

4 Tier Formulary

2024 Formulary (List of Covered Drugs)

For ConnectiCare Plans purchased on Access Health CT (Connecticut Exchange) and Employer-Sponsored Plans

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on **May 1, 2024**. To reach Member Services, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

4 Tier Formulary

2024 Formulary (List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Thank you for being a ConnectiCare member. This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your exchange or employer-sponsored plan with four-tier drug benefits. This drug list is effective for plan year 2024. It is updated monthly and the last update was on May 1, 2024. Please note: This list may change over time, such as when:

We add a new, less-costly drug.

We remove a drug that may no longer be as effective as other drugs.

Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

Which drugs are included in the formulary?

Our list of covered drugs includes both brand-name drugs and generic drugs.

The brand name is the name the drug company gave the drug. For example, the brand name of acetaminophen is Tylenol. Generic drugs are the low-cost version of the brand-name drug.

What if I don't see the drug I need?

If your doctor orders you a drug that is not listed in this formulary, please call **800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.

How do I use the formulary?

You can look for your drug using the index. This starts on page 142. Or, if you already know what your drug is used for, look for the section name in the Table of Contents. Then, look there for your drug.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under “Cardiovascular, Hypertension & Lipids.” The first column of the chart lists the drug name. Brand-name drugs are upper-case (for example, SYNTHROID). Generic drugs are shown in lower-case italics (for example, atenolol).

This formulary will also tell you which tier your drug belongs in. The chart below shows you what each tier means.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs
Tier 4	Specialty drugs*

*Specialty drugs — filled by a specialty pharmacy and limited to a 30-day supply — are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist. These drugs, designated as “limited availability” (LA) in this formulary, are used to treat complex conditions.

If your doctor prescribes a drug that is not listed on this formulary, please contact ConnectiCare for further information on coverage of the product in question. If it’s appropriate, ask your doctor about a generic medication or a more affordable alternative that is included in the drug list. Refer to your benefit summary by logging in on connecticare.com to determine actual cost-share amounts applicable to your plan.

What are generic drugs?

Generic drugs are the low-cost version of a brand-name drug. Generally, a pharmacist will fill the generic type of the drug your doctor ordered if it is available. This may happen **even if** your prescription is written for a brand-name drug.

If you want the brand-name drug, be sure your doctor tells the pharmacist to give you the brand-name drug. When this happens, you may have to pay the copay (the set amount you pay) for the generic drug, plus the cost difference between the brand-name drug and the generic one.

Are there any limitations on my coverage?

A medicine listed in this guide does not mean we will pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths. These drugs will have initials after their names. Below is a list

of abbreviations that explains what the initials mean.

List of abbreviations and what these terms mean to you

PA: Prior Authorization. The plan requires you or your doctor to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B. A trial of an alternative drug would be required for no longer than 30 days.

ACA: Affordable Care Act. There is no cost-sharing for certain preventive drugs if they are right for your age, condition, and the way the drug is being used.

LA: Limited Availability. You may only be able to get this drug at some drug stores.

You can ask us to make an exception to a restriction or limit on a drug. We can also give you a list of other, similar drugs that may work. Speak with your doctor about this first.

Disclaimer

Please see your Contract or Certificate of Coverage for plan details. It will tell you what is covered and how much you pay for your drugs. A drug being listed in this guide does not guarantee that we will pay for it. Some drugs may need approval (prior authorization) before we pay. For some drugs, we will only pay for certain doses and/or strengths. The drugs on this list may change based on a decision by ConnectiCare. As new generic drugs become available, the brand-name version will no longer be a preferred choice.

This is a list of the drugs that are prescribed most often for members that use the National Preferred Formulary.

To help keep your costs down, ask your doctor to prescribe generic drugs when possible.

NOTE: Not all drugs in this list are paid for by all drug benefit plans, so coverage is not guaranteed. Check your benefits for copay and any other requirements you may have under your plan. If you have other questions about your drug benefits, please call the phone number on the back of your ID card.

Can I get my prescriptions delivered to my home?

Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To compare costs and sign up for home delivery, visit express-scripts.com or call Express Scripts at **877-603-1032**.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Please call **1-800-251-7722** (TTY: **800-833-8134**). Our hours are Monday to Friday 8 a.m. to 6 p.m. A representative will be happy to help.
- Send a secure message by signing in to connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call **800-828-3407** Monday to Friday, 8 a.m. to 6 p.m.
- For prior authorization requests or any medical management issue, call **844-516-3324** 24/7.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria, and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.



Language & Non-Discrimination Notice

ConnectiCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us, including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

The Committee for Civil Rights, ConnectiCare, 175 Scott Swamp Road, Farmington, CT 06032, Phone: 1-800-251-7722, and TTY: 711. You can file a grievance in person or by mail. If you need help filing a grievance, The Committee for Civil Rights is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Continued →

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-251-7722 (TTY: 711)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-251-7722-1 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 711)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 711).

ध्यान दें: यद्द आप द िंदी बोलते हैं तो आपके ललए मुफ्त में भाषा स ायता सेवाएि उपलब्ध हैं। 1-800-251-7722 (TTY: 711) पर कॉल करें।

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, បេសវិធីសេវាភាសា គឺអាចមិនសំរាប់ គេ។ ចូរទូរស័ព្ទ 1-800-251-7722 (TTY: 711)។

सुना: जो तमे गुजराती बोलता छी, तो ननःशुल्क भाषा सहाय सेवाओ तमारा माटे उपलब्ध छे. फोन करी 1-800-251-7722 (TTY: 711).

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	17
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	27
CARDIOVASCULAR, HYPERTENSION & LIPIDS	50
DERMATOLOGICALS/TOPICAL THERAPY	62
DIAGNOSTICS & MISCELLANEOUS AGENTS	74
EAR, NOSE & THROAT MEDICATIONS	78
ENDOCRINE/DIABETES	80
GASTROENTEROLOGY	92
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	101
IMMUNOLOGY	108
MUSCULOSKELETAL & RHEUMATOLOGY	108
OBSTETRICS & GYNECOLOGY	111
OPHTHALMOLOGY	120
RESPIRATORY, ALLERGY, COUGH & COLD	125
UROLOGICALS	132
VITAMINS, HEMATINICS & ELECTROLYTES	134
Index	142

List of Abbreviations

ACA: Affordable Care Act.

FF: This product is currently affected by the Frozen Formulary mandate. Coverage, copay, and utilization management may change due to frozen formulary depending on your plan year start date.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA : Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	*
<i>amphotericin b injection recon soln</i>	1	
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	1	
ANCOBON ORAL CAPSULE	3	PA; *
BREXAFEMME ORAL TABLET	3	ST; QL
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	2	PA
CRESEMBA ORAL CAPSULE	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	*
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	*
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	2	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule</i>	1	PA
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	QL
<i>itraconazole oral solution</i>	1	QL
<i>ketoconazole oral tablet</i>	1	
NOXAFIL INTRAVENOUS SOLUTION	3	PA; *
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA; *
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole intravenous solution</i>	1	PA
<i>posaconazole oral suspension</i>	1	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
REZZAYO INTRAVENOUS RECON SOLN	3	
SPORANOX ORAL CAPSULE	3	*; QL
SPORANOX ORAL SOLUTION	3	*; QL
<i>terbinafine hcl oral tablet</i>	1	
VFEND IV INTRAVENOUS RECON SOLN	3	PA; *
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
VFEND ORAL TABLET	3	PA; *
VIVJOA ORAL CAPSULE	3	PA; QL
<i>voriconazole intravenous recon soln</i>	1	PA
<i>voriconazole oral suspension for reconstitution</i>	1	PA
<i>voriconazole oral tablet</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	4	
<i>abacavir oral tablet</i>	4	
<i>abacavir-lamivudine oral tablet</i>	4	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	4	PA
APTIVUS ORAL CAPSULE	4	
<i>atazanavir oral capsule</i>	4	
BARACLUDE ORAL SOLUTION	2	
BEYFORTUS INTRAMUSCULAR SYRINGE	0	ACA
BIKTARVY ORAL TABLET	4	
<i>cidofovir intravenous solution</i>	1	
CIMDUO ORAL TABLET	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>darunavir oral tablet</i>	4	
DESCOVY ORAL TABLET	4	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	
DOVATO ORAL TABLET	4	
EDURANT ORAL TABLET	4	
<i>efavirenz oral capsule</i>	4	
<i>efavirenz oral tablet</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	4	
<i>emtricitabine oral capsule</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA
EMTRIVA ORAL CAPSULE	4	*
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	4	PA; LA; QL
EPCLUSA ORAL TABLET	4	PA; LA; QL
EPIVIR ORAL SOLUTION	4	*
EPIVIR ORAL TABLET	4	*
<i>etravirine oral tablet</i>	4	
EVOTAZ ORAL TABLET	4	
<i>famciclovir oral tablet</i>	1	QL
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir oral tablet</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN	4	QL
GENVOYA ORAL TABLET	4	
HARVONI ORAL PELLETS IN PACKET	4	PA; LA; QL
HARVONI ORAL TABLET	4	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	4	*
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	2	
ISENTRESS ORAL POWDER IN PACKET	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	
JULUCA ORAL TABLET	4	
KALETRA ORAL SOLUTION	4	*
KALETRA ORAL TABLET	4	*
LAGEVRIO (EUA) ORAL CAPSULE	2	QL
<i>lamivudine oral solution</i>	4	
<i>lamivudine oral tablet</i>	4	
<i>lamivudine-zidovudine oral tablet</i>	4	
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral solution</i>	1	
<i>lopinavir-ritonavir oral tablet</i>	1	
<i>maraviroc oral tablet</i>	4	
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	4	
<i>nevirapine oral tablet extended release 24 hr</i>	4	
NORVIR ORAL POWDER IN PACKET	4	
NORVIR ORAL TABLET	4	*
ODEFSEY ORAL TABLET	4	
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	2	QL
PREVYMIS ORAL TABLET	2	QL
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	*
RAPIVAB (PF) INTRAVENOUS SOLUTION	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	QL
RETROVIR ORAL CAPSULE	4	*
RETROVIR ORAL SYRUP	4	*
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	*
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation recon soln</i>	1	PA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	4	
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	*
<i>stavudine oral capsule 40 mg</i>	4	
SUNLENCA ORAL TABLET	4	PA
SUNLENCA SUBCUTANEOUS SOLUTION	4	PA
SYMFI LO ORAL TABLET	4	*
SYMFI ORAL TABLET	4	*
SYMTUZA ORAL TABLET	4	
SYNAGIS INTRAMUSCULAR SOLUTION	4	PA; LA
TAMIFLU ORAL CAPSULE	3	*; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
TEMBEXA ORAL SUSPENSION	3	
TEMBEXA ORAL TABLET	3	
<i>tenofovir disoproxil fumarate oral tablet</i>	4	
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	
TRIUMEQ ORAL TABLET	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	4	
TYBOST ORAL TABLET	4	
<i>valacyclovir oral tablet</i>	1	QL
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	
VEMLIDY ORAL TABLET	2	
VIRACEPT ORAL TABLET	4	
VIRAZOLE INHALATION RECON SOLN	3	PA
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 300 MG	4	*
VOSEVI ORAL TABLET	4	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	4	PA; LA; QL
ZIAGEN ORAL SOLUTION	4	*
<i>zidovudine oral capsule</i>	4	
<i>zidovudine oral syrup</i>	4	
<i>zidovudine oral tablet</i>	4	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	2	ST
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	ST
<i>cefepime in dextrose, iso-osm intravenous piggyback</i>	1	ST
<i>cefepime injection recon soln</i>	1	ST
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
CEFOTAN INJECTION RECON SOLN	3	ST
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan injection recon soln</i>	1	ST
<i>cefotetan intravenous recon soln</i>	1	ST
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	ST
<i>cefoxitin intravenous recon soln</i>	1	ST
<i>cefpodoxime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection recon soln</i>	1	ST
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	ST
<i>ceftriaxone intravenous recon soln</i>	1	ST
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST
<i>cefuroxime sodium intravenous recon soln</i>	1	ST
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
CLAFORAN INJECTION RECON SOLN 2 GRAM	3	ST; *
<i>tazicef injection recon soln</i>	1	ST
TEFLARO INTRAVENOUS RECON SOLN	2	ST
ZERBAXA INTRAVENOUS RECON SOLN	2	ST
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	ST
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL
DIFICID ORAL TABLET	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	*
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	*
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate intravenous recon soln</i>	1	ST
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN	3	ST; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK ORAL TABLET	3	*
ZITHROMAX Z-PAK ORAL TABLET	3	*
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	3	QL
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil oral tablet</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
AZACTAM INJECTION RECON SOLN	3	ST; *
<i>aztreonam injection recon soln</i>	1	ST
<i>bacitracin intramuscular recon soln</i>	1	
BENZNIDAZOLE ORAL TABLET	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; *; LA; QL
BILTRICIDE ORAL TABLET	3	*
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	
CLEOCIN HCL ORAL CAPSULE	3	*
CLEOCIN INJECTION SOLUTION	3	ST; *
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	*
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	1	ST
<i>clindamycin pediatric oral recon soln</i>	1	
<i>clindamycin phosphate injection solution</i>	1	ST
COARTEM ORAL TABLET	2	QL
<i>colistin (colistimethate na) injection recon soln</i>	1	ST
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	ST; *
CYCLOSERINE ORAL CAPSULE	3	
DALVANCE INTRAVENOUS SOLUTION	2	ST
<i>dapsone oral tablet</i>	1	
DARAPRIM ORAL TABLET	4	PA; *
EMVERM ORAL TABLET,CHEWABLE	2	QL
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	*
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	ST
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	ST
<i>gentamicin injection solution</i>	1	ST
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	ST
HUMATIN ORAL CAPSULE	4	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	ST
IMPAVIDO ORAL CAPSULE	2	PA; QL
<i>isoniazid injection solution</i>	1	
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	PA; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA; QL
KRINTAFEL ORAL TABLET	3	QL
<i>linezolid oral suspension for reconstitution</i>	1	PA
<i>linezolid oral tablet</i>	1	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	ST
MALARONE ORAL TABLET	3	*; QL
MALARONE PEDIATRIC ORAL TABLET	3	*; QL
<i>mefloquine oral tablet</i>	1	QL
MEPRON ORAL SUSPENSION	3	*
<i>metro i.v. intravenous piggyback</i>	1	ST
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	ST
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	*
MYCOBUTIN ORAL CAPSULE	3	*
NEBUPENT INHALATION RECON SOLN	3	*; QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>pentamidine inhalation recon soln</i>	1	QL
<i>polymyxin b sulfate injection recon soln</i>	1	ST
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	QL
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	ST; *
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	4	PA
QUALAQUIN ORAL CAPSULE	3	*; QL
<i>quinine sulfate oral capsule</i>	1	QL
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	*
<i>rifampin intravenous recon soln</i>	1	
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	2	PA
SIVEXTRO INTRAVENOUS RECON SOLN	3	ST; FF
SIVEXTRO ORAL TABLET	3	PA; FF
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	2	ST
STROMECTOL ORAL TABLET	3	PA; *; QL
<i>tinidazole oral tablet</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	PA; LA; QL
<i>tobramycin inhalation solution for nebulization</i>	4	PA; LA; QL
<i>tobramycin sulfate injection recon soln</i>	1	ST
<i>tobramycin sulfate injection solution</i>	1	ST
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TRECTOR ORAL TABLET	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
XENLETA ORAL TABLET	3	
XIFAXAN ORAL TABLET	2	PA; QL
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
ZYVOX ORAL TABLET	3	PA; *
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	ST
<i>ampicillin sodium intravenous recon soln</i>	1	ST
<i>ampicillin-sulbactam injection recon soln</i>	1	ST
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	*
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
BICILLIN C-R INTRAMUSCULAR SYRINGE	2	ST
BICILLIN L-A INTRAMUSCULAR SYRINGE	2	ST
<i>dicloxacillin oral capsule</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback</i>	1	ST
<i>nafcillin injection recon soln</i>	1	ST
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	ST
<i>oxacillin injection recon soln</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK	2	ST
<i>penicillin g potassium injection recon soln</i>	1	ST
<i>penicillin g sodium injection recon soln</i>	1	ST
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	ST
UNASYN INJECTION RECON SOLN	3	ST; *
QUINOLONES		
BAXDELA ORAL TABLET	2	QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	ST
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	ST
<i>levofloxacin intravenous solution</i>	1	ST
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	2	ST
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	*
BACTRIM ORAL TABLET	3	*
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	ST
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	ST; *
AVIDOXY DK KIT	3	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
<i>doxy-100 intravenous recon soln</i>	1	ST
<i>doxycycline hyclate intravenous recon soln</i>	1	ST
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
LYMEPAK ORAL TABLET	3	*
MINOCIN INTRAVENOUS RECON SOLN	2	ST
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxylene nl oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	ST; *
MORGIDOX 1X100 KIT	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL TABLET	3	QL
SEYSARA ORAL TABLET	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; *
TARGADOX ORAL TABLET	3	ST; *
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; *
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	
FURADANTIN ORAL SUSPENSION	3	*
HIPREX ORAL TABLET	3	*
MACROBID ORAL CAPSULE	3	*
MACRODANTIN ORAL CAPSULE	3	*
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	3	PA; *, QL
<i>vancomycin oral capsule</i>	1	PA; QL
<i>vancomycin oral recon soln</i>	1	QL
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK INTRAVENOUS RECON SOLN	4	
ETHYOL INTRAVENOUS RECON SOLN	4	*
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
<i>leucovorin calcium injection recon soln</i>	4	
<i>leucovorin calcium injection solution</i>	4	
<i>leucovorin calcium oral tablet</i>	1	
<i>mesna intravenous solution</i>	4	
MESNEX INTRAVENOUS SOLUTION	4	*
MESNEX ORAL TABLET	2	
VISTOGARD ORAL GRANULES IN PACKET	4	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	4	PA; LA; QL
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	LA
ADCETRIS INTRAVENOUS RECON SOLN	4	PA; LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	
ALECENSA ORAL CAPSULE	4	PA; LA; QL
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN	4	*
ALKERAN ORAL TABLET	3	*
ALUNBRIG ORAL TABLET	4	PA; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL
AMTAGVI INTRAVENOUS SUSPENSION	4	PA
<i>anastrozole oral tablet</i>	0	ACA
AROMASIN ORAL TABLET	3	*
ARRANON INTRAVENOUS SOLUTION	4	*; LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AYVAKIT ORAL TABLET	4	PA; QL
<i>azacitidine injection recon soln</i>	4	LA
AZASAN ORAL TABLET	4	*
<i>azathioprine oral tablet</i>	4	
<i>azathioprine sodium injection recon soln</i>	1	
BALVERSA ORAL TABLET	4	PA
BAVENCIO INTRAVENOUS SOLUTION	4	PA
BELEODAQ INTRAVENOUS RECON SOLN	4	PA
<i>bexarotene oral capsule</i>	4	PA; LA
<i>bexarotene topical gel</i>	1	PA; LA
<i>bicalutamide oral tablet</i>	1	
<i>bleomycin injection recon soln</i>	4	
BLINCYTO INTRAVENOUS KIT	4	PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; LA; QL
BOSULIF ORAL CAPSULE 50 MG	4	PA; FF; LA; QL
BOSULIF ORAL TABLET	4	PA; LA; QL
BRAFTOVI ORAL CAPSULE	4	PA; FF; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BRUKINSA ORAL CAPSULE	4	PA
<i>busulfan intravenous solution</i>	4	
BUSULFEX INTRAVENOUS SOLUTION	4	*
CABOMETYX ORAL TABLET	4	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; QL
<i>capecitabine oral tablet</i>	4	PA; LA; QL
CAPRELSA ORAL TABLET	4	PA; QL
<i>carboplatin intravenous recon soln</i>	4	
<i>carboplatin intravenous solution</i>	4	
CASODEX ORAL TABLET	3	*
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	4	*
CELLCEPT ORAL CAPSULE	4	*
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	*
CELLCEPT ORAL TABLET	4	*
<i>cladribine intravenous solution</i>	4	
COMETRIQ ORAL CAPSULE	4	PA; LA; QL
COPIKTRA ORAL CAPSULE	4	PA; QL
COSMEGEN INTRAVENOUS RECON SOLN	4	
COTELLIC ORAL TABLET	4	PA; LA; QL
<i>cyclophosphamide intravenous recon soln</i>	4	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine intravenous solution</i>	4	
<i>cyclosporine modified oral capsule</i>	4	
<i>cyclosporine modified oral solution</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine (pf) injection solution</i>	4	
<i>cytarabine injection solution</i>	4	
<i>dacarbazine intravenous recon soln</i>	4	
<i>dactinomycin intravenous recon soln</i>	4	
DARZALEX INTRAVENOUS SOLUTION	4	PA; LA
<i>daunorubicin intravenous solution</i>	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DAURISMO ORAL TABLET	4	PA; LA; QL
<i>decitabine intravenous recon soln</i>	4	PA; LA
<i>docetaxel intravenous solution</i>	4	
DOXIL INTRAVENOUS SUSPENSION	4	*
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE	4	PA; LA
ELLENCEN INTRAVENOUS SOLUTION 200 MG/100 ML	4	*
ELLENCEN INTRAVENOUS SOLUTION 50 MG/25 ML	4	
EMCYT ORAL CAPSULE	2	
EMPLICITI INTRAVENOUS RECON SOLN	4	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; LA
<i>epirubicin intravenous solution 200 mg/100 ml</i>	4	
ERBITUX INTRAVENOUS SOLUTION	4	PA; LA
ERIVEDGE ORAL CAPSULE	4	PA; LA; QL
ERLEADA ORAL TABLET	4	PA; LA; QL
<i>erlotinib oral tablet</i>	4	PA; LA; QL
ERWINASE INJECTION RECON SOLN	4	PA
ETOPOPHOS INTRAVENOUS RECON SOLN	4	
<i>etoposide intravenous solution</i>	4	
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	*
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; LA; QL
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; LA; QL
<i>everolimus (immunosuppressive) oral tablet</i>	4	
<i>exemestane oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
EXKIVITY ORAL CAPSULE	4	PA; QL
FARESTON ORAL TABLET	3	*
FASLODEX INTRAMUSCULAR SYRINGE	4	PA; *
FEMARA ORAL TABLET	3	*
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>floxuridine injection recon soln</i>	4	
<i>fludarabine intravenous recon soln</i>	4	
<i>fludarabine intravenous solution</i>	4	
<i>fluorouracil intravenous solution</i>	4	
FOLOTYN INTRAVENOUS SOLUTION	4	PA; LA
<i>fulvestrant intramuscular syringe</i>	4	PA
GAVRETO ORAL CAPSULE	4	PA; LA; QL
GAZYVA INTRAVENOUS SOLUTION	4	PA; LA
<i>gefitinib oral tablet</i>	4	PA; LA; QL
<i>gengraf oral capsule</i>	4	
<i>gengraf oral solution</i>	4	
GILOTRIF ORAL TABLET	4	PA; LA; QL
GLEOSTINE ORAL CAPSULE	2	
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	4	PA; LA
HYCAMTIN ORAL CAPSULE	4	PA; LA
HYDREA ORAL CAPSULE	3	*
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	4	PA; FF; LA; QL
IBRANCE ORAL TABLET	4	PA; FF; LA; QL
ICLUSIG ORAL TABLET	4	PA; QL
IDAMYCIN PFS INTRAVENOUS SOLUTION	4	*
<i>idarubicin intravenous solution</i>	4	
IDHIFA ORAL TABLET	4	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	4	*
<i>ifosfamide intravenous recon soln</i>	4	
<i>ifosfamide intravenous solution</i>	4	
<i>imatinib oral tablet</i>	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE	4	PA; QL
IMBRUVICA ORAL SUSPENSION	4	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL
IMFINZI INTRAVENOUS SOLUTION	4	PA; LA
IMLYGIC INJECTION SUSPENSION	4	PA
IMURAN ORAL TABLET	4	*
INLYTA ORAL TABLET	4	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	2	
IRESSA ORAL TABLET	4	PA; *; LA; QL
IWILFIN ORAL TABLET	4	PA
IXEMPRA INTRAVENOUS RECON SOLN	4	PA; LA
JAKAFI ORAL TABLET	4	PA; LA; QL
JEVTANA INTRAVENOUS SOLUTION	4	PA; LA
KADCYLA INTRAVENOUS RECON SOLN	4	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KISQALI FEMARA CO-PACK ORAL TABLET	4	PA; LA; QL
KISQALI ORAL TABLET	4	PA; LA; QL
KOSELUGO ORAL CAPSULE	4	PA
<i>lapatinib oral tablet</i>	4	PA; LA; QL
<i>lenalidomide oral capsule</i>	4	PA; LA; QL
LENVIMA ORAL CAPSULE	4	PA; LA; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
<i>leuprolide subcutaneous kit</i>	4	PA; LA
LONSURF ORAL TABLET	4	PA; LA
LORBRENA ORAL TABLET	4	PA; LA; QL
LUMAKRAS ORAL TABLET	4	PA; LA
LUPKYNIS ORAL CAPSULE	4	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; FF; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; FF; LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; FF; LA
LYNPARZA ORAL TABLET	4	PA; LA; QL
LYSODREN ORAL TABLET	4	
LYTGOBI ORAL TABLET	4	PA
MATULANE ORAL CAPSULE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; LA; QL
MEKINIST ORAL TABLET	4	PA; LA; QL
MEKTOVI ORAL TABLET	4	PA; FF; LA; QL
<i>melphalan hcl intravenous recon soln</i>	4	
<i>melphalan oral tablet</i>	1	
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	4	
<i>methotrexate sodium (pf) injection solution</i>	4	
<i>methotrexate sodium injection solution</i>	4	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitoxantrone intravenous concentrate</i>	4	LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	
<i>mycophenolate mofetil oral capsule</i>	4	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	
<i>mycophenolate mofetil oral tablet</i>	4	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MYLERAN ORAL TABLET	2	
<i>nelarabine intravenous solution</i>	4	LA
NEORAL ORAL CAPSULE	4	*
NEORAL ORAL SOLUTION	4	*
NERLYNX ORAL TABLET	4	PA; LA
NEXAVAR ORAL TABLET	4	PA; *; LA; QL
NILANDRON ORAL TABLET	3	PA; *
<i>nilutamide oral tablet</i>	1	PA
NINLARO ORAL CAPSULE	4	PA; LA; QL
NIPENT INTRAVENOUS RECON SOLN	4	
NUBEQA ORAL TABLET	4	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	4	
<i>octreotide acetate injection solution</i>	4	PA; LA
<i>octreotide acetate injection syringe</i>	4	PA; LA
ODOMZO ORAL CAPSULE	4	PA; LA; QL
OGSIVEO ORAL TABLET 50 MG	4	PA
ONCASPAR INJECTION SOLUTION	4	PA
ORGOVYX ORAL TABLET	4	PA; QL
ORSERDU ORAL TABLET	4	PA; QL
<i>oxaliplatin intravenous recon soln</i>	4	
<i>oxaliplatin intravenous solution</i>	4	
<i>paclitaxel intravenous concentrate</i>	4	
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	
<i>paraplatin intravenous solution</i>	1	
<i>pazopanib oral tablet</i>	4	PA; LA; QL
PEMAZYRE ORAL TABLET	4	PA; QL
PERJETA INTRAVENOUS SOLUTION	4	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	4	
PIQRAY ORAL TABLET	4	PA; LA
POMALYST ORAL CAPSULE	4	PA; LA
PRALATREXATE INTRAVENOUS SOLUTION	4	PA; LA
PROGRAF INTRAVENOUS SOLUTION	4	
PROGRAF ORAL CAPSULE	4	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN ORAL SUSPENSION	4	
RAPAMUNE ORAL SOLUTION	4	*
RAPAMUNE ORAL TABLET	4	*
RETEVMO ORAL CAPSULE	4	PA; LA; QL
REVLIMID ORAL CAPSULE	4	PA; LA; QL
REZUROCK ORAL TABLET	4	PA; QL
ROZLYTREK ORAL CAPSULE	4	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; FF; QL
RUBRACA ORAL TABLET	4	PA; LA; QL
RYDAPT ORAL CAPSULE	4	PA; LA; QL
RYLAZE INTRAMUSCULAR SOLUTION	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	4	*
SANDIMMUNE ORAL CAPSULE	4	*
SANDIMMUNE ORAL SOLUTION	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; *; LA
SCSEMBLIX ORAL TABLET	4	PA; LA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIMULECT INTRAVENOUS RECON SOLN	4	
<i>sirolimus oral solution</i>	4	
<i>sirolimus oral tablet</i>	4	
SOLTAMOX ORAL SOLUTION	0	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sorafenib oral tablet</i>	4	PA; LA; QL
SPRYCEL ORAL TABLET	4	PA; LA; QL
STIVARGA ORAL TABLET	4	PA; LA; QL
<i>sunitinib malate oral capsule</i>	4	PA; LA; QL
SUTENT ORAL CAPSULE	4	PA; *; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	4	PA; LA
TABLOID ORAL TABLET	3	
TABRECTA ORAL TABLET	4	PA; LA
<i>tacrolimus oral capsule</i>	4	
TAFINLAR ORAL CAPSULE	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TAGRISSE ORAL TABLET	4	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; LA; QL
<i>tamoxifen oral tablet</i>	0	ACA
TARCEVA ORAL TABLET	4	PA; *; LA; QL
TARGRETIN TOPICAL GEL	3	PA; *; LA
TASIGNA ORAL CAPSULE	4	PA; LA; QL
TAZVERIK ORAL TABLET	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	LA
<i>temozolomide oral capsule</i>	4	PA; LA
TENIPOSIDE INTRAVENOUS SOLUTION	2	
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; LA; QL
TIBSOVO ORAL TABLET	4	PA
<i>topotecan intravenous recon soln</i>	4	PA; LA
<i>topotecan intravenous solution</i>	4	PA; LA
<i>toremifene oral tablet</i>	1	
<i>tretinoin (antineoplastic) oral capsule</i>	1	
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TUKYSA ORAL TABLET	4	PA; QL
TURALIO ORAL CAPSULE 125 MG	4	PA; QL
TYKERB ORAL TABLET	4	PA; *; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	4	PA
VECTIBIX INTRAVENOUS SOLUTION	4	PA; LA
VENCLEXTA ORAL TABLET	4	PA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; QL
VERZENIO ORAL TABLET	4	PA; LA; QL
VIDAZA INJECTION RECON SOLN	4	*; LA
VIJOICE ORAL TABLET	4	PA; QL
<i>vinblastine intravenous solution</i>	4	
<i>vincasar pfs intravenous solution</i>	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>vincristine intravenous solution</i>	4	
<i>vinorelbine intravenous solution</i>	4	
VITRAKVI ORAL CAPSULE	4	PA; LA; QL
VITRAKVI ORAL SOLUTION	4	PA; LA; QL
VIZIMPRO ORAL TABLET	4	PA; LA; QL
VONJO ORAL CAPSULE	4	PA; QL
VOTRIENT ORAL TABLET	4	PA; *; LA; QL
WELIREG ORAL TABLET	4	PA
XALKORI ORAL CAPSULE	4	PA; LA; QL
XALKORI ORAL PELLET	4	PA; LA
XELODA ORAL TABLET	4	PA; *; LA; QL
XERMELO ORAL TABLET	4	PA; QL
XOSPATA ORAL TABLET	4	PA; QL
XTANDI ORAL CAPSULE	4	PA; LA; QL
XTANDI ORAL TABLET	4	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION	4	PA; LA
YONDELIS INTRAVENOUS RECON SOLN	4	
YONSA ORAL TABLET	4	PA; FF; LA; QL
ZALTRAP INTRAVENOUS SOLUTION	4	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN	4	
ZEJULA ORAL TABLET 100 MG	4	PA; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; LA
ZELBORAF ORAL TABLET	4	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	4	
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; LA
ZOLINZA ORAL CAPSULE	4	PA; LA; QL
ZORTRESS ORAL TABLET	4	*
ZYDELIG ORAL TABLET	4	PA; LA; QL
ZYKADIA ORAL TABLET	4	PA; LA; QL
ZYNYZ INTRAVENOUS SOLUTION	4	PA

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET	3	
BRIVIACT INTRAVENOUS SOLUTION	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BRIVIACT ORAL SOLUTION	3	ST
BRIVIACT ORAL TABLET	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	*
CELONTIN ORAL CAPSULE 300 MG	3	*
CEREBYX INJECTION SOLUTION	3	*
<i>clobazam oral suspension</i>	1	PA
<i>clobazam oral tablet</i>	1	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; *
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; *
DIACOMIT ORAL CAPSULE	4	PA
DIACOMIT ORAL POWDER IN PACKET	4	PA
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	*
DILANTIN INFATABS ORAL TABLET, CHEWABLE	3	*
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	*
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
EPIDIOLEX ORAL SOLUTION	4	PA; LA
<i>epitol oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL TABLET	3	*
<i>fosphenytoin injection solution</i>	1	
FYCOMPA ORAL SUSPENSION	2	
FYCOMPA ORAL TABLET	2	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST; FF
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST; *
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	ST
<i>lacosamide intravenous solution</i>	1	
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	ST
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet, disintegrating</i>	1	
<i>lamotrigine oral tablets, dose pack</i>	1	
<i>levetiracetam intravenous solution</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>methsuximide oral capsule</i>	1	
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY, NON-AEROSOL	2	PA; QL
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	*
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>phenytoin sodium intravenous syringe</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	ST; *
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	PA
<i>rufinamide oral tablet</i>	1	PA
SPRITAM ORAL TABLET FOR SUSPENSION	3	ST
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack</i>	1	
SYMPAZAN ORAL FILM	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
<i>tiagabine oral tablet</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR	3	ST; *
<i>valproate sodium intravenous solution</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>vigabatrin oral powder in packet</i>	4	PA; LA; QL
<i>vigabatrin oral tablet</i>	4	PA; LA; QL
<i>vigadrone oral powder in packet</i>	4	PA; QL
<i>vigadrone oral tablet</i>	4	PA; QL
<i>vigpoder oral powder in packet</i>	4	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL
XCOPRI ORAL TABLET	3	QL
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	3	QL
ZARONTIN ORAL CAPSULE	3	*
ZARONTIN ORAL SOLUTION	3	*
<i>zonisamide oral capsule</i>	1	
ZTALMY ORAL SUSPENSION	4	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL
AZILECT ORAL TABLET	3	PA; *
<i>benztropine injection solution</i>	1	
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa oral tablet</i>	1	PA
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	PA; LA
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL
LODOSYN ORAL TABLET	3	PA; *
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	*
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	4	PA; LA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	4	PA; FF; QL
PARLODEL ORAL CAPSULE	3	*
PARLODEL ORAL TABLET	3	*
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
TASMAR ORAL TABLET 100 MG	3	PA; *
<i>tolcapone oral tablet</i>	1	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	

MIGRAINE & CLUSTER HEADACHE THERAPY

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	ST; QL
<i>eletriptan oral tablet</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	ST; *; QL
<i>frovatriptan oral tablet</i>	1	QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	ST; *; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL
QULIPTA ORAL TABLET	2	PA; QL
REYVOW ORAL TABLET	3	PA; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet,disintegrating</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan-naproxen oral tablet</i>	1	ST; QL
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	ST; QL
TRUDHESA NASAL SPRAY,NON-AEROSOL	3	ST; QL
UBRELVY ORAL TABLET	2	PA; QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	ST; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet</i>	1	QL
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	ST; *, QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	ST
ARICEPT ORAL TABLET	3	ST; *
AUSTEDO ORAL TABLET	4	PA; LA; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK	4	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	4	PA; LA; QL
<i>dichlorphenamide oral tablet</i>	4	PA; LA
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	ST; *
FIRDAPSE ORAL TABLET	4	PA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	
<i>galantamine oral solution</i>	1	
<i>galantamine oral tablet</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE	3	ST
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	4	PA; QL
INGREZZA ORAL CAPSULE	4	PA; QL
KEVEYIS ORAL TABLET	4	PA; *, FF
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	3	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	ST
NUEDEXTA ORAL CAPSULE	2	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; LA
<i>rivastigmine tartrate oral capsule</i>	1	
<i>rivastigmine transdermal patch 24 hour</i>	1	
TEGSEDI SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>tetrabenazine oral tablet</i>	4	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION	4	PA; LA; QL
ZEPOSIA ORAL CAPSULE	4	PA; LA; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution</i>	1	
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	*
<i>carisoprodol oral tablet</i>	1	
<i>carisoprodol-aspirin oral tablet</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	QL
<i>chlorzoxazone oral tablet</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	ST
<i>cyclobenzaprine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DANTRIUM ORAL CAPSULE 25 MG	3	*
<i>dantrolene oral capsule</i>	1	
FEXMID ORAL TABLET	3	ST; *
LORZONE ORAL TABLET	3	ST; *
<i>meprobamate oral tablet</i>	1	
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NORGESIC FORTE ORAL TABLET	3	*
NORGESIC ORAL TABLET	3	*
<i>orphenadrine citrate injection solution</i>	1	
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet</i>	1	
<i>orphengesic forte oral tablet</i>	1	
PREVDUO INTRAVENOUS SYRINGE	3	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	
ROBAXIN INJECTION SOLUTION	3	*
SOMA ORAL TABLET	3	*
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; FF; LA
ZANAFLEX ORAL CAPSULE	3	*
ZANAFLEX ORAL TABLET	3	*
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
<i>ascomp with codeine oral capsule</i>	1	QL
BELBUCA BUCCAL FILM	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
<i>buprenorphine hcl injection solution</i>	1	QL
<i>buprenorphine hcl injection syringe</i>	1	QL
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	PA
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	QL
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL
<i>codeine-butalbital-asa-caff oral capsule</i>	1	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION	3	QL
DILAUDID ORAL LIQUID	3	*; QL
DILAUDID ORAL TABLET	3	*; QL
<i>diskets oral tablet, soluble</i>	1	PA; QL
<i>endocet oral tablet</i>	1	QL
ESGIC ORAL CAPSULE	3	ST; *
ESGIC ORAL TABLET	3	ST; *
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	ST; *
FIORICET WITH CODEINE ORAL CAPSULE	3	*; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr</i>	1	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen oral tablet</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	3	PA; *; QL
<i>levorphanol tartrate oral tablet</i>	1	QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone injection solution</i>	1	PA; QL
<i>methadone oral concentrate</i>	1	PA; QL
<i>methadone oral solution</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral concentrate</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
<i>morphine concentrate oral solution</i>	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL
<i>morphine injection syringe 4 mg/ml</i>	1	QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal suppository</i>	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; *; QL
NALOCET ORAL TABLET	3	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral solution</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
<i>oxycodone-acetaminophen oral solution</i>	1	QL
<i>oxycodone-acetaminophen oral tablet</i>	1	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	LA
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
ANAPROX DS ORAL TABLET	3	ST; *
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; *
<i>aspirin childrens oral tablet, chewable</i>	0	ACA; OTC
<i>aspirin oral tablet, chewable</i>	0	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	1	
<i>buprenorphine-naloxone sublingual tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray,non-aerosol</i>	1	QL
CAMBIA ORAL POWDER IN PACKET	3	ST; *; QL
<i>celecoxib oral capsule</i>	1	
DAYPRO ORAL TABLET	3	ST; *
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	*
DUEXIS ORAL TABLET	3	ST; *
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>etodolac oral capsule</i>	1	
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE	4	PA; LA
FELDENE ORAL CAPSULE	3	ST; *
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	ST
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST; FF
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	1	QL
<i>kiprofen oral capsule</i>	1	ST
KLOXXADO NASAL SPRAY, NON-AEROSOL	2	QL
LICART TRANSDERMAL PATCH 24 HOUR	2	ST; QL
LODINE ORAL TABLET	3	ST; *
<i>lofena oral tablet</i>	1	ST
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized oral capsule</i>	1	ST; QL
MONOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	QL
NALFON ORAL TABLET	3	ST; *
NALMEFENE INJECTION SOLUTION	3	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray, non-aerosol</i>	1	QL
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; *
NAPROSYN ORAL SUSPENSION	3	ST; *
NAPROSYN ORAL TABLET 500 MG	3	ST; *
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL	3	*; QL
OPVEE NASAL SPRAY, NON-AEROSOL	3	
ORTHOVISC INTRA-ARTICULAR SYRINGE	4	PA; LA
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone oral tablet</i>	1	QL
<i>piroxicam oral capsule</i>	1	
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL	4	ST; QL
<i>st joseph aspirin oral tablet, chewable</i>	0	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>sulindac oral tablet</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	4	LA
ZUBSOLV SUBLINGUAL TABLET	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	2	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	
ANAFRANIL ORAL CAPSULE	3	*
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; FF; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST; *; FF
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	
<i>armodafinil oral tablet</i>	1	ST; QL
<i>asenapine maleate sublingual tablet</i>	1	QL
ATIVAN INJECTION SOLUTION	3	*
ATIVAN ORAL TABLET	3	*
<i>atomoxetine oral capsule</i>	1	
AZSTARYS ORAL CAPSULE	3	ST
BELSOMRA ORAL TABLET	3	ST; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	QL
<i>chlordiazepoxide hcl oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine injection solution</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	*
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; *
DAYVIGO ORAL TABLET	3	ST; QL
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	*
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; *
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	
<i>dexmethylphenidate oral tablet</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	
<i>dextroamphetamine sulfate oral solution</i>	1	
<i>dextroamphetamine sulfate oral tablet</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	
<i>dextroamphetamine-amphetamine oral tablet</i>	1	
<i>diazepam injection solution</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>diazepam injection syringe</i>	1	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	ST; FF
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; FF
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	PA
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam oral tablet</i>	1	QL
<i>eszopiclone oral tablet</i>	1	QL
FANAPT ORAL TABLET	3	QL
FANAPT ORAL TABLETS, DOSE PACK	3	QL
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	PA; QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	PA; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	PA
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	
<i>fluphenazine hcl oral concentrate</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	PA; QL
<i>fluvoxamine oral tablet</i>	1	QL
GEODON ORAL CAPSULE	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	*; QL
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	*
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	4	PA; LA; QL
HETLIOZ ORAL CAPSULE	4	PA; *; LA; QL
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	*; QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST
LATUDA ORAL TABLET	3	*; FF; QL
<i>lisdexamfetamine oral capsule</i>	1	
<i>lisdexamfetamine oral tablet,chewable</i>	1	ST; FF
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	*
<i>lorazepam injection solution</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam injection syringe 2 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	4	PA; LA; QL
<i>lurasidone oral tablet</i>	1	QL
LYBALVI ORAL TABLET	3	QL
MARPLAN ORAL TABLET	3	
<i>methamphetamine oral tablet</i>	1	
METHYLIN ORAL SOLUTION	3	*
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST; FF
<i>methylphenidate hcl oral tablet,chewable</i>	1	
<i>methylphenidate transdermal patch 24 hour</i>	1	ST
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	ST; QL
<i>molindone oral tablet</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	ST; *
NARDIL ORAL TABLET	3	*
<i>nefazodone oral tablet</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	*

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET	4	PA; LA; QL
<i>olanzapine intramuscular recon soln</i>	1	
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet,disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	*
PARNATE ORAL TABLET	3	*
<i>paroxetine hcl oral suspension</i>	1	PA
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	PA; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; *; QL
PAXIL ORAL SUSPENSION	3	PA; *
PAXIL ORAL TABLET	3	PA; *; QL
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
<i>procentra oral solution</i>	1	
<i>protriptyline oral tablet</i>	1	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR	3	ST; FF
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	ST; FF
QUVIVIQ ORAL TABLET	3	ST; QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ramelteon oral tablet</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST; FF
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	*
RESTORIL ORAL CAPSULE	3	*; QL
REXULTI ORAL TABLET	3	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	*
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*; QL
<i>risperidone microspheres intramuscular suspension,extended rel recon</i>	1	
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet,disintegrating</i>	1	QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR ORAL TABLET	3	ST; *; QL
SODIUM OXYBATE ORAL SOLUTION	4	PA; QL
SUNOSI ORAL TABLET	2	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	*
<i>tasimelteon oral capsule</i>	4	PA; LA; QL
<i>temazepam oral capsule</i>	1	QL
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	QL
<i>trifluoperazine oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	PA; QL
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	2	
<i>venlafaxine oral capsule,extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ ORAL SUSPENSION	3	
<i>vilazodone oral tablet</i>	1	PA; QL
VRAYLAR ORAL CAPSULE	3	QL
VRAYLAR ORAL CAPSULE,DOSE PACK	3	QL
VYVANSE ORAL CAPSULE	3	ST; *
VYVANSE ORAL TABLET,CHEWABLE	2	ST
WAKIX ORAL TABLET	4	ST; LA; QL
XYWAV ORAL SOLUTION	4	PA; QL
<i>zaleplon oral capsule</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG	3	*
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule</i>	1	QL
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase</i>	1	QL
<i>zolpidem sublingual tablet</i>	1	QL
ZURZUVAE ORAL CAPSULE	4	FF; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	*
ZYPREXA ORAL TABLET	3	*; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	*; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	
<i>amiodarone intravenous solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	ST; *
BETAPACE ORAL TABLET	3	ST; *
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	
<i>propafenone oral capsule,extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	2	
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	*
ACCURETIC ORAL TABLET	3	*
<i>acebutolol oral capsule</i>	1	
ALDACTONE ORAL TABLET	3	*
<i>aliskiren oral tablet</i>	1	
ALTACE ORAL CAPSULE	3	*
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
<i>amlodipine-valsartan oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiazyd oral tablet</i>	1	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	*; FF
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	
<i>candesartan oral tablet</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA ORAL TABLET	3	ST; *; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; QL
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	*; QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	*; QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	*; QL
<i>chlorothiazide sodium intravenous recon soln</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clonidine transdermal patch weekly</i>	1	QL
CONSENSI ORAL TABLET	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST; *
DEMSER ORAL CAPSULE	3	PA; *
DIBENZYLINE ORAL CAPSULE	3	PA; *
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	QL
DYRENIUM ORAL CAPSULE	3	*
EDECRIN ORAL TABLET	3	ST; *
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol intravenous recon soln</i>	4	PA; LA
<i>eprosartan oral tablet</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	1	
<i>ethacrynic acid oral tablet</i>	1	
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	4	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine injection solution</i>	1	
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
INSPRA ORAL TABLET	3	*
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KERENDIA ORAL TABLET	2	PA; QL
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	ST; *
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	ST; *
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
<i>matzim la oral tablet extended release 24 hr</i>	1	
MAXZIDE ORAL TABLET	3	*
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet</i>	1	
<i>metyrosine oral capsule</i>	1	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NYMALIZE ORAL SOLUTION	3	
NYMALIZE ORAL SYRINGE	3	
<i>olmesartan oral tablet</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; LA; QL
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA; LA; QL
<i>papaverine injection solution</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
<i>phenoxybenzamine oral capsule</i>	1	PA
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST; *
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
REMODULIN INJECTION SOLUTION	4	PA; *, LA
SODIUM EDECRIN INTRAVENOUS RECON SOLN	3	*
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST; *
<i>taztia xt oral capsule,extended release 24 hr</i>	1	
<i>telmisartan oral tablet</i>	1	
<i>telmisartan-amlodipine oral tablet</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	
TENORETIC 100 ORAL TABLET	3	ST; *
TENORETIC 50 ORAL TABLET	3	ST; *
TENORMIN ORAL TABLET	3	ST; *
<i>terazosin oral capsule</i>	1	QL
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
<i>timolol maleate oral tablet</i>	1	
<i>torse mide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>treprostinil sodium injection solution</i>	4	PA; LA
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
UPTRAVI INTRAVENOUS RECON SOLN	4	
UPTRAVI ORAL TABLET	4	PA; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL
<i>valsartan oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	*
VASOTEC ORAL TABLET	3	*
<i>veletri intravenous recon soln</i>	4	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT	3	ST; *
ZESTORETIC ORAL TABLET	3	*
ZESTRIL ORAL TABLET	3	*
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	*
COAGULATION THERAPY		
AMICAR ORAL SOLUTION	3	*
AMICAR ORAL TABLET	3	*
<i>aminocaproic acid intravenous solution</i>	1	
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE	4	*
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	4	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	4	PA; LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	*
<i>dabigatran etexilate oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; LA; QL
EFFIENT ORAL TABLET	3	*
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	
<i>enoxaparin subcutaneous solution</i>	4	
<i>enoxaparin subcutaneous syringe</i>	4	
<i>fondaparinux subcutaneous syringe</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
HEMGENIX INTRAVENOUS SUSPENSION	4	PA; LA
<i>hep flush-10 (pf) intravenous solution</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
<i>jantoven oral tablet</i>	1	
KENGREAL INTRAVENOUS RECON SOLN	3	
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; LA
<i>pentoxifylline oral tablet extended release</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet</i>	1	
PROMACTA ORAL POWDER IN PACKET	4	PA; LA
PROMACTA ORAL TABLET	4	PA; LA
<i>protamine intravenous solution</i>	1	
TAVALISSE ORAL TABLET	4	PA; QL
<i>tranexamic acid intravenous solution</i>	1	
<i>warfarin oral tablet</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	
XARELTO ORAL TABLET	2	
ZONTIVITY ORAL TABLET	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET	3	ST; *; QL
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID ORAL GRANULES	3	ST; *
COLESTID ORAL TABLET	3	ST; *
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
<i>ezetimibe oral tablet</i>	1	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	ST; *
FIBRICOR ORAL TABLET	3	ST; *
FLOLIPID ORAL SUSPENSION	3	ST; QL
<i>fluvastatin oral capsule</i>	0	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr</i>	0	ACA; QL
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE	4	LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *, QL
LIVALO ORAL TABLET	3	ST; *, QL
LOPID ORAL TABLET	3	*
<i>lovastatin oral tablet</i>	0	ACA; QL
NEXLETOL ORAL TABLET	2	PA
NEXLIZET ORAL TABLET	2	PA
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
<i>pitavastatin calcium oral tablet</i>	0	ACA; QL
<i>pravastatin oral tablet</i>	0	ACA; QL
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER	3	ST; *
QUESTRAN ORAL POWDER IN PACKET	3	ST; *
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET ORAL TABLET	3	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	ST; *
VASCEPA ORAL CAPSULE	3	PA; *
ZYPITAMAG ORAL TABLET	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	4	PA; LA; QL
ENTRESTO ORAL TABLET	2	QL
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VERQUVO ORAL TABLET	2	QL
VYNDAMAX ORAL CAPSULE	4	PA; LA
VYNDAQEL ORAL CAPSULE	4	PA; LA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	*
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	3	*
NITROSTAT SUBLINGUAL TABLET	3	*
<i>nitro-time oral capsule, extended release</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	
ANALPRAM-HC TOPICAL LOTION	3	ST; *
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol topical ointment</i>	1	
ENSTILAR TOPICAL FOAM	2	ST; QL
EPIFOAM TOPICAL FOAM	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	*
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM	3	ST
PRAMOSONE TOPICAL LOTION	3	ST
PRAMOSONE TOPICAL OINTMENT	3	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL
STELARA INTRAVENOUS SOLUTION	4	PA; LA
STELARA SUBCUTANEOUS SOLUTION	4	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL SUSPENSION	3	*; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	4	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	4	PA; LA; QL
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
VECTICAL TOPICAL OINTMENT	3	*
VTAMA TOPICAL CREAM	3	PA; QL
WYNZORA TOPICAL CREAM	3	ST; QL
ZORYVE TOPICAL CREAM	3	PA; QL
ZORYVE TOPICAL FOAM	3	QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	*
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
CIBINQO ORAL TABLET	4	PA; LA; QL
CORTANE-B TOPICAL LOTION	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream</i>	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; LA; QL
EFUDEX TOPICAL CREAM	3	*
EUCRISA TOPICAL OINTMENT	2	ST; QL
FLUOROPLEX TOPICAL CREAM	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	4	PA
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM	3	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	1	ST; QL
<i>podofilox topical gel</i>	1	ST; FF; QL
<i>podofilox topical solution</i>	1	
<i>prudoxin topical cream</i>	1	ST; QL
REGRANEX TOPICAL GEL	2	QL
<i>tacrolimus topical ointment</i>	1	ST; QL
TOLAK TOPICAL CREAM	3	
UVADEX INJECTION SOLUTION	2	
VALCHLOR TOPICAL GEL	4	PA; LA
VYJUVEK TOPICAL GEL	4	PA
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	ST; *; QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	3	ST; *
<i>accutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	ST; *
ACZONE TOPICAL GEL WITH PUMP	3	ST; *
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	
<i>amnesteem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	ST
ARAZLO TOPICAL LOTION	3	PA
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	
AVAR-E LS TOPICAL CREAM	3	ST
<i>azelaic acid topical gel</i>	1	
AZELEX TOPICAL CREAM	3	ST
BENZAMYCIN TOPICAL GEL	3	ST; *
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	ST; *
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1 topical cleanser</i>	1	ST
<i>brimonidine topical gel with pump</i>	1	PA
<i>claravis oral capsule</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; *, QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	ST
<i>clindacin topical foam</i>	1	QL
<i>clindamycin phosphate topical foam</i>	1	QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; FF; QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel</i>	1	
<i>dapsone topical gel with pump</i>	1	
DIFFERIN TOPICAL CREAM	3	ST; *
DIFFERIN TOPICAL GEL WITH PUMP	3	ST; *
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	ST; *
EPSOLAY TOPICAL CREAM	3	ST
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	ST; *, QL
FINACEA TOPICAL FOAM	2	ST
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM TOPICAL CREAM	3	ST; *
METROGEL TOPICAL GEL 1 %	3	ST; *
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	3	PA; *
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	ST
<i>neuac topical gel</i>	1	
ONEXTON TOPICAL GEL WITH PUMP	3	ST; *
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	ST; *
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RETIN-A TOPICAL CREAM	3	*
RETIN-A TOPICAL GEL	3	*
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
<i>rosula cleansing cloths topical pads, medicated</i>	1	
ROSULA TOPICAL CLEANSER	3	ST
SOOLANTRA TOPICAL CREAM	3	ST; *, QL
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacleanse 8-4 topical suspension</i>	1	ST
SUMADAN TOPICAL CLEANSER	3	ST
SUMADAN TOPICAL KIT	3	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	ST
<i>tazarotene topical cream</i>	1	PA
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel</i>	1	
TWYNEO TOPICAL CREAM	3	ST
VANOXIDE-HC TOPICAL SUSPENSION	3	ST
<i>zenatane oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ZIANA TOPICAL GEL	3	ST; *
TOPICAL ANESTHETICS		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	1	PA
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii topical adhesive patch,medicated</i>	1	PA
<i>lidocort topical cream</i>	1	
NYNUTEY TOPICAL CREAM	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	*
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	2	PA
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	3	ST; QL
CENTANY TOPICAL OINTMENT	3	ST; QL
<i>gentamicin topical cream</i>	1	QL
<i>gentamicin topical ointment</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
KLARON TOPICAL SUSPENSION	3	ST; *
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	ST; QL
<i>mupirocin topical ointment</i>	1	QL
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI TOPICAL CREAM	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	1	
<i>clotrimazole topical cream</i>	1	QL
<i>clotrimazole topical solution</i>	1	QL
<i>clotrimazole-betamethasone topical cream</i>	1	QL
<i>clotrimazole-betamethasone topical lotion</i>	1	QL
<i>econazole topical cream</i>	1	QL
EXELDERM TOPICAL CREAM	3	QL
EXELDERM TOPICAL SOLUTION	3	QL
EXTINA TOPICAL FOAM	3	ST; *, FF; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	ST; FF; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan topical foam</i>	1	ST; FF; QL
<i>klayesta topical powder</i>	1	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	3	*; QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	*; QL
LUZU TOPICAL CREAM	3	FF; QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL	3	*; QL
<i>nyamyc topical powder</i>	1	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	QL
<i>nystatin-triamcinolone topical cream</i>	1	QL
<i>nystatin-triamcinolone topical ointment</i>	1	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	1	QL
<i>tavaborole topical solution with applicator</i>	1	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; QL
<i>acyclovir topical ointment</i>	1	PA; QL
DENAVIR TOPICAL CREAM	3	*
<i>penciclovir topical cream</i>	1	
ZOVIRAX TOPICAL CREAM	3	PA; *; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	ST; *
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical ointment</i>	1	ST
<i>apexicon e topical cream</i>	1	ST
<i>beser topical lotion</i>	1	ST
<i>betamethasone dipropionate topical cream</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
BRYHALI TOPICAL LOTION	3	ST
CAPEX TOPICAL SHAMPOO	3	ST
<i>clobetasol scalp solution</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; *; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	ST; *; QL
<i>clocortolone pivalate topical cream</i>	1	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	ST; QL
<i>clodan topical shampoo</i>	1	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	ST
CORDRAN TOPICAL CREAM 0.025 %	3	ST; QL
CORDRAN TOPICAL CREAM 0.05 %	3	ST; *; QL
CORDRAN TOPICAL LOTION	3	ST; *; QL
CORDRAN TOPICAL OINTMENT	3	ST; *; QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	ST; *
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	ST; *
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream</i>	1	ST
<i>desoximetasone topical gel</i>	1	ST
<i>desoximetasone topical ointment</i>	1	ST
<i>desoximetasone topical spray,non-aerosol</i>	1	ST
<i>diflorasone topical cream</i>	1	ST; QL
<i>diflorasone topical ointment</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST; *
DUOBRII TOPICAL LOTION	3	ST; QL
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e topical cream</i>	1	QL
<i>flurandrenolide topical cream</i>	1	ST; QL
<i>flurandrenolide topical lotion</i>	1	ST; QL
<i>flurandrenolide topical ointment</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST; FF
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	ST; *
HALOG TOPICAL OINTMENT	3	ST
HALOG TOPICAL SOLUTION	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
KENALOG TOPICAL AEROSOL	3	ST; *; QL
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
NUCORT TOPICAL LOTION	3	ST
OLUX TOPICAL FOAM	3	ST; *; QL
PANDEL TOPICAL CREAM	3	ST
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	ST; *
SCALACORT DK TOPICAL COMBO PACK	3	ST
<i>scalacort topical lotion</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	ST
SYNALAR TOPICAL CREAM	3	ST; *
SYNALAR TOPICAL OINTMENT	3	ST; *
SYNALAR TOPICAL SOLUTION	3	ST; *
SYNALAR TS TOPICAL KIT	3	ST

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TEXACORT TOPICAL SOLUTION	3	ST
TOPICORT TOPICAL CREAM	3	ST; *
TOPICORT TOPICAL GEL	3	ST; *
TOPICORT TOPICAL OINTMENT	3	ST; *
<i>tovet emollient topical foam</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	3	
SANTYL TOPICAL OINTMENT	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	*
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	
<i>malathion topical lotion</i>	1	
OVIDE TOPICAL LOTION	3	*
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	*
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	*
<i>ringer's irrigation solution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	*
AMPHADASE INJECTION SOLUTION	3	
<i>anagrelide oral capsule</i>	1	
BUPHENYL ORAL POWDER	4	PA; *
BUPHENYL ORAL TABLET	4	PA; *
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; LA
<i>carglumic acid oral tablet, dispersible</i>	4	PA
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	*
CARNITOR INTRAVENOUS SOLUTION	3	*
CARNITOR ORAL SOLUTION	3	*
CARNITOR ORAL TABLET	3	*
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	2	PA
<i>deferasirox oral granules in packet</i>	4	PA; LA
<i>deferasirox oral tablet</i>	4	PA; LA
<i>deferasirox oral tablet, dispersible</i>	4	PA; LA
<i>deferiprone oral tablet</i>	4	PA; LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	4	PA; LA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA
ENDARI ORAL POWDER IN PACKET	4	PA; LA
EVOXAC ORAL CAPSULE	3	*
EXSERVAN ORAL FILM	4	PA
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	4	PA
FERRIPROX ORAL SOLUTION	4	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FERRIPROX ORAL TABLET	4	PA; *
FERRLECIT INTRAVENOUS SOLUTION	3	PA; *
HYLENEX INJECTION SOLUTION	3	
INCRELEX SUBCUTANEOUS SOLUTION	4	PA; LA
JOENJA ORAL TABLET	4	PA; QL
LAMZEDE INTRAVENOUS RECON SOLN	4	PA
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine intravenous solution</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO ORAL CAPSULE	4	PA; LA; QL
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	4	PA; LA
NITYR ORAL TABLET	4	PA; LA
OLPRUVA ORAL PELLETS IN PACKET	4	PA
ORFADIN ORAL CAPSULE	4	PA; *
ORFADIN ORAL SUSPENSION	4	PA
PHEBURANE ORAL GRANULES	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET	4	PA; QL
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; QL
RADIOGARDASE ORAL CAPSULE	3	
RILUTEK ORAL TABLET	3	PA; *
<i>riluzole oral tablet</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	*
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	PA
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA
SOHONOS ORAL CAPSULE	4	PA; FF; QL
SOLIRIS INTRAVENOUS SOLUTION	4	PA; LA
SYPRINE ORAL CAPSULE	3	PA; *
TEGLUTIK ORAL SUSPENSION	4	PA
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA
TIGLUTIK ORAL SUSPENSION	4	PA
<i>tiopronin oral tablet</i>	4	PA; LA
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	4	PA
<i>trientine oral capsule 250 mg</i>	1	PA
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	4	PA
ZOKINVY ORAL CAPSULE	4	PA; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	0	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	0	ACA
CHANTIX ORAL TABLET 1 MG	0	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	0	*, ACA; OTC
NICORETTE BUCCAL GUM 2 MG	0	*, ACA; OTC
<i>nicorette buccal gum 4 mg</i>	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	0	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL	0	ACA
<i>quit 2 buccal gum</i>	0	ACA; OTC
<i>quit 2 buccal lozenge</i>	0	ACA; OTC
<i>quit 4 buccal gum</i>	0	ACA; OTC
<i>quit 4 buccal lozenge</i>	0	ACA; OTC
<i>stop smoking aid buccal lozenge</i>	0	ACA; OTC
<i>varenicline oral tablet</i>	0	ACA
<i>varenicline oral tablets, dose pack</i>	0	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray</i>	1	QL
<i>azelastine nasal spray, non-aerosol</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
GELX MUCOUS MEMBRANE GEL	3	
<i>ipratropium bromide nasal spray, non-aerosol</i>	1	QL
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>olopatadine nasal spray,non-aerosol</i>	1	QL
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>paroex oral rinse mucous membrane mouthwash</i>	1	
PATANASE NASAL SPRAY,NON-AEROSOL	3	*; QL
PERIDEX MUCOUS MEMBRANE MOUTHWASH	3	*
<i>perio gard mucous membrane mouthwash</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	*
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	*
PREVIDENT DENTAL SOLUTION	3	*
Q-CARE RX Q4 KIT	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	*
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetamide dental paste</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	*
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetamide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; LA
<i>betamethasone acet,sod phos injection suspension</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	*
CORTEF ORAL TABLET	3	*
<i>cortisone oral tablet</i>	1	
CORTROSYN INJECTION RECON SOLN	3	*
<i>cosyntropin injection recon soln</i>	1	
<i>deflazacort oral tablet</i>	4	PA; LA
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexabliss oral tablets,dose pack</i>	1	ST
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	ST
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	*
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST
TAPERDEX ORAL TABLETS,DOSE PACK	3	ST
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	LA
ZCORT ORAL TABLETS,DOSE PACK	3	ST

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA TEST STRIP	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
EUA PATIENT ASSESSMENT	2	
FLEXICHAMBER SPACER	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	*
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	OTC
CEQR SIMPLICITY DEVICE	2	
DEXCOM G6 RECEIVER	2	FF; QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM G7 RECEIVER	2	FF; QL
DEXCOM G7 SENSOR DEVICE	2	QL
FREESTYLE FREEDOM KIT	0	OTC
FREESTYLE FREEDOM LITE KIT	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE LIBRE 14 DAY READER	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR KIT	2	QL
FREESTYLE LIBRE 3 READER	2	FF; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	QL
FREESTYLE LITE METER KIT	0	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PRECISION XTRA MONITOR	0	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	3	FF
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	3	FF
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	2	
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	FF; QL
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; LA
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	QL
<i>cabergoline oral tablet</i>	1	QL
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	4	PA; LA; QL
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; LA
<i>cetorelix subcutaneous kit</i>	4	PA
CETROTIDE SUBCUTANEOUS KIT	4	PA; *; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	4	PA; FF; LA; QL
<i>cinacalcet oral tablet</i>	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	
<i>danazol oral capsule</i>	1	
DDAVP ORAL TABLET	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
<i>desmopressin injection solution</i>	4	LA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	
<i>doxercalciferol oral capsule</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION	4	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; LA
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP	3	*; QL
<i>fyremadel subcutaneous syringe</i>	4	PA; LA
GALAFOLD ORAL CAPSULE	4	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	4	PA; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF SUBCUTANEOUS RECON SOLN	4	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	4	PA; LA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	*
JATENZO ORAL CAPSULE	3	QL
<i>javygtor oral powder in packet</i>	4	PA; LA
<i>javygtor oral tablet, soluble</i>	4	PA; LA
JYNARQUE ORAL TABLET	4	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; QL
KANUMA INTRAVENOUS SOLUTION	4	PA; LA
KUVAN ORAL POWDER IN PACKET	4	PA; *; FF; LA
KUVAN ORAL TABLET, SOLUBLE	4	PA; *; FF; LA
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN	4	PA; LA
METHITEST ORAL TABLET	2	
<i>methyltestosterone oral capsule</i>	1	
MIACALCIN INJECTION SOLUTION	3	*
<i>mifepristone oral tablet 300 mg</i>	4	PA; FF
<i>miglustat oral capsule</i>	4	PA; LA; QL
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	FF; QL
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; LA
NOCDURNA (MEN) SUBLINGUAL TABLET, DISINTEGRATING	3	PA; QL
NOCDURNA (WOMEN) SUBLINGUAL TABLET, DISINTEGRATING	3	PA; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; LA; QL
ORILISSA ORAL TABLET	2	PA
OVIDREL SUBCUTANEOUS SYRINGE	4	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>pamidronate intravenous solution</i>	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	1	ST
PREGNYL INTRAMUSCULAR RECON SOLN	4	PA; LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST
ROCALTROL ORAL CAPSULE	3	ST; *
ROCALTROL ORAL SOLUTION	3	ST; *
<i>sapropterin oral powder in packet</i>	4	PA; LA
<i>sapropterin oral tablet,soluble</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA
SYNAREL NASAL SPRAY,NON-AEROSOL	2	PA
TESTOPEL IMPLANT PELLETT	4	
<i>testosterone cypionate intramuscular oil</i>	1	
<i>testosterone enanthate intramuscular oil</i>	1	
TESTOSTERONE IMPLANT PELLETT	3	
<i>testosterone transdermal gel</i>	1	QL
<i>testosterone transdermal gel in metered-dose pump</i>	1	QL
<i>testosterone transdermal gel in packet</i>	1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	QL
<i>tolvaptan oral tablet</i>	4	PA; LA; QL
VIMIZIM INTRAVENOUS SOLUTION	4	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	2	QL
ZEMPLAR INTRAVENOUS SOLUTION	3	*
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST; *

NON-INSULIN HYPOGLYCEMIC AGENTS

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; *; QL
ACTOS ORAL TABLET	3	ST; *; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DUETACT ORAL TABLET	3	ST; *; QL
FARXIGA ORAL TABLET	2	ST; QL
<i>glimepiride oral tablet</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	*
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	2	ST; QL
JANUMET ORAL TABLET	2	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	ST; QL
JANUVIA ORAL TABLET	2	ST; QL
JARDIANCE ORAL TABLET	2	ST; QL
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	QL
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	*
<i>repaglinide oral tablet</i>	1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON	3	ST
RIOMET ORAL SOLUTION	3	ST; *
RYBELSUS ORAL TABLET	2	PA; QL
<i>saxagliptin oral tablet</i>	1	ST; FF; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	1	ST; FF; QL
SEGLUROMET ORAL TABLET	2	ST; QL
STEGLATRO ORAL TABLET	2	ST; QL
STEGLUJAN ORAL TABLET	3	ST; FF; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	2	PA; QL
SYNJARDY ORAL TABLET	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	ST; QL
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET	2	
ERMEZA ORAL SOLUTION	3	ST
<i>euthyrox oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>levo-t oral tablet</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>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>	1	
<i>liothyronine intravenous solution</i>	1	
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	
<i>thyroid (pork) oral tablet</i>	1	
<i>unithroid oral tablet</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet,disintegrating</i>	1	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATE ORAL TABLET	3	
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral solution</i>	1	
<i>glycopyrrolate oral tablet</i>	1	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	*
LEVSIN ORAL TABLET	3	*
LEVSIN/SL SUBLINGUAL TABLET	3	*
LOMOTIL ORAL TABLET	3	*
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
NULEV ORAL TABLET,DISINTEGRATING	3	*
<i>opium tincture oral tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	*
ROBINUL ORAL TABLET	3	*
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	3	
<i>lanthanum oral tablet,chewable</i>	1	QL
LOKELMA ORAL POWDER IN PACKET	2	QL
REVELA ORAL POWDER IN PACKET	3	*; QL
REVELA ORAL TABLET	3	*; QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	1	QL
<i>sevelamer hcl oral tablet</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	2	QL
VELTASSA ORAL POWDER IN PACKET	2	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	1	
ANA-LEX KIT RECTAL KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST; *
ANALPRAM-HC SINGLES RECTAL CREAM	3	ST; *
<i>anucort-hc rectal suppository</i>	1	
<i>aprepitant oral capsule</i>	1	QL
<i>aprepitant oral capsule,dose pack</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
AZULFIDINE ORAL TABLET	3	*
<i>balsalazide oral capsule</i>	1	
<i>betaine oral powder</i>	4	PA
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>budesonide rectal foam</i>	1	
BYLVAY ORAL CAPSULE	4	PA; LA; QL
BYLVAY ORAL PELLETT	4	PA; LA; QL
CHENODAL ORAL TABLET	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL
<i>citrate of magnesia oral solution</i>	0	ACA; OTC
<i>citroma oral solution</i>	0	ACA; OTC
<i>clearlax oral powder</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
COLAZAL ORAL CAPSULE	3	*
COMPAZINE ORAL TABLET	3	*
COMPAZINE RECTAL SUPPOSITORY	3	*
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	*
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
<i>dimenhydrinate injection solution</i>	1	
DIPENTUM ORAL CAPSULE	3	
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	1	QL
<i>dronabinol oral capsule</i>	1	PA
<i>droperidol injection solution</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; LA
<i>enulose oral solution</i>	1	
GASTROCROM ORAL CONCENTRATE	3	*
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; LA
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c oral recon soln</i>	0	ACA
<i>gavilyte-g oral recon soln</i>	0	ACA
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>gentlelax oral powder</i>	0	ACA; OTC
GOLYTELY ORAL RECON SOLN	3	*
<i>granisetron hcl oral tablet</i>	1	QL
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; LA
KINEVAC INJECTION RECON SOLN	2	
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>laxative peg 3350 oral powder</i>	0	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVMARLI ORAL SOLUTION	4	PA
<i>lubiprostone oral capsule</i>	1	QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL ORAL CAPSULE	3	PA; *
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia oral suspension</i>	0	ACA; OTC
MOTEGRITY ORAL TABLET	3	FF; QL
MOVANTIK ORAL TABLET	2	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>natura-lax oral powder</i>	0	ACA; OTC
<i>nitroglycerin rectal ointment</i>	1	
OCALIVA ORAL TABLET	4	PA; LA; QL
OMVOH INTRAVENOUS SOLUTION	4	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
<i>ondansetron hcl (pf) injection solution</i>	1	
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet,disintegrating</i>	1	QL
<i>onelix magnesium citrate oral solution</i>	0	ACA; OTC
<i>oral saline laxative oral liquid</i>	0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350-electrolytes oral recon soln</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	0	ACA
<i>peg-electrolyte soln oral recon soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
<i>phosphate laxative oral liquid</i>	0	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	0	ACA; OTC
<i>powderlax oral powder</i>	0	ACA; OTC
<i>prochlorperazine edisylate injection solution</i>	1	
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	ST; *

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	0	ACA; OTC
RECTIV RECTAL OINTMENT	3	*
REGLAN ORAL TABLET	3	*
RELISTOR ORAL TABLET	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO TRANSDERMAL PATCH WEEKLY	3	QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	*
SINCALIDE INJECTION RECON SOLN	3	
SKYRIZI INTRAVENOUS SOLUTION	4	PA; LA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; LA; QL
<i>smoothlax oral powder</i>	0	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	0	ACA
SUCRAID ORAL SOLUTION	4	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SYMPROIC ORAL TABLET	2	
SYNDROS ORAL SOLUTION	3	PA
TIGAN INTRAMUSCULAR SOLUTION	3	
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	*
UCERIS RECTAL FOAM	3	*
URSO 250 ORAL TABLET	3	*
URSO FORTE ORAL TABLET	3	*
<i>ursodiol oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	2	QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	2	
VOWST ORAL CAPSULE	4	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
ZELNORM ORAL TABLET	3	FF
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	QL
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	1	
CARAFATE ORAL SUSPENSION	3	*, FF
CARAFATE ORAL TABLET	3	*, FF
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC ORAL TABLET	3	*
<i>dexlansoprazole oral capsule, biphase delayed releas 30 mg</i>	1	ST; QL
<i>dexlansoprazole oral capsule, biphase delayed releas 60 mg</i>	1	ST
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln</i>	1	
<i>famotidine (pf) intravenous solution</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	
<i>famotidine intravenous solution</i>	1	
<i>famotidine oral suspension for reconstitution</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	*
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>omeprazole oral tablet, disintegrat, delay rel</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole intravenous recon soln</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 40 MG	3	*
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	2	QL
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	FF
VOQUEZNA ORAL TABLET	3	ST; FF
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	FF

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule</i>	4	PA; LA
<i>ribavirin oral tablet 200 mg</i>	4	PA; LA
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA; QL
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA
LEUKINE INJECTION RECON SOLN	4	PA; LA
MOZOBIL SUBCUTANEOUS SOLUTION	4	*; LA
NIVESTYM INJECTION SOLUTION	4	PA; LA
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; LA
<i>plerixafor subcutaneous solution</i>	4	LA
PROCRIT INJECTION SOLUTION	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN	4	PA; LA
RETACRIT INJECTION SOLUTION	4	PA; LA
ZARXIO INJECTION SYRINGE	4	PA; FF; LA
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	2	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	4	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR	4	PA; LA
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; LA
ALFERON N INJECTION SOLUTION	4	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SOLUTION	4	LA; QL
PEGASYS SUBCUTANEOUS SYRINGE	4	LA; QL
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET	4	PA; *; FF; LA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA; QL
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	4	PA; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE	4	PA; *; LA; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	4	PA; LA; QL
<i>fingolimod oral capsule</i>	4	PA; LA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; *; FF; LA; QL
<i>glatiramer subcutaneous syringe</i>	4	PA; LA; QL
<i>glatopa subcutaneous syringe</i>	4	PA; LA; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
LEMTRADA INTRAVENOUS SOLUTION	4	PA; LA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; LA; QL
MAYZENT ORAL TABLET	4	PA; LA; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; LA; QL
OCREVUS INTRAVENOUS SOLUTION	4	PA; LA; QL
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE	4	PA; LA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL
PONVORY ORAL TABLET	4	PA; LA; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; LA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>teriflunomide oral tablet</i>	4	PA; LA; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN	0	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	2	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION	0	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
ATGAM INTRAVENOUS SOLUTION	4	PA
BABYBIG INTRAVENOUS RECON SOLN	3	
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	4	PA; LA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	0	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
BOTOX COSMETIC INTRAMUSCULAR RECON SOLN	3	
BOTOX INJECTION RECON SOLN	4	PA; FF
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
CUVITRU SUBCUTANEOUS SOLUTION	4	PA; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	0	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
DYSPORE INTRAMUSCULAR RECON SOLN	4	PA; LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	4	PA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	0	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE	0	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	0	ACA
GAMASTAN INTRAMUSCULAR SOLUTION	4	
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; LA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; LA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION	3	PA; LA
GAMUNEX-C INJECTION SOLUTION	4	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASTEK SUBLINGUAL TABLET	2	PA
HEPAGAM B INJECTION SOLUTION	4	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	4	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	4	
HYPERTET (PF) INTRAMUSCULAR SYRINGE	2	
HYQVIA SUBCUTANEOUS SOLUTION	4	PA; LA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOL INJECTION SUSPENSION	0	ACA
IXCHIQ INTRAMUSCULAR RECON SOLN	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	0	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	4	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	4	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION	0	ACA
OCTAGAM INTRAVENOUS SOLUTION	4	PA; LA
ODACTRA SUBLINGUAL TABLET	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	0	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	0	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	ACA
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
PNEUMOVAX-23 INJECTION SOLUTION	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	0	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE	2	
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; LA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	0	ACA
RAGWITEK SUBLINGUAL TABLET	2	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	0	ACA
ROTARIX ORAL SUSPENSION	0	ACA
ROTATEQ VACCINE ORAL SOLUTION	0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
TDVAX INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	0	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	4	
TRUMENBA INTRAMUSCULAR SYRINGE	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	0	ACA
XEOMIN INTRAMUSCULAR RECON SOLN	4	PA; FF; LA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump</i>	1	
<i>imiquimod topical cream in packet</i>	1	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
<i>colchicine oral capsule</i>	1	ST
<i>colchicine oral tablet</i>	1	
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; LA
MITIGARE ORAL CAPSULE	3	ST; *; FF
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ZYLOPRIM ORAL TABLET 100 MG	3	*
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; *; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; *; QL
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; QL
EVISTA ORAL TABLET	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; *; LA; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; *; QL
FOSAMAX PLUS D ORAL TABLET	3	ST; QL
<i>ibandronate intravenous solution</i>	4	PA; LA
<i>ibandronate intravenous syringe</i>	4	PA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ibandronate oral tablet</i>	1	QL
<i>raloxifene oral tablet</i>	0	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; LA; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
ADALIMUMAB-ADBМ SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBМ SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
ADALIMUMAB-ADBМ(CF) PEN CROHN'S SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
ADALIMUMAB-ADBМ(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; FF; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	4	PA; FF; LA; QL
ARAVA ORAL TABLET	3	*; QL
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; FF; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; FF; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; FF; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; FF; LA; QL
DEPEN TITRATABS ORAL TABLET	3	PA; *
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	4	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; LA; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; LA; QL
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	4	PA; FF; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	4	PA; FF; LA; QL
<i>leflunomide oral tablet</i>	1	QL
OTEZLA ORAL TABLET	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
<i>penicillamine oral capsule</i>	1	PA
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	2	ST
RIDAURA ORAL CAPSULE	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL
SAVELLA ORAL TABLET	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	2	ST; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
XELJANZ ORAL SOLUTION	4	PA; LA; QL
XELJANZ ORAL TABLET	4	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA; OTC
FC2 FEMALE CONDOM	0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA; LA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
TRUSTEX LUBRICATED CONDOMS DEVICE	0	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	0	ACA; OTC
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	*
<i>amabelz oral tablet</i>	1	
ANGELIQ ORAL TABLET	3	
<i>camila oral tablet</i>	0	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	3	*; QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 8 %	2	LA
<i>deblitane oral tablet</i>	0	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	*
DEPO-ESTRADIOL INTRAMUSCULAR OIL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA
<i>dotti transdermal patch semiweekly</i>	1	QL
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
ENDOMETRIN VAGINAL INSERT	3	FF; LA
<i>errin oral tablet</i>	0	ACA
ESTRACE ORAL TABLET	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in packet</i>	1	QL
<i>estradiol transdermal patch semiweekly</i>	1	QL
<i>estradiol transdermal patch weekly</i>	1	QL
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
<i>estrogens-methyltestosterone oral tablet</i>	1	
<i>fyavolv oral tablet</i>	1	
<i>heather oral tablet</i>	0	ACA
<i>hydroxyprogesterone caproate intramuscular oil</i>	1	
<i>incassia oral tablet</i>	0	ACA
<i>jencycla oral tablet</i>	0	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	0	ACA
<i>lyllana transdermal patch semiweekly</i>	1	QL
<i>lyza oral tablet</i>	0	ACA
<i>medroxyprogesterone intramuscular suspension</i>	0	ACA
<i>medroxyprogesterone intramuscular syringe</i>	0	ACA
<i>medroxyprogesterone oral tablet</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	QL
<i>mimvey oral tablet</i>	1	
<i>nora-be oral tablet</i>	0	ACA
<i>norethindrone (contraceptive) oral tablet</i>	0	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET	0	ACA; OTC
PREMARIN INJECTION RECON SOLN	2	
PREMARIN VAGINAL CREAM	2	
<i>progesterone intramuscular oil</i>	4	LA
<i>progesterone micronized oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
PROVERA ORAL TABLET	3	*
<i>sharobel oral tablet</i>	0	ACA
<i>tulana oral tablet</i>	0	ACA
<i>yuvafem vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	0	ACA
<i>enilloring vaginal ring</i>	0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	0	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	0	ACA
<i>metronidazole vaginal gel</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX ORAL TABLET	3	
<i>mifepristone oral tablet 200 mg</i>	4	
MYFEMBREE ORAL TABLET	2	PA
NEXPLANON SUBDERMAL IMPLANT	0	ACA; LA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	0	ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	2	PA
OSPHENA ORAL TABLET	3	
PREPIDIL VAGINAL GEL	3	
RELAGARD VAGINAL GEL	3	*
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TRIMO-SAN JELLY VAGINAL GEL	2	
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC
VEOZAH ORAL TABLET	3	
XACIATO VAGINAL GEL	2	
<i>xulane transdermal patch weekly</i>	0	ACA
<i>zafemy transdermal patch weekly</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	0	ACA
<i>after pill oral tablet</i>	0	ACA; OTC
AFTERA ORAL TABLET	0	*; ACA; OTC
<i>altavera (28) oral tablet</i>	0	ACA
<i>alyacen 1/35 (28) oral tablet</i>	0	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	0	ACA
<i>amethia oral tablets,dose pack,3 month</i>	0	ACA
<i>amethyst (28) oral tablet</i>	0	ACA
<i>apri oral tablet</i>	0	ACA
<i>aranelle (28) oral tablet</i>	0	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	0	ACA
<i>aubra eq oral tablet</i>	0	ACA
<i>aubra oral tablet</i>	0	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	0	ACA
<i>aurovela 1/20 (21) oral tablet</i>	0	ACA
<i>aurovela 24 fe oral tablet</i>	0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	0	ACA
<i>aviane oral tablet</i>	0	ACA
<i>ayuna oral tablet</i>	0	ACA
<i>azurette (28) oral tablet</i>	0	ACA
<i>balziva (28) oral tablet</i>	0	ACA
BEYAZ ORAL TABLET	0	*; ACA
<i>blisovi 24 fe oral tablet</i>	0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi fe 1/20 (28) oral tablet</i>	0	ACA
<i>briellyn oral tablet</i>	0	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	0	ACA
<i>camrese oral tablets,dose pack,3 month</i>	0	ACA
<i>caziant (28) oral tablet</i>	0	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	0	ACA
<i>chateal (28) oral tablet</i>	0	ACA
<i>chateal eq (28) oral tablet</i>	0	ACA
<i>cryselle (28) oral tablet</i>	0	ACA
<i>curae oral tablet</i>	0	ACA; OTC
<i>cyred eq oral tablet</i>	0	ACA
<i>cyred oral tablet</i>	0	ACA
<i>dasetta 1/35 (28) oral tablet</i>	0	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	0	ACA
<i>daysee oral tablets,dose pack,3 month</i>	0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	0	ACA
<i>dolishale oral tablet</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	0	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	0	ACA
<i>econtra ez oral tablet</i>	0	ACA; OTC
<i>econtra one-step oral tablet</i>	0	ACA; OTC
<i>elinest oral tablet</i>	0	ACA
ELLA ORAL TABLET	0	ACA
<i>enpresse oral tablet</i>	0	ACA
<i>enskyce oral tablet</i>	0	ACA
<i>estarylla oral tablet</i>	0	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	0	ACA
<i>falmina (28) oral tablet</i>	0	ACA
<i>finzala oral tablet,chewable</i>	0	ACA
<i>gemmily oral capsule</i>	0	ACA
<i>hailey 24 fe oral tablet</i>	0	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	0	ACA
<i>hailey oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>her style oral tablet</i>	0	ACA; OTC
<i>iclevia oral tablets,dose pack,3 month</i>	0	ACA
<i>isibloom oral tablet</i>	0	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>jasmiel (28) oral tablet</i>	0	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	0	ACA
<i>joyeaux oral tablet</i>	0	ACA
<i>juleber oral tablet</i>	0	ACA
<i>junel 1.5/30 (21) oral tablet</i>	0	ACA
<i>junel 1/20 (21) oral tablet</i>	0	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>junel fe 1/20 (28) oral tablet</i>	0	ACA
<i>junel fe 24 oral tablet</i>	0	ACA
<i>kaitlib fe oral tablet,chewable</i>	0	ACA
<i>kalliga oral tablet</i>	0	ACA
<i>kariva (28) oral tablet</i>	0	ACA
<i>kelnor 1/35 (28) oral tablet</i>	0	ACA
<i>kelnor 1-50 (28) oral tablet</i>	0	ACA
<i>kurvelo (28) oral tablet</i>	0	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	0	ACA
<i>larin 1.5/30 (21) oral tablet</i>	0	ACA
<i>larin 1/20 (21) oral tablet</i>	0	ACA
<i>larin 24 fe oral tablet</i>	0	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>larin fe 1/20 (28) oral tablet</i>	0	ACA
<i>layolis fe oral tablet,chewable</i>	0	ACA
<i>leena 28 oral tablet</i>	0	ACA
<i>lessina oral tablet</i>	0	ACA
<i>levonest (28) oral tablet</i>	0	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	0	ACA
<i>levonorgestrel oral tablet</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estradiol oral tablet</i>	0	ACA
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>levonorg-eth estrad triphasic oral tablet</i>	0	ACA
<i>levora-28 oral tablet</i>	0	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>loryna (28) oral tablet</i>	0	ACA
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>lutra (28) oral tablet</i>	0	ACA
<i>marlissa (28) oral tablet</i>	0	ACA
<i>merzee oral capsule</i>	0	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	0	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	0	ACA
<i>microgestin 1/20 (21) oral tablet</i>	0	ACA
<i>microgestin 24 fe oral tablet</i>	0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	0	ACA
<i>mili oral tablet</i>	0	ACA
<i>mono-linyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way oral tablet</i>	0	ACA; OTC
<i>necon 0.5/35 (28) oral tablet</i>	0	ACA
<i>new day oral tablet</i>	0	ACA; OTC
<i>nikki (28) oral tablet</i>	0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	0	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	0	ACA
<i>nortrel 1/35 (21) oral tablet</i>	0	ACA
<i>nortrel 1/35 (28) oral tablet</i>	0	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	0	ACA
<i>nylia 1/35 (28) oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28) oral tablet</i>	0	ACA
<i>nymyo oral tablet</i>	0	ACA
<i>ocella oral tablet</i>	0	ACA
<i>opcicon one-step oral tablet</i>	0	ACA; OTC
<i>option-2 oral tablet</i>	0	ACA; OTC
<i>philith oral tablet</i>	0	ACA
<i>pimtrea (28) oral tablet</i>	0	ACA
PLAN B ONE-STEP ORAL TABLET	0	*; ACA; OTC
<i>portia 28 oral tablet</i>	0	ACA
<i>reclipsen (28) oral tablet</i>	0	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	0	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	0	ACA
<i>simliya (28) oral tablet</i>	0	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	0	ACA
<i>sprintec (28) oral tablet</i>	0	ACA
<i>sronyx oral tablet</i>	0	ACA
<i>syeda oral tablet</i>	0	ACA
TAKE ACTION ORAL TABLET	0	*; ACA; OTC
<i>tarina 24 fe oral tablet</i>	0	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	0	ACA
<i>tilia fe oral tablet</i>	0	ACA
<i>tri-estarylla oral tablet</i>	0	ACA
<i>tri-legest fe oral tablet</i>	0	ACA
<i>tri-linyah oral tablet</i>	0	ACA
<i>tri-lo-estarylla oral tablet</i>	0	ACA
<i>tri-lo-marzia oral tablet</i>	0	ACA
<i>tri-lo-mili oral tablet</i>	0	ACA
<i>tri-lo-sprintec oral tablet</i>	0	ACA
<i>tri-mili oral tablet</i>	0	ACA
<i>tri-nymyo oral tablet</i>	0	ACA
<i>tri-sprintec (28) oral tablet</i>	0	ACA
<i>trivora (28) oral tablet</i>	0	ACA
<i>tri-vylibra lo oral tablet</i>	0	ACA
<i>tri-vylibra oral tablet</i>	0	ACA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>turqoz (28) oral tablet</i>	0	ACA
<i>tydemy oral tablet</i>	0	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	0	ACA
<i>vestura (28) oral tablet</i>	0	ACA
<i>vienva oral tablet</i>	0	ACA
<i>viorele (28) oral tablet</i>	0	ACA
<i>volnea (28) oral tablet</i>	0	ACA
<i>vyfemla (28) oral tablet</i>	0	ACA
<i>vylibra oral tablet</i>	0	ACA
<i>wera (28) oral tablet</i>	0	ACA
<i>wymzya fe oral tablet, chewable</i>	0	ACA
YAZ (28) ORAL TABLET	0	*, ACA
<i>zarah oral tablet</i>	0	ACA
<i>zovia 1-35 (28) oral tablet</i>	0	ACA
<i>zumandimine (28) oral tablet</i>	0	ACA
OXYTOCICS		
<i>methylergonovine oral tablet</i>	1	ST; QL
<i>oxytocin injection solution</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	2	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	2	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	*
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	*
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	*
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
ALCAINE OPHTHALMIC (EYE) DROPS	3	*
ALOCRILOPHTHALMIC (EYE) DROPS	3	ST
ALOMIDOPHTHALMIC (EYE) DROPS	3	ST; FF
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	*
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; FF; QL
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	PA; QL
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
<i>epinastine ophthalmic (eye) drops</i>	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, GEL	3	
LACRISERT OPHTHALMIC (EYE) INSERT	3	PA; QL
<i>olopatadine ophthalmic (eye) drops</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; LA
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	PA; *; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VEVYE OPHTHALMIC (EYE) DROPS	3	PA; FF; QL
XDEMVY OPHTHALMIC (EYE) DROPS	4	FF; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	PA; QL
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	ST; *
ACULAR OPHTHALMIC (EYE) DROPS	3	ST; *
<i>bromfenac ophthalmic (eye) drops</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS	3	*
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	
<i>methazolamide oral tablet</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	1	PA
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	*
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>latanoprost ophthalmic (eye) drops</i>	1	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	PA
<i>miostat intraocular solution</i>	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	PA
<i>travoprost ophthalmic (eye) drops</i>	1	PA
VYZULTA OPHTHALMIC (EYE) DROPS	3	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	*
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
<i>difluprednate ophthalmic (eye) drops</i>	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	ST; FF
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	*
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	2	QL
<i>carbinoxamine maleate oral liquid</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
CLARINEX ORAL TABLET	3	*; QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet,disintegrating</i>	1	QL
<i>dexchlorpheniramine maleate oral solution</i>	1	
DIPHEN ORAL ELIXIR	3	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN INJECTION AUTO-INJECTOR	3	ST; *; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	ST; *; QL
<i>hydroxyzine hcl intramuscular solution</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	ST
PHENERGAN INJECTION SOLUTION	3	*
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLORA ORAL SOLUTION	3	*
RYVENT ORAL TABLET	3	ST
SYMJEPI INJECTION SYRINGE	2	QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
VISTARIL ORAL CAPSULE 25 MG	3	*
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	*
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	*
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	*
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine vc oral syrup</i>	1	
<i>promethazine vc-codeine oral syrup</i>	1	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
PULMONARY AGENTS		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ACCOLATE ORAL TABLET	3	*
<i>acetylcysteine solution</i>	1	
ADEMPAS ORAL TABLET	4	PA; LA; QL
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	PA; *; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	PA; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	PA; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER	3	FF; QL
<i>alyq oral tablet</i>	4	PA; QL
<i>ambrisentan oral tablet</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	3	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	ST; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	FF; QL
<i>bosentan oral tablet</i>	4	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	PA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	PA; FF; QL
<i>breyna inhalation hfa aerosol inhaler</i>	1	PA; FF; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; LA
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	*; QL
<i>budesonide inhalation suspension for nebulization</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	1	PA; QL
CINRYZE INTRAVENOUS RECON SOLN	4	PA; LA; QL
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DULERA INHALATION HFA AEROSOL INHALER	2	PA; QL
DYMISTA NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
ELIXOPHYLLIN ORAL ELIXIR	3	
<i>epinephrine hcl nasal solution</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
FASENRA SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>flunisolide nasal spray, non-aerosol</i>	1	ST; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	PA; QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	4	PA; QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	QL
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; LA; QL
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	4	PA; FF; LA; QL
KALYDECO ORAL TABLET	4	PA; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
<i>mometasone nasal spray,non-aerosol</i>	1	ST; QL
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet,chewable</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; QL
OFEV ORAL CAPSULE	4	PA; LA; QL
OPSUMIT ORAL TABLET	4	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	4	PA; LA; QL
ORKAMBI ORAL TABLET	4	PA; LA; QL
ORLADEYO ORAL CAPSULE	4	PA; QL
<i>pirfenidone oral capsule</i>	4	PA; LA; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; LA; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	4	LA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; *; LA; QL
REVATIO ORAL TABLET	4	PA; *; LA; QL
<i>roflumilast oral tablet 250 mcg</i>	1	ST; QL
<i>roflumilast oral tablet 500 mcg</i>	1	ST
RUCONEST INTRAVENOUS RECON SOLN	4	PA; LA; QL
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	ST; QL
<i>sajazir subcutaneous syringe</i>	4	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	FF; QL
<i>sildenafil (pulm.hypertension) intravenous solution</i>	4	LA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	*; QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	3	PA; *; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; LA; QL
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET	4	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; LA
<i>wixela inhub inhalation blister with device</i>	1	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	2	QL
<i>zafirlukast oral tablet</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	ST
ZYFLO ORAL TABLET	3	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	
<i>fesoterodine oral tablet extended release 24 hr</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>flavoxate oral tablet</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	QL
GEMTESA ORAL TABLET	3	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST; QL
<i>solifenacin oral tablet</i>	1	
<i>tolterodine oral capsule,extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *, FF
<i>trospium oral capsule,extended release 24hr</i>	1	
<i>trospium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
<i>dutasteride oral capsule</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE	3	ST; *
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR	3	ST; *
PROSCAR ORAL TABLET	3	ST; *
<i>silodosin oral capsule</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL
<i>tamsulosin oral capsule</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
CYSTAGON ORAL CAPSULE	4	
ELMIRON ORAL CAPSULE	2	
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
ORACIT ORAL SOLUTION	3	
<i>potassium citrate oral tablet extended release</i>	1	
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL ORAL CAPSULE	3	
URIBEL TABS ORAL TABLET	3	*
<i>urimar-t oral tablet</i>	1	
<i>uro-458 oral tablet</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	*
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	*
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	*
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	*
<i>lugols oral solution</i>	1	
<i>magnesium chloride injection solution</i>	1	
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	
<i>magnesium sulfate in water intravenous piggyback</i>	1	
<i>magnesium sulfate injection solution</i>	1	
<i>magnesium sulfate injection syringe</i>	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous solution</i>	1	
<i>strong iodine oral solution</i>	1	

MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DOJOLVI ORAL LIQUID	4	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	
ASCOR INTRAVENOUS SOLUTION	3	
<i>ascorbic acid (vitamin c) injection solution</i>	1	
<i>b complex 1 (with folic acid) oral tablet</i>	0	ACA; OTC
<i>b complex 100 injection solution</i>	1	
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC
<i>balanced b-100 oral tablet</i>	0	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	ACA; OTC
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	FF
CITRANATAL MEDLEY ORAL CAPSULE	3	FF
<i>classic prenatal oral tablet</i>	0	ACA; OTC
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	*
CONCEPT OB ORAL CAPSULE	3	*
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	
<i>cyanocobalamin (vitamin b-12) nasal spray, non-aerosol</i>	1	ST; FF; QL
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex injection solution</i>	1	
DRISDOL ORAL CAPSULE	3	*

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE	3	OTC
<i>ferocon oral capsule</i>	0	ACA; OTC
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	ACA; OTC
<i>folic acid injection solution</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folitab oral tablet extended release</i>	0	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	0	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	0	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
INFED INJECTION SOLUTION	2	PA
INJECTAFER INTRAVENOUS SOLUTION	3	PA
<i>kobee oral tablet</i>	0	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet, chewable</i>	0	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	0	ACA; OTC
<i>multi-vitamin with fluoride oral tablet, chewable</i>	0	ACA; OTC
<i>mvc-fluoride oral tablet, chewable</i>	0	ACA; OTC
<i>mynatal oral capsule</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	ST; *; QL
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE	3	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK	3	OTC
<i>one daily prenatal oral combo pack</i>	0	ACA; OTC
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
<i>prenal chew oral tablet,chew,ir - dr,biphase</i>	1	
<i>prenal pearl oral capsule,ir - delay rel,biphase</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal complete oral tablet</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	0	ACA; OTC
<i>prenatal multivitamins oral tablet</i>	0	ACA; OTC

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal one daily oral tablet</i>	0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	3	
<i>prenatal vit no.179-iron-folic oral tablet</i>	0	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	0	ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
<i>rena-vite oral tablet</i>	0	ACA; OTC
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	*
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>se-natal-19 oral tablet</i>	1	
<i>stress formula with iron oral tablet</i>	0	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	0	ACA; OTC
<i>super b maxi complex oral tablet</i>	0	ACA; OTC
<i>super b-50 complex oral capsule 400 mcg-20 mg-50 mg</i>	0	ACA; OTC
<i>super quints oral tablet</i>	0	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	3	
<i>tricon oral capsule</i>	0	ACA; OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>tri-vitamin with fluoride oral drops</i>	0	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	2	PA
VITAFOL FE PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMEDMD ONE RX ORAL CAPSULE	3	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	3	*
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops</i>	0	ACA; OTC
<i>wescap-c dha oral capsule</i>	1	
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnatal dha complete oral combo pack</i>	1	
<i>wesnate dha oral capsule</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>westab plus oral tablet</i>	1	
<i>westgel dha oral capsule</i>	1	
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Index

A		
<i>abacavir</i>	4	
<i>abacavir-lamivudine</i>	4	
ABELCET.....	3	
ABILIFY ASIMTUFII.....	42	
ABILIFY MAINTENA.....	42	
ABILIFY MYCITE MAINTENANCE KIT.....	42	
ABILIFY MYCITE STARTER KIT.....	42	
<i>abiraterone</i>	18	
ABRAXANE.....	18	
ABRYSVO.....	103	
ABSORICA.....	64	
ACAM2000 (NATIONAL STOCKPILE).....	103	
<i>acamprosate</i>	75	
<i>acarbose</i>	90	
ACCOLATE.....	128	
ACCRUFER.....	136	
ACCUPRIL.....	51	
ACCURETIC.....	51	
<i>accutane</i>	64	
ACE AEROSOL CLOUD ENHANCER.....	82	
<i>acebutolol</i>	51	
<i>acetaminophen-caff²- dihydrocod</i>	36	
<i>acetaminophen-codeine</i>	37	
<i>acetazolamide</i>	123	
<i>acetazolamide sodium</i>	123	
<i>acetic acid</i>	75, 79	
<i>acetylcysteine</i>	128	
<i>acitretin</i>	62	
ACTEMRA.....	109	
ACTEMRA ACTPEN.....	109	
ACTHAR.....	80	
ACTHIB (PF).....	103	
ACTICLATE.....	16	
ACTIMMUNE.....	101	
ACTIVELLA.....	112	
ACTONEL.....	108	
ACTOPLUS MET.....	90	
ACTOS.....	90	
ACULAR.....	123	
ACULAR LS.....	123	
<i>acyclovir</i>	4, 70	
ACZONE.....	64	
ADACEL(TDAP ADOLESN/ADULT)(PF)	103	
ADALIMUMAB-ADAZ.....	109	
ADALIMUMAB-ADBM... ..	109	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	109	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	109	
<i>adapalene</i>	64	
ADAPALENE.....	64	
<i>adapalene-benzoyl peroxide</i>	65	
ADASUVE.....	42	
ADBRY.....	63	
ADCETRIS.....	18	
<i>adefovir</i>	4	
ADEMPAS.....	128	
<i>adenosine</i>	50	
ADLARITY.....	34	
ADRENALIN.....	128	
<i>adrucil</i>	18	
<i>adthyza</i>	91	
<i>adult aspirin regimen</i>	39	
ADVAIR DISKUS.....	128	
ADVAIR HFA.....	128	
ADZENYS XR-ODT.....	43	
AEMCOLO.....	10	
AEROCHAMBER MINI.....	82	
AEROCHAMBER PLUS FLOW-VU.....	82	
AEROCHAMBER PLUS Z STAT.....	82	
AEROTRACH PLUS.....	82	
AEROVENT PLUS.....	82	
<i>afirmelle</i>	115	
AFLURIA QD 2023-24(3YR UP)(PF).....	103	
AFLURIA QUAD 2023- 2024(6MO UP).....	103	
<i>after pill</i>	115	
AFTERA.....	115	
AGRYLIN.....	75	
AIMOVIG AUTOINJECTOR	33	
AIRDUO DIGIHALER.....	128	
AIRSUPRA.....	128	
AJOVY AUTOINJECTOR..	33	
AJOVY SYRINGE.....	33	
AKLIEF.....	65	
AKTEN (PF).....	122	
<i>ala-cort</i>	70	
ALA-SCALP.....	70	
<i>albendazole</i>	10	
<i>albuterol sulfate</i>	128	
ALCAINE.....	122	
<i>alclometasone</i>	70	
ALDACTONE.....	51	
ALDURAZYME.....	86	
ALECENSA.....	18	
<i>alendronate</i>	108	
ALFERON N.....	101	
<i>alfuzosin</i>	133	
ALINIA.....	10	
<i>aliskiren</i>	51	
ALKERAN.....	18	
ALKERAN (AS HCL).....	18	
<i>allopurinol</i>	108	
<i>allopurinol sodium</i>	108	
<i>almotriptan malate</i>	33	
ALOCRIL.....	122	
ALOMIDE.....	122	
<i>aloprim</i>	108	
<i>alosepron</i>	94	
ALPHAGAN P.....	125	
<i>alprazolam</i>	43	
<i>alprazolam intensol</i>	43	
ALTABAX.....	68	
<i>altacaine</i>	122	
ALTACE.....	51	
ALTAFLUOR BENOX.....	122	
<i>altavera (28)</i>	115	
ALTRENO.....	65	
ALUNBRIG.....	18	
ALVESCO.....	128	
<i>alyacen 1/35 (28)</i>	115	
<i>alyacen 7/7/7 (28)</i>	115	
<i>alyq</i>	128	
<i>amabelz</i>	112	
<i>amantadine hcl</i>	4	
AMBISOME.....	3	
<i>ambrisentan</i>	128	
<i>amcinonide</i>	70	
<i>amethia</i>	115	
<i>amethyst (28)</i>	115	
AMICAR.....	57	
<i>amikacin</i>	10	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>amiloride</i>	51	<i>apomorphine</i>	31	<i>atracurium</i>	35
<i>amiloride-hydrochlorothiazide</i>	51	<i>apraclonidine</i>	125	<i>atropine</i>	92, 121
<i>aminocaproic acid</i>	57	<i>aprepitant</i>	94	ATROVENT HFA.....	128
<i>aminophylline</i>	128	APRETUDE	4	AUBAGIO.....	102
<i>amiodarone</i>	50, 51	<i>apri</i>	115	<i>aubra</i>	115
<i>amitriptyline</i>	43	APRISO.....	94	<i>aubra eq</i>	115
<i>amitriptyline-chlordiazepoxide</i>	43	APTENSIO XR	43	AUGMENTIN	14
AMJEVITA(CF)	109	APTIOM.....	27	AUGMENTIN ES-600.....	14
AMJEVITA(CF) AUTOINJECTOR.....	109	APTIVUS	4	<i>aurovela 1.5/30 (21)</i>	115
<i>amlodipine</i>	51	<i>aranelle (28)</i>	115	<i>aurovela 1/20 (21)</i>	115
<i>amlodipine-atorvastatin</i>	59	ARAVA.....	109	<i>aurovela 24 fe</i>	115
<i>amlodipine-benazepril</i>	51	ARAZLO.....	65	<i>aurovela fe 1.5/30 (28)</i>	115
<i>amlodipine-olmesartan</i>	51	ARCALYST	101	<i>aurovela fe 1-20 (28)</i>	115
<i>amlodipine-valsartan</i>	51	AREXVY (PF)	103	AURYXIA.....	93
<i>amlodipine-valsartan-hcthiiazid</i>	52	<i>arformoterol</i>	128	AUSTEDO	34
<i>amnestem</i>	65	ARICEPT	34	AUSTEDO XR.....	34
<i>amoxapine</i>	43	ARIKAYCE	10	AUSTEDO XR TITRATION KT(WK1-4).....	34
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	99	<i>aripiprazole</i>	43	AUTOJECT 2 INJECTION DEVICE	83
<i>amoxicillin</i>	14	ARISTADA.....	43	AUTOPEN 1 TO 21 UNITS	83
<i>amoxicillin-pot clavulanate</i> ..	14	ARISTADA INITIO.....	43	AUVI-Q.....	125
AMPHADASE.....	75	ARIXTRA	57	<i>avar</i>	65
<i>amphetamine sulfate</i>	43	<i>armodafinil</i>	43	AVAR LS	65
<i>amphotericin b</i>	3	ARMOUR THYROID	91	AVAR-E LS	65
<i>amphotericin b liposome</i>	3	ARNUITY ELLIPTA.....	128	<i>aviane</i>	115
<i>ampicillin</i>	14	AROMASIN.....	18	<i>avidoxy</i>	16
<i>ampicillin sodium</i>	14	ARRANON	18	AVIDOXY DK.....	16
<i>ampicillin-sulbactam</i>	14	ARTHROTEC 50	39	AVONEX	102
AMTAGVI.....	18	ARTHROTEC 75	39	AVYCAZ	8
AMZEEQ	65	<i>ascomp with codeine</i>	37	<i>ayuna</i>	115
ANAFRANIL.....	43	ASCOR.....	136	AYVAKIT	18
<i>anagrelide</i>	75	<i>ascorbic acid (vitamin c)</i>	136	<i>azacitidine</i>	18
ANA-LEX KIT	94	<i>asenapine maleate</i>	43	AZACTAM	11
ANALPRAM-HC.....	62, 94	<i>ashlyna</i>	115	AZASAN.....	18
ANALPRAM-HC SINGLES	94	ASMANEX HFA	128	AZASITE	120
ANAPROX DS	39	ASMANEX TWISTHALER	128	<i>azathioprine</i>	18
<i>anaspaz</i>	92	<i>aspirin</i>	39	<i>azathioprine sodium</i>	18
<i>anastrozole</i>	18	<i>aspirin childrens</i>	39	<i>azelaic acid</i>	65
ANCOBON	3	<i>aspirin-dipyridamole</i>	57	<i>azelastine</i>	78, 122
ANDRODERM.....	86	ASTAGRAF XL.....	18	<i>azelastine-fluticasone</i>	128
ANGELIQ.....	112	<i>atazanavir</i>	4	AZELEX.....	65
ANNOVERA	114	ATEL VIA.....	108	AZILECT	31
ANORO ELLIPTA	128	<i>atenolol</i>	52	<i>azithromycin</i>	9
<i>anucort-hc</i>	94	<i>atenolol-chlorthalidone</i>	52	AZSTARYS	43
<i>apexicon e</i>	70	ATGAM	103	<i>aztreonam</i>	11
APLENZIN	43	ATIVAN.....	43	AZULFIDINE	94
		<i>atomoxetine</i>	43	AZULFIDINE EN-TABS	94
		<i>atorvastatin</i>	59	<i>azurette (28)</i>	115
		<i>atovaquone</i>	10		
		<i>atovaquone-proguanil</i>	10		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

B		
<i>b complex 1 (with folic acid)</i>		
.....	136	
<i>b complex 100</i>	136	
<i>b complex-vitamin c-folic acid</i>		
.....	136	
BABYBIG.....	103	
<i>bacitracin</i>	11, 120	
<i>bacitracin-polymyxin b</i>	120	
<i>baclofen</i>	35	
BACTRIM.....	15	
BACTRIM DS	15	
BAFIERTAM.....	102	
<i>balanced b-100</i>	136	
<i>bal-care dha</i>	136	
BAL-CARE DHA		
ESSENTIAL.....	136	
<i>balsalazide</i>	94	
BALVERSA.....	18	
<i>balziva (28)</i>	115	
BAQSIMI	83	
BARACLUDGE	4	
BASAGLAR KWIKPEN U-		
100 INSULIN.....	84	
BASAGLAR TEMPO PEN(U-		
100)INSLN.....	84	
BAVENCIO	18	
BAXDELA.....	15	
<i>bayer low dose aspirin</i>	39	
<i>b-complex with vitamin c</i>	136	
BD INTEGRA NEEDLE	83	
BD MICROTAINER		
LANCET	83	
BD SPECIALTY USE		
NEEDLES	83	
BD ULTRA-FINE NANO		
PEN NEEDLE.....	83	
BELBUCA	37	
BELEODAQ	18	
BELSOMRA	43	
<i>benazepril</i>	52	
<i>benazepril-hydrochlorothiazide</i>		
.....	52	
BENLYSTA	109	
BENZAMYCIN	65	
<i>benzepro</i>	65	
BENZEPRO		
(MICROSPHERES).....	65	
BENZNIDAZOLE	11	
<i>benzonatate</i>	127	
<i>benzoyl peroxide</i>	65	
<i>benztropine</i>	31	
<i>bepotastine besilate</i>	122	
<i>besper</i>	70	
BETADINE OPHTHALMIC		
PREP	120	
<i>betaine</i>	94	
<i>betamethasone acet,sod phos</i> 80		
<i>betamethasone dipropionate</i> 70,		
71		
<i>betamethasone valerate</i>	71	
<i>betamethasone, augmented</i> ..	71	
BETAPACE	51	
BETAPACE AF	51	
BETASERON	102	
<i>betaxolol</i>	52, 121	
<i>bethanechol chloride</i>	133	
BETHKIS	11	
BETOPTIC S.....	121	
BEVESPI AEROSPHERE .	129	
<i>bexarotene</i>	18	
BEXSERO.....	103	
BEYAZ.....	115	
BEYFORTUS.....	4	
<i>bicalutamide</i>	18	
BICILLIN C-R	14	
BICILLIN L-A	14	
BIDIL	52	
BIKTARVY	4	
BILTRICIDE.....	11	
<i>bimatoprost</i>	123	
BINOSTO.....	108	
<i>bismuth subcit k-metronidz-tcn</i>		
.....	99	
<i>bisoprolol fumarate</i>	52	
<i>bisoprolol-hydrochlorothiazide</i>		
.....	52	
BIVIGAM	103	
<i>bleomycin</i>	18	
BLINCYTO.....	18	
<i>blisovi 24 fe</i>	115	
<i>blisovi fe 1.5/30 (28)</i>	115	
<i>blisovi fe 1/20 (28)</i>	116	
BLOXIVERZ	35	
BOOSTRIX TDAP.....	104	
<i>bosentan</i>	129	
BOSULIF	18	
BOTOX	104	
BOTOX COSMETIC	104	
<i>bp 10-1</i>	65	
BRAFTOVI.....	18	
BREATHERITE MDI		
SPACER.....	82	
BREO ELLIPTA	129	
BREXAFEMME	3	
<i>breyana</i>	129	
BREZTRI AEROSPHERE.	129	
<i>briellyn</i>	116	
BRILINTA	57	
<i>brimonidine</i>	65, 125	
<i>brimonidine-timolol</i>	123	
<i>brinzolamide</i>	123	
BRIVIACT	27, 28	
BRIXADI	37	
BROMFED DM	127	
<i>bromfenac</i>	123	
<i>bromocriptine</i>	31	
<i>brompheniramine-pseudoeph-</i>		
<i>dm</i>	127	
BRONCHITOL	129	
BROVANA	129	
BRUKINSA.....	19	
BRYHALI	71	
<i>budesonide</i>	94, 129	
<i>budesonide-formoterol</i>	129	
<i>bumetanide</i>	52	
BUPHENYL.....	75	
<i>bupivacaine-epinephrine (pf)</i> 68		
<i>buprenorphine</i>	37	
<i>buprenorphine hcl</i>	37	
<i>buprenorphine-naloxone</i>	39	
<i>bupropion hcl</i>	43	
<i>bupropion hcl (smoking deter)</i>		
.....	77	
<i>buspirone</i>	43	
<i>busulfan</i>	19	
BUSULFEX	19	
<i>butalbital-acetaminop-caf-cod</i>		
.....	37	
<i>butalbital-acetaminophen</i>	37	
<i>butalbital-acetaminophen-caff</i>		
.....	37	
<i>butalbital-aspirin-caffeine</i>	37	
<i>butorphanol</i>	40	
BYDUREON BCISE.....	90	
BYETTA	90	
BYLVAY	94	
C		
<i>cabergoline</i>	86	
CABLIVI.....	57	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

CABOMETYX	19	CARNITOR (SUGAR-FREE)	75	CERVIDIL	114
CADUET.....	59	.....	75	<i>cetorelix</i>	87
<i>caffeine citrate</i>	75	<i>carteolol</i>	121	CETROTIDE.....	87
<i>calcipotriene</i>	62	<i>cartia xt</i>	52	<i>cevimeline</i>	75
<i>calcipotriene-betamethasone</i>	62	<i>carvedilol</i>	52	CHANTIX.....	77
<i>calcitonin (salmon)</i>	86	<i>carvedilol phosphate</i>	52	CHANTIX CONTINUING	
<i>calcitriol</i>	62, 86, 87	CASODEX	19	MONTH BOX.....	77
<i>calcium acetate(phosphat bind)</i>		CATAPRES-TTS-1.....	52	CHANTIX STARTING	
.....	134	CATAPRES-TTS-2.....	52	MONTH BOX.....	77
CALQUENCE		CATAPRES-TTS-3.....	52	<i>charlotte 24 fe</i>	116
(ACALABRUTINIB MAL)		CAYA CONTOURED.....	111	<i>chateal (28)</i>	116
.....	19	CAYSTON.....	11	<i>chateal eq (28)</i>	116
CAMBIA.....	40	<i>caziant (28)</i>	116	CHEMET.....	75
<i>camila</i>	112	<i>cefaclor</i>	8	CHENODAL.....	94
<i>camrese</i>	116	<i>cefadroxil</i>	8	<i>chloramphenicol sod succinate</i>	
<i>camrese lo</i>	116	<i>cefdinir</i>	8	.....	11
CAMZYOS	61	<i>cefepime</i>	8	<i>chlordiazepoxide hcl</i>	43
<i>candesartan</i>	52	CEFEPIME IN DEXTROSE 5		<i>chlordiazepoxide-clidinium</i> ..	92
<i>candesartan-</i>		%.....	8	<i>chlorhexidine gluconate</i>	78
<i>hydrochlorothiazid</i>	52	<i>cefepime in dextrose, iso-osm</i> ..	8	<i>chloroprocaine (pf)</i>	68
<i>capecitabine</i>	19	<i>cefixime</i>	8	<i>chloroquine phosphate</i>	11
CAPEX.....	71	CEFOTAN.....	8	<i>chlorothiazide sodium</i>	52
CAPLYTA	43	<i>cefotaxime</i>	8	<i>chlorpromazine</i>	44
CAPRELSA	19	<i>cefotetan</i>	8	<i>chlorthalidone</i>	52
<i>captopril</i>	52	<i>cefoxitin</i>	8	<i>chlorzoxazone</i>	35
<i>captopril-hydrochlorothiazide</i>		<i>cefoxitin in dextrose, iso-osm</i> ..	8	CHOLBAM.....	94
.....	52	<i>cefpodoxime</i>	8	<i>cholestyramine (with sugar)</i> ..	59
CARAFATE.....	99	<i>cefprozil</i>	9	<i>cholestyramine light</i>	59
CARBAGLU.....	75	<i>ceftazidime</i>	9	CHORIONIC	
<i>carbamazepine</i>	28	<i>ceftriaxone</i>	9	GONADOTROPIN,	
CARBATROL.....	28	CEFTRIAZONE.....	9	HUMAN.....	87
<i>carbidopa</i>	32	<i>ceftriaxone in dextrose, iso-os</i> ..	9	CIBINQO.....	63
<i>carbidopa-levodopa</i>	32	<i>cefuroxime axetil</i>	9	<i>ciclodan</i>	69
<i>carbidopa-levodopa-</i>		<i>cefuroxime sodium</i>	9	CICLODAN KIT.....	69
<i>entacapone</i>	32	<i>celecoxib</i>	40	<i>ciclopirox</i>	69
<i>carbinoxamine maleate</i>	125, 126	CELESTONE SOLUSPAN	80	<i>ciclopirox-ure-camph-menth-</i>	
<i>carboplatin</i>	19	CELLCEPT.....	19	<i>euc</i>	69
CARDIZEM.....	52	CELLCEPT INTRAVENOUS		<i>cidofovir</i>	4
CARDIZEM CD.....	52	.....	19	<i>cilostazol</i>	57
CARDIZEM LA.....	52	CELONTIN.....	28	CIMDUO.....	4
CARDURA.....	52	CENTANY.....	68	<i>cimetidine</i>	99
CARDURA XL.....	52	CENTANY AT.....	68	<i>cinacalcet</i>	87
<i>carglumic acid</i>	75	<i>cephalexin</i>	9	CINRYZE.....	129
<i>carisoprodol</i>	35	CEPROTIN (BLUE BAR) ...	57	CIPRO.....	15
<i>carisoprodol-aspirin</i>	35	CEPROTIN (GREEN BAR) ..	57	<i>ciprofloxacin</i>	15
<i>carisoprodol-aspirin-codeine</i>		CEQUA.....	122	<i>ciprofloxacin hcl</i>	15, 79, 120
.....	35	CEQR SIMPLICITY.....	83	<i>ciprofloxacin in 5 % dextrose</i>	
CARNITOR.....	75	CERDELGA.....	87	.....	15
		CEREBYX.....	28	<i>ciprofloxacin-dexamethasone</i>	
		CEREZYME.....	87	.....	80

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>citalopram</i>	44	<i>clotrimazole</i>	3, 69	COTEMPLA XR-ODT	44
CITRANATAL B-CALM (FE GLUC).....	136	<i>clotrimazole-betamethasone</i>	69	<i>covaryx</i>	112
CITRANATAL MEDLEY	136	<i>clozapine</i>	44	<i>covaryx h.s.</i>	112
<i>citrate of magnesia</i>	94	CLOZARIL	44	CREON.....	95
<i>citroma</i>	94	<i>c-nate dha</i>	136	CRESEMBA.....	3
<i>cladribine</i>	19	COARTEM	11	CRINONE	112
CLAFORAN	9	<i>codeine sulfate</i>	37	<i>cromolyn</i>	95, 122, 129
<i>claravis</i>	65	<i>codeine-butalbital-asa-caff</i> ..	37	<i>crotan</i>	74
CLARINEX.....	126	<i>codeine-guaifenesin</i>	127	<i>cryselle (28)</i>	116
CLARINEX-D 12 HOUR ..	127	CODITUSSIN AC.....	127	<i>curae</i>	116
<i>clarithromycin</i>	9	CODITUSSIN DAC.....	127	CUVITRU	104
<i>classic prenatal</i>	136	COLAZAL	95	<i>cyanocobalamin (vitamin b-12)</i>	136
<i>clearlax</i>	94	<i>colchicine</i>	108	<i>cyclobenzaprine</i>	35
<i>clemastine</i>	126	<i>colesevelam</i>	59	CYCLOGYL	121
CLEOCIN	11, 114	COLESTID.....	59	CYCLOMYDRIL.....	125
CLEOCIN HCL	11	<i>colestipol</i>	59	<i>cyclopentolate</i>	122
CLEOCIN PEDIATRIC.....	11	<i>colistin (colistimethate na)</i> ...	11	<i>cyclophosphamide</i>	19
CLEOCIN T	65	COLY-MYCIN M PARENTERAL	11	CYCLOPHOSPHAMIDE	19
CLIMARA	112	COMBIGAN	123	CYCLOSERINE.....	11
<i>clindacin</i>	65	COMBIPATCH.....	112	CYCLOSET	90
<i>clindacin etz</i>	65	COMBIVENT RESPIMAT	129	<i>cyclosporine</i>	19, 122
CLINDACIN ETZ.....	65	COMETRIQ	19	<i>cyclosporine modified</i>	19
<i>clindacin p</i>	65	COMIRNATY 2023-24 (12Y UP)(PF)	104	CYKLOKAPRON.....	57
CLINDACIN PAC	65	COMPACT SPACE CHAMBER	82	CYLTEZO(CF)	110
<i>clindamycin hcl</i>	11	COMPAZINE.....	95	CYLTEZO(CF) PEN.....	110
<i>clindamycin in 5 % dextrose</i> ..	11	<i>complete natal dha</i>	136	CYLTEZO(CF) PEN CROHN'S-UC-HS	109
<i>clindamycin pediatric</i>	11	<i>compro</i>	95	CYLTEZO(CF) PEN PSORIASIS-UV	110
<i>clindamycin phosphate</i> .. 11, 65, 114		CONCEPT DHA	136	<i>cyproheptadine</i>	126
<i>clindamycin-benzoyl peroxide</i>	65	CONCEPT OB	136	<i>cyred</i>	116
<i>clindamycin-tretinoin</i>	66	CONSENSI	53	<i>cyred eq</i>	116
CLINDESSE	114	<i>constulose</i>	95	CYSTAGON	134
CLINPRO 5000.....	78	COPAXONE	102	CYSTARAN.....	122
<i>clobazam</i>	28	COPIKTRA	19	<i>cytarabine</i>	19
<i>clobetasol</i>	71	CORDRAN	71	<i>cytarabine (pf)</i>	19
<i>clobetasol-emollient</i>	71	CORDRAN TAPE LARGE ROLL.....	71	CYTOGAM.....	104
CLOBEX.....	71	COREG CR	53	CYTOTEC.....	99
<i>clocortolone pivalate</i>	71	CORGARD	53	D	
<i>clodan</i>	71	CORTANE-B	63	<i>dabigatran etexilate</i>	57
CLODAN KIT.....	71	CORTEF.....	80	<i>dacarbazine</i>	19
<i>clomid</i>	87	CORTENEMA	95	<i>dactinomycin</i>	19
<i>clomiphene citrate</i>	87	<i>cortisone</i>	80	<i>dalfampridine</i>	34
<i>clomipramine</i>	44	CORTISPORIN-TC	80	DALVANCE	11
<i>clonazepam</i>	28	CORTROSYN.....	80	<i>danazol</i>	87
<i>clonidine</i>	53	COSMEGEN	19	DANTRIUM.....	36
<i>clonidine hcl</i>	44, 52	<i>cosyntropin</i>	80	<i>dantrolene</i>	36
<i>clopidogrel</i>	57	COTELLIC.....	19	<i>dapsone</i>	11, 66
<i>clorazepate dipotassium</i>	44				

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

DAPTACEL (DTAP PEDIATRIC) (PF)	104	<i>desog-e.estradiol/e.estradiol</i>	116	DILANTIN	28
DARAPRIM.....	11	<i>desonide</i>	72	DILANTIN EXTENDED.....	28
<i>darifenacin</i>	132	<i>desoximetasone</i>	72	DILANTIN INFATABS	28
<i>darunavir</i>	5	DESOXYN.....	44	DILANTIN-125.....	28
DARZALEX	19	DESVENLAFAXINE	44	DILAUDID.....	37
<i>dasetta 1/35 (28)</i>	116	<i>desvenlafaxine succinate</i>	44	<i>diltiazem</i>	53
<i>dasetta 7/7/7 (28)</i>	116	<i>dexabliss</i>	80	<i>dilt-xr</i>	53
<i>daunorubicin</i>	19	<i>dexamethasone</i>	80	<i>dimenhydrinate</i>	95
DAURISMO.....	20	<i>dexamethasone intensol</i>	80	<i>dimethyl fumarate</i>	102
DAYPRO	40	<i>dexamethasone sodium phos</i>		DIPENTUM	95
<i>daysee</i>	116	(pf)	80	DIPHEN	126
DAYTRANA	44	<i>dexamethasone sodium</i>		<i>diphenhydramine hcl</i>	126
DAYVIGO	44	<i>phosphate</i>	80, 124	<i>diphenoxylate-atropine</i>	92
DDAVP.....	87	<i>dexchlorpheniramine maleate</i>		DIPROLENE	
<i>deblitane</i>	112	.....	126	(AUGMENTED)	72
<i>decitabine</i>	20	DEXCOM G6 RECEIVER ..	83	<i>dipyridamole</i>	58
<i>deferasirox</i>	75	DEXCOM G6 SENSOR	83	DISALCID	40
<i>deferiprone</i>	75	DEXCOM G6		<i>diskets</i>	37
<i>deflazacort</i>	80	TRANSMITTER	83	<i>disopyramide phosphate</i>	51
DELESTROGEN	112	DEXCOM G7 RECEIVER ..	83	<i>disulfiram</i>	75
<i>demeclocycline</i>	16	DEXCOM G7 SENSOR	83	DIURIL.....	53
DEMEROL	37	DEXEDRINE SPANSULE..	44	<i>divalproex</i>	28
DEMEROL (PF)	37	<i>dexlansoprazole</i>	99	<i>docetaxel</i>	20
DEMSER.....	53	<i>dexmethylphenidate</i>	44	<i>dodex</i>	136
DENAVIR.....	70	<i>dextroamphetamine sulfate</i> ..	44	<i>dofetilide</i>	51
DENGVAXIA (PF).....	104	<i>dextroamphetamine-</i>		DOJOLVI	136
<i>denta 5000 plus</i>	78	<i>amphetamine</i>	44	<i>dolishale</i>	116
<i>dentagel</i>	78	DIACOMIT	28	<i>donepezil</i>	34
DEPAKOTE.....	28	<i>dialyvite 800</i>	136	DONNATAL.....	92
DEPAKOTE ER.....	28	<i>diazepam</i>	28, 44, 45	DOPTELET (15 TAB PACK)	
DEPAKOTE SPRINKLES ..	28	<i>diazepam intensol</i>	45	.....	58
DEPEN TITRATABS	110	<i>diazoxide</i>	83	<i>dorzolamide</i>	123
DEPO-ESTRADIOL.....	112	DIBENZYLINE	53	<i>dorzolamide-timolol</i>	123
DEPO-MEDROL	80	<i>dichlorphenamide</i>	34	<i>dorzolamide-timolol (pf)</i>	123
DEPO-PROVERA	112	DICLEGIS.....	95	<i>dotti</i>	112
DEPO-SUBQ PROVERA		<i>diclofenac potassium</i>	40	DOVATO	5
.....	112	<i>diclofenac sodium</i> ...40, 63, 123		<i>doxazosin</i>	53
DEPO-TESTOSTERONE....	87	<i>diclofenac-misoprostol</i>	40	<i>doxepin</i>	45, 63
<i>dermacinrx lidocan</i>	68	<i>dicloxacillin</i>	14	<i>doxercalciferol</i>	87
DERMA-SMOOTH/FS		<i>dicyclomine</i>	92	DOXIL.....	20
BODY OIL	72	<i>didanosine</i>	5	<i>doxorubicin, peg-liposomal</i> ..	20
DERMA-SMOOTH/FS		DIFFERIN	66	<i>doxy-100</i>	16
SCALP OIL.....	72	DIFICID	9	<i>doxycycline hyclate</i>	16
DERMOTIC OIL	79	<i>diflorasone</i>	72	<i>doxycycline monohydrate</i>	16
DESCOVY	5	DIFLUCAN.....	3	<i>doxylamine-pyridoxine (vit b6)</i>	
<i>desipramine</i>	44	<i>diflunisal</i>	40	.....	95
<i>desloratadine</i>	126	<i>difluprednate</i>	124	DRISDOL.....	136
<i>desmopressin</i>	87	<i>digoxin</i>	57	<i>dronabinol</i>	95
DESMOPRESSIN.....	87	<i>dihydroergotamine</i>	33	<i>droperidol</i>	95

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>drospirenone-e.estradiol-lm.fa</i>	EGRIFTA SV	101	ENTRESTO.....	61
.....	ELAPRASE.....	87	ENTYVIO	95
<i>drospirenone-ethinyl estradiol</i>	ELEPSIA XR	28	<i>enulose</i>	95
.....	<i>eletriptan</i>	33	EPCLUSA	5
DROXIA	ELIGARD	20	EPIDIOLEX	28
<i>droxidopa</i>	ELIGARD (3 MONTH)	20	EPIDUO FORTE.....	66
DUAVEE	ELIGARD (4 MONTH)	20	EPIFOAM.....	62
DUET DHA WITH OMEGA-3	ELIGARD (6 MONTH)	20	<i>epinastine</i>	122
.....	ELIMITE	74	<i>epinephrine</i>	126
DUETACT	<i>elinst</i>	116	<i>epinephrine hcl</i>	129
DUEXIS	ELIQUIS	58	EPINEPHRINE HCL (PF) .	126
<i>dulcolax (magnesium</i>	ELIQUIS DVT-PE TREAT		EPIPEN.....	126
<i>hydroxide)</i>	30D START	58	EPIPEN JR	126
DULERA.....	ELITEK	17	<i>epirubicin</i>	20
<i>duloxetine</i>	ELIXOPHYLLIN.....	129	<i>epitol</i>	28
DUOBRII	ELLA.....	116	EPIVIR	5
DUOPA	ELLENCES	20	<i>eplerenone</i>	53
DUPIXENT PEN	ELMIRON.....	134	<i>epoprostenol</i>	53
DUPIXENT SYRINGE	<i>eluryng</i>	114	<i>eprosartan</i>	53
DUREX AVANTI BARE	EMCYT	20	EPSOLAY	66
REAL FEEL.....	EMGALITY PEN.....	33	EQUETRO	29
<i>dutasteride</i>	EMGALITY SYRINGE.....	33	ERAXIS(WATER DILUENT)	
<i>dutasteride-tamsulosin</i>	EMPAVELI.....	75	.....	3
DYANAVEL XR	EMPLICITI	20	ERBITUX.....	20
DYMISTA.....	EMSAM	45	<i>ergocalciferol (vitamin d2)</i> .	137
DYRENIUM	<i>emtricitabine</i>	5	<i>ergoloid</i>	45
DYSPORT.....	<i>emtricitabine-tenofovir (tdf)</i> ...	5	ERGOMAR	33
E	EMTRIVA.....	5	<i>ergotamine-caffeine</i>	33
<i>e.e.s. 400</i>	EMVERM	11	ERIVEDGE	20
E.E.S. GRANULES	<i>enalapril maleate</i>	53	ERLEADA	20
EASIVENT HOLDING	<i>enalaprilat</i>	53	<i>erlotinib</i>	20
CHAMBER.....	<i>enalapril-hydrochlorothiazide</i>		ERMEZA.....	91
EC-NAPROSYN.....	.....	53	<i>errin</i>	112
<i>econazole</i>	ENBREL	110	ERWINASE	20
<i>econtra ez</i>	ENBREL MINI	110	<i>ery pads</i>	66
<i>econtra one-step</i>	ENBREL SURECLICK	110	<i>erygel</i>	66
<i>ecotrin low strength</i>	ENDARI.....	75	ERYPED 200.....	10
EDECRIN	<i>endocet</i>	37	ERYPED 400.....	10
<i>ed-spaz</i>	ENDOMETRIN.....	112	<i>ery-tab</i>	10
EDURANT.....	ENGERIX-B (PF)	104	ERY-TAB.....	10
<i>eemt</i>	ENGERIX-B PEDIATRIC		ERYTHROCIN	10
<i>eemt hs</i>	(PF).....	104	<i>erythrocin (as stearate)</i>	10
<i>efavirenz</i>	<i>enilloring</i>	114	<i>erythromycin</i>	10, 120
<i>efavirenz-emtricitabin-tenofov</i> 5	<i>enoxaparin</i>	58	<i>erythromycin ethylsuccinate</i> .	10
<i>efavirenz-lamivu-tenofov disop</i>	<i>enpresse</i>	116	<i>erythromycin lactobionate</i>	10
.....	<i>enskyce</i>	116	<i>erythromycin with ethanol</i>	66
<i>effer-k</i>	ENSPRYNG.....	20	<i>erythromycin-benzoyl peroxide</i>	
EFFER-K.....	ENSTILAR.....	62	.....	66
EFFIENT.....	<i>entacapone</i>	32	<i>escitalopram oxalate</i>	45
EFUDEX	<i>entecavir</i>	5	ESGIC.....	37

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>esomeprazole magnesium</i>	99	F	FIRDAPSE	34
<i>esomeprazole sodium</i>	99	FA-8.....	FIRMAGON KIT W	
<i>estarylla</i>	116	FABHALTA.....	DILUENT SYRINGE	21
<i>estazolam</i>	45	FABRAZYME	<i>flac otic oil</i>	79
ESTRACE.....	112	FACTIVE	FLAGYL	11
<i>estradiol</i>	113	<i>falmina (28)</i>	<i>flavoxate</i>	133
<i>estradiol valerate</i>	113	<i>famciclovir</i>	FLEBOGAMMA DIF	104
<i>estradiol-norethindrone acet</i>		<i>famotidine</i>	<i>flecainide</i>	51
.....	113	<i>famotidine (pf)</i>	FLECTOR	40
<i>estrogens-methyltestosterone</i>		<i>famotidine (pf)-nacl (iso-os)</i>	FLEXICHAMBER	82
.....	113	FANAPT	FLOLAN	53
<i>eszopiclone</i>	45	FARESTON	FLOLIPID	60
<i>ethacrynate sodium</i>	53	FARXIGA	FLOMAX	133
<i>ethacrynic acid</i>	53	FASENRA.....	<i>floxuridine</i>	21
<i>ethambutol</i>	11	FASENRA PEN	FLUAD QUAD 2023-24(65Y	
<i>ethosuximide</i>	29	FASLODEX	UP)(PF).....	104
<i>ethynodiol diac-eth estradiol</i>		FC2 FEMALE CONDOM .	FLUARIX QUAD 2023-2024	
.....	116	<i>febuxostat</i>	(PF).....	104
ETHYOL.....	17	<i>felbamate</i>	FLUBLOK QUAD 2023-2024	
<i>etodolac</i>	40	FELBATOL.....	(PF).....	104
<i>etonogestrel-ethinyl estradiol</i>		FELDENE	FLUCELVAX QUAD 2023-	
.....	114	<i>felodipine</i>	2024.....	104
ETOPOPHOS.....	20	<i>fem ph</i>	FLUCELVAX QUAD 2023-	
<i>etoposide</i>	20	FEMARA	2024 (PF).....	104
<i>etravirine</i>	5	FEMCAP	<i>fluconazole</i>	3
EUA PATIENT		<i>fenofibrate</i>	<i>flucytosine</i>	3
ASSESSMENT	82	<i>fenofibrate micronized</i>	<i>fludarabine</i>	21
EUCRISA.....	63	<i>fenofibrate nanocrystallized</i>	<i>fludrocortisone</i>	80
EUFLEXXA.....	40	<i>fenofibric acid</i>	FLULAVAL QUAD 2023-	
EULEXIN.....	20	<i>fenofibric acid (choline)</i>	2024 (PF).....	104
EURAX.....	74	FENOGLIDE.....	FLUMADINE.....	5
<i>euthyrox</i>	91	<i>fenoprofen</i>	FLUMIST QUAD 2023-2024	
<i>everolimus (antineoplastic)</i> ..	20	<i>fentanyl</i>.....	.....	105
<i>everolimus</i>		<i>fentanyl citrate</i>	<i>flunisolide</i>	129
(<i>immunosuppressive</i>).....	20	<i>ferocon</i>	<i>fluocinolone</i>	72
EVISTA.....	108	FERRIPROX.....	<i>fluocinolone acetonide oil</i>	79
EVOCLIN	66	FERRIPROX (2 TIMES A	<i>fluocinolone and shower cap</i>	72
EVOTAZ.....	5	DAY).....	<i>fluocinonide</i>	72
EVOXAC	75	FERRLECIT.....	<i>fluocinonide-e</i>	72
EVRYSDI	34	<i>fesoterodine</i>	FLUORESC EIN-	
EXELDERM.....	69	FETZIMA.....	BENOXINATE	122
EXELON PATCH.....	34	FEXMID.....	<i>fluorescein-proparacaine</i> ...	122
<i>exemestane</i>	20	FIBRICOR.....	<i>fluoride (sodium)</i>	78, 137
EXKIVITY.....	21	FINACEA.....	FLUORIDEX DAILY	
EXPAREL (PF).....	68	<i>finasteride</i>	DEFENSE.....	78
EXSERVAN.....	75	<i>fingolimod</i>	FLUORIDEX SENSITIVITY	
EXTINA	69	<i>finzala</i>	RELIEF.....	78
EYSUVIS	124	FIORICET	FLUORIMAX 5000	78
<i>ezetimibe</i>	59	FIORICET WITH CODEINE	FLUORIMAX 5000	
<i>ezetimibe-simvastatin</i>	59	.....	SENSITIVE.....	78

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>fluorometholone</i>	124	FREESTYLE LIBRE 14 DAY SENSOR.....	84	<i>gefitinib</i>	21
FLUOROPLEX.....	63	FREESTYLE LIBRE 2 READER.....	84	GELCLAIR	78
<i>fluorouracil</i>	21, 64	FREESTYLE LIBRE 2 SENSOR.....	84	GELNIQUE.....	133
<i>fluoxetine</i>	45	FREESTYLE LIBRE 3 READER.....	84	GELX	78
<i>fluphenazine decanoate</i>	45	FREESTYLE LIBRE 3 SENSOR.....	84	<i>gemfibrozil</i>	60
<i>fluphenazine hcl</i>	45, 46	FREESTYLE LITE METER	84	<i>gemmily</i>	116
<i>flurandrenolide</i>	72	FREESTYLE LITE STRIPS	82	GEMTESA	133
<i>flurazepam</i>	46	FREESTYLE PRECISION NEO STRIPS.....	82	<i>gengraf</i>	21
<i>flurbiprofen</i>	40	FROVA	33	GENOTROPIN.....	101
<i>flurbiprofen sodium</i>	123	<i>frovatriptan</i>	33	GENOTROPIN MINIQUICK	101
<i>fluticasone propionate</i>	72	<i>full spectrum b-vitamin c</i>	137	<i>gentamicin</i>	12, 68, 120
<i>fluticasone propion-salmeterol</i>	129	FULPHILA.....	101	<i>gentamicin in nacl (iso-osm)</i> 11	
<i>fluvastatin</i>	60	<i>fulvestrant</i>	21	GENTAMICIN IN NACL (ISO-OSM).....	11, 12
<i>flvoxamine</i>	46	FURADANTIN	17	<i>gentamicin sulfate (ped) (pf)</i> 12	
FLUZONE HIGHDOSE QUAD 23-24 PF.....	105	<i>furosemide</i>	53, 54	GENTEEL VACUUM LANCING DEVICE	84
FLUZONE QUAD 2023-2024	105	FUZEON	5	<i>gentle laxative (bisacodyl)</i>	95
FLUZONE QUAD 2023-2024 (PF).....	105	<i>fyavolv</i>	113	<i>gentlelax</i>	95
FML LIQUIFILM	124	FYCOMPA.....	29	GENVOYA	5
<i>folic acid</i>	137	<i>fyremadel</i>	87	GEODON	46
<i>folitab</i>	137	G		GILENYA	102
<i>folivane-ob</i>	137	<i>g tussin ac</i>	127	GILOTRIF.....	21
FOLOTYN	21	<i>gabapentin</i>	29	<i>glatiramer</i>	102
<i>foltabs 800</i>	137	GALAFOLD	87	<i>glatopa</i>	102
<i>fondaparinux</i>	58	<i>galantamine</i>	34	GLEOSTINE.....	21
<i>formoterol fumarate</i>	129	GALZIN.....	135	GLIADEL WAFER.....	21
FORTEO	108	GAMASTAN	105	<i>glimepiride</i>	90
FORTESTA.....	87	GAMMAGARD LIQUID ..	105	<i>glipizide</i>	90
FOSAMAX	108	GAMMAGARD S-D (IGA < 1 MCG/ML)	105	<i>glipizide-metformin</i>	90
FOSAMAX PLUS D.....	108	GAMMAPLEX	105	GLOPERBA	108
<i>fosamprenavir</i>	5	GAMMAPLEX (WITH SORBITOL)	105	<i>glucagon emergency kit</i> (human).....	83
<i>fosfomycin tromethamine</i>	17	GAMUNEX-C.....	105	GLUCAGON HCL.....	82
<i>fosinopril</i>	53	<i>ganirelix</i>	87	GLUCOTROL XL.....	90
<i>fosinopril-hydrochlorothiazide</i>	53	GARDASIL 9 (PF).....	105	<i>glyburide</i>	90
<i>fosphenytoin</i>	29	GASTROCROM	95	<i>glyburide micronized</i>	90
FRAGMIN	58	<i>gatifloxacin</i>	120	<i>glyburide-metformin</i>	90
FREESTYLE FREEDOM ...	83	GATTEX 30-VIAL	95	GLYCATE.....	92
FREESTYLE FREEDOM LITE	83	<i>gavilax</i>	95	<i>glycopyrrolate</i>	92
FREESTYLE INSULINX... 82, 83		<i>gavilyte-c</i>	95	GLYXAMBI.....	90
FREESTYLE INSULINX TEST STRIPS	82	<i>gavilyte-g</i>	95	GOLYTELY	95
FREESTYLE LIBRE 14 DAY READER.....	83	GAVRETO.....	21	GONAL-F.....	88
		GAZYVA	21	GONAL-F RFF	88
				GONAL-F RFF REDI-JECT	87
				GONITRO	61
				GRALISE	29
				<i>granisetron hcl</i>	95
				GRASTEK.....	105

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>griseofulvin microsize</i>	3	HUMALOG JUNIOR		HUMULIN N NPH INSULIN	
<i>griseofulvin ultramicrosize</i>	3	KWIKPEN U-100	85	KWIKPEN.....	85
<i>guanfacine</i>	46, 54	HUMALOG KWIKPEN		HUMULIN N NPH U-100	
GVOKE.....	83	INSULIN	85	INSULIN	85
GVOKE HYPOPEN 2-PACK		HUMALOG MIX 50-50		HUMULIN R REGULAR U-	
.....	83	INSULN U-100	85	100 INSULN	85
GVOKE PFS 2-PACK		HUMALOG MIX 50-50		HUMULIN R U-500 (CONC)	
SYRINGE	83	KWIKPEN.....	85	INSULIN	85
GYNAZOLE-1	114	HUMALOG MIX 75-25		HUMULIN R U-500 (CONC)	
H		KWIKPEN.....	85	KWIKPEN.....	85
HAEGARDA	129	HUMALOG MIX 75-25(U-		HYCAMTIN.....	21
<i>hailey</i>	116	100)INSULN	85	HYCODAN (WITH	
<i>hailey 24 fe</i>	116	HUMALOG TEMPO PEN(U-		HOMATROPINE).....	127
<i>hailey fe 1.5/30 (28)</i>	116	100)INSULN	85	<i>hydralazine</i>	54
<i>hailey fe 1/20 (28)</i>	116	HUMALOG U-100 INSULIN		HYDREA	21
HALAVEN.....	21	.....	85	<i>hydrochlorothiazide</i>	54
<i>halcinonide</i>	72	HUMATIN	12	<i>hydrocodone bitartrate</i>	37
HALCION.....	46	HUMIRA (ONLY NDCS		<i>hydrocodone-acetaminophen</i>	38
HALDOL DECANOATE....	46	STARTING WITH 00074)		<i>hydrocodone-</i>	
<i>halobetasol propionate</i>	73	.....	110	<i>chlorpheniramine</i>	127
<i>haloette</i>	114	HUMIRA PEN (ONLY NDCS		<i>hydrocodone-homatropine</i> .	127
HALOG.....	73	STARTING WITH 00074)		<i>hydrocodone-ibuprofen</i>	38
<i>haloperidol</i>	46	.....	110	<i>hydrocortisone</i>	73, 80, 95
<i>haloperidol decanoate</i>	46	HUMIRA(CF) (ONLY NDCS		<i>hydrocortisone acetate</i>	95
<i>haloperidol lactate</i>	46	STARTING WITH 00074)		<i>hydrocortisone butyrate</i>	73
HARVONI	5	.....	110	<i>hydrocortisone valerate</i>	73
<i>heather</i>	113	HUMIRA(CF) PEDI		<i>hydrocortisone-acetic acid</i> ...	79
HECTOROL.....	88	CROHNS STARTER		<i>hydrocortisone-pramoxine</i> ..	62,
HEMGENIX.....	58	(ONLY NDCS STARTING		95, 96	
<i>hemmorex-hc</i>	95	WITH 00074)	110	<i>hydromet</i>	127
<i>hep flush-10 (pf)</i>	58	HUMIRA(CF) PEN (ONLY		<i>hydromorphone</i>	38
HEPAGAM B	105	NDCS STARTING WITH		<i>hydroxocobalamin</i>	137
<i>heparin (porcine)</i>	58	00074).....	110	<i>hydroxychloroquine</i>	12
<i>heparin (porcine) in 5 % dex</i>	58	HUMIRA(CF) PEN		<i>hydroxyprogesterone caproate</i>	
<i>heparin (porcine) in nacl (pf)</i>		CROHNS-UC-HS (ONLY		.....	113
.....	58	NDCS STARTING WITH		<i>hydroxyurea</i>	21
<i>heparin lock flush (porcine)</i> .	58	00074).....	110	<i>hydroxyzine hcl</i>	126
<i>heparin lockflush(porcine)(pf)</i>		HUMIRA(CF) PEN		<i>hydroxyzine pamoate</i>	126
.....	58	PEDIATRIC UC (ONLY		HYFTOR	64
<i>heparin, porcine (pf)</i>	58	NDCS STARTING WITH		HYLENEX	76
HEPARIN, PORCINE (PF) .	58	00074).....	110	<i>hyoscyamine sulfata</i>	92, 93
HEPLISAV-B (PF)	105	HUMIRA(CF) PEN PSOR-		<i>hyosyne</i>	93
<i>her style</i>	117	UV-ADOL HS (ONLY		HYPERHEP B.....	105
HETLIOZ.....	46	NDCS STARTING WITH		HYPERHEP B NEONATAL	
HETLIOZ LQ.....	46	00074).....	110	.....	105
HIBERIX (PF)	105	HUMULIN 70/30 U-100		HYPER-SAL	129
HIPREX	17	INSULIN	85	HYPERTET (PF).....	105
HISTEX-AC.....	127	HUMULIN 70/30 U-100		HYQVIA	105
<i>homatropaire</i>	122	KWIKPEN.....	85	HYRIMOZ PEN CROHN'S-	
HORIZANT	34			UC STARTER.....	110

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

HYRIMOZ PEN PSORIASIS	INSULIN LISPRO	JEVTANA	22
STARTER	PROTAMIN-LISPRO	<i>jinteli</i>	113
HYRIMOZ(CF)	INTELENCE	JOENJA	76
HYRIMOZ(CF) PEDI	INVEGA	<i>jolessa</i>	117
CROHN STARTER	INVEGA SUSTENNA	JORNAY PM	46
HYRIMOZ(CF) PEN	INVEGA TRINZA	<i>joyeaux</i>	117
HYSINGLA ER	INVELTYS	JUBLIA	69
I	<i>iodine-sodium iodide</i>	<i>juleber</i>	117
<i>ibandronate</i>	IODOFLEX	JULUCA	6
IBRANCE	IODOPEN	<i>junel 1.5/30 (21)</i>	117
<i>ibu</i>	IODOSORB	<i>junel 1/20 (21)</i>	117
<i>ibuprofen</i>	IOPIDINE	<i>junel fe 1.5/30 (28)</i>	117
<i>ibuprofen-famotidine</i>	IPOL	<i>junel fe 1/20 (28)</i>	117
<i>icatibant</i>	<i>ipratropium bromide</i>	<i>junel fe 24</i>	117
<i>iclevia</i>	<i>ipratropium-albuterol</i>	JUST RIGHT 5000	78
ICLUSIG	<i>irbesartan</i>	JUXTAPID	60
<i>icosapent ethyl</i>	<i>irbesartan-hydrochlorothiazide</i>	JYNARQUE	88
IDAMYCIN PFS .....	.....	JYNNEOS (PF)	105
<i>idarubicin</i>	IRESSA	K	
IDHIFA	ISENTRESS	KADCYLA	22
IFEX	ISENTRESS HD	<i>kaitlib fe</i>	117
<i>ifosfamide</i>	<i>isibloom</i>	KALBITOR	130
IHEEZO (PF)	ISOLYTE S PH 7.4	KALETRA	6
ILARIS (PF)	ISOLYTE-S	<i>kalliga</i>	117
ILEVRO	<i>isoniazid</i>	KALYDECO	130
<i>imatinib</i>	ISORDIL	KANUMA	88
IMBRUVICA	ISORDIL TITRADOSE	KARBINAL ER	126
IMFINZI	<i>isosorbide dinitrate</i>	<i>kariva (28)</i>	117
<i>imipenem-cilastatin</i>	<i>isosorbide mononitrate</i>	<i>kelnor 1/35 (28)</i>	117
<i>imipramine hcl</i>	<i>isosorbide-hydralazine</i>	<i>kelnor 1-50 (28)</i>	117
<i>imipramine pamoate</i>	<i>isotretinoin</i>	KENALOG	73, 80, 81
<i>imiquimod</i>	<i>isradipine</i>	KENALOG-80	81
IMLYGIC	<i>itraconazole</i>	KENGREAL	58
IMPAVIDO	<i>ivermectin</i>	KEPIVANCE	17
IMURAN	IWILFIN	KERENDIA	54
INBRIJA	IXCHIQ	KESIMPTA PEN	102
<i>incassia</i>	IXEMPRA	<i>ketoconazole</i>	3, 69, 70
INCRELEX	J	<i>ketodan</i>	70
<i>indapamide</i>	<i>jaimiess</i>	<i>ketoprofen</i>	41
<i>indomethacin</i>	JAKAFI	<i>ketorolac</i>	41, 123
INFANRIX (DTAP) (PF) ..	JALYN	KEVEYIS	34
INFED	<i>jantoven</i>	KEYTRUDA	22
INFLECTRA	JANUMET	KINEVAC	96
INGREZZA	JANUMET XR	KINRIX (PF)	106
INGREZZA INITIATION	JANUVIA	<i>kiprofen</i>	41
PACK	JARDIANCE	KISQALI	22
INJECTAFER	<i>jasmiel (28)</i>	KISQALI FEMARA CO-	
INLYTA	JATENZO	PACK	22
INSPRA	<i>javygtor</i>	KITABIS PAK	12
INSULIN LISPRO	<i>jencycla</i>	KLARON	69

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>klayesta</i>	70	<i>larin 24 fe</i>	117	<i>lidocaine hcl-hydrocortison ac</i>	68, 96
<i>klor-con</i>	135	<i>larin fe 1.5/30 (28)</i>	117	LIDOCAINE HCL-	
<i>klor-con 10</i>	135	<i>larin fe 1/20 (28)</i>	117	HYDROCORTISON AC	.96
<i>klor-con 8</i>	135	LASIX.....	54	<i>lidocaine in 5 % dextrose (pf)</i>	51
<i>klor-con m10</i>	135	<i>latanoprost</i>	124	<i>lidocaine viscous</i>	68
<i>klor-con m15</i>	135	LATUDA.....	46	<i>lidocaine-epinephrine (pf)</i>	68
<i>klor-con m20</i>	135	<i>laxative (bisacodyl)</i>	96	<i>lidocaine-hydrocortison-aloe</i>	96
<i>klor-con/ef</i>	135	<i>laxative peg 3350</i>	96	<i>lidocaine-prilocaine</i>	68
KLOXXADO.....	41	<i>layolis fe</i>	117	<i>lidocan iii</i>	68
<i>kobee</i>	137	<i>leena 28</i>	117	<i>lidocort</i>	68
KOSELUGO.....	22	<i>leflunomide</i>	111	LILETTA.....	111
KOSHER PRENATAL PLUS		LEMTRADA.....	102	<i>linezolid</i>	12
IRON.....	137	<i>lenalidomide</i>	22	<i>linezolid-0.9% sodium chloride</i>	12
<i>kourzeq</i>	78	LENVIMA.....	22	LINZESS.....	96
K-PHOS NO 2.....	134	LESCOL XL.....	60	<i>liothyronine</i>	92
K-PHOS ORIGINAL.....	134	<i>lessina</i>	117	<i>lisdexamfetamine</i>	46
KRINTAFEL.....	12	<i>letrozole</i>	22	<i>lisinopril</i>	54
KRISTALOSE.....	96	<i>leucovorin calcium</i>	17	<i>lisinopril-hydrochlorothiazide</i>	54
KRYSTEXXA.....	108	LEUKERAN.....	22	LITEAIRE MDI CHAMBER	82
K-TAB.....	135	LEUKINE.....	101	LITFULO.....	76
<i>kurvelo (28)</i>	117	<i>leuprolide</i>	22	<i>lithium carbonate</i>	46
KUVAN.....	88	<i>levabuterol hcl</i>	130	<i>lithium citrate</i>	46
KYLEENA.....	111	LEVBID.....	93	LITHOBID.....	46
L		LEVEMIR FLEXPEN.....	86	LITHOSTAT.....	76
<i>l norgest/e.estradiol-e.estrad</i>	117	LEVEMIR U-100 INSULIN	86	LIVALO.....	60
<i>labetalol</i>	54	<i>levetiracetam</i>	29, 30	LIVMARLI.....	96
<i>lacosamide</i>	29	<i>levobunolol</i>	121	LIVTENCITY.....	6
LACRISERT.....	122	<i>levocarnitine</i>	76	LODINE.....	41
<i>lactated ringers</i>	74	<i>levocarnitine (with sugar)</i>	76	LODOSYN.....	32
<i>lactulose</i>	96	<i>levofloxacin</i>	15, 120	<i>lofena</i>	41
LAGEVRIO (EUA).....	6	<i>levofloxacin in d5w</i>	15	<i>lojaimiess</i>	118
LAMICTAL XR STARTER		<i>levonest (28)</i>	117	LOKELMA.....	93
(BLUE).....	29	<i>levonorgest-eth.estradiol-iron</i>	117	LOMOTIL.....	93
LAMICTAL XR STARTER		<i>levonorgestrel</i>	117	LONSURF.....	22
(GREEN).....	29	<i>levonorgestrel-ethinyl estrad</i>	117	<i>loperamide</i>	93
LAMICTAL XR STARTER		<i>levonorg-eth estrad triphasic</i>	118	LOPID.....	60
(ORANGE).....	29	<i>levora-28</i>	118	<i>lopinavir-ritonavir</i>	6
<i>lamivudine</i>	6	<i>levorphanol tartrate</i>	38	LOPRESSOR.....	54
<i>lamivudine-zidovudine</i>	6	<i>levo-t</i>	92	LOPROX (AS OLAMINE)..	70
<i>lamotrigine</i>	29	<i>levothyroxine</i>	92	<i>lorazepam</i>	46, 47
LAMZEDE.....	76	<i>levoxyl</i>	92	<i>lorazepam intensol</i>	47
LANCETS.....	84	LEVSIN.....	93	LORBRENA.....	22
LANCING DEVICE.....	84	LEVSIN/SL.....	93	<i>loryna (28)</i>	118
LANOXIN.....	57	LEVULAN.....	64	LORZONE.....	36
<i>lansoprazole</i>	100	LICART.....	41		
<i>lanthanum</i>	93	<i>lidocaine</i>	68		
<i>lapatinib</i>	22	<i>lidocaine hcl</i>	68		
<i>larin 1.5/30 (21)</i>	117				
<i>larin 1/20 (21)</i>	117				

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>losartan</i>	54
<i>losartan-hydrochlorothiazide</i>	54
LOTEMAX	125
LOTEMAX SM	125
LOTENSIN	54
LOTENSIN HCT	54
<i>loteprednol etabonate</i>	125
<i>lovastatin</i>	60
<i>low-ogestrel (28)</i>	118
<i>loxapine succinate</i>	47
<i>lo-zumandimine (28)</i>	118
<i>lubiprostone</i>	96
<i>ludent fluoride</i>	137
<i>lugols</i>	69, 135
LUMAKRAS	22
LUMIGAN	124
LUMIZYME	88
LUMRYZ.....	47
LUPKYNIS	22
LUPRON DEPOT.....	23
LUPRON DEPOT (3 MONTH).....	22
LUPRON DEPOT (4 MONTH).....	22
LUPRON DEPOT (6 MONTH).....	22
LUPRON DEPOT-PED	23
LUPRON DEPOT-PED (3 MONTH).....	23
<i>lurasidone</i>	47
<i>lutera (28)</i>	118
LUZU	70
LYBALVI	47
<i>lyleq</i>	113
<i>lyllana</i>	113
LYMEPAK	16
LYNPARZA.....	23
LYSODREN.....	23
LYTGOBI	23
LYUMJEV KWIKPEN U-100 INSULIN.....	86
LYUMJEV KWIKPEN U-200 INSULIN.....	86
LYUMJEV TEMPO PEN(U- 100)INSULN.....	86
LYUMJEV U-100 INSULIN	86
<i>lyza</i>	113

M	
MACROBID	17
MACRODANTIN	17
<i>mafenide acetate</i>	69
<i>magnesium chloride</i>	135
<i>magnesium citrate</i>	96
<i>magnesium sulfate</i>	135
<i>magnesium sulfate in water</i>	135
MALARONE	12
MALARONE PEDIATRIC	12
<i>malathion</i>	74
<i>maraviroc</i>	6
MAR-COF CG	127
MARINOL	96
<i>marlissa (28)</i>	118
MARNATAL-F.....	137
MARPLAN	47
MATULANE.....	23
<i>matzim la</i>	54
MAVENCLAD (10 TABLET PACK).....	102
MAVENCLAD (4 TABLET PACK).....	102
MAVENCLAD (5 TABLET PACK).....	102
MAVENCLAD (6 TABLET PACK).....	102
MAVENCLAD (7 TABLET PACK).....	102
MAVENCLAD (8 TABLET PACK).....	102
MAVENCLAD (9 TABLET PACK).....	102
MAXITROL.....	124
<i>maxi-tuss ac</i>	127
MAXI-TUSS CD.....	127
MAXZIDE.....	54
MAYZENT	102
MAYZENT STARTER(FOR 1MG MAINT)	102
MAYZENT STARTER(FOR 2MG MAINT)	103
<i>meclizine</i>	96
<i>meclofenamate</i>	41
MECOBALAMIN (VITAMIN B12).....	137
MEDROL	81
MEDROL (PAK)	81
<i>medroxyprogesterone</i>	113
<i>mefenamic acid</i>	41

<i>mefloquine</i>	12
<i>megestrol</i>	23
MEKINIST	23
MEKTOVI.....	23
<i>meloxicam</i>	41
<i>meloxicam submicronized</i>	41
<i>melphalan</i>	23
<i>melphalan hcl</i>	23
<i>memantine</i>	34, 35
MEMANTINE.....	35
MENOPUR.....	88
MENOSTAR.....	113
MENQUADFI (PF).....	106
MENVEO A-C-Y-W-135-DIP (PF).....	106
<i>meperidine</i>	38
<i>meperidine (pf)</i>	38
<i>meprobamate</i>	36
MEPRON	12
<i>mercaptopurine</i>	23
<i>merzee</i>	118
<i>mesalamine</i>	96
<i>mesalamine with cleansing wipe</i>	96
<i>mesna</i>	17
MESNEX.....	17
<i>metaxalone</i>	36
<i>metformin</i>	90
<i>methadone</i>	38
<i>methadose</i>	38
<i>methamphetamine</i>	47
<i>methazolamide</i>	123
<i>methenamine hippurate</i>	17
<i>methenamine mandelate</i>	17
<i>methen-sod phos-meth blue- hyos</i>	134
<i>methimazole</i>	82
METHITEST.....	88
<i>methocarbamol</i>	36
<i>methotrexate sodium</i>	23
<i>methotrexate sodium (pf)</i>	23
<i>methoxsalen</i>	64
<i>methscopolamine</i>	93
<i>methsuximide</i>	30
<i>methyl salicylate</i>	64
<i>methyl dopa</i>	54
<i>methyl dopa- hydrochlorothiazide</i>	54
<i>methyl dopate</i>	54
<i>methyl ergonovine</i>	120

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

METHYLIN	47	MIRAPEX ER	32	MYDAYIS	47
<i>methylphenidate</i>	47	MIRENA	112	MYDRIACYL.....	122
<i>methylphenidate hcl</i>	47	<i>mirtazapine</i>	47	MYFEMBREE	114
METHYLPHENIDATE HCL		MIRVASO.....	66	MYFORTIC	23
.....	47	<i>misoprostol</i>	100	MYLERAN	24
<i>methylprednisolone</i>	81	MITIGARE	108	<i>mynatal</i>	137
<i>methylprednisolone acetate</i> ..	81	<i>mitoxantrone</i>	23	<i>mynatal plus</i>	137
<i>methyltestosterone</i>	88	M-M-R II (PF).....	106	<i>mynatal-z</i>	137
<i>metoclopramide hcl</i>	96	<i>m-natal plus</i>	137	MYOBLOC	106
<i>metolazone</i>	54	<i>modafinil</i>	47	MYRBETRIQ.....	133
METOPIRONE	76	MODERNA COVID 23-		MYSOLINE	30
<i>metoprolol succinate</i>	54	24(6M-11Y)PF	106	N	
<i>metoprolol ta-hydrochlorothiaz</i>		<i>moexipril</i>	55	NABI-HB	106
.....	54	<i>molindone</i>	47	<i>nabumetone</i>	41
<i>metoprolol tartrate</i>	54	<i>mometasone</i>	73, 130	<i>nadolol</i>	55
<i>metro i.v.</i>	12	<i>mondoxyne nl</i>	16	<i>nafcellin</i>	14
METROCREAM.....	66	MONODOX	16	<i>nafcellin in dextrose iso-osm</i> ..	14
METROGEL	66	<i>mono-linyah</i>	118	<i>naftifine</i>	70
<i>metronidazole</i>	12, 66, 114	MONOVISC.....	41	NAFTIN	70
<i>metronidazole in nacl (iso-os)</i>		<i>montelukast</i>	130	NAGLAZYME.....	88
.....	12	<i>morgidox</i>	16	<i>nalbuphine</i>	41
<i>metyrosine</i>	54	MORGIDOX 1X100.....	16	NALFON.....	41
<i>mexiletine</i>	51	<i>morphine</i>	38, 39	NALMEFENE.....	41
MIACALCIN	88	MORPHINE	38	NALOCET	39
<i>mibelas 24 fe</i>	118	<i>morphine concentrate</i>	38	<i>naloxone</i>	41
<i>miconazole-3</i>	114	MOTEGRITY	96	<i>naltrexone</i>	41
MICROCHAMBER	82	MOTOFEN.....	93	NAMENDA TITRATION	
<i>microgestin 1.5/30 (21)</i>	118	MOUNJARO.....	90	PAK	35
<i>microgestin 1/20 (21)</i>	118	MOVANTIK	96	NAMENDA XR	35
<i>microgestin 24 fe</i>	118	MOXATAG.....	14	NAMZARIC.....	35
<i>microgestin fe 1.5/30 (28)</i> ..	118	<i>moxifloxacin</i>	15, 120	NAPRELAN CR	41
<i>microgestin fe 1/20 (28)</i>	118	MOXIFLOXACIN-		NAPROSYN.....	41
MICROSPACER.....	82	SOD.ACE,SUL-WATER. 15		<i>naproxen</i>	41, 42
<i>midodrine</i>	76	MOZOBIL.....	101	<i>naproxen sodium</i>	42
MIFEPREX.....	114	MS CONTIN	39	<i>naproxen-esomeprazole</i>	42
<i>mifepristone</i>	88, 114	MUGARD	78	<i>naratriptan</i>	33
<i>migergot</i>	33	MULTAQ.....	51	NARCAN	42
<i>miglitol</i>	90	<i>multi-vitamin with fluoride</i> ..	137	NARDIL	47
<i>miglustat</i>	88	<i>mupirocin</i>	69	NASCOBAL.....	137
MIGRANAL	33	<i>mupirocin calcium</i>	69	NATACHEW (FE BIS-	
<i>mili</i>	118	<i>mvc-fluoride</i>	137	GLYCINATE).....	137
<i>milk of magnesia</i>	96	<i>my choice</i>	118	NATACYN.....	120
<i>millipred</i>	81	<i>my way</i>	118	<i>nateglinide</i>	90
<i>millipred dp</i>	81	MYALEPT	88	NATESTO.....	88
<i>mimvey</i>	113	MYAMBUTOL.....	12	<i>natura-lax</i>	97
MINOCIN	16	MYCAPSSA	23	NAYZILAM.....	30
<i>minocycline</i>	16	MYCOBUTIN.....	12	<i>nebivolol</i>	55
<i>minoxidil</i>	55	<i>mycophenolate mofetil</i>	23	NEBUPENT	12
MIOCHOL-E	122	<i>mycophenolate mofetil (hcl)</i> ..	23	<i>nebusal</i>	130
<i>miostat</i>	124	<i>mycophenolate sodium</i>	23	NEBUSAL.....	130

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>necon 0.5/35 (28)</i>	118	<i>nicorette</i>	77	<i>norgestimate-ethinyl estradiol</i>	
NEEVODHA (WITH ALGAL OIL).....	138	NICORETTE.....	77	.....	118
<i>nefazodone</i>	47	<i>nicotine</i>	77	NORMOSOL-R.....	135
<i>nelarabine</i>	24	<i>nicotine (polacrilex)</i>	77	NORMOSOL-R PH 7.4.....	136
<i>neomycin</i>	12	NICOTROL NS.....	78	NORPRAMIN.....	47
<i>neomycin-bacitracin-poly-hc</i>		<i>nifedipine</i>	55	<i>nortrel 0.5/35 (28)</i>	118
.....	124	<i>nikki (28)</i>	118	<i>nortrel 1/35 (21)</i>	118
<i>neomycin-bacitracin-polymyxin</i>	121	NILANDRON.....	24	<i>nortrel 1/35 (28)</i>	118
<i>neomycin-polymyxin b gu</i>	74	<i>nilutamide</i>	24	<i>nortrel 7/7/7 (28)</i>	118
<i>neomycin-polymyxin b-dexameth</i>	124	<i>nimodipine</i>	55	<i>nortriptyline</i>	48
<i>neomycin-polymyxin-gramicidin</i>	121	NINJACOF-XG.....	127	NORVIR.....	6
<i>neomycin-polymyxin-hc 80</i> , 124		NINLARO.....	24	NOURIANZ.....	32
NEONATAL COMPLETE.....	138	NIPENT.....	24	NOVAREL.....	88
NEONATAL FE.....	138	<i>nisoldipine</i>	55	NOVAVAX COVID 2023-24(PF)(EUA).....	106
NEONATAL PLUS VITAMIN.....	138	<i>nitazoxanide</i>	12	NOVOPEN ECHO.....	84
NEONATAL-DHA.....	138	<i>nitisinone</i>	76	NOXAFIL.....	3
<i>neo-polycin</i>	121	<i>nitro-bid</i>	61	<i>np thyroid</i>	92
<i>neo-polycin hc</i>	124	NITRO-DUR.....	61	NPLATE.....	58
NEORAL.....	24	<i>nitrofurantoin</i>	17	NUBEQA.....	24
<i>neostigmine methylsulfate</i>	36	<i>nitrofurantoin macrocrystal</i>	17	NUCALA.....	130
NEO-SYNALAR.....	69	<i>nitrofurantoin monohyd/m-cryst</i>	17	NUCORT.....	73
NEO-SYNALAR KIT.....	69	<i>nitroglycerin</i>	61, 97	NUDEXTA.....	35
NERLYNX.....	24	NITROLINGUAL.....	61	NULEV.....	93
NESTABS.....	138	NITROMIST.....	61	NULOJIX.....	24
NESTABS ABC.....	138	NITROSTAT.....	61	NUPLAZID.....	48
NESTABS DHA.....	138	<i>nitro-time</i>	61	NURTEC ODT.....	33
NESTABS ONE.....	138	NITYR.....	76	NUVESSA.....	114
<i>neuac</i>	66	<i>niva thyroid</i>	92	NUZYRA.....	16
NEUAC KIT.....	66	NIVESTYM.....	101	<i>nyamyc</i>	70
NEUPRO.....	32	<i>nizatidine</i>	100	<i>nylia 1/35 (28)</i>	118
<i>nevirapine</i>	6	NOCDURNA (MEN).....	88	<i>nylia 7/7/7 (28)</i>	119
<i>new day</i>	118	NOCDURNA (WOMEN)....	88	NYMALIZE.....	55
<i>newgen</i>	138	<i>nora-be</i>	113	<i>nymyo</i>	119
NEXAVAR.....	24	NORDITROPIN FLEXPRO.....	101	NYNUTEY.....	68
NEXIUM IV.....	100	<i>norelgestromin-ethin.estradiol</i>		<i>nystatin</i>	3, 70
NEXLETOL.....	60	.....	114	<i>nystatin-triamcinolone</i>	70
NEXLIZET.....	60	<i>noreth-ethinyl estradiol-iron</i>		<i>nystop</i>	70
NEXOBRID.....	74	.....	118	O	
NEXPLANON.....	114	<i>norethindrone (contraceptive)</i>		OB COMPLETE ONE.....	138
NEXTERONE.....	51	.....	113	OB COMPLETE PETITE..	138
NEXVIAZYME.....	88	<i>norethindrone acetate</i>	113	OB COMPLETE PREMIER.....	138
NGENLA.....	101	<i>norethindrone ac-eth estradiol</i>		OB COMPLETE WITH DHA.....	138
<i>niacin</i>	60	.....	113, 118	OCALIVA.....	97
<i>nicardipine</i>	55	<i>norethindrone-e.estradiol-iron</i>		<i>ocella</i>	119
NICODERM CQ.....	77	.....	118	OCREVUS.....	103
		NORGESIC.....	36	OCTAGAM.....	106
		NORGESIC FORTE.....	36	<i>octreotide acetate</i>	24

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

OCUFLOX.....	121	ONETOUCH VERIO		OVACE PLUS SHAMPOO	.62
ODACTRA.....	106	REFLECT METER.....	84	OVACE PLUS WASH.....	62
ODEFSEY.....	6	ONETOUCH VERIO TEST		OVIDE.....	74
ODOMZO.....	24	STRIPS.....	82	OVIDREL.....	88
OFEV.....	130	ONEXTON.....	66	<i>oxacillin</i>	14
<i>ofloxacin</i>	15, 80, 121	<i>opcicon one-step</i>	119	<i>oxacillin in dextrose(iso-osm)</i>	
OGSIVEO.....	24	OPILL.....	113	.....	14
<i>olanzapine</i>	48	<i>opium tincture</i>	93	<i>oxaliplatin</i>	24
<i>olanzapine-fluoxetine</i>	48	OPSUMIT.....	130	<i>oxaprozin</i>	42
<i>olmesartan</i>	55	OPTICHAMBER DIAMOND		<i>oxazepam</i>	48
<i>olmesartan-amlodipin-</i>		VHC.....	82	<i>oxcarbazepine</i>	30
<i>hcthiazyd</i>	55	<i>option-2</i>	119	OXERVATE.....	122
<i>olmesartan-</i>		OPVEE.....	42	<i>oxiconazole</i>	70
<i>hydrochlorothiazide</i>	55	OPZELURA.....	64	OXTELLAR XR.....	30
<i>olopatadine</i>	79, 122	ORACIT.....	134	<i>oxybutynin chloride</i>	133
OLPRUVA.....	76	<i>oral saline laxative</i>	97	<i>oxycodone</i>	39
OLUX.....	73	ORALAIR.....	106	<i>oxycodone-acetaminophen</i> ...	39
OMECLAMOX-PAK.....	100	<i>oralone</i>	79	OXYCONTIN.....	39
<i>omega-3 acid ethyl esters</i>	60	ORAMAGICRX.....	79	<i>oxymorphone</i>	39
<i>omeprazole</i>	100	ORAPRED ODT.....	81	<i>oxytocin</i>	120
<i>omeprazole-sodium</i>		ORAVIG.....	3	OXYTROL.....	133
<i>bicarbonate</i>	100	ORENITRAM.....	55	OZEMPIC.....	91
OMIDRIA.....	122	ORENITRAM MONTH 1		P	
OMNIPOD 5 G6 INTRO KIT		TITRATION KT.....	55	<i>pacerone</i>	51
(GEN 5).....	84	ORENITRAM MONTH 2		<i>paclitaxel</i>	24
OMNIPOD 5 G6 PODS (GEN		TITRATION KT.....	55	PACLITAXEL PROTEIN-	
5).....	84	ORENITRAM MONTH 3		BOUND.....	24
OMNIPOD DASH INTRO		TITRATION KT.....	55	<i>paliperidone</i>	48
KIT (GEN 4).....	84	ORFADIN.....	76	PALYNZIQ.....	88
OMNIPOD DASH PODS		ORGOVYX.....	24	PAMELOR.....	48
(GEN 4).....	84	ORIAHNN.....	114	<i>pamidronate</i>	88
OMNIPOD GO PODS 10		ORILISSA.....	88	PANCREAZE.....	97
UNITS/DAY.....	84	ORKAMBI.....	130	PANDEL.....	73
OMNITROPE.....	101	ORLADEYO.....	130	PANRETIN.....	64
OMVOH.....	97	<i>orphenadrine citrate</i>	36	<i>pantoprazole</i>	100
OMVOH PEN.....	97	<i>orphenadrine-asa-caffeine</i> ...	36	<i>papaverine</i>	55
ONCASPAR.....	24	<i>orphengesic forte</i>	36	PARAGARD T 380A.....	112
<i>ondansetron</i>	97	ORSERDU.....	24	<i>paraplatin</i>	24
<i>ondansetron hcl</i>	97	ORTHOVISC.....	42	<i>paricalcitol</i>	89
<i>ondansetron hcl (pf)</i>	97	<i>oscimin</i>	93	PARICALCITOL.....	89
ONE A DAY WOMEN'S		<i>oscimin sl</i>	93	PARLODEL.....	32
PRENATAL DHA.....	138	<i>oseltamivir</i>	6	PARNATE.....	48
<i>one daily prenatal</i>	138	OSENI.....	90	<i>paroex oral rinse</i>	79
<i>onelax magnesium citrate</i>	97	OSMOLEX ER.....	32	<i>paromomycin</i>	12
ONETOUCH ULTRA TEST		OSPHENA.....	114	<i>paroxetine hcl</i>	48
.....	82	OTEZLA.....	111	<i>paroxetine</i>	
ONETOUCH ULTRA2		OTEZLA STARTER.....	111	<i>mesylate(menop.sym)</i>	48
METER.....	84	OTOVEL.....	80	PASER.....	12
ONETOUCH VERIO FLEX		OVACE.....	62	PATANASE.....	79
METER.....	84	OVACE PLUS.....	62	PAXIL.....	48

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

PAXIL CR.....	48	<i>phenytoin sodium extended</i> ..	30	<i>pr natal 400</i>	138
PAXLOVID	6	<i>philit</i>	119	<i>pr natal 400 ec</i>	138
<i>pazopanib</i>	24	<i>phosphate laxative</i>	97	<i>pr natal 430</i>	138
PEDIARIX (PF)	106	PHOSPHOLINE IODIDE..	121	<i>pr natal 430 ec</i>	138
PEDVAX HIB (PF).....	106	PHOTOFRIN.....	24	PRALATREXATE.....	24
<i>peg 3350-electrolytes</i>	97	PHYSIOLYTE	74	<i>pramipexole</i>	32
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	97	PHYSIOSOL IRRIGATION	74	PRAMOSONE	62
.....	97	<i>phytonadione (vitamin k1)</i>	59	<i>prasugrel</i>	59
PEGASYS	102	<i>pilocarpine hcl</i>	76, 79, 122	<i>pravastatin</i>	60
<i>peg-electrolyte soln</i>	97	<i>pimecrolimus</i>	64	<i>praziquantel</i>	13
PEMAZYRE	24	<i>pimozide</i>	48	<i>prazosin</i>	55
PENBRAYA (PF)	106	<i>pimtree (28)</i>	119	PRECISION XTRA	
<i>penciclovir</i>	70	<i>pindolol</i>	55	MONITOR	84
<i>penicillamine</i>	111	<i>pioglitazone</i>	91	PRECISION XTRA TEST ..	82
PENICILLIN G POT IN		<i>pioglitazone-glimepiride</i>	91	PRECOSE.....	91
DEXTROSE.....	15	<i>pioglitazone-metformin</i>	91	PRED FORTE	125
<i>penicillin g potassium</i>	15	PIQRAY	24	<i>prednicarbate</i>	73
<i>penicillin g sodium</i>	15	<i>pirfenidone</i>	130	<i>prednisolone</i>	81
<i>penicillin v potassium</i>	15	<i>piroxicam</i>	42	<i>prednisolone acetate</i>	125
PENTACEL (PF)	106	<i>pitavastatin calcium</i>	60	<i>prednisolone sodium</i>	
<i>pentamidine</i>	13	PLAN B ONE-STEP	119	<i>phosphate</i>	81, 125
PENTASA.....	97	PLASMA-LYTE A	136	<i>prednisone</i>	81
<i>pentazocine-naloxone</i>	42	PLEGRIDY	103	<i>prednisone intensol</i>	81
<i>pentoxifylline</i>	58	<i>plerixafor</i>	101	<i>pregabalin</i>	30
PEPCID	100	PLEXION.....	66	PREGNYL.....	89
PERIDEX.....	79	PLEXION NS.....	62	PREHEVBRIO (PF).....	106
<i>perindopril erbumine</i>	55	PNEUMOVAX-23	106	PREMARIN	113
<i>periogard</i>	79	<i>pnv-dha</i>	138	<i>prenal chew</i>	138
PERJETA	24	<i>pnv-omega</i>	138	<i>prenal pearl</i>	138
<i>permethrin</i>	74	<i>pnv-select</i>	138	PRENATA.....	138
<i>perphenazine</i>	48	POCKET CHAMBER.....	82	<i>prenatabs fa</i>	138
<i>perphenazine-amitriptyline</i> ..	48	<i>podofilox</i>	64	<i>prenatabs rx</i>	138
PFIZER COVID 2023-24(5Y-		<i>polocaine-mpf</i>	68	<i>prenatal</i>	139
11Y)PF	106	<i>polycin</i>	121	PRENATAL	139
PFIZER COVID 2023-		<i>polyethylene glycol 3350</i>	97	PRENATAL + DHA	138
24(6MO-4Y)PF	106	<i>polymyxin b sulfate</i>	13	<i>prenatal complete</i>	138
<i>pfizerpen-g</i>	15	<i>polymyxin b sulf-trimethoprim</i>		<i>prenatal multi-dha (algal oil)</i>	
PHEBURANE.....	76	.....	121	.....	138
<i>phenazopyridine</i>	134	POLY-TUSSIN AC.....	127	<i>prenatal multivitamins</i>	138
<i>phenelzine</i>	48	POMALYST	24	<i>prenatal one daily</i>	139
PHENERGAN.....	126	PONVORY.....	103	<i>prenatal plus</i>	139
<i>phenobarb-hyoscy-atropine-</i>		PONVORY 14-DAY		<i>prenatal plus (calcium carb)</i>	
<i>scop</i>	93	STARTER PACK.....	103	.....	139
<i>phenobarbital</i>	30	<i>portia 28</i>	119	PRENATAL PLUS DHA ..	139
<i>phenohydro</i>	93	<i>posaconazole</i>	4	PRENATAL PLUS	
<i>phenoxybenzamine</i>	55	<i>potassium chloride</i>	135	VITAMIN-MINERAL ..	139
<i>phenylephrine hcl</i>	125	<i>potassium citrate</i>	134	<i>prenatal vit no.179-iron-folic</i>	
PHENYTEK.....	30	<i>potassium iodide</i>	82	.....	139
<i>phenytoin</i>	30	<i>powderlax</i>	97	<i>prenatal vitamin</i>	139
<i>phenytoin sodium</i>	30	PR BENZOYL PEROXIDE.	66		

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>prenatal vitamin with minerals</i>	<i>procentra</i>	PYRUKYND.....
..... 139	PROCHAMBER	Q
<i>prenatal-u</i>	<i>prochlorperazine</i>	Q-CARE RX Q4.....
139	<i>prochlorperazine edisylate</i> ...	QELBREE
PRENATE AM	<i>prochlorperazine maleate</i>	QUADRACEL (PF)
139	PROCORT.....	QUALAQUIN
PRENATE CHEWABLE... 139	PROCRIT	QUDEXY XR.....
PRENATE DHA (FERR ASP	PROCTOCORT.....	QUESTRAN.....
GLYCIN)	<i>procto-med hc</i>	QUESTRAN LIGHT.....
139	<i>proctosol hc</i>	<i>quetiapine</i>
PRENATE ELITE (IRON ASP	<i>proctozone-hc</i>	QUILLICHEW ER.....
GLYC).....	<i>progesterone</i>	QUILLIVANT XR
139	<i>progesterone micronized</i>	<i>quinapril</i>
PRENATE ENHANCE..... 139	PROGLYCEM	<i>quinapril-hydrochlorothiazide</i>
PRENATE	PROGRAF.....	.....
ESSENTIAL(IRON-ASP-	<i>prolate</i> .....	.....
GL)	PROLENSA	<i>quinidine gluconate</i>
139	PROLEUKIN .....	.....
PRENATE MINI (FERR ASP	PROMACTA.....	<i>quinidine sulfate</i>
GLYCIN)	<i>promethazine</i> .....	.....
139	<i>promethazine vc</i>	<i>quinine sulfate</i>
PRENATE PIXIE..... 139	<i>promethazine vc-codeine</i> ...	<i>quit 2</i>
PRENATE RESTORE	<i>promethazine-codeine</i> .....	.....
139	<i>promethazine-dm</i>	<i>quit 4</i>
PRENATE STAR..... 139	<i>promethegan</i>	78
PREPIDIL	PROMETRIUM	78
114	<i>propafenone</i>	QULIPTA
PRESTALIA	<i>proparacaine</i>	33
55	<i>propranolol</i>	QUVIVIQ
PRETOMANID..... 13	<i>propranolol-</i>	QUZYTTR
<i>prevalite</i>	<i>hydrochlorothiazid</i>	126
60	<i>propylthiouracil</i>	QVAR REDIHALER
PREVDUO	PROQUAD (PF).....	130
36	PROSCAR.....	R
PREVIDENT..... 79	PROSTIN VR PEDIATRIC	<i>rabeprazole</i>
PREVIDENT 5000 BOOSTER	.....	.....
PLUS	<i>protamine</i>	100
79	<i>protriptyline</i>	RADICAVA ORS STARTER
PREVIDENT 5000 ENAMEL	PROVERA	KIT SUSP
PROTECT	PROVIDA OB.....	.....
79	<i>prudoxin</i>	35
PREVIDENT 5000 ORTHO	<i>pulmosal</i>	RADIOGARDASE.....
DEFENSE	PULMOZYME.....	76
79	<i>purelax</i>	RAGWITEK.....
PREVIDENT 5000 PLUS.... 79	PURIXAN	107
PREVIDENT 5000	<i>pyrazinamide</i>	<i>raloxifene</i>
SENSITIVE.....	<i>pyridostigmine bromide</i>	109
79	PYRIDOSTIGMINE	<i>ramelteon</i>
PREVNAR 13 (PF)..... 106	BROMIDE.....	49
PREVNAR 20 (PF)..... 106	<i>pyrimethamine</i>	<i>ramipril</i>
PREVYMIS.....	.....	56
6		<i>ranolazine</i>
PREZISTA		61
6		RAPAMUNE.....
PRIFTIN.....		25
13		RAPIVAB (PF)
PRIMACARE		6
139		<i>rasagiline</i>
<i>primaquine</i>		32
13		RASUVO (PF).....
PRIMAXIN IV		111
13		RAYALDEE.....
PRIMEAIRE		89
82		RAYOS.....
<i>primidone</i>		81
30		REBIF (WITH ALBUMIN)
PRIMSOL .....		.....
17		.....
PRIORIX (PF).....		103
107		REBIF REBIDOSE
PRIVIGEN		103
107		REBIF TITRATION PACK
<i>probenecid</i>.....		.....
108		.....
<i>probenecid-colchicine</i>		103
108		<i>reclipsen (28)</i>
<i>procainamide</i>		119
51		RECOMBIVAX HB (PF)...
PROCARDIA XL		107
55		RECTIV
		98
		REGLAN.....
		98
		<i>regonol</i>
		36

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

REGRANEX.....	64	RITEFLO AEROCHAMBER	73
RELAGARD.....	114	.....	83
RELENZA DISKHALER.....	6	<i>ritonavir</i>	7
RELEXXII.....	49	<i>rivastigmine</i>	35
RELISTOR.....	98	<i>rivastigmine tartrate</i>	35
REMERON.....	49	<i>rivelsa</i>	119
REMERON SOLTAB.....	49	<i>rizatriptan</i>	33
REMODULIN.....	56	R-NATAL OB.....	139
RENACIDIN.....	134	ROBAXIN.....	36
<i>rena-vite</i>	139	ROBINUL.....	93
RENVELA.....	93	ROBINUL FORTE.....	93
<i>repaglinide</i>	91	ROCALTROL.....	89
REPATHA PUSHTRONEX.....	60	<i>roflumilast</i>	131
REPATHA SURECLICK.....	60	<i>ropinirole</i>	32
REPATHA SYRINGE.....	60	<i>rosadan</i>	67
RESPA-AR.....	127	ROSDAN.....	67
RESTASIS.....	123	ROSULA.....	67
RESTASIS MULTIDOSE.....	122	<i>rosula cleansing cloths</i>	67
RESTORIL.....	49	<i>rosuvastatin</i>	60, 61
RETACRIT.....	101	ROSZET.....	61
RETEVMO.....	25	ROTARIX.....	107
RETIN-A.....	67	ROTATEQ VACCINE.....	107
RETIN-A MICRO PUMP.....	66	ROWASA.....	98
RETROVIR.....	6	<i>roweepira</i>	30
REVATIO.....	130, 131	ROXICODONE.....	39
REVLIMID.....	25	ROZLYTREK.....	25
REXULTI.....	49	RUBRACA.....	25
REYATAZ.....	6	RUCONEST.....	131
REYVOW.....	33	<i>rufinamide</i>	30
REZUROCK.....	25	RYALTRIS.....	131
REZZAYO.....	4	RYBELSUS.....	91
RHOFADE.....	67	RYCLOLA.....	126
<i>ribavirin</i>	6, 101	RYDAPT.....	25
RIDAURA.....	111	RYKINDO.....	49
<i>rifabutin</i>	13	RYLAZE.....	25
RIFADIN.....	13	RYTARY.....	32
<i>rifampin</i>	13	RYVENT.....	126
RILUTEK.....	76	S	
<i>riluzole</i>	76	<i>sajazir</i>	131
<i>rimantadine</i>	7	SALAGEN (PILOCARPINE)	76, 79
<i>ringer's</i>	74	.....	76, 79
RINVOQ.....	111	<i>salsalate</i>	42
RIOMET.....	91	SANCUSO.....	98
RIOMET ER.....	91	SANDIMMUNE.....	25
<i>risedronate</i>	76, 109	SANDOSTATIN.....	25
RISPERDAL.....	49	SANTYL.....	74
RISPERDAL CONSTA.....	49	<i>sapropterin</i>	89
<i>risperidone</i>	49	SAVELLA.....	111
<i>risperidone microspheres</i>	49	<i>saxagliptin</i>	91
		<i>saxagliptin-metformin</i>	91
		<i>scalacort</i>	73
		SCALACORT DK.....	73
		SCEMBLIX.....	25
		<i>scopolamine base</i>	98
		SECUADO.....	49
		SEGLUROMET.....	91
		SELECT-OB.....	139
		SELECT-OB (FOLIC ACID)	139
		.....	139
		SELECT-OB + DHA.....	139
		<i>selegiline hcl</i>	32
		<i>selenium sulfide</i>	62
		SELZENTRY.....	7
		SEMGLEE(INSULIN	
		GLARGINE-YFGN).....	86
		SEMGLEE(INSULIN	
		GLARG-YFGN)PEN.....	86
		<i>se-natal 19 chewable</i>	139
		<i>se-natal-19</i>	140
		SEREVENT DISKUS.....	131
		SEROSTIM.....	101
		<i>sertraline</i>	49
		<i>setlakin</i>	119
		<i>sevelamer carbonate</i>	94
		<i>sevelamer hcl</i>	94
		SEYSARA.....	16
		<i>sf 79</i>	
		<i>sf 5000 plus</i>	79
		SFROWASA.....	98
		<i>sharobel</i>	114
		SHINGRIX (PF).....	107
		SIGNIFOR.....	25
		<i>sildenafil (pulm.hypertension)</i>	
		.....	131
		SILENOR.....	49
		<i>silodosin</i>	133
		SILVADENE.....	63
		<i>silver sulfadiazine</i>	63
		SIMBRINZA.....	124
		<i>simliya (28)</i>	119
		<i>simpesse</i>	119
		SIMPONI.....	111
		SIMPONI ARIA.....	111
		SIMULECT.....	25
		<i>simvastatin</i>	61
		SINCALIDE.....	98
		SINEMET.....	32
		<i>sirolimus</i>	25
		SIRTURO.....	13
		SIVEXTRO.....	13

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>tadalafil (pulm. hypertension)</i>	TENIPOSIDE.....	TOBI PODHALER
..... 131	26	13
TAFINLAR	TENIVAC (PF)	TOBRADEX
25, 26	107	124
<i>tafluprost (pf)</i>	<i>tenofovir disoproxil fumarate</i> .7	<i>tobramycin</i>
124		13, 121
TAGRISSE	TENORETIC 100.....	<i>tobramycin in 0.225 % nacl.</i> 13
26	56	<i>tobramycin sulfate</i>
TAKE ACTION	TENORETIC 50.....	13
119	56	TOBRAMYCIN WITH
TAKHZYRO.....	TENORMIN.....	NEBULIZER.....
131	56	13
TALICIA.....	<i>terazosin</i>	<i>tobramycin-dexamethasone</i> 124
100	56	TOBRAMYCIN-
TALTZ AUTOINJECTOR ..63	<i>terbinafine hcl</i>	VANCOMYCIN.....
TALTZ AUTOINJECTOR (2	4	121
PACK).....	<i>terbutaline</i>	TOBREX
63	131	121
TALTZ AUTOINJECTOR (3	<i>terconazole</i>	TOLAK.....
PACK).....	114	64
63	<i>teriflunomide</i>	<i>tolcapone</i>
TALTZ SYRINGE.....	103	32
63	<i>teriparatide</i>	<i>tolterodine</i>
TALZENNA.....	109	133
26	TERIPARATIDE	<i>tolvaptan</i>
TAMIFLU	109	89
7	TERSİ FOAM	TOPICORT.....
<i>tamoxifen</i>	63	74
26	TESTOPEL	<i>topiramate</i>
<i>tamsulosin</i>	89	31
133	<i>testosterone</i>	<i>topotecan</i>
TAPERDEX.....	89	26
81	<i>testosterone cypionate</i>	<i>toremifene</i>
TARCEVA	89	26
26	<i>testosterone enanthate</i>	<i>torsemide</i>
TARGADOX	89	56
16	<i>tetrabenazine</i>	TOSYMRA.....
TARGRETIN	35	33
26	<i>tetracaine hcl</i>	TOUJEO MAX U-300
<i>tarina 24 fe</i>	123	SOLOSTAR
119	TETRACAINE HCL (PF)..	86
<i>tarina fe 1/20 (28)</i>	123	TOUJEO SOLOSTAR U-300
119	<i>tetracycline</i>	INSULIN
<i>taron-c dha</i>	16	86
140	TEXACORT.....	<i>tovet emollient</i>
TARPEYO	74	74
81	THALOMID.....	TOVIAZ
TASIGNA	26	133
26	THEO-24	TRACLEER
<i>tasimelton</i>	131	132
49	<i>theophylline</i>	<i>tramadol</i>
TASMAR	131	42
32	THIOLA EC	<i>tramadol-acetaminophen</i>
<i>tavaborole</i>	77	42
70	<i>thioridazine</i>	<i>trandolapril</i>
TAVALISSE.....	49	56
59	<i>thiothixene</i>	<i>trandolapril-verapamil</i>
<i>tazarotene</i>	49	56
67	THRIVITE RX.....	<i>tranexamic acid</i>
<i>tazicef</i>	140	59, 114
9	THYMOGLOBULIN.....	<i>tranylcypramine</i>
<i>taztia xt</i>	107	49
56	<i>thyroid (pork)</i>	<i>travoprost</i>
TAZVERIK.....	92	124
26	<i>tiadylt er</i>	<i>trazodone</i>
TDVAX.....	56	49
107	<i>tiagabine</i>	TRECTOR
TEFLARO.....	31	13
9	TIAZAC	TRELEGY ELLIPTA.....
TEGLUTIK	56	132
77	TIBSOVO.....	TREMFYA
TEGRETOL	26	63
30	TICE BCG.....	<i>treprostinil sodium</i>
TEGRETOL XR.....	107	56
31	TIGAN.....	TRESIBA FLEXTOUCH U-
TEGSEDI	98	100
35	TIGLUTIK	86
<i>telmisartan</i>	<i>tilia fe</i>	TRESIBA FLEXTOUCH U-
56	119	200
<i>telmisartan-amlodipine</i>	<i>timolol maleate</i>	86
56	56, 121	TRESIBA U-100 INSULIN .86
<i>telmisartan-hydrochlorothiazid</i>	<i>timolol maleate (pf)</i>	67
.....	121	<i>tretinoin</i>
56	<i>tinidazole</i>	26
<i>temazepam</i>	13	<i>tretinoin microspheres</i>
49	<i>tiopronin</i>	67
TEMBEXA	77	TREXALL.....
7	<i>tiotropium bromide</i>	26
TEMODAR	131	TREZIX.....
26	<i>tis-u-sol pentalyte</i>	39
<i>temozolomide</i>	75	
26	TIVICAY.....	
<i>tencon</i>	7	
39	TIVICAY PD	
	7	
	<i>tizanidine</i>	
	36	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

<i>triamcinolone acetonide</i> 74, 79, 81	TRUSTEX LUBRICATED CONDOMS 112	VALCHLOR 64
<i>triamterene</i> 56	TRUSTEX-RIA NON-LUB CONDOMS 112	VALCYTE 7
<i>triamterene-hydrochlorothiazid</i> 56	TUKYSA 26	<i>valganciclovir</i> 7
<i>triazolam</i> 49	<i>tulana</i> 114	<i>valproate sodium</i> 31
TRICARE 140	TURALIO 26	<i>valproic acid</i> 31
<i>tricon</i> 140	<i>turqoz (28)</i> 120	<i>valproic acid (as sodium salt)</i> 31
<i>triderm</i> 74	TUXARIN ER 127	<i>valsartan</i> 56
<i>trientine</i> 77	TWINRIX (PF) 107	<i>valsartan-hydrochlorothiazide</i> 57
TRIESENCE (PF) 81	TWYNEO 67	VALTOCO 31
<i>tri-estarylla</i> 119	TYBOST 7	<i>vanadom</i> 36
TRIFERIC 140	<i>tydemy</i> 120	VANCOGIN 17
<i>trifluoperazine</i> 49	TYKERB 26	<i>vancomycin</i> 17
<i>trifluridine</i> 121	TYMLOS 109	<i>vandazole</i> 115
<i>trihexyphenidyl</i> 32	TYRVAYA 123	VANOXIDE-HC 67
TRIJARDY XR 91	TYSABRI 35	<i>varenicline</i> 78
TRIKAFTA 132	TYVASO 132	VARIVAX (PF) 107
<i>tri-legest fe</i> 119	TYVASO DPI 132	VARIZIG 107
<i>tri-linyah</i> 119	TYVASO REFILL KIT 132	VARUBI 99
TRILIPIX 61	TYVASO STARTER KIT 132	VASCEPA 61
<i>tri-lo-estarylla</i> 119	U	VASERETIC 57
<i>tri-lo-marzia</i> 119	UBRELVY 33	VASOTEC 57
<i>tri-lo-mili</i> 119	UCERIS 98	VAXELIS (PF) 107
<i>tri-lo-sprintec</i> 119	ULESFIA 74	VAXNEUVANCE (PF) 108
<i>trimethobenzamide</i> 98	UNASYN 15	VCF CONTRACEPTIVE FILM 115
<i>trimethoprim</i> 17	<i>unithroid</i> 92	VCF CONTRACEPTIVE GEL 115
<i>tri-mili</i> 119	UNITUXIN 26	VECTIBIX 26
<i>trimipramine</i> 50	UPTRAVI 56	VECTICAL 63
TRIMO-SAN JELLY 115	URELLE 134	<i>veletri</i> 57
<i>trinatal rx 1</i> 140	<i>uretron d-s</i> 134	<i>velivet triphasic regimen (28)</i> 120
<i>trinate</i> 140	URIBEL 134	VELPHORO 94
TRINTELLIX 50	URIBEL TABS 134	VELTASSA 94
<i>tri-nymyo</i> 119	<i>urimar-t</i> 134	VEMLIDY 7
TRIPTODUR 26	<i>uro-458</i> 134	VENCLEXTA 26
<i>tri-sprintec (28)</i> 119	UROKIT-K 10 134	VENCLEXTA STARTING PACK 26
TRISTART DHA 140	UROKIT-K 15 134	<i>venlafaxine</i> 50
TRIUMEQ 7	UROKIT-K 5 134	VENOFER 140
TRIUMEQ PD 7	<i>urogesic-blue</i> 134	VENTAVIS 132
<i>tri-vitamin with fluoride</i> 140	<i>uro-mp</i> 134	VEOZAH 115
<i>trivora (28)</i> 119	UROQID-ACID NO.2 134	<i>verapamil</i> 57
<i>tri-vylibra</i> 119	<i>uro-sp</i> 134	VERELAN PM 57
<i>tri-vylibra lo</i> 119	URSO 250 98	VERQUVO 61
TROKENDI XR 31	URSO FORTE 98	VERSACLOZ 50
<i>tropicamide</i> 122	<i>ursodiol</i> 98, 99	VERZENIO 26
<i>trospium</i> 133	<i>uryl</i> 134	<i>vestura (28)</i> 120
TRUDHESA 33	UVADEX 64	
TRULANCE 98	UZEDY 50	
TRULICITY 91	V	
TRUMENBA 107	<i>valacyclovir</i> 7	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

VEVYE	123	VOQUEZNA TRIPLE PAK		XCOPRI TITRATION PACK	
VFEND	4	.....	100	.....	31
VFEND IV	4	<i>voriconazole</i>	4	XDEMVY	123
V-GO 20	84	VORTEX HOLDING		XELJANZ	111
V-GO 30	84	CHAMBER	83	XELJANZ XR	111
V-GO 40	84	VOSEVI	8	XELODA	27
VIBATIV	17	VOTRIENT	27	XENLETA	14
VIBERZI	99	VOWST	99	XEOMIN	108
VIBRAMYCIN	17	VOXZOGO	89	XEPI	69
VIDAZA	26	VRAYLAR	50	XERMELO	27
<i>vienna</i>	120	VTAMA	63	XGEVA	17
<i>vigabatrin</i>	31	VUMERITY	103	XHANCE	132
<i>vigadrone</i>	31	<i>vyfemla (28)</i>	120	XIFAXAN	14
VIGAMOX	121	VYJUVEK	64	XIGDUO XR	91
<i>vigpoder</i>	31	<i>vylibra</i>	120	XIIDRA	123
VIJOICE	26	VYNDAMAX	61	XIPERE (PF)	81
<i>vilazodone</i>	50	VYNDAQEL	61	XOFLUZA	8
VIMIZIM	89	VYVANSE	50	XOLAIR	132
<i>vinblastine</i>	26	VYVGART HYTRULO	36	XOSPATA	27
<i>vincasar pfs</i>	26	VYZULTA	124	XTANDI	27
<i>vincristine</i>	27	W		<i>xulane</i>	115
<i>vinorelbine</i>	27	WAKIX	50	XULTOPHY 100/3.6	86
VIOKACE	99	<i>warfarin</i>	59	XURIDEN	77
<i>violele (28)</i>	120	<i>water for irrigation, sterile</i>	77	XYLOCAINE-	
VIRACEPT	7	WELIREG	27	MPF/EPINEPHRINE	68
VIRAZOLE	7	<i>wera (28)</i>	120	XYOSTED	89
VIREAD	7, 8	<i>wescap-c dha</i>	140	XYWAV	50
VISTARIL	127	<i>wescap-pn dha</i>	140	Y	
VISTOGARD	17	<i>wesnatal dha complete</i>	140	YAZ (28)	120
VITAFOL FE PLUS	140	<i>wesnate dha</i>	140	YERVOY	27
VITAFOL GUMMIES	140	<i>westab plus</i>	141	YONDELIS	27
VITAFOL ULTRA	140	<i>westgel dha</i>	141	YONSA	27
VITAFOL-OB	140	WIDE-SEAL DIAPHRAGM		YUPELRI	132
VITAFOL-OB+DHA	140	.....	112	<i>yuvaferm</i>	114
VITAFOL-ONE	140	<i>wintergreen oil</i>	64	Z	
VITAMEDMD ONE RX ...	140	<i>wixela inhub</i>	132	<i>zafemy</i>	115
VITAMEDMD REDICHEW		<i>women's gentle laxative(bisac)</i>		<i>zafirlukast</i>	132
RX	140	.....	99	<i>zaleplon</i>	50
<i>vitamin b complex-folic acid</i>		<i>wymzya fe</i>	120	ZALTRAP	27
.....	140	WYNZORA	63	ZANAFLEX	36
<i>vitamins a,c,d and fluoride</i> .	140	X		ZANOSAR	27
VITRAKVI	27	XACIATO	115	<i>zarah</i>	120
VIVITROL	42	XALKORI	27	ZARONTIN	31
VIVJOA	4	XARELTO	59	ZARXIO	101
VIZIMPRO	27	XARELTO DVT-PE TREAT		<i>zatean-pn dha</i>	141
VOGELXO	89	30D START	59	<i>zatean-pn plus</i>	141
<i>volnea (28)</i>	120	XCOPRI	31	ZCORT	81
VONJO	27	XCOPRI MAINTENANCE		ZEJULA	27
VOQUEZNA	100	PACK	31	ZELBORAF	27
VOQUEZNA DUAL PAK	100			ZELNORM	99

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

ZEMBRACE SYMTOUCH. 34	<i>zidovudine</i>.....8	ZORYVE.....63
ZEMPLAR 89	ZIEXTENZO..... 101	<i>zovia 1-35 (28)</i>.....120
<i>zenatane</i> 67	<i>zileuton</i> 132	ZOVIRAX 70
ZENPEP 99	<i>zingiber</i> 141	ZTALMY 31
<i>zenzedi</i> 50	<i>ziprasidone hcl</i> 50	ZTLIDO.....68
ZENZEDI..... 50	ZIRGAN..... 121	ZUBSOLV.....42
ZEPATIER..... 8	ZITHROMAX..... 10	<i>zumandimine (28)</i> .....120
ZEPOSIA 35	ZITHROMAX TRI-PAK 10	ZURZUVAE.....50
ZEPOSIA STARTER KIT (28- DAY)..... 35	ZITHROMAX Z-PAK 10	ZYDELIG.....27
ZEPOSIA STARTER PACK (7-DAY) 35	ZOKINVY 77	ZYFLO 132
ZERBAXA 9	ZOLADEX 27	ZYKADIA.....27
ZERVIATE 123	ZOLINZA..... 27	ZYLOPRIM.....108
ZESTORETIC..... 57	<i>zolmitriptan</i> 34	ZYNYZ.....27
ZESTRIL..... 57	<i>zolpidem</i> 50	ZYPITAMAG.....61
ZEVALIN (Y-90)..... 27	ZOMIG..... 34	ZYPREXA.....50
ZIAGEN 8	ZONALON..... 64	ZYPREXA RELPREVV .....50
ZIANA 68	<i>zonisamide</i> 31	ZYPREXA ZYDIS 50
	ZONTIVITY 59	ZYVOX 14
	ZORTRESS 27	

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.