

Freedom Formulary

4 Tiers (List of Covered Drugs)

2021

for ConnectiCare Plans purchased on Access Health CT (Connecticut Exchange)

ConnectiCare[®]

This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered for ConnectiCare plans purchased on Access Health CT, the state’s insurance exchange. This drug list is effective for plan year 2021. It is updated monthly and the last update was on January 1, 2021. The list changes as new drugs come to market or are removed from the market. Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

What is the ConnectiCare formulary?

A formulary is a list of covered drugs — both generic and brand-name drugs — selected by ConnectiCare in consultation with a team of health care providers. It includes the prescription therapies believed to be a necessary part of a quality treatment program. ConnectiCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ConnectiCare network pharmacy and other plan rules are followed.

How do I use the formulary?

To search for your drug within this formulary, please refer to the index, which starts on page 147.

This formulary will tell you what tier your drug is in. A drug tier is a group of medications included within a similar price range. Check your benefit summary to see what your cost-share is for the drugs in each tier.

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?

A generic drug is approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand name drugs.

This formulary differentiates between the two kinds of drugs by how they are presented on the list:

- generic drugs are italicized and spelled out in lowercase letters
- brand-name drugs are not italicized and spelled out in uppercase letters

If your plan uses this formulary, a pharmacist will fill a generic drug for a prescription whenever a generic is available. This may happen even if your prescription is written for a brand-name drug. But you or your doctor can specifically instruct the pharmacist to fill the prescription with a brand-name drug. When this happens, you will pay the copayment or coinsurance for the generic drug plus the cost difference between the brand name drug and the generic. When you pay the cost difference between the brand name drug and generic, that amount will not apply towards any deductibles or out-of-pocket maximum your plan may have. Please note, the “Pay the Difference” waiver will not apply for plans that use this formulary.

Are there any limitations on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are indicated in the formulary with initials after their names. Here is a key to the limitations and how you will see them noted in the formulary:

Preauthorization (PA)

Some drugs require preauthorization. This means that you or your doctor will need to get approval from us before you fill your prescriptions. If you don't get approval, the drug may not be covered.

Preauthorization requests can be faxed to the ConnectiCare Pharmacy Services Department at 1-800-249-1367 by the prescribing physician's office. A form for submitting a request can be found on connecticare.com. If we deny a preauthorization request, we will notify you and your doctor in writing with the reason and information on how to appeal.

Some drugs that require preauthorization must be filled at a specialty pharmacy. Please refer to the "limited availability" section below for more information.

Quantity limits (QL)

For certain drugs, ConnectiCare limits the amount of the drug that we will cover. For example, ConnectiCare covers MAXALT (or its generic version, *rizatriptan*) for 9 tablets per 30 days. This may be in addition to a standard one-month or three-month supply.

Step therapy (ST)

In some cases, ConnectiCare 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.

Limited availability (LA)

Drugs labeled "LA" for "limited availability" must be filled by ConnectiCare's preferred specialty pharmacy, Accredo, and are limited to a 30-day supply. These drugs are prescription medications used to treat complex conditions and often require special storage, handling and close monitoring by you, your doctor or pharmacist. For more information, please visit accredo.com.

Over the counter (OTC)

ConnectiCare does not cover over-the-counter drugs unless they are listed in this formulary and have been prescribed by a doctor. The formulary notes which drugs have any additional requirements or limits.

Affordable Care Act (ACA)

This refers to the preventive care guidelines of the federal Affordable Care Act, also known as health care reform. Drugs marked "ACA" may be free to you if they are prescribed under the preventive care guidelines of the ACA. You will not have to pay any copayment, coinsurance or anything toward your deductible. More information on ACA-covered drugs is available [here](#).

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 1-877-603-1032.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Call 1-800-251-7722 (TTY: 1-800-833-8134) Monday-Friday, 8 a.m. to 8 p.m., and Saturday from 9 a.m. to 2 p.m.
- Send a secure message by logging into 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 1-800-828-3407 Monday-Friday, 8 a.m. to 6 p.m.

- For preauthorization requests or any medical management issue, call 1-800-562-6833 Monday-Friday from 8 a.m. to 5 p.m.
- 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.

Accessibility and Nondiscrimination 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
 1-800-251-7722 (TTY: 1-800-833-8134)

You can file a grievance in person at 175 Scott Swamp Road, Farmington, CT, or by mail or fax (860) 674-2232. 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 of 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 (TTY: 800-537-7697)

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 1-800-833-8134).

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: 1-800-833-8134)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 1-800-833-8134).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 1-800-833-8134).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 1-800-833-8134).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 1-800-833-8134).

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: 1-800-833-8134).

هاتف رقم 1-800-251-7722 برقم اتصل. بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة انكر تتحدث كنت إذا: ملحوظة 1-800-833-8134: والبكم الصم

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 1-800-833-8134) 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: 1-800-833-8134).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-251-7722 (TTY: 1-800-833-8134) 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: 1-800-833-8134).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 1-800-833-8134).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-800-251-7722 (TTY: 1-800-833-8134)។

સુચના: જો તમે ગુજરાતી બોલતા છે, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 1-800-833-8134).

Table of Contents

ANTI - INFECTIVES	3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS	17
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH	26
CARDIOVASCULAR, HYPERTENSION & LIPIDS	50
DERMATOLOGICALS/TOPICAL THERAPY	63
DIAGNOSTICS & MISCELLANEOUS AGENTS	75
EAR, NOSE & THROAT MEDICATIONS	79
ENDOCRINE/DIABETES	80
GASTROENTEROLOGY	97
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY	106
MUSCULOSKELETAL & RHEUMATOLOGY	112
OBSTETRICS & GYNECOLOGY	114
OPHTHALMOLOGY	124
RESPIRATORY, ALLERGY, COUGH & COLD	130
UROLOGICALS	137
VITAMINS, HEMATINICS & ELECTROLYTES	139
Index	147

List of Abbreviations

*****: Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider.

ACA: Affordable Care Act.

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	3	PA
AMBISOME	3	PA
<i>amphotericin b</i>	1	PA
ANCOBON	3	*
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA INTRAVENOUS	3	PA
CRESEMBA ORAL	3	PA; QL
DIFLUCAN	3	*
ERAXIS(WATER DILUENT)	3	PA
<i>fluconazole</i>	1	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole oral</i>	1	
NOXAFIL INTRAVENOUS	3	PA
NOXAFIL ORAL SUSPENSION	3	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; *
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG	3	ST; QL
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL SOLUTION	3	*
SPORANOX PULSEPAK	3	*
<i>terbinafine hcl oral</i>	1	
TOLSURA	3	PA; QL
VFEND	3	*; QL
VFEND IV	3	PA; *
<i>voriconazole intravenous</i>	1	PA
<i>voriconazole oral</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
ANTIVIRALS		
<i>abacavir</i>	4	QL
<i>abacavir-lamivudine</i>	4	QL
<i>abacavir-lamivudine-zidovudine</i>	4	QL
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	4	QL
APTIVUS (WITH VITAMIN E)	4	QL
<i>atazanavir</i>	4	QL
ATRIPLA	4	QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	*
BIKTARVY	4	QL
<i>cidofovir</i>	1	PA
CIMDUO	4	QL
COMBIVIR	4	*; QL
COMPLERA	4	QL
CRIXIVAN ORAL CAPSULE 200 MG	4	QL
DELSTRIGO	4	QL
DESCOVY	4	QL
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	4	QL
DOVATO	4	QL
EDURANT	4	QL
<i>efavirenz</i>	4	QL
<i>efavirenz-lamivu-tenofovir disop</i>	4	QL
<i>emtricitabine</i>	4	QL
EMTRIVA ORAL CAPSULE	4	*; QL
EMTRIVA ORAL SOLUTION	4	QL
<i>entecavir</i>	1	
EPCLUSA	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
EPIVIR	4	*; QL
EPIVIR HBV ORAL SOLUTION	4	
EPIVIR HBV ORAL TABLET	4	*
EPZICOM	4	*; QL
EVOTAZ	4	QL
<i>famciclovir</i>	1	
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir</i>	4	QL
FUZEON SUBCUTANEOUS RECON SOLN	4	PA; LA; QL
GENVOYA	4	QL
HARVONI	4	PA; LA; QL
HEPSERA	3	*
INTELENCE	4	QL
INVIRASE ORAL TABLET	4	QL
ISENTRESS	4	QL
ISENTRESS HD	2	QL
JULUCA	4	QL
KALETRA ORAL SOLUTION	4	*; QL
KALETRA ORAL TABLET	4	QL
<i>lamivudine oral solution</i>	4	QL
<i>lamivudine oral tablet 100 mg</i>	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	4	QL
<i>lamivudine-zidovudine</i>	4	QL
LEXIVA ORAL SUSPENSION	4	QL
LEXIVA ORAL TABLET	4	*; QL
<i>lopinavir-ritonavir</i>	1	QL
MAVYRET	4	PA; LA; QL
<i>nevirapine</i>	4	QL
NORVIR ORAL POWDER IN PACKET	4	QL
NORVIR ORAL SOLUTION	4	QL
NORVIR ORAL TABLET	4	*; QL
ODEFSEY	4	QL
<i>oseltamivir</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
PIFELTRO	4	QL
PREVYMIS ORAL	3	PA
PREZCOBIX	4	QL
PREZISTA ORAL SUSPENSION	4	QL
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	QL
RAPIVAB (PF)	3	PA
RELENZA DISKHALER	2	QL
RETROVIR ORAL CAPSULE	4	*; QL
RETROVIR ORAL SYRUP	4	*; QL
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	4	*; QL
REYATAZ ORAL POWDER IN PACKET	4	QL
<i>ribavirin inhalation</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	4	QL
RUKOBIA	4	QL
SELZENTRY	4	QL
SITAVIG	3	PA
SOVALDI ORAL PELLETS IN PACKET 150 MG	3	PA; LA
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; LA
SOVALDI ORAL TABLET	4	PA; LA
<i>stavudine oral capsule</i>	4	QL
STRIBILD	4	QL
SUSTIVA	4	*; QL
SYMFI	4	QL
SYMFI LO	4	QL
SYMTUZA	4	QL
SYNAGIS	4	PA; LA; QL
TAMIFLU	3	*; QL
TEMIXYS	4	QL
<i>tenofovir disoproxil fumarate</i>	4	QL
TIVICAY	4	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
TIVICAY PD	4	QL
TRIUMEQ	4	QL
TRIZIVIR	4	*; QL
TRUVADA	4	QL
TYBOST	4	QL
<i>valacyclovir</i>	1	
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*; QL
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	QL
VALTREX	3	*
VEMLIDY	3	PA
VIEKIRA PAK	4	PA; LA; QL
VIRACEPT ORAL TABLET	4	QL
VIRAMUNE	4	*; QL
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	*; QL
VIRAZOLE	3	PA
VIREAD ORAL POWDER	4	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL
VIREAD ORAL TABLET 300 MG	4	*; QL
VOSEVI	4	PA; LA; QL
XOFLUZA	3	QL
ZEPATIER	4	PA; LA; QL
ZIAGEN	4	*; QL
<i>zidovudine</i>	4	QL
ZOVIRAX ORAL SUSPENSION	3	*
CEPHALOSPORINS		
AVYCAZ	3	PA
<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	

*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>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>cefazolin</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	3	
<i>cefdinir</i>	1	
<i>cefditoren pivoxil</i>	1	
CEFEPIME IN DEXTROSE 5 %	3	
<i>cefepime in dextrose,iso-osm</i>	1	PA
<i>cefepime injection</i>	1	PA
<i>cefixime</i>	1	QL
CEFOTAN	3	PA
<i>cefotaxime injection recon soln 1 gram</i>	1	PA
<i>cefotetan</i>	1	PA
CEFOTETAN IN DEXTROSE, ISO-OSM	3	PA
<i>cefoxitin</i>	1	PA
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefpodoxime</i>	1	QL
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	PA
CEFTAZIDIME IN D5W	3	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	PA
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	PA
<i>ceftriaxone intravenous</i>	1	PA
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous</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>cephalexin</i>	1	
FORTAZ INJECTION RECON SOLN 1 GRAM	3	PA
FORTAZ INJECTION RECON SOLN 2 GRAM, 500 MG	3	PA; *
KEFLEX ORAL CAPSULE	3	*
SPECTRACEF ORAL TABLET 400 MG	3	*
SUPRAX ORAL CAPSULE	3	*; QL
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	*; QL
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	QL
SUPRAX ORAL TABLET,CHEWABLE	3	QL
<i>tazicef injection</i>	1	PA
TEFLARO	3	PA
ZERBAXA	3	PA
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA
<i>azithromycin oral</i>	1	QL
<i>clarithromycin</i>	1	
DIFICID	3	PA; QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	*
ERYPED 200	3	*
ERYPED 400	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	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</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
ZITHROMAX INTRAVENOUS	3	PA; *
ZITHROMAX ORAL PACKET	3	*; QL
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*; QL
ZITHROMAX TRI-PAK	3	*; QL
ZITHROMAX Z-PAK	3	*; QL
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	PA; QL
<i>albendazole</i>	1	QL
ALBENZA	3	*; QL
ALINIA	3	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; QL
<i>atovaquone</i>	1	PA
<i>atovaquone-proguanil</i>	1	PA
AZACTAM	3	PA; *
<i>aztreonam</i>	1	PA
<i>bacitracin intramuscular</i>	1	PA
BENZNIDAZOLE	3	PA
BETHKIS	4	
BILTRICIDE	3	*
CAPASTAT	3	PA
CAYSTON	4	PA
<i>chloramphenicol sod succinate</i>	1	PA
<i>chloroquine phosphate</i>	1	PA; QL
CLEOCIN HCL	3	*
CLEOCIN INJECTION	3	PA; *
CLEOCIN PEDIATRIC	3	*
<i>clindamycin hcl</i>	1	
<i>clindamycin in 5 % dextrose</i>	1	PA
<i>clindamycin palmitate hcl</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 pediatric</i>	1	
<i>clindamycin phosphate injection</i>	1	PA
COARTEM	3	PA
<i>colistin (colistimethate na)</i>	1	PA
COLY-MYCIN M PARENTERAL	3	PA; *
CYCLOSERINE	3	
DALVANCE	3	PA
<i>dapsone oral</i>	1	
DARAPRIM	4	PA; *
EMVERM	3	
<i>ethambutol</i>	1	
FLAGYL	3	*
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
GENTAMICIN IN NAACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	3	
<i>gentamicin injection</i>	1	
<i>gentamicin sulfate (ped) (pf)</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
GENTAMICIN SULFATE (PF) INTRAVENOUS SOLUTION 60 MG/6 ML	3	
<i>hydroxychloroquine</i>	1	QL
<i>imipenem-cilastatin</i>	1	PA
IMPAVIDO	3	PA
<i>isoniazid injection</i>	1	PA
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	
KITABIS PAK	4	
KRINTAFEL	3	PA
<i>linezolid</i>	1	QL
<i>linezolid-0.9% sodium chloride</i>	1	PA
MALARONE	3	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
MALARONE PEDIATRIC	3	PA; *
<i>mefloquine</i>	1	PA
MEPRON	3	PA; *
<i>meropenem</i>	1	PA
MERREM	3	PA; *
<i>metro i.v.</i>	1	PA
<i>metronidazole in nacl (iso-os)</i>	1	PA
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	*
MYCOBUTIN	3	*
NEBUPENT	3	*
<i>neomycin</i>	1	
ORBACTIV	3	PA
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	
PLAQUENIL	3	*; QL
<i>polymyxin b sulfate</i>	1	PA
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; *
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA
QUALAQUIN	3	PA; *
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
RIFADIN INTRAVENOUS	3	PA; *
RIFADIN ORAL	3	*
RIFAMATE	3	
<i>rifampin intravenous</i>	1	PA
<i>rifampin oral</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
RIFATER	3	
SIRTURO	3	PA
SIVEXTRO	3	PA
SOLOSEC	3	PA; QL
STREPTOMYCIN	3	PA
STROMECTOL	3	*
SYNERCID	3	PA
<i>tinidazole</i>	1	QL
TOBI	4	*
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	PA
<i>tobramycin in 0.225 % nacl</i>	4	PA
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin inhalation</i>	4	
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN WITH NEBULIZER	3	
TRECTOR	3	
XENLETA ORAL	3	PA; QL
XIFAXAN	2	PA
ZYVOX ORAL	3	*; QL
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</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium</i>	1	PA
<i>ampicillin-sulbactam injection</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 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
AUGMENTIN XR	3	*
BICILLIN C-R	3	PA
BICILLIN L-A	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>nafcillin</i>	1	PA
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection</i>	1	PA
PENICILLIN G POT IN DEXTROSE	3	PA
<i>penicillin g potassium</i>	1	PA
<i>penicillin g procaine</i>	1	PA
<i>penicillin g sodium</i>	1	PA
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	PA
UNASYN INJECTION	3	PA; *
QUINOLONES		
BAXDELA ORAL	3	PA; QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	PA
FACTIVE	3	
<i>levofloxacin in d5w</i>	1	PA
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	3	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM	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
BACTRIM DS	3	*
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
ACTICLATE	3	PA; *
<i>avidoxy</i>	1	
AVIDOXY DK	3	PA
<i>coremino</i>	1	PA
<i>demeclocycline</i>	1	
DORYX MPC	3	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	PA; *
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxy-100</i>	1	PA
<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	PA
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST
<i>doxycycline monohydrate oral capsule</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	PA
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS	3	PA
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
<i>minocycline 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>minocycline oral tablet extended release 24 hr</i>	1	PA
MINOLIRA ER	3	PA
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MONODOX	3	PA; *
NUZYRA ORAL	3	PA
ORACEA	3	PA
SEYSARA	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	PA; *
TARGADOX	3	PA
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	*
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	*
VIBRAMYCIN ORAL SYRUP	2	
XIMINO	3	PA
URINARY TRACT AGENTS		
FURADANTIN	3	*
HIPREX	3	*
MACROBID	3	*
MACRODANTIN	3	*
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	QL
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	3	
VANCOGIN	3	*
<i>vancomycin 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>vancomycin oral recon soln</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
ELITEK	4	PA; LA
ETHYOL	4	PA; *; LA
KEPIVANCE	4	PA; LA
<i>leucovorin calcium injection</i>	4	PA; LA
<i>leucovorin calcium oral</i>	1	
<i>mesna</i>	4	PA; LA
MESNEX INTRAVENOUS	4	PA; *; LA
MESNEX ORAL	3	
VISTOGARD	4	PA
XGEVA	4	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	1	PA; QL
ABRAXANE	4	PA; LA
ADCETRIS	4	PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	4	PA; LA
AFINITOR DISPERZ	4	PA; LA
AFINITOR ORAL TABLET 10 MG	4	PA; LA
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	4	PA; *; LA
ALECENSA	4	PA; LA
ALIMTA	4	PA; LA
ALKERAN	3	*
ALKERAN (AS HCL)	4	PA; *; LA
ALUNBRIG	4	PA; LA; QL
<i>anastrozole</i>	1	
ARIMIDEX	3	*
AROMASIN	3	*
ARRANON	4	PA; LA
ARZERRA	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
ASTAGRAF XL	4	
AYVAKIT	4	PA; QL
<i>azacitidine</i>	4	PA; LA
AZASAN	4	
<i>azathioprine</i>	4	
<i>azathioprine sodium</i>	1	PA
BALVERSA	4	PA
BAVENCIO	4	PA
BELEODAQ	4	PA
<i>bexarotene</i>	1	PA
<i>bicalutamide</i>	1	
<i>bleomycin</i>	4	PA; LA
BLINCYTO INTRAVENOUS KIT	4	PA
BOSULIF	4	PA; LA; QL
BRAFTOVI	4	PA; QL
BRUKINSA	4	PA; QL
<i>busulfan</i>	4	PA
BUSULFEX	4	PA; *; LA
BYNFEZIA	4	PA; LA
CABOMETYX	4	PA; LA
CALQUENCE	4	PA; QL
<i>capecitabine</i>	4	PA; LA
CAPRELSA	4	PA; QL
<i>carboplatin intravenous solution</i>	4	PA; LA
CASODEX	3	*
CELLCEPT	4	*
CELLCEPT INTRAVENOUS	4	PA; *; LA
<i>cladribine</i>	4	PA; LA
COMETRIQ	4	PA
COPIKTRA	4	PA; QL
COSMEGEN	4	PA; LA
COTELLIC	4	PA; LA
<i>cyclophosphamide intravenous recon soln</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>cyclophosphamide oral capsule</i>	1	
<i>cyclosporine intravenous</i>	4	PA; LA
<i>cyclosporine modified</i>	4	
<i>cyclosporine oral capsule</i>	4	
<i>cytarabine</i>	4	PA; LA
<i>cytarabine (pf) injection solution</i>	4	PA; LA
<i>dacarbazine</i>	4	PA; LA
DACOGEN	4	PA; *, LA
<i>dactinomycin</i>	4	PA; LA
DARZALEX	4	PA; LA
<i>daunorubicin</i>	4	PA; LA
DAURISMO	4	PA; LA; QL
<i>decitabine</i>	4	PA; LA
DOCEFREZ	4	PA; LA
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	PA; LA
DOXIL	4	PA; *, LA
<i>doxorubicin, peg-liposomal</i>	1	PA
DROXIA	2	
ELIGARD	4	LA
ELIGARD (3 MONTH)	4	LA
ELIGARD (4 MONTH)	4	LA
ELIGARD (6 MONTH)	4	LA
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	4	PA; *, LA
ELLECE INTRAVENOUS SOLUTION 50 MG/25 ML	4	PA; LA
EMCYT	3	
EMPLICITI	4	PA; LA
ENVARUSUS XR	4	
<i>epirubicin intravenous recon soln 200 mg</i>	4	PA; LA
<i>epirubicin intravenous solution</i>	4	PA; LA
ERBITUX	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
ERIVEDGE	4	PA; LA; QL
ERLEADA	4	PA; LA; QL
<i>erlotinib</i>	4	PA; LA; QL
ERWINAZE	4	PA; LA
ETOPOPHOS	4	PA; LA
<i>etoposide intravenous</i>	4	PA; LA
<i>etoposide oral</i>	1	
<i>everolimus (antineoplastic)</i>	1	PA
<i>everolimus (immunosuppressive)</i>	1	PA; LA
<i>exemestane</i>	1	
FARESTON	3	*
FARYDAK	4	PA; LA
FASLODEX	4	PA; *; LA
FEMARA	3	*
FIRMAGON KIT W DILUENT SYRINGE	4	PA
<i>floxuridine</i>	4	PA; LA
<i>fludarabine</i>	4	PA; LA
<i>fluorouracil intravenous</i>	4	PA; LA
<i>flutamide</i>	1	
FOLOTYN	4	PA; LA
<i>fulvestrant</i>	4	PA; LA
GAZYVA	4	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	
<i>gengraf oral solution</i>	4	
GILOTRIF	4	PA; LA; QL
GLEEVEC	4	PA; *; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
GLIADEL WAFER	3	
HALAVEN	4	PA; LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA; LA
HYCAMTIN INTRAVENOUS	4	PA; *; LA
HYCAMTIN ORAL	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
HYDREA	3	*
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; LA; QL
ICLUSIG	4	PA
IDAMYCIN PFS	4	PA; *; LA
<i>idarubicin</i>	4	PA; LA
IDHIFA	4	PA; LA; QL
IFEX	4	PA; *; LA
<i>ifosfamide</i>	4	PA; LA
<i>imatinib</i>	4	PA; LA
IMBRUVICA	4	PA; QL
IMFINZI	4	PA; LA
IMLYGIC	4	PA
IMURAN	4	*
INLYTA	4	PA; LA; QL
INREBIC	4	PA; ST; LA; QL
IODOPEN	3	PA
IRESSA	4	PA
IXEMPRA	4	PA; LA
JAKAFI	4	PA; LA; QL
JEVTANA	4	PA; LA
KADCYLA	4	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION	4	PA
KISQALI	4	PA; LA
KISQALI FEMARA CO-PACK	4	PA; LA
KOSELUGO	4	PA
LENVIMA	4	PA; LA
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide subcutaneous kit</i>	4	
LONSURF	4	PA; LA
LORBRENA	4	PA; LA
LUPRON DEPOT	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
LUPRON DEPOT (3 MONTH)	4	
LUPRON DEPOT (4 MONTH)	4	
LUPRON DEPOT (6 MONTH)	4	
LUPRON DEPOT-PED	4	
LUPRON DEPOT-PED (3 MONTH)	4	
LYNPARZA ORAL TABLET	4	PA; LA
LYSODREN	3	
MATULANE	4	PA
<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	4	PA; LA; QL
MEKTOVI	4	PA; QL
<i>melphalan</i>	1	
<i>melphalan hcl</i>	4	PA; LA
<i>mercaptopurine</i>	1	
<i>methotrexate sodium (pf)</i>	4	
<i>methotrexate sodium injection</i>	4	
<i>methotrexate sodium oral</i>	1	
<i>mitoxantrone</i>	4	PA; LA
MYCAPSSA	4	PA
<i>mycophenolate mofetil</i>	4	
<i>mycophenolate mofetil (hcl)</i>	1	PA; LA
<i>mycophenolate sodium</i>	4	
MYFORTIC	4	*
MYLERAN	2	
NAVELBINE	4	PA; *; LA
NEORAL	4	*
NERLYNX	4	PA; LA; QL
NEXAVAR	4	PA; LA
NILANDRON	3	PA; *
<i>nilutamide</i>	1	PA
NINLARO	4	PA; LA
NIPENT	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
NUBEQA	4	PA; LA; QL
NULOJIX	4	PA; LA
<i>octreotide acetate</i>	4	PA
ODOMZO	4	PA; LA; QL
ONCASPAR	4	PA; LA
ONUREG	4	PA
<i>oxaliplatin</i>	4	PA; LA
<i>paclitaxel</i>	4	PA; LA
<i>paraplatin</i>	1	PA
PEMAZYRE	4	PA; QL
PERJETA	4	PA; LA
PHOTOFRIN	4	PA; LA
PIQRAY	4	PA; LA; QL
PROGRAF INTRAVENOUS	4	PA; LA
PROGRAF ORAL CAPSULE	4	*
PROGRAF ORAL GRANULES IN PACKET	4	
PURIXAN	4	
QINLOCK	4	PA; QL
RAPAMUNE	4	*
RETEVMO	4	PA; LA; QL
ROZLYTREK	4	PA; LA; QL
RUBRACA	4	PA
RYDAPT	4	PA; LA
SANDIMMUNE INTRAVENOUS	4	PA; *
SANDIMMUNE ORAL CAPSULE	4	*
SANDIMMUNE ORAL SOLUTION	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; *
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA; LA; QL
SIGNIFOR	4	PA; LA
SIGNIFOR LAR	4	PA; LA; QL
SIKLOS	3	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
SIMULECT	4	PA; LA
<i>sirolimus</i>	4	
SOLTAMOX	0	ACA
SOMATULINE DEPOT	4	PA
SPRYCEL	4	PA; LA
STIVARGA	4	PA; LA; QL
SUTENT	4	PA; LA; QL
SYLVANT	4	PA; LA
SYNRIBO	4	PA
TABLOID	2	
TABRECTA	4	PA; LA; QL
<i>tacrolimus oral</i>	4	
TAFINLAR	4	PA; LA; QL
TAGRISSO	4	PA; LA
TALZENNA	4	PA; LA; QL
<i>tamoxifen</i>	0	ACA
TARCEVA	4	PA; *; LA; QL
TARGRETIN ORAL	3	PA; *
TARGRETIN TOPICAL	2	PA
TASIGNA	4	PA; LA
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	4	PA; *; LA
TAZVERIK	4	PA; QL
TEMODAR INTRAVENOUS	4	PA; LA
TEMODAR ORAL	4	PA; *; LA
<i>temozolomide</i>	4	PA; LA
TENIPOSIDE	3	
THALOMID	4	PA; LA; QL
TIBSOVO	4	PA; QL
<i>toposar</i>	4	PA; LA
<i>topotecan intravenous recon soln</i>	4	PA; LA
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	PA; LA
<i>toremifene</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
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; LA
<i>tretinoin (antineoplastic)</i>	1	PA
TREXALL	3	
TRIPTODUR	4	PA
TUKYSA	4	PA; QL
TURALIO	4	PA; QL
TYKERB	4	PA; LA; QL
UNITUXIN	4	PA; QL
VECTIBIX	4	PA; LA
VENCLEXTA	4	PA
VENCLEXTA STARTING PACK	4	PA
VERZENIO	4	PA; LA
VIDAZA	4	PA; *; LA
<i>vinblastine intravenous solution</i>	4	PA; LA
<i>vincasar pfs</i>	4	PA; LA
<i>vincristine</i>	4	PA; LA
<i>vinorelbine</i>	4	PA; LA
VITRAKVI	4	PA; LA; QL
VIZIMPRO	4	PA; LA; QL
VOTRIENT	4	PA; LA
XALKORI	4	PA; LA; QL
XATMEP	3	PA
XELODA	4	PA; *; LA
XERMELO	4	PA
XOSPATA	4	PA; QL
XPOVIO	4	PA
XTANDI	4	PA; LA; QL
YERVOY	4	PA; LA
YONDELIS	4	PA; LA
YONSA	4	PA; LA; QL
ZALTRAP	4	PA; LA
ZANOSAR	4	PA; LA
ZEJULA	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
ZELBORAF	4	PA; LA; QL
ZEVALIN (Y-90)	4	PA; LA
ZOLADEX	4	LA
ZOLINZA	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	4	PA; *; LA
ZORTRESS ORAL TABLET 1 MG	4	PA; LA
ZYDELIG	4	PA
ZYKADIA ORAL TABLET	4	PA; LA
ZYTIGA ORAL TABLET 250 MG	4	PA; *; LA; QL
ZYTIGA ORAL TABLET 500 MG	4	PA; LA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	PA
BANZEL	3	
BRIVIACT INTRAVENOUS	3	PA
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET 10 MG	3	
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<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	3	*
CELONTIN ORAL CAPSULE 300 MG	2	
CEREBYX	3	PA; *
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	
DEPAKOTE	3	*
DEPAKOTE ER	3	*
DEPAKOTE SPRINKLES	3	*
DIACOMIT	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
DIASTAT	3	*
DIASTAT ACUDIAL	3	*
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	*
DILANTIN INFATABS	3	*
DILANTIN-125	3	*
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	*
FINTEPLA	4	PA
<i>fosphenytoin</i>	1	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<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	
GABITRIL	3	*
GRALISE	3	PA
KEPPRA INTRAVENOUS	3	PA; *
KEPPRA ORAL	3	*
KEPPRA XR	3	*
KLONOPIN	3	*
LAMICTAL ODT	3	*
LAMICTAL ODT STARTER (BLUE)	3	*
LAMICTAL ODT STARTER (GREEN)	3	*
LAMICTAL ODT STARTER (ORANGE)	3	*
LAMICTAL ORAL TABLET	3	*
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 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
LAMICTAL STARTER (BLUE) KIT	3	*
LAMICTAL STARTER (GREEN) KIT	3	*
LAMICTAL STARTER (ORANGE) KIT	3	*
LAMICTAL XR	3	*
LAMICTAL XR STARTER (BLUE)	3	PA
LAMICTAL XR STARTER (GREEN)	3	PA
LAMICTAL XR STARTER (ORANGE)	3	PA
<i>lamotrigine</i>	1	
<i>levetiracetam intravenous</i>	1	PA
<i>levetiracetam oral</i>	1	
LYRICA	3	PA; *, QL
LYRICA CR	3	PA; QL
MYSOLINE	3	*
NAYZILAM	3	PA; QL
NEURONTIN	3	*
ONFI ORAL SUSPENSION	3	PA; *
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; *
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	PA
PEGANONE	3	
<i>phenobarbital</i>	1	
PHENYTEK	3	*
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium</i>	1	PA
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	PA; QL
<i>primidone</i>	1	
QUDEXY XR	3	PA
<i>roweepra</i>	1	
SABRIL	4	*
SPRITAM	3	
<i>subvenite</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>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*
TEGRETOL XR	3	*
<i>tiagabine</i>	1	
TOPAMAX	3	*
<i>topiramate oral capsule, sprinkle</i>	1	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR	3	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	*
TROKENDI XR	3	PA
<i>valproate sodium</i>	1	PA
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
VALTOCO	3	PA
<i>vigabatrin</i>	4	
<i>vigadrone</i>	4	
VIMPAT INTRAVENOUS	2	PA
VIMPAT ORAL SOLUTION	2	
VIMPAT ORAL TABLET	2	
XCOPRI	3	PA
XCOPRI MAINTENANCE PACK	3	PA
XCOPRI TITRATION PACK	3	PA
ZARONTIN	3	*
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	*
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; LA; QL
AZILECT	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>benztropine injection</i>	1	PA
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COGENTIN	3	PA; *
COMTAN	3	*
DUOPA	4	
<i>entacapone</i>	1	
GOCOVRI	4	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA
LODOSYN	3	*
MIRAPEX ER	3	*
NEUPRO	3	
NOURIANZ	4	PA
OSMOLEX ER	4	PA
PARLODEL	3	*
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	3	PA; *
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>ropinirole oral tablet 3 mg, 4 mg, 5 mg</i>	1	QL
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET	3	*
STALEVO 100	3	*
STALEVO 125	3	*
STALEVO 150	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
STALEVO 200	3	*
STALEVO 50	3	*
STALEVO 75	3	*
TASMAR ORAL TABLET 100 MG	3	*
<i>tolcapone</i>	1	
<i>trihexyphenidyl</i>	1	
XADAGO	3	PA
ZELAPAR	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
AMERGE	3	*; QL
CAFERGOT	3	*
D.H.E.45	3	*
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	PA; QL
<i>eletriptan</i>	1	PA; QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	*; QL
<i>frovatriptan</i>	1	QL
IMITREX	3	*; QL
IMITREX STATDOSE PEN	3	*; QL
IMITREX STATDOSE REFILL	3	*; QL
MAXALT ORAL TABLET 10 MG	3	*; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	*; QL
<i>migergot</i>	1	
MIGRANAL	3	*; QL
<i>naratriptan</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
NURTEC ODT	3	PA; QL
ONZETRA XSAIL	3	PA; QL
RELPAX	3	ST; *; QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate oral</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 succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen</i>	1	PA; QL
TOSYMRA	3	PA; QL
TREXIMET ORAL TABLET 85-500 MG	3	PA; *; QL
UBRELVY ORAL TABLET 100 MG	3	PA; LA; QL
UBRELVY ORAL TABLET 50 MG	3	PA; QL
ZEMBACE SYMTOUCH	3	PA; QL
<i>zolmitriptan</i>	1	QL
ZOMIG NASAL	2	QL
ZOMIG ORAL	3	*; QL
ZOMIG ZMT	3	*; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	PA; *; LA; QL
ARICEPT ORAL TABLET 10 MG, 5 MG	3	*
ARICEPT ORAL TABLET 23 MG	3	PA; *
AUSTEDO	4	PA
<i>dalfampridine</i>	4	PA; LA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	PA
<i>donepezil oral tablet, disintegrating</i>	1	PA
EXELON TRANSDERMAL	3	PA; *
FIRDAPSE	4	PA; QL
<i>galantamine</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
HORIZANT	3	PA; QL
INGREZZA	4	PA
INGREZZA INITIATION PACK	4	PA; QL
KEVEYIS	4	PA; QL
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA
<i>memantine oral solution</i>	1	PA
<i>memantine oral tablet</i>	1	PA
MEMANTINE ORAL TABLETS, DOSE PACK	3	PA
NAMENDA ORAL TABLET	3	PA; *
NAMENDA TITRATION PAK	3	PA
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; *
NAMZARIC	3	PA
NUEDEXTA	3	PA; QL
RAZADYNE ER	3	PA; *
<i>rivastigmine</i>	1	PA
<i>rivastigmine tartrate</i>	1	PA
RUZURGI	4	PA; QL
TEGSEDI	4	PA; LA
<i>tetrabenazine</i>	4	PA; LA; QL
TYSABRI	4	PA; LA
XENAZINE	4	PA; *; LA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	3	PA; *; QL
<i>atracurium</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
BACLOFEN ORAL TABLET 5 MG	3	
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	QL
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</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>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA; QL
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	*
<i>dantrolene oral</i>	1	
FEXMID	3	PA; *
LORZONE	3	PA; *
<i>meprobamate</i>	1	
MESTINON ORAL	3	*
MESTINON TIMESPAN	3	*
<i>metaxall</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol injection</i>	1	PA
<i>methocarbamol oral</i>	1	
NORGESIC FORTE	3	PA
<i>orphenadrine citrate injection</i>	1	PA
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	PA
<i>orphengesic forte</i>	1	PA
OZOBAX	3	PA
<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</i>	1	PA
ROBAXIN INJECTION	2	PA
ROBAXIN-750	3	*
SKELAXIN	3	*
SOMA	3	*
<i>tizanidine</i>	1	
<i>vanadom</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
ZANAFLEX	3	*
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	PA
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
ACTIQ	3	PA; *; QL
ALLZITAL	3	
APADAZ	3	QL
ARYMO ER	3	PA; QL
<i>ascomp with codeine</i>	1	QL
BELBUCA	3	PA; QL
BENZHYDROCODONE-ACETAMINOPHEN	3	QL
BUPAP ORAL TABLET 50-300 MG	3	*
BUPRENEX	3	PA; QL
<i>buprenorphine hcl injection</i>	1	PA; QL
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	PA; QL
<i>butalbital compound w/codeine</i>	1	QL
<i>butalbital-acetaminop-caf-cod</i>	1	QL
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	3	PA; *; QL
<i>codeine sulfate oral tablet</i>	1	QL
<i>codeine-bitalbital-asa-caff</i>	1	QL
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML	3	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION	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
DILAUDID	3	*; QL
<i>diskets</i>	1	PA; QL
DOLOPHINE ORAL	3	PA; *; QL
DURAGESIC	3	PA; *; QL
<i>dvorah</i>	1	QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
ESGIC	3	*
<i>fentanyl</i>	1	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL
FENTORA	3	PA; QL
FIORICET ORAL CAPSULE	3	*
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	3	*; QL
FIORINAL	3	*
FIORINAL-CODEINE #3	3	*; QL
<i>hydrocodone bitartrate</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</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 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	PA; QL
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	3	PA; QL
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; 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</i>	1	QL
HYSINGLA ER	2	PA; QL
<i>ibuprofen-oxycodone</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
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; ST; *; QL
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	3	PA; ST; QL
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	3	PA; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	1	QL
<i>lorcet hd</i>	1	QL
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	QL
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	QL
<i>meperidine oral</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
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	PA; QL
MORPHINE INTRAMUSCULAR	3	QL
<i>morphine intravenous pt controlled analgesia syring</i>	1	PA; QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	PA; QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	PA; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</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>morphine rectal</i>	1	QL
MS CONTIN	3	PA; *; QL
NALOCET	3	QL
NORCO	3	*; QL
OXAYDO	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
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	PA
<i>oxycodone-aspirin</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
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	*; QL
PRIMLEV	3	QL
<i>prolate</i>	1	PA
ROXICODONE	3	*; QL
SUBLOCADE	4	
SUBSYS	3	PA; QL
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	QL
VANATOL LQ	3	
VANATOL S	3	
<i>vtol lq</i>	1	
XTAMPZA ER	3	PA; QL
<i>zebital oral capsule 50-325-40 mg</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
ZOXYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR	3	PA; *, QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	ACA; OTC
ANAPROX DS	3	*
ARTHROTEC 50	3	PA; *
ARTHROTEC 75	3	PA; *
<i>aspirin low dose</i>	0	ACA; OTC
<i>aspirin oral tablet</i>	0	ACA; OTC
<i>aspirin oral tablet, chewable</i>	0	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	0	ACA; OTC
<i>aspir-trin</i>	0	ACA; OTC
<i>bayer aspirin</i>	0	ACA; OTC
BUNAVAIL	3	QL
<i>buprenorphine-naloxone sublingual film</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet</i>	1	
<i>butorphanol injection</i>	1	PA; QL
<i>butorphanol nasal</i>	1	QL
CAMBIA	3	PA; QL
CELEBREX	3	*, QL
<i>celecoxib</i>	1	QL
<i>children's aspirin</i>	0	ACA; OTC
<i>choline, magnesium salicylate</i>	1	
CONZIP	3	PA; ST; QL
DAYPRO	3	*
DICLOFENAC EPOLAMINE	3	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	
DICLOFENAC SUBMICRONIZED	3	PA
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</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
DISALCID	3	*
DUEXIS	3	PA; QL
<i>e.c. prin</i>	0	ACA; OTC
EC-NAPROSYN	3	*
<i>ecotrin</i>	0	ACA; OTC
<i>ecotrin low strength</i>	0	ACA; OTC
<i>etodolac</i>	1	
FELDENE	3	*
FENOPROFEN ORAL CAPSULE	3	PA
<i>fenopropfen oral tablet</i>	1	PA
FENORTHO ORAL CAPSULE 200 MG	3	PA
FLECTOR	3	PA
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL	2	
INDOCIN RECTAL	3	
<i>indomethacin oral</i>	1	
INDOMETHACIN SUBMICRONIZED	3	PA
<i>ketoprofen oral capsule 25 mg</i>	1	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	PA
KETOROLAC NASAL	3	PA; QL
<i>ketorolac oral</i>	1	QL
LICART	3	PA
<i>lite coat aspirin</i>	0	ACA; OTC
LODINE ORAL TABLET	3	*
LUCEMYRA	3	PA; QL
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet</i>	1	
MOBIC 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>nabumetone</i>	1	
<i>nalbuphine</i>	1	PA; QL
NALFON ORAL CAPSULE 400 MG	3	PA
NALFON ORAL TABLET	3	PA; *
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	3	PA; *
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	
NAPROSYN ORAL SUSPENSION	3	*
NAPROSYN ORAL TABLET 500 MG	3	*
<i>naproxen</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	PA
<i>naproxen-esomeprazole</i>	1	PA; QL
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
<i>oxaprozin</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	PA
<i>pentazocine-naloxone</i>	1	QL
<i>piroxicam</i>	1	
RELAFEN	3	*
RELAFEN DS	3	PA
<i>salsalate</i>	1	
SPRIX	4	PA; QL
<i>st joseph aspirin</i>	0	ACA; OTC
<i>st. joseph aspirin</i>	0	ACA; OTC
SUBOXONE	3	*; QL
<i>sulindac</i>	1	
TIVORBEX ORAL CAPSULE 20 MG	3	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>tolmetin</i>	1	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
TRAMADOL ORAL TABLET 100 MG	3	PA
<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</i>	1	QL
ULTRACET	3	*; QL
ULTRAM	3	*; QL
VIMOVO	3	PA; *
VIVITROL	4	QL
VOLTAREN TOPICAL	3	*
ZIPSOR	3	PA
ZORVOLEX	2	PA
ZUBSOLV	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	3	QL
ABILIFY MYCITE	3	PA; QL
ABILIFY ORAL TABLET	3	*; QL
ADASUVE	3	
ADDERALL	3	*; QL
ADDERALL XR	3	*; QL
ADHANSIA XR	3	PA
ADZENYS ER	3	PA; QL
ADZENYS XR-ODT	3	PA; QL
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	3	*
AMBIEN CR	3	*
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</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>amoxapine</i>	1	
AMPHETAMINE	3	PA; QL
<i>amphetamine sulfate</i>	1	QL
ANAFRANIL	3	*
APLENZIN	3	PA
APTENSIO XR	3	PA; QL
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA	3	QL
ARISTADA INITIO	3	QL
<i>armodafinil</i>	1	PA; QL
ATIVAN INJECTION	3	PA; *
ATIVAN ORAL	3	*
<i>atomoxetine</i>	1	QL
BELSOMRA	3	PA; QL
BRISDELLE	3	*
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>bupirone</i>	1	
CAPLYTA	3	PA; QL
CELEXA ORAL TABLET	3	*
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine injection</i>	1	PA
<i>chlorpromazine oral</i>	1	
<i>citalopram</i>	1	
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL
<i>clorazepate dipotassium</i>	1	
<i>clozapine</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
CLOZARIL	3	*
CONCERTA	3	*; QL
COTEMPLA XR-ODT	3	PA; QL
CYMBALTA	3	*
DAYTRANA	3	QL
DAYVIGO	3	PA; QL
<i>desipramine</i>	1	
DESOXYN	3	*; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>desvenlafaxine succinate</i>	1	QL
DEXEDRINE SPANSULE	3	*; QL
<i>dexmethylphenidate</i>	1	QL
<i>dextroamphetamine</i>	1	QL
<i>dextroamphetamine-amphetamine</i>	1	QL
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL	3	ST
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	PA
DRIZALMA SPRINKLE	3	PA
<i>duloxetine</i>	1	
DYANAVEL XR	3	PA; QL
EDLUAR	3	PA
EFFEXOR XR	3	*
EMSAM	3	PA
<i>ergoloid</i>	1	
<i>escitalopram oxalate</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL
EVEKEO	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
EVEKEO ODT	3	PA; QL
FANAPT	3	ST; QL
FETZIMA	3	ST
<i>flumazenil</i>	1	PA
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl injection</i>	1	PA
<i>fluphenazine hcl oral</i>	1	
<i>flurazepam</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST
<i>fluvoxamine oral tablet</i>	1	
FOCALIN	3	*; QL
FOCALIN XR	3	PA; *; QL
FORFIVO XL	3	PA
GEODON ORAL	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL
<i>guanidine</i>	1	
HALCION ORAL TABLET 0.25 MG	3	*
HALDOL	3	PA; *
HALDOL DECANOATE	3	*
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate injection</i>	1	PA
<i>haloperidol lactate oral</i>	1	
HETLIOZ	4	PA; LA
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG	3	*
INTUNIV ER	3	*; QL
INVEGA	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
INVEGA SUSTENNA	3	QL
INVEGA TRINZA	3	
JORNAY PM	3	PA
KAPVAY	3	*; QL
LATUDA	3	PA; QL
LEXAPRO ORAL TABLET	3	*
<i>lithium carbonate</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHOBID	3	*
<i>lorazepam injection</i>	1	PA
<i>lorazepam intensol</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate</i>	1	
LUNESTA	3	*; QL
<i>maprotiline</i>	1	
MARPLAN	3	
<i>methamphetamine</i>	1	QL
METHYLIN ORAL SOLUTION	3	*; QL
METHYLPHENIDATE HCL ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA; QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	QL
<i>methylphenidate hcl oral solution</i>	1	QL
<i>methylphenidate hcl oral tablet</i>	1	QL
<i>methylphenidate hcl oral tablet extended release</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	QL
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL
<i>midazolam (pf) injection cartridge</i>	1	PA
<i>midazolam (pf) injection solution 1 mg/ml</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>midazolam (pf) injection solution 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml)</i>	1	PA
<i>midazolam (pf) injection syringe 5 mg/ml</i>	1	
<i>midazolam injection</i>	1	PA
<i>mirtazapine</i>	1	
<i>modafinil</i>	1	PA; QL
<i>molindone</i>	1	
MYDAYIS	2	QL
NARDIL	3	*
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	*
<i>nortriptyline</i>	1	
NUPLAZID ORAL CAPSULE	4	PA; LA; QL
NUPLAZID ORAL TABLET 10 MG	4	PA; LA; QL
NUVIGIL	3	PA; *; QL
<i>olanzapine intramuscular</i>	1	PA; QL
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	*
PARNATE	3	*
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	
<i>paroxetine mesylate(menop.sym)</i>	1	
PAXIL CR	3	*
PAXIL ORAL SUSPENSION	3	ST
PAXIL ORAL TABLET	3	*
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PEXEVA	3	ST
<i>phenelzine</i>	1	
<i>pimozide</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
PRISTIQ	3	*; QL
<i>procentra</i>	1	QL
<i>protriptyline</i>	1	
PROVIGIL	3	PA; *; QL
PROZAC ORAL CAPSULE	3	*
QUAZEPAM	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>	1	QL
<i>quetiapine oral tablet 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER	3	PA; QL
QUILLIVANT XR	3	PA; QL
<i>ramelteon</i>	1	QL
RELEXXII	3	PA; QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB	3	*
RESTORIL	3	*
REXULTI	3	PA
RISPERDAL CONSTA	3	PA; QL
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	3	*; QL
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	*; QL
ROZEREM	3	*; QL
SAPHRIS SUBLINGUAL TABLET 10 MG	3	PA; QL
SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG	3	ST; QL
SARAFEM ORAL TABLET 10 MG, 20 MG	3	*
<i>seconal sodium</i>	1	
SECUADO	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
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG	3	*; QL
SEROQUEL ORAL TABLET 400 MG, 50 MG	3	*
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
<i>sertraline</i>	1	
SILENOR	3	PA; *
STRATTERA	3	*; QL
SUNOSI	3	PA
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	3	*
<i>temazepam</i>	1	
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	*
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST
VALIUM	3	*
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST
VERSACLOZ	3	
VIIBRYD ORAL TABLET	3	ST
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST
VRAYLAR	3	PA; QL
VYVANSE	2	QL
WAKIX	4	PA
WELLBUTRIN SR	3	*
WELLBUTRIN XL	3	*; QL
XANAX	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
XANAX XR	3	*
XYREM	4	PA; LA; QL
<i>zaleplon</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	QL
<i>ziprasidone hcl</i>	1	QL
ZOLOFT	3	*
<i>zolpidem</i>	1	
ZOLPIMIST	3	PA
ZYPREXA INTRAMUSCULAR	3	PA; *; QL
ZYPREXA ORAL	3	*; QL
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	*; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	
BETAPACE	3	*
BETAPACE AF	3	*
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
NORPACE	3	*
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection</i>	1	PA
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate 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
RYTHMOL SR	3	*
<i>sotalol af</i>	1	
SOTALOL INTRAVENOUS	3	PA
<i>sotalol oral</i>	1	
SOTYLIZE	3	
TIKOSYN	3	*
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	*
ACCURETIC	3	*
<i>acebutolol</i>	1	
ADALAT CC	3	*
ALDACTAZIDE ORAL TABLET 25-25 MG	3	*
ALDACTAZIDE ORAL TABLET 50-50 MG	3	
ALDACTONE	3	*
<i>aliskiren</i>	1	ST
ALTACE	3	*
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	ST
<i>amlodipine-valsartan</i>	1	ST
<i>amlodipine-valsartan-hcthiazid</i>	1	
ATACAND	3	*
ATACAND HCT	3	*
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	3	*
AVAPRO	3	*
AZOR	3	*
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	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
BENICAR HCT	3	*
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	1	PA
<i>bumetanide oral</i>	1	
BYSTOLIC	2	
CALAN SR	3	*
<i>candesartan</i>	1	ST
<i>candesartan-hydrochlorothiazid</i>	1	ST
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA	3	*
CARDURA XL	3	ST
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	ST
CATAPRES	3	*
CATAPRES-TTS-1	3	*
CATAPRES-TTS-2	3	*
CATAPRES-TTS-3	3	*
<i>chlorothiazide sodium</i>	1	PA
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	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
COREG	3	*
COREG CR	3	*
CORGARD	3	*
COZAAR	3	*
DEMSER	3	PA; *
DIBENZYLINE	3	*
<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</i>	1	
DIOVAN	3	*
DIOVAN HCT	3	*
DIURIL	3	
DIURIL IV	3	PA; *
<i>doxazosin</i>	1	
DUTOPROL	2	
DYAZIDE	3	*
DYRENIUM	3	*
EDARBI	3	ST
EDARBYCLOR	3	ST
EDECRIN	3	*
<i>enalapril maleate</i>	1	
<i>enalaprilat intravenous solution</i>	1	PA
<i>enalapril-hydrochlorothiazide</i>	1	
EPANED ORAL SOLUTION	3	PA
<i>eplerenone</i>	1	
<i>epoprostenol (glycine)</i>	4	PA; LA
<i>eprosartan</i>	1	ST
<i>ethacrynate sodium</i>	1	PA
<i>ethacrynic acid</i>	1	
EXFORGE	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
EXFORGE HCT	3	*
<i>felodipine</i>	1	
FLOLAN	4	PA; LA
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide injection</i>	1	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	4	
<i>hydralazine injection</i>	1	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	3	*
<i>indapamide</i>	1	
INDERAL LA	3	*
INDERAL XL	3	
INNOPRAN XL	2	
INSPRA	3	*
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KAPSPARGO SPRINKLE	3	
KATERZIA	3	PA
<i>labetalol oral</i>	1	
LASIX	3	*
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	*
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	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
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	*
<i>matzim la</i>	1	
MAXZIDE	3	*
MAXZIDE-25MG	3	*
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>methyldopate</i>	1	PA
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	PA
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	PA
MICARDIS	3	*
MICARDIS HCT	3	*
MINIPRESS	3	*
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	PA
<i>nisoldipine</i>	1	
NORVASC	3	*
<i>olmesartan</i>	1	ST
<i>olmesartan-amlodipin-hcthiazyd</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	ST
ORENITRAM	4	PA; LA
<i>osmitrol 20 %</i>	1	PA
<i>papaverine injection solution</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>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>phentolamine injection recon soln</i>	1	
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	PA
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	*
PROCARDIA	3	*
PROCARDIA XL	3	*
<i>propranolol intravenous</i>	1	PA
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
QBRELIS	3	PA
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
REMODULIN	4	PA; *, LA
SODIUM EDECRIN	3	PA; *
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	*
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG	3	*
<i>taztia xt</i>	1	
TEKTURNA	3	ST; *
TEKTURNA HCT	3	ST
<i>telmisartan</i>	1	ST
<i>telmisartan-amlodipine</i>	1	ST
<i>telmisartan-hydrochlorothiazid</i>	1	ST
TENORETIC 100	3	*
TENORETIC 50	3	*
TENORMIN	3	*
<i>terazosin</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>tiadylt er</i>	1	
TIAZAC	3	*
<i>timolol maleate oral</i>	1	
TOPROL XL	3	*
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>treprostinil sodium</i>	4	PA; LA
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
TRIBENZOR	3	*
UPTRAVI	4	PA; LA
<i>valsartan</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	*
VASOTEC	3	*
<i>veletri</i>	4	PA; LA
<i>verapamil oral</i>	1	
VERELAN	3	*
VERELAN PM	3	*
ZESTORETIC	3	*
ZESTRIL	3	*
ZIAC	3	*
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	*
LANOXIN ORAL TABLET 62.5 MCG (0.0625 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
COAGULATION THERAPY		
AGGRENEX	3	*
AMICAR	3	*
<i>aminocaproic acid intravenous</i>	1	PA
<i>aminocaproic acid oral</i>	1	
ANGIOMAX	3	PA; *
ARGATROBAN IN 0.9 % SOD CHLOR INTRAVENOUS PARENTERAL SOLUTION	3	PA
ARIXTRA	4	*
<i>aspirin-dipyridamole</i>	1	
<i>bivalirudin intravenous recon soln</i>	1	PA
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA
CEPROTIN (BLUE BAR)	4	PA; LA
CEPROTIN (GREEN BAR)	4	PA; LA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
CYKLOKAPRON	3	PA; *
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL
EFFIENT	3	*
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>hep flush-10 (pf)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	PA
<i>heparin (porcine) in nacl (pf)</i>	1	PA
<i>heparin (porcine) injection cartridge</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>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)-0.9nacl</i>	1	
<i>heparin lock flush</i>	1	
<i>heparin lock flush (porcine) intravenous solution 100 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf)</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	3	
<i>jantoven</i>	1	
LOVENOX SUBCUTANEOUS SOLUTION	4	PA; *
LOVENOX SUBCUTANEOUS SYRINGE	4	*
MEPHYTON	3	*
MULPLETA	4	PA; LA; QL
NPLATE	4	PA; LA
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	*
PRADAXA	3	PA; QL
<i>prasugrel</i>	1	
PROMACTA	4	PA; LA
<i>protamine</i>	1	PA
SAVAYSA	3	PA
TAVALISSE	4	PA; LA
<i>tranexamic acid intravenous</i>	1	PA
<i>warfarin</i>	1	
XARELTO	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
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST
<i>amlodipine-atorvastatin</i>	1	
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	*
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID FLAVORED ORAL PACKET	3	
COLESTID ORAL GRANULES	2	
COLESTID ORAL PACKET	3	*
COLESTID ORAL TABLET	3	*
<i>colestipol</i>	1	
CRESTOR	3	*
EZALLOR SPRINKLE	3	
<i>ezetimibe</i>	1	QL
<i>ezetimibe-simvastatin</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE	3	
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST; *
FIBRICOR	3	ST; *
FLOLIPID	3	PA; QL
<i>fluvastatin</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>gemfibrozil</i>	1	
JUXTAPID	4	PA; QL
LESCOL XL	3	*
LIPITOR	3	*
LIPOFEN	3	
LIVALO	3	ST; QL
LOPID	3	*
<i>lovastatin</i>	0	ACA
LOVAZA	3	PA; *
NEXLETOL	3	PA; QL
NEXLIZET	3	PA; QL
<i>niacin oral tablet extended release 24 hr</i>	1	
NIASPAN EXTENDED-RELEASE	3	*
<i>omega-3 acid ethyl esters</i>	1	PA
PRALUENT PEN	2	PA; QL
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	*
<i>pravastatin</i>	0	ACA
<i>prevalite</i>	1	
QUESTRAN	3	*
QUESTRAN LIGHT ORAL POWDER	3	*
REPATHA PUSHTRONEX	3	PA; QL
REPATHA SURECLICK	3	PA; QL
REPATHA SYRINGE	3	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR	3	*
TRILIPIX	3	*
VASCEPA	3	PA
VYTORIN 10-10	3	*
VYTORIN 10-20	3	*
VYTORIN 10-40	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
VYTORIN 10-80	3	*
WELCHOL	3	*
ZETIA	3	*; QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	*
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR	2	PA
ENTRESTO	2	
RANEXA	3	*
<i>ranolazine</i>	1	
VECAMYL	3	
VYNDAMAX	4	PA; QL
VYNDAQEL	4	PA; LA; QL
NITRATES		
DILATRATE-SR	2	
GONITRO	3	
ISORDIL	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
MINITRAN	3	
<i>nitro-bid</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	PA
<i>nitroglycerin in 5 % dextrose intravenous solution 25 mg/250 ml (100 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin intravenous</i>	1	PA
<i>nitroglycerin oral</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>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL	3	*
NITROMIST	3	*
NITROSTAT	3	*
<i>nitro-time</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	1	PA
ANALPRAM-HC TOPICAL	3	*
<i>calcipotriene scalp</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	ST; QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical suspension</i>	1	PA; QL
<i>calcitriol topical</i>	1	QL
COSENTYX	4	PA; LA; QL
COSENTYX (2 SYRINGES)	4	PA; LA; QL
COSENTYX PEN	4	PA; LA; QL
COSENTYX PEN (2 PENS)	4	PA; LA; QL
DOVONEX TOPICAL	3	ST; *; QL
ENSTILAR	3	PA; QL
EPIFOAM	3	
<i>hydrocortisone-pramoxine topical</i>	1	
OVACE	3	*
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL FOAM	3	PA
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	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
PRAMOSONE	3	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SILIQ	4	PA; LA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT	4	PA; LA; QL
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	*
SORILUX	3	ST; QL
STELARA	4	PA; LA; QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX	3	*; QL
TALTZ AUTOINJECTOR	4	PA; LA; QL
TALTZ AUTOINJECTOR (2 PACK)	4	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK)	4	PA; LA; QL
TALTZ SYRINGE	4	PA; LA; QL
TERSI FOAM	3	
TREMFYA	4	PA; LA; QL
VECTICAL	3	*; QL
BURN THERAPY		
SILVADENE	3	*
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
INOVA 4-1	3	
INOVA 8-2	3	
MISCELLANEOUS DERMATOLOGICALS		
CARAC	3	
CONDYLOX TOPICAL GEL	2	
CORTANE-B TOPICAL	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical</i>	1	PA
DUPIXENT PEN	4	PA; LA
DUPIXENT SYRINGE	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
EFUDEX TOPICAL CREAM	3	*
ELIDEL	3	*; QL
EUCRISA	3	PA
FLUOROPLEX	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOFLEX	3	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OXSORALEN ULTRA	3	*
PANRETIN	4	PA
PICATO	3	QL
<i>pimecrolimus</i>	1	QL
<i>podofilox</i>	1	
PROTOPIC	3	*; QL
<i>pradoxin</i>	1	PA
QBREXZA	3	PA; QL
REGRANEX	3	PA
<i>tacrolimus topical</i>	1	QL
TOLAK	3	
UVADEX	3	PA
VALCHLOR	4	PA; LA; QL
VEREGEN	3	
<i>wintergreen oil</i>	1	
ZONALON	3	PA
THERAPY FOR ACNE		
ABSORICA	3	PA
ABSORICA LD	3	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
ACANYA TOPICAL GEL WITH PUMP	3	PA; *
ACZONE TOPICAL GEL	3	PA; *
ACZONE TOPICAL GEL WITH PUMP	3	PA
<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	
<i>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	PA
ALTRENO	3	PA
<i>amnesteem</i>	1	
AMZEEQ	3	PA
ARAZLO	3	PA
ATRALIN	3	*
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
<i>azelaic acid</i>	1	PA
AZELEX	2	PA
BENZAACLIN	3	*
BENZAACLIN PUMP	3	*
BENZAMYCIN	3	*
BENZEPRO (MICROSPHERES)	3	*
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	1	PA
<i>bp 10-1</i>	1	
<i>claravis</i>	1	
CLEOCIN T TOPICAL GEL	3	*
CLEOCIN T TOPICAL LOTION	3	*
CLINDACIN ETZ TOPICAL KIT	3	
<i>clindacin p</i>	1	
CLINDACIN PAC	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
CLINDAGEL	3	PA
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone topical gel</i>	1	PA
DAPSONE TOPICAL GEL WITH PUMP	3	PA
DIFFERIN TOPICAL CREAM	3	*
DIFFERIN TOPICAL GEL WITH PUMP	3	*
DIFFERIN TOPICAL LOTION	3	
ENZOCLEAR	3	PA
EPIDUO FORTE	3	PA
EPIDUO TOPICAL GEL WITH PUMP	3	*
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOCLIN	3	*
FABIOR	3	
FINACEA TOPICAL FOAM	3	PA
FINACEA TOPICAL GEL	3	PA; *
INOVA	3	
<i>isotretinoin</i>	1	
METROCREAM	3	*
METROGEL TOPICAL GEL 1 %	3	*
<i>metronidazole topical</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
<i>myorisan</i>	1	
<i>neuac</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
NEUAC KIT	3	
NORITATE	2	PA
ONEXTON TOPICAL GEL WITH PUMP	3	PA
PR BENZOYL PEROXIDE	3	*
RETIN-A	3	*
RETIN-A MICRO	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RHOFADE	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	3	
ROSANIL	3	*
ROSULA	3	PA
<i>rosula cleansing cloths</i>	1	PA
SOOLANTRA	3	PA
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser</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</i>	1	
<i>sulfacetamide-sulfur-cleansr23</i>	1	
<i>sulfacleanse 8-4</i>	1	
SUMADAN	3	
SUMADAN XLT	3	
<i>tazarotene</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	3	
TAZORAC TOPICAL CREAM 0.1 %	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
TAZORAC TOPICAL GEL	3	
<i>tretinoin</i>	1	
<i>tretinoin microspheres</i>	1	
TRETIN-X CREAM KIT	3	PA
TRETIN-X TOPICAL CREAM 0.075 %	3	
VANOXIDE-HC	3	
VELTIN	3	PA
<i>zenatane</i>	1	
ZIANA	3	*
ZILXI	3	PA
TOPICAL ANESTHETICS		
<i>glydo</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane jelly</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	PA
<i>lidocaine-prilocaine topical cream</i>	1	
LIDOCAINE-TETRACAINE	3	
LIDODERM	3	*
<i>lta pre-attached</i>	1	
PLIAGLIS	3	
SYNERA	3	
XYLOCAINE WITH EPINEPHRINE	3	PA; *
ZTLIDO	3	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A	3	PA
ALTABAX	3	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
CENTANY	3	PA
CENTANY AT	3	PA
CORTISPORIN TOPICAL	2	
<i>gentamicin topical</i>	1	
KLARON	3	*
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	PA
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	3	*
XEPI	3	PA
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
CICLODAN KIT	3	
<i>ciclopirox</i>	1	
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole topical</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole</i>	1	
ECOZA	3	PA; QL
ERTACZO	3	
EXELDERM	3	PA
EXTINA	3	*
JUBLIA	3	PA
KERYDIN	3	PA
<i>ketoconazole topical</i>	1	
LOPROX (AS OLAMINE)	3	*
LOPROX TOPICAL SHAMPOO	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
LULICONAZOLE	3	PA; QL
LUZU	3	PA; QL
MENTAX	3	
MICONAZOLE NITRATE-ZINC OX-PET	3	PA; QL
<i>naftifine</i>	1	
NAFTIN TOPICAL CREAM 2 %	3	*
NAFTIN TOPICAL GEL 1 %	3	*
NAFTIN TOPICAL GEL 2 %	3	
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	1	PA
OXISTAT TOPICAL CREAM	3	*
OXISTAT TOPICAL LOTION	3	
SULCONAZOLE	3	PA
VUSION	3	PA; QL
XOLEGEL	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	1	PA
DENAVIR	3	
XERESE	3	PA
ZOVIRAX TOPICAL	3	*
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP	3	*
<i>alclometasone</i>	1	
<i>amcinonide topical cream</i>	1	PA
<i>amcinonide topical lotion</i>	1	PA
<i>apexicon e</i>	1	PA
<i>beser</i>	1	PA
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate 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 valerate topical foam</i>	1	PA
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	PA
CAPEX	3	
<i>clobetasol scalp</i>	1	PA
<i>clobetasol topical cream</i>	1	PA
<i>clobetasol topical foam</i>	1	PA; QL
<i>clobetasol topical gel</i>	1	PA
<i>clobetasol topical lotion</i>	1	PA
<i>clobetasol topical ointment</i>	1	PA
<i>clobetasol topical shampoo</i>	1	PA
<i>clobetasol topical spray,non-aerosol</i>	1	PA
<i>clobetasol-emollient topical cream</i>	1	PA
<i>clobetasol-emollient topical foam</i>	1	PA; QL
CLOBEX	3	PA; *
CLOCORTOLONE PIVALATE	3	PA
<i>clodan</i>	1	PA
CLODAN KIT	3	PA
CLODERM	3	PA
CORDRAN TAPE LARGE ROLL	3	PA; QL
CORDRAN TOPICAL CREAM 0.025 %	3	PA
CORDRAN TOPICAL CREAM 0.05 %	3	PA; *
CORDRAN TOPICAL LOTION	3	PA; *
CORDRAN TOPICAL OINTMENT	3	PA; *
CUTIVATE TOPICAL CREAM	3	*
CUTIVATE TOPICAL LOTION	3	PA; *
DERMA-SMOOTH/FS BODY OIL	3	*
DERMA-SMOOTH/FS SCALP OIL	3	*
DESONATE	3	PA; *
<i>desonide topical cream</i>	1	
<i>desonide topical gel</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>desonide topical lotion</i>	1	PA
<i>desonide topical ointment</i>	1	
DESOWEN TOPICAL LOTION	3	PA; *
<i>desoximetasone topical cream 0.05 %</i>	1	PA
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	1	PA
<i>desoximetasone topical ointment</i>	1	PA
<i>desoximetasone topical spray,non-aerosol</i>	1	PA
<i>diflorasone</i>	1	PA
DIPROLENE TOPICAL OINTMENT	3	*
DUOBRII	3	PA; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	1	PA
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurandrenolide</i>	1	PA
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	PA
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	PA
<i>halobetasol propionate topical cream</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM	3	PA
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	PA; *
HALOG TOPICAL OINTMENT	3	PA
HALOG TOPICAL SOLUTION	3	PA
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical lotion</i>	1	PA
<i>hydrocortisone butyrate topical ointment</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 butyrate topical solution</i>	1	
<i>hydrocortisone butyr-emollient</i>	1	
<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</i>	1	
IMPOYZ	3	PA
KENALOG TOPICAL	3	*
LEXETTE	3	PA
LOCOID LIPOCREAM	3	
LOCOID TOPICAL LOTION	3	PA; *
LUXIQ	3	PA; *
<i>mometasone topical</i>	1	
<i>nolix</i>	1	PA
NUCORT	3	
OLUX	3	PA; *; QL
OLUX-E	3	PA; *; QL
PANDEL	3	
<i>prednicarbate</i>	1	
PROCTOCORT TOPICAL	3	*
PSORCON	3	PA; *
<i>scalacort</i>	1	
SCALACORT DK	3	PA
SYNALAR	3	*
SYNALAR CREAM KIT	3	
SYNALAR OINTMENT KIT	3	
SYNALAR TS	3	
TEMOVATE TOPICAL CREAM	3	PA; *
TEMOVATE TOPICAL OINTMENT	3	PA; *
TEXACORT	3	
TOPICORT TOPICAL CREAM 0.05 %	3	PA; *
TOPICORT TOPICAL CREAM 0.25 %	3	*
TOPICORT TOPICAL GEL	3	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
TOPICORT TOPICAL OINTMENT	3	PA; *
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	PA; *
<i>tovet emollient</i>	1	PA; QL
<i>triamcinolone acetonide topical aerosol</i>	1	
<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	PA
<i>trianex</i>	1	PA
<i>triderm topical cream</i>	1	
TRIDESILON	3	*
ULTRAVATE TOPICAL LOTION	3	PA
VANOS	3	PA; *
VERDESO	3	ST
TOPICAL ENZYMES		
SANTYL	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	*
EURAX	2	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
NATROBA	3	*
OVIDE	3	*
<i>permethrin topical cream</i>	1	
SKLICE	3	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	3	PA
DUODOTE	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
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	PA
PHYSIOLYTE	3	*
PHYSIOSOL IRRIGATION	3	*
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	*
AMPHADASE	3	PA
<i>anagrelide</i>	1	
ANTABUSE	3	*
<i>aqua care sterile water</i>	1	
BUPHENYL	3	PA; *
<i>caffeine citrate oral</i>	1	
CARBAGLU	4	LA
CARNITOR (SUGAR-FREE)	3	*
CARNITOR INTRAVENOUS	3	PA; *
CARNITOR ORAL	3	*
<i>cevimeline</i>	1	
CHEMET	3	
<i>clovique</i>	1	PA
<i>deferasirox</i>	4	PA; LA
<i>disulfiram</i>	1	
ENDARI	4	PA; QL
EVOXAC	3	*
EXJADE	4	PA; *; LA
FERRIPROX	4	
FERRLECIT	3	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
HYLENEX	3	PA
<i>ic green</i>	1	
INCRELEX	4	PA; LA
<i>indocyanine green</i>	1	
INFASURF	3	
JADENU	4	PA; *
JADENU SPRINKLE	4	PA; *
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
MYOVIEW KIT	3	
<i>nitisinone</i>	4	PA
NITYR	4	PA
NORTHERA	4	PA; LA; QL
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PA; *
ORFADIN ORAL CAPSULE 20 MG	4	PA
ORFADIN ORAL SUSPENSION	4	PA
OXBRYTA	4	PA; LA; QL
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RADIOGARDASE	3	
RAVICTI	4	PA; LA
RILUTEK	3	*
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	*
SINOGRAFIN	3	
<i>sodium chlor 0.9% bacteriostat</i>	1	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) 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 chloride injection</i>	1	
<i>sodium ferric gluconat-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	PA
SOLIRIS	4	PA; LA
SURVANTA	3	
SYPRINE	3	*
THALLOUS CHLORIDE TL-201 INTRAVENOUS SOLUTION 37 MBQ/ML (1 MCI/ML)	3	PA
THIOLA	4	PA
THIOLA EC	4	PA
TIGLUTIK	3	PA; QL
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	ACA
CHANTIX	0	ACA
CHANTIX CONTINUING MONTH BOX	0	ACA
CHANTIX STARTING MONTH BOX	0	ACA
NICODERM CQ	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)</i>	0	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	ACA; OTC
NICOTROL	0	ACA
NICOTROL NS	0	ACA
<i>quit 2</i>	0	ACA; OTC
<i>quit 4</i>	0	ACA; OTC
<i>stop smoking aid</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
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	
CLINPRO 5000	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	3	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
GELCLAIR	3	
GELX	3	
<i>ipratropium bromide nasal</i>	1	
MUGARD	3	
<i>olopatadine nasal</i>	1	ST
<i>oralone</i>	1	
ORAMAGICRX	3	
PATANASE	3	ST; *
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	*
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	*
PREVIDENT 5000 SENSITIVE	3	
Q-CARE RX Q4	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	*
<i>sf</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>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetamide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	*
<i>flac otic oil</i>	1	
<i>fluocinolone acetamide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	2	
CIPRODEX	3	*
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE	3	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; LA; QL
<i>betamethasone acet,sod phos</i>	1	PA
CELESTONE SOLUSPAN	3	PA; *
CORTEF	3	*
<i>cortisone</i>	1	
CORTROSYN	3	PA; *
<i>cosyntropin injection</i>	1	PA
<i>decadron oral tablet</i>	1	
DEPO-MEDROL	3	
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</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>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	PA
<i>dexamethasone sodium phos (pf) injection solution</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
EMFLAZA	4	PA
<i>fludrocortisone</i>	1	
HEMADY	3	PA
<i>hidex</i>	1	PA
<i>hydrocortisone oral</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80	3	
MEDROL (PAK)	3	*
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	2	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	*
<i>prednisolone oral solution 15 mg/5 ml</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</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	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
TAPERDEX	3	PA
<i>triamcinolone acetonide injection</i>	1	
TRIESENCE (PF)	3	
ZCORT	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
TAPAZOLE	3	*
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP	3	PA; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS	3	PA; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP	3	PA; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS	3	PA; OTC; QL
ADVANCED GLUC METER TEST STRIP	3	PA; OTC; QL
ADVOCATE REDI-CODE	3	PA; OTC; QL
ADVOCATE TEST STRIPS	3	PA; OTC; QL
AGAMATRIX AMP TEST STRIPS	3	PA; OTC; QL
ASSURE 4 STRIPS	3	PA; OTC; QL
ASSURE PLATINUM TEST STRIP	3	PA; OTC; QL
ASSURE PRISM MULTI STRIP	3	PA; OTC; QL
BIONIME RIGHTEST TEST STRIPS	3	PA; OTC; QL
BLOOD GLUCOSE TEST	3	PA; OTC; QL
CARESENS N TEST STRIPS	3	PA; OTC; QL
CARETOUCH TEST STRIP	3	PA; OTC; QL
CLEVER CHOICE MICRO TEST STRIP	3	PA; OTC; QL
CLEVER CHOICE PRO STRIP	3	PA; OTC; QL
CLEVER CHOICE TALK TEST	3	PA; OTC; QL
CLEVER CHOICE TEST STRIPS	3	PA; OTC; QL
CLEVER CHOICE VOICE+ TEST	3	PA; OTC; QL
CONTOUR NEXT TEST STRIPS	3	PA; OTC; QL
CONTOUR TEST STRIPS	3	PA; OTC; QL
DIATRUE PLUS TEST STRIP	3	PA; OTC; 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
EASY PLUS II TEST	3	PA; OTC; QL
EASY STEP	3	PA; OTC; QL
EASY TALK GLUCOSE TEST	3	PA; OTC; QL
EASY TOUCH TEST STRIP	3	PA; OTC; QL
EASY TRAK GLUCOSE TEST	3	PA; OTC; QL
EASY TRAK II TEST STRIP	3	PA; OTC; QL
EASYGLUCO PLUS STRIP	3	PA; OTC; QL
EASYGLUCO TEST	3	PA; OTC; QL
EASYMAX	3	PA; OTC; QL
ELEMENT COMPACT TEST STRIPS	3	PA; OTC; QL
ELEMENT TEST STRIPS	3	PA; OTC; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
EMBRACE EVO TEST STRIPS	3	PA; OTC; QL
EMBRACE PRO TEST STRIPS	3	PA; OTC; QL
EMBRACE TALK TEST STRIPS	3	PA; OTC; QL
EVENCARE G2 STRIP	3	PA; OTC; QL
EVENCARE G3 TEST	3	PA; OTC; QL
EVENCARE MINI GLUCOSE TEST STR	3	PA; OTC; QL
EVENCARE PROVIEW TEST STRIP	3	PA; OTC; QL
EVOLUTION TEST STRIPS	3	PA; OTC; QL
EZ SMART PLUS TEST	3	PA; OTC; QL
EZ SMART TEST	3	PA; OTC; QL
FIFTY50 TEST STRIP	3	PA; OTC; QL
FORA D15G STRIPS	3	PA; OTC; QL
FORA D20 STRIP	3	PA; OTC; QL
FORA D40-G31 TEST STRIPS	3	PA; OTC; QL
FORA G20 STRIP	3	PA; OTC; QL
FORA G30-PREMIUM V10 TEST STRP	3	PA; OTC; QL
FORA GD50 TEST STRIPS	3	PA; OTC; QL
FORA GTEL GLUCOSE TEST STRIP	3	PA; OTC; QL
FORA TEST STRIP	3	PA; OTC; QL
FORA TN'G VOICE TEST STRIPS	3	PA; OTC; QL
FORA V10 STRIP	3	PA; OTC; 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
FORA V10-V12-D10-D20 STRIPS	3	PA; OTC; QL
FORA V12 GLUCOSE	3	PA; OTC; QL
FORA V20 STRIP	3	PA; OTC; QL
FORACARE GD20	3	PA; OTC; QL
FORACARE GD40 TEST STRIPS	3	PA; OTC; QL
FORTISCARE GLUCOSE TEST STRIPS	3	PA; OTC; QL
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS	2	OTC; QL
FREESTYLE LITE STRIPS	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS	2	OTC; QL
FREESTYLE TEST	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL
GENSTRIP TEST STRIP	3	PA; OTC; QL
GLUCO NAVII TEST STRIP	3	PA; OTC; QL
GLUCOCARD 01 SENSOR PLUS	3	PA; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	PA; OTC; QL
GLUCOCARD SHINE TEST STRIPS	3	PA; OTC; QL
GLUCOCARD VITAL SENSOR	3	PA; OTC; QL
GLUCOCARD VITAL TEST STRIPS	3	PA; OTC; QL
GLUCOCOM GLUCOSE	3	PA; OTC; QL
GM100 STRIP	3	PA; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL
HARMONY GLUCOSE TEST STRIP	3	PA; OTC; QL
HEALTHPRO TEST STRIPS	3	PA; OTC; QL
INFINITY TEST STRIPS	3	PA; OTC; QL
INFINITY VOICE TEST STRIP	3	PA; OTC; QL
MICRO BLOOD GLUCOSE	3	PA; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE	3	PA; OTC; QL
MYGLUCOHEALTH STRIP	3	PA; OTC; QL
NEUTEK 2TEK TEST STRIPS	3	PA; OTC; QL
NOVA MAX GLUCOSE TEST	3	PA; OTC; QL
ON CALL EXPRESS TEST STRIP	3	PA; OTC; 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
ON CALL PLUS TEST STRIP	3	PA; OTC; QL
ON CALL VIVID TEST STRIP	3	PA; OTC; QL
ONETOUCH ULTRA BLUE TEST STRIP	3	PA; OTC; QL
ONETOUCH VERIO TEST STRIPS	3	PA; OTC; QL
OPTIUM EZ	2	OTC; QL
OPTIUM TEST	2	OTC; QL
OPTUMRX STRIP	3	PA; OTC; QL
PHARMACIST CHOICE	3	PA; OTC; QL
PRECISION PCX PLUS TEST	2	OTC; QL
PRECISION PCX TEST	2	OTC; QL
PRECISION POINT OF CARE TEST	2	OTC; QL
PRECISION Q-I-D TEST	2	OTC; QL
PRECISION XTRA TEST	2	OTC; QL
PREMIER TEST STRIP	3	PA; OTC; QL
PREMIUM V10 STRIP	3	PA; OTC; QL
PRODIGY NO CODING	3	PA; OTC; QL
QUINTET AC STRIP	3	PA; OTC; QL
REFUAH PLUS	3	PA; OTC; QL
RELION CONFIRM-MICRO	3	PA; OTC; QL
RELION PRIME TEST STRIPS	3	PA; OTC; QL
REVEAL TEST STRIP	3	PA; OTC; QL
RIGHTEST GS550 TEST STRIPS	3	PA; OTC; QL
SMART SENSE TEST STRIPS	3	PA; OTC; QL
SMARTTEST TEST	3	PA; OTC; QL
SOLUS V2 TEST STRIPS	3	PA; OTC; QL
SURE-TEST EASYPLUS MINI STRIP	3	PA; OTC; QL
TELCARE TEST STRIPS	3	PA; OTC; QL
TEST N'GO TEST	3	PA; OTC; QL
TRUE METRIX GLUCOSE TEST STRIP	3	PA; OTC; QL
TRUETEST TEST STRIPS	3	PA; OTC; QL
TRUETRACK TEST	3	PA; OTC; QL
ULTIMA TEST STRIPS	3	PA; OTC; QL
ULTRATRAK	3	PA; OTC; 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
ULTRATRAK ULTIMATE STRIP	3	PA; OTC; QL
UNISTRIP1 TEST STRIP	3	PA; OTC; QL
VERASENS TEST STRIP	3	PA; OTC; QL
VIVAGUARD INO TEST STRIP	3	PA; OTC; QL
WAVESENSE JAZZ	3	PA; OTC; QL
WAVESENSE PRESTO STRIP	3	PA; OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER	3	
AEROCHAMBER MINI	3	
AEROCHAMBER PLUS FLOW-VU	3	
AEROCHAMBER PLUS Z STAT	3	
AEROTRACH PLUS	3	
AEROVENT PLUS	3	
BREATHERITE MDI SPACER	3	
COMPACT SPACE CHAMBER	3	
EASIVENT HOLDING CHAMBER	3	
FLEXICHAMBER	3	
GLUCAGEN DIAGNOSTIC KIT	3	QL
GLUCAGON HCL	3	QL
INSPIRACHAMBER	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER	3	
MICROCHAMBER	3	
MICROSPACER	3	
OPTICHAMBER DIAMOND VHC	3	
POCKET CHAMBER	3	
PRIMEAIRE	3	
PROCHAMBER	3	
RITEFLO AEROCHAMBER	3	
SPACE CHAMBER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	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>diazoxide</i>	1	
GLUCAGEN HYPOKIT	3	PA; QL
GLUCAGON (HCL) EMERGENCY KIT	3	PA; QL
GLUCAGON EMERGENCY KIT (HUMAN)	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	3	PA; QL
PROGLYCEM	3	*
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS	2	OTC
BD INTEGRA NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	3	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS	2	OTC; QL
BD ULTRA-FINE NANO PEN NEEDLE	2	OTC
BIONIME RIGHTEST GM300 SYSTEM	3	PA; OTC
CONTOUR LINK	3	PA; OTC
EASYGLUCO MONITORING SYSTEM	3	PA; OTC; QL
EASYMAX NG KIT	3	PA; OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3	
ELEMENT PLUS BLOOD GLUCOSE KIT	3	PA; OTC
EMBRACE TALK BLOOD GLUCOSE SYS	3	PA; OTC; QL
ENLITE SYSTEM	3	
EVENCARE G3 GLUCOSE METER	3	PA; OTC
EVOLUTION BLOOD GLUCOSE METER	3	PA; OTC
EZ SMART PLUS SYSTEM	3	PA; OTC
EZ SMART SYSTEM	3	PA; OTC
FORA D20 KIT	3	PA; OTC
FORA G20 KIT	3	PA; OTC
FORA V10 KIT	3	PA; OTC
FORA V20 KIT	3	PA; OTC
FORA V30A KIT	3	PA; OTC
FORTISCARE BLOOD GLUCOSE SYST	3	PA; 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
GE100 BLOOD GLUCOSE SYSTEM	3	PA; OTC
GLUCO NAVII GLUCOSE MONITOR	3	PA; OTC
GLUCOCARD 01 METER	3	PA; OTC
GLUCOCARD VITAL	3	PA; OTC
GLUCOCOM BLOOD GLUCOSE	3	PA; OTC
GM100 KIT	3	PA; OTC
INFINITY STARTER KIT	3	PA; OTC
JAZZ WIRELESS 2 METER KIT	3	PA; OTC
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC; QL
MYGLUCOHEALTH KIT	3	PA; OTC
NOVOPEN ECHO	3	
OMNIPOD DASH 5 PACK POD	3	
ON CALL EXPRESS METER KIT	3	PA; OTC
ON CALL PLUS METER KIT	3	PA; OTC
ON CALL VIVID METER KIT	3	PA; OTC
ON CALL VIVID PAL METER KIT	3	PA; OTC
ONETOUCH ULTRAMINI	3	PA; OTC
OPTUMRX KIT	3	PA; OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
PRODIGY AUTOCODE METER	3	PA; OTC
PRODIGY POCKET METER	3	PA; OTC
PRODIGY VOICE GLUCOSE METER	3	PA; OTC
REFUAH PLUS GLUCOSE MONITOR	3	PA; OTC; QL
RELION ALL-IN-ONE METER	3	PA; OTC; QL
RELION CONFIRM	3	PA; OTC
RELION MICRO GLUCOSE MONITOR KIT	3	PA; OTC
REVEAL BLOOD GLUCOSE METER	3	PA; OTC
RIGHTEST GM550 SYSTEM	3	PA; OTC
SMARTEST EJECT	3	PA; OTC
SMARTEST PERSONA STARTER	3	PA; OTC
SMARTEST PRONTO STARTER	3	PA; OTC
SMARTEST PROTEGE	3	PA; 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
SOLUS V2 AUDIBLE METER KIT	3	PA; OTC
T:SLIM	2	
T:SLIM G4	3	
TELCARE BGM	3	PA; OTC
TELCARE BLOOD GLUCOSE KIT	3	PA; OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	3	PA; OTC
TRUETRACK BLOOD GLUCOSE SYSTEM	3	PA; OTC
TRUETRACK SMART SYSTEM KIT	3	PA; OTC
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
WAVESENSE AMP	3	PA; OTC
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	3	PA
ADMELOG U-100 INSULIN LISPRO	3	PA
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	PA
APIDRA SOLOSTAR U-100 INSULIN	3	PA
APIDRA U-100 INSULIN	3	PA
BASAGLAR KWIKPEN U-100 INSULIN	3	
FIASP FLEXTOUCH U-100 INSULIN	3	ST
FIASP PENFILL U-100 INSULIN	3	ST
FIASP U-100 INSULIN	3	ST
HUMALOG JUNIOR KWIKPEN U-100	2	
HUMALOG KWIKPEN INSULIN	2	
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	
HUMALOG MIX 75-25 KWIKPEN	2	
HUMALOG MIX 75-25(U-100)INSULN	2	
HUMALOG U-100 INSULIN	2	
HUMULIN 70/30 U-100 INSULIN	2	
HUMULIN 70/30 U-100 KWIKPEN	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
HUMULIN N NPH INSULIN KWIKPEN	2	
HUMULIN N NPH U-100 INSULIN	2	
HUMULIN R REGULAR U-100 INSULN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO	3	PA
INSULIN LISPRO PROTAMIN-LISPRO	3	PA
LANTUS SOLOSTAR U-100 INSULIN	2	
LANTUS U-100 INSULIN	2	
LEVEMIR FLEXTOUCH U-100 INSULN	2	
LEVEMIR U-100 INSULIN	2	
NOVOLIN 70-30 FLEXPEN U-100	3	PA
NOVOLIN N FLEXPEN	3	PA
NOVOLIN R FLEXPEN	3	PA
NOVOLOG FLEXPEN U-100 INSULIN	3	PA
NOVOLOG MIX 70-30 U-100 INSULN	3	PA
NOVOLOG MIX 70-30FLEXPEN U-100	3	PA
NOVOLOG PENFILL U-100 INSULIN	3	PA
NOVOLOG U-100 INSULIN ASPART	3	PA
RELION NOVOLIN 70/30	3	PA
RELION NOVOLIN N	3	PA
RELION NOVOLIN R	3	PA
SEMGLEE PEN U-100 INSULIN	3	PA
SEMGLEE U-100 INSULIN	3	PA
SOLIQUA 100/33	3	PA
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	
MISCELLANEOUS HORMONES		
ACTHREL	3	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
ALDURAZYME	4	PA; LA
ANADROL-50	3	PA
ANDRODERM	3	QL
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	*; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	*; QL
ANDROID	3	PA; *; QL
AVEED	4	PA
<i>cabergoline</i>	1	
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	PA
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA; QL
<i>cinacalcet</i>	1	PA
<i>clomiphene citrate</i>	1	
<i>danazol</i>	1	
DDAVP NASAL SOLUTION	2	
DDAVP ORAL	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
<i>desmopressin nasal spray,non-aerosol</i>	1	
<i>desmopressin oral</i>	1	
<i>doxercalciferol</i>	1	PA
ELAPRASE	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
ELELYSO	4	PA
FABRAZYME	4	PA; LA
FOLLISTIM AQ SUBCUTANEOUS	4	PA; LA
FORTESTA	3	*
GALAFOLD	4	PA; LA; QL
<i>ganirelix</i>	4	PA; LA
GONAL-F	4	PA; LA
GONAL-F RFF	4	PA; LA
GONAL-F RFF REDI-JECT	4	PA; LA
HECTOROL INTRAVENOUS SOLUTION 2 MCG/ML	3	PA
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	3	PA; *
ISTURISA	4	PA
JATENZO	3	PA; QL
JYNARQUE ORAL TABLET	4	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; QL
KANUMA	4	PA
KORLYM	4	PA
KUVAN	4	PA; LA
LUMIZYME	4	PA; LA
MENOPUR	4	PA; LA
METHITEST	3	PA; QL
<i>methyltestosterone oral capsule</i>	1	PA; QL
MIACALCIN INJECTION	3	
<i>miglustat</i>	4	PA; LA
MYALEPT	4	PA; LA
NAGLAZYME	4	PA; LA
NATESTO	3	PA
NATPARA	4	PA; LA
NOCDURNA (MEN)	3	PA; QL
NOCDURNA (WOMEN)	3	PA; QL
NOCTIVA	3	PA; QL
NOVAREL	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
ORILISSA	2	PA
OVIDREL	4	PA
<i>oxandrolone</i>	1	PA
PALYNZIQ	4	PA; LA
<i>pamidronate</i>	4	PA; LA
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	PA
<i>paricalcitol intravenous</i>	1	PA
<i>paricalcitol oral</i>	1	PA
PREGNYL	4	PA; QL
RAYALDEE	3	PA
ROCALTROL	3	*
SAMSCA ORAL TABLET 15 MG	4	PA; LA
SAMSCA ORAL TABLET 30 MG	4	PA; *, LA
<i>sapropterin</i>	1	PA
SENSIPAR	3	*
SOMAVERT	4	PA; LA
STRENSIQ	4	PA
SYNAREL	3	PA
TESTIM	3	*, QL
TESTOPEL	4	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate</i>	1	
TESTOSTERONE IMPLANT PELLETT 200 MG	3	PA
<i>testosterone transdermal gel</i>	1	QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	QL
<i>testosterone transdermal gel in packet</i>	1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	
TESTRED	3	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>tolvaptan oral tablet 30 mg</i>	4	PA
VIMIZIM	4	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VPRIV	4	PA; LA
XYOSTED	3	PA
ZAVESCA	4	PA; *; LA
ZEMPLAR INTRAVENOUS	3	PA; *
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	*
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
ACTOPLUS MET	3	*; QL
ACTOS	3	*; QL
ADLYXIN	3	PA
AMARYL	3	*
AVANDIA ORAL TABLET 2 MG, 4 MG	3	ST; QL
BYDUREON BCISE	2	ST; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR	2	ST; QL
BYETTA	2	ST; QL
CYCLOSET	3	
DUETACT	3	ST; *
FARXIGA	3	ST; QL
FORTAMET	3	PA; *
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOPHAGE	3	*
GLUCOPHAGE XR	3	*
GLUCOTROL	3	*
GLUCOTROL XL	3	*
<i>glyburide</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>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	*
GLYSET	3	*
GLYXAMBI	2	QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	QL
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	QL
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
<i>metformin oral solution</i>	1	PA; QL
<i>metformin oral tablet</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	PA
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	PA
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
NESINA	3	ST
ONGLYZA	3	ST
OSENI	3	PA
OZEMPIC	2	ST; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	ST
<i>pioglitazone-metformin</i>	1	QL
PRANDIN ORAL TABLET 1 MG, 2 MG	3	*
PRECOSE	3	*
QTERN	3	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>repaglinide</i>	1	
<i>repaglinide-metformin</i>	1	
RIOMET	3	PA; *, QL
RIOMET ER	3	PA; QL
RYBELSUS	2	ST; QL
SEGLUROMET	3	ST; QL
STARLIX	3	*
STEGLATRO	3	ST; QL
STEGLUJAN	3	PA; QL
SYMLINPEN 120	3	PA; QL
SYMLINPEN 60	3	PA; QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	
TRIJARDY XR	2	QL
TRULICITY	2	
VICTOZA 2-PAK	2	ST; QL
VICTOZA 3-PAK	2	ST; QL
XIGDUO XR	3	ST; QL
THYROID HORMONES		
ARMOUR THYROID	2	
CYTOMEL	3	*
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral</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</i>	1	PA
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	*
THYROLAR-1	2	
THYROLAR-1/2	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
THYROLAR-1/4	2	
THYROLAR-2	2	
THYROLAR-3	2	
TIROSINT	3	
TIROSINT-SOL	3	PA
TRIOSTAT	3	PA; *
<i>unithroid</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>atropine injection solution</i>	1	PA
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	PA
<i>belladonna alkaloids-opium</i>	1	QL
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	4	PA; LA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
GLYCATE	3	
<i>glycopyrrolate injection</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	PA
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	*
LEVSIN INJECTION	3	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
LEVSIN ORAL	3	*
LEVSIN/SL	3	*
LIBRAX (WITH CLIDINIUM)	3	*
LOMOTIL	3	*
<i>loperamide oral capsule</i>	1	
<i>methscopolamine</i>	1	
MOTOFEN	3	
MYTESI	3	PA; QL
NULEV	3	*
<i>opium tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl</i>	1	
<i>oscimin sr</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	
<i>propantheline</i>	1	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	*
AKYNZEO (NETUPITANT)	3	PA; QL
<i>alophen (bisacodyl)</i>	0	ACA; OTC
<i>alosetron</i>	1	QL
AMITIZA	3	PA; QL
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	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
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	*
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	*
ANUSOL-HC TOPICAL	3	*
<i>aprepitant</i>	1	QL
APRISO	3	ST; *
ASACOL HD	3	ST; *
AURYXIA	3	PA
AZULFIDINE	3	*
AZULFIDINE EN-TABS	3	*
<i>balsalazide</i>	1	
<i>bisacodyl oral</i>	0	ACA; OTC
<i>bisa-lax (bisacodyl)</i>	0	ACA; OTC
BONJESTA	3	QL
<i>budesonide oral</i>	1	
<i>calcium acetate(phosphat bind)</i>	1	
CANASA	3	*
CHENODAL	4	PA
CHOLBAM	4	PA
CIMZIA	4	PA; LA; QL
CIMZIA POWDER FOR RECONST	4	PA; LA; QL
<i>citrate of magnesia</i>	0	ACA; OTC
<i>citroma</i>	0	ACA; OTC
<i>clearlax</i>	0	ACA; OTC
CLENPIQ	3	PA
COLAZAL	3	*
COMPAZINE	3	*
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	*
CORTIFOAM	2	
CREON	2	
<i>cromolyn oral</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
CYSTADANE	4	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST; *
DICLEGIS	3	*; QL
<i>dimenhydrinate injection solution</i>	1	PA
DIPENTUM	3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>droperidol injection solution</i>	1	PA
<i>ducodyl (bisacodyl)</i>	0	ACA; OTC
EMEND ORAL CAPSULE 40 MG, 80 MG	3	*; QL
EMEND ORAL CAPSULE,DOSE PACK	3	*; QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	
ENTOCORT EC	3	*
ENTYVIO	4	PA; LA
<i>enulose</i>	1	
FOSRENOL ORAL POWDER IN PACKET	3	ST
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; *
GASTROCROM	3	*
GATTEX 30-VIAL	4	PA; LA
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c</i>	0	ACA
<i>gavilyte-g</i>	0	ACA
<i>gavilyte-n</i>	0	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	0	ACA; OTC
<i>gentlelax</i>	0	ACA; OTC
GIMOTI	3	PA
<i>glycolax oral powder</i>	0	ACA; OTC
GOLYTELY ORAL POWDER IN PACKET	3	
GOLYTELY ORAL RECON SOLN	3	*
<i>granisetron hcl oral</i>	1	PA
<i>healthylax</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>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal</i>	1	
INFLECTRA	4	PA; LA
KINEVAC	3	PA
<i>kionex (with sorbitol)</i>	1	
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	PA
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lanthanum</i>	1	ST
<i>laxaclear</i>	0	ACA; OTC
<i>laxative (bisacodyl) oral</i>	0	ACA; OTC
<i>laxative peg 3350 oral powder</i>	0	ACA; OTC
LIALDA	3	ST; *
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</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 3-2.5 % (7 gram)</i>	1	
LINZESS	2	QL
LOKELMA	3	PA
LOTRONEX	3	*; QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL	3	*
<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 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	ST
<i>mesalamine rectal</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>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl injection</i>	1	PA
<i>metoclopramide hcl oral</i>	1	
<i>milk of magnesia</i>	0	ACA; OTC
<i>milk of magnesia concentrated</i>	0	ACA; OTC
<i>miralax oral powder in packet</i>	0	ACA; OTC
MOTEGRITY	3	PA; QL
MOVANTIK	3	
MOVIPREP	3	*
<i>natura-lax</i>	0	ACA; OTC
NULYTELY LEMON-LIME	3	
NULYTELY WITH FLAVOR PACKS	3	*
OICALIVA	4	PA; LA
<i>ondansetron</i>	1	
<i>ondansetron hcl (pf)</i>	1	PA
<i>ondansetron hcl intravenous</i>	1	PA
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>oral saline laxative oral liquid</i>	0	ACA; OTC
ORTIKOS	3	PA
OSMOPREP	3	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes oral recon soln 236-22.74- 6.74 -5.86 gram</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0	ACA
<i>peg-electrolyte soln</i>	0	ACA
<i>peg-prep</i>	0	ACA
PENTASA	3	ST
PERTZYE	3	ST
PHOSLYRA	3	
<i>phosphate laxative oral liquid</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
PLENVU	3	PA
<i>polyethylene glycol 3350</i>	0	ACA; OTC
<i>powderlax</i>	0	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	PA
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	*
PROCTOFOAM HC	3	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax</i>	0	ACA; OTC
RECTIV	3	
REGLAN ORAL	3	*
RELISTOR ORAL	3	PA
RELISTOR SUBCUTANEOUS SOLUTION	3	PA
RELISTOR SUBCUTANEOUS SYRINGE	3	PA
RENAGEL ORAL TABLET 800 MG	3	ST; *; QL
RENVELA	3	ST; *
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO	3	ST; QL
<i>scopolamine base</i>	1	
<i>sevelamer carbonate oral powder in packet</i>	1	ST
<i>sevelamer carbonate oral tablet</i>	1	
<i>sevelamer hcl</i>	1	ST; QL
SFROWASA	3	*
<i>smoothlax</i>	0	ACA; OTC
<i>sodium polystyrene (sorb free)</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLESTA	4	PA; LA
<i>sps (with sorbitol)</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
SUCRAID	4	PA
<i>sulfasalazine</i>	1	
SUPREP BOWEL PREP KIT	2	
SYMPROIC	3	
SYNDROS	3	PA
TIGAN INTRAMUSCULAR	3	PA
TIGAN ORAL CAPSULE 300 MG	3	*
TRANSDERM-SCOP	3	*
<i>trilyte with flavor packets</i>	0	ACA
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	QL
UCERIS ORAL	3	*
UCERIS RECTAL	3	PA
URSO 250	3	*
URSO FORTE	3	*
<i>ursodiol</i>	1	
VARUBI ORAL	3	QL
VELPHORO	3	ST
VELTASSA	3	PA
VIBERZI	2	
VIOKACE	3	ST
<i>women's gentle laxative(bisac)</i>	0	ACA; OTC
<i>women's laxative (bisacodyl)</i>	0	ACA; OTC
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	3	ST
ZOFRAN ORAL TABLET	3	*
ZUPLENZ	3	PA; QL
ULCER THERAPY		
ACIPHEX	3	ST; *; QL
ACIPHEX SPRINKLE	3	PA; QL
<i>amoxicil-clarithromy-lansopraz</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
CARAFATE	3	*
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	*
DEXILANT	3	PA; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	PA; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 40 mg</i>	1	PA
<i>esomeprazole sodium</i>	1	PA
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 49.3 MG	3	PA
<i>famotidine (pf)</i>	1	PA
<i>famotidine (pf)-nacl (iso-os)</i>	1	PA
<i>famotidine intravenous solution</i>	1	PA
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	PA; QL
<i>misoprostol</i>	1	
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	3	PA; *
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	PA; *; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 40 MG	3	PA; *; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA; QL
<i>nizatidine</i>	1	
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 40 mg</i>	1	QL
<i>omeprazole oral tablet, disintegrat, delay rel</i>	1	OTC; 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>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA; QL
<i>omeprazole-sodium bicarbonate oral packet</i>	1	PA; QL
<i>pantoprazole intravenous</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	PA
<i>pantoprazole oral tablet, delayed release (dr/ec)</i>	1	QL
PEPCID ORAL TABLET 40 MG	3	*
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	ST; *; QL
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	PA; *; QL
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON	3	
PROTONIX INTRAVENOUS	3	PA; *
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	PA; *
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; *; QL
PYLERA	2	
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	ST; QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	QL
<i>ranitidine hcl oral syrup</i>	1	
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate</i>	1	
TALICIA	3	
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	ST; *; QL
ZEGERID ORAL PACKET	3	ST; *; QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	QL
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	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
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	QL
GRANIX	4	PA; LA; QL
LEUKINE INJECTION RECON SOLN	4	LA
MIRCERA	4	
MOZOBIL	4	PA; LA
NEULASTA	4	PA; LA; QL
NEUPOGEN	4	PA; LA; QL
PROCRIT	4	QL
UDENYCA	4	PA; LA; QL
ZARXIO	4	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV	3	PA
GENOTROPIN	4	PA; LA
GENOTROPIN MINIQUICK	4	PA; LA
HUMATROPE	4	PA; LA
NORDITROPIN FLEXPRO	4	PA; LA
NUTROPIN AQ NUSPIN	4	PA; LA
OMNITROPE	4	PA; LA
SAIZEN	4	PA; LA
SAIZEN SAIZENPREP	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; LA
ZOMACTON	4	PA; LA
ZORBTIVE	4	PA; LA
INTERFERONS		
AUBAGIO	4	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	*; 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
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	*; LA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; LA
EXTAVIA	4	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	LA; QL
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	LA
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	LA; QL
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	LA
KESIMPTA PEN	4	PA
LEMTRADA	4	PA
MAVENCLAD (10 TABLET PACK)	4	PA; LA
MAVENCLAD (4 TABLET PACK)	4	PA; LA
MAVENCLAD (5 TABLET PACK)	4	PA; LA
MAVENCLAD (6 TABLET PACK)	4	PA; LA
MAVENCLAD (7 TABLET PACK)	4	PA; LA
MAVENCLAD (8 TABLET PACK)	4	PA; LA
MAVENCLAD (9 TABLET PACK)	4	PA; LA
MAYZENT	4	PA; LA
OCREVUS	4	PA; LA
PEGASYS	4	PA; LA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	4	PA; LA; QL
PLEGRIDY	4	PA; LA
POMALYST	4	PA; LA
REBIF (WITH ALBUMIN)	4	PA; LA
REBIF REBIDOSE	4	PA; LA
REBIF TITRATION PACK	4	PA; LA
REVLIMID	4	PA; LA
<i>ribavirin oral capsule</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	4	PA; LA
TECFIDERA	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
VUMERITY	4	PA; LA
ZEPOSIA	4	PA; LA
ZEPOSIA STARTER KIT	4	PA; LA
ZEPOSIA STARTER PACK	4	PA; LA
INTERLEUKINS		
ACTIMMUNE	4	PA; LA
ALDARA	3	*; QL
ALFERON N	4	PA; LA
ARCALYST	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; LA
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	QL
<i>imiquimod topical cream in packet</i>	1	QL
INTRON A INJECTION	4	PA; LA
KINERET	4	PA; QL
PROLEUKIN	4	PA; LA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	3	QL
ZYCLARA TOPICAL CREAM IN PACKET	3	QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA
AFLURIA QD 2020-21(3YR UP)(PF)	0	ACA
AFLURIA QD 2020-21(6-35MO)(PF)	0	ACA
AFLURIA QUAD 2020-2021(6MO UP)	0	ACA
ATGAM	4	PA; LA
BEXSERO	0	ACA
BIVIGAM	4	PA; LA
BOOSTRIX TDAP	0	ACA
BOTOX	4	PA; LA; QL
CUVITRU	4	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF)	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
DYSPORT	4	PA; LA
ENGERIX-B (PF)	0	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLEBOGAMMA DIF	4	PA; LA
FLUAD 2020-2021 (65 YR UP)(PF)	0	ACA
FLUAD QUAD 2020-21(65Y UP)(PF)	0	ACA
FLUARIX QUAD 2020-2021 (PF)	0	ACA
FLUBLOK QUAD 2020-2021 (PF)	0	ACA
FLUCELVAX QUAD 2020-2021	0	ACA
FLUCELVAX QUAD 2020-2021 (PF)	0	ACA
FLULAVAL QUAD 2020-2021 (PF)	0	ACA
FLUMIST QUAD 2020-2021	0	ACA
FLUZONE HIGHDOSE QUAD 20-21 PF	0	ACA
FLUZONE QUAD 2020-2021	0	ACA
FLUZONE QUAD 2020-2021 (PF)	0	ACA
GAMMAGARD LIQUID	4	PA; LA
GARDASIL 9 (PF)	0	ACA
GRASTEK	3	PA
HEPAGAM B	4	PA; LA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF)	0	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 10 GRAM/50 ML (20 %)	4	PA
HYPERHEP B S/D	4	PA; LA
HYPERHEP B S-D NEONATAL	4	PA; LA
INFANRIX (DTAP) (PF)	0	ACA
IPOL	0	ACA
KINRIX (PF)	0	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA
M-M-R II (PF)	0	ACA
MYOBLOC	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
NABI-HB	4	PA; LA
ODACTRA	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PALFORZIA (LEVEL 1)	4	PA
PALFORZIA (LEVEL 2)	4	PA
PALFORZIA (LEVEL 3)	4	PA
PALFORZIA (LEVEL 4)	4	PA
PALFORZIA (LEVEL 5)	4	PA
PALFORZIA (LEVEL 6)	4	PA
PALFORZIA (LEVEL 7)	4	PA
PALFORZIA (LEVEL 8)	4	PA
PALFORZIA (LEVEL 9)	4	PA
PALFORZIA (LEVEL 10)	4	PA
PALFORZIA INITIAL DOSE	4	PA
PALFORZIA LEVEL 11 MAINTENANCE	4	PA
PEDIARIX (PF)	0	ACA
PEDVAX HIB (PF)	0	ACA
PENTACEL (PF)	0	ACA
PENTACEL ACTHIB COMPONENT (PF)	0	ACA
PNEUMOVAX-23	0	ACA
PREVNAR 13 (PF)	0	ACA
PROQUAD (PF)	0	ACA
QUADRACEL (PF)	0	ACA
RAGWITEK	3	PA
RECOMBIVAX HB (PF)	0	ACA
ROTARIX	0	ACA
ROTATEQ VACCINE	0	ACA
SHINGRIX (PF)	0	PA; ACA
TDVAX	0	ACA
TENIVAC (PF)	0	ACA
TETANUS,DIPHThERIA TOX PED(PF)	0	ACA
THYMOGLOBULIN	4	PA; LA
TICE BCG	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
TRUMENBA	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF)	0	ACA
VARIZIG INTRAMUSCULAR SOLUTION	0	PA; ACA
XEOMIN	4	PA; LA
ZOSTAVAX (PF)	0	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	
<i>allopurinol sodium</i>	1	PA
<i>aloprim</i>	1	PA
COLCHICINE ORAL CAPSULE	3	ST
COLCRYS	1	*
<i>febuxostat</i>	1	ST
GLOPERBA	3	PA
KRYSTEXXA	4	PA; LA
MITIGARE	3	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ULORIC	3	ST; *
ZYLOPRIM	3	*

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 5 MG	3	*
ACTONEL ORAL TABLET 35 MG	3	*; QL
<i>alendronate oral solution</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
AELVIA	3	*
BINOSTO	3	
BONIVA INTRAVENOUS	4	PA; *; LA
BONIVA ORAL	3	ST; *; QL
EVISTA	3	*
FORTEO	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
FOSAMAX ORAL TABLET 70 MG	3	*; QL
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	3	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	3	
<i>ibandronate intravenous</i>	4	PA; LA
<i>ibandronate oral</i>	1	QL
PROLIA	4	PA; LA; QL
<i>raloxifene</i>	0	ACA
<i>risedronate oral tablet 150 mg, 5 mg</i>	1	
<i>risedronate oral tablet 35 mg</i>	1	QL
<i>risedronate oral tablet,delayed release (dr/ec)</i>	1	
TERIPARATIDE	4	PA
TYMLOS	4	LA
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL
ACTEMRA INTRAVENOUS	4	PA; LA
ACTEMRA SUBCUTANEOUS	4	PA; LA; QL
ARAVA	3	*
BENLYSTA	4	PA; LA
CUPRIMINE	3	PA; *
DEPEN TITRATABS	3	PA; *
ENBREL	4	PA; LA; QL
ENBREL MINI	4	PA; LA; QL
ENBREL SURECLICK	4	PA; LA; QL
HUMIRA	4	PA; LA; QL
HUMIRA PEN	4	PA; LA; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; LA; QL
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA; LA; QL
HUMIRA(CF)	4	PA; LA; QL
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; LA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	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
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; LA; QL
KEVZARA	4	PA; LA; QL
<i>leflunomide</i>	1	
OLUMIANT	4	PA; LA; QL
ORENCIA	4	PA; LA; QL
ORENCIA (WITH MALTOSE)	4	PA; LA
ORENCIA CLICKJECT	4	PA; LA; QL
OTEZLA	4	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; LA; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA
<i>penicillamine</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	PA
RIDAURA	2	
RINVOQ	4	PA; LA; QL
SAVELLA	3	PA
SIMPONI	4	PA; LA; QL
SIMPONI ARIA	4	PA; LA; QL
XELJANZ	4	PA; LA; QL
XELJANZ XR	4	PA; LA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	0	ACA
FC2 FEMALE CONDOM	0	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
KYLEENA	0	ACA
LILETTA	0	ACA; LA
MIRENA	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
PARAGARD T 380A	0	ACA
SKYLA	0	ACA
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	*
ALORA	3	
<i>amabelz</i>	1	
ANGELIQ	3	
AYGESTIN	3	*
BIJUVA	3	
<i>camila</i>	0	ACA
CLIMARA	3	*
CLIMARA PRO	3	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	3	
<i>deblitane</i>	0	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	3	*
DEPO-ESTRADIOL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104	0	ACA
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	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>dotti</i>	1	
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	
ELESTRIN	3	QL
ENDOMETRIN	3	PA
<i>errin</i>	0	ACA
ESTRACE	3	*
<i>estradiol</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRING	2	QL
ESTROGEL	3	
<i>estrogens-methyltestosterone</i>	1	
EVAMIST	2	
FEMHRT LOW DOSE	3	*
FEMRING	3	QL
<i>fyavolv</i>	1	
<i>heather</i>	0	ACA
<i>hydroxyprogest(pf)(preg presv)</i>	1	
<i>hydroxyprogesterone cap(ppres)</i>	4	
<i>hydroxyprogesterone caproate</i>	1	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>incassia</i>	0	ACA
<i>jencycla</i>	0	ACA
<i>jinteli</i>	1	
<i>lopreeza oral tablet 1-0.5 mg</i>	1	
<i>lyza</i>	0	ACA
MAKENA (PF)	4	
MAKENA INTRAMUSCULAR OIL 250 MG/ML (1 ML)	4	*
<i>medroxyprogesterone intramuscular</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>medroxyprogesterone oral</i>	1	
MENEST	3	
MENOSTAR	3	
<i>mimvey</i>	1	
MINIVELLE	3	*
<i>nora-be</i>	0	ACA
<i>norethindrone (contraceptive)</i>	0	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda</i>	0	ACA
PREFEST	3	
PREMARIN INJECTION	3	PA
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	4	
<i>progesterone micronized</i>	1	
PROMETRIUM	3	*
PROVERA	3	*
<i>sharobel</i>	0	ACA
<i>tulana</i>	0	ACA
VAGIFEM	3	*
VIVELLE-DOT	3	*
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA	0	ACA; QL
CERVIDIL	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</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>etonogestrel-ethinyl estradiol</i>	0	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>gynol ii</i>	0	ACA; OTC
INTRAROSA	3	
<i>isoxsuprine</i>	1	
LUPANETA PACK (1 MONTH)	4	
LUPANETA PACK (3 MONTH)	4	
LYSTEDA	3	*
METROGEL VAGINAL	3	*
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
NEXPLANON	0	ACA
NUVARING	0	*; ACA
NUVESSA	3	
ORIAHNN	3	PA
OSPHENA	3	
PHEXXI	0	ACA
PREPIDIL	3	
PROSTIN E2	3	
RELAGARD	3	*
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	0	ACA; OTC
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	3	
TWIRLA	3	ACA
<i>vaginal contraceptive foam</i>	0	ACA; OTC
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL	0	ACA; OTC
<i>xulane</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</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
AFTERA	0	*; ACA; OTC
<i>altavera (28)</i>	0	ACA
<i>alyacen 1/35 (28)</i>	0	ACA
<i>alyacen 7/7/7 (28)</i>	0	ACA
<i>amethia</i>	0	ACA
<i>amethia lo</i>	0	ACA
<i>amethyst (28)</i>	0	ACA
<i>apri</i>	0	ACA
<i>aranelle (28)</i>	0	ACA
<i>ashlyna</i>	0	ACA
<i>aubra</i>	0	ACA
<i>aubra eq</i>	0	ACA
<i>aurovela 1.5/30 (21)</i>	0	ACA
<i>aurovela 1/20 (21)</i>	0	ACA
<i>aurovela 24 fe</i>	0	ACA
<i>aurovela fe 1.5/30 (28)</i>	0	ACA
<i>aurovela fe 1-20 (28)</i>	0	ACA
<i>aviane</i>	0	ACA
<i>ayuna</i>	0	ACA
<i>azurette (28)</i>	0	ACA
BALCOLTRA	0	ACA
<i>balziva (28)</i>	0	ACA
<i>bekyree (28)</i>	0	ACA
BEYAZ	0	*; ACA
<i>blisovi 24 fe</i>	0	ACA
<i>blisovi fe 1.5/30 (28)</i>	0	ACA
<i>blisovi fe 1/20 (28)</i>	0	ACA
<i>briellyn</i>	0	ACA
<i>camrese</i>	0	ACA
<i>camrese lo</i>	0	ACA
<i>caziant (28)</i>	0	ACA
<i>charlotte 24 fe</i>	0	ACA
<i>chateal (28)</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>chateal eq (28)</i>	0	ACA
<i>cryselle (28)</i>	0	ACA
<i>cyclafem 1/35 (28)</i>	0	ACA
<i>cyclafem 7/7/7 (28)</i>	0	ACA
<i>cyred</i>	0	ACA
<i>cyred eq</i>	0	ACA
<i>dasetta 1/35 (28)</i>	0	ACA
<i>dasetta 7/7/7 (28)</i>	0	ACA
<i>daysee</i>	0	ACA
<i>desog-e.estradiol/e.estradiol</i>	0	ACA
<i>desogestrel-ethinyl estradiol</i>	0	ACA
<i>drospirenone-e.estradiol-lm,fa</i>	0	ACA
<i>drospirenone-ethinyl estradiol</i>	0	ACA
<i>econtra ez</i>	0	ACA; OTC
<i>econtra one-step</i>	0	ACA; OTC
<i>elinest</i>	0	ACA
ELLA	0	ACA
<i>emoquette</i>	0	ACA
<i>enpresse</i>	0	ACA
<i>enskyce</i>	0	ACA
<i>estarylla</i>	0	ACA
ESTROSTEP FE-28	0	*, ACA
<i>ethynodiol diac-eth estradiol</i>	0	ACA
<i>falmina (28)</i>	0	ACA
<i>fayosim</i>	0	ACA
<i>femynor</i>	0	ACA
GENERESS FE	0	*, ACA
<i>gianvi (28)</i>	0	ACA
<i>hailey</i>	0	ACA
<i>hailey 24 fe</i>	0	ACA
<i>hailey fe 1.5/30 (28)</i>	0	ACA
<i>hailey fe 1/20 (28)</i>	0	ACA
<i>introvale</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>isibloom</i>	0	ACA
<i>jaimiess</i>	0	ACA
<i>jasmiel (28)</i>	0	ACA
<i>jolessa</i>	0	ACA
<i>juleber</i>	0	ACA
<i>junel 1.5/30 (21)</i>	0	ACA
<i>junel 1/20 (21)</i>	0	ACA
<i>junel fe 1.5/30 (28)</i>	0	ACA
<i>junel fe 1/20 (28)</i>	0	ACA
<i>junel fe 24</i>	0	ACA
<i>kaitlib fe</i>	0	ACA
<i>kalliga</i>	0	ACA
<i>kariva (28)</i>	0	ACA
<i>kelnor 1/35 (28)</i>	0	ACA
<i>kelnor 1-50</i>	0	ACA
<i>kurvelo (28)</i>	0	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	0	ACA
<i>larin 1.5/30 (21)</i>	0	ACA
<i>larin 1/20 (21)</i>	0	ACA
<i>larin 24 fe</i>	0	ACA
<i>larin fe 1.5/30 (28)</i>	0	ACA
<i>larin fe 1/20 (28)</i>	0	ACA
<i>larissia</i>	0	ACA
<i>layolis fe</i>	0	ACA
<i>leena 28</i>	0	ACA
<i>lessina</i>	0	ACA
<i>levonest (28)</i>	0	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estradiol</i>	0	ACA
<i>levonorg-eth estradiol triphasic</i>	0	ACA
<i>levora-28</i>	0	ACA
<i>lillow (28)</i>	0	ACA
LO LOESTRIN FE	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
LOESTRIN 1.5/30 (21)	0	*; ACA
LOESTRIN 1/20 (21)	0	*; ACA
LOESTRIN FE 1.5/30 (28-DAY)	0	*; ACA
LOESTRIN FE 1/20 (28-DAY)	0	*; ACA
<i>lojaimiess</i>	0	ACA
<i>loryna (28)</i>	0	ACA
LOSEASONIQUE	0	*; ACA
<i>low-ogestrel (28)</i>	0	ACA
<i>lo-zumandimine (28)</i>	0	ACA
<i>lutra (28)</i>	0	ACA
<i>marlissa (28)</i>	0	ACA
<i>melodetta 24 fe</i>	0	ACA
<i>mibelas 24 fe</i>	0	ACA
<i>microgestin 1.5/30 (21)</i>	0	ACA
<i>microgestin 1/20 (21)</i>	0	ACA
<i>microgestin fe 1.5/30 (28)</i>	0	ACA
<i>microgestin fe 1/20 (28)</i>	0	ACA
<i>mili</i>	0	ACA
MINASTRIN 24 FE	0	*; ACA
MIRCETTE (28)	0	*; ACA
<i>mono-lynyah</i>	0	ACA
<i>my choice</i>	0	ACA; OTC
<i>my way</i>	0	ACA; OTC
NATAZIA	0	ACA
<i>necon 0.5/35 (28)</i>	0	ACA
<i>new day</i>	0	ACA; OTC
<i>nikki (28)</i>	0	ACA
<i>noreth-ethinyl estradiol-iron</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 tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</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>norgestimate-ethinyl estradiol</i>	0	ACA
<i>nortrel 0.5/35 (28)</i>	0	ACA
<i>nortrel 1/35 (21)</i>	0	ACA
<i>nortrel 1/35 (28)</i>	0	ACA
<i>nortrel 7/7/7 (28)</i>	0	ACA
<i>ocella</i>	0	ACA
<i>opcicon one-step</i>	0	ACA; OTC
<i>option-2</i>	0	ACA; OTC
<i>orsythia</i>	0	ACA
<i>philith</i>	0	ACA
<i>pimtrea (28)</i>	0	ACA
<i>pirmella</i>	0	ACA
PLAN B ONE-STEP	0	*, ACA; OTC
<i>portia 28</i>	0	ACA
<i>previfem</i>	0	ACA
QUARTETTE	0	*, ACA
<i>reclipsen (28)</i>	0	ACA
<i>rivelsa</i>	0	ACA
SAFYRAL	0	*, ACA
SEASONIQUE	0	*, ACA
<i>setlakin</i>	0	ACA
<i>simliya (28)</i>	0	ACA
<i>simpesse</i>	0	ACA
SLYND	0	ACA
<i>sprintec (28)</i>	0	ACA
<i>sronyx</i>	0	ACA
<i>syeda</i>	0	ACA
TAKE ACTION	0	*, ACA; OTC
<i>tarina 24 fe</i>	0	ACA
<i>tarina fe 1/20 (28)</i>	0	ACA
TAYTULLA	0	ACA
<i>tilia fe</i>	0	ACA
<i>tri femynor</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>tri-estarylla</i>	0	ACA
<i>tri-legest fe</i>	0	ACA
<i>tri-linyah</i>	0	ACA
<i>tri-lo-estarylla</i>	0	ACA
<i>tri-lo-marzia</i>	0	ACA
<i>tri-lo-mili</i>	0	ACA
<i>tri-lo-sprintec</i>	0	ACA
<i>tri-mili</i>	0	ACA
<i>tri-previfem (28)</i>	0	ACA
<i>tri-sprintec (28)</i>	0	ACA
<i>trivora (28)</i>	0	ACA
<i>tri-vylibra</i>	0	ACA
<i>tri-vylibra lo</i>	0	ACA
<i>tydemy</i>	0	ACA
<i>velivet triphasic regimen (28)</i>	0	ACA
<i>vienva</i>	0	ACA
<i>viorele (28)</i>	0	ACA
<i>volnea (28)</i>	0	ACA
<i>vyfemla (28)</i>	0	ACA
<i>vylibra</i>	0	ACA
<i>wera (28)</i>	0	ACA
<i>wymzya fe</i>	0	ACA
YASMIN (28)	0	*, ACA
YAZ (28)	0	*, ACA
<i>zarah</i>	0	ACA
<i>zovia 1/35e (28)</i>	0	ACA
<i>zumandimine (28)</i>	0	ACA

OXYTOCICS

<i>methergine</i>	1	
<i>methylergonovine oral</i>	1	
<i>oxytocin injection solution</i>	1	PA

OPHTHALMOLOGY

ANTIBIOTICS

*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>ak-poly-bac</i>	1	
AZASITE	3	
BACIGUENT	3	*
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) DROPS	3	*
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ophthalmic (eye) ointment</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
MOXEZA	3	*
<i>moxifloxacin ophthalmic (eye)</i>	1	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	*
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	*
<i>tobramycin ophthalmic (eye)</i>	1	
TOBREX OPHTHALMIC (EYE) DROPS	3	*
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	*
ZYMAXID	3	*
ANTIVIRALS		
<i>trifluridine</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
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	
BETIMOL	3	
BETOPTIC S	3	ST
<i>carteolol</i>	1	
ISTALOL	3	*
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
TIMOPTIC	3	*
TIMOPTIC OCUDOSE (PF)	3	ST
TIMOPTIC-XE	3	*
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 2 %	3	*
CYCLOGYL OPHTHALMIC (EYE) DROPS 1 %	2	
<i>cyclopentolate</i>	1	
<i>homatropaire</i>	1	
ISOPTO ATROPINE	3	*
MYDRIACYL	3	*
PAREMYD	3	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE	3	*
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		

*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
AKTEN (PF)	3	
ALCAINE	3	*
ALOCRIIL	3	ST
ALOMIDE	3	ST
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	*
<i>azelastine ophthalmic (eye)</i>	1	
BEPREVE	3	ST
CEQUA	3	PA; QL
<i>cromolyn ophthalmic (eye)</i>	1	
CYSTADROPS	4	PA
CYSTARAN	4	
<i>epinastine</i>	1	
<i>fluorescein-proparacaine</i>	1	
LACRISERT	3	
LASTACAFT	3	ST
<i>olopatadine ophthalmic (eye)</i>	1	
OMIDRIA	3	
OXERVATE	4	PA; LA; QL
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	3	ST; *
PAZEO	3	ST
<i>proparacaine</i>	1	
RESTASIS	2	QL
RESTASIS MULTIDOSE	2	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
VISUDYNE	4	PA; LA
VITRASE	3	PA
XIIDRA	2	
ZERVIATE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	*
ACULAR LS	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
ACUVAIL (PF)	3	ST
<i>bromfenac</i>	1	
BROMSITE	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	2	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	ST
PROLENSA	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	PA
<i>methazolamide</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	ST
COMBIGAN	2	
COSOPT	3	*
COSOPT (PF)	3	*
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	
<i>miostat</i>	1	PA
RHOPRESSA	3	PA
ROCKLATAN	3	PA
SIMBRINZA	3	ST
TRAVATAN Z	3	PA; *
<i>travoprost</i>	1	
TRUSOPT	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
VYZULTA	3	PA
XALATAN	3	*
XELPROS	3	PA
ZIOPTAN (PF)	3	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	*
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
PRED-G	2	
PRED-G S.O.P.	2	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
STEROIDS		
ALREX	3	ST; QL
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DUREZOL	3	ST
FLAREX	3	ST
<i>fluorometholone</i>	1	
FML FORTE	3	ST
FML LIQUIFILM	3	*
FML S.O.P.	3	ST
INVELTYS	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
LOTEMAX OPHTHALMIC (EYE) OINTMENT	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 SM	3	ST
<i>loteprednol etabonate</i>	1	
MAXIDEX	3	ST
PRED FORTE	3	*
PRED MILD	3	ST
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
BLEPH-10	3	*
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	*
<i>apraclonidine</i>	1	
<i>brimonidine</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q	3	PA; QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	PA
CLARINEX ORAL TABLET	3	PA; *, QL
<i>clemastine oral tablet 2.68 mg</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>cyproheptadine</i>	1	
<i>desloratadine</i>	1	PA; QL
<i>dexchlorpheniramine maleate oral solution</i>	1	PA
DIPHEN ORAL ELIXIR	3	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF)	3	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK	3	*; QL
EPIPEN JR 2-PAK	3	*; QL
<i>hydroxyzine hcl intramuscular</i>	1	PA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	
<i>phenadoz rectal suppository 25 mg</i>	1	
PHENERGAN INJECTION	3	*
<i>promethazine injection solution</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
QUZYTIR	3	
RYCLORA	3	PA; *
RYVENT	3	PA
SYMJEPI	3	PA; QL
VISTARIL	3	*
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	*
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CAPCOF	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
CLARINEX-D 12 HOUR	3	PA; QL
<i>codeine-guaiifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
<i>guaiaitussin ac</i>	1	
HISTEX-AC	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
OBREDON	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	*
SEMPREX-D	3	
TESSALON PERLES	3	*
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	
TUXARIN ER	3	
TUZISTRA XR	3	PA
<i>virtussin ac</i>	1	
<i>virtussin dac</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
Z-TUSS AC	3	
PULMONARY AGENTS		
ACCOLATE	3	*
<i>acetylcysteine</i>	1	
ADCIRCA	4	PA; *, LA
ADEMPAS	4	PA; LA
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	PA; *, QL
ADVAIR HFA	2	QL
AIRDUO DIGIHALER	3	QL
AIRDUO RESPICLICK	3	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	3	PA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	4	PA; LA; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	PA
ANORO ELLIPTA	2	QL
ARCAPTA NEOHALER	3	
ARMONAIR DIGIHALER	3	PA
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	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	2	
<i>azelastine-fluticasone</i>	1	PA; QL
BECONASE AQ	3	ST
BERINERT INTRAVENOUS KIT	4	PA; LA
BEVESPI AEROSPHERE	3	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>bosentan</i>	4	PA; LA; QL
BREO ELLIPTA	2	QL
BROVANA	3	
<i>budesonide inhalation</i>	1	QL
BUDESONIDE-FORMOTEROL	3	PA
CINQAIR	4	PA; LA
CINRYZE	4	PA; LA
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
CUROSURF	3	
DALIRESP	3	QL
DUAKLIR PRESSAIR	3	PA; QL
DULERA	2	
DYMISTA	3	PA; *; QL
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET	4	PA; LA
FASENRA	4	PA; LA
FASENRA PEN	4	PA; LA
FIRAZYR	4	PA; *; LA; QL
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
HAEGARDA	4	PA; LA
<i>icatibant</i>	4	PA; LA; QL
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALBITOR	4	PA; LA
KALYDECO	4	PA; LA; QL
LETAIRIS	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
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	3	ST; QL
LONHALA MAGNAIR REFILL	3	
LONHALA MAGNAIR STARTER	3	
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	1	
<i>montelukast</i>	1	
NASONEX	3	*
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	4	PA; LA
OFEV	4	PA; LA
OMNARIS	3	ST
OPSUMIT	4	PA; LA
ORKAMBI	4	PA; LA; QL
PERFOROMIST	2	
PROAIR DIGIHALER	3	PA; QL
PROAIR HFA	3	PA; *; QL
PROAIR RESPICLICK	2	PA; QL
PROVENTIL HFA	3	*; QL
PULMICORT	3	*; QL
PULMICORT FLEXHALER	2	
<i>pulmosal</i>	1	
PULMOZYME	4	
QNASL	3	ST; QL
QVAR REDIHALER	2	QL
REVATIO INTRAVENOUS	4	PA; LA; QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	4	PA; *; LA
REVATIO ORAL TABLET	4	PA; *; LA; QL
RUCONEST	4	PA; LA
SEEBRI NEOHALER	3	PA; QL
SEREVENT DISKUS	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>sildenafil (pulm.hypertension) intravenous</i>	4	PA; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; LA; QL
SINGULAIR	3	*
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	3	QL
SURFAXIN	3	
SYMBICORT	2	
SYMDEKO	4	PA; LA; QL
<i>tadalafil (pulm. hypertension)</i>	4	PA
TAKHZYRO	4	PA; LA
<i>terbutaline</i>	1	
THEO-24	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	4	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL
TRIKAFTA	4	PA; LA; QL
TUDORZA PRESSAIR	3	PA; QL
TYVASO	4	PA; LA; QL
TYVASO REFILL KIT	4	PA; LA; QL
TYVASO STARTER KIT	4	PA; LA; QL
UTIBRON NEOHALER	3	PA; QL
VENTAVIS	4	PA; LA
VENTOLIN HFA	3	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
XHANCE	3	ST
XOLAIR	4	PA; LA
XOPENEX	3	*
XOPENEX CONCENTRATE	3	*
XOPENEX HFA	3	PA; QL
YUPELRI	3	
<i>zafirlukast</i>	1	
ZETONNA	3	ST; QL
<i>zileuton</i>	1	PA
ZYFLO	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	1	ST
DETROL	3	*
DETROL LA	3	*
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	*
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	ST
MYRBETRIQ	3	ST
<i>oxybutynin chloride</i>	1	
OXYTROL	3	ST
<i>solifenacin</i>	1	ST
<i>tolterodine</i>	1	
TOVIAZ	3	ST
<i>trospium</i>	1	ST
VESICARE	3	ST; *

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	1	
AVODART	3	*, QL
<i>dutasteride</i>	1	QL
<i>dutasteride-tamsulosin</i>	1	
<i>finasteride oral tablet 5 mg</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
FLOMAX	3	*; QL
JALYN	3	*
PROSCAR	3	*; QL
RAPAFLO	3	ST; *
<i>silodosin</i>	1	ST
<i>tamsulosin</i>	1	QL
UROXATRAL	3	*
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	1	PA
CYSTAGON	4	PA
ELMIRON	3	
<i>hyophen</i>	1	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	3	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
<i>phosphasal</i>	1	
<i>potassium citrate</i>	1	
PROCYSBI	4	PA; LA
PROSTIN VR PEDIATRIC	3	PA
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
SHOHL'S MODIFIED	3	
URELLE	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL	3	
<i>urimar-t</i>	1	
<i>urin ds</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	*
UROCIT-K 15	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
UROCIT-K 5	3	*
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uryl</i>	1	
<i>ustell</i>	1	
<i>utira-c</i>	1	
<i>vilamit mb</i>	1	
<i>vilevev mb</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	*
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	*
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral</i>	1	
NORMOSOL-R	3	PA
POTABA ORAL CAPSULE	3	PA
<i>potassium chloride oral</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 chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 %</i>	1	
<i>sodium chloride 5 %</i>	1	
<i>sodium chloride intravenous</i>	1	
<i>strong iodine oral</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; LA
ISOLYTE S PH 7.4	3	PA
ISOLYTE-S	3	PA
NORMOSOL-R PH 7.4	3	PA
PLASMA-LYTE 148	3	PA
PLASMA-LYTE A	3	PA
VITAMINS & HEMATINICS		
ASCOR	3	PA
<i>ascorbic acid (vitamin c) injection</i>	1	PA
<i>b complex 1 (with folic acid)</i>	0	ACA; OTC
<i>b complex 100 injection</i>	1	PA
<i>b complex-vitamin b12</i>	0	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	ACA; OTC
<i>balanced b-50 oral tablet</i>	0	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet</i>	0	ACA; OTC
CITRANATAL (DUAL-IRON)	3	
CITRANATAL 90 DHA (ALGAL OIL)	3	
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG	3	
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL BLOOM	3	
CITRANATAL DHA (ALGAL OIL)	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
CITRANATAL HARMONY (IRON FUM)	3	
<i>classic prenatal</i>	0	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>complex b-100 oral tablet extended release</i>	0	ACA; OTC
CONCEPT DHA	3	*
CONCEPT OB	3	*
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
DRISDOL ORAL CAPSULE	3	*
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	3	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
EXPECTA PRENATAL	2	OTC
FA-8	3	OTC
FERAHEME	3	PA
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	0	ACA; OTC
<i>fluoritab oral tablet, chewable</i>	0	ACA; OTC
FOLET ONE	3	
<i>folic acid injection</i>	1	PA
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	0	ACA; OTC
<i>full spectrum b-vitamin c</i>	0	ACA; OTC
<i>hydroxocobalamin</i>	1	PA
INFED	3	PA
INFUVITE ADULT	3	PA
INFUVITE PEDIATRIC	3	PA
INJECTAFER	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>kobee</i>	0	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>kpn oral tablet</i>	0	ACA; OTC
<i>ludent fluoride</i>	0	ACA; OTC
<i>m.v.i. adult</i>	1	PA
M.V.I. PEDIATRIC	2	PA
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	0	ACA; OTC
<i>multivitamins with fluoride</i>	0	ACA; OTC
<i>mvc-fluoride</i>	0	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal advance</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>mynate 90 plus</i>	1	
NASCOBAL	3	
NATACHEW (FE BIS-GLYCINATE)	3	
<i>natural b-100 complex</i>	0	ACA; OTC
NEEVODHA (WITH ALGAL OIL)	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
NEXAVIR	3	PA
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>obstetrix dha</i>	1	
OBSTETRIX EC	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
OBSTETRIX ONE	3	
OBTREX DHA	3	
ONE A DAY WOMEN'S PRENATAL DHA	3	OTC
ONE DAILY PRENATAL ORAL COMBO PACK 28 MG IRON- 800 MCG	3	OTC
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	0	ACA; OTC
<i>perry prenatal</i>	0	ACA; OTC
<i>pnv 29-1</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-dha + docusate</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
PREGENNA	3	
<i>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenaissance</i>	1	
<i>prenaissance plus</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal complete</i>	0	ACA; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	0	ACA; OTC
<i>prenatal one daily</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</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>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamin with minerals</i>	0	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	0	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
<i>preplus</i>	1	
<i>pretab</i>	1	
PRIMACARE	3	
PROVIDA OB	3	
PUREFE OB PLUS	3	
<i>rena-vite</i>	0	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	*
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula</i>	0	ACA; OTC
<i>stress formula with iron</i>	0	ACA; OTC
<i>stress formula with iron(sulf)</i>	0	ACA; OTC
<i>super b complex-vitamin c</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>super b maxi complex</i>	0	ACA; OTC
<i>super quint</i>	0	ACA; OTC
<i>super quint b-50</i>	0	ACA; OTC
<i>taron-c dha</i>	1	
<i>taron-prex prenatal-dha</i>	1	
THRIVITE RX	3	
TRICARE	2	
TRIFERIC	3	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRINAZ	3	
TRISTART DHA	3	
<i>triveen-duo dha</i>	1	
<i>tri-vitamin with fluoride</i>	0	ACA; OTC
VENOFER	3	PA
VINATE DHA RF	3	
<i>virt-c dha</i>	1	
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	1	
<i>virt-pn plus</i>	1	
VITAFOL FE PLUS	3	
VITAFOL FE+ (WITH DOCUSATE)	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	*
<i>vitamin b complex oral tablet</i>	0	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride</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
VITAPEARL	3	
<i>vp-ch-pnv</i>	1	
VP-PNV-DHA	3	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
<i>zingiber</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	
abacavir	4
abacavir-lamivudine	4
abacavir-lamivudine-zidovudine	4
ABELCET	3
ABILIFY	43
ABILIFY MAINTENA	43
ABILIFY MYCITE	43
abiraterone	17
ABRAXANE	17
ABSORICA	67
ABSORICA LD	67
acamprosate	77
ACANYA	67
acarbose	95
ACCOLATE	135
ACCU-CHEK AVIVA PLUS TEST STRP	83
ACCU-CHEK GUIDE TEST STRIPS	83
ACCU-CHEK SMARTVIEW TEST STRIP	83
ACCUPRIL	52
ACCURETIC	52
ACUTREND GLUCOSE TEST STRIPS	83
ACE AEROSOL CLOUD ENHANCER	87
acebutolol	52
acetaminophen-caff-dihydrocod	35
acetaminophen-codeine	35
acetazolamide	130
acetazolamide sodium	130
acetic acid	77, 81
acetylcysteine	135
ACIPHEX	106
ACIPHEX SPRINKLE	106
acitretin	64
ACTEMRA	115
ACTEMRA ACTPEN	115
ACTHAR	82
ACTHIB (PF)	111
ACTHREL	92
ACTICLATE	15
ACTIGALL	100
ACTIMMUNE	111
ACTIQ	35
ACTIVELLA	117
ACTONEL	114
ACTOPLUS MET	96
ACTOS	96
ACULAR	129
ACULAR LS	129
ACUVAIL (PF)	130
acyclovir	4, 72
ACZONE	67
ADACEL(TDAP ADOLESN/ADULT)(PF)	111
ADALAT CC	52
adapalene	67
ADAPALENE	67
adapalene-benzoyl peroxide	67
ADASUVE	43
ADCETRIS	17
ADCIRCA	135
ADDERALL	43
ADDERALL XR	43
adefovir	4
ADEMPAS	135
ADHANSIA XR	43
ADLYXIN	96
ADMELOG SOLOSTAR U-100 INSULIN	90
ADMELOG U-100 INSULIN LISPRO	90
ADRENALIN	135
adrucil	17
adult aspirin regimen	39
ADVAIR DISKUS	135
ADVAIR HFA	135
ADVANCED GLUC METER TEST STRIP	83
ADVOCATE REDI-CODE	83
ADVOCATE TEST STRIPS	83
ADZENYS ER	43
ADZENYS XR-ODT	43
AEMCOLO	10
AEROCHAMBER MINI	87
AEROCHAMBER PLUS FLOW-VU	87
AEROCHAMBER PLUS Z STAT	87
AEROTRACH PLUS	87
AEROVENT PLUS	87
AFINITOR	17
AFINITOR DISPERZ	17
afirmelle	120
AFLURIA QD 2020-21(3YR UP)(PF)	111
AFLURIA QD 2020-21(6-35MO)(PF)	111
AFLURIA QUAD 2020-2021(6MO UP)	111
AFREZZA	91
AFTERA	121
AGAMATRIX AMP TEST STRIPS	83
AGGRENOX	59
AGRYLIN	77
AIMOVIQ AUTOINJECTOR	31
AIRDUO DIGIHALER	135
AIRDUO RESPICLICK	135
AJOVY AUTOINJECTOR	31
AJOVY SYRINGE	31
AKLIEF	67
ak-poly-bac	127
AKTEN (PF)	129
AKYNZEO (NETUPITANT)	100
ala-cort	72
ALA-SCALP	73
albendazole	10
ALBENZA	10
albuterol sulfate	135
ALCAINE	129
alclometasone	73
ALCORTIN A	71
ALDACTAZIDE	52
ALDACTONE	52
ALDARA	111
ALDURAZYME	92
ALECENSA	17
alendronate	114
ALFERON N	111
alfuzosin	139
ALIMTA	17
ALINIA	10
aliskiren	52
ALKERAN	17
ALKERAN (AS HCL)	18
allopurinol	114
allopurinol sodium	114
ALLZITAL	35

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

almotriptan malate.....	31	amlodipine-benazepril	52	apraclonidine	132
ALOCRIl.....	129	amlodipine-olmesartan	52	aprepitant	100
ALOMIDE	129	amlodipine-valsartan	52	apri.....	121
alophen (bisacodyl)	100	amlodipine-valsartan-hcthiiazid	52	APRISO	100
aloprim	114	.....	52	APTENSIO XR	43
ALORA	117	amnestem	67	APTIOM.....	26
alose tron	100	amoxapine	43	APTIVUS	4
ALPHAGAN P.....	132	amoxicil-clarithromy-lansopraz	106	APTIVUS (WITH VITAMIN E)	4
alprazolam	43	amoxicillin.....	13	aqua care sterile water	77
alprazolam intensol	43	amoxicillin-pot clavulanate ..	13	aranelle (28).....	121
alprostadi l.....	140	AMPHADASE	77	ARANESP (IN POLYSORBATE)	108
ALREX.....	131	AMPHETAMINE	43	ARAVA.....	115
ALTABAX.....	71	amphetamine sulfate.....	43	ARAZLO	67
altacaine.....	129	amphotericin b.....	3	ARCALYST	111
ALTACE	52	ampicillin.....	13	ARCAPTA NEOHALER...	135
ALTAFLUOR BENOX	129	ampicillin sodium.....	14	ARGATROBAN IN 0.9 % SOD CHLOR.....	59
altavera (28).....	121	ampicillin-sulbactam	14	ARICEPT	33
ALTOPREV	61	AMPYRA.....	33	ARIKAYCE	10
ALTRENO	67	AMRIX.....	34	ARIMIDEX	18
ALUNBRIG	18	AMZEEQ	67	aripiprazole	43
ALVESCO	135	ANADROL-50	92	ARISTADA.....	44
alyacen 1/35 (28).....	121	ANAFRANIL.....	43	ARISTADA INITIO.....	44
alyacen 7/7/7 (28).....	121	anagrelide	77	ARIXTRA	59
alyq.....	135	ANA-LEX KIT.....	100	armodafinil	44
amabelz.....	117	ANALPRAM-HC.....	64, 100	ARMONAIR DIGIHALER	135
amantadine hcl.....	4	ANALPRAM-HC SINGLES	100	ARMOUR THYROID.....	98
AMARYL.....	96	.....	100	ARNUITY ELLIPTA	135
AMBIEN	43	ANAPROX DS.....	39	AROMASIN.....	18
AMBIEN CR.....	43	anas paz	99	ARRANON	18
AMBISOME	3	anastrozole.....	18	ARTHROTEC 50	39
ambrisentan	135	ANCOBON	3	ARTHROTEC 75	39
amcinonide	73	ANDRODERM	92	ARYMO ER	35
AMERGE	31	ANDROGEL	92	ARZERRA	18
amethia	121	ANDROID.....	92	ASACOL HD	100
amethia lo	121	ANGELIQ	117	ascomp with codeine	35
amethyst (28).....	121	ANGIOMAX.....	59	ASCOR.....	142
AMICAR.....	59	ANNOVERA.....	119	ascorbic acid (vitamin c)	142
amikacin	10	ANORO ELLIPTA.....	135	ashlyna.....	121
amiloride.....	52	ANTABUSE.....	77	ASMANEX HFA	135
amiloride-hydrochlorothiazide	52	ANTARA	61	ASMANEX TWISTHALER	135
aminocaproic acid	59	anucort-hc.....	100	.....	135
aminophylline.....	135	ANUSOL-HC.....	100	aspirin	39
amidarone	51	APADAZ.....	35	aspirin low dose.....	39
AMITIZA	100	apexicon e.....	73	aspirin-dipyridamole.....	59
amitriptyline	43	APIDRA SOLOSTAR U-100 INSULIN	91	aspir-trin	40
amitriptyline-chlordiazepoxide	43	APIDRA U-100 INSULIN..	91	ASSURE 4 STRIPS.....	83
amlodipine.....	52	APLENZIN	43		
amlodipine-atorvastatin.....	61	APOKYN	30		

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

ASSURE PLATINUM TEST STRIP	83	AVONEX	109	BASAGLAR KWIKPEN U-100 INSULIN	91
ASSURE PRISM MULTI STRIP	83	AVYCAZ	7	BAVENCIO	18
ASTAGRAF XL	18	AYGESTIN	117	BAXDELA	14
ATACAND	52	ayuna	121	bayer aspirin	40
ATACAND HCT	52	AYVAKIT	18	b-complex with vitamin c ...	142
atazanavir	4	azacitidine	18	BD INTEGRA NEEDLE	88
ATELVIA.....	114	AZACTAM	10	BD MICROTAINER LANCET	88
atenolol	52	AZASAN.....	18	BD SPECIALTY USE NEEDLES	88
atenolol-chlorthalidone.....	52	AZASITE	127	BD ULTRA FINE LANCETS	88
ATGAM	111	azathioprine	18	BD ULTRA-FINE NANO PEN NEEDLE	88
ATIVAN.....	44	azathioprine sodium	18	BECONASE AQ	135
atomoxetine	44	azelaic acid	67	bekyree (28).....	121
atorvastatin	61	azelastine	80, 129	BELBUCA	36
atovaquone	10	azelastine-fluticasone	135	BELEODAQ.....	18
atovaquone-proguanil.....	10	AZELEX	67	belladonna alkaloids-opium..	99
atracurium.....	34	AZILECT	30	BELSOMRA	44
ATRALIN	67	azithromycin.....	9	benazepril	52
ATRIPLA	4	AZOPT	130	benazepril-hydrochlorothiazide	52
ATROPEN	77	AZOR	52	BENICAR.....	52
atropine.....	99, 128	aztreonam	10	BENICAR HCT.....	52
ATROPINE	128	AZULFIDINE	100	BENLYSTA	115
ATROVENT HFA	135	AZULFIDINE EN-TABS ..	100	BENZACLIN	67
AUBAGIO	109	azurette (28).....	121	BENZACLIN PUMP.....	67
aubra.....	121	B		BENZAMYCIN	67
aubra eq	121	b complex 1 (with folic acid)	142	benzepero	67
AUGMENTIN.....	14	b complex 100	142	BENZEPRO (MICROSPHERES)	67
AUGMENTIN XR	14	b complex-vitamin b12.....	142	BENZHYDROCODONE-ACETAMINOPHEN.....	36
aurovela 1.5/30 (21)	121	b complex-vitamin c-folic acid	142	BENZNIDAZOLE	10
aurovela 1/20 (21)	121	BACIGUENT.....	127	benzonatate	133
aurovela 24 fe.....	121	bacitracin	10, 127	benzoyl peroxide	67
aurovela fe 1.5/30 (28)	121	bacitracin-polymyxin b.....	127	benztropine	30
aurovela fe 1-20 (28).....	121	baclofen	34	BEPREVE	129
AURYXIA	100	BACLOFEN.....	34	BERINERT.....	136
AUSTEDO	33	BACTRIM.....	15	beser.....	73
AUTOJECT 2 INJECTION DEVICE	88	BACTRIM DS.....	15	BESIVANCE.....	127
AUTOPEN 1 TO 21 UNITS	88	balanced b-100	142	BETADINE OPHTHALMIC PREP.....	127
AUVI-Q.....	132	balanced b-100 complex.....	142	betamethasone acet,sod phos	82
AVALIDE	52	balanced b-50	142	betamethasone dipropionate .	73
AVANDIA	96	bal-care dha	142	betamethasone valerate.....	73
AVAPRO	52	BAL-CARE DHA ESSENTIAL.....	142	betamethasone, augmented...	73
AVEED	92	BALCOLTRA	121	BETAPACE	51
aviane	121	balsalazide	101		
avidoxy.....	15	BALVERSA.....	18		
AVIDOXY DK	15	balziva (28).....	121		
avita	67	BANZEL	26		
AVITA	67	BAQSIMI.....	88		
AVODART	140	BARACLUDGE.....	4		

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

BETAPACE AF	51	briellyn.....	121	CABOMETYX.....	18
BETASERON	109	BRILINTA	59	CADUET.....	61
betaxolol.....	52, 128	brimonidine	132	CAFERGOT	31
bethanechol chloride	140	BRISDELLE	44	caffeine citrate	77
BETHKIS	10	BRIVIACT	26	CALAN SR	53
BETIMOL.....	128	BROMFED DM	133	calcipotriene	64
BETOPTIC S.....	128	bromfenac.....	130	CALCIPOTRIENE.....	64
BEVESPI AEROSPHERE. 136		bromocriptine	30	calcipotriene-betamethasone 64	
bexarotene	18	brompheniramine-pseudoeph- dm.....	134	calcitonin (salmon)	92
BEXSERO.....	111	BROMSITE.....	130	calcitriol.....	64, 92
BEYAZ.....	121	BROVANA	136	calcium acetate(phosphat bind)	101
bicalutamide	18	BRUKINSA.....	18	CALQUENCE.....	18
BICILLIN C-R	14	BRYHALI	73	CAMBIA	40
BICILLIN L-A	14	budesonide.....	101, 136	camila	117
BIDIL	52	BUDESONIDE- FORMOTEROL.....	136	camrese	121
BIJUVA.....	117	bumetanide	53	camrese lo.....	121
BIKTARVY	4	BUNAVAIL	40	CANASA.....	101
BILTRICIDE.....	10	BUPAP	36	candesartan	53
BINOSTO.....	114	BUPHENYL.....	77	candesartan-hydrochlorothiazid	53
BIONIME RIGHTEST GM300 SYSTEM.....	88	BUPRENEX.....	36	CAPASTAT	10
BIONIME RIGHTEST TEST STRIPS.....	84	buprenorphine.....	36	CAPCOF.....	134
bisacodyl.....	101	buprenorphine hcl.....	36	capecitabine	18
bisa-lax (bisacodyl)	101	buprenorphine-naloxone.....	40	CAPEX	73
bisoprolol fumarate	53	bupropion hcl.....	44	CAPLYTA.....	44
bisoprolol-hydrochlorothiazide	53	BUPROPION HCL	44	CAPRELSA.....	18
bivalirudin	59	bupropion hcl (smoking deter)	79	captopril	53
BIVIGAM	111	buspirone	44	captopril-hydrochlorothiazide	53
bleomycin	18	busulfan	18	CARAC	66
BLEPH-10.....	132	BUSULFEX	18	CARAFATE	106
BLEPHAMIDE	132	butalbital compound w/codeine	36	CARBAGLU	77
BLEPHAMIDE S.O.P.....	132	butalbital-acetaminop-caf-cod	36	carbamazepine	26, 27
BLINCYTO.....	18	butalbital-acetaminophen	36	CARBATROL.....	27
blisovi 24 fe.....	121	butalbital-acetaminophen-caff	36	carbidopa	30
blisovi fe 1.5/30 (28).....	121	butalbital-aspirin-caffeine	36	carbidopa-levodopa	30
blisovi fe 1/20 (28).....	121	butorphanol.....	40	carbidopa-levodopa- entacapone	30
BLOOD GLUCOSE TEST ..	84	BUTRANS	36	carbinoxamine maleate.....	132
BONIVA	114	BYDUREON.....	96	carboplatin	18
BONJESTA.....	101	BYDUREON BCISE	96	CARDIZEM	53
BOOSTRIX TDAP	111	BYETTA	96	CARDIZEM CD.....	53
bosentan.....	136	BYNFEZIA	18	CARDIZEM LA	53
BOSULIF	18	BYSTOLIC	53	CARDURA.....	53
BOTOX	111	C		CARDURA XL.....	53
bp 10-1.....	68	cabergoline	92	CARESENS N TEST STRIPS	84
BRAFTOVI.....	18	CABLIVI.....	59	CARETOUCH TEST STRIP	84
BREATHERITE MDI SPACER.....	87				
BREO ELLIPTA	136				

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

carisoprodol.....	34	CELEXA	44	cidofovir	4
carisoprodol-aspirin.....	34	CELLCEPT	18	cilostazol.....	59
carisoprodol-aspirin-codeine	34	CELLCEPT INTRAVENOUS		CILOXAN	127
CARNITOR	77	.....	19	CIMDUO.....	4
CARNITOR (SUGAR-FREE)		CELONTIN	27	cimetidine	106
.....	77	CENTANY	71	cimetidine hcl	106
carteolol.....	128	CENTANY AT.....	71	CIMZIA	101
cartia xt.....	53	cephalexin.....	9	CIMZIA POWDER FOR	
carvedilol.....	53	CEPROTIN (BLUE BAR)...	59	RECONST.....	101
carvedilol phosphate.....	53	CEPROTIN (GREEN BAR)	59	cinacalcet	93
CASODEX.....	18	CEQUA	129	CINQAIR	136
CATAPRES	53	CERDELGA.....	92	CINRYZE.....	136
CATAPRES-TTS-1.....	53	CEREBYX	27	CIPRO	14
CATAPRES-TTS-2.....	53	CEREZYME	93	CIPRO HC.....	81
CATAPRES-TTS-3.....	53	CERVIDIL	119	CIPRODEX	81
CAYA CONTOURED.....	116	CETROTIDE.....	93	ciprofloxacin.....	14
CAYSTON.....	10	cevimeline	78	ciprofloxacin hcl.....	14, 81, 127
caziant (28).....	121	CHANTIX	79	ciprofloxacin in 5 % dextrose	
cefaclor	7, 8	CHANTIX CONTINUING		.....	14
cefadroxil.....	8	MONTH BOX.....	79	ciprofloxacin-dexamethasone	
cefazolin	8	CHANTIX STARTING		.....	81
cefazolin in dextrose (iso-os)	.8	MONTH BOX.....	79	CIPROFLOXACIN-	
CEFAZOLIN IN DEXTROSE		charlotte 24 fe.....	121	FLUOCINOLONE	81
(ISO-OS).....	8	chateal (28).....	121	citalopram	44
cefdinir	8	chateal eq (28).....	122	CITRANATAL (DUAL-	
cefditoren pivoxil	8	CHEMET.....	78	IRON).....	142
cefepime	8	CHENODAL.....	101	CITRANATAL 90 DHA	
CEFEPIME IN DEXTROSE 5		children's aspirin.....	40	(ALGAL OIL).....	142
%.....	8	chloramphenicol sod succinate		CITRANATAL ASSURE ..	143
cefepime in dextrose,iso-osm.	.8	.....	10	CITRANATAL B-CALM (FE	
cefexime.....	8	chlordiazepoxide hcl.....	44	GLUC).....	143
CEFOTAN	8	chlordiazepoxide-clidinium..	99	CITRANATAL BLOOM ...	143
cefotaxime	8	chloroquine phosphate.....	10	CITRANATAL DHA	
cefotetan	8	chlorothiazide sodium	53	(ALGAL OIL).....	143
CEFOTETAN IN		chlorpromazine.....	44	CITRANATAL HARMONY	
DEXTROSE, ISO-OSM.....	8	chlorthalidone.....	53	(IRON FUM).....	143
cefoxitin.....	8	chlorzoxazone.....	34	citrate of magnesia.....	101
cefoxitin in dextrose, iso-osm	8	CHOLBAM.....	101	citroma.....	101
cefpodoxime.....	8	cholestyramine (with sugar).	61	cladribine	19
cefprozil.....	8	cholestyramine light	61	claravis.....	68
ceftazidime	8	choline,magnesium salicylate		CLARINEX.....	132
CEFTAZIDIME IN D5W	8	.....	40	CLARINEX-D 12 HOUR ..	134
ceftriaxone.....	8	CHORIONIC		clarithromycin.....	9
CEFTRIAZONE	8	GONADOTROPIN,		classic prenatal.....	143
ceftriaxone in dextrose,iso-os.	8	HUMAN.....	93	clearlax	101
cefuroxime axetil.....	9	ciclodan	71	clemastine	133
cefuroxime sodium.....	9	CICLODAN KIT.....	71	CLENPIQ	101
CELEBREX	40	ciclopirox.....	71	CLEOCIN.....	10, 119
celecoxib.....	40	ciclopirox-ure-camph-menth-		CLEOCIN HCL.....	10
CELESTONE SOLUSPAN .	82	euc	71	CLEOCIN PEDIATRIC.....	11

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

CLEOCIN T	68	codeine sulfate.....	36	CORTANE-B	66
CLEVER CHOICE MICRO		codeine-butalbital-asa-caff ...	36	CORTEF.....	82
TEST STRIP	84	codeine-guaifenesin.....	134	CORTENEMA	101
CLEVER CHOICE PRO.....	84	CODITUSSIN AC.....	134	CORTIFOAM.....	101
CLEVER CHOICE TALK		CODITUSSIN DAC.....	134	cortisone	82
TEST	84	COGENTIN.....	30	CORTISPORIN.....	71
CLEVER CHOICE TEST		COLAZAL	101	CORTISPORIN-TC	81
STRIPS.....	84	COLCHICINE.....	114	CORTROSYN.....	82
CLEVER CHOICE VOICE+		COLCRYST.....	114	COSENTYX.....	64
TEST	84	colesevelam	61	COSENTYX (2 SYRINGES)	
CLIMARA	117	COLESTID.....	61	.....	64
CLIMARA PRO.....	117	COLESTID FLAVORED ...	61	COSENTYX PEN	64
CLINDACIN ETZ.....	68	colestipol	61	COSENTYX PEN (2 PENS)	64
clindacin p	68	colistin (colistimethate na) ...	11	COSMEGEN	19
CLINDACIN PAC	68	COLY-MYCIN M		COSOPT.....	130
CLINDAGEL	68	PARENTERAL.....	11	COSOPT (PF).....	130
clindamycin hcl	11	COMBIGAN	130	cosyntropin	82
clindamycin in 5 % dextrose	11	COMBIPATCH.....	117	COTELLIC.....	19
clindamycin palmitate hcl ...	11	COMBIVENT RESPIMAT	136	COTEMPLA XR-ODT	44
clindamycin pediatric	11	COMBIVIR.....	4	covaryx	117
clindamycin phosphate..	11, 68,	COMETRIQ.....	19	covaryx h.s.....	117
119		COMPACT SPACE		COZAAR.....	54
clindamycin-benzoyl peroxide		CHAMBER	87	CREON.....	101
.....	68	COMPAZINE.....	101	CRESEMBA.....	3
clindamycin-tretinoin	68	COMPLERA	4	CRESTOR	61
CLINDESSE	119	complete natal dha.....	143	CRINONE	117
CLINPRO 5000.....	80	complex b-100.....	143	CRIXIVAN.....	4
clobazam.....	27	compro.....	101	cromolyn.....	101, 129, 136
clobetasol.....	73	COMTAN.....	30	crotan	76
clobetasol-emollient	73	CONCEPT DHA	143	cryselle (28).....	122
CLOBEX.....	73	CONCEPT OB	143	CUPRIMINE	115
CLOCORTOLONE		CONCERTA	44	CUROSURF.....	136
PIVALATE	73	CONDYLOX.....	66	CUTIVATE	74
clodan	73	CONSENSI	53	CUVITRU	111
CLODAN KIT.....	73	constulose	101	CUVPOSA	99
CLODERM	73	CONTOUR LINK	88	cyanocobalamin (vitamin b-12)	
clomiphene citrate	93	CONTOUR NEXT TEST		.....	143
clomipramine.....	44	STRIPS.....	84	cyclafem 1/35 (28).....	122
clonazepam.....	27	CONTOUR TEST STRIPS ..	84	cyclafem 7/7/7 (28).....	122
clonidine.....	53	CONZIP.....	40	cyclobenzaprine.....	34
clonidine hcl	44, 53	COPAXONE	109	CYCLOGYL	128
clopidogrel.....	59	COPIKTRA	19	CYCLOMYDRIL.....	132
clorazepate dipotassium	44	CORDRAN	73, 74	cyclopentolate.....	128
clotrimazole.....	3, 71	CORDRAN TAPE LARGE		cyclophosphamide	19
clotrimazole-betamethasone.	71	ROLL.....	73	CYCLOSERINE.....	11
clovique	78	COREG	53	CYCLOSET	96
clozapine.....	44	COREG CR	53	cyclosporine.....	19
CLOZARIL	44	coremino.....	15	cyclosporine modified	19
c-nate dha	143	CORGARD	54	CYKLOKAPRON.....	59
COARTEM	11	CORLANOR.....	63	CYMBALTA.....	44

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

cyproheptadine	133	denta 5000 plus.....	80	dialyrite 80	143
cyred	122	dentagel	80	DIASTAT	27
cyred eq	122	DEPAKOTE.....	27	DIASTAT ACUDIAL.....	27
CYSTADANE.....	101	DEPAKOTE ER.....	27	DIATRUE PLUS TEST STRIP	
CYSTADROPS.....	129	DEPAKOTE SPRINKLES ..	27	.....	84
CYSTAGON	140	DEPEN TITRATABS	115	diazepam.....	27, 45
CYSTARAN	129	DEPO-ESTRADIOL	117	diazepam intensol	45
cytarabine	19	DEPO-MEDROL	82	diazoxide.....	88
cytarabine (pf)	19	DEPO-PROVERA.....	117	DIBENZYLINE	54
CYTOMEL.....	98	DEPO-SUBQ PROVERA	104	DICLEGIS	101
CYTOTEC	106	.....	117	DICLOFENAC EPOLAMINE	
D		DEPO-TESTOSTERONE....	93	.....	40
D.H.E.45.....	31	DERMA-SMOOTH/FS		diclofenac potassium	40
dacarbazine.....	19	BODY OIL.....	74	diclofenac sodium...40, 66, 130	
DACOGEN	19	DERMA-SMOOTH/FS		DICLOFENAC	
dactinomycin	19	SCALP OIL.....	74	SUBMICRONIZED	40
dalfampridine	33	DERMOTIC OIL	81	diclofenac-misoprostol	40
DALIRESP.....	136	DESCOVY	4	dicloxacillin	14
DALVANCE.....	11	desipramine	44	dicyclomine	99
danazol	93	desloratadine.....	133	didanosine.....	4
DANTRIUM	34	desmopressin	93	DIFFERIN	68
dantrolene	34	desog-e.estradiol/e.estradiol		DIFICID	9
dapsone.....	11, 68	.....	122	diflorasone	74
DAPSONE	68	desogestrel-ethinyl estradiol		DIFLUCAN.....	3
DAPTACEL (DTAP		.....	122	diflunisal	40
PEDIATRIC) (PF).....	111	DESONATE.....	74	digitek	58
DARAPRIM.....	11	desonide.....	74	digox	58
darifenacin.....	139	DESOWEN	74	digoxin.....	58
DARZALEX	19	desoximetasone	74	dihydroergotamine.....	31, 32
dasetta 1/35 (28).....	122	DESOXYN.....	44	DILANTIN	27
dasetta 7/7/7 (28).....	122	DESVENLAFAXINE	45	DILANTIN EXTENDED....	27
daunorubicin.....	19	desvenlafaxine succinate	45	DILANTIN INFATABS	27
DAURISMO.....	19	DETROL	139	DILANTIN-125.....	27
DAYPRO	40	DETROL LA.....	139	DILATRATE-SR	63
daysee	122	dexabliss	82	DILAUDID.....	36
DAYTRANA	44	dexamethasone	82	diltiazem	54
DAYVIGO	44	dexamethasone intensol.....	82	dilt-xr	54
DDAVP.....	93	dexamethasone sodium phos		dimenhydrinate	101
deblitane	117	(pf).....	82	dimethyl fumarate.....	109
decadron	82	dexamethasone sodium		DIOVAN	54
decitabine	19	phosphate.....	82, 131	DIOVAN HCT	54
deferasirox.....	78	dexchlorpheniramine maleate		DIPENTUM	101
DELESTROGEN	117	.....	133	DIPHEN	133
DELSTRIGO.....	4	DEXEDRINE SPANSULE..	45	diphenhydramine hcl	133
DELZICOL	101	DEXILANT.....	106	diphenoxylate-atropine	99
demeclocycline.....	15	dexmethylphenidate.....	45	DIPROLENE.....	74
DEMEROL.....	36	dextroamphetamine	45	dipyridamole.....	59
DEMEROL (PF)	36	dextroamphetamine-		DISALCID	40
DEM SER.....	54	amphetamine	45	diskets	36
DENAVIR.....	72	DIACOMIT	27	disopyramide phosphate	51

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

disulfiram	78	DUAKLIR PRESSAIR	136	econazole	71
DITROPAN XL	139	DUAVEE.....	117	econtra ez.....	122
DIURIL	54	ducodyl (bisacodyl)	101	econtra one-step.....	122
DIURIL IV	54	DUET DHA BALANCED.	143	ecotrin	40
divalproex.....	27	DUET DHA WITH OMEGA-3	143	ecotrin low strength	40
DIVIGEL.....	117	DUETACT	96	ECOZA.....	71
DOCEFREZ	19	DUEXIS	40	EDARBI	54
docetaxel.....	19	DULERA.....	136	EDARBYCLOR	54
dofetilide.....	51	duloxetine	45	EDECRIN.....	54
DOJOLVI.....	142	DUOBRII	74	EDLUAR.....	45
DOLOPHINE.....	36	DUODOTE.....	77	ed-spaz.....	99
donepezil	33	DUOPA	30	EDURANT	4
DONNATAL.....	99	DUPIXENT PEN	66	eemt	118
DOPTELET (15 TAB PACK)	59	DUPIXENT SYRINGE.....	66	eemt hs.....	118
DORAL	45	DURAGESIC	36	efavirenz	4
DORYX.....	15	DUREZOL	131	efavirenz-lamivu-tenofov disop	4
DORYX MPC	15	dutasteride	140	effer-k	141
dorzolamide.....	130	dutasteride-tamsulosin.....	140	EFFER-K.....	141
dorzolamide-timolol	130	DUTOPROL.....	54	EFFEXOR XR.....	45
dorzolamide-timolol (pf)....	130	dvorah.....	36	EFFIENT	59
DORZOLAMIDE-TIMOLOL (PF).....	130	DYANAVEL XR	45	EFUDEX	66
dotti.....	117	DYAZIDE	54	EGRIFTA SV	109
DOVATO	4	DYMISTA.....	136	ELAPRASE.....	93
DOVONEX	64	DYRENIUM	54	ELELYSO	93
doxazosin.....	54	DYSPORT.....	111	ELEMENT COMPACT TEST STRIPS	84
doxepin.....	45, 66	E		ELEMENT PLUS BLOOD GLUCOSE KIT	89
doxercalciferol.....	93	e.c. prin	40	ELEMENT TEST STRIPS... ..	84
DOXIL	19	e.e.s. 400.....	9	ELESTRIN	118
doxorubicin, peg-liposomal..	19	E.E.S. GRANULES.....	9	eletriptan	32
doxy-100.....	15	EASIVENT HOLDING CHAMBER	87	ELIDEL	66
doxycycline hyclate.....	15	EASY PLUS II TEST.....	84	ELIGARD.....	19
DOXYCYCLINE HYCLATE	15	EASY STEP	84	ELIGARD (3 MONTH)	19
doxycycline monohydrate ...	15, 16	EASY TALK GLUCOSE TEST	84	ELIGARD (4 MONTH)	19
DOXYCYCLINE MONOHYDRATE.....	15	EASY TOUCH TEST STRIP	84	ELIGARD (6 MONTH)	19
doxylamine-pyridoxine (vit b6)	101	EASY TRAK GLUCOSE TEST	84	ELIMITE	76
DRISDOL.....	143	EASY TRAK II TEST STRIP	84	elinest.....	122
DRIZALMA SPRINKLE.....	45	EASYGLUCO MONITORING SYSTEM.....	88	ELIQUIS.....	59
dronabinol.....	101	EASYGLUCO PLUS	84	ELIQUIS DVT-PE TREAT 30D START.....	59
droperidol	101	EASYGLUCO TEST	84	ELITEK	17
drospirenone-e.estradiol-lm.fa	122	EASYMAX	84	ELIXOPHYLLIN	136
drospirenone-ethinyl estradiol	122	EASYMAX NG	89	ELLA	122
DROXIA	19	ECLIPSE NEEDLE.....	89	ELLENCENCE	19, 20
		EC-NAPROSYN	40	ELMIRON	140
				eluryng.....	119
				EMBRACE BLOOD GLUCOSE SYSTEM.....	84

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

EMBRACE EVO TEST STRIPS.....	84	EPIFOAM	64	ESOMEPRAZOLE STRONTIUM.....	107
EMBRACE PRO TEST STRIPS.....	84	epinastine.....	129	estarylla.....	122
EMBRACE TALK BLOOD GLUCOSE SYS	89	epinephrine	133	estazolam	45
EMBRACE TALK TEST STRIPS.....	84	EPINEPHRINE	133	ESTRACE	118
EMCYT	20	EPINEPHRINE HCL (PF) .	133	estradiol	118
EMEND.....	102	EPIPEN 2-PAK	133	estradiol valerate.....	118
EMFLAZA	82	EPIPEN JR 2-PAK.....	133	estradiol-norethindrone acet	118
EMGALITY PEN	32	epirubicin.....	20	ESTRING	118
EMGALITY SYRINGE.....	32	EPISIL	80	ESTROGEL.....	118
emoquette	122	epitol.....	27	estrogens-methyltestosterone	118
EMPLICITI	20	EPIVIR	5	ESTROSTEP FE-28	122
EMSAM	45	EPIVIR HBV.....	5	eszopiclone	45
emtricitabine.....	4	epiphenone	54	ethacrynate sodium.....	54
EMTRIVA.....	4	EPOGEN	108	ethacrynic acid.....	54
EMVERM	11	epoprostenol (glycine).....	54	ethambutol	11
enalapril maleate	54	eprosartan	54	ethosuximide.....	27
enalaprilat	54	EPZICOM	5	ethynodiol diac-eth estradiol	122
enalapril-hydrochlorothiazide	54	EQUETRO	27	ETHYOL	17
ENBREL	115	ERAXIS(WATER DILUENT)	3	etodolac.....	40
ENBREL MINI	115	ERBITUX.....	20	etonogestrel-ethinyl estradiol	120
ENBREL SURECLICK	115	ergocalciferol (vitamin d2).	143	ETOPOPHOS	20
ENDARI.....	78	ergoloid.....	45	etoposide.....	20
endocet	36	ERGOMAR.....	32	EUCRISA	66
ENDOMETRIN	118	ergotamine-caffeine.....	32	EURAX	76
ENGERIX-B (PF)	111	ERIVEDGE	20	euthyrox	98
ENGERIX-B PEDIATRIC (PF).....	111	ERLEADA	20	EVAMIST	118
ENLITE SYSTEM	89	erlotinib	20	EVEKEO	45
enoxaparin	59	errin	118	EVEKEO ODT	45
enpresse	122	ERTACZO.....	72	EVENCARE G2.....	84
enskyce.....	122	ERWINAZE	20	EVENCARE G3 GLUCOSE METER.....	89
ENSTILAR.....	64	ery pads.....	68	EVENCARE G3 TEST	84
entacapone.....	30	erygel.....	68	EVENCARE MINI GLUCOSE TEST STR.....	84
entecavir	4	ERYPED 200	9	EVENCARE PROVIEW TEST STRIP.....	84
ENTOCORT EC	102	ERYPED 400	9	everolimus (antineoplastic) ..	20
ENTRESTO	63	ery-tab.....	9	everolimus (immunosuppressive)	20
ENTYVIO	102	ERY-TAB.....	9	EVISTA.....	114
enulose.....	102	ERYTHROCIN	9	EVOCLIN.....	68
ENVARUSUS XR	20	erythrocin (as stearate)	9	EVOLUTION BLOOD GLUCOSE METER	89
ENZOCLEAR	68	erythromycin	10, 127	EVOLUTION TEST STRIPS	84
EPANED	54	erythromycin ethylsuccinate.	10		
EPCLUSA	5	erythromycin with ethanol...	68		
EPIDIOLEX	27	erythromycin-benzoyl peroxide	68		
EPIDUO	68	ESBRIET.....	136		
EPIDUO FORTE.....	68	escitalopram oxalate	45		
		ESGIC	36		
		esomeprazole magnesium..	106, 107		
		esomeprazole sodium	107		

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

EVOTAZ.....	5	fenofibrate	61	FLOVENT HFA.....	136
EVOXAC	78	FENOFIBRATE.....	61	floxuridine	20
EXELDERM.....	72	fenofibrate micronized	61	FLUAD 2020-2021 (65 YR	
EXELON.....	33	fenofibrate nanocrystallized	61	UP)(PF).....	112
exemestane	20	fenofibric acid.....	62	FLUAD QUAD 2020-21(65Y	
EXFORGE	54	fenofibric acid (choline)	62	UP)(PF).....	112
EXFORGE HCT	54	FENOGLIDE.....	62	FLUARIX QUAD 2020-2021	
EXJADE.....	78	fenopufen	40	(PF).....	112
EXPECTA PRENATAL....	143	FENOPROFEN	40	FLUBLOK QUAD 2020-2021	
EXTAVIA	109	FENORTHO.....	40	(PF).....	112
EXTINA	72	fentanyl.....	36	FLUCELVAX QUAD 2020-	
EZ SMART PLUS SYSTEM		fentanyl citrate.....	36	2021	112
.....	89	FENTORA.....	36	FLUCELVAX QUAD 2020-	
EZ SMART PLUS TEST....	85	FERAHEME	143	2021 (PF).....	112
EZ SMART SYSTEM	89	FERRIPROX	78	fluconazole	3
EZ SMART TEST.....	85	FERRLECIT.....	78	flucytosine	3
EZALLOR SPRINKLE.....	61	FETZIMA.....	45	fludarabine	20
ezetimibe	61	FEXMID.....	34	fludrocortisone.....	82
ezetimibe-simvastatin.....	61	FIASP FLEXTOUCH U-100		FLULAVAL QUAD 2020-	
F		INSULIN	91	2021 (PF).....	112
FA-8	143	FIASP PENFILL U-100		FLUMADINE.....	5
FABIOR	68	INSULIN	91	flumazenil	45
FABRAZYME	93	FIASP U-100 INSULIN.....	91	FLUMIST QUAD 2020-2021	
FACTIVE.....	14	FIBRICOR.....	62	.....	112
falmina (28).....	122	FIFTY50 TEST STRIP	85	flunisolide	136
famciclovir	5	FINACEA.....	68	fluocinolone.....	74
famotidine.....	107	finasteride	140	fluocinolone acetonide oil	81
famotidine (pf).....	107	FINTEPLA	27	fluocinolone and shower cap	74
famotidine (pf)-nacl (iso-os)		FIORICET	36	fluocinonide.....	74
.....	107	FIORICET WITH CODEINE		fluocinonide-e.....	74
FANAPT	45	.....	37	fluorescein-proparacaine	129
FARESTON	20	FIORINAL	37	fluoride (sodium).....	80, 143
FARXIGA	96	FIORINAL-CODEINE #3 ...	37	FLUORIDEX DAILY	
FARYDAK.....	20	FIRAZYR.....	136	DEFENSE.....	80
FASENRA.....	136	FIRDAPSE	33	FLUORIDEX SENSITIVITY	
FASENRA PEN	136	FIRMAGON KIT W		RELIEF.....	80
FASLODEX	20	DILUENT SYRINGE	20	fluoritab	143
fayosim	122	FIRVANQ	17	fluorometholone	131
FC2 FEMALE CONDOM .	116	flac otic oil.....	81	FLUOROPLEX	66
febuxostat	114	FLAGYL	11	fluorouracil	20, 66
felbamate	27	FLAREX	131	FLUOROURACIL	66
FELBATOL	27	flavoxate.....	139	fluoxetine.....	45, 46
FELDENE	40	FLEBOGAMMA DIF	111	fluphenazine decanoate	46
felodipine.....	55	flecainide	51	fluphenazine hcl.....	46
fem ph.....	120	FLECTOR	41	flurandrenolide	74
FEMARA	20	FLEXICHAMBER.....	87	flurazepam	46
FEMCAP	116	FLOLAN	55	flurbiprofen.....	41
FEMHRT LOW DOSE....	118	FLOLIPID	62	flurbiprofen sodium	130
FEMRING.....	118	FLOMAX	140	flutamide.....	20
femynor	122	FLOVENT DISKUS	136	fluticasone propionate	74

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

FLUTICASONE PROPION- SALMETEROL	136	FORTISCARE BLOOD GLUCOSE SYST.....	89	GE100 BLOOD GLUCOSE TEST STRIP.....	85
fluvastatin	62	FORTISCARE GLUCOSE TEST STRIPS	85	GELCLAIR	80
fluvoxamine.....	46	FOSAMAX	114	GELNIQUE.....	139
FLUZONE HIGHDOSE QUAD 20-21 PF.....	112	FOSAMAX PLUS D..	114, 115	GELX	80
FLUZONE QUAD 2020-2021	112	fosamprenavir.....	5	gemfibrozil	62
FLUZONE QUAD 2020-2021 (PF).....	112	fosinopril	55	GENERESS FE	122
FML FORTE.....	131	fosinopril-hydrochlorothiazide	55	generlac.....	102
FML LIQUIFILM	131	fosphenytoin	27	gengraf.....	20
FML S.O.P.	131	FOSRENOL	102	GENOTROPIN.....	109
FOCALIN.....	46	FRAGMIN.....	59	GENOTROPIN MINIQUICK	109
FOCALIN XR.....	46	FREESTYLE INSULINX....	85	GENSTRIP TEST STRIP....	85
FOLET ONE	143	FREESTYLE INSULINX TEST STRIPS	85	gentak	127
folic acid.....	143	FREESTYLE LITE STRIPS	85	gentamicin	11, 71, 127
folivane-ob	143	FREESTYLE PRECISION NEO STRIPS.....	85	gentamicin in nacl (iso-osm)	11
FOLLISTIM AQ	93	FREESTYLE TEST	85	GENTAMICIN IN NACL (ISO-OSM).....	11
FOLOTYN	20	FROVA	32	gentamicin sulfate (ped) (pf)	11
foltabs 800.....	143	frovatriptan	32	gentamicin sulfate (pf).....	11
fondaparinux.....	59	full spectrum b-vitamin c ...	143	GENTAMICIN SULFATE (PF).....	11
FORA D15G STRIPS	85	fulvestrant.....	20	gentle laxative (bisacodyl)..	102
FORA D20	85, 89	FURADANTIN	16	gentlelax	102
FORA D40-G31 TEST STRIPS.....	85	furosemide.....	55	GENVOYA	5
FORA G20	85, 89	FUZEON	5	GEODON	46
FORA G30-PREMIUM V10 TEST STRP.....	85	fyavolv.....	118	gianvi (28)	122
FORA GD50 TEST STRIPS	85	FYCOMPA.....	27	GILENYA	109
FORA GTEL GLUCOSE TEST STRIP	85	G		GILOTRIF.....	20
FORA TEST STRIP.....	85	g tussin ac	134	GIMOTI.....	102
FORA TN'G VOICE TEST STRIPS.....	85	gabapentin	27, 28	glatiramer.....	109, 110
FORA V10	85, 89	GABITRIL	28	glatopa	110
FORA V10-V12-D10-D20 STRIPS.....	85	GALAFOLD	93	GLEEVEC	21
FORA V12 GLUCOSE.....	85	galantamine	33	GLEOSTINE	21
FORA V20	85, 89	GALZIN	141	GLIADEL WAFER.....	21
FORA V30A	89	GAMMAGARD LIQUID ..	112	glimepiride.....	96
FORACARE GD20.....	85	ganirelix.....	93	glipizide	96
FORACARE GD40 TEST STRIPS.....	85	GARDASIL 9 (PF).....	112	glipizide-metformin.....	96
FORFIVO XL	46	GASTROCROM	102	GLOPERBA	114
FORTAMET	96	gatifloxacin.....	127	GLUCAGEN DIAGNOSTIC KIT	87
FORTAZ	9	GATTEX 30-VIAL	102	GLUCAGEN HYPOKIT.....	88
FORTEO	114	gavilax	102	GLUCAGON (HCL) EMERGENCY KIT.....	88
FORTESTA.....	93	gavilyte-c	102	GLUCAGON EMERGENCY KIT (HUMAN).....	88
		gavilyte-g.....	102	GLUCAGON HCL.....	87
		gavilyte-n.....	102	GLUCO NAVII GLUCOSE MONITOR	89
		GAZYVA	20		
		GE100 BLOOD GLUCOSE SYSTEM	89		

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

GLUCO NAVII TEST STRIP	GVOKE HYPOPEN 2-PACK	HERCEPTIN	21
.....85	.....88	HETLIOZ	46
GLUCOCARD 01 METER .89	GVOKE PFS 2-PACK	HIBERIX (PF).....	112
GLUCOCARD 01 SENSOR	SYRINGE.....	hidex	82
PLUS	88	HIPREX.....	16
GLUCOCARD EXPRESSION	GYNAZOLE-1	HISTEX-AC	134
.....85	120	HIZENTRA	112
GLUCOCARD SHINE TEST	gynol ii.....	homatropaire.....	128
STRIPS.....	H	HORIZANT.....	33
85	HAEGARDA.....	HUMALOG JUNIOR	
GLUCOCARD VITAL.....	136	KWIKPEN U-100	91
GLUCOCARD VITAL	hailey	HUMALOG KWIKPEN	
SENSOR.....	122	INSULIN	91
GLUCOCARD VITAL TEST	hailey 24 fe.....	HUMALOG MIX 50-50	
STRIPS.....	122	INSULN U-100	91
GLUCOCOM BLOOD	hailey fe 1.5/30 (28)	HUMALOG MIX 50-50	
GLUCOSE	122	KWIKPEN.....	91
89	HALAVEN.....	HUMALOG MIX 75-25	
GLUCOCOM GLUCOSE....	21	KWIKPEN.....	91
GLUCOPHAGE.....	74	HUMALOG MIX 75-25(U-	
GLUCOPHAGE XR	HALCION	100)INSULN	91
GLUCOTROL.....	46	HUMALOG U-100 INSULIN	
GLUCOTROL XL	HALDOL.....	.....91	
glyburide.....	46	HUMATROPE	109
glyburide micronized.....	HALDOL DECANOATE....	HUMIRA.....	115
glyburide-metformin	46	HUMIRA PEN	115
GLYCATE	halobetasol propionate....	HUMIRA PEN CROHNS-UC-	
glycolax	74, 75	HS START	115
glycopyrrolate.....	HALOBETASOL	HUMIRA PEN PSOR-	
glydo.....	PROPIONATE	UVEITS-ADOL HS	115
GLYNASE	75	HUMIRA(CF)	115
GLYSET.....	HALOG	HUMIRA(CF) PEDI	
GLYXAMBI	75	CROHNS STARTER	115
GM100	haloperidol.....	HUMIRA(CF) PEN.....	115
GOCOVRI.....	46	HUMIRA(CF) PEN	
GOJJI BLOOD GLUCOSE	haloperidol decanoate.....	CROHNS-UC-HS.....	115
TEST STRIP	haloperidol lactate	HUMIRA(CF) PEN PSOR-	
86	46	UV-ADOL HS.....	115
GOLYTELY.....	HARMONY GLUCOSE TEST	HUMULIN 70/30 U-100	
GONAL-F	STRIP	INSULIN	91
GONAL-F RFF	86	HUMULIN 70/30 U-100	
GONAL-F RFF REDI-JECT	HARVONI.....	KWIKPEN.....	91
GONITRO.....	5	HUMULIN N NPH INSULIN	
GRALISE.....	HEALTHPRO TEST STRIPS	KWIKPEN.....	91
granisetron hcl.....	.....86	HUMULIN N NPH U-100	
GRANIX	healthylax	INSULIN	91
GRASTEK	102	HUMULIN R REGULAR U-	
griseofulvin microsize.....	heather	100 INSULN	91
3	118	HUMULIN R U-500 (CONC)	
griseofulvin ultramicrosize.....	HECTOROL.....	INSULIN	91
3	93		
guaiaatussin ac	HEMADY		
134	82		
guanfacine	HEMANGEOL.....		
46, 55	55		
guanidine	hemmorex-hc.....		
46	102		
	hep flush-10 (pf).....		
	59		
	HEPAGAM B.....		
	112		
	heparin (porcine)		
	60		
	heparin (porcine) in 5 % dex		
	60		
	heparin (porcine) in nacl (pf)		
	60		
	heparin flush(porcine)-0.9nacl		
	.....60		
	heparin lock flush		
	60		
	heparin lock flush (porcine) .60		
	60		
	heparin lockflush(porcine)(pf)		
	.....60		
	heparin, porcine (pf)		
	60		
	HEPARIN, PORCINE (PF) .60		
	60		
	HEPLISAV-B (PF).....		
	112		
	HEPSERA		
	5		

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

HUMULIN R U-500 (CONC)	ic green	78	INFUVITE ADULT	144
KWIKPEN	icatibant	136	INFUVITE PEDIATRIC....	144
HYCAMTIN	ICLUSIG	21	INGREZZA	33
hydralazine	IDAMYCIN PFS	21	INGREZZA INITIATION	
HYDREA	idarubicin.....	21	PACK	33
hydrochlorothiazide.....	IDHIFA	21	INJECTAFER.....	144
hydrocodone bitartrate.....	IFEX	21	INLYTA	21
hydrocodone-acetaminophen	ifosfamide.....	21	INNOPRAN XL	55
hydrocodone-chlorpheniramine	ILARIS (PF)	111	INOVA	68
.....	ILEVRO	130	INOVA 4-1	65
.....	imatinib.....	21	INOVA 8-2.....	65
hydrocodone-homatropine .	IMBRUVICA	21	INREBIC	21
hydrocodone-ibuprofen	IMFINZI.....	21	INSPIRACHAMBER.....	88
hydrocortisone	imipenem-cilastatin	11	INSPIRA.....	55
hydrocortisone acetate.....	imipramine hcl.....	46	INSULIN LISPRO	91
hydrocortisone butyrate.....	imipramine pamoate	46	INSULIN LISPRO	
hydrocortisone butyr-emollient	imiquimod	111	PROTAMIN-LISPRO	91
.....	IMIQUIMOD	111	INSULIN SYRINGE-	
hydrocortisone valerate	IMITREX	32	NEEDLE U-100	88
hydrocortisone-acetic acid...81	IMITREX STATDOSE PEN32		INTELENCE	5
hydrocortisone-pramoxine ..64,	IMITREX STATDOSE		INTERMEZZO.....	46
102	REFILL	32	INTRAROSA	120
hydromet.....	IMLYGIC.....	21	INTRON A	111
hydromorphone	IMPAVIDO	11	introvale.....	122
HYDROMORPHONE	IMPOYZ.....	75	INTUNIV ER	46
hydroxocobalamin	IMURAN.....	21	INVEGA.....	46
hydroxychloroquine	IMVEXXY MAINTENANCE		INVEGA SUSTENNA	46
hydroxyprogester(pf)(preg presv)	PACK	118	INVEGA TRINZA	46
.....	IMVEXXY STARTER PACK		INVELTYS.....	131
hydroxyprogesterone	.....	118	INVIRASE	5
cap(ppres)	INBRIJA.....	30	INVOKAMET	96
hydroxyprogesterone caproate	incassia	118	INVOKAMET XR	96
.....	INCRELEX	78	INVOKANA.....	96
hydroxyurea.....	INCRUSE ELLIPTA.....	136	iodine-sodium iodide.....	66
hydroxyzine hcl.....	indapamide	55	IODOFLEX	66
hydroxyzine pamoate	INDERAL LA	55	IODOPEN.....	21
HYLENEX	INDERAL XL	55	IODOSORB.....	66
hyophen	INDOCIN	41	IOPIDINE.....	132
hyoscyamine sulfate	indocyanine green.....	78	IPOL	112
hyosyne.....	indomethacin	41	ipratropium bromide.....80,	136
HYPERHEP B S/D	INDOMETHACIN		ipratropium-albuterol.....	136
HYPERHEP B S-D	SUBMICRONIZED	41	irbesartan	55
NEONATAL	INFANRIX (DTAP) (PF)...	112	irbesartan-hydrochlorothiazide	
.....	INFASURF.....	78	.....	55
HYSINGLA ER	INFED	144	IRESSA	21
HYZAAR	INFINITY STARTER KIT ..89		ISENTRESS	5
I	INFINITY TEST STRIPS	86	ISENTRESS HD	5
ibandronate	INFINITY VOICE TEST		isibloom	123
IBRANCE	STRIP	86	ISOLYTE S PH 7.4	142
ibu.....	INFLECTRA	102	ISOLYTE-S	142
ibuprofen				
ibuprofen-oxycodone				

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

isoniazid	11	kaitlib fe.....	123	KOSHER PRENATAL PLUS	
ISOPTO ATROPINE	128	KALBITOR.....	136	IRON	144
ISOPTO CARPINE.....	128	KALETRA	5	K-PHOS NO 2.....	140
ISORDIL	63	kalliga.....	123	K-PHOS ORIGINAL	140
ISORDIL TITRADOSE.....	63	KALYDECO.....	137	kpn.....	144
isosorbide dinitrate	63	KANUMA.....	94	KRINTAFEL.....	12
isosorbide mononitrate	63	KAPSPARGO SPRINKLE..	55	KRISTALOSE.....	103
isotretinoin.....	69	KAPVAY	46	KRYSTEXXA.....	114
isoxsuprine	120	KARBINAL ER	133	k-tab.....	141
isradipine	55	kariva (28)	123	K-TAB.....	141
ISTALOL	128	KATERZIA	55	kurvelo (28).....	123
ISTURISA.....	93	KAZANO	97	KUVAN.....	94
itraconazole	3	KEFLEX.....	9	KYLEENA	116
ivermectin.....	11	kelnor 1/35 (28).....	123	KYNMOBI	30
IXEMPRA.....	21	kelnor 1-50	123	L	
J		KENALOG.....	75, 82	l norgest/e.estradiol-e.estrad	
JADENU	78	KENALOG-80	82	.....	123
JADENU SPRINKLE	78	KEPIVANCE	17	labetalol	55
jaimiess.....	123	KEPPRA.....	28	LACRISERT	129
JAKAFI.....	21	KEPPRA XR	28	lactated ringers.....	77
JALYN	140	KERYDIN	72	lactulose.....	103
jantoven.....	60	KESIMPTA PEN	110	LAMICTAL	28
JANUMET	96	ketoconazole.....	3, 72	LAMICTAL ODT	28
JANUMET XR.....	96	ketoprofen.....	41	LAMICTAL ODT STARTER	
JANUVIA.....	96	ketorolac	41, 130	(BLUE).....	28
JARDIANCE.....	96	KETOROLAC.....	41	LAMICTAL ODT STARTER	
jasmiel (28).....	123	KEVEYIS	33	(GREEN).....	28
JATENZO	94	KEVZARA.....	115	LAMICTAL ODT STARTER	
JAZZ WIRELESS 2 METER		KEYTRUDA	21	(ORANGE).....	28
KIT	89	KINERET.....	111	LAMICTAL STARTER	
jencycla.....	118	KINEVAC.....	102	(BLUE) KIT	28
JENTADUETO	97	KINRIX (PF).....	112	LAMICTAL STARTER	
JENTADUETO XR.....	97	kionex (with sorbitol).....	102	(GREEN) KIT	28
JEVTANA.....	21	KISQALI.....	21	LAMICTAL STARTER	
jinteli.....	118	KISQALI FEMARA CO-		(ORANGE) KIT	28
jolessa.....	123	PACK	22	LAMICTAL XR.....	28
JORNAY PM	46	KITABIS PAK	11	LAMICTAL XR STARTER	
JUBLIA	72	KLARON	71	(BLUE).....	28
juleber.....	123	KLONOPIN.....	28	LAMICTAL XR STARTER	
JULUCA.....	5	klor-con	141	(GREEN).....	28
junel 1.5/30 (21).....	123	klor-con 10	141	LAMICTAL XR STARTER	
junel 1/20 (21).....	123	klor-con 8	141	(ORANGE).....	28
junel fe 1.5/30 (28).....	123	klor-con m10	141	lamivudine	5
junel fe 1/20 (28).....	123	klor-con m15	141	lamivudine-zidovudine	5
junel fe 24.....	123	klor-con m20	141	lamotrigine.....	28
JUXTAPID.....	62	klor-con/ef	141	LANCETS	89
JYNARQUE.....	94	kobee	144	LANCING DEVICE	89
K		KOMBIGLYZE XR.....	97	LANOXIN.....	59
KADCYLA	21	KORLYM.....	94	lansoprazole.....	107
KADIAN	37	KOSELUGO	22	lanthanum	103

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

LANTUS SOLOSTAR U-100	levorphanol tartrate.....37	LOCOID .....75
INSULIN.....91	levo-t.....98	LOCOID LIPOCREAM.....75
LANTUS U-100 INSULIN..91	levothyroxine.....98	LODINE .....41
larin 1.5/30 (21).....123	levoxyl.....98	LODOSYN .....30
larin 1/20 (21).....123	LEVSIN.....99	LOESTRIN 1.5/30 (21).....124
larin 24 fe .....123	LEVSIN/SL.....99	LOESTRIN 1/20 (21).....124
larin fe 1.5/30 (28).....123	LEVULAN .....66	LOESTRIN FE 1.5/30 (28-
larin fe 1/20 (28).....123	LEXAPRO.....46	DAY) .....124
larissia.....123	LEXETTE .....75	LOESTRIN FE 1/20 (28-DAY)
LASIX .....55	LEXIVA .....5	.....124
LASTACAFT.....129	LIALDA .....103	lojaimiess.....124
latanoprost .....130	LIBRAX (WITH	LOKELMA.....103
LATUDA .....46	CLIDINIUM) .....99	LOMOTIL .....99
laxaclear .....103	LICART.....41	LONHALA MAGNAIR
laxative (bisacodyl) .....103	lidocaine .....70	REFILL.....137
laxative peg 3350 .....103	lidocaine hcl .....70	LONHALA MAGNAIR
layolis fe .....123	lidocaine hcl-hydrocortison ac	STARTER .....137
LAZANDA.....37	.....70, 103	LONSURF.....22
leena 28 .....123	LIDOCAINE HCL-	loperamide .....99
leflunomide.....116	HYDROCORTISON AC103	LOPID .....62
LEMTRADA.....110	lidocaine viscous .....70	lopinavir-ritonavir.....5
LENVIMA .....22	lidocaine-epinephrine .....70	lopreeza.....118
LESCOL XL .....62	lidocaine-hydrocortisone-aloe	LOPRESSOR .....55
lessina.....123	.....103	LOPROX .....72
LETAIRIS .....137	lidocaine-prilocaine .....70	LOPROX (AS OLAMINE)..72
letrozole.....22	LIDOCAINE-TETRACAINE	lorazepam .....47
leucovorin calcium .....17	.....70	lorazepam intensol.....47
LEUKERAN .....22	LIDODERM.....70	LORBRENA.....22
LEUKINE.....108	LILETTA.....116	lorcet hd .....37
leuprolide.....22	lillow (28).....123	LORTAB ELIXIR .....37
levabuterol hcl.....137	lindane .....76	loryna (28) .....124
LEVALBUTEROL	linezolid.....12	LORZONE .....34
TARTRATE.....137	linezolid-0.9% sodium chloride	losartan .....55
LEVVID .....99	.....12	losartan-hydrochlorothiazide55
LEVEMIR FLEXTOUCH U-	LINZESS .....103	LOSEASONIQUE.....124
100 INSULN .....91	liothyronine .....98	LOTEMAX.....131
LEVEMIR U-100 INSULIN 91	LIPITOR.....62	LOTEMAX SM.....132
levetiracetam .....28	LIPOFEN.....62	LOTENSIN.....56
levobunolol.....128	lisinopril.....55	LOTENSIN HCT.....55
levocarnitine .....78	lisinopril-hydrochlorothiazide	loteprednol etabonate.....132
levocarnitine (with sugar)....78	.....55	LOTREL.....56
levofloxacin.....14, 127	lite coat aspirin .....41	LOTRONEX.....103
levofloxacin in d5w .....14	LITEAIRE MDI CHAMBER	lovastatin.....62
levonest (28).....123	.....88	LOVAZA.....62
levonorgestrel .....123	lithium carbonate.....47	LOVENOX.....60
levonorgestrel-ethinyl estrad	lithium citrate .....47	low-ogestrel (28) .....124
.....123	LITHOBID .....47	loxapine succinate .....47
levonorg-eth estrad triphasic	LITHOSTAT .....78	lo-zumandimine (28) .....124
.....123	LIVALO .....62	lta pre-attached .....71
levora-28.....123	LO LOESTRIN FE.....123	LUCEMYRA.....41

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

ludent fluoride	144	MAVENCLAD (10 TABLET PACK).....	110	MENVEO A-C-Y-W-135-DIP (PF).....	112
lugols	71, 142	MAVENCLAD (4 TABLET PACK).....	110	meperidine	38
LULICONAZOLE	72	MAVENCLAD (5 TABLET PACK).....	110	meperidine (pf)	37
LUMIGAN	130	MAVENCLAD (6 TABLET PACK).....	110	MEPHYTON.....	60
LUMIZYME	94	MAVENCLAD (7 TABLET PACK).....	110	meprobamate	34
LUNESTA.....	47	MAVENCLAD (8 TABLET PACK).....	110	MEPRON	12
LUPANETA PACK (1 MONTH).....	120	MAVENCLAD (9 TABLET PACK).....	110	mercaptapurine	22
LUPANETA PACK (3 MONTH).....	120	MAVYRET	5	meropenem	12
LUPRON DEPOT	22	MAXALT	32	MERREM.....	12
LUPRON DEPOT (3 MONTH).....	22	MAXALT-MLT	32	mesalamine	103
LUPRON DEPOT (4 MONTH).....	22	MAXIDEX	132	mesalamine with cleansing wipe	103
LUPRON DEPOT (6 MONTH).....	22	MAXITROL.....	131	mesna.....	17
LUPRON DEPOT-PED	22	maxi-tuss ac.....	134	MESNEX.....	17
LUPRON DEPOT-PED (3 MONTH).....	22	MAXI-TUSS CD.....	134	MESTINON	34
lutera (28)	124	MAXZIDE.....	56	MESTINON TIMESPAN	34
LUXIQ	75	MAXZIDE-25MG.....	56	metaproterenol.....	137
LUZU	72	MAYZENT	110	metaxall	34
LYNPARZA.....	22	m-clear wc	134	metaxalone.....	34
LYRICA	28	meclizine	103	metformin	97
LYRICA CR.....	28	meclofenamate.....	41	methadone.....	38
LYSODREN.....	22	MECOBALAMIN (VITAMIN B12).....	144	methadose	38
LYSTEDA.....	120	MEDROL	82	methamphetamine.....	47
lyza	118	MEDROL (PAK)	82	methazolamide.....	130
M		medroxyprogesterone	118	methenamine hippurate	16
m.v.i. adult.....	144	mefenamic acid.....	41	methenamine mandelate	16
M.V.I. PEDIATRIC	144	mefloquine.....	12	methen-sod phos-meth blue- hyos.....	140
MACROBID	16	megestrol	22	methergine	126
MACRODANTIN.....	16	MEKINIST.....	22	methimazole	83
mafenide acetate.....	71	MEKTOVI.....	22	METHITEST	94
magnesium citrate	103	melodetta 24 fe.....	124	methocarbamol	34, 35
MAKENA	118	meloxicam	41	methotrexate sodium	22
MAKENA (PF)	118	melphalan	22	methotrexate sodium (pf)	22
MALARONE	12	melphalan hcl	22	methoxsalen.....	66
MALARONE PEDIATRIC	12	memantine	33	methscopolamine	99
malathion.....	76	MEMANTINE.....	33	methyl salicylate	66
maprotiline	47	MENACTRA (PF)	112	methyl dopa	56
MAR-COF CG	134	M-END PE	134	methyl dopa- hydrochlorothiazide.....	56
MARINOL	103	MENEST	119	methyl dopate	56
marlissa (28).....	124	MENOPUR	94	methylergonovine	126
MARNATAL-F.....	144	MENOSTAR	119	METHYLIN	47
MARPLAN	47	MENTAX.....	72	methylphenidate hcl.....	47
MATULANE	22			METHYLPHENIDATE HCL	47
matzim la.....	56			methylprednisolone	82
				methylprednisolone acetate	82
				methyltestosterone	94

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

metoclopramide hcl.....	103	MINIPRESS	56	multivitamins with fluoride	144
metolazone	56	MINITRAN	63	mupirocin.....	71
METOPIRONE	78	MINIVELLE	119	mupirocin calcium	71
metoprolol succinate	56	MINOCIN	16	mvc-fluoride	144
metoprolol ta-hydrochlorothiaz	56	minocycline	16	my choice.....	124
metoprolol tartrate	56	MINOCYCLINE	16	my way	124
metro i.v.	12	MINOLIRA ER.....	16	MYALEPT	94
METROCREAM.....	69	minoxidil	56	MYAMBUTOL.....	12
METROGEL	69	MIOCHOL-E.....	128	MYCAPSSA.....	22
METROGEL VAGINAL...	120	miostat	130	MYCOBUTIN	12
metronidazole	12, 69, 120	miralax.....	103	mycophenolate mofetil	22
metronidazole in nacl (iso-os)	12	MIRAPEX ER.....	30	mycophenolate mofetil (hcl).22	
metyrosine	56	MIRCERA.....	108	mycophenolate sodium	22
mexiletine.....	51	MIRCETTE (28)	124	MYDAYIS	48
MIACALCIN	94	MIRENA	116	MYDRIACYL.....	128
mibelas 24 fe	124	mirtazapine	47	MYFORTIC	23
MICARDIS	56	MIRVASO.....	69	MYGLUCOHEALTH...86, 89	
MICARDIS HCT	56	misoprostol	107	MYLERAN	23
MICONAZOLE NITRATE- ZINC OX-PET	72	MITIGARE	114	mynatal	144
miconazole-3	120	mitoxantrone.....	22	mynatal advance	144
MICRO BLOOD GLUCOSE	86	M-M-R II (PF).....	112	mynatal plus.....	144
MICROCHAMBER.....	88	m-natal plus	144	mynatal-z	144
MICRODOT BLOOD GLUCOSE SYSTEM.....	86	MOBIC.....	41	mynate 90 plus.....	144
MICRODOT XTRA BLOOD GLUCOSE	86	modafinil	48	MYOBLOC	112
microgestin 1.5/30 (21)	124	moexipril	56	myorisan	69
microgestin 1/20 (21)	124	molindone.....	48	MYOVIEW KIT.....	78
microgestin fe 1.5/30 (28) ..	124	mometasone.....	75, 137	MYRBETRIQ.....	139
microgestin fe 1/20 (28)	124	mondoxyne nl	16	MYSOLINE	28
MICROSPACER.....	88	MONODOX	16	MYTESI	99
midazolam	47	mono-linyah.....	124	N	
midazolam (pf)	47	montelukast	137	NABI-HB	112
midodrine	78	MONUROL.....	16	nabumetone.....	41
migergot	32	morphine.....	38	nadolol	56
miglitol	97	MORPHINE	38	nadolol-bendroflumethiazide	56
miglustat	94	morphine concentrate	38	nafcillin.....	14
MIGRANAL	32	MOTEGRITY	103	nafcillin in dextrose iso-osm	14
mili	124	MOTOFEN.....	99	naftifine.....	72
milk of magnesia	103	MOVANTIK	103	NAFTIN	72
milk of magnesia concentrated	103	MOVIPREP.....	104	NAGLAZYME.....	94
millipred	83	MOXATAG.....	14	nalbuphine	41
millipred dp	83	MOXEZA.....	127	NALFON	41
mimvey.....	119	moxifloxacin.....	15, 127	NALOCET	38
MINASTRIN 24 FE	124	MOXIFLOXACIN- SOD.ACE,SUL-WATER. 15		naloxone	41
		MOZOBIL.....	108	naltrexone	41
		MS CONTIN	38	NAMENDA.....	33
		MUGARD	80	NAMENDA TITRATION PAK	33
		MULPLETA.....	60	NAMENDA XR	33
		MULTAQ.....	51	NAMZARIC.....	33
		multi-vitamin with fluoride	144	NAPRELAN CR	41

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

NAPROSYN	42	NESTABS ONE	144	NITROLINGUAL	64
naproxen	42	neuac	69	NITROMIST	64
naproxen sodium	42	NEUAC KIT	69	NITROSTAT	64
naproxen-esomeprazole	42	NEULASTA	109	nitro-time	64
naratriptan	32	NEUPOGEN	109	NITYR	78
NARCAN	42	NEUPRO	30	nizatidine	107
NARDIL	48	NEURONTIN	28	NOCDURNA (MEN)	94
NASCOBAL	144	NEUTEK 2TEK TEST		NOCDURNA (WOMEN)	94
NASONEX	137	STRIPS	86	NOCTIVA	94
NATACHEW (FE BIS-		NEVANAC	130	nolix	75
GLYCINATE)	144	nevirapine	5	nora-be	119
NATACYN	127	new day	124	NORCO	38
NATAZIA	124	newgen	144	NORDITROPIN FLEXP	
nateglinide	97	NEXAVAR	23	.....	109
NATESTO	94	NEXAVIR	144	noreth-ethinyl estradiol-iron	
NATPARA	94	NEXIUM	107	.....	124
NATROBA	76	NEXIUM IV	107	norethindrone (contraceptive)	
natural b-100 complex	144	NEXIUM PACKET	107	.....	119
natura-lax	104	NEXLETOL	62	norethindrone acetate	119
NAVELBINE	23	NEXLIZET	62	norethindrone ac-eth estradiol	
NAYZILAM	28	NEXPLANON	120	.....	119, 124
NEBUPENT	12	niacin	62	norethindrone-e.estradiol-iron	
nebusal	137	NIASPAN EXTENDED-		.....	124
NEBUSAL	137	RELEASE	62	NORGESIC FORTE	35
necon 0.5/35 (28)	124	nicardipine	56	norgestimate-ethinyl estradiol	
NEEVODHA (WITH ALGAL		NICODERM CQ	79	.....	125
OIL)	144	nicorette	79	NORITATE	69
nefazodone	48	NICORETTE	79, 80	norlyda	119
neomycin	12	nicotine	80	NORMOSOL-R	142
neomycin-bacitracin-poly-hc		nicotine (polacrilex)	80	NORMOSOL-R PH 7.4	142
.....	131	NICOTROL	80	NORPACE	51
neomycin-bacitracin-		NICOTROL NS	80	NORPACE CR	51
polymyxin	127	nifedipine	56	NORPRAMIN	48
neomycin-polymyxin b gu ...	77	nikki (28)	124	NORTHERA	78
neomycin-polymyxin b-		NILANDRON	23	nortrel 0.5/35 (28)	125
dexameth	131	nilutamide	23	nortrel 1/35 (21)	125
neomycin-polymyxin-		nimodipine	56	nortrel 1/35 (28)	125
gramicidin	127	NINJACOF-XG	134	nortrel 7/7/7 (28)	125
neomycin-polymyxin-hc	81,	NINLARO	23	nortriptyline	48
131		NIPENT	23	NORVASC	56
neo-polycin	127	nisoldipine	56	NORVIR	5
neo-polycin hc	131	nitisinone	78	NOURIANZ	31
NEORAL	23	nitro-bid	63	NOVA MAX GLUCOSE	
NEO-SYNALAR	71	NITRO-DUR	63	TEST	86
NEO-SYNALAR KIT	71	nitrofurantoin	16	NOVAREL	94
NERLYNX	23	nitrofurantoin macrocrystal ..	16	NOVOLIN 70-30 FLEXPEN	
NESINA	97	nitrofurantoin monohyd/m-		U-100	91
NESTABS	144	cryst	16	NOVOLIN N FLEXPEN	91
NESTABS ABC	144	nitroglycerin	64	NOVOLIN R FLEXPEN	91
NESTABS DHA	144	nitroglycerin in 5 % dextrose	64		

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

NOVOLOG FLEXPEN U-100	ocella	125	ONETOUCH ULTRA BLUE
INSULIN.....	OCREVUS	110	TEST STRIP.....
NOVOLOG MIX 70-30 U-100	octreotide acetate.....	23	ONETOUCH ULTRAMINI.
INSULN	OCUFLOX	127	ONETOUCH VERIO TEST
NOVOLOG MIX 70-	ODACTRA.....	112	STRIPS
30FLEXPEN U-100	ODEFSEY	5	ONEXTON.....
NOVOLOG PENFILL U-100	ODOMZO	23	ONFI.....
INSULIN.....	OFEV.....	137	ONGLYZA.....
NOVOLOG U-100 INSULIN	ofloxacin.....	15, 81, 127	ONUREG
ASPART.....	olanzapine.....	48	ONZETRA XSAIL.....
NOVOPEN ECHO.....	olanzapine-fluoxetine	48	opcicon one-step.....
NOXAFIL	olmesartan	56	opium tincture.....
np thyroid	olmesartan-amlodipin-		OPSUMIT.....
NPLATE.....	hcthiamid	56	OPTICHAMBER DIAMOND
NUBEQA	olmesartan-		VHC.....
NUCALA	hydrochlorothiazide.....	56	option-2.....
NUCORT	olopatadine	80, 129	OPTIUM EZ.....
NUCYNTA	OLUMIANT.....	116	OPTIUM TEST
NUCYNTA ER	OLUX.....	75	OPTUMRX.....
NUEDEXTA	OLUX-E.....	75	ORACEA.....
NULEV	OMECLAMOX-PAK	107	ORACIT
NULOJIX.....	omega-3 acid ethyl esters	62	oral saline laxative.....
NULYTELY LEMON-LIME	omeprazole	107	ORALAIR
.....	omeprazole-sodium		oralone
NULYTELY WITH FLAVOR	bicarbonate	107	ORAMAGICRX.....
PACKS.....	OMIDRIA	129	ORAPRED ODT
NUPLAZID.....	OMNARIS.....	137	ORAVIG.....
NURTEC ODT.....	OMNIPOD DASH 5 PACK		ORBACTIV.....
NUTROPIN AQ NUSPIN .	POD.....	89	ORENCIA
NUVARING.....	OMNITROPE.....	109	ORENCIA (WITH
NUVESSA	ON CALL EXPRESS METER		MALTOSE).....
NUVIGIL .....	.....	89	ORENCIA CLICKJECT ...
NUZYRA	ON CALL EXPRESS TEST		ORENITRAM
nyamyc	STRIP	86	ORFADIN
nystatin	ON CALL PLUS METER ..	89	ORIAHNN.....
nystatin-triamcinolone.....	ON CALL PLUS TEST STRIP		ORLISSA
nystop .....	.....	86	ORKAMBI
O	ON CALL VIVID METER..	89	orphenadrine citrate
OB COMPLETE ONE.....	ON CALL VIVID PAL		orphenadrine-asa-caffeine
OB COMPLETE PETITE..	METER	89	orphengesic forte
OB COMPLETE PREMIER	ON CALL VIVID TEST		orsythia
.....	STRIP.....	86	ORTIKOS.....
OB COMPLETE WITH DHA	ONCASPAR.....	23	oscimin
.....	ondansetron	104	oscimin sl.....
OBREDON.....	ondansetron hcl.....	104	oscimin sr.....
obstetrix dha.....	ondansetron hcl (pf).....	104	oseltamivir
OBSTETRIX EC.....	ONE A DAY WOMEN'S		OSENI
OBSTETRIX ONE.....	PRENATAL DHA	145	osmitrol 20 %
OBTREX DHA	one daily prenatal	145	OSMOLEX ER.....
OICALIVA.....	ONE DAILY PRENATAL	145	OSMOPREP

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

OSPHENA	120	PALFORZIA INITIAL DOSE	113	PENTACEL (PF).....	113
OTEZLA	116	.....	113	PENTACEL ACTHIB	
OTEZLA STARTER.....	116	PALFORZIA LEVEL 11		COMPONENT (PF)	113
OTOVEL.....	81	MAINTENANCE.....	113	pentamidine	12
OTREXUP (PF)	116	paliperidone	48	PENTASA	104
OVACE.....	65	PALYNZIQ.....	94	pentazocine-naloxone	42
OVACE PLUS	65	PAMELOR.....	48	pentoxifylline.....	60
OVACE PLUS SHAMPOO.....	65	pamidronate	94	PEPCID	107
OVACE PLUS WASH.....	65	PANCREAZE	104	PERCOCET.....	39
OVIDE	77	PANDEL	75	PERFOROMIST.....	137
OVIDREL	94	PANRETIN	66	perindopril erbumine	57
oxacillin.....	14	pantoprazole	107	PERJETA	23
oxacillin in dextrose(iso-osm)		papaverine	57	permethrin.....	77
.....	14	PARAGARD T 380A.....	116	perphenazine.....	48
oxaliplatin.....	23	paraplatin	23	perphenazine-amitriptyline...48	
oxandrolone.....	94	PAREMYD	128	perry prenatal.....	145
oxaprozin.....	42	paricalcitol	94	PERTZYE.....	104
OXAYDO.....	38	PARICALCITOL	94	PEXEVA	48
oxazepam.....	48	PARLODEL	31	pfizerpen-g.....	14
OXBRYTA.....	78	PARNATE.....	48	PHARMACIST CHOICE ...	86
oxcarbazepine.....	28	paromomycin.....	12	phenadoz.....	133
OXERVATE	129	paroxetine hcl	48	phenazopyridine	141
oxiconazole.....	72	paroxetine		phenelzine.....	48
OXISTAT.....	72	mesylate(menop.sym).....	48	PHENERGAN.....	133
OXSORALEN ULTRA	66	PASER.....	12	phenobarb-hyoscy-atropine-	
OXTELLAR XR	28	PATADAY.....	129	scop.....	100
oxybutynin chloride.....	139	PATANASE	80	phenobarbital	29
oxycodone	38	PAXIL	48	phenohydro	100
OXYCODONE.....	38	PAXIL CR.....	48	phenoxybenzamine	57
oxycodone-acetaminophen...39		PAZEO	129	phentolamine	57
oxycodone-aspirin	39	PEDIARIX (PF)	113	phenylephrine hcl	132
OXYCONTIN	39	PEDVAX HIB (PF).....	113	PHENYTEK	29
oxymorphone.....	39	peg 3350-electrolytes	104	phenytoin	29
oxytocin.....	126	peg3350-sod sul-nacl-kcl-asb-c		phenytoin sodium	29
OXYTROL.....	139	.....	104	phenytoin sodium extended..29	
OZEMPIC	97	PEGANONE	29	PHEXXI	120
OZOBAX	35	PEGASYS	110	philith.....	125
P		peg-electrolyte soln	104	PHOSLYRA	104
pacerone	51	PEGINTRON	110	phosphasal	140
paclitaxel	23	peg-prep.....	104	phosphate laxative	104
PALFORZIA (LEVEL 1)..	113	PEMAZYRE	23	PHOSPHOLINE IODIDE..	128
PALFORZIA (LEVEL 2)..	113	PEN NEEDLE, DIABETIC	90	PHOTOFRIN.....	23
PALFORZIA (LEVEL 3)..	113	penicillamine	116	PHYSIOLYTE	77
PALFORZIA (LEVEL 4)..	113	PENICILLIN G POT IN		PHYSIOSOL IRRIGATION	77
PALFORZIA (LEVEL 5)..	113	DEXTROSE	14	phytonadione (vitamin k1) ...60	
PALFORZIA (LEVEL 6)..	113	penicillin g potassium.....	14	PICATO.....	66
PALFORZIA (LEVEL 7)..	113	penicillin g procaine	14	PIFELTRO	6
PALFORZIA (LEVEL 8)..	113	penicillin g sodium	14	pilocarpine hcl	78, 80, 128
PALFORZIA (LEVEL 9)..	113	penicillin v potassium.....	14	pimecrolimus	66
PALFORZIA (LEVEL 10)..	113	PENNSAID	42	pimozide	48

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

pimtree (28).....	125	pravastatin	62	prenatal vitamin plus low iron	146
pindolol.....	57	praziquantel	12	.....	146
pioglitazone	97	prazosin	57	prenatal vitamin with minerals	146
pioglitazone-glimepiride	97	PRECISION PCX PLUS TEST	86	.....	146
pioglitazone-metformin	97	.....	86	prenatal vits96-iron fum-folic	146
PIQRAY	23	PRECISION PCX TEST	86	.....	146
pirmella.....	125	PRECISION POINT OF		prenatal-u	146
piroxicam.....	42	CARE TEST.....	86	PRENATE AM.....	146
PLAN B ONE-STEP	125	PRECISION Q-I-D TEST	86	PRENATE CHEWABLE ...	146
PLAQUENIL	12	PRECISION XTRA TEST ..	86	PRENATE DHA (FERR ASP	
PLASMA-LYTE 148	142	PRECOSE	97	GLYCIN).....	146
PLASMA-LYTE A	142	PRED FORTE	132	PRENATE ELITE (IRON ASP	
PLAVIX	60	PRED MILD.....	132	GLYC).....	146
PLEGRIDY	110	PRED-G.....	131	PRENATE ENHANCE	146
PLENVU	104	PRED-G S.O.P.	131	PRENATE	
PLIAGLIS	71	prednicarbate	75	ESSENTIAL(IRON-ASP-	
PNEUMOVAX-23	113	prednisolone	83	GL)	146
pnv 29-1.....	145	prednisolone acetate	132	PRENATE MINI (FERR ASP	
pnv-dha.....	145	prednisolone sodium phosphate		GLYCIN).....	146
pnv-dha + docusate	145	.....	83, 132	PRENATE PIXIE	146
pnv-omega.....	145	prednisone	83	PRENATE RESTORE	146
pnv-select	145	prednisone intensol.....	83	PRENATE STAR.....	146
POCKET CHAMBER	88	PREFEST	119	PREPIDIL.....	120
podofilox	66	pregabalin	29	preplus	146
polycin.....	127	PREGENNA.....	145	PRESTALIA.....	57
polyethylene glycol 3350 ...	104	PREGNYL.....	94	pretab	146
polymyxin b sulfate.....	12	PREMARIN	119	PRETOMANID	12
polymyxin b sulf-trimethoprim		PREMIER TEST STRIP	86	PREVACID	108
.....	127	PREMIUM V10	86	PREVACID SOLUTAB.....	108
POLYTRIM	127	PREMPHASE	119	prevalite	62
POLY-TUSSIN AC.....	134	PREMPRO	119	PREVIDENT	81
POMALYST	110	prena1 chew.....	145	PREVIDENT 5000 BOOSTER	
portia 28.....	125	prena1 pearl	145	PLUS	81
posaconazole	3	prenaissance.....	145	PREVIDENT 5000 DRY	
POTABA.....	142	prenaissance plus.....	145	.....	81
potassium chloride.....	142	PRENATA.....	145	PREVIDENT 5000 ENAMEL	
potassium citrate.....	140	prenatabs fa.....	145	PROTECT	81
powderlax	104	prenatabs rx	145	PREVIDENT 5000 ORTHO	
PR BENZOYL PEROXIDE.....	69	prenatal	146	DEFENSE.....	81
pr natal 400.....	145	PRENATAL	146	PREVIDENT 5000 PLUS	81
pr natal 400 ec	145	PRENATAL + DHA	145	PREVIDENT 5000	
pr natal 430.....	145	prenatal complete	145	SENSITIVE.....	81
pr natal 430 ec	145	prenatal formula	145	previfem.....	125
PRADAXA.....	60	prenatal multi-dha (algal oil)		PREVNAR 13 (PF)	113
PRALUENT PEN	62	.....	146	PREVYMIS	6
pramipexole.....	31	prenatal one daily	146	PREZCOBIX.....	6
PRAMOSONE	65	prenatal plus	146	PREZISTA	6
PRANDIN	97	prenatal plus (calcium carb)146		PRIFTIN	12
prasugrel.....	60	PRENATAL PLUS DHA... 146		PRILOSEC	108
PRAVACHOL	62	prenatal vitamin.....	146	PRIMACARE.....	146

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

primaquine.....	12	promethazine-phenyleph-		QTERN.....	97
PRIMAXIN IV	12	codeine.....	134	QUADRACEL (PF)	113
PRIMEAIRE	88	promethazine-phenylephrine		QUALAQUIN	12
primidone	29	.....	134	QUARTETTE.....	125
PRIMLEV	39	promethegan	133	QUAZEPAM.....	49
PRIMSOL.....	17	PROMETRIUM	119	QUDEXY XR.....	29
PRINIVIL.....	57	propafenone	51	QUESTRAN.....	62
PRISTIQ.....	48	propantheline	100	QUESTRAN LIGHT.....	62
PROAIR DIGIHALER	137	proparacaine	129	quetiapine	49
PROAIR HFA	137	propranolol	57	QUILLICHEW ER.....	49
PROAIR RESPICLICK	137	propranolol-hydrochlorothiazid		QUILLIVANT XR	49
probenecid	114	.....	57	quinapril.....	57
probenecid-colchicine	114	propylthiouracil	83	quinapril-hydrochlorothiazide	
procainamide	51	PROQUAD (PF).....	113	.....	57
PROCARDIA.....	57	PROSCAR.....	140	quinidine gluconate	51
PROCARDIA XL	57	PROSTIN E2.....	120	quinidine sulfate	51
procentra.....	48	PROSTIN VR PEDIATRIC		quinine sulfate	12
PROCHAMBER	88	.....	140	QUINTET AC	86
prochlorperazine.....	104	protamine.....	61	quit 2.....	80
prochlorperazine edisylate..	104	PROTONIX.....	108	quit 4.....	80
prochlorperazine maleate ...	104	PROTOPIC.....	66	QUZYTIR	133
PROCORT	104	protriptyline	48	QVAR REDIHALER	137
PROCORT	109	PROVENTIL HFA.....	137	R	
PROCTOCORT	75, 105	PROVERA	119	rabeprazole	108
PROCTOFOAM HC.....	105	PROVIDA OB.....	146	RABEPRAZOLE	108
procto-med hc.....	105	PROVIGIL	48	RADIOGARDASE.....	79
procto-pak.....	105	PROZAC	48	RAGWITEK.....	113
proctosol hc	105	prudoxin.....	66	raloxifene.....	115
proctozone-hc	105	PSORCON.....	75	ramelteon	49
PROCYSBI	140	PULMICORT.....	137	ramipril	57
PRODIGY AUTOCODE		PULMICORT FLEXHALER		RANEXA	63
METER	90	.....	137	ranitidine hcl.....	108
PRODIGY NO CODING.....	86	pulmosal	137	ranolazine	63
PRODIGY POCKET METER		PULMOZYME.....	137	RAPAFLO.....	140
.....	90	PUREFE OB PLUS.....	146	RAPAMUNE.....	23
PRODIGY VOICE GLUCOSE		purelax	105	RAPIVAB (PF)	6
METER	90	PURIXAN	23	rasagiline.....	31
progesterone	119	PYLERA	108	RASUVO (PF).....	116
progesterone micronized	119	pyrazinamide	12	RAVICTI.....	79
PROGLYCEM	88	PYRIDIDIUM	141	RAYALDEE.....	94
PROGRAF	23	pyridostigmine bromide	35	RAYOS.....	83
prolate.....	39	PYRIDOSTIGMINE		RAZADYNE ER.....	34
PROLENSA	130	BROMIDE.....	35	REBIF (WITH ALBUMIN)	
PROLEUKIN	111	pyrimethamine.....	12	.....	110
PROLIA	115	Q		REBIF REBIDOSE	110
PROMACTA.....	60	QBRELIS	57	REBIF TITRATION PACK	
promethazine	133	QBREXZA	66	.....	110
promethazine-codeine	134	Q-CARE RX Q4.....	81	reclipsen (28).....	125
promethazine-dm.....	134	QINLOCK.....	23	RECOMBIVAX HB (PF)...	113
		QNASL.....	137	RECTIV.....	105

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

REFUAH PLUS	86	REVEAL TEST STRIP	87	ROTARIX	113
REFUAH PLUS GLUCOSE		REVLIMID	110	ROTATEQ VACCINE.....	113
MONITOR	90	REXULTI.....	49	ROWASA.....	105
REGLAN.....	105	REYATAZ	6	roweepra	29
regonol.....	35	REYVOW	32	ROXICODONE.....	39
REGRANEX	66	RHOFADE	69	ROZEREM	49
RELAFEN	42	RHOPRESSA.....	130	ROZLYTREK	23
RELAFEN DS.....	42	ribavirin	6, 110	RUBRACA	23
RELAGARD	120	RIDAURA.....	116	RUCONEST	138
RELENZA DISKHALER.....	6	rifabutin	12	RUKOBIA	6
RELEXXII	49	RIFADIN.....	13	RUZURGI	34
RELION ALL-IN-ONE		RIFAMATE.....	13	RYBELSUS.....	97
METER	90	rifampin	13	RYCLORA	133
RELION CONFIRM.....	90	RIFATER	13	RYDAPT	23
RELION CONFIRM-MICRO		RIGHTEST GM550 SYSTEM		RYTARY.....	31
.....	86	.....	90	RYTHMOL SR	51
RELION MICRO GLUCOSE		RIGHTEST GS550 TEST		RYVENT	133
MONITOR	90	STRIPS.....	87	S	
RELION NOVOLIN 70/30..	92	RILUTEK.....	79	SABRIL.....	29
RELION NOVOLIN N	92	riluzole.....	79	SAFYRAL	125
RELION NOVOLIN R	92	rimantadine.....	6	SAIZEN.....	109
RELION PRIME TEST		ringer's	77	SAIZEN SAIZENPREP	109
STRIPS.....	87	RINVOQ	116	SALAGEN (PILOCARPINE)	
RELISTOR.....	105	RIOMET.....	97	.....	79, 81
RELPAK	32	RIOMET ER.....	97	salsalate.....	42
REMERON	49	risedronate	79, 115	SAMSCA.....	94, 95
REMERON SOLTAB.....	49	RISPERDAL	49	SANCUSO	105
REMODULIN.....	57	RISPERDAL CONSTA	49	SANDIMMUNE.....	24
RENACIDIN.....	140	risperidone	49	SANDOSTATIN	24
RENAGEL	105	RITALIN	49	SANDOSTATIN LAR	
rena-vite.....	146	RITALIN LA.....	49	DEPOT	24
RENVELA	105	RITEFLO AEROCHAMBER		SANTYL	76
repaglinide.....	97	.....	88	SAPHRIS.....	49
repaglinide-metformin.....	97	ritonavir	6	sapropterin	95
REPATHA PUSHTRONEX	62	rivastigmine	34	SARAFEM	49
REPATHA SURECLICK	62	rivastigmine tartrate.....	34	SAVAYSA	61
REPATHA SYRINGE	62	rivelsa	125	SAVELLA	116
REQUIP XL	31	rizatriptan.....	32	scalacort	75
RESPA-AR.....	134	R-NATAL OB	146	SCALACORT DK.....	75
RESTASIS	129	ROBAXIN.....	35	scopolamine base.....	105
RESTASIS MULTIDOSE .	129	ROBAXIN-750	35	SEASONIQUE	125
RESTORIL.....	49	ROCALTROL	94	seconal sodium	49
RETEVMO.....	23	ROCKLATAN	130	SECUADO	49
RETIN-A.....	69	ropinirole	31	SEEBRI NEOHALER.....	138
RETIN-A MICRO.....	69	rosadan.....	69	SEGLUROMET	97
RETIN-A MICRO PUMP....	69	ROSADAN.....	69	SELECT-OB.....	146
RETROVIR.....	6	ROSANIL.....	69	SELECT-OB (FOLIC ACID)	
REVATIO	137	ROSULA	69	.....	146
REVEAL BLOOD GLUCOSE		rosula cleansing cloths.....	69	SELECT-OB + DHA.....	146
METER	90	rosuvastatin.....	62	selegiline hcl.....	31

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

selenium sulfide.....	65	SKLICE.....	77	SORILUX.....	65
SELRX.....	65	SKYLA.....	116	sotalol.....	52
SELZENTRY.....	6	SKYRIZI.....	65	SOTALOL.....	51
SEMGLEE PEN U-100		SLYND.....	125	sotalol af.....	51
INSULIN.....	92	SMART SENSE TEST		SOTYLIZE.....	52
SEMGLEE U-100 INSULIN	92	STRIPS.....	87	SOVALDI.....	6
SEMPREX-D.....	134	SMARTEST EJECT.....	90	SPACE CHAMBER.....	88
se-natal 19 chewable.....	146	SMARTEST PERSONA		SPECTRACEF.....	9
se-natal-19.....	147	STARTER.....	90	spinosad.....	77
SENSIPAR.....	95	SMARTEST PRONTO		SPIRIVA RESPIMAT.....	138
SEREVENT DISKUS.....	138	STARTER.....	90	SPIRIVA WITH	
SEROQUEL.....	49	SMARTEST PROTEGE.....	90	HANDHALER.....	138
SEROQUEL XR.....	49	SMARTEST TEST.....	87	spironolactone.....	57
SEROSTIM.....	109	smoothlax.....	105	spironolacton-hydrochlorothiaz	
sertraline.....	50	sodium chlor 0.9% bacteriostat		.....	57
setlakin.....	125	.....	79	SPORANOX.....	3
sevelamer carbonate.....	105	sodium chloride	79, 138, 142	SPORANOX PULSEPAK.....	3
sevelamer hcl.....	105	sodium chloride 0.45 %.....	142	sprintec (28).....	125
SEYSARA.....	16	sodium chloride 0.9 %.....	79	SPRITAM.....	29
sf 81		sodium chloride 0.9 % (flush)		SPRIX.....	42
sf 5000 plus.....	81	.....	79	SPRYCEL.....	24
SFROWASA.....	105	sodium chloride 3 %.....	142	sps (with sorbitol).....	105
sharobel.....	119	sodium chloride 5 %.....	142	sronyx.....	125
SHINGRIX (PF).....	113	SODIUM EDECIN.....	57	ssd.....	65
SHOHL'S MODIFIED.....	140	sodium ferric gluconat-sucrose		SSKI.....	83
SIGNIFOR.....	24	.....	79	sss 10-5.....	69
SIGNIFOR LAR.....	24	sodium fluoride 5000 plus....	81	st joseph aspirin.....	42
SIKLOS.....	24	sodium fluoride-pot nitrate...	81	st. joseph aspirin.....	42
sildenafil (pulm.hypertension)		sodium phenylbutyrate.....	79	STALEVO 100.....	31
.....	138	sodium polystyrene (sorb free)		STALEVO 125.....	31
SILENOR.....	50	.....	105	STALEVO 150.....	31
SILIQ.....	65	sodium polystyrene sulfonate		STALEVO 200.....	31
silodosin.....	140	.....	105	STALEVO 50.....	31
SILVADENE.....	65	SOLESTA.....	105	STALEVO 75.....	31
silver sulfadiazine.....	65	solifenacin.....	139	STARLIX.....	97
SIMBRINZA.....	130	SOLIQUA 100/33.....	92	stavudine.....	6
simliya (28).....	125	SOLIRIS.....	79	STEGLATRO.....	97
simpesse.....	125	SOLODYN.....	16	STEGLUJAN.....	97
SIMPONI.....	116	SOLOSEC.....	13	STELARA.....	65
SIMPONI ARIA.....	116	SOLTAMOX.....	24	STIOLTO RESPIMAT.....	138
SIMULECT.....	24	SOLUS V2 AUDIBLE		STIVARGA.....	24
simvastatin.....	62	METER.....	90	stop smoking aid.....	80
SINEMET.....	31	SOLUS V2 TEST STRIPS...	87	STRATTERA.....	50
SINGULAIR.....	138	SOMA.....	35	STRENSIQ.....	95
SINOGRAFIN.....	79	SOMATULINE DEPOT.....	24	STREPTOMYCIN.....	13
sirolimus.....	24	SOMAVERT.....	95	stress formula.....	147
SIRTURO.....	13	SOOLANTRA.....	69	stress formula with iron.....	147
SITAVIG.....	6	SORBITOL.....	77	stress formula with iron(sulf)	
SIVEXTRO.....	13	SORBITOL-MANNITOL....	77	.....	147
SKELAXIN.....	35	SORIATANE.....	65	STRIBILD.....	6

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

STRIVERDI RESPIMAT .. 138	SYLVANT 24	TALTZ AUTOINJECTOR (3
STROMEKTOL 13	SYMAX DUOTAB..... 100	PACK).....65
strong iodine..... 71, 142	symax fastabs 100	TALTZ SYRINGE 65
SUBLOCADE..... 39	symax-sl..... 100	TALZENNA..... 24
SUBOXONE..... 42	symax-sr 100	TAMIFLU 6
SUBSYS..... 39	SYMBICORT..... 138	tamoxifen..... 24
subvenite..... 29	SYMBYAX 50	tamsulosin..... 140
subvenite starter (blue) kit... 29	SYMDEKO 138	TAPAZOLE 83
subvenite starter (green) kit.. 29	SYMFI..... 6	TAPERDEX 83
subvenite starter (orange) kit 29	SYMFI LO 6	TARCEVA 24
SUCRAID 105	SYMJEPI..... 133	TARGADOX..... 16
sucralfate 108	SYMLINPEN 120 97	TARGRETIN 24
SULAR..... 57	SYMLINPEN 60 97	tarina 24 fe..... 125
SULCONAZOLE..... 72	SYMPAZAN 29	tarina fe 1/20 (28) 125
sulfacetamide sodium... 65, 132	SYMPROIC..... 105	TARKA 57
sulfacetamide sodium (acne) 71	SYMTUZA..... 6	taron-c dha 147
sulfacetamide sodium-sulfur69,	SYNAGIS..... 6	taron-prex prenatal-dha 147
70	SYNALAR 75	TASIGNA..... 24
sulfacetamide-prednisolone 132	SYNALAR CREAM KIT 76	TASMAR 31
sulfacetamide-sulfur-cleansr23	SYNALAR OINTMENT KIT	TAVALISSE 61
..... 70	..... 76	TAXOTERE 24
sulfacleanse 8-4..... 70	SYNALAR TS 76	TAYTULLA..... 125
sulfadiazine..... 15	SYNAREL..... 95	tazarotene..... 70
sulfamethoxazole-trimethoprim	SYNDROS 105	tazicef 9
..... 15	SYNERA 71	TAZORAC 70
SULFAMYLON..... 71	SYNERCID 13	taztia xt 57
sulfasalazine 105	SYNJARDY 98	TAZVERIK 24
sulfatrim 15	SYNJARDY XR..... 98	TDVAX 113
sulindac..... 42	SYNRIBO 24	TECFIDERA 110
SUMADAN..... 70	SYNTHROID..... 98	TEFLARO 9
SUMADAN XLT 70	SYPRINE 79	TEGRETOL 29
sumatriptan 32	T	TEGRETOL XR..... 29
sumatriptan succinate 32	T	TEGSEDI 34
sumatriptan-naproxen..... 32	SLIM 90	TEKTURNA..... 57
SUNOSI 50	SLIM G4..... 90	TEKTURNA HCT..... 57
super b complex-vitamin c . 147	TABLOID 24	TELCARE BGM..... 90
super b maxi complex 147	TABRECTA..... 24	TELCARE BLOOD
super quints 147	TACLONEX 65	GLUCOSE KIT 90
super quints b-50 147	tacrolimus 24, 66	TELCARE TEST STRIPS ... 87
SUPRAX..... 9	tadalafil (pulm. hypertension)	telmisartan 57
SUPREP BOWEL PREP KIT	..... 138	telmisartan-amlodipine 57
..... 105	TAFINLAR 24	telmisartan-hydrochlorothiazid
SURE-TEST EASYPLUS	TAGRISSO 24	..... 57
MINI..... 87	TAKE ACTION 125	temazepam..... 50
SURFAXIN..... 138	TAKHZYRO 138	TEMIXYS 6
SURVANTA 79	TALICIA 108	TEMODAR 25
SUSTIVA 6	TALTZ AUTOINJECTOR .. 65	TEMOVATE 76
SUTENT..... 24	TALTZ AUTOINJECTOR (2	temozolomide 25
syeda..... 125	PACK)..... 65	tencon 39
SYLATRON..... 110		TENIPOSIDE 25

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

TENIVAC (PF).....	113	TIKOSYN	52	TOVIAZ	139
tenofovir disoproxil fumarate.7		tilia fe.....	125	TRACLEER	138
TENORETIC 100.....	57	timolol maleate	58, 128	TRADJENTA	98
TENORETIC 50.....	57	TIMOPTIC	128	tramadol	42
TENORMIN.....	58	TIMOPTIC OCUDOSE (PF)		TRAMADOL	42
terazosin	58	.....	128	tramadol-acetaminophen	42
terbinafine hcl.....	3	TIMOPTIC-XE	128	trandolapril	58
terbutaline.....	138	tinidazole	13	trandolapril-verapamil	58
terconazole	120	TIROSINT.....	98	tranexamic acid.....	61, 120
TERIPARATIDE	115	TIROSINT-SOL.....	98	TRANSDERM-SCOP	106
TERSIFOAM	65	tis-u-sol pentalyte	77	TRANXENE T-TAB.....	50
TESSALON PERLES	134	TIVICAY.....	7	tranylcypromine.....	50
TEST N'GO TEST	87	TIVICAY PD	7	TRAVATAN Z.....	130
TESTIM	95	TIVORBEX.....	42	travoprost.....	130
TESTOPEL	95	tizanidine	35	trazodone	50
testosterone.....	95	TOBI.....	13	TRECTOR	13
TESTOSTERONE	95	TOBI PODHALER	13	TRELEGY ELLIPTA.....	138
testosterone cypionate	95	TOBRADEX	131	TRELSTAR.....	25
testosterone enanthate	95	TOBRADEX ST.....	131	TREMFYA	65
TESTRED	95	tobramycin.....	13, 127	treprostinil sodium.....	58
TETANUS,DIPHThERIA		tobramycin in 0.225 % nacl..	13	TRESIBA FLEXTOUCH U-	
TOX PED(PF).....	113	tobramycin in 0.9 % nacl.....	13	100	92
tetrabenazine.....	34	tobramycin sulfate	13	TRESIBA FLEXTOUCH U-	
tetracaine hcl	129	TOBRAMYCIN WITH		200	92
TETRACAINE HCL (PF)..	129	NEBULIZER.....	13	TRESIBA U-100 INSULIN .	92
tetracycline	16	tobramycin-dexamethasone	131	tretinoin.....	70
TEXACORT.....	76	TOBREX	127	tretinoin (antineoplastic).....	25
THALLOUS CHLORIDE TL-		TODAY CONTRACEPTIVE		tretinoin microspheres	70
201	79	SPONGE	120	TRETIN-X.....	70
THALOMID.....	25	TOLAK	66	TRETIN-X CREAM KIT	70
THEO-24.....	138	tolcapone	31	TREXALL.....	25
theophylline.....	138	tolmetin.....	42	TREXIMET	32
THIOLA	79	TOLSURA.....	3	TREZIX	39
THIOLA EC.....	79	tolterodine.....	139	tri femynor	125
thioridazine.....	50	tolvaptan	95	triamcinolone acetonide.76, 81,	
thiothixene.....	50	TOPAMAX	29	83	
THRIVITE RX.....	147	TOPICORT	76	triamterene	58
THYMOGLOBULIN.....	113	topiramate.....	29	triamterene-hydrochlorothiazid	
THYROLAR-1	98	TOPIRAMATE	29	.....	58
THYROLAR-1/2.....	98	toposar	25	trianex	76
THYROLAR-1/4.....	98	topotecan	25	triazolam	50
THYROLAR-2.....	98	TOPROL XL	58	TRIBENZOR.....	58
THYROLAR-3.....	98	toremifene.....	25	TRICARE	147
tiadylt er.....	58	torsemide	58	TRICOR	63
tiagabine	29	TOSYMRA	32	triderm	76
TIAZAC	58	TOUJEO MAX U-300		TRIDESILON.....	76
TIBSOVO.....	25	SOLOSTAR	92	trientine.....	79
TICE BCG.....	113	TOUJEO SOLOSTAR U-300		TRIESENCE (PF)	83
TIGAN	105	INSULIN	92	tri-estarylla.....	126
TIGLUTIK	79	tovet emollient.....	76	TRIFERIC	147

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

trifluoperazine	50	TRUMENBA.....	113	URSO 250	106
trifluridine.....	127	TRUSOPT	130	URSO FORTE.....	106
trihexyphenidyl.....	31	TRUVADA	7	ursodiol	106
TRIJARDY XR.....	98	TUDORZA PRESSAIR	138	uryl.....	141
TRIKAFTA	138	TUKYSA.....	25	ustell	141
tri-legest fe.....	126	tulana	119	UTIBRON NEOHALER....	139
TRILEPTAL.....	29	TURALIO	25	utira-c.....	141
tri-lynyah	126	TUSSICAPS.....	134	UVADEX	66
TRILIPIX	63	TUXARIN ER.....	134	V	
tri-lo-estarylla	126	TUZISTRA XR	134	VAGIFEM.....	119
tri-lo-marzia.....	126	TWINRIX (PF).....	113	vaginal contraceptive foam.	120
tri-lo-mili	126	TWIRLA	120	valacyclovir	7
tri-lo-sprintec	126	TYBOST	7	VALCHLOR	67
trilyte with flavor packets...	106	tydemy	126	VALCYTE	7
trimethobenzamide	106	TYKERB	25	valganciclovir	7
trimethoprim.....	17	TYMLOS.....	115	VALIUM	50
tri-mili.....	126	TYSABRI.....	34	valproate sodium	29
trimipramine	50	TYVASO.....	138	valproic acid	29
TRIMO-SAN JELLY	120	TYVASO REFILL KIT.....	138	valproic acid (as sodium salt)	
trinatal rx 1	147	TYVASO STARTER KIT .	139	.....	29
trinate.....	147	U		valsartan.....	58
TRINAZ	147	UBRELVY	32, 33	valsartan-hydrochlorothiazide	
TRINTELLIX.....	50	UCERIS.....	106	.....	58
TRIOSTAT.....	98	UDENYCA	109	VALTOCO	30
tri-previfem (28).....	126	ULESFIA.....	77	VALTRESX	7
TRIPTODUR	25	ULORIC	114	vanadom	35
tri-sprintec (28).....	126	ULTIMA TEST STRIPS.....	87	VANATOL LQ	39
TRISTART DHA	147	ULTRACET	43	VANATOL S.....	39
TRIUMEQ.....	7	ULTRAM	43	VANOCOCIN	17
triveen-duo dha.....	147	ULTRATRAK.....	87	vancomycin.....	17
tri-vitamin with fluoride	147	ULTRATRAK ULTIMATE	87	vandazole.....	120
trivora (28).....	126	ULTRAVATE	76	VANOS	76
tri-vylibra.....	126	UNASYN	14	VANOXIDE-HC	70
tri-vylibra lo.....	126	UNISTRIP1 TEST STRIP ..	87	VARIVAX (PF).....	113
TRIZIVIR.....	7	unithroid	98	VARIZIG.....	114
TROKENDI XR.....	29	UNITUXIN	25	VARUBI.....	106
tropicamide.....	128	UPTRAVI.....	58	VASCEPA.....	63
tropium.....	139	URELLE.....	140	VASERETIC	58
TRUE METRIX GLUCOSE		uretron d-s.....	140	VASOTEC.....	58
TEST STRIP	87	URIBEL.....	140	VCF CONTRACEPTIVE	
TRUERESULT BLOOD		urimar-t.....	140	FILM.....	120
GLUCOSE SYSTM	90	urin ds.....	141	VCF CONTRACEPTIVE GEL	
TRUETEST TEST STRIPS .	87	uro-458	141	.....	120
TRUETRACK BLOOD		UROCIT-K 10.....	141	VECAMYL	63
GLUCOSE SYSTEM.....	90	UROCIT-K 15.....	141	VECTIBIX	25
TRUETRACK SMART		UROCIT-K 5.....	141	VECTICAL	65
SYSTEM.....	90	urogesic-blue	141	veletri	58
TRUETRACK TEST	87	uro-mp	141	velivet triphasic regimen (28)	
TRULANCE.....	106	UROQID-ACID NO.2.....	141	.....	126
TRULICITY	98	UROXATRAL	140	VELPHORO	106

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

VELTASSA	106	VIRAMUNE XR.....	7	vylibra.....	126
VELTIN	70	VIRAZOLE.....	7	VYNDAMAX	63
VEMLIDY	7	VIREAD.....	7	VYENDAQEL.....	63
VENCLEXTA.....	25	virt-c dha.....	147	VYTORIN 10-10.....	63
VENCLEXTA STARTING		virt-nate dha.....	147	VYTORIN 10-20.....	63
PACK	25	virt-pn dha	147	VYTORIN 10-40.....	63
venlafaxine	50	virt-pn plus	147	VYTORIN 10-80.....	63
VENOFER	147	virtussin ac.....	135	VYVANSE	50
VENTAVIS.....	139	virtussin dac.....	135	VYZULTA	131
VENTOLIN HFA.....	139	VISTARIL.....	133	W	
verapamil.....	58	VISTOGARD.....	17	WAKIX	50
VERASENS TEST STRIP...87		VISUDYNE.....	129	warfarin.....	61
VERDESO	76	VITAFOL FE PLUS	147	water for irrigation, sterile...79	
VEREGEN	67	VITAFOL FE+ (WITH		WAVESENSE AMP	90
VERELAN	58	DOCUSATE)	147	WAVESENSE JAZZ.....	87
VERELAN PM	58	VITAFOL GUMMIES	147	WAVESENSE PRESTO.....	87
VERSACLOZ	50	VITAFOL NANO	147	WELCHOL.....	63
VERZENIO.....	25	VITAFOL ULTRA.....	147	WELLBUTRIN SR	50
VESICARE	139	VITAFOL-OB	147	WELLBUTRIN XL.....	50
VFEND.....	3	VITAFOL-OB+DHA	147	wera (28).....	126
VFEND IV	3	VITAFOL-ONE	147	westhroid	98
V-GO 20.....	90	VITAMED MD ONE RX ..	148	WIDE-SEAL DIAPHRAGM	
V-GO 30.....	90	VITAMEDMD REDICHEW		.....	117
V-GO 40.....	90	RX	148	wintergreen oil.....	67
VIBATIV	17	vitamin b complex	148	women's gentle laxative(bisac)	
VIBERZI.....	106	vitamin b complex-folic acid		.....	106
VIBRAMYCIN	16	.....	148	women's laxative (bisacodyl)	
VICTOZA 2-PAK.....	98	vitamins a,c,d and fluoride .	148	.....	106
VICTOZA 3-PAK.....	98	VITAPEARL.....	148	wymzya fe	126
VIDAZA.....	25	VITRAKVI.....	25	X	
VIEKIRA PAK	7	VITRASE	129	XADAGO.....	31
vienna	126	VIVAGUARD INO TEST		XALATAN.....	131
vigabatrin.....	30	STRIP	87	XALKORI	25
vigadrone.....	30	VIVELLE-DOT.....	119	XANAX.....	50
VIGAMOX.....	127	VIVITROL	43	XANAX XR	50
VIIBRYD	50	VIZIMPRO.....	25	XARELTO	61
vilamit mb	141	VOGELXO.....	95	XARELTO DVT-PE TREAT	
vilevev mb.....	141	volnea (28).....	126	30D START.....	61
VIMIZIM	95	VOLTAREN	43	XATMEP.....	26
VIMOVO	43	voriconazole	3	XCOPRI	30
VIMPAT.....	30	VOSEVI	7	XCOPRI MAINTENANCE	
VINATE DHA RF	147	VOTRIENT.....	25	PACK	30
vinblastine	25	vp-ch-pnv.....	148	XCOPRI TITRATION PACK	
vincasar pfs.....	25	VP-PNV-DHA.....	148	.....	30
vincristine	25	VPRIV	95	XELJANZ.....	116
vinorelbine.....	25	VRAYLAR.....	50	XELJANZ XR.....	116
VIOKACE.....	106	vtol lq.....	39	XELODA	26
viorele (28).....	126	VUMERITY.....	110	XELPROS	131
VIRACEPT	7	VUSION.....	72	XENAZINE.....	34
VIRAMUNE	7	vyfemla (28).....	126	XENLETA.....	13

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

XEOMIN.....	114	zarah	126	ZITHROMAX TRI-PAK	10
XEPI.....	71	ZARONTIN.....	30	ZITHROMAX Z-PAK	10
XERESE.....	72	ZARXIO.....	109	ZOCOR.....	63
XERMELO.....	26	zatean-pn dha.....	148	ZOFRAN	106
XGEVA.....	17	zatean-pn plus.....	148	ZOHYDRO ER	39
XHANCE	139	ZAVESCA.....	95	ZOLADEX	26
XIFAXAN.....	13	ZCORT	83	ZOLINZA.....	26
XIGDUO XR.....	98	zebutal	39	zolmitriptan.....	33
XIIDRA.....	129	ZEGERID	108	ZOLOFT.....	51
XIMINO	16	ZEJULA	26	zolpidem	51
XOFLUZA	7	ZELAPAR	31	ZOLPIMIST	51
XOLAIR.....	139	ZELBORAF	26	ZOMACTON	109
XOLEGEL	72	ZEMBRACE SYMTOUCH.....	33	ZOMIG	33
XOPENEX	139	ZEMPLAR	95	ZOMIG ZMT.....	33
XOPENEX CONCENTRATE		zenatane	70	ZONALON.....	67
.....	139	ZENPEP	106	ZONEGRAN	30
XOPENEX HFA	139	zenzedi.....	51	zonisamide.....	30
XOSPATA	26	ZENZEDI.....	51	ZONTIVITY.....	61
XPOVIO.....	26	ZEPATIER	7	ZORBTIVE	109
XTAMPZA ER	39	ZEPOSIA.....	110	ZORTRESS	26
XTANDI.....	26	ZEPOSIA STARTER KIT	110	ZORVOLEX.....	43
xulane	120	ZEPOSIA STARTER PACK		ZOSTAVAX (PF)	114
XULTOPHY 100/3.6	92	.....	110	zovia 1/35e (28).....	126
XURIDEN.....	79	ZERBAXA	9	ZOVIRAX	7, 72
XYLOCAINE WITH		ZERVIAE	129	ZTLIDO.....	71
EPINEPHRINE	71	ZESTORETIC.....	58	Z-TUSS AC.....	135
XYOSTED	95	ZESTRIL.....	58	ZUBSOLV.....	43
XYREM	50	ZETIA	63	zumandimine (28).....	126
Y		ZETONNA	139	ZUPLENZ	106
YASMIN (28)	126	ZEVALIN (Y-90).....	26	ZYCLARA	111
YAZ (28).....	126	ZIAC.....	58	ZYDELIG.....	26
YERVOY	26	ZIAGEN.....	7	ZYFLO	139
YONDELIS.....	26	ZIANA.....	70	ZYKADIA	26
YONSA.....	26	zidovudine	7	ZYLET	131
YUPELRI.....	139	zileuton	139	ZYLOPRIM.....	114
yuvafem.....	119	ZILXI.....	70	ZYMAXID	127
Z		zingiber.....	148	ZYPITAMAG.....	63
zafirlukast.....	139	ZIOPTAN (PF).....	131	ZYPREXA.....	51
zaleplon	50	ziprasidone hcl.....	51	ZYPREXA RELPREVV	51
ZALTRAP	26	ZIPSOR	43	ZYPREXA ZYDIS	51
ZANAFLEX.....	35	ZIRGAN.....	128	ZYTIGA	26
ZANOSAR.....	26	ZITHROMAX.....	10	ZYVOX	13

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