS, MISCELLANEOUS - DRUGS FOR THE HEART		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	F	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 300 mg, 360 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg</i>	F	QL (90 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24hr 240 mg</i>	F	QL (60 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	F	
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 180 Mg)</i>	F	QL (90 EA per 30 days)
<i>diltiazem (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 240 Mg)</i>	F	QL (60 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	F	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	F	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 300 Mg)</i>	F	QL (30 EA per 30 days)
<i>diltiazem (Taztia Xt Oral Capsule,Extended Release 24 Hr 180 Mg)</i>	F	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem</i> (Taztia Xt Oral Capsule,Extended Release 24 Hr 240 Mg)	F	QL (60 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	F	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	F	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	F	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	F	
CENTRAL NERVOUS SYSTEM AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
AMPHETAMINES - DRUGS FOR THE NERVOUS SYSTEM		
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	F	QL (60 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	F	QL (120 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine oral tablet 10 mg</i>	F	QL (180 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine oral tablet 5 mg</i>	F	QL (90 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	F	QL (30 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	F	QL (90 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	F	QL (60 EA per 30 days); AR (Max 18 Years)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	F	QL (30 EA per 30 days); AR (Max 18 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine</i>)	F	ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine</i>)	F	ST
ANALGESICS AND ANTIPYRETICS, MISC. - DRUGS FOR PAIN		
<i>acetaminophen oral elixir 160 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral liquid 160 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral solution 160 mg/5 ml (5 ml)</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral suspension 160 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>acetaminophen oral tablet 325 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetaminophen oral tablet 500 mg</i>	F	QL (100 EA per 30 days)
<i>acetaminophen rectal suppository 120 mg</i>	F	QL (50 EA per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	F	QL (473 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	F	QL (120 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG, 80 MG (<i>acetaminophen</i>)	F	QL (100 EA per 30 days)
FEVERALL RECTAL SUPPOSITORY 325 MG, 80 MG (<i>acetaminophen</i>)	F	QL (50 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	F	
<i>gabapentin oral tablet 600 mg</i>	F	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	F	QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	F	QL (1800 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
INFANT'S NON-ASPIRIN ORAL DROPS 100 MG/ML (<i>acetaminophen</i>)	F	QL (15 ML per 30 days)
INFANT'S PAIN RELIEF ORAL DROPS,SUSPENSION 80 MG/0.8 ML (<i>acetaminophen</i>)	F	QL (15 ML per 30 days)
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	F	
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	F	QL (100 EA per 30 days)
NORTEMP ORAL DROPS 80 MG/0.8 ML (<i>acetaminophen</i>)	F	QL (15 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	F	QL (60 EA per 30 days)
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG (<i>phenylephrine</i>)	F	QL (60 EA per 30 days)
ANTICONVULSANTS, MISCELLANEOUS - DRUGS FOR SEIZURES		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	F	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet 200 mg</i>	F	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	F	
<i>carbamazepine oral tablet, chewable 100 mg</i>	F	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	F	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	F	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	F	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	F	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	F	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	F	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	F	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	F	
<i>gabapentin oral tablet 600 mg</i>	F	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	F	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	F	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	F	
<i>levetiracetam oral solution 100 mg/ml</i>	F	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	F	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	F	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	F	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	F	
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	F	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	F	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	F	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	F	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	F	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	F	
<i>valproic acid oral capsule 250 mg</i>	F	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	F	
ANTIDEPRESSANTS, MISCELLANEOUS - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	F	QL (354 EA per 365 days)
<i>bupropion hcl oral tablet 100 mg</i>	F	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	F	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	F	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	F	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	F	QL (60 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	F	AR (Min 18 Years)
<i>mirtazapine oral tablet 7.5 mg</i>	F	AR (Min 18 Years)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	F	AR (Min 18 Years)
ANTIMANIC AGENTS - DRUGS FOR PERSONALITY DISORDER		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	F	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	F	
<i>carbamazepine oral tablet 200 mg</i>	F	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	F	
<i>carbamazepine oral tablet, chewable 100 mg</i>	F	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	F	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	F	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	F	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	F	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	F	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	F	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	F	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	F	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (<i>carbamazepine</i>)	F	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	F	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	F	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	F	
<i>valproic acid oral capsule 250 mg</i>	F	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - MIGRAINE TREATMENT		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (<i>divalproex sodium</i>)	F	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	F	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (<i>divalproex sodium</i>)	F	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	F	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	F	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	F	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	F	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine</i>)	F	QL (20 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	F	QL (100 EA per 30 days)
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	F	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	F	
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG (<i>phenylephrine</i>)	F	QL (60 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	F	
<i>valproic acid oral capsule 250 mg</i>	F	
ANXIOLYTICS,SEDATIVES,AND HYPNOTICS,MISC - DRUGS FOR ANXIETY & SLEEP DISORDER		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	F	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	F	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	F	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	F	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG (<i>diphenhydramine</i>)	F	QL (100 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	F	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	F	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	F	
<i>promethazine</i> (Promethegan Rectal Suppository 50 Mg)	F	
<i>zolpidem oral tablet 10 mg</i>	F	
<i>zolpidem oral tablet 5 mg</i>	F	QL (30 EA per 30 days)
BARBITURATES (ANTICONVULSANTS) - DRUGS FOR SEIZURES		
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	F	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	F	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	F	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	F	
PHENOHTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (<i>phenobarbital</i>)	F	
<i>primidone oral tablet 250 mg, 50 mg</i>	F	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - DRUGS FOR ANXIETY & SLEEP DISORDER		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	F	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	F	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	F	
PHENOHYTRO ORAL TABLET 16.2-0.1037 -0.0194 MG (<i>phenobarbital</i>)	F	
BENZODIAZEPINES (ANTICONVULSANTS) - DRUGS FOR SEIZURES		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	F	QL (450 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	F	QL (5 EA per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - DRUGS FOR ANXIETY & SLEEP DISORDER		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	F	QL (90 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	F	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	F	QL (450 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	F	QL (90 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	F	QL (5 EA per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	QL (90 EA per 30 days)
<i>temazepam oral capsule 15 mg, 7.5 mg</i>	F	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 30 mg</i>	F	
<i>triazolam oral tablet 0.125 mg</i>	F	QL (90 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	F	
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - DRUGS FOR PARKINSON		
<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>	F	
<i>entacapone oral tablet 200 mg</i>	F	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - DRUGS FOR ATTENTION DEFICIT DISORDER		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	F	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	F	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	F	QL (30 EA per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	F	
<i>memantine oral tablets,dose pack 5-10 mg</i>	F	
<i>riluzole oral tablet 50 mg</i>	F	
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - DRUGS FOR PAIN		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	F	ST; QL (60 EA per 30 days)
DOPAMINE PRECURSORS - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	F	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	F	
<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>	F	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - DRUGS FOR PARKINSON		
<i>bromocriptine oral capsule 5 mg</i>	C1	
<i>bromocriptine oral tablet 2.5 mg</i>	C1	
<i>cabergoline oral tablet 0.5 mg</i>	F	
FIBROMYALGIA AGENTS - DRUGS FOR NERVE PAIN		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	F	QL (60 EA per 30 days); AR (Min 18 Years)
<i>pregabalin oral capsule 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	F	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran</i>)	F	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran</i>)	F	
HYDANTOINS - DRUGS FOR SEIZURES		
<i>phenytoin</i> (Dilantin Extended Oral Capsule 100 Mg)	F	
<i>phenytoin</i> (Dilantin Infatabs Oral Tablet,Chewable 50 Mg)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin</i>)	F	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (<i>phenytoin</i>)	F	
<i>phenytoin oral suspension 125 mg/5 ml</i>	F	
<i>phenytoin oral tablet, chewable 50 mg</i>	F	
<i>phenytoin sodium extended oral capsule 100 mg</i>	F	
MONOAMINE OXIDASE B INHIBITORS - DRUGS FOR PARKINSON		
<i>selegiline hcl oral capsule 5 mg</i>	F	QL (60 EA per 30 days)
<i>selegiline hcl oral tablet 5 mg</i>	F	QL (60 EA per 30 days)
MONOAMINE OXIDASE INHIBITORS - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>selegiline hcl oral capsule 5 mg</i>	F	QL (60 EA per 30 days)
<i>selegiline hcl oral tablet 5 mg</i>	F	QL (60 EA per 30 days)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - DRUGS FOR PARKINSON		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	F	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	F	
OPIATE AGONISTS - DRUGS FOR PAIN		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	F	QL (473 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	F	QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	F	QL (10 EA per 30 days)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine</i>)	F	QL (480 ML per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	F	QL (1800 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	F	QL (120 ML per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i>	F	QL (30 EA per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	F	QL (900 ML per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	F	QL (450 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	F	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	F	QL (90 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	F	QL (120 EA per 30 days)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>tramadol oral tablet 50 mg</i>	F	QL (240 EA per 30 days)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - DRUGS FOR PAIN		
<i>diclofenac potassium oral tablet 50 mg</i>	F	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	F	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	F	
<i>diclofenac sodium topical gel 1 %</i>	F	QL (500 GM per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	F	
<i>etodolac oral tablet 400 mg, 500 mg</i>	F	
<i>ibuprofen oral capsule 200 mg</i>	F	QL (100 EA per 30 days)
<i>ibuprofen oral suspension 100 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>ibuprofen oral tablet 200 mg</i>	F	QL (100 EA per 30 days)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	F	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	F	
<i>ketorolac oral tablet 10 mg</i>	F	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	F	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	F	
<i>naproxen oral suspension 125 mg/5 ml</i>	F	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	F	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	F	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	F	
<i>sulindac oral tablet 150 mg, 200 mg</i>	F	
PHENOTHIAZINES - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	C1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	F	
<i>prochlorperazine rectal suppository 25 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESPIRATORY AND CNS STIMULANTS - DRUGS FOR THE NERVOUS SYSTEM		
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	F	QL (30 EA per 30 days); AR (Max 18 Years)
<i>dexmethylphenidate oral tablet 10 mg</i>	F	QL (60 EA per 30 days); AR (Max 18 Years)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	F	QL (90 EA per 30 days); AR (Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	F	QL (30 EA per 30 days); AR (Max 18 Years)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	F	QL (30 EA per 30 days); AR (Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	F	QL (90 EA per 30 days); AR (Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	F	QL (90 EA per 30 days); AR (Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	F	QL (30 EA per 30 days); AR (Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	F	QL (60 EA per 30 days); AR (Max 18 Years)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	F	QL (100 EA per 30 days)
SALICYLATES - DRUGS FOR PAIN		
<i>aspirin oral tablet 325 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet,chewable 81 mg</i>	F	QL (100 EA per 30 days)
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	F	QL (100 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	F	QL (60 EA per 30 days)
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	F	QL (100 EA per 30 days)
<i>salsalate oral tablet 500 mg, 750 mg</i>	F	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	F	QL (60 EA per 30 days); AR (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran</i>)	F	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran</i>)	F	
<i>venlafaxine oral capsule,extended release 24hr 150 mg</i>	F	QL (30 EA per 30 days); AR (Min 18 Years)
<i>venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg</i>	F	QL (90 EA per 30 days); AR (Min 18 Years)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	F	AR (Min 18 Years)
SELECTIVE SEROTONIN AGONISTS - MIGRAINE TREATMENT		
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	F	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	F	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	F	QL (9 EA per 30 days)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>citalopram oral solution 10 mg/5 ml</i>	F	AR (Min 18 Years)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	F	AR (Min 18 Years)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	F	AR (Min 18 Years)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	F	AR (Min 18 Years)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	F	AR (Min 18 Years)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	F	AR (Min 18 Years)
<i>sertraline oral concentrate 20 mg/ml</i>	F	AR (Min 18 Years)
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	F	AR (Min 18 Years)
SEROTONIN MODULATORS - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	F	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	F	
SUCCINIMIDES - DRUGS FOR SEIZURES		
<i>ethosuximide oral capsule 250 mg</i>	F	
<i>ethosuximide oral solution 250 mg/5 ml</i>	F	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - DRUGS FOR DEPRESSION & PSYCHOSIS		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	F	
<i>desipramine oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (120 EA per 30 days)
<i>desipramine oral tablet 100 mg</i>	F	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desipramine oral tablet 150 mg</i>	F	QL (60 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	F	QL (90 EA per 30 days)
<i>doxepin oral capsule 150 mg</i>	F	QL (60 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	F	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	F	
<i>nortriptyline oral solution 10 mg/5 ml</i>	F	
CONTRACEPTIVES (E.G. FOAMS, DEVICES) - DRUGS FOR WOMEN		
CONTRACEPTIVES (E.G. FOAMS, DEVICES) - DRUGS FOR WOMEN		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	F	QL (1 EA per 365 days)
CONDOMS-PREM LUBRICATED DEVICE (<i>condoms, latex, lubricated</i>)	F	QL (24 EA per 30 days)
DUREX AVANTI BARE REAL FEEL (<i>condoms, non-latex, lubricated</i>)	F	QL (24 EA per 30 days)
FC2 FEMALE CONDOM (<i>condoms, female</i>)	F	QL (6 EA per 30 days)
FEMCAP VAGINAL DEVICE 26 MM (<i>cervical cap</i>)	F	QL (1 EA per 365 days)
GYNOL II VAGINAL GEL 3 % (<i>nonoxynol 9</i>)	F	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	F	QL (24 EA per 30 days)
TRUSTEX NON-LUB CONDOMS DEVICE (<i>condoms, latex, non-lubricated</i>)	F	QL (24 EA per 30 days)
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	F	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (<i>nonoxynol 9</i>)	F	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	F	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	F	QL (1 EA per 365 days)
DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER PLUS FLOW-VU SPACER (<i>inhaler, assist devices</i>)	F	QL (1 EA per 365 days)
BD SHARPS COLLECTOR (<i>container, empty</i>)	F	QL (1 EA per 31 days)
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	F	
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16" (<i>pen needle, diabetic</i>)	F	
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (<i>compressor, for nebulizer</i>)	F	QL (1 EA per 365 days)
DEVILBISS PULMOMATE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	F	QL (1 EA per 365 days)
ONETOUCH VERIO MID CONTROL SOLUTION (<i>blood-glucose calibration control, normal</i>)	F	SPO
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	F	QL (1 EA per 180 days)
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	F	QL (1 EA per 365 days)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	F	
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	F	QL (1 EA per 365 days)
DIAGNOSTIC AGENTS		
DIABETES MELLITUS		
ONETOUCH VERIO STRIP (<i>blood sugar diagnostic</i>)	F	SPO
DIAGNOSTIC AGENTS		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (<i>glucagon</i>)	F	QL (2 EA per 30 days)
KETONES		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KETONE URINE TEST STRIP (<i>urine acetone test,strips</i>)	F	
SUGAR		
DIASTIX STRIP (<i>urine glucose test strip</i>)	F	
URINE AND FECES CONTENTS		
KETO-DIASTIX STRIP (<i>urine glucose-acetone combination test strips</i>)	F	
MULTISTIX 10 SG STRIP (<i>urine multiple test strips</i>)	F	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate</i>)	F	
PHOSPHA 250 NEUTRAL ORAL TABLET 250 MG (<i>sodium phosphate</i>)	F	
ALKALINIZING AGENTS		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	F	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	F	
AMMONIA DETOXICANTS		
<i>lactulose</i> (Enulose Oral Solution 10 Gram/15 Ml)	F	
<i>lactulose oral solution 10 gram/15 ml</i>	F	
CALORIC AGENTS - DRUGS FOR NUTRITION		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>amino acids 5 %</i>)	F	
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (<i>amino acids 4.25 %</i>)	F	
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % (<i>amino acids 4.25 %</i>)	F	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % (<i>amino acids 5 %</i>)	F	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % (<i>parenteral amino acid 15 % combination no.5</i>)	C1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	F	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % (<i>parenteral amino acid 10 % combination no.4</i>)	F	
<i>glucose oral tablet, chewable 4 gram</i>	F	
INTRALIPID INTRAVENOUS EMULSION 30 % (<i>fat emulsions</i>)	F	
NUTRILIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsions</i>)	C1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % (<i>parenteral amino acid 15 % combination no.1</i>)	C1	
SMOFLIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsions</i>)	F	
CARBONIC ANHYDRASE INHIBITORS - DRUGS FOR WATER BALANCE		
<i>acetazolamide oral capsule, extended release 500 mg</i>	F	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	F	
DIURETICS, MISCELLANEOUS - DRUGS FOR WATER BALANCE		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
IRRIGATING SOLUTIONS		
STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	F	
LOOP DIURETICS - DRUGS FOR WATER BALANCE		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
<i>furosemide oral solution 10 mg/ml</i>	F	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	F	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	F	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	F	
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	F	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	F	
RENAGEL ORAL TABLET 800 MG (<i>sevelamer</i>)	F	
<i>sevelamer carbonate oral tablet 800 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POTASSIUM-REMOVING AGENTS		
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>polystyrene sulfonate</i>)	F	
<i>sodium polystyrene sulfonate oral powder</i>	F	
<i>polystyrene sulfonate</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 ML)	F	
POTASSIUM-SPARING DIURETICS - DRUGS FOR WATER BALANCE		
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone</i>)	F	
<i>amiloride oral tablet 5 mg</i>	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
REPLACEMENT PREPARATIONS		
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) (<i>calcium</i>)	F	
<i>calcium acetate oral tablet 667 mg</i>	F	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	F	
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 650 mg calcium (1,625 mg)</i>	F	
<i>calcium gluconate oral tablet 60 mg calcium (650 mg)</i>	F	
CHELATED ZINC ORAL TABLET 50 MG (<i>zinc</i>)	F	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ, 25 MEQ (<i>potassium bicarbonate</i>)	F	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	F	
<i>lactated ringers intravenous parenteral solution</i>	F	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (<i>electrolytes for oral solution</i>)	F	QL (2028 ML per 30 days)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	F	AR (Max 50 Years)
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	F	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	F	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	F	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	F	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	F	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	F	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	F	
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vitamins with calcium no.21</i>)	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	F	AR (Max 50 Years)
<i>ringer's intravenous parenteral solution</i>	F	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	F	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	F	
<i>sodium chloride 0.9 % intravenous piggyback</i>	F	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	F	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	F	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %</i>	F	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	F	
<i>zinc gluconate oral tablet 50 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THIAZIDE DIURETICS - DRUGS FOR WATER BALANCE		
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone</i>)	F	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	F	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	F	
<i>chlorothiazide oral tablet 500 mg</i>	F	
DIURIL ORAL SUSPENSION 250 MG/5 ML (<i>chlorothiazide</i>)	F	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	F	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	F	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	F	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	F	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	F	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	F	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	F	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	F	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	F	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	F	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	F	QL (30 EA per 30 days)
THIAZIDE-LIKE DIURETICS - DRUGS FOR WATER BALANCE		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	F	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	F	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	F	
URICOSURIC AGENTS		
<i>probenecid oral tablet 500 mg</i>	F	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	F	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - DRUGS FOR THE EYE		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	F	
ANTIALLERGIC AGENTS - DRUGS FOR ALLERGY		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	F	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	F	
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	F	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	F	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	F	ST
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % (<i>olopatadine</i>)	F	ST
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %) (<i>ketotifen</i>)	F	
ANTIBACTERIALS (EENT) - DRUGS FOR INFECTIONS		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	F	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	F	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin</i>)	F	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (<i>ciprofloxacin</i>)	F	QL (7.5 ML per 30 days)
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	F	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	F	QL (7 GM per 30 days)
<i>gentamicin</i> (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	F	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	F	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	F	QL (5 ML per 30 days)
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	F	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	F	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	F	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	F	

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<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	F	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	F	
<i>ofloxacin otic (ear) drops 0.3 %</i>	F	QL (10 ML per 30 days)
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	F	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	F	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	F	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	F	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin</i>)	F	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	F	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	F	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>tobramycin</i>)	F	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (<i>moxifloxacin</i>)	F	
ANTIFUNGALS (EENT) - DRUGS FOR INFECTIONS		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (<i>natamycin</i>)	F	
ANTIGLAUCOMA AGENTS, MISCELLANEOUS - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil</i>)	F	PA
ANTIVIRALS (EENT) - DRUGS FOR INFECTIONS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	F	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - DRUGS FOR THE EYE		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	F	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	F	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	F	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	F	
CARBONIC ANHYDRASE INHIBITORS (EENT) - DRUGS FOR THE EYE		
<i>acetazolamide oral capsule, extended release 500 mg</i>	F	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	F	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	F	
CORTICOSTEROIDS (EENT) - DRUGS FOR INFLAMMATION		
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (<i>ciprofloxacin</i>)	F	QL (7.5 ML per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	F	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>fluorometholone</i>)	F	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	F	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	F	QL (32 GM per 30 days)
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (<i>fluorometholone</i>)	F	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	F	
NASACORT NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone</i>)	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	F	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	F	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	F	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone</i>)	F	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	F	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	F	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin</i>)	F	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	F	
EENT ANTI-INFECTIVES, MISCELLANEOUS - DRUGS FOR INFECTIONS		
<i>acetic acid otic (ear) solution 2 %</i>	F	
CARBAMOXIDE EAR DROPS OTIC (EAR) DROPS 6.5 % (<i>carbamide peroxide</i>)	F	QL (30 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	F	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - DRUGS FOR INFLAMMATION		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	F	PA; QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	F	PA; QL (60 EA per 30 days)
EENT DRUGS, MISCELLANEOUS		
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % (<i>mineral oil</i>)	F	
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS (<i>dextran 70</i>)	F	
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcohol</i>)	F	
AYR SALINE NASAL DROPS 0.65 % (<i>sodium</i>)	F	
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT (<i>mineral oil</i>)	F	
GENTEAL MILD OPHTHALMIC (EYE) DROPS 0.2 % (<i>hypromellose</i>)	F	
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 % (<i>hypromellose</i>)	F	
LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS 1-0.3 % (<i>glycerin</i>)	F	
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % (<i>carboxymethylcellulose sodium</i>)	F	
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 % (<i>mineral oil</i>)	F	
MURO 128 OPHTHALMIC (EYE) DROPS 2 % (<i>sodium chloride</i>)	F	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	F	
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 % (<i>hypromellose</i>)	F	
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 % (<i>mineral oil</i>)	F	
RETAIN PM OPHTHALMIC (EYE) OINTMENT 80-20 % (<i>mineral oil</i>)	F	
SALINE NASAL NASAL AEROSOL,SPRAY 0.65 % (<i>sodium</i>)	F	
<i>sodium chloride ophthalmic (eye) drops 5 %</i>	F	
<i>sodium chloride ophthalmic (eye) ointment 5 %</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oil</i>)	F	
TEARS NATURALE FORTE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % (<i>dextran</i>)	F	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - DRUGS FOR INFLAMMATION		
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	F	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	F	
LOCAL ANESTHETICS (EENT) - DRUGS FOR NUMBING		
<i>lidocaine</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	F	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	F	
MIOTICS - DRUGS FOR THE EYE		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	F	
MYDRIATICS - DRUGS FOR THE EYE		
<i>atropine ophthalmic (eye) drops 1 %</i>	F	
<i>atropine ophthalmic (eye) ointment 1 %</i>	F	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine</i>)	F	
PROSTAGLANDIN ANALOGS - DRUGS FOR THE EYE		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	F	
RHO KINASE INHIBITORS - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (<i>netarsudil</i>)	F	PA
VASOCONSTRICTORS		
ALLERGY EYE (NAPHAZOLINE-PHEN) OPHTHALMIC (EYE) DROPS 0.025-0.3 % (<i>naphazoline</i>)	F	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.02675-0.315 % (<i>naphazoline</i>)	F	
NASAL SPRAY EXTRA MOISTURIZING NASAL SPRAY, NON-AEROSOL 0.05 % (<i>oxymetazoline</i>)	F	
<i>phenylephrine hcl ophthalmic (eye) drops 2.5 %</i>	F	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium</i>)	F	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	F	
FOAMING ANTACID ORAL TABLET,CHEWABLE 80-20 MG (<i>magnesium</i>)	F	
GAVISCON ORAL TABLET,CHEWABLE 80-14.2 MG (<i>magnesium</i>)	F	
<i>magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium</i>	F	
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium), 420 mg, 500 mg</i>	F	
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium</i>)	F	
PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	F	
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	F	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	F	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	F	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	F	
GASTROINTESTINAL DRUGS - DRUGS FOR THE STOMACH		
5-HT3 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA		
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	F	QL (90 EA per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	F	QL (90 EA per 30 days)
ANTIDIARRHEA AGENTS - DRUGS FOR DIARRHEA		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/5 ML (<i>loperamide</i>)	F	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	F	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	F	
<i>loperamide oral capsule 2 mg</i>	F	
<i>loperamide oral tablet 2 mg</i>	F	
PINK BISMUTH ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	F	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	F	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	F	
ANTIEMETICS, MISCELLANEOUS - DRUGS FOR VOMITING AND NAUSEA		
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (<i>scopolamine</i>)	F	QL (4 EA per 30 days)
ANTIFLATULENTS - DRUGS FOR GAS		
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium</i>)	F	
ANTACID MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium</i>)	F	
MINTOX PLUS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium</i>)	F	
<i>simethicone oral drops,suspension 40 mg/0.6 ml</i>	F	QL (30 ML per 30 days)
<i>simethicone oral tablet,chewable 80 mg</i>	F	QL (60 EA per 30 days)
ANTI-HISTAMINES (GI DRUGS) - DRUGS FOR VOMITING AND NAUSEA		
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	F	QL (60 EA per 30 days)
<i>meclizine oral tablet,chewable 25 mg</i>	F	QL (60 EA per 30 days)
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	C1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	F	
<i>prochlorperazine rectal suppository 25 mg</i>	F	
<i>trimethobenzamide oral capsule 300 mg</i>	F	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - DRUGS FOR INFLAMMATION		
<i>balsalazide oral capsule 750 mg</i>	F	QL (270 EA per 30 days)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	F	PA
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	F	PA
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	F	
CATHARTICS AND LAXATIVES - DRUGS FOR CONSTIPATION		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	F	PA
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	F	QL (60 EA per 30 days)
CITRUCEL ORAL TABLET 500 MG (<i>methylcellulose</i>)	F	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	F	QL (100 EA per 30 days)
<i>docusate sodium oral liquid 50 mg/5 ml</i>	F	QL (480 ML per 30 days)
<i>docusate sodium oral syrup 60 mg/15 ml</i>	F	QL (480 ML per 30 days)
<i>docusate sodium oral tablet 100 mg</i>	F	QL (100 EA per 30 days)
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML (<i>sodium phosphate</i>)	F	
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG (<i>polycarbophil</i>)	F	
FIBER (PSYLLIUM HUSK/SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM (<i>psyllium</i>)	F	
<i>polyethylene glycol 3350</i> (Gavilyte-C Oral Recon Soln 240-22.72-6.72 -5.84 Gram)	F	QL (4000 ML per 30 days)
<i>polyethylene glycol 3350</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	F	QL (4000 ML per 30 days)
<i>glycerin (adult) rectal suppository</i>	F	
<i>glycerin (child) rectal suppository</i>	F	
KONSYL (SUGAR) ORAL POWDER IN PACKET 3.4 GRAM (<i>psyllium</i>)	F	
LAXATIVE (BISACODYL) ORAL TABLET 5 MG (<i>bisacodyl</i>)	F	QL (60 EA per 30 days)
<i>magnesium citrate oral solution</i>	F	
METAMUCIL ORAL CAPSULE 0.52 GRAM (<i>psyllium</i>)	F	
MILK OF MAGNESIA CONCENTRATED ORAL SUSPENSION 2,400 MG/10 ML (<i>magnesium</i>)	F	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML (<i>magnesium</i>)	F	
NATURAL FIBER LAXATIVE THERAPY ORAL POWDER (<i>psyllium</i>)	F	
NATURAL PSYLLIUM FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM (<i>psyllium</i>)	F	
NUTRISOURCE FIBER ORAL POWDER (<i>guar gum</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML (<i>docusate</i>)	F	
PEDIATRIC ENEMA RECTAL ENEMA 9.5-3.5 GRAM/59 ML (<i>sodium phosphate</i>)	F	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	F	QL (527 GM per 30 days)
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	F	QL (30 EA per 30 days)
SENNALAX ORAL TABLET 8.6 MG (<i>senna</i>)	F	
SENNALAX ORAL SYRUP 8.8 MG/5 ML (<i>senna</i>)	F	
SENNALAX PLUS ORAL TABLET 8.6-50 MG (<i>senna</i>)	F	QL (60 EA per 30 days)
STOOL SOFTENER ORAL CAPSULE 50 MG (<i>docusate</i>)	F	QL (100 EA per 30 days)
<i>sodium</i> (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	F	QL (4000 ML per 30 days)
CHOLELITHOLYTIC AGENTS - DRUGS FOR THE STOMACH		
<i>ursodiol oral capsule 300 mg</i>	F	
<i>ursodiol oral tablet 250 mg</i>	F	
DIGESTANTS - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase</i>)	F	
GI DRUGS, MISCELLANEOUS - DRUGS FOR THE STOMACH		
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA

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LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	F	PA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol</i>)	F	PA
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone</i>)	F	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone</i>)	F	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone</i>)	F	PA
HISTAMINE H2-ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	F	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	F	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	F	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	F	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	F	
<i>ranitidine hcl oral tablet 150 mg, 300 mg, 75 mg</i>	F	
NEUROKININ-1 RECEPTOR ANTAGONISTS - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	C1	
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	C1	
PROKINETIC AGENTS - DRUGS FOR THE STOMACH		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	F	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	F	
PROSTAGLANDINS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	F	
PROTECTANTS - DRUGS FOR ULCERS AND STOMACH ACID		
CARAFATE ORAL SUSPENSION 100 MG/ML (<i>sucralfate</i>)	F	
<i>sucralfate oral tablet 1 gram</i>	F	
PROTON-PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	F	QL (30 EA per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	F	QL (30 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg</i>	F	QL (30 EA per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i>	F	QL (60 EA per 30 days)
<i>omeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	F	QL (60 EA per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	F	QL (30 EA per 30 days)

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PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG (<i>lansoprazole</i>)	F	QL (30 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	F	QL (30 EA per 30 days)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	F	
HEAVY METAL ANTAGONISTS - DRUGS TO REDUCE IRON		
HEAVY METAL ANTAGONISTS - DRUGS TO REDUCE IRON		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	F	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	F	PA
HORMONES AND SYNTHETIC SUBSTITUTES - HORMONES		
ADRENALS - HORMONES		
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	F	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	F	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	F	QL (60 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML (<i>dexamethasone</i>)	F	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	F	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	F	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	F	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	F	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone</i>)	F	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION (<i>fluticasone</i>)	F	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (<i>fluticasone</i>)	F	QL (21.2 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fludrocortisone oral tablet 0.1 mg</i>	F	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	F	
<i>methylprednisolone oral tablet 4 mg</i>	F	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	F	
MILLIPRED DP ORAL TABLETS,DOSE PACK 5 MG (21 TABS) (<i>prednisolone</i>)	F	
MILLIPRED ORAL TABLET 5 MG (<i>prednisolone</i>)	F	
<i>prednisolone oral solution 15 mg/5 ml</i>	F	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	F	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	F	
<i>prednisone oral solution 5 mg/5 ml</i>	F	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	F	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	F	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	F	QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone</i>)	F	QL (10.6 GM per 30 days)
ALPHA-GLUCOSIDASE INHIBITORS - DRUGS FOR DIABETES		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	F	
AMYLINOMIMETICS - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide</i>)	F	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide</i>)	F	PA
ANDROGENS - HORMONES		
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	F	

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<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	F	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	F	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	F	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1 %)</i>	F	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	F	PA
ANTIESTROGENS - DRUGS FOR WOMEN		
<i>anastrozole oral tablet 1 mg</i>	F	SPO
ANTIPARATHYROID AGENTS - DRUGS FOR BONES		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	F	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet</i>)	F	
ANTITHYROID AGENTS - DRUGS FOR THE THYROID		
<i>methimazole oral tablet 10 mg, 5 mg</i>	F	
<i>propylthiouracil oral tablet 50 mg</i>	F	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	F	
BIGUANIDES - DRUGS FOR DIABETES		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	F	ST; QL (60 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	F	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	F	QL (60 EA per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	F	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	F	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	F	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin</i>)	F	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG (<i>ertugliflozin</i>)	F	ST; QL (120 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin</i>)	F	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin</i>)	F	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin</i>)	F	ST; QL (60 EA per 30 days)
CONTRACEPTIVES - DRUGS FOR WOMEN		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desogestrel</i> (Apri Oral Tablet 0.15-0.03 Mg)	F	12 MO
<i>desogestrel-ethinyl estradiol</i> (Azurette (28) Oral Tablet 0.15-0.02 Mg x 21 / 0.01 Mg X 5)	F	12 MO
<i>norethindrone</i> (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	F	12 MO
<i>norethindrone</i> (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	F	12 MO
CAMRESE ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (<i>levonorgestrel-ethinyl estradiol</i>)	F	12 MO
<i>desogestrel</i> (Caziant (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	F	12 MO
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	F	12 MO
ELLA ORAL TABLET 30 MG (<i>ulipristal</i>)	F	QL (1 EA per 30 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	F	12 MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	F	12 MO
GIANVI (28) ORAL TABLET 3-0.02 MG (<i>ethinyl estradiol</i>)	F	12 MO
JOLESSA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (91) (<i>levonorgestrel</i>)	F	12 MO
<i>norethindrone</i> (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	F	12 MO
<i>norethindrone</i> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	F	12 MO
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	F	12 MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethindrone</i>)	F	12 MO
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	F	12 MO
<i>levonorgestrel</i> (Levora-28 Oral Tablet 0.15-0.03 Mg)	F	12 MO
<i>norgestrel</i> (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	F	12 MO
<i>norethindrone</i> (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	F	12 MO
<i>norethindrone</i> (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	F	12 MO
MY WAY ORAL TABLET 1.5 MG (<i>levonorgestrel</i>)	F	QL (1 EA per 30 days)
<i>norethindrone</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	F	12 MO
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	F	12 MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	F	12 MO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	F	12 MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	F	12 MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	F	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (<i>norethindrone</i>)	F	12 MO
<i>norethindrone</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	F	12 MO
<i>norethindrone</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	F	12 MO
OCELLA ORAL TABLET 3-0.03 MG (<i>ethinyl estradiol</i>)	F	12 MO
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG (<i>norgestrel</i>)	F	12 MO
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (<i>levonorgestrel-ethinyl estradiol</i>)	F	12 MO
<i>levonorgestrel</i> (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	F	12 MO
<i>norethindrone</i> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	F	12 MO
<i>norgestimate</i> (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	F	12 MO
<i>levonorgestrel</i> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	F	12 MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (<i>norelgestromin</i>)	F	12 MO
<i>ethynodiol</i> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	F	12 MO
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - DRUGS FOR DIABETES		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	F	ST; QL (30 EA per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	F	ST; QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	F	ST; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin</i>)	F	ST; QL (30 EA per 30 days)
ESTROGEN AGONIST-ANTAGONISTS - DRUGS FOR WOMEN		
<i>raloxifene oral tablet 60 mg</i>	F	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	F	SPO
ESTROGENS - DRUGS FOR WOMEN		
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	

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<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	F	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	F	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	F	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	F	
<i>norethindrone</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	F	
<i>estrogens,esterified</i> (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	F	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	F	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	F	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (<i>estrogens, conjugated</i>)	F	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>estrogens, conjugated</i>)	F	QL (30 EA per 30 days)
GLYCOGENOLYTIC AGENTS - HORMONES		
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (<i>glucagon</i>)	F	QL (2 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	F	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	F	QL (2 EA per 30 days)
GONADOTROPINS - HORMONES		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide</i>)	F	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide</i>)	F	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide</i>)	F	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide</i>)	F	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin</i>)	F	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GONADOTROPINS AND ANTIGONADOTROPINS - HORMONES		
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (<i>leuprolide</i>)	F	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (<i>leuprolide</i>)	F	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (<i>leuprolide</i>)	F	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (<i>leuprolide</i>)	F	PA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin</i>)	F	PA
INCRETIN MIMETICS - DRUGS FOR DIABETES		
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) (<i>semaglutide</i>)	F	ST; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) (<i>semaglutide</i>)	F	ST; QL (3 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	F	ST
INSULINS - DRUGS FOR DIABETES		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	F	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	F	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin glulisine</i>)	F	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	F	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine</i>)	F	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	F	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin isophane (nph)</i>)	F	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	F	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	F	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular</i>)	F	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	F	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	F	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	F	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	F	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	F	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	F	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	F	
INTERMEDIATE-ACTING INSULINS - DRUGS FOR DIABETES		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	F	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin isophane (nph)</i>)	F	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	F	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	F	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	F	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	F	
LONG-ACTING INSULINS - DRUGS FOR DIABETES		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine</i>)	F	
MEGLITINIDES - DRUGS FOR DIABETES		
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	F	
PARATHYROID AND ANTIPARATHYROID AGENTS - DRUGS FOR BONES		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	F	
PITUITARY - HORMONES		
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	F	
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (<i>somatropin</i>)	F	PA; SPO
PROGESTINS - DRUGS FOR WOMEN		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML (<i>medroxyprogesterone</i>)	F	
<i>hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	F	PA; SPO
<i>norethindrone</i> (Jinteli Oral Tablet 1-5 Mg-Mcg)	F	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	F	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	F	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	F	QL (600 ML per 30 days)
<i>megestrol oral tablet 20 mg</i>	F	QL (120 EA per 30 days)
<i>megestrol oral tablet 40 mg</i>	F	QL (240 EA per 30 days)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	F	
RAPID-ACTING INSULINS - DRUGS FOR DIABETES		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	F	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	F	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin glulisine</i>)	F	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	F	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	F	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	F	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	F	
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	F	
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	F	
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	F	
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	F	
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	F	
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	F	
SHORT-ACTING INSULINS - DRUGS FOR DIABETES		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	F	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular</i>)	F	
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	F	
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	F	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - DRUGS FOR DIABETES		
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	F	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin</i>)	F	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG (<i>ertugliflozin</i>)	F	ST; QL (120 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG (<i>ertugliflozin</i>)	F	ST; QL (30 EA per 30 days)
STEGLATRO ORAL TABLET 5 MG (<i>ertugliflozin</i>)	F	ST; QL (60 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin</i>)	F	ST; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (<i>empagliflozin</i>)	F	ST; QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG (<i>empagliflozin</i>)	F	ST; QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG (<i>empagliflozin</i>)	F	ST; QL (60 EA per 30 days)
SULFONYLUREAS - DRUGS FOR DIABETES		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	F	
<i>glipizide oral tablet 10 mg, 5 mg</i>	F	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	F	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg</i>	F	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 5-500 mg</i>	F	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	F	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THIAZOLIDINEDIONES - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	F	ST; QL (30 EA per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	F	
THYROID AGENTS - DRUGS FOR THE THYROID		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	F	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine</i>)	F	
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 (<i>levothyroxine</i>)	F	
<i>levothyroxine 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>	F	
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 (<i>levothyroxine</i>)	F	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	F	
NP THYROID ORAL TABLET 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	F	
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 (<i>levothyroxine</i>)	F	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine</i>)	F	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>finasteride oral tablet 5 mg</i>	F	
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	F	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	F	QL (2 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	F	QL (2 EA per 30 days)
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	F	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	F	
RENAGEL ORAL TABLET 800 MG (<i>sevelamer</i>)	F	
<i>sevelamer carbonate oral tablet 800 mg</i>	F	
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>polystyrene sulfonate</i>)	F	
<i>sodium polystyrene sulfonate oral powder</i>	F	
<i>polystyrene sulfonate</i> (Sps (With Sorbitol) Oral Suspension 15-20 Gram/60 MI)	F	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	F	
ANTIGOUT AGENTS - DRUGS FOR GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	F	
<i>colchicine oral capsule 0.6 mg</i>	F	
<i>colchicine oral tablet 0.6 mg</i>	F	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	F	
<i>naproxen oral suspension 125 mg/5 ml</i>	F	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	F	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	F	
<i>probenecid oral tablet 500 mg</i>	F	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	F	
BONE RESORPTION INHIBITORS - DRUGS FOR BONE LOSS		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	F	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	F	
<i>ibandronate oral tablet 150 mg</i>	F	QL (1 EA per 30 days)
<i>raloxifene oral tablet 60 mg</i>	F	
CARIOSTATIC AGENTS - VITAMINS AND FLUORIDE		
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML (<i>fluoride</i>)	F	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	F	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid)</i>	F	
FLUORITAB ORAL TABLET,CHEWABLE 1 MG (2.2 MG SOD. FLUORIDE) (<i>fluoride</i>)	F	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (<i>fluoride</i>)	F	AR (Max 5 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45</i>)	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2</i>)	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG (<i>pediatric multivitamin no.17</i>)	F	AR (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamin no.17</i>)	F	AR (Max 5 Years)
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG (<i>pediatric multivitamin no.16</i>)	F	AR (Max 5 Years)
SF 5000 PLUS DENTAL CREAM 1.1 % (<i>fluoride</i>)	F	QL (51 GM per 30 days)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (<i>pediatric multivitamin a, c, and d3 no.21</i>)	F	AR (Max 5 Years)
COMPLEMENT INHIBITORS		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (<i>icatibant</i>)	F	PA; SPO
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (<i>c1 esterase inhibitor</i>)	F	PA; SPO
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - DRUGS FOR ARTHRITIS		
<i>azathioprine oral tablet 50 mg</i>	F	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	F	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	F	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	F	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	F	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	F	
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
<i>azathioprine oral tablet 50 mg</i>	F	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	F	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	F	PA; SPO
<i>glatiramer (copolymer 1)</i> (Glatopa Subcutaneous Syringe 20 Mg/ML, 40 Mg/ML)	F	PA; SPO
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	F	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	F	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	F	
<i>sulfasalazine oral tablet 500 mg</i>	F	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	F	
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
<i>azathioprine oral tablet 50 mg</i>	F	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	F	
<i>mercaptopurine oral tablet 50 mg</i>	F	SPO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium injection solution 25 mg/ml</i>	F	
<i>methotrexate sodium oral tablet 2.5 mg</i>	F	SPO
<i>mycophenolate mofetil oral capsule 250 mg</i>	F	
<i>mycophenolate mofetil oral tablet 500 mg</i>	F	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	F	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	F	
<i>levocarnitine oral solution 100 mg/ml</i>	F	
<i>levocarnitine oral tablet 330 mg</i>	F	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet</i>)	F	
PROTECTIVE AGENTS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	F	
OXYTOCICS - DRUGS FOR WOMEN		
OXYTOCICS - DRUGS FOR WOMEN		
<i>methylergonovine</i> (Methergine Oral Tablet 0.2 Mg)	F	
RESPIRATORY TRACT AGENTS - DRUGS FOR THE LUNGS		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - DRUGS FOR ASTHMA/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML (1 ML) (<i>epinephrine</i>)	F	
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	F	
<i>brompheniramine</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 ML)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	F	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	F	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	F	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	F	
<i>epinephrine injection syringe 0.1 mg/ml</i>	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	F	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	F	
MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG (<i>guaifenesin</i>)	F	QL (60 EA per 30 days)
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG (<i>guaifenesin</i>)	F	QL (60 EA per 30 days)
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML (<i>chlorpheniramine</i>)	F	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	F	QL (60 EA per 30 days)
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	F	QL (60 EA per 30 days)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	F	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	F	QL (120 ML per 30 days)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine</i>)	F	QL (240 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG (<i>triprolidine</i>)	F	
WAL-PHED ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	F	QL (60 EA per 30 days)
ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - DRUGS FOR ASTHMA/COPD		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium</i>)	F	ST; QL (60 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium</i>)	F	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	F	QL (4 GM per 20 days)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	F	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	F	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium</i>)	F	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	F	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium</i>)	F	QL (1 EA per 30 days)
ANTITUSSIVES - DRUGS FOR COUGH AND COLD		
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
<i>benzonatate oral capsule 100 mg</i>	F	QL (180 EA per 30 days)
<i>benzonatate oral capsule 200 mg</i>	F	QL (90 EA per 30 days)
<i>brompheniramine</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 ML)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	F	
CHILD MUCINEX COUGH MINI-MELTS ORAL GRANULES IN PACKET 5-100 MG (<i>guaifenesin</i>)	F	
DIABETIC TUSSIN DM ORAL LIQUID 10-200 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML (<i>brompheniramine</i>)	F	
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine</i>)	F	QL (480 ML per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG (<i>guaifenesin</i>)	F	
MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML (<i>chlorpheniramine</i>)	F	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
ROBITUSSIN PEDIATRIC ORAL SYRUP 7.5 MG/5 ML (<i>dextromethorphan</i>)	F	
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
SUPRESS DX ORAL DROPS 2.5-5-50 MG/ML (<i>guaifenesin</i>)	F	QL (30 ML per 30 days)
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
EXPECTORANTS - DRUGS FOR THE LUNGS		
ADULT ROBITUSSIN PEAK COLD M-S ORAL LIQUID 5-10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
CHILD MUCINEX COUGH MINI-MELTS ORAL GRANULES IN PACKET 5-100 MG (<i>guaifenesin</i>)	F	
CHILDREN'S STUFFY NOSE-COLD ORAL LIQUID 2.5-100 MG/5 ML (<i>guaifenesin</i>)	F	
DIABETIC TUSSIN DM ORAL LIQUID 10-200 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
EXPECTORANT ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML (<i>codeine</i>)	F	QL (480 ML per 30 days)
MUCINEX D MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG (<i>guaifenesin</i>)	F	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG (<i>guaifenesin</i>)	F	QL (60 EA per 30 days)
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG (<i>guaifenesin</i>)	F	
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG (<i>guaifenesin</i>)	F	
MUCUS RELIEF COUGH ORAL LIQUID 5-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 600 MG (<i>guaifenesin</i>)	F	
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	F	
SUPRESS DX ORAL DROPS 2.5-5-50 MG/ML (<i>guaifenesin</i>)	F	QL (30 ML per 30 days)
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML (<i>guaifenesin</i>)	F	QL (240 ML per 30 days)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - DRUGS FOR ALLERGY		
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML (<i>diphenhydramine</i>)	F	QL (240 ML per 30 days)
<i>brompheniramine</i> (Bromfed Dm Oral Syrup 2-30-10 Mg/5 ML)	F	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	F	
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML (<i>diphenhydramine</i>)	F	QL (240 ML per 30 days)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	F	
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	F	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	F	
<i>cyproheptadine oral tablet 4 mg</i>	F	
DIMETAPP COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML (<i>brompheniramine</i>)	F	
DIMETAPP DM COLD-COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML (<i>brompheniramine</i>)	F	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	F	QL (100 EA per 30 days)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)
<i>diphenhydramine hcl oral syrup 12.5 mg/5 ml</i>	F	QL (240 ML per 30 days)

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<i>diphenhydramine hcl oral tablet 25 mg</i>	F	QL (100 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine</i>)	F	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	F	
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG (<i>diphenhydramine</i>)	F	QL (100 EA per 30 days)
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
PEDIATRIC COUGH AND COLD ORAL LIQUID 1-15-5 MG/5 ML (<i>chlorpheniramine</i>)	F	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	F	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	F	
<i>phenylephrine</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	F	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	F	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	F	QL (480 ML per 30 days); AR (Min 18 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	F	
RYNEX PSE ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	F	QL (120 ML per 30 days)
SCOT-TUSSIN DM ORAL LIQUID 2-15 MG/5 ML (<i>chlorpheniramine</i>)	F	
SINUS CONGESTION-PAIN(CHLORPH) ORAL TABLET 2-5-325 MG (<i>phenylephrine</i>)	F	QL (60 EA per 30 days)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG (<i>triprolidine</i>)	F	
WAL-PHED ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	F	QL (60 EA per 30 days)
LEUKOTRIENE MODIFIERS - DRUGS FOR INFLAMMATION		
<i>montelukast oral granules in packet 4 mg</i>	F	QL (30 EA per 30 days)
<i>montelukast oral tablet 10 mg</i>	F	QL (30 EA per 30 days)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	F	QL (30 EA per 30 days)
MAST-CELL STABILIZERS - DRUGS FOR INFLAMMATION		
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cromolyn ophthalmic (eye) drops 4 %</i>	F	
MUCOLYTIC AGENTS - DRUGS FOR THE LUNGS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	F	
NASAL PREPARATIONS (STEROIDS) - DRUGS FOR INFLAMMATION		
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	F	QL (32 GM per 30 days)
NASACORT NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone</i>)	F	
ORALLY INHALED PREPARATIONS (STEROIDS) - DRUGS FOR INFLAMMATION		
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (<i>mometasone furoate</i>)	F	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	F	QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	F	QL (60 ML per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone</i>)	F	QL (60 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION (<i>fluticasone</i>)	F	QL (24 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION (<i>fluticasone</i>)	F	QL (21.2 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (<i>budesonide</i>)	F	QL (1 EA per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone</i>)	F	QL (10.6 GM per 30 days)
SECOND GENERATION ANTIHIST(RESPIR TRACT) - DRUGS FOR ALLERGY		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	F	
<i>cetirizine oral solution 1 mg/ml</i>	F	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	F	
<i>cetirizine oral tablet,chewable 10 mg, 5 mg</i>	F	QL (30 EA per 30 days)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	F	
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG (<i>loratadine</i>)	F	QL (30 EA per 30 days)
<i>fexofenadine oral suspension 30 mg/5 ml</i>	F	
<i>fexofenadine oral tablet 180 mg</i>	F	QL (30 EA per 30 days)
<i>fexofenadine oral tablet 60 mg</i>	F	QL (60 EA per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	F	QL (30 EA per 30 days)
<i>loratadine oral solution 5 mg/5 ml</i>	F	
<i>loratadine oral tablet 10 mg</i>	F	
<i>loratadine oral tablet,disintegrating 10 mg</i>	F	QL (30 EA per 30 days)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	F	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	F	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	F	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	F	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	F	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	F	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (<i>umeclidinium</i>)	F	ST; QL (60 EA per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (<i>arformoterol</i>)	F	ST
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation</i>	F	QL (10.2 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 80-4.5 mcg/actuation</i>	F	QL (30.6 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	F	QL (4 GM per 20 days)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	F	ST; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	F	ST; QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	F	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	F	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	F	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol</i>)	F	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	F	
VASODILATING AGENTS (RESPIRATORY TRACT) - DRUGS FOR THE LUNGS		
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	F	PA; SPO
XANTHINE DERIVATIVES - DRUGS FOR ASTHMA/COPD		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS - DRUGS FOR THE SKIN		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 % (<i>terbinafine</i>)	F	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
<i>bacitracin topical ointment 500 unit/gram</i>	F	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	F	
<i>bacitracin-polymyxin b topical ointment 500-10,000 unit/gram</i>	F	QL (30 GM per 30 days)
<i>clindamycin phosphate topical gel 1 %</i>	F	
<i>clindamycin phosphate topical lotion 1 %</i>	F	
<i>clindamycin phosphate topical solution 1 %</i>	F	
<i>clindamycin phosphate vaginal cream 2 %</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTISPORIN TOPICAL OINTMENT 1 % (<i>neomycin</i>)	F	
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin</i>)	F	
<i>erythromycin with ethanol topical gel 2 %</i>	F	
<i>erythromycin with ethanol topical solution 2 %</i>	F	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	F	
<i>gentamicin topical cream 0.1 %</i>	F	
<i>metronidazole topical cream 0.75 %</i>	F	
<i>metronidazole topical gel 0.75 %</i>	F	
<i>metronidazole topical lotion 0.75 %</i>	F	
<i>metronidazole vaginal gel 0.75 %</i>	F	QL (70 GM per 30 days)
<i>mupirocin calcium topical cream 2 %</i>	F	
<i>mupirocin topical ointment 2 %</i>	F	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	F	
POLYSPORIN TOPICAL PACKET 500-10,000 UNIT/GRAM (<i>bacitracin</i>)	F	
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM (<i>neomycin</i>)	F	
TRIPLE ANTIBIOTIC-PAIN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G (<i>neomycin</i>)	F	
ANTI-INFLAMMATORY AGENTS (SKIN, MUCOUS) - DRUGS FOR THE SKIN		
BETA-HC TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	F	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	F	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	F	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	F	
<i>betamethasone valerate topical cream 0.1 %</i>	F	
<i>betamethasone valerate topical ointment 0.1 %</i>	F	
<i>betamethasone, augmented topical cream 0.05 %</i>	F	
<i>betamethasone, augmented topical ointment 0.05 %</i>	F	
<i>clobetasol scalp solution 0.05 %</i>	F	QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	F	
<i>clobetasol topical foam 0.05 %</i>	F	QL (100 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	F	QL (60 GM per 30 days)

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<i>clobetasol topical ointment 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	F	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	F	QL (60 ML per 30 days)
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone</i>)	F	
CORTISPORIN TOPICAL OINTMENT 1 % (<i>neomycin</i>)	F	
<i>desonide topical cream 0.05 %</i>	F	QL (60 GM per 15 days)
<i>desonide topical lotion 0.05 %</i>	F	QL (120 ML per 15 days)
<i>desonide topical ointment 0.05 %</i>	F	QL (60 GM per 15 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	F	
<i>fluocinolone topical ointment 0.025 %</i>	F	
<i>fluocinolone topical solution 0.01 %</i>	F	
<i>fluocinonide topical cream 0.05 %</i>	F	
<i>fluocinonide topical gel 0.05 %</i>	F	
<i>fluocinonide topical ointment 0.05 %</i>	F	
<i>fluocinonide topical solution 0.05 %</i>	F	
<i>fluocinonide</i> (Fluocinonide-E Topical Cream 0.05 %)	F	
<i>fluticasone propionate topical cream 0.05 %</i>	F	
<i>fluticasone propionate topical ointment 0.005 %</i>	F	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	F	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone acetate topical ointment 1 %</i>	F	QL (30 GM per 30 days)
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	F	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	F	
<i>hydrocortisone topical cream 0.5 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	F	QL (60 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	F	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	F	
<i>hydrocortisone topical lotion 2.5 %</i>	F	
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	F	
<i>mometasone topical cream 0.1 %</i>	F	
<i>mometasone topical ointment 0.1 %</i>	F	

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<i>mometasone topical solution 0.1 %</i>	F	
<i>triamcinolone</i> (Oralene Dental Paste 0.1 %)	F	
<i>prednicarbate topical cream 0.1 %</i>	F	
<i>prednicarbate topical ointment 0.1 %</i>	F	
<i>hydrocortisone</i> (Proctofoam Hc Rectal Foam 1-1 %)	F	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	F	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (<i>hydrocortisone</i>)	F	QL (74 ML per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	F	
TRIANEX TOPICAL OINTMENT 0.05 % (<i>triamcinolone</i>)	F	
ANTIPRURITICS AND LOCAL ANESTHETICS - DRUGS FOR THE SKIN		
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH, MEDICATED 4 % (<i>lidocaine</i>)	F	QL (30 EA per 30 days)
<i>lidocaine topical adhesive patch, medicated 5 %</i>	F	QL (60 EA per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	F	QL (30 GM per 30 days)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	F	QL (12 EA per 30 days)
<i>hydrocortisone</i> (Proctofoam Hc Rectal Foam 1-1 %)	F	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
ABREVA TOPICAL CREAM 10 % (<i>docosanol</i>)	F	QL (2 GM per 15 days)
ASTRINGENTS - DRUGS FOR THE SKIN		
FLANDERS BUTTOCKS TOPICAL OINTMENT (<i>balsam peru</i>)	F	
AZOLES (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %) (<i>miconazole</i>)	F	QL (25 GM per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	F	
<i>clotrimazole topical cream 1 %</i>	F	QL (60 GM per 30 days)
<i>clotrimazole topical solution 1 %</i>	F	QL (60 ML per 30 days)
<i>clotrimazole vaginal cream 1 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	F	QL (60 ML per 30 days)
<i>econazole topical cream 1 %</i>	F	

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<i>ketoconazole topical cream 2 %</i>	F	
<i>ketoconazole topical shampoo 2 %</i>	F	
MICONAZOLE 7 VAGINAL SUPPOSITORY 100 MG (<i>miconazole</i>)	F	QL (7 EA per 30 days)
<i>miconazole nitrate topical cream 2 %</i>	F	QL (60 GM per 30 days)
<i>miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	F	QL (24 GM per 30 days)
<i>miconazole nitrate vaginal cream 2 %</i>	F	QL (45 GM per 30 days)
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) (<i>miconazole</i>)	F	QL (1 EA per 30 days)
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole</i>)	F	QL (3 EA per 30 days)
<i>terconazole vaginal cream 0.4 %</i>	F	QL (90 GM per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	F	QL (20 GM per 30 days)
<i>terconazole vaginal suppository 80 mg</i>	F	QL (3 EA per 30 days)
BASIC LOTIONS AND LINIMENTS - DRUGS FOR THE SKIN		
<i>ammonium lactate topical lotion 12 %</i>	F	
<i>calamine topical lotion</i>	F	
<i>calamine-zinc oxide topical lotion 8-8 %</i>	F	
GERI-HYDROLAC TOPICAL LOTION 12 % (<i>lactic acid</i>)	F	
BASIC OINTMENTS AND PROTECTANTS - DRUGS FOR THE SKIN		
AMLACTIN TOPICAL CREAM (<i>sodium lactate</i>)	F	
DESITIN TOPICAL CREAM 13 % (<i>zinc oxide</i>)	F	
TRIPLE PASTE TOPICAL OINTMENT 12.8 % (<i>zinc oxide</i>)	F	
<i>zinc oxide topical ointment , 40 %</i>	F	
<i>zinc oxide topical ointment 20 %</i>	F	
<i>zinc oxide topical paste 25 %</i>	F	
CELL STIMULANTS AND PROLIFERANTS - DRUGS FOR THE SKIN		
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	F	QL (45 GM per 30 days); AR (Max 35 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	F	QL (45 GM per 30 days); AR (Max 35 Years)
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
BETA-HC TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	F	QL (120 ML per 30 days)
<i>betamethasone dipropionate topical cream 0.05 %</i>	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone dipropionate topical lotion 0.05 %</i>	F	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	F	
<i>betamethasone valerate topical cream 0.1 %</i>	F	
<i>betamethasone valerate topical ointment 0.1 %</i>	F	
<i>betamethasone, augmented topical cream 0.05 %</i>	F	
<i>betamethasone, augmented topical ointment 0.05 %</i>	F	
<i>clobetasol scalp solution 0.05 %</i>	F	QL (50 ML per 30 days)
<i>clobetasol topical cream 0.05 %</i>	F	
<i>clobetasol topical foam 0.05 %</i>	F	QL (100 GM per 30 days)
<i>clobetasol topical gel 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol topical ointment 0.05 %</i>	F	QL (60 GM per 30 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	F	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	F	QL (90 GM per 30 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	F	QL (60 ML per 30 days)
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone</i>)	F	
CORTISPORIN TOPICAL OINTMENT 1 % (<i>neomycin</i>)	F	
<i>desonide topical cream 0.05 %</i>	F	QL (60 GM per 15 days)
<i>desonide topical lotion 0.05 %</i>	F	QL (120 ML per 15 days)
<i>desonide topical ointment 0.05 %</i>	F	QL (60 GM per 15 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	F	
<i>fluocinolone topical ointment 0.025 %</i>	F	
<i>fluocinolone topical solution 0.01 %</i>	F	
<i>fluocinonide topical cream 0.05 %</i>	F	
<i>fluocinonide topical gel 0.05 %</i>	F	
<i>fluocinonide topical ointment 0.05 %</i>	F	
<i>fluocinonide topical solution 0.05 %</i>	F	
<i>fluocinonide</i> (Fluocinonide-E Topical Cream 0.05 %)	F	
<i>fluticasone propionate topical cream 0.05 %</i>	F	
<i>fluticasone propionate topical ointment 0.005 %</i>	F	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	F	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone acetate topical ointment 1 %</i>	F	QL (30 GM per 30 days)
HYDROCORTISONE PLUS TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	F	
<i>hydrocortisone topical cream 0.5 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical cream 1 %</i>	F	QL (60 GM per 30 days)
<i>hydrocortisone topical cream 2.5 %</i>	F	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	F	
<i>hydrocortisone topical lotion 2.5 %</i>	F	
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	F	QL (30 GM per 30 days)
<i>hydrocortisone topical ointment 2.5 %</i>	F	
<i>mometasone topical cream 0.1 %</i>	F	
<i>mometasone topical ointment 0.1 %</i>	F	
<i>mometasone topical solution 0.1 %</i>	F	
<i>triamcinolone</i> (Oralene Dental Paste 0.1 %)	F	
<i>prednicarbate topical cream 0.1 %</i>	F	
<i>prednicarbate topical ointment 0.1 %</i>	F	
<i>hydrocortisone</i> (Proctofoam Hc Rectal Foam 1-1 %)	F	
<i>hydrocortisone</i> (Procto-Pak Topical Cream With Perineal Applicator 1 %)	F	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (<i>hydrocortisone</i>)	F	QL (74 ML per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	F	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	F	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	F	
TRIANEX TOPICAL OINTMENT 0.05 % (<i>triamcinolone</i>)	F	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
<i>ciclopirox topical solution 8 %</i>	F	QL (6.6 ML per 30 days)
KERATOLYTIC AGENTS - DRUGS FOR THE SKIN		
ACNE MEDICATION TOPICAL LOTION 10 %, 5 % (<i>benzoyl peroxide</i>)	F	
AQUA CARE TOPICAL LOTION 10 % (<i>urea</i>)	F	
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	F	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	F	
CLEARASIL DAILY CLEAR(BENZOYL) TOPICAL CREAM 10 % (<i>benzoyl peroxide</i>)	F	
WART REMOVER TOPICAL GEL 17 % (<i>salicylic acid</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WART REMOVER TOPICAL LIQUID 17 % (<i>salicylic acid</i>)	F	
KERATOPLASTIC AGENTS - DRUGS FOR THE SKIN		
DRITHOCREME HP TOPICAL CREAM 1 % (<i>anthralin</i>)	F	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - DRUGS FOR THE SKIN		
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	F	
ANTI-DANDRUFF WITH MENTHOL TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	F	
HIBICLENS TOPICAL LIQUID 4 % (<i>chlorhexidine</i>)	F	
<i>povidone-iodine topical solution 10 %</i>	F	
<i>povidone-iodine topical swab 10 %</i>	F	
<i>selenium sulfide topical lotion 2.5 %</i>	F	
SELSUN BLUE TOPICAL SHAMPOO 1 % (<i>selenium sulfide</i>)	F	
<i>silver sulfadiazine topical cream 1 %</i>	F	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - DRUGS FOR THE SKIN		
<i>diclofenac sodium topical gel 1 %</i>	F	QL (500 GM per 30 days)
POLYENES (SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		
<i>nystatin topical cream 100,000 unit/gram</i>	F	
<i>nystatin topical ointment 100,000 unit/gram</i>	F	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	F	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	F	
<i>nystatin</i> (Nystop Topical Powder 100,000 Unit/Gram)	F	
SCABICIDES AND PEDICULICIDES - DRUGS FOR THE SKIN		
LICE KILLING TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxide</i>)	F	QL (472 ML per 30 days)
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 % (<i>permethrin</i>)	F	QL (236 ML per 30 days)
<i>malathion topical lotion 0.5 %</i>	F	QL (118 ML per 30 days)
<i>permethrin topical cream 5 %</i>	F	QL (60 GM per 30 days)
RID COMPLETE LICE ELIM KIT TOPICAL KIT 4-0.33-0.5 % (<i>piperonyl butoxide</i>)	F	QL (2 EA per 30 days)
<i>spinosad topical suspension 0.9 %</i>	F	QL (240 ML per 30 days)
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - DRUGS FOR THE SKIN		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adapalene topical gel 0.1 %, 0.3 %</i>	F	QL (45 GM per 30 days); AR (Max 35 Years)
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % (<i>capsaicin</i>)	F	QL (60 GM per 30 days)
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	F	QL (60 GM per 30 days)
CONDYLOX TOPICAL GEL 0.5 % (<i>podofilox</i>)	F	
<i>diclofenac sodium topical gel 1 %</i>	F	QL (500 GM per 30 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	F	PA
FLUOROPLEX TOPICAL CREAM 1 % (<i>fluorouracil</i>)	F	
<i>fluorouracil topical cream 5 %</i>	F	
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	F	PA
<i>imiquimod topical cream in packet 5 %</i>	F	QL (12 EA per 28 days)
<i>podofilox topical solution 0.5 %</i>	F	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	F	QL (90 GM per 30 days)
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - DRUGS FOR THE SKIN		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 % (<i>tolnaftate</i>)	F	
BLIS-TO-SOL (TOLNAFTATE) TOPICAL SOLUTION 1 % (<i>tolnaftate</i>)	F	
SMOOTH MUSCLE RELAXANTS - DRUGS TO RELAX MUSCLES		
ANTIMUSCARINICS - DRUGS FOR THE URINARY SYSTEM		
<i>oxybutynin chloride oral tablet 5 mg</i>	F	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i>	F	QL (60 EA per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	F	
<i>tolterodine oral capsule,extended release 24hr 2 mg</i>	F	QL (30 EA per 30 days)
<i>tolterodine oral capsule,extended release 24hr 4 mg</i>	F	
<i>tolterodine oral tablet 1 mg</i>	F	QL (60 EA per 30 days)
<i>tolterodine oral tablet 2 mg</i>	F	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - DRUGS FOR LUNGS		
<i>theophylline oral solution 80 mg/15 ml</i>	F	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	F	QL (90 EA per 30 days)
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 400 mg</i>	F	QL (60 EA per 30 days)
<i>theophylline oral tablet extended release 24 hr 600 mg</i>	F	QL (30 EA per 30 days)
VITAMINS		
MULTIVITAMIN PREPARATIONS		
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG (<i>pediatric multivitamin no.158</i>)	F	AR (Max 5 Years)
CHEWABLE-VITE ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	F	
CHILDREN'S CHEWABLE ORAL TABLET,CHEWABLE (<i>multivitamin</i>)	F	AR (Max 5 Years)
CHILD'S CHEWABLE VITAMINS/IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron</i>)	F	AR (Max 5 Years)
COMPLETE MULTIVITAMIN ORAL TABLET (<i>multivitamin with iron,other minerals</i>)	F	
COMPLETE SENIOR ORAL TABLET (<i>multivitamin with iron,other minerals</i>)	F	
HONEY BEARS WITH IRON-ZINC ORAL TABLET,CHEWABLE 4.5 MG (<i>pediatric multivitamin no.159</i>)	F	AR (Max 5 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG (<i>multivitamin with minerals</i>)	F	
MULTILEX ORAL TABLET 15 MG IRON (<i>multivitamin with minerals</i>)	F	
MULTILEX-T AND M ORAL TABLET 15 MG IRON (<i>multivitamin with minerals</i>)	F	
MULTIPLE VITAMIN, WOMENS ORAL TABLET (<i>multivit with calcium, iron, and other minerals</i>)	F	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45</i>)	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2</i>)	F	AR (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 1 MG (<i>pediatric multivitamin no.17</i>)	F	AR (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamin no.17</i>)	F	AR (Max 5 Years)
<i>multivitamin with iron oral tablet</i>	F	
<i>multivitamin with minerals oral tablet</i>	F	
MULTIVITAMINS WITH FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG (<i>pediatric multivitamin no.16</i>)	F	AR (Max 5 Years)
MULTI-VITAMINS WITH IRON ORAL TABLET,CHEWABLE (<i>multivitamin with iron,other minerals</i>)	F	AR (Max 5 Years)
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals combination no.60</i>)	F	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals combination no.61</i>)	F	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON (<i>multivitamin with minerals</i>)	F	
P D NATAL VITAMINS-FOLIC ACID ORAL TABLET (<i>prenatal vit calc,iron,folic acid (less than 1 mg)</i>)	F	AR (Max 50 Years)
PEDIA POLY-VITE ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML (<i>pediatric multivitamin no.171</i>)	F	AR (Max 5 Years)
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	F	AR (Max 5 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	F	AR (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
POLY-VI-SOL ORAL DROPS 750-35-400 UNIT-MG-UNIT/ML (<i>pediatric multivitamin no.81</i>)	F	AR (Max 5 Years)
POLY-VI-SOL WITH IRON ORAL DROPS 750 UNIT-400 UNIT-10 MG/ML (<i>pediatric multivitamin no.80</i>)	F	AR (Max 5 Years)
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vitamins with calcium no.21</i>)	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	F	AR (Max 50 Years)
SUPER MULTIPLE ORAL TABLET (<i>multivitamin with iron,other minerals</i>)	F	
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	F	
THERA ORAL TABLET (<i>multivitamin</i>)	F	
THERAPEUTIC-M VITAMIN/MINERALS ORAL TABLET 27-0.4 MG (<i>multivit with calcium, iron, and other minerals</i>)	F	
THEREMS-M ORAL TABLET 27-0.4 MG (<i>multivitamin with iron,other minerals</i>)	F	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (<i>pediatric multivitamin a, c, and d3 no.21</i>)	F	AR (Max 5 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins with calcium no.136</i>)	F	AR (Max 50 Years)
VITAMINS AND MINERALS ORAL TABLET (<i>multivitamin with minerals</i>)	F	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WOMEN'S DAILY FORMULA ORAL TABLET 27-0.4 MG (<i>multivit with calcium, iron, and other minerals</i>)	F	
VITAMIN A		
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	F	AR (Max 5 Years)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (<i>pediatric multivitamin a, c, and d3 no.21</i>)	F	AR (Max 5 Years)
VITAMIN B COMPLEX		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	F	
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	F	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	F	PA; QL (12 EA per 30 days)
<i>folic acid oral capsule 0.8 mg</i>	F	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	F	
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG (<i>folic acid</i>)	F	QL (30 EA per 30 days)
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG (<i>multivitamin with minerals</i>)	F	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals combination no.60</i>)	F	
O-CAL F.A. ORAL TABLET 27 MG IRON- 1 MG (<i>multivitamin with minerals combination no.61</i>)	F	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	F	AR (Max 50 Years)
<i>pnv cmb#95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG (<i>prenatal vitamins with calcium no.21</i>)	F	AR (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	F	AR (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	F	AR (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	F	AR (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	F	AR (Max 50 Years)
PRETAB ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	F	AR (Max 50 Years)
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	F	
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (<i>vitamin b complex no.3</i>)	F	QL (30 EA per 30 days)
THERA M PLUS (FERROUS FUMARAT) ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	F	
THERAPEUTIC-M VITAMIN/MINERALS ORAL TABLET 27-0.4 MG (<i>multivit with calcium, iron, and other minerals</i>)	F	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	F	
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins with calcium no.136</i>)	F	AR (Max 50 Years)
VITAMIN B-1 ORAL TABLET 100 MG, 250 MG, 50 MG (<i>thiamine (vitamin b1)</i>)	F	
VITAMIN B-12 ORAL TABLET 1,000 MCG (<i>cyanocobalamin (vitamin b12)</i>)	F	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG (<i>pyridoxine</i>)	F	
VITAMIN C		
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG (<i>folic acid</i>)	F	QL (30 EA per 30 days)
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	F	AR (Max 5 Years)
RENA-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (<i>vitamin b complex no.3</i>)	F	QL (30 EA per 30 days)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (<i>pediatric multivitamin a, c, and d3 no.21</i>)	F	AR (Max 5 Years)
VITAMIN D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	F	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit), 250 mcg (10,000 unit)</i>	F	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	F	
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

F=Formulary; PA=Prior Authorization; C1=Code 1; QL=Quantity Limit; ST=Step Therapy; AR=Age Restriction; SPO=Specialty Pharmacy; 12MO=Up to a 12-month Supply Allowed

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit)</i>	F	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	F	
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	F	
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	F	AR (Max 5 Years)
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML (<i>pediatric multivitamin a, c, and d3 no.21</i>)	F	AR (Max 5 Years)
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 25 MCG (1,000 UNIT), 4,000 UNIT, 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	F	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5,000 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	F	
VITAMIN K ACTIVITY		
CEROVITE JR ORAL TABLET, CHEWABLE 18 MG IRON- 10 MCG (<i>pediatric multivitamin no.158</i>)	F	AR (Max 5 Years)
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG (<i>multivitamin with minerals</i>)	F	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	F	

BRIEF DESCRIPTION | ABBREVIATIONS

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