

**Aetna Better Health
of California
Formulary Guide
January 2020**

What is the Aetna Better Health of California Formulary?

This is a drug list created by Aetna Better Health of California. The plan will cover drugs on this list. Some drugs may have coverage rules. If the rules for that drug are met, the plan will cover the drug. Drugs must also be filled at a plan network pharmacy.

Can the Plan's Drug List change?

The plan may add or remove drugs on the list. State will be notified of all drug removals. Utilizing members and their providers will be notified at least 30 days before a drug is removed from the formulary. All changes to the formulary will be posted on the plan's website.

How do I use the Plan's Formulary?

- **Column #1:** lists the covered drug. Brand drugs are in upper case letters (e.g., DRUG). Generics are in lower case letters (e.g., drug).
- **Column #2:** shows brand drug for the generic; *brand drugs are not covered if generic equivalent is available.*
- **Column #3:** tells you if drug has a need for prior authorization or other restrictions

Drugs are also grouped by drug class. If you know what class your drug is in, please look for that class name in the table of contents. Then look under that page for your drug.

What are generic drugs?

The plan covers both brand and generic drugs. Generic drugs cost less and are approved by the Food and Drug Administration (FDA).

Are Over-The-Counter (OTC) drugs covered?

The plan will cover OTC drugs on the formulary. Some OTC drugs may have coverage rules. If the rules for that OTC drug are met, the plan will cover the OTC drug. Like other drugs, OTC drugs need a prescription from a doctor if they are to be covered by the plan.

Are there Medication Copays?

Refer to member handbook for copay information.

What are some types of coverage rules?

- **Prior Approval (PA):** This means your doctor will need to get approval from the plan first before the drug can be filled at the pharmacy. If it is not approved, the plan will not cover the drug.
- **Quantity Level Limits (QLL):** This means there is a limit on the amount of drug the plan will cover. For example, the plan provides 60 pills in 30 days for some drugs.
- **Step Therapy (ST):** This means you may need to try certain drugs first to treat your condition. After the first drug is tried, the plan will then cover the other drug for that same condition. For example, Drug A and Drug B may treat your condition. The plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then Drug B will be covered.
- **SIMPLE INTRAVENOUS SOLUTIONS:** Simple intravenous solutions are typically used for hydration therapy. Included are commercially available (non-compounded) solutions such as Normal Saline, Dextrose (up to 10% in Water) and Lactated Ringer's Solution; commercially prepared solutions of potassium chloride in such solutions are also included in this definition. Simple intravenous solutions should be billed using the product's National Drug Code (NDC) number.
- **PARENTERAL NUTRITION SOLUTIONS (TPN OR HYPERALIMENTATION):** (Parenteral nutrition solutions are intravenously or intra-arterially administered nutritional products that typically are suspensions or solutions of amino acids or protein, dextrose, lipids, electrolytes, vitamin &/or mineral supplements and trace elements.)
 - Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of 10 days supply per dispensing within the 10-day period.
 - Adjuncts to parenteral nutrition are other drugs which are physically mixed into a parenteral nutrition solution at any time prior to administration. Bill for these products as part of the parenteral nutrition billing.

***Note:** Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim.

- **SEPARATELY ADMINISTERED INTRAVENOUS LIPIDS:**
 - Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same product was started before discharge. There is a maximum of 10 days supply per dispensing within this 10-day period.
 - Intravenous lipid solutions or suspensions that are administered separately from parenteral nutrition solutions (that is, are not physically mixed into the parenteral nutrition solution container) should be billed using the product's NDC number.

- **Enteral Products:**
 - Products on the Medi-Cal List of Enteral Nutrition products are covered upon medical prior authorization and medical necessity review. These products are listed here:
 - http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteral_a04p00.doc
 - Aetna Better Health provides or arranges for medically necessary covered enteral products, and to ensure that these are provided in an amount no less than what is offered to beneficiaries under Medi-Cal Fee- For-Service, according to the Medi-Cal policy listed here: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/enteral_a04p00.doc

What if my drug is not on the plan's Formulary?

First, please call your doctor and ask if your drug is covered. If the plan does not cover the drug, then:

- Ask your doctor for a similar drug that is covered.
- Your doctor can ask the plan to cover your drug through the prior approval process.

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Aetna Better Health of California

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------|--------|--|
| *ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* | | | |
| *Adhd Agent - Selective Alpha Adrenergic Agonists*** | | | |
| <i>guanfacine hcl er oral tablet extended release 24 hour</i> | Intuniv | Tier 1 | QLL (1 EA per 1 day); AL (Min 6 Years) |
| *Amphetamine Mixtures*** | | | |
| <i>amphetamine-dextroamphet er oral capsule extended release 24 hour</i> | Adderall XR | Tier 1 | PA; QLL (1 EA per 1 day) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | Adderall | Tier 1 | PA; QLL (90 EA per 30 days) |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i> | Adderall | Tier 1 | PA; QLL (60 EA per 30 days) |
| *Amphetamines*** | | | |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i> | Dexedrine | Tier 1 | PA; QLL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i> | Dexedrine | Tier 1 | PA; QLL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral solution</i> | ProCentra | Tier 1 | PA; QLL (60 ML per 1 day) |
| <i>dextroamphetamine sulfate oral tablet</i> | Zenedi | Tier 1 | PA; QLL (180 EA per 30 days) |
| *Analeptics*** | | | |
| <i>caffeine anhydrous powder</i> | | Tier 1 | |
| <i>caffeine citrate oral solution</i> | | Tier 1 | |
| <i>caffeine citrated powder</i> | | Tier 1 | |
| *Anorexiant Combinations*** | | | |
| QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | Tier 1 | PA; QLL (1 EA per 1 day); AL (Min 18 Years) |
| *Anorexiants Non-Amphetamine*** | | | |
| <i>benzphetamine hcl oral tablet</i> | | Tier 1 | PA; QLL (90 EA per 30 days); AL (Min 12 Years) |
| <i>diethylpropion hcl er oral tablet extended release 24 hour</i> | | Tier 1 | PA; QLL (1 EA per 1 day); AL (Min 17 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--|
| <i>diethylpropion hcl oral tablet</i> | | Tier 1 | PA; QLL (90 EA per 30 days); AL (Min 17 Years) |
| <i>phendimetrazine tartrate er oral capsule extended release 24 hour</i> | | Tier 1 | PA; QLL (30 EA per 30 days); AL (Min 17 Years) |
| <i>phendimetrazine tartrate oral tablet</i> | | Tier 1 | PA; QLL (90 EA per 30 days); AL (Min 17 Years) |
| <i>phentermine hcl oral capsule 15 mg</i> | | Tier 1 | PA; QLL (60 EA per 30 days); AL (Min 16 Years) |
| <i>phentermine hcl oral capsule 30 mg</i> | | Tier 1 | PA; QLL (30 EA per 30 days); AL (Min 16 Years) |
| <i>phentermine hcl oral capsule 37.5 mg</i> | Adipex-P | Tier 1 | PA; QLL (30 EA per 30 days); AL (Min 16 Years) |
| <i>phentermine hcl oral tablet</i> | Adipex-P | Tier 1 | PA; QLL (30 EA per 30 days); AL (Min 16 Years) |
| *Lipase Inhibitors*** | | | |
| ALLI ORAL CAPSULE | | Tier 1 | PA; OTC; QLL (6 EA per 1 day); AL (Min 12 Years) |
| *Serotonin 2C Receptor Agonists*** | | | |
| BELVIQ ORAL TABLET | | Tier 1 | PA; QLL (2 EA per 1 day); AL (Min 18 Years) |
| BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Stimulants - Misc.*** | | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | Nuvigil | Tier 1 | PA; QLL (1 EA per 1 day) |
| <i>armodafinil oral tablet 50 mg</i> | Nuvigil | Tier 1 | PA; QLL (2 EA per 1 day) |
| <i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i> | Focalin XR | Tier 1 | PA; QLL (1 EA per 1 day) |
| <i>dexmethylphenidate hcl oral tablet</i> | Focalin | Tier 1 | PA; QLL (2 EA per 1 day) |
| <i>methylphenidate hcl er (cd) oral capsule extended release</i> | | Tier 1 | PA; QLL (1 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|-----------------|------------------------------|
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i> | Ritalin LA | Tier 1 | PA; QLL (30 EA per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i> | Ritalin LA | Tier 1 | PA; QLL (60 EA per 30 days) |
| <i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i> | | Tier 1 | PA; QLL (30 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 10 mg</i> | | Tier 1 | PA; QLL (90 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i> | Concerta | Tier 1 | PA; QLL (30 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i> | Metadate ER | Tier 1 | PA; QLL (90 EA per 30 days) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i> | | Tier 1 | PA; QLL (1 EA per 1 day) |
| <i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i> | | Tier 1 | PA; QLL (2 EA per 1 day) |
| <i>methylphenidate hcl er oral tablet extended release 36 mg</i> | Concerta | Tier 1 | PA; QLL (60 EA per 30 days) |
| <i>methylphenidate hcl oral solution</i> | Methylin | Tier 1 | PA; QLL (900 mL per 30 days) |
| <i>methylphenidate hcl oral tablet</i> | Ritalin | Tier 1 | PA; QLL (90 EA per 30 days) |
| <i>methylphenidate hcl oral tablet chewable 10 mg</i> | | Tier 1 | PA; QLL (6 EA per 1 day) |
| <i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i> | | Tier 1 | PA; QLL (5 EA per 1 day) |
| *AGENTS FOR NARCOTIC WITHDRAWAL*** | | | |
| *Agents For Narcotic Withdrawal*** | | | |
| LUCEMYRA ORAL TABLET | | State Carve Out | |
| *AGENTS FOR OPIOID WITHDRAWAL*** | | | |
| *Agents For Opioid Withdrawal*** | | | |
| LUCEMYRA ORAL TABLET | | State Carve Out | |
| *ALTERNATIVE MEDICINES* | | | |
| *Alternative Medicine - St's*** | | | |
| <i>stevia oral packet</i> | | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--|
| *AMINOGLYCOSIDES* | | | |
| *Aminoglycosides*** | | | |
| <i>gentamicin in saline intravenous solution</i> | | Tier 1 | PA |
| <i>neomycin sulfate oral tablet</i> | | Tier 1 | |
| <i>paromomycin sulfate oral capsule</i> | | Tier 1 | |
| <i>tobramycin inhalation nebulization solution</i> | Kitabis Pak | Tier 1 | PA; QLL (280 mL Max Qty Per Fill Retail) |
| KITABIS PAK INHALATION NEBULIZATION SOLUTION | Tobramycin | Tier 1 | PA; QLL (280 ML per 30 days) |
| ZEMDRI INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *ANALGESICS - ANTI-INFLAMMATORY* | | | |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | | |
| HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (3 EA per 28 days) |
| HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (6 EA per 28 days) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | | Tier 1 | PA; QLL (3 SYRINGES per 180 days) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | | Tier 1 | PA; QLL (2 SYRINGES per 180 days) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | | Tier 1 | PA; QLL (2 EA per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (6 EA per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | | Tier 1 | PA; QLL (3 EA per 180 days) |
| HUMIRA PEN-PS/UV/ADOL HS START PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (4 EA per 28 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|-----------------------------------|
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | | Tier 1 | PA; QLL (3 EA per 180 days) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | | Tier 1 | PA; QLL (2 Syringes per 28 days) |
| *Anti-Tnf-Alpha - Monoclonal Antibodies*** | | | |
| HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (3 EA per 28 days) |
| HUMIRA PEDIATRIC CROHNS START PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (6 EA per 28 days) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | | Tier 1 | PA; QLL (3 SYRINGES per 180 days) |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML | | Tier 1 | PA; QLL (2 SYRINGES per 180 days) |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | | Tier 1 | PA; QLL (2 EA per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (6 EA per 28 days) |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML | | Tier 1 | PA; QLL (3 EA per 180 days) |
| HUMIRA PEN-PS/UV/ADOL HS START PEN-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | | Tier 1 | PA; QLL (4 EA per 28 days) |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML | | Tier 1 | PA; QLL (3 EA per 180 days) |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | | Tier 1 | PA; QLL (2 Syringes per 28 days) |
| *Cyclooxygenase 2 (Cox-2) Inhibitors*** | | | |
| <i>celecoxib oral capsule</i> | CeleBREX | Tier 1 | ST; QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|-------------------------------|
| *Gold Compounds*** | | | |
| RIDAURA ORAL CAPSULE | | Tier 1 | |
| *Nonsteroidal Anti-Inflammatory Agents (Nsaids)*** | | | |
| <i>addaprin oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>all day pain relief oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>all day relief oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>childrens ibuprofen 100 oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>cvs all day pain relief oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>cvs childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>cvs ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>cvs ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>cvs naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>cvs naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>diclofenac potassium oral tablet</i> | | Tier 1 | |
| <i>diclofenac sodium er oral tablet extended release 24 hour</i> | | Tier 1 | |
| <i>diclofenac sodium oral tablet delayed release</i> | | Tier 1 | |
| <i>dyspel oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>eq ibuprofen childrens oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>eq ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>eq ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>eq naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>eq naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>eql childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>eql ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>eql ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|-------------------------------|
| <i>eql naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>etodolac oral capsule</i> | | Tier 1 | |
| <i>etodolac oral tablet</i> | Lodine | Tier 1 | |
| <i>flurbiprofen oral tablet</i> | | Tier 1 | |
| <i>genpril oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>gnp all day pain relief oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>gnp childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>gnp ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>gnp ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>gnp naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>gnp naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>goodsense ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>goodsense ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>goodsense naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>hm ibuprofen childrens oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>hm ibuprofen ib oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>hm ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>hm ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>hm naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>hm naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>hy-vee all day relief oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>ibu-200 oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>ibuprofen childrens oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|---|
| <i>ibuprofen oral tablet 200 mg</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | IBU | Tier 1 | |
| <i>indomethacin er oral capsule extended release</i> | | Tier 1 | |
| <i>indomethacin oral capsule</i> | | Tier 1 | |
| <i>ketorolac tromethamine oral tablet</i> | | Tier 1 | QLL (20 Tablets per 30 days); AL (Min 16 Years) |
| <i>kls ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>kls naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>ks ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>meijer ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>meloxicam oral tablet</i> | Mobic | Tier 1 | QLL (30 EA per 30 days) |
| <i>nabumetone oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>naproxen dr oral tablet delayed release</i> | EC-Naprosyn | Tier 1 | |
| <i>naproxen oral suspension</i> | Naprosyn | Tier 1 | ST |
| <i>naproxen oral tablet</i> | Naprosyn | Tier 1 | |
| <i>naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>naproxen sodium oral tablet 220 mg</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>naproxen sodium oral tablet 275 mg</i> | | Tier 1 | |
| <i>piroxicam oral capsule</i> | Feldene | Tier 1 | |
| <i>px all day relief oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>px childrens profen ib oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>px ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>qc childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>qc ibuprofen ib oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>qc ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>qc naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|-------------------------------|
| <i>ra ibuprofen childrens oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>ra ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>ra ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>ra ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>ra naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>ra naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sb ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>sb naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sm childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>sm ibuprofen ib oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>sm ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>sm ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>sm naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>sm naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sulindac oral tablet</i> | | Tier 1 | |
| <i>tgt childrens ibuprofen oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>tgt ibuprofen childrens oral suspension</i> | Childrens Advil | Tier 1 | OTC |
| <i>tgt ibuprofen oral capsule</i> | Advil | Tier 1 | OTC; QLL (180 EA per 30 days) |
| <i>tgt ibuprofen oral tablet</i> | Advil | Tier 1 | OTC; QLL (120 EA per 30 days) |
| <i>tgt naproxen sodium oral capsule</i> | Aleve | Tier 1 | OTC |
| <i>tgt naproxen sodium oral tablet</i> | Aleve | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>tolmetin sodium oral capsule</i> | | Tier 1 | QLL (90 EA per 30 days) |
| <i>tolmetin sodium oral tablet</i> | | Tier 1 | QLL (90 EA per 30 days) |
| ADVIL JUNIOR STRENGTH ORAL TABLET | SM Ibuprofen Jr | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|--------|-------------------------------|
| *Pyrimidine Synthesis Inhibitors*** | | | |
| <i>leflunomide oral tablet</i> | Arava | Tier 1 | QLL (30 EA per 30 days) |
| *Soluble Tumor Necrosis Factor Receptor Agents*** | | | |
| ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | | Tier 1 | PA |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML | | Tier 1 | PA; QLL (2.04 ML per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML | | Tier 1 | PA; QLL (4 ML per 28 days) |
| ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | Tier 1 | PA; QLL (4 ML per 28 days) |
| *ANALGESICS - NONNARCOTIC* | | | |
| *Analgesics Other*** | | | |
| <i>8 hour pain reliever oral tablet extended release</i> | Midol | Tier 1 | OTC; QLL (6 EA per 1 day) |
| <i>acetaminophen er oral tablet extended release</i> | Midol | Tier 1 | OTC; QLL (6 EA per 1 day) |
| <i>acetaminophen extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>acetaminophen oral liquid</i> | Little Remedies for Fever | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>acetaminophen oral solution</i> | | Tier 1 | OTC |
| <i>acetaminophen oral tablet 325 mg</i> | Pharbetol | Tier 1 | OTC; QLL (300 EA per 30 days) |
| <i>acetaminophen oral tablet 500 mg</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>acetaminophen oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>acetaminophen rectal suppository</i> | FeverAll Adults | Tier 1 | OTC |
| <i>aminofen oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>apra oral elixir</i> | Medi-Tabs Childrens | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>arthritis pain relief oral tablet extended release</i> | Midol | Tier 1 | OTC; QLL (6 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|-------------------------------|
| <i>childrens acetaminophen oral tablet dispersible</i> | | Tier 1 | OTC |
| <i>childrens aspirin free oral elixir</i> | Medi-Tabs Childrens | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>childrens non-aspirin oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>childrens pain reliever oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>childrens pain reliever oral tablet dispersible</i> | | Tier 1 | OTC |
| <i>childrens silapap oral liquid</i> | Little Remedies for Fever | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>childrens tactinal oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>cvs childs non-aspirin oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>cvs fever reducing childrens rectal suppository</i> | FeverAll Childrens | Tier 1 | OTC |
| <i>cvs non-aspirin childrens oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>cvs non-aspirin extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>cvs pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>ed-apap oral liquid</i> | Little Remedies for Fever | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>eq acetaminophen childrens oral tablet dispersible</i> | | Tier 1 | OTC |
| <i>eq acetaminophen oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>eq childrens pain reliever oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>eq pain reliever junior oral tablet chewable</i> | Medi-Tabs Junior Strength | Tier 1 | OTC |
| <i>eq pain reliever oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>eql acetaminophen ex st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>fever reducer childrens rectal suppository</i> | FeverAll Childrens | Tier 1 | OTC |
| <i>gnp childrens easy-melts oral tablet dispersible</i> | | Tier 1 | OTC |
| <i>gnp pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>goodsense pain relief extra st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|-------------------------------|
| <i>hm pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>kls acetaminophen ex st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>kls rapid release pain oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>liquid pain relief oral liquid</i> | Little Remedies for Fever | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>mapap oral capsule</i> | | Tier 1 | OTC |
| <i>mapap oral liquid</i> | Little Remedies for Fever | Tier 1 | OTC; QLL (240 mL per 30 days) |
| <i>mapap oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>mapap oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>meijer aspirin free oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>meijer jr st aspirin free oral tablet chewable</i> | Medi-Tabs Junior Strength | Tier 1 | OTC |
| <i>non-aspirin extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>non-aspirin jr strength oral tablet chewable</i> | Medi-Tabs Junior Strength | Tier 1 | OTC |
| <i>nortemp infants oral suspension</i> | | Tier 1 | OTC |
| <i>pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>pain reliever extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>pain reliever oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>pain reliever/fever reducer rectal suppository</i> | FeverAll Childrens | Tier 1 | OTC |
| <i>px pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>qc non-aspirin extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>qc pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>ra acetaminophen ex st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>ra acetaminophen rapid melts oral tablet dispersible</i> | | Tier 1 | OTC |
| <i>sb childrens non-aspirin oral tablet dispersible</i> | | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|-------------------------------|
| <i>sb non-aspirin extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>sb non-aspirin oral tablet chewable</i> | Childrens Medi-Tabs | Tier 1 | OTC |
| <i>sb pain reliever ex st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>sm pain relief extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>sm pain reliever ex st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>sm pain reliever oral capsule</i> | | Tier 1 | OTC |
| <i>tactinal extra strength oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| <i>tgt acetaminophen ex st oral tablet</i> | Healthy Mama Shake That Ache | Tier 1 | OTC; QLL (240 EA per 30 days) |
| CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE | Acetaminophen | Tier 1 | OTC |
| CHLORASEPTIC SORE THROAT ORAL LIQUID | CVS Pain Relief Adult | Tier 1 | OTC; QLL (240 mL per 30 days) |
| FEVERALL ADULTS RECTAL SUPPOSITORY | Acetaminophen | Tier 1 | OTC |
| FEVERALL CHILDRENS RECTAL SUPPOSITORY | CVS Fever Reducing Childrens | Tier 1 | OTC |
| FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY | | Tier 1 | OTC |
| LITTLE REMEDIES FOR FEVER ORAL LIQUID | Childrens Silapap | Tier 1 | OTC; QLL (240 mL per 30 days) |
| MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID | CVS Pain Relief Adult | Tier 1 | OTC; QLL (240 mL per 30 days) |
| MEDI-TABS CHILDRENS ORAL ELIXIR | Childrens Aspirin Free | Tier 1 | OTC; QLL (240 mL per 30 days) |
| MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE | Acetaminophen | Tier 1 | OTC |
| TRIAMINIC FEVER REDUCER ORAL SYRUP | | Tier 1 | OTC; QLL (240 mL per 30 days) |
| *Analgesics-Sedatives*** | | | |
| <i>butalbital-acetaminophen oral tablet</i> | Tencon | Tier 1 | QLL (180 EA per 30 days) |
| <i>butalbital-apap-caffeine oral tablet</i> | Esgic | Tier 1 | QLL (2 EA per 1 day) |
| <i>butalbital-aspirin-caffeine oral capsule</i> | Fiorinal | Tier 1 | QLL (2 EA per 1 day) |
| <i>butalbital-aspirin-caffeine oral tablet</i> | | Tier 1 | QLL (2 EA per 1 day) |
| *Salicylate Combinations*** | | | |
| <i>choline-mag trisalicylate oral liquid</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|---------------------|
| *Salicylates*** | | | |
| <i>aspirin 81 oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin adult low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin adult low strength oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>aspirin adult low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin childrens oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>aspirin ec low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin ec low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin ec oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin low dose oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin low strength oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>aspirin oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>aspirin rectal suppository</i> | | Tier 1 | OTC |
| <i>aspirin maximum strength oral tablet</i> | Bayer Advanced Aspirin Ex St | Tier 1 | OTC |
| <i>childrens aspirin low strength oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>cvs aspirin adult low dose oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>cvs aspirin adult low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>cvs aspirin ec oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>cvs aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>cvs aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>diflunisal oral tablet</i> | | Tier 1 | |
| <i>eq adult aspirin low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>eq aspirin adult low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|---------------------|
| <i>eq aspirin low dose oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>eq aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>eq aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>eq aspirin oral tablet delayed release</i> | Ecotrin Maximum Strength | Tier 1 | OTC |
| <i>eq childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>eql aspirin low dose oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>eql aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>gnp adult aspirin low strength oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>gnp aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>gnp aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>gnp aspirin oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>goodsense aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>hm aspirin ec low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>hm aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>hm aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>kls aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>kp aspirin oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>mm aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>px aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>px aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>px enteric aspirin oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>qc aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>qc aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>qc childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>ra aspirin adult low dose oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|---------------------|
| <i>ra aspirin adult low strength oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>ra aspirin adult low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>ra aspirin childrens oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>ra aspirin ec adult low st oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>ra aspirin ec oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>ra aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>ra childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>salsalate oral tablet</i> | | Tier 1 | |
| <i>sb aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>sb aspirin oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>sb childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>sb low dose asa ec oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>sm aspirin adult low strength oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>sm aspirin adult low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>sm aspirin ec low strength oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>sm aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>sm childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>tgt aspirin low dose oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>tgt aspirin oral tablet</i> | Bayer Advanced Aspirin Reg St | Tier 1 | OTC |
| <i>tgt aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| <i>tgt aspirin oral tablet delayed release</i> | Aspir-Low | Tier 1 | OTC |
| <i>tgt childrens aspirin oral tablet chewable</i> | Bayer Low Dose | Tier 1 | OTC |
| ASPIR-LOW ORAL TABLET DELAYED RELEASE | EQ Adult Aspirin Low Strength | Tier 1 | OTC |
| BAYER ADVANCED ASPIRIN EX ST ORAL TABLET | Aspirtab Maximum Strength | Tier 1 | OTC |
| BAYER ADVANCED ASPIRIN REG ST ORAL TABLET | HM Aspirin | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|--|
| BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE | EQ Adult Aspirin Low Strength | Tier 1 | OTC |
| BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET | Aspirtab Maximum Strength | Tier 1 | OTC |
| BAYER ASPIRIN ORAL TABLET | HM Aspirin | Tier 1 | OTC |
| BAYER LOW DOSE ORAL TABLET CHEWABLE | Aspirin Low Strength | Tier 1 | OTC |
| BAYER LOW DOSE ORAL TABLET DELAYED RELEASE | EQ Adult Aspirin Low Strength | Tier 1 | OTC |
| ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE | EQ Adult Aspirin Low Strength | Tier 1 | OTC |
| MINIPRIN LOW DOSE ORAL TABLET DELAYED RELEASE | EQ Adult Aspirin Low Strength | Tier 1 | OTC |
| NORWICH ASPIRIN ORAL TABLET | HM Aspirin | Tier 1 | OTC |
| ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE | EQ Adult Aspirin Low Strength | Tier 1 | OTC |
| *ANALGESICS - OPIOID* | | | |
| *Codeine Combinations*** | | | |
| <i>acetaminophen-codeine #2 oral tablet</i> | | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| <i>acetaminophen-codeine #3 oral tablet</i> | Tylenol with Codeine #3 | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| <i>acetaminophen-codeine #4 oral tablet</i> | Tylenol with Codeine #4 | Tier 1 | AL (Min 18 Years) |
| <i>acetaminophen-codeine oral solution</i> | | Tier 1 | QLL (2700 ML per 30 days); AL (Min 18 Years) |
| <i>acetaminophen-codeine oral tablet</i> | | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| <i>butalbital-apap-caff-cod oral capsule</i> | | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| <i>butalbital-asa-caff-codeine oral capsule</i> | Ascomp-Codeine | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| ASCOMP-CODEINE ORAL CAPSULE | Butalbital-ASA-Caff-Codeine | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| *Hydrocodone Combinations*** | | | |
| <i>hydrocodone-acetaminophen oral solution</i> | | Tier 1 | QLL (60 ML per 1 day); AL (Min 18 Years) |
| <i>hydrocodone-acetaminophen oral tablet</i> | Norco | Tier 1 | QLL (120 EA per 30 days); AL (Min 18 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|---------------------------|---------------|---|
| <i>hydrocodone-ibuprofen oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days); AL (Min 18 Years) |
| NORCO ORAL TABLET | HYDROcodone-Acetaminophen | Tier 1 | QLL (120 EA per 30 days); AL (Min 18 Years) |
| *Opioid Agonists*** | | | |
| <i>codeine sulfate oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days); AL (Min 18 Years) |
| <i>fentanyl citrate buccal lozenge on a handle</i> | Actiq | Tier 1 | PA; QLL (120 EA per 30 days) |
| <i>fentanyl transdermal patch 72 hour</i> | Duragesic-25 | Tier 1 | PA; QLL (10 EA per 30 days) |
| <i>hydromorphone hcl oral tablet 2 mg, 4 mg</i> | Dilaudid | Tier 1 | QLL (120 EA per 30 days) |
| <i>hydromorphone hcl oral tablet 8 mg</i> | Dilaudid | Tier 1 | QLL (2 EA per 1 day) |
| <i>hydromorphone hcl rectal suppository</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>methadone hcl oral concentrate</i> | Methadone HCl Intensol | Tier 1 | PA; QLL (2 ML per 1 day) |
| <i>methadone hcl oral solution 10 mg/5ml</i> | | Tier 1 | PA; QLL (11 ML per 1 day) |
| <i>methadone hcl oral solution 5 mg/5ml</i> | | Tier 1 | PA; QLL (22 ML per 1 day) |
| <i>methadone hcl oral tablet 10 mg</i> | Dolophine | Tier 1 | PA; QLL (2 EA per 1 day) |
| <i>methadone hcl oral tablet 5 mg</i> | Dolophine | Tier 1 | PA; QLL (4 EA per 1 day) |
| <i>methadone hcl oral tablet soluble</i> | Methadose | Tier 1 | PA; QLL (22 EA per 30 days) |
| <i>morphine sulfate (concentrate) oral solution</i> | | Tier 1 | QLL (4 ML per 1 day) |
| <i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i> | MS Contin | Tier 1 | PA; QLL (1 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release 15 mg</i> | MS Contin | Tier 1 | PA; QLL (6 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release 30 mg</i> | MS Contin | Tier 1 | PA; QLL (3 EA per 1 day) |
| <i>morphine sulfate oral solution 10 mg/5ml</i> | | Tier 1 | QLL (1350 ML per 30 days) |
| <i>morphine sulfate oral solution 20 mg/5ml</i> | | Tier 1 | QLL (675 ML per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|-----------------|---|
| <i>morphine sulfate oral tablet 15 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>morphine sulfate oral tablet 30 mg</i> | | Tier 1 | QLL (3 EA per 1 day) |
| <i>morphine sulfate rectal suppository 10 mg, 20 mg, 5 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>morphine sulfate rectal suppository 30 mg</i> | | Tier 1 | QLL (3 EA per 1 day) |
| <i>oxycodone hcl oral solution</i> | | Tier 1 | QLL (1800 ML per 30 days) |
| <i>oxycodone hcl oral tablet 10 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>oxycodone hcl oral tablet 15 mg</i> | Roxicodone | Tier 1 | QLL (4 EA per 1 day) |
| <i>oxycodone hcl oral tablet 20 mg</i> | | Tier 1 | QLL (3 EA per 1 day) |
| <i>oxycodone hcl oral tablet 30 mg</i> | Roxicodone | Tier 1 | QLL (2 EA per 1 day) |
| <i>oxycodone hcl oral tablet 5 mg</i> | Roxicodone | Tier 1 | QLL (120 EA per 30 days) |
| <i>oxymorphone hcl er oral tablet extended release 12 hour</i> | | Tier 1 | PA; QLL (2 EA per 1 day) |
| <i>tramadol hcl oral tablet</i> | Ultram | Tier 1 | QLL (120 EA per 30 days); AL (Min 18 Years) |
| METHADONE HCL INTENSOL ORAL CONCENTRATE | Methadone HCl | Tier 1 | PA; QLL (2 ML per 1 day) |
| *Opioid Combinations*** | | | |
| <i>oxycodone-acetaminophen oral tablet</i> | Endocet | Tier 1 | QLL (120 EA per 30 days) |
| <i>oxycodone-aspirin oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| *Opioid Partial Agonists*** | | | |
| <i>buprenorphine hcl sublingual tablet sublingual</i> | | State Carve Out | |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i> | | State Carve Out | |
| <i>butorphanol tartrate nasal solution</i> | | Tier 1 | QLL (2.5 ML per 30 days) |
| <i>pentazocine-naloxone hcl oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| BELBUCA BUCCAL FILM | | State Carve Out | |
| BUNAVAIL BUCCAL FILM | | State Carve Out | |
| BUTRANS TRANSDERMAL PATCH WEEKLY | Buprenorphine | State Carve Out | |
| PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------------------------|-----------------|---|
| SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | State Carve Out | |
| SUBOXONE SUBLINGUAL FILM | Buprenorphine HCl- Naloxone HCl | State Carve Out | |
| *Tramadol Combinations*** | | | |
| <i>tramadol-acetaminophen oral tablet</i> | Ultracet | Tier 1 | QLL (120 EA per 30 days); AL (Min 18 Years) |
| *ANDROGENS-ANABOLIC* | | | |
| *Androgens*** | | | |
| <i>danazol oral capsule</i> | | Tier 1 | |
| <i>testosterone cypionate intramuscular solution</i> | Depo-Testosterone | Tier 1 | PA; QLL (10 ML per 90 days) |
| <i>testosterone enanthate intramuscular solution</i> | | Tier 1 | PA; QLL (5 ML per 60 days) |
| <i>testosterone transdermal gel 10 mg/act (2%)</i> | Fortesta | Tier 1 | PA; QLL (120 GM per 30 days) |
| <i>testosterone transdermal gel 12.5 mg/act (1%)</i> | Vogelxo Pump | Tier 1 | PA; QLL (300 GM per 30 days) |
| <i>testosterone transdermal gel 25 mg/2.5gm (1%)</i> | AndroGel | Tier 1 | PA; QLL (2.5 GM per 1 day) |
| <i>testosterone transdermal gel 50 mg/5gm (1%)</i> | AndroGel | Tier 1 | PA; QLL (10 GM per 1 day) |
| *ANORECTAL AGENTS* | | | |
| *Intrarectal Steroids*** | | | |
| <i>hydrocortisone rectal enema</i> | Colocort | Tier 1 | |
| COLOCORT RECTAL ENEMA | Hydrocortisone | Tier 1 | |
| *Nitrate Vasodilating Agents*** | | | |
| RECTIV RECTAL OINTMENT | | Tier 1 | PA |
| *Rectal Anesthetic Combinations*** | | | |
| <i>eq hemorrhoidal max st rectal cream</i> | Preparation H | Tier 1 | OTC |
| <i>eql hemorrhoidal rectal cream</i> | Preparation H | Tier 1 | OTC |
| <i>hemorrhoidal max st/aloe rectal cream</i> | Preparation H | Tier 1 | OTC |
| <i>hemorrhoidal rectal cream</i> | Preparation H | Tier 1 | OTC |
| <i>px hemorrhoidal rectal cream</i> | Preparation H | Tier 1 | OTC |
| <i>ra hemorrhoidal rectal cream</i> | Preparation H | Tier 1 | OTC |
| <i>tgt hemorrhoidal rectal cream</i> | Preparation H | Tier 1 | OTC |
| *Rectal Anesthetic/Steroids*** | | | |
| <i>lidocaine-hydrocortisone ace rectal cream</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------|---------------|---------------------|
| PROCTOFOAM HC RECTAL FOAM | | Tier 1 | |
| *Rectal Steroids*** | | | |
| <i>hydrocortisone rectal cream</i> | Procto-Pak | Tier 1 | |
| *ANTACIDS* | | | |
| *Antacid & Simethicone*** | | | |
| <i>antacid anti-gas max strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>antacid extra strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>antacid iii oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>antacid maximum strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>antacid oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>antacid plus anti-gas relief oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>antacid/simethicone ds oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>comfort gel antacid anti-gas oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>cvs antacid plus antigas oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>cvs antacid/anti-gas oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>eq antacid maximum strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>eq1 antacid advanced max st oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>fast acting antacid/anti-gas oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>hm advanced antacid max st oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>hm antacid anti-gas ex st oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>mag-al plus xs oral liquid</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>meijer antacid oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>mi-acid maximum strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------|---------------|---------------------|
| <i>milantex extra strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>mintox maximum strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>px antacid maximum strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>qc antacid/anti-gas oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>ra antacid/anti-gas max st oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>ra antacid/gas relief max st oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>sm antacid advanced max st oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| <i>sm antacid maximum strength oral suspension</i> | Almacone Double Strength | Tier 1 | OTC |
| ALMACONE DOUBLE STRENGTH ORAL SUSPENSION | Antacid/Simethicone DS | Tier 1 | OTC |
| MAALOX MAX ORAL SUSPENSION | Antacid/Simethicone DS | Tier 1 | OTC |
| MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION | Antacid/Simethicone DS | Tier 1 | OTC |
| *Antacid Combinations*** | | | |
| <i>gnp foaming antacid oral tablet chewable</i> | | Tier 1 | OTC |
| <i>sm foaming antacid oral tablet chewable</i> | | Tier 1 | OTC |
| *Antacids - Bicarbonate*** | | | |
| <i>sodium bicarbonate oral powder</i> | | Tier 1 | |
| <i>sodium bicarbonate oral tablet</i> | | Tier 1 | OTC |
| *Antacids - Calcium Salts*** | | | |
| <i>childrens pepto oral tablet chewable</i> | Childrens Soothe | Tier 1 | OTC |
| <i>ra stomach relief kids oral tablet chewable</i> | Childrens Soothe | Tier 1 | OTC |
| CHILDRENS SOOTHE ORAL TABLET CHEWABLE | RA Stomach Relief Kids | Tier 1 | OTC |
| MAALOX CHILDRENS ORAL TABLET CHEWABLE | RA Stomach Relief Kids | Tier 1 | OTC |
| TITRALAC ORAL TABLET CHEWABLE | | Tier 1 | OTC |
| *Antacids - Magnesium Salts*** | | | |
| <i>gnp magnesium oxide oral tablet</i> | | Tier 1 | OTC |
| <i>hm magnesium oral tablet</i> | | Tier 1 | OTC |
| <i>magnesium oxide oral tablet</i> | | Tier 1 | OTC |
| MAOX ORAL TABLET | Magnesium Oxide | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--------------------------|
| *ANTHELMINTICS* | | | |
| *Anthelmintics*** | | | |
| <i>albendazole oral tablet</i> | Albenza | Tier 1 | ST |
| <i>ivermectin oral tablet</i> | Stromectol | Tier 1 | |
| <i>praziquantel oral tablet</i> | Biltricide | Tier 1 | PA |
| <i>reeses pinworm medicine oral suspension</i> | | Tier 1 | OTC |
| <i>reeses pinworm medicine oral tablet</i> | | Tier 1 | OTC |
| *ANTIANGINAL AGENTS* | | | |
| *Nitrates*** | | | |
| <i>isosorbide dinitrate er oral tablet extended release</i> | | Tier 1 | |
| <i>isosorbide dinitrate oral tablet</i> | | Tier 1 | |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| <i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>isosorbide mononitrate oral tablet</i> | | Tier 1 | |
| <i>nitroglycerin er oral capsule extended release</i> | Nitro-Time | Tier 1 | |
| <i>nitroglycerin sublingual tablet sublingual</i> | Nitrostat | Tier 1 | |
| <i>nitroglycerin transdermal patch 24 hour</i> | Minitran | Tier 1 | |
| MINITRAN TRANSDERMAL PATCH 24 HOUR | Nitroglycerin | Tier 1 | |
| NITRO-TIME ORAL CAPSULE EXTENDED RELEASE | Nitroglycerin ER | Tier 1 | |
| *ANTIANSXIETY AGENTS* | | | |
| *Antianxiety Agents - Misc.*** | | | |
| <i>bupirone hcl oral tablet 10 mg</i> | | Tier 1 | QLL (180 EA per 30 days) |
| <i>bupirone hcl oral tablet 15 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>bupirone hcl oral tablet 5 mg</i> | | Tier 1 | QLL (360 EA per 30 days) |
| <i>bupirone hcl oral tablet 7.5 mg</i> | | Tier 1 | QLL (240 EA per 30 days) |
| <i>hydroxyzine hcl oral syrup</i> | | Tier 1 | |
| <i>hydroxyzine hcl oral tablet</i> | | Tier 1 | QLL (4 EA per 1 day) |
| <i>hydroxyzine pamoate oral capsule</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------|--------|---|
| *Benzodiazepines*** | | | |
| <i>alprazolam er oral tablet extended release 24 hour</i> | Xanax XR | Tier 1 | QLL (2 EA per 1 day); AL (Min 18 Years) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg</i> | Xanax | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| <i>alprazolam oral tablet 1 mg</i> | Xanax | Tier 1 | QLL (6 EA per 1 day); AL (Min 18 Years) |
| <i>alprazolam oral tablet 2 mg</i> | Xanax | Tier 1 | QLL (5 EA per 1 day); AL (Min 18 Years) |
| <i>alprazolam xr oral tablet extended release 24 hour</i> | Xanax XR | Tier 1 | QLL (2 EA per 1 day); AL (Min 18 Years) |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i> | | Tier 1 | QLL (4 EA per 1 day); AL (Min 6 Years) |
| <i>chlordiazepoxide hcl oral capsule 25 mg</i> | | Tier 1 | QLL (12 EA per 1 day); AL (Min 6 Years) |
| <i>diazepam oral tablet</i> | Valium | Tier 1 | |
| <i>lorazepam oral concentrate</i> | LORazepam Intensol | Tier 1 | |
| <i>lorazepam oral tablet 0.5 mg</i> | Ativan | Tier 1 | QLL (4 EA per 1 day) |
| <i>lorazepam oral tablet 1 mg</i> | Ativan | Tier 1 | QLL (6 EA per 1 day) |
| <i>lorazepam oral tablet 2 mg</i> | Ativan | Tier 1 | QLL (5 EA per 1 day) |
| <i>oxazepam oral capsule</i> | | Tier 1 | QLL (4 EA per 1 day); AL (Min 6 Years) |
| ALPRAZOLAM INTENSOL ORAL CONCENTRATE | | Tier 1 | AL (Min 18 Years) |
| *ANTIARRHYTHMICS* | | | |
| *Antiarrhythmics Type I-A*** | | | |
| <i>disopyramide phosphate oral capsule</i> | Norpace | Tier 1 | |
| <i>quinidine sulfate oral tablet</i> | | Tier 1 | |
| *Antiarrhythmics Type I-B*** | | | |
| <i>mexiletine hcl oral capsule</i> | | Tier 1 | |
| *Antiarrhythmics Type I-C*** | | | |
| <i>flecainide acetate oral tablet</i> | | Tier 1 | |
| <i>propafenone hcl oral tablet</i> | | Tier 1 | |
| *Antiarrhythmics Type Iii*** | | | |
| <i>amiodarone hcl oral tablet</i> | Pacerone | Tier 1 | |
| MULTAQ ORAL TABLET | | Tier 1 | PA; QLL (2 EA per 1 day) |
| PACERONE ORAL TABLET | Amiodarone HCl | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------|--------|---|
| *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* | | | |
| *Adrenergic Combinations*** | | | |
| <i>fluticasone-salmeterol inhalation aerosol powder breath activated</i> | AirDuo RespiClick 55/14 | Tier 1 | QLL (1 EA per 30 days) |
| <i>ipratropium-albuterol inhalation solution</i> | | Tier 1 | QLL (6 Nebules per 1 day) |
| ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | Tier 1 | QLL (60 EA per 30 days) |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | Tier 1 | QLL (60 EA per 30 days); AL (Min 18 Years) |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | | Tier 1 | QLL (8 GM per 30 days) |
| *Anti-Inflammatory Agents*** | | | |
| <i>cromolyn sodium inhalation nebulization solution</i> | | Tier 1 | |
| *Beta Adrenergics*** | | | |
| <i>albuterol sulfate hfa inhalation aerosol solution</i> | Ventolin HFA | Tier 1 | QLL (36 GM per 30 days) |
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%</i> | | Tier 1 | QLL (360 ML per 30 days) |
| <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i> | | Tier 1 | ST; QLL (12 Nebules per 1 day); AL (Max 18 Years) |
| <i>albuterol sulfate oral syrup</i> | | Tier 1 | |
| <i>levalbuterol tartrate inhalation aerosol</i> | Xopenex HFA | Tier 1 | ST; QLL (30 GM per 30 days) |
| <i>metaproterenol sulfate oral syrup</i> | | Tier 1 | |
| ARCAPTA NEOHALER INHALATION CAPSULE | | Tier 1 | |
| STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | | Tier 1 | QLL (4 GM per 30 days) |
| VENTOLIN HFA INHALATION AEROSOL SOLUTION | Albuterol Sulfate HFA | Tier 1 | QLL (2 Inhaler per 30 days) |
| *Bronchodilators - Anticholinergics*** | | | |
| <i>ipratropium bromide inhalation solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--|
| ATROVENT HFA INHALATION AEROSOL SOLUTION | | Tier 1 | QLL (26 GM per 30 days) |
| INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | Tier 1 | QLL (30 EA per 30 days) |
| *Leukotriene Receptor Antagonists*** | | | |
| <i>montelukast sodium oral packet</i> | Singulair | Tier 1 | PA; QLL (1 EA per 1 day); AL (Min 1 Years and Max 2 Years) |
| <i>montelukast sodium oral tablet</i> | Singulair | Tier 1 | QLL (30 EA per 30 days) |
| <i>montelukast sodium oral tablet chewable</i> | Singulair | Tier 1 | QLL (30 EA per 30 days) |
| <i>zafirlukast oral tablet</i> | Accolate | Tier 1 | ST; QLL (60 EA per 30 days) |
| *Steroid Inhalants*** | | | |
| <i>budesonide inhalation suspension</i> | Pulmicort | Tier 1 | QLL (120 ML per 30 days); AL (Max 5 Years) |
| ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | | Tier 1 | |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | | Tier 1 | QLL (12 GM per 30 days); AL (Max 12 Years) |
| FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT | | Tier 1 | QLL (10.6 GM per 30 days); AL (Max 12 Years) |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT | | Tier 1 | QLL (10.6 GM per 30 days) |
| QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT | | Tier 1 | QLL (21.2 GM per 30 days) |
| *Xanthines*** | | | |
| <i>theophylline er oral tablet extended release 12 hour</i> | | Tier 1 | |
| <i>theophylline er oral tablet extended release 24 hour</i> | | Tier 1 | |
| <i>theophylline oral solution</i> | | Tier 1 | |
| THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------|--------|--|
| *ANTICOAGULANTS* | | | |
| *Coumarin Anticoagulants*** | | | |
| <i>warfarin sodium oral tablet</i> | Jantoven | Tier 1 | |
| JANTOVEN ORAL TABLET | Warfarin Sodium | Tier 1 | |
| *Direct Factor Xa Inhibitors*** | | | |
| ELIQUIS ORAL TABLET | | Tier 1 | PA; QLL (2 EA per 1 day) |
| XARELTO ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| XARELTO STARTER PACK ORAL TABLET THERAPY PACK | | Tier 1 | PA; QLL (51 EA per 30 days) |
| *Heparins And Heparinoid-Like Agents*** | | | |
| <i>heparin sodium (porcine) injection solution</i> | | Tier 1 | |
| <i>heparin sodium (porcine) pf injection solution</i> | | Tier 1 | |
| *Low Molecular Weight Heparins*** | | | |
| <i>enoxaparin sodium injection solution</i> | Lovenox | Tier 1 | QLL (21 days per 168 days) |
| <i>enoxaparin sodium subcutaneous solution</i> | Lovenox | Tier 1 | QLL (21 days per 168 days) |
| *ANTICONVULSANTS* | | | |
| *Anticonvulsants - Benzodiazepines*** | | | |
| <i>clonazepam oral tablet</i> | KlonoPIN | Tier 1 | |
| <i>clonazepam oral tablet dispersible</i> | | Tier 1 | |
| <i>diazepam rectal gel</i> | Diastat Pediatric | Tier 1 | QLL (2 EA per 1 Fill) |
| DIASTAT ACUDIAL RECTAL GEL | DiazePAM | Tier 1 | QLL (2 EA per 1 Fill) |
| DIASTAT PEDIATRIC RECTAL GEL | DiazePAM | Tier 1 | QLL (2 EA per 1 Fill) |
| *Anticonvulsants - Misc.*** | | | |
| <i>carbamazepine er oral capsule extended release 12 hour</i> | Carbatrol | Tier 1 | QLL (120 EA per 30 days) |
| <i>carbamazepine er oral tablet extended release 12 hour 100 mg</i> | TEGretol-XR | Tier 1 | QLL (300 EA per 30 days); AL (Min 6 Years) |
| <i>carbamazepine er oral tablet extended release 12 hour 200 mg</i> | TEGretol-XR | Tier 1 | QLL (150 EA per 30 days); AL (Min 6 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---|
| <i>carbamazepine er oral tablet extended release 12 hour 400 mg</i> | TEGretol-XR | Tier 1 | QLL (75 EA per 30 days); AL (Min 6 Years) |
| <i>carbamazepine oral suspension</i> | TEGretol | Tier 1 | |
| <i>carbamazepine oral tablet</i> | Epitol | Tier 1 | |
| <i>carbamazepine oral tablet chewable</i> | | Tier 1 | |
| <i>gabapentin oral capsule</i> | Neurontin | Tier 1 | QLL (3600 MG per 1 day) |
| <i>gabapentin oral solution</i> | Neurontin | Tier 1 | QLL (3600 MG per 1 day) |
| <i>gabapentin oral tablet</i> | Neurontin | Tier 1 | QLL (3600 MG per 1 day) |
| <i>lamotrigine oral tablet 100 mg, 200 mg</i> | LaMICtal | Tier 1 | QLL (60 EA per 30 days) |
| <i>lamotrigine oral tablet 150 mg</i> | LaMICtal | Tier 1 | QLL (90 EA per 30 days) |
| <i>lamotrigine oral tablet 25 mg</i> | LaMICtal | Tier 1 | QLL (180 EA per 30 days) |
| <i>lamotrigine oral tablet chewable 25 mg</i> | LaMICtal | Tier 1 | QLL (6 EA per 1 day) |
| <i>lamotrigine oral tablet chewable 5 mg</i> | LaMICtal | Tier 1 | QLL (8 EA per 1 day) |
| <i>levetiracetam er oral tablet extended release 24 hour 500 mg</i> | Keppra XR | Tier 1 | QLL (6 EA per 1 day) |
| <i>levetiracetam er oral tablet extended release 24 hour 750 mg</i> | Keppra XR | Tier 1 | QLL (4 EA per 1 day) |
| <i>levetiracetam oral solution</i> | Keppra | Tier 1 | |
| <i>levetiracetam oral tablet 1000 mg</i> | Keppra | Tier 1 | QLL (90 EA per 30 days) |
| <i>levetiracetam oral tablet 250 mg</i> | Keppra | Tier 1 | QLL (60 EA per 30 days) |
| <i>levetiracetam oral tablet 500 mg</i> | Keppra | Tier 1 | QLL (180 EA per 30 days) |
| <i>levetiracetam oral tablet 750 mg</i> | Keppra | Tier 1 | QLL (120 EA per 30 days) |
| <i>oxcarbazepine oral suspension</i> | Trileptal | Tier 1 | |
| <i>oxcarbazepine oral tablet</i> | Trileptal | Tier 1 | |
| <i>primidone oral tablet</i> | Mysoline | Tier 1 | |
| <i>topiramate oral capsule sprinkle</i> | Topamax Sprinkle | Tier 1 | QLL (120 EA per 30 days) |
| <i>topiramate oral tablet 100 mg</i> | Topamax | Tier 1 | QLL (90 EA per 30 days) |
| <i>topiramate oral tablet 200 mg</i> | Topamax | Tier 1 | QLL (60 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------|---------------|--------------------------|
| <i>topiramate oral tablet 25 mg, 50 mg</i> | Topamax | Tier 1 | QLL (120 EA per 30 days) |
| <i>zonisamide oral capsule</i> | Zonegran | Tier 1 | QLL (180 EA per 30 days) |
| EPITOL ORAL TABLET | carBAMazepine | Tier 1 | |
| *Carbamates*** | | | |
| <i>felbamate oral suspension</i> | Felbatol | Tier 1 | |
| <i>felbamate oral tablet</i> | Felbatol | Tier 1 | |
| *Gaba Modulators*** | | | |
| <i>tiagabine hcl oral tablet 2 mg</i> | Gabitril | Tier 1 | QLL (30 EA per 30 days) |
| <i>tiagabine hcl oral tablet 4 mg</i> | Gabitril | Tier 1 | QLL (120 EA per 30 days) |
| <i>vigabatrin oral tablet</i> | Sabril | Tier 1 | |
| GABITRIL ORAL TABLET 12 MG | TiaGABine HCl | Tier 1 | QLL (120 EA per 30 days) |
| GABITRIL ORAL TABLET 16 MG | TiaGABine HCl | Tier 1 | QLL (90 EA per 30 days) |
| *Hydantoins*** | | | |
| <i>phenytoin oral suspension</i> | Dilantin | Tier 1 | |
| <i>phenytoin oral tablet chewable</i> | Phenytoin Infatabs | Tier 1 | |
| <i>phenytoin sodium extended oral capsule</i> | Dilantin | Tier 1 | |
| DILANTIN ORAL CAPSULE | | Tier 1 | |
| PHENYTOIN INFATABS ORAL TABLET CHEWABLE | Phenytoin | Tier 1 | |
| *Succinimides*** | | | |
| <i>ethosuximide oral capsule</i> | Zarontin | Tier 1 | |
| <i>ethosuximide oral solution</i> | Zarontin | Tier 1 | |
| CELONTIN ORAL CAPSULE | | Tier 1 | |
| *Valproic Acid*** | | | |
| <i>divalproex sodium er oral tablet extended release 24 hour</i> | Depakote ER | Tier 1 | |
| <i>divalproex sodium oral tablet delayed release</i> | Depakote | Tier 1 | |
| <i>valproic acid oral capsule</i> | | Tier 1 | |
| <i>valproic acid oral solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------|-----------------|---|
| *ANTIDEPRESSANTS* | | | |
| *Alpha-2 Receptor Antagonists (Tetracyclics)*** | | | |
| <i>mirtazapine oral tablet</i> | Remeron | Tier 1 | QLL (30 EA per 30 days) |
| <i>mirtazapine oral tablet dispersible</i> | Remeron SolTab | Tier 1 | QLL (1 EA per 1 day) |
| *Antidepressants - Misc.*** | | | |
| <i>bupropion hcl er (sr) oral tablet extended release 12 hour</i> | Wellbutrin SR | Tier 1 | QLL (2 EA per 1 day) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour</i> | Wellbutrin XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>bupropion hcl oral tablet</i> | | Tier 1 | QLL (90 EA per 30 days) |
| <i>maprotiline hcl oral tablet</i> | | Tier 1 | |
| *Modified Cyclics*** | | | |
| <i>trazodone hcl oral tablet</i> | | Tier 1 | |
| *Monoamine Oxidase Inhibitors (Maois)*** | | | |
| <i>phenelzine sulfate oral tablet</i> | Nardil | State Carve Out | |
| <i>tranylcypromine sulfate oral tablet</i> | Parnate | State Carve Out | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | | State Carve Out | |
| MARPLAN ORAL TABLET | | State Carve Out | |
| *Selective Serotonin Reuptake Inhibitors (Ssris)*** | | | |
| <i>citalopram hydrobromide oral solution</i> | | Tier 1 | QLL (300 ML per 30 days); AL (Max 12 Years) |
| <i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i> | CeleXA | Tier 1 | QLL (45 EA per 30 days) |
| <i>citalopram hydrobromide oral tablet 40 mg</i> | CeleXA | Tier 1 | QLL (30 EA per 30 days) |
| <i>escitalopram oxalate oral solution</i> | | Tier 1 | QLL (300 ML per 30 days); AL (Max 12 Years) |
| <i>escitalopram oxalate oral tablet</i> | Lexapro | Tier 1 | QLL (1 EA per 1 day) |
| <i>fluoxetine hcl oral capsule 10 mg</i> | PROzac | Tier 1 | QLL (30 EA per 30 days) |
| <i>fluoxetine hcl oral capsule 20 mg, 40 mg</i> | PROzac | Tier 1 | QLL (60 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--|
| <i>fluoxetine hcl oral solution</i> | | Tier 1 | QLL (150 ML per 30 days) |
| <i>fluvoxamine maleate oral tablet 100 mg</i> | | Tier 1 | QLL (90 EA per 30 days) |
| <i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg</i> | Paxil | Tier 1 | QLL (30 EA per 30 days) |
| <i>paroxetine hcl oral tablet 30 mg</i> | Paxil | Tier 1 | QLL (60 EA per 30 days) |
| <i>paroxetine hcl oral tablet 40 mg</i> | Paxil | Tier 1 | QLL (45 EA per 30 days) |
| <i>sertraline hcl oral concentrate</i> | Zoloft | Tier 1 | QLL (75 ML per 30 days); AL (Max 12 Years) |
| <i>sertraline hcl oral tablet 100 mg</i> | Zoloft | Tier 1 | QLL (2 EA per 1 day) |
| <i>sertraline hcl oral tablet 25 mg, 50 mg</i> | Zoloft | Tier 1 | QLL (45 EA per 30 days) |
| *Serotonin-Norepinephrine Reuptake Inhibitors (SnrIs)*** | | | |
| <i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i> | Cymbalta | Tier 1 | QLL (2 EA per 1 day) |
| <i>duloxetine hcl oral capsule delayed release particles 40 mg</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour</i> | Effexor XR | Tier 1 | QLL (30 EA per 30 days) |
| <i>venlafaxine hcl oral tablet</i> | | Tier 1 | |
| *Tricyclic Agents*** | | | |
| <i>amitriptyline hcl oral tablet</i> | | Tier 1 | |
| <i>amoxapine oral tablet</i> | | Tier 1 | |
| <i>doxepin hcl oral capsule</i> | | Tier 1 | |
| <i>doxepin hcl oral concentrate</i> | | Tier 1 | |
| <i>imipramine hcl oral tablet</i> | | Tier 1 | |
| <i>nortriptyline hcl oral capsule</i> | Pamelor | Tier 1 | |
| <i>nortriptyline hcl oral solution</i> | | Tier 1 | AL (Max 12 Years) |
| *ANTIDIABETICS* | | | |
| *Alpha-Glucosidase Inhibitors*** | | | |
| <i>acarbose oral tablet</i> | Precose | Tier 1 | QLL (90 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|--------------------------|
| *Antidiabetic - Amylin Analogs*** | | | |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | | Tier 1 | PA |
| *Biguanides*** | | | |
| <i>metformin hcl er oral tablet extended release 24 hour 500 mg</i> | Glucophage XR | Tier 1 | QLL (120 EA per 30 days) |
| <i>metformin hcl er oral tablet extended release 24 hour 750 mg</i> | Glucophage XR | Tier 1 | QLL (60 EA per 30 days) |
| <i>metformin hcl oral tablet</i> | Glucophage | Tier 1 | |
| *Diabetic Other - Combinations*** | | | |
| <i>cvs glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>gnp glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>hm glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>hy-vee glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>kroger glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>leader glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>longs glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>meijer glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>preferred plus glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>px glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>ra glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>sm glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>tgt glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>up & up glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>value plus glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| <i>walgreens glucose oral tablet chewable</i> | Dex4 | Tier 1 | OTC |
| DEX4 GLUCOSE ORAL TABLET CHEWABLE | SM Glucose | Tier 1 | OTC |
| DEX4 NATURALS ORAL TABLET CHEWABLE | SM Glucose | Tier 1 | OTC |
| DEX4 ORAL TABLET CHEWABLE | SM Glucose | Tier 1 | OTC |
| DEX4 POUCH PACK ORAL TABLET CHEWABLE | SM Glucose | Tier 1 | OTC |
| RELION GLUCOSE ORAL TABLET CHEWABLE | SM Glucose | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------------|---------------|--------------------------------------|
| SMART SENSE GLUCOSE ORAL TABLET CHEWABLE | SM Glucose | Tier 1 | OTC |
| *Diabetic Other*** | | | |
| <i>cvs glucose oral gel</i> | Gluco Burst | Tier 1 | OTC |
| <i>cvs glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| <i>cvs glucose shot oral liquid</i> | ReliOn Glucose Drink | Tier 1 | OTC |
| <i>glucose oral gel</i> | Gluco Burst | Tier 1 | OTC |
| <i>glucose oral liquid</i> | ReliOn Glucose Drink | Tier 1 | OTC |
| <i>glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| <i>gnp glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| <i>gnp quick dissolve glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| <i>leader quick dissolve glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| <i>ra glucose oral gel</i> | Gluco Burst | Tier 1 | OTC |
| <i>sm glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| <i>value plus glucose oral gel</i> | Gluco Burst | Tier 1 | OTC |
| <i>walgreens glucose oral tablet chewable</i> | Dex4 Quick Dissolve Glucose | Tier 1 | OTC |
| BD GLUCOSE ORAL TABLET CHEWABLE | | Tier 1 | OTC |
| DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE | Walgreens Glucose | Tier 1 | OTC |
| GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED | | Tier 1 | QLL (1 Unit Max Qty Per Fill Retail) |
| GLUCAGON EMERGENCY INJECTION KIT | | Tier 1 | QLL (1 Unit Max Qty Per Fill Retail) |
| GLUCO BURST ORAL GEL | CVS Glucose | Tier 1 | OTC |
| INSTA-GLUCOSE ORAL GEL | | Tier 1 | OTC |
| RELION GLUCOSE DRINK ORAL LIQUID | CVS Glucose Shot | Tier 1 | OTC |
| RELION GLUCOSE ORAL GEL | CVS Glucose | Tier 1 | OTC |
| *Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors*** | | | |
| <i>alogliptin benzoate oral tablet</i> | Nesina | Tier 1 | QLL (1 EA per 1 Day) |
| JANUVIA ORAL TABLET | | Tier 1 | ST; QLL (1 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|--------|--------------------------|
| *Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations*** | | | |
| <i>alogliptin-metformin hcl oral tablet</i> | Kazano | Tier 1 | QLL (2 EA per 1 Day) |
| JANUMET ORAL TABLET | | Tier 1 | ST; QLL (2 EA per 1 day) |
| JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | | Tier 1 | ST; QLL (1 EA per 1 day) |
| *Dpp-4 Inhibitor-Thiazolidinedione Combinations*** | | | |
| <i>alogliptin-pioglitazone oral tablet</i> | Oseni | Tier 1 | QLL (1 EA per 1 Day) |
| *Human Insulin*** | | | |
| <i>insulin lispro subcutaneous solution</i> | Admelog | Tier 1 | |
| ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR | Insulin Lispro (1 Unit Dial) | Tier 1 | AL (Max 18 Years) |
| ADMELOG SUBCUTANEOUS SOLUTION | Insulin Lispro | Tier 1 | |
| BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | | Tier 1 | |
| HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | | Tier 1 | AL (Max 18 Years) |
| HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | Tier 1 | AL (Max 18 Years) |
| HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | | Tier 1 | |
| HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | Tier 1 | AL (Max 18 Years) |
| HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | | Tier 1 | |
| HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | | Tier 1 | |
| HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | Tier 1 | OTC; AL (Max 18 Years) |
| HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------------------|---------------|--------------------------------|
| HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | | Tier 1 | OTC; AL (Max 18 Years) |
| HUMULIN N SUBCUTANEOUS SUSPENSION | | Tier 1 | OTC |
| HUMULIN R INJECTION SOLUTION | | Tier 1 | OTC |
| HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | | Tier 1 | |
| HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR | | Tier 1 | AL (Max 18 Years) |
| NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION | | Tier 1 | OTC |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION | | Tier 1 | OTC |
| NOVOLIN N RELION SUBCUTANEOUS SUSPENSION | | Tier 1 | OTC |
| NOVOLIN N SUBCUTANEOUS SUSPENSION | | Tier 1 | OTC |
| NOVOLIN R INJECTION SOLUTION | | Tier 1 | OTC |
| NOVOLIN R RELION INJECTION SOLUTION | | Tier 1 | OTC |
| NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | Insulin Asp Prot & Asp FlexPen | Tier 1 | AL (Max 18 Years) |
| NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION | Insulin Aspart Prot & Aspart | Tier 1 | |
| *Incretin Mimetic Agents (Glp-1 Receptor Agonists)*** | | | |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR | | Tier 1 | ST; QLL (0.05 ML per 1 day) |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR | | Tier 1 | ST; QLL (0.11 ML per 1 day) |
| VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | | Tier 1 | ST; QLL (0.6 ML per 1 day) |
| *Meglitinide Analogues*** | | | |
| <i>nateglinide oral tablet</i> | Starlix | Tier 1 | QLL (3 EA per 1 day) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|--------------------------|
| <i>repaglinide oral tablet 2 mg</i> | | Tier 1 | QLL (240 EA per 30 days) |
| *Meglitinide-Biguanide Combinations*** | | | |
| <i>repaglinide-metformin hcl oral tablet</i> | | Tier 1 | |
| *Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors*** | | | |
| JARDIANCE ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| STEGLATRO ORAL TABLET | | Tier 1 | ST; QLL (1 EA per 1 day) |
| *Sulfonylurea-Biguanide Combinations*** | | | |
| <i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>glipizide-metformin hcl oral tablet 5-500 mg</i> | | Tier 1 | QLL (4 EA per 1 day) |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| <i>glyburide-metformin oral tablet 5-500 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| *Sulfonylureas*** | | | |
| <i>glimepiride oral tablet 1 mg, 2 mg</i> | Amaryl | Tier 1 | QLL (30 EA per 30 days) |
| <i>glimepiride oral tablet 4 mg</i> | Amaryl | Tier 1 | QLL (60 EA per 30 days) |
| <i>glipizide er oral tablet extended release 24 hour 10 mg</i> | Glucotrol XL | Tier 1 | QLL (2 EA per 1 day) |
| <i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i> | Glucotrol XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>glipizide oral tablet</i> | Glucotrol | Tier 1 | |
| <i>glipizide xl oral tablet extended release 24 hour 10 mg</i> | Glucotrol XL | Tier 1 | QLL (60 EA per 30 days) |
| <i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i> | Glucotrol XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg</i> | Glynase | Tier 1 | QLL (30 EA per 30 days) |
| <i>glyburide micronized oral tablet 6 mg</i> | Glynase | Tier 1 | QLL (60 EA per 30 days) |
| <i>glyburide oral tablet</i> | | Tier 1 | |
| *Thiazolidinediones*** | | | |
| <i>pioglitazone hcl oral tablet</i> | Actos | Tier 1 | QLL (1 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------|-----------------|-----------------------------|
| AVANDIA ORAL TABLET | | Tier 1 | ST; QLL (30 EA per 30 days) |
| *ANTIDIARRHEALS* | | | |
| *Antiperistaltic Agents*** | | | |
| <i>anti-diarrheal oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>anti-diarrheal oral liquid</i> | | Tier 1 | OTC |
| <i>cvs anti-diarrheal oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>diphenoxylate-atropine oral liquid</i> | | Tier 1 | |
| <i>diphenoxylate-atropine oral tablet</i> | Lomotil | Tier 1 | |
| <i>eq anti-diarrheal oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>eq anti-diarrheal oral liquid</i> | | Tier 1 | OTC |
| <i>gnp anti-diarrheal oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>hm loperamide hcl oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>loperamide hcl oral capsule</i> | Imodium A-D | Tier 1 | |
| <i>loperamide hcl oral liquid</i> | | Tier 1 | OTC |
| <i>ra anti-diarrheal oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>ra anti-diarrheal oral liquid</i> | | Tier 1 | OTC |
| <i>sm anti-diarrheal oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| <i>tgt loperamide hcl oral capsule</i> | Imodium A-D | Tier 1 | OTC |
| *ANTIDOTES* | | | |
| *Antidotes - Chelating Agents*** | | | |
| CHEMET ORAL CAPSULE | | Tier 1 | |
| *Opioid Antagonists*** | | | |
| <i>naloxone hcl injection solution</i> | | State Carve Out | |
| <i>naloxone hcl injection solution cartridge</i> | | State Carve Out | |
| <i>naloxone hcl injection solution prefilled syringe</i> | | State Carve Out | |
| <i>naltrexone hcl oral tablet</i> | | State Carve Out | |
| EVZIO INJECTION SOLUTION AUTO-INJECTOR | | State Carve Out | |
| NARCAN NASAL LIQUID | | State Carve Out | |
| VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED | | State Carve Out | |
| *ANTIEMETICS* | | | |
| *5-Ht3 Receptor Antagonists*** | | | |
| <i>granisetron hcl oral tablet</i> | | Tier 1 | QLL (8 EA per 30 days) |
| <i>ondansetron hcl oral tablet 24 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------------|---------------|-------------------------|
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | Zofran | Tier 1 | QLL (3 EA per 1 day) |
| <i>ondansetron oral tablet dispersible</i> | | Tier 1 | QLL (30 EA per 30 days) |
| *Antiemetic Combinations*** | | | |
| <i>anti-nausea oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>anti-nausea/rekematol oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>cvs nausea relief oral liquid</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>eql anti-nausea oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>formula em oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>hm anti-nausea oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>nausea control oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>ra anti-nausea oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>sb anti-nausea oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| <i>sm anti-nausea oral solution</i> | Little Tummys Nausea Relief | Tier 1 | OTC |
| LITTLE TUMMYS NAUSEA RELIEF ORAL SOLUTION | EQL Anti-Nausea | Tier 1 | OTC |
| *Antiemetics - Anticholinergic*** | | | |
| <i>cvs motion sickness ii oral tablet</i> | Dramamine Less Drowsy | Tier 1 | OTC |
| <i>cvs motion sickness relief oral tablet chewable</i> | Bonine | Tier 1 | OTC |
| <i>eq motion sickness relief oral tablet</i> | Dramamine Less Drowsy | Tier 1 | OTC |
| <i>gnp motion sickness relief oral tablet</i> | Dramamine Less Drowsy | Tier 1 | OTC |
| <i>hm motion relief oral tablet</i> | Dramamine Less Drowsy | Tier 1 | OTC |
| <i>meclizine hcl oral tablet</i> | | Tier 1 | |
| <i>meclizine hcl oral tablet chewable</i> | Bonine | Tier 1 | |
| <i>motion sickness relief oral tablet chewable</i> | Bonine | Tier 1 | OTC |
| <i>motion-time oral tablet chewable</i> | Bonine | Tier 1 | OTC |
| <i>ra motion sickness relief oral tablet</i> | Dramamine Less Drowsy | Tier 1 | OTC |
| <i>ra motion sickness relief oral tablet chewable</i> | Bonine | Tier 1 | OTC |
| <i>sm motion sickness oral tablet</i> | Dramamine Less Drowsy | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------|---------------|--------------------------|
| <i>travel sickness oral tablet chewable</i> | Bonine | Tier 1 | OTC |
| DRAMAMINE LESS DROWSY ORAL TABLET | SM Motion Sickness | Tier 1 | OTC |
| WAL-DRAM II ORAL TABLET | SM Motion Sickness | Tier 1 | OTC |
| *Substance P/Neurokinin 1 (Nk1) Receptor Antagonists*** | | | |
| <i>aprepitant oral capsule</i> | Emend | Tier 1 | QLL (3 EA per 30 days) |
| *ANTIFUNGALS* | | | |
| *Antifungal - Glucan Synthesis Inhibitors (Echinocandins)*** | | | |
| <i>casposfungin acetate intravenous solution reconstituted</i> | Cancidas | Tier 1 | PA |
| ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| *Antifungals*** | | | |
| <i>bio-statin oral powder</i> | | Tier 1 | |
| <i>griseofulvin microsize oral suspension</i> | | Tier 1 | ST |
| <i>griseofulvin microsize oral tablet</i> | | Tier 1 | ST |
| <i>griseofulvin ultramicrosize oral tablet</i> | | Tier 1 | ST |
| <i>nystatin oral tablet</i> | | Tier 1 | |
| <i>terbinafine hcl oral tablet</i> | LamISIL | Tier 1 | QLL (1 EA per 1 day) |
| ABELCET INTRAVENOUS SUSPENSION | | Tier 1 | PA |
| AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED | | Tier 1 | PA |
| *Imidazoles*** | | | |
| <i>ketoconazole oral tablet</i> | | Tier 1 | QLL (30 EA per 30 days) |
| *Triazoles*** | | | |
| <i>fluconazole in sodium chloride intravenous solution</i> | | Tier 1 | PA |
| <i>fluconazole oral suspension reconstituted</i> | Diflucan | Tier 1 | |
| <i>fluconazole oral tablet</i> | Diflucan | Tier 1 | QLL (60 EA per 30 days) |
| <i>itraconazole oral capsule</i> | Sporanox | Tier 1 | QLL (120 EA per 30 days) |
| <i>voriconazole intravenous solution reconstituted</i> | Vfend IV | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|-----------------|-------------------------------|
| CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| NOXAFIL INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** | | | |
| *Antihemophilic Products - Monoclonal Antibodies*** | | | |
| HEMLIBRA SUBCUTANEOUS SOLUTION | | State Carve Out | |
| *ANTIHISTAMINES* | | | |
| *Antihistamines - Alkylamines*** | | | |
| <i>brompheniramine tannate oral tablet chewable</i> | | Tier 1 | |
| <i>chlorpheniramine maleate oral tablet</i> | Chlor-Trimeton | Tier 1 | OTC |
| <i>ed chlorped jr oral syrup</i> | Diabetic Tussin Allergy | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DIABETIC TUSSIN ALLERGY ORAL SYRUP | Ed Chlorped Jr | Tier 1 | OTC; QLL (120 mL per 30 days) |
| *Antihistamines - Ethanolamines*** | | | |
| <i>allergy childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>allergy relief childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>allergy relief childrens oral tablet dispersible</i> | Wal-Dryl Allergy Rel Childrens | Tier 1 | OTC |
| <i>carbinoxamine maleate oral tablet</i> | | Tier 1 | |
| <i>clemastine fumarate oral tablet</i> | | Tier 1 | |
| <i>cvs allergy relief adult oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cvs allergy relief oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cvs childrens allergy oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>diphenhydramine hcl oral capsule</i> | Banophen | Tier 1 | |
| <i>diphenhydramine hcl oral elixir</i> | | Tier 1 | QLL (120 mL per 30 days) |
| <i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i> | Banophen | Tier 1 | OTC; QLL (120 ML per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|-------------------------------|
| <i>diphenhydramine hcl oral liquid 6.25 mg/ml</i> | PediaClear Cough Childrens | Tier 1 | OTC |
| <i>eq allergy relief childrens oral elixir</i> | | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eq allergy relief childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eq allergy relief childrens oral tablet dispersible</i> | Wal-Dryl Allergy Rel Childrens | Tier 1 | OTC |
| <i>eql childrens allergy oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>gnp childrens allergy oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>hm allergy relief childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>kp diphenhydramine hcl oral capsule</i> | Banophen | Tier 1 | OTC |
| <i>pharbedryl oral capsule</i> | Banophen | Tier 1 | OTC |
| <i>px allergy oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra allergy medication oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra allergy oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra allergy relief childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra allergy relief childrens oral tablet dispersible</i> | Wal-Dryl Allergy Rel Childrens | Tier 1 | OTC |
| <i>sb allergy medicine oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>siladryl allergy oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm allergy relief childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm allergy relief oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tgt allergy melts childrens oral tablet dispersible</i> | Wal-Dryl Allergy Rel Childrens | Tier 1 | OTC |
| <i>tgt allergy relief childrens oral liquid</i> | Banophen | Tier 1 | OTC; QLL (120 mL per 30 days) |
| BANOPHEN ORAL CAPSULE | KP DiphenhydrAMINE HCl | Tier 1 | OTC |
| BANOPHEN ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|-------------------------------|
| NARAMIN ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |
| PEDIACARE CHILDRENS ALLERGY ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |
| RA DIPHEDRYL ALLERGY ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |
| TOTAL ALLERGY MEDICINE ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-DRYL ALLERGY ORAL LIQUID | SM Allergy Relief Childrens | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE | RA Allergy Relief Childrens | Tier 1 | OTC |
| *Antihistamines - Non-Sedating*** | | | |
| <i>all day allergy childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>allergy childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>allergy oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>allergy relief child oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>allergy relief childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>allergy relief childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>cetirizine hcl allergy child oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | QLL (150 ML per 30 days) |
| <i>cetirizine hcl childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>cetirizine hcl hives relief oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>cetirizine hcl oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | QLL (150 ML per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|-------------------------------|
| <i>cetirizine hcl oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>childrens loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>cvs allergy relief childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>cvs allergy relief childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>cvs allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>cvs allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>cvs indoor/outdoor allergy rlf oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>eq allergy relief (cetirizine) oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>eq allergy relief (cetirizine) oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>eq allergy relief childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>eq allergy relief childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>eq allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>eq childrens loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>eq loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>eql all day allergy childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>eql all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>eql allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>gnp all day allergy childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>gnp all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>gnp allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>gnp loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>gnp loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|-------------------------------|
| <i>goodsense all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>hm all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>hm allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>hm cetirizine hcl childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>hm loratadine childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>hm loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>kp loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>loradamed oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>loratadine childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>meijer allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>meijer allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>meijer loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>px allergy relief cetirizine oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>px allergy relief loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>px allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>px childrens allergy oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>qc all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>qc allergy relief childrens oral syrup 1 mg/ml</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>qc allergy relief childrens oral syrup 5 mg/5ml</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>qc allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>qc loratadine allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|-------------------------------|
| <i>ra allergy relief childrens oral syrup</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>ra allergy relief oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>ra allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>ra cetirizine oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>ra loratadine childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>ra loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>ra loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>ra loratadine oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>sb allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>sb allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>sb loratadine allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>sb loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>sb loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>sm all day allergy childrens oral solution</i> | Wal-Zyr All Day Allergy Child | Tier 1 | OTC; QLL (150 ML per 30 days) |
| <i>sm all day allergy oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>sm allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>sm childrens loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>sm loratadine allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>sm loratadine oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| <i>sm loratadine oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>tgt all day allergy relief oral tablet</i> | KLS Aller-Tec | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>tgt allergy relief oral tablet</i> | KLS AllerClear | Tier 1 | OTC; QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|-------------------------------|
| <i>tgt allergy relief oral tablet dispersible</i> | Alavert | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>tgt loratadine childrens oral syrup</i> | Claritin | Tier 1 | OTC; QLL (240 ML per 30 days) |
| ALAVERT ORAL TABLET DISPERSIBLE | Meijer Allergy Relief | Tier 1 | OTC; QLL (1 EA per 1 day) |
| KLS ALLERCLEAR ORAL TABLET | SB Loratadine | Tier 1 | OTC; QLL (30 EA per 30 days) |
| KLS ALLER-TEC ORAL TABLET | GNP All Day Allergy | Tier 1 | OTC; QLL (30 EA per 30 days) |
| TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE | Meijer Allergy Relief | Tier 1 | OTC; QLL (1 EA per 1 day) |
| WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE | Meijer Allergy Relief | Tier 1 | OTC; QLL (1 EA per 1 day) |
| WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE | Meijer Allergy Relief | Tier 1 | OTC; QLL (1 EA per 1 day) |
| WAL-ITIN ORAL TABLET | SB Loratadine | Tier 1 | OTC; QLL (30 EA per 30 days) |
| WAL-VERT ORAL TABLET DISPERSIBLE | Meijer Allergy Relief | Tier 1 | OTC; QLL (1 EA per 1 day) |
| WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION | GNP All Day Allergy Childrens | Tier 1 | OTC; QLL (150 ML per 30 days) |
| WAL-ZYR CHILDRENS ORAL SOLUTION | GNP All Day Allergy Childrens | Tier 1 | OTC; QLL (150 ML per 30 days) |
| WAL-ZYR ORAL TABLET | GNP All Day Allergy | Tier 1 | OTC; QLL (30 EA per 30 days) |
| *Antihistamines - Phenothiazines*** | | | |
| <i>promethazine hcl oral solution</i> | | Tier 1 | QLL (180 mL per 30 days) |
| <i>promethazine hcl oral syrup</i> | | Tier 1 | QLL (180 mL per 30 days) |
| <i>promethazine hcl oral tablet</i> | | Tier 1 | |
| <i>promethazine hcl rectal suppository</i> | Phenadoz | Tier 1 | |
| PHENADOZ RECTAL SUPPOSITORY | Promethazine HCl | Tier 1 | |
| PROMETHEGAN RECTAL SUPPOSITORY | | Tier 1 | |
| *Antihistamines - Piperidines*** | | | |
| <i>cyproheptadine hcl oral syrup</i> | | Tier 1 | |
| <i>cyproheptadine hcl oral tablet</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------|--------|--------------------------|
| *ANTHYPERLIPIDEMICS* | | | |
| *Antihyperlipidemics - Misc.*** | | | |
| <i>omega-3-acid ethyl esters oral capsule</i> | Lovaza | Tier 1 | ST; QLL (4 EA per 1 day) |
| *Bile Acid Sequestrants*** | | | |
| <i>cholestyramine light oral packet</i> | Prevalite | Tier 1 | |
| <i>cholestyramine light oral powder</i> | Prevalite | Tier 1 | |
| <i>cholestyramine oral packet</i> | Questran | Tier 1 | |
| <i>cholestyramine oral powder</i> | Questran | Tier 1 | |
| <i>colestipol hcl oral tablet</i> | Colestid | Tier 1 | |
| *Fibric Acid Derivatives*** | | | |
| <i>fenofibrate micronized oral capsule</i> | | Tier 1 | |
| <i>fenofibrate oral tablet</i> | Triglide | Tier 1 | |
| <i>gemfibrozil oral tablet</i> | Lopid | Tier 1 | QLL (60 EA per 30 days) |
| *Hmg Coa Reductase Inhibitors*** | | | |
| <i>atorvastatin calcium oral tablet</i> | Lipitor | Tier 1 | QLL (30 EA per 30 days) |
| <i>fluvastatin sodium er oral tablet extended release 24 hour</i> | Lescol XL | Tier 1 | QLL (30 EA per 30 days) |
| <i>fluvastatin sodium oral capsule</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>lovastatin oral tablet 10 mg, 20 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>lovastatin oral tablet 40 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| <i>pravastatin sodium oral tablet</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>rosuvastatin calcium oral tablet</i> | Crestor | Tier 1 | ST |
| <i>simvastatin oral tablet</i> | Zocor | Tier 1 | QLL (30 EA per 30 days) |
| *Intestinal Cholesterol Absorption Inhibitors*** | | | |
| <i>ezetimibe oral tablet</i> | Zetia | Tier 1 | ST; QLL (1 EA per 1 day) |
| *ANTHYPERTENSIVES* | | | |
| *Ace Inhibitor & Calcium Channel Blocker Combinations*** | | | |
| <i>amlodipine besy-benazepril hcl oral capsule</i> | | Tier 1 | QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------|--------|-------------------------|
| *Ace Inhibitors & Thiazide/Thiazide-Like*** | | | |
| <i>benazepril-hydrochlorothiazide oral tablet</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> | Vaseretic | Tier 1 | QLL (60 EA per 30 days) |
| <i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>fosinopril sodium-hctz oral tablet</i> | | Tier 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | Zestoretic | Tier 1 | QLL (30 EA per 30 days) |
| <i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i> | Zestoretic | Tier 1 | QLL (60 EA per 30 days) |
| <i>quinapril-hydrochlorothiazide oral tablet</i> | Accuretic | Tier 1 | QLL (30 EA per 30 days) |
| *Ace Inhibitors*** | | | |
| <i>benazepril hcl oral tablet</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>enalapril maleate oral tablet</i> | Vasotec | Tier 1 | QLL (2 EA per 1 day) |
| <i>fosinopril sodium oral tablet</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>lisinopril oral tablet</i> | Prinivil | Tier 1 | QLL (2 EA per 1 day) |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>perindopril erbumine oral tablet 8 mg</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>quinapril hcl oral tablet</i> | Accupril | Tier 1 | QLL (2 EA per 1 day) |
| <i>ramipril oral capsule</i> | Altace | Tier 1 | QLL (2 EA per 1 day) |
| <i>trandolapril oral tablet 1 mg, 2 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>trandolapril oral tablet 4 mg</i> | Mavik | Tier 1 | QLL (60 EA per 30 days) |
| *Adrenolytics-Central & Thiazide/Thiazide-Like Comb*** | | | |
| <i>methyldopa-hydrochlorothiazide oral tablet</i> | | Tier 1 | |
| *Angiotensin II Receptor Antag & Ca Channel Blocker Comb*** | | | |
| <i>amlodipine besylate-valsartan oral tablet</i> | Exforge | Tier 1 | QLL (1 EA per 1 day) |
| *Angiotensin II Receptor Antag & Thiazide/Thiazide-Like*** | | | |
| <i>candesartan cilexetil-hctz oral tablet</i> | Atacand HCT | Tier 1 | QLL (30 EA per 30 days) |
| <i>irbesartan-hydrochlorothiazide oral tablet</i> | Avalide | Tier 1 | QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--------------------------|
| <i>losartan potassium-hctz oral tablet</i> | Hyzaar | Tier 1 | QLL (30 EA per 30 days) |
| <i>valsartan-hydrochlorothiazide oral tablet</i> | Diovan HCT | Tier 1 | QLL (30 EA per 30 days) |
| *Angiotensin II Receptor Antagonists*** | | | |
| <i>candesartan cilexetil oral tablet</i> | Atacand | Tier 1 | QLL (30 EA per 30 days) |
| <i>irbesartan oral tablet</i> | Avapro | Tier 1 | QLL (30 EA per 30 days) |
| <i>losartan potassium oral tablet 100 mg</i> | Cozaar | Tier 1 | QLL (1 EA per 1 day) |
| <i>losartan potassium oral tablet 25 mg, 50 mg</i> | Cozaar | Tier 1 | QLL (2 EA per 1 day) |
| <i>telmisartan oral tablet</i> | Micardis | Tier 1 | QLL (1 EA per 1 day) |
| <i>valsartan oral tablet</i> | Diovan | Tier 1 | QLL (1 EA per 1 day) |
| *Antiadrenergics - Centrally Acting*** | | | |
| <i>clonidine hcl oral tablet</i> | Catapres | Tier 1 | |
| <i>guanfacine hcl oral tablet 1 mg</i> | | Tier 1 | QLL (240 EA per 30 days) |
| <i>guanfacine hcl oral tablet 2 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>methyldopa oral tablet</i> | | Tier 1 | |
| *Antiadrenergics - Peripherally Acting*** | | | |
| <i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i> | Cardura | Tier 1 | QLL (30 EA per 30 days) |
| <i>doxazosin mesylate oral tablet 8 mg</i> | Cardura | Tier 1 | QLL (60 EA per 30 days) |
| <i>prazosin hcl oral capsule</i> | Minipress | Tier 1 | QLL (120 EA per 30 days) |
| <i>terazosin hcl oral capsule 1 mg, 5 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>terazosin hcl oral capsule 10 mg, 2 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| *Beta Blocker & Diuretic Combinations*** | | | |
| <i>atenolol-chlorthalidone oral tablet</i> | Tenoretic 50 | Tier 1 | |
| <i>bisoprolol-hydrochlorothiazide oral tablet</i> | Ziac | Tier 1 | |
| <i>metoprolol-hydrochlorothiazide oral tablet</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|--------|--------------|
| <i>propranolol-hctz oral tablet</i> | | Tier 1 | |
| *Vasodilators*** | | | |
| <i>hydralazine hcl oral tablet</i> | | Tier 1 | |
| <i>minoxidil oral tablet</i> | | Tier 1 | |
| *ANTI-INFECTIVE AGENTS - MISC.* | | | |
| *Anti-Infective Agents - Misc.*** | | | |
| <i>metronidazole in nacl intravenous solution</i> | | Tier 1 | PA |
| <i>metronidazole oral capsule</i> | Flagyl | Tier 1 | |
| <i>metronidazole oral tablet</i> | Flagyl | Tier 1 | |
| <i>trimethoprim oral tablet</i> | | Tier 1 | |
| *Anti-Infective Misc. - Combinations*** | | | |
| <i>sulfamethoxazole-trimethoprim intravenous solution</i> | | Tier 1 | PA |
| <i>sulfamethoxazole-trimethoprim oral suspension</i> | Sulfatrim Pediatric | Tier 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet</i> | Bactrim | Tier 1 | |
| SULFATRIM PEDIATRIC ORAL SUSPENSION | Sulfamethoxazole-Trimethoprim | Tier 1 | |
| *Carbapenem Combinations*** | | | |
| <i>imipenem-cilastatin intravenous solution reconstituted</i> | | Tier 1 | PA |
| *Carbapenems*** | | | |
| <i>meropenem intravenous solution reconstituted</i> | Merrem | Tier 1 | PA |
| *Chloramphenicals*** | | | |
| <i>chloramphenicol sod succinate intravenous solution reconstituted</i> | | Tier 1 | PA |
| *Cyclic Lipopeptides*** | | | |
| <i>daptomycin intravenous solution reconstituted</i> | Cubicin | Tier 1 | PA |
| *Glycylcyclines*** | | | |
| <i>tigecycline intravenous solution reconstituted</i> | Tygacil | Tier 1 | PA |
| *Leprostics*** | | | |
| <i>dapsone oral tablet</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------|--------|--------------|
| *Lincosamides*** | | | |
| <i>clindamycin hcl oral capsule</i> | Cleocin | Tier 1 | |
| <i>clindamycin palmitate hcl oral solution reconstituted</i> | Cleocin | Tier 1 | |
| <i>clindamycin phosphate in d5w intravenous solution</i> | | Tier 1 | PA |
| <i>clindamycin phosphate in nacl intravenous solution</i> | | Tier 1 | PA |
| *Oxazolidinones*** | | | |
| <i>linezolid in sodium chloride intravenous solution</i> | | Tier 1 | PA |
| <i>linezolid intravenous solution</i> | Zyvox | Tier 1 | PA |
| SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| ZYVOX INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Streptogramin Combinations*** | | | |
| SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| *ANTIMALARIALS* | | | |
| *Antimalarials*** | | | |
| <i>chloroquine phosphate oral tablet</i> | | Tier 1 | |
| <i>hydroxychloroquine sulfate oral tablet</i> | Plaquenil | Tier 1 | |
| <i>mefloquine hcl oral tablet</i> | | Tier 1 | |
| DARAPRIM ORAL TABLET | | Tier 1 | PA |
| *ANTIMYASTHENIC AGENTS* | | | |
| *Antimyasthenic Agents*** | | | |
| <i>pyridostigmine bromide oral tablet</i> | Mestinon | Tier 1 | |
| *Antimyasthenic/Cholinergic Agents*** | | | |
| <i>pyridostigmine bromide oral tablet</i> | Mestinon | Tier 1 | |
| *ANTIMYASTHENIC/CHOLINERGIC AGENTS* | | | |
| <i>pyridostigmine bromide oral tablet</i> | Mestinon | Tier 1 | |
| *ANTIMYCOBACTERIAL AGENTS* | | | |
| *Antimycobacterial Agents*** | | | |
| <i>ethambutol hcl oral tablet</i> | Myambutol | Tier 1 | |
| <i>isoniazid oral syrup</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|------------------------------|
| <i>isoniazid oral tablet</i> | | Tier 1 | |
| <i>pyrazinamide oral tablet</i> | | Tier 1 | |
| <i>rifabutin oral capsule</i> | Mycobutin | Tier 1 | |
| <i>rifampin intravenous solution reconstituted</i> | Rifadin | Tier 1 | PA |
| <i>rifampin oral capsule</i> | Rifadin | Tier 1 | |
| PRIFTIN ORAL TABLET | | Tier 1 | |
| *ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* | | | |
| *Alkylating Agents*** | | | |
| MYLERAN ORAL TABLET | | Tier 1 | |
| *Antiadrenals*** | | | |
| LYSODREN ORAL TABLET | | Tier 1 | |
| *Antiandrogens*** | | | |
| <i>bicalutamide oral tablet</i> | Casodex | Tier 1 | QLL (30 EA per 30 days) |
| <i>flutamide oral capsule</i> | | Tier 1 | |
| *Antiestrogens*** | | | |
| <i>tamoxifen citrate oral tablet</i> | | Tier 1 | |
| <i>toremifene citrate oral tablet</i> | Fareston | Tier 1 | |
| SOLTAMOX ORAL SOLUTION | | Tier 1 | |
| *Antimetabolites*** | | | |
| <i>capecitabine oral tablet 150 mg</i> | Xeloda | Tier 1 | PA; QLL (140 EA per 21 days) |
| <i>capecitabine oral tablet 500 mg</i> | Xeloda | Tier 1 | PA; QLL (154 EA per 21 days) |
| <i>mercaptopurine oral tablet</i> | | Tier 1 | |
| <i>methotrexate oral tablet</i> | | Tier 1 | |
| <i>methotrexate sodium (pf) injection solution</i> | | Tier 1 | |
| TABLOID ORAL TABLET | | Tier 1 | |
| *Antineoplastic - Monoclonal Antibodies*** | | | |
| DARZALEX INTRAVENOUS SOLUTION | | Tier 1 | PA |
| HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| LARTRUVO INTRAVENOUS SOLUTION | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--------------------------|
| OPDIVO INTRAVENOUS SOLUTION | | Tier 1 | PA |
| RITUXAN INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Antineoplastic - Mtor Kinase Inhibitors*** | | | |
| AFINITOR ORAL TABLET | Everolimus | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Antineoplastic - Multikinase Inhibitors*** | | | |
| NEXAVAR ORAL TABLET | | Tier 1 | PA; QLL (4 EA per 1 day) |
| SUTENT ORAL CAPSULE | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Antineoplastic - Tyrosine Kinase Inhibitors*** | | | |
| <i>erlotinib hcl oral tablet</i> | Tarceva | Tier 1 | QLL (1 EA per 1 day) |
| <i>imatinib mesylate oral tablet 100 mg</i> | Gleevec | Tier 1 | PA; QLL (3 EA per 1 day) |
| <i>imatinib mesylate oral tablet 400 mg</i> | Gleevec | Tier 1 | PA; QLL (2 EA per 1 day) |
| CABOMETYX ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE | | Tier 1 | PA; QLL (1 EA per 1 day) |
| IMBRUVICA ORAL TABLET | | Tier 1 | PA; QLL (4 EA per 1 day) |
| SPRYCEL ORAL TABLET | | Tier 1 | QLL (1 EA per 1 day) |
| TASIGNA ORAL CAPSULE | | Tier 1 | PA; QLL (4 EA per 1 day) |
| TYKERB ORAL TABLET | | Tier 1 | PA; QLL (6 EA per 1 day) |
| VOTRIENT ORAL TABLET | | Tier 1 | PA; QLL (4 EA per 1 day) |
| *Antineoplastic Antibiotics*** | | | |
| <i>doxorubicin hcl intravenous solution</i> | Adriamycin | Tier 1 | PA |
| ADRIAMYCIN INTRAVENOUS SOLUTION | DOXOrubicin HCl | Tier 1 | PA |
| *Antineoplastics Misc.*** | | | |
| <i>hydroxyurea oral capsule</i> | Hydrea | Tier 1 | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|-------------------------|
| INTRON A INJECTION SOLUTION | | Tier 1 | PA |
| INTRON A INJECTION SOLUTION RECONSTITUTED | | Tier 1 | PA |
| MATULANE ORAL CAPSULE | | Tier 1 | |
| *Aromatase Inhibitors*** | | | |
| <i>anastrozole oral tablet</i> | Arimidex | Tier 1 | QLL (30 EA per 30 days) |
| <i>exemestane oral tablet</i> | Aromasin | Tier 1 | QLL (30 EA per 30 days) |
| <i>letrozole oral tablet</i> | Femara | Tier 1 | QLL (30 EA per 30 days) |
| *Estrogens-Antineoplastic*** | | | |
| EMCYT ORAL CAPSULE | | Tier 1 | |
| *Folic Acid Antagonists Rescue Agents*** | | | |
| <i>leucovorin calcium oral tablet</i> | | Tier 1 | |
| *Imidazotetrazines*** | | | |
| <i>temozolomide oral capsule</i> | Temodar | Tier 1 | |
| *Lhrh Analogs*** | | | |
| <i>leuprolide acetate injection kit</i> | | Tier 1 | PA |
| ELIGARD SUBCUTANEOUS KIT | | Tier 1 | PA |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT | | Tier 1 | PA |
| ZOLADEX SUBCUTANEOUS IMPLANT | | Tier 1 | PA |
| *Mitotic Inhibitors*** | | | |
| <i>docetaxel intravenous solution</i> | | Tier 1 | PA |
| <i>etoposide oral capsule</i> | | Tier 1 | |
| <i>vincristine sulfate intravenous solution</i> | | Tier 1 | PA |
| *Nitrogen Mustards*** | | | |
| <i>melphalan oral tablet</i> | Alkeran | Tier 1 | |
| LEUKERAN ORAL TABLET | | Tier 1 | |
| *Progestins-Antineoplastic*** | | | |
| <i>megestrol acetate oral suspension</i> | | Tier 1 | |
| <i>megestrol acetate oral tablet</i> | | Tier 1 | |
| *Retinoids*** | | | |
| <i>tretinoin oral capsule</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------|-----------------|---|
| *Urinary Tract Protective Agents*** | | | |
| MESNEX ORAL TABLET | | Tier 1 | |
| *ANTI-OBESITY AGENT COMBINATIONS** | | | |
| *Anti-Obesity Agent Combinations** | | | |
| CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR | | Tier 1 | PA; QLL (4 EA per 1 day); AL (Min 18 Years) |
| *ANTIPARKINSON AGENTS* | | | |
| *Antiparkinson Anticholinergics*** | | | |
| <i>benztropine mesylate injection solution</i> | Cogentin | State Carve Out | |
| <i>benztropine mesylate oral tablet</i> | | State Carve Out | |
| <i>trihexyphenidyl hcl oral tablet</i> | | State Carve Out | |
| COGENTIN INJECTION SOLUTION | Benzotropine Mesylate | State Carve Out | |
| *Antiparkinson Dopaminergics*** | | | |
| <i>amantadine hcl oral capsule</i> | | State Carve Out | |
| <i>amantadine hcl oral syrup</i> | | State Carve Out | |
| <i>amantadine hcl oral tablet</i> | | State Carve Out | |
| <i>bromocriptine mesylate oral capsule</i> | Parlodel | Tier 1 | |
| <i>bromocriptine mesylate oral tablet</i> | Parlodel | Tier 1 | |
| GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR | | State Carve Out | |
| *Antiparkinson Monoamine Oxidase Inhibitors*** | | | |
| <i>selegiline hcl oral capsule</i> | | Tier 1 | |
| <i>selegiline hcl oral tablet</i> | | Tier 1 | |
| *Levodopa Combinations*** | | | |
| <i>carbidopa-levodopa er oral tablet extended release</i> | Sinemet CR | Tier 1 | |
| <i>carbidopa-levodopa oral tablet</i> | Sinemet | Tier 1 | |
| <i>carbidopa-levodopa oral tablet dispersible</i> | | Tier 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet</i> | Stalevo 50 | Tier 1 | QLL (9 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|-----------------|--------------------------|
| *Nonergoline Dopamine Receptor Agonists*** | | | |
| <i>pramipexole dihydrochloride oral tablet</i> | Mirapex | Tier 1 | |
| <i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i> | Requip XL | Tier 1 | QLL (2 EA per 1 day) |
| <i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>ropinirole hcl er oral tablet extended release 24 hour 6 mg, 8 mg</i> | Requip XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>ropinirole hcl oral tablet</i> | | Tier 1 | QLL (90 EA per 30 days) |
| *Peripheral Comt Inhibitors*** | | | |
| <i>entacapone oral tablet</i> | Comtan | Tier 1 | QLL (120 EA per 30 days) |
| *ANTIPSYCHOTICS/ANTIMANIC AGENTS* | | | |
| *Antimanic Agents*** | | | |
| <i>lithium carbonate er oral tablet extended release</i> | Lithobid | State Carve Out | |
| <i>lithium carbonate oral capsule</i> | | State Carve Out | |
| <i>lithium carbonate oral tablet</i> | | State Carve Out | |
| <i>lithium carbonate powder</i> | | State Carve Out | |
| <i>lithium oral solution</i> | | State Carve Out | |
| *Antipsychotics - Misc.*** | | | |
| <i>ziprasidone hcl oral capsule</i> | Geodon | State Carve Out | |
| GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED | | State Carve Out | |
| GEODON ORAL CAPSULE | Ziprasidone HCl | State Carve Out | |
| LATUDA ORAL TABLET | | State Carve Out | |
| VRAYLAR ORAL CAPSULE | | State Carve Out | |
| VRAYLAR ORAL CAPSULE THERAPY PACK | | State Carve Out | |
| *Benzisoxazoles*** | | | |
| <i>paliperidone er oral tablet extended release 24 hour</i> | Invega | State Carve Out | |
| <i>risperidone oral solution</i> | RisperDAL | State Carve Out | |
| <i>risperidone oral tablet</i> | | State Carve Out | |
| <i>risperidone oral tablet dispersible</i> | | State Carve Out | |
| FANAPT ORAL TABLET | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------------|-----------------|---------------------|
| FANAPT TITRATION PACK ORAL TABLET | | State Carve Out | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR | Paliperidone ER | State Carve Out | |
| PERSERIS SUBCUTANEOUS PREFILLED SYRINGE | | State Carve Out | |
| RISPERDAL ORAL SOLUTION | RisperiDONE | State Carve Out | |
| RISPERDAL ORAL TABLET | RisperiDONE | State Carve Out | |
| *Butyrophenones*** | | | |
| <i>haloperidol decanoate intramuscular solution</i> | Haldol Decanoate | State Carve Out | |
| <i>haloperidol lactate injection solution</i> | Haldol | State Carve Out | |
| <i>haloperidol lactate oral concentrate</i> | | State Carve Out | |
| <i>haloperidol oral tablet</i> | | State Carve Out | |
| *Dibenzodiazepines*** | | | |
| <i>clozapine oral tablet</i> | Clozaril | State Carve Out | |
| <i>clozapine oral tablet dispersible</i> | | State Carve Out | |
| *Dibenzo-Oxepino Pyrroles*** | | | |
| SAPHRIS SUBLINGUAL TABLET SUBLINGUAL | | State Carve Out | |
| *Dibenzothiazepines*** | | | |
| <i>quetiapine fumarate er oral tablet extended release 24 hour</i> | SEROquel XR | State Carve Out | |
| <i>quetiapine fumarate oral tablet</i> | SEROquel | State Carve Out | |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR | QUetiapine Fumarate ER | State Carve Out | |
| *Dibenzoxazepines*** | | | |
| <i>loxapine succinate oral capsule</i> | | State Carve Out | |
| *Phenothiazines*** | | | |
| <i>chlorpromazine hcl injection solution</i> | | State Carve Out | |
| <i>chlorpromazine hcl oral tablet</i> | | State Carve Out | |
| <i>fluphenazine decanoate injection solution</i> | | State Carve Out | |
| <i>fluphenazine hcl injection solution</i> | | State Carve Out | |
| <i>fluphenazine hcl oral concentrate</i> | | State Carve Out | |
| <i>fluphenazine hcl oral elixir</i> | | State Carve Out | |
| <i>fluphenazine hcl oral tablet</i> | | State Carve Out | |
| <i>perphenazine oral tablet</i> | | State Carve Out | |
| <i>prochlorperazine maleate oral tablet</i> | | Tier 1 | |
| <i>prochlorperazine rectal suppository</i> | Compro | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|-----------------|---------------------|
| <i>thioridazine hcl oral tablet</i> | | State Carve Out | |
| <i>trifluoperazine hcl oral tablet</i> | | State Carve Out | |
| COMPRO RECTAL SUPPOSITORY | Prochlorperazine | Tier 1 | |
| *Quinolinone Derivatives*** | | | |
| <i>aripiprazole oral solution</i> | | State Carve Out | |
| <i>aripiprazole oral tablet</i> | Abilify | State Carve Out | |
| <i>aripiprazole oral tablet dispersible</i> | | State Carve Out | |
| ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE | | State Carve Out | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER | | State Carve Out | |
| ABILIFY ORAL TABLET | ARIPiprazole | State Carve Out | |
| ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE | | State Carve Out | |
| ARISTADA INTRAMUSCULAR PREFILLED SYRINGE | | State Carve Out | |
| REXULTI ORAL TABLET | | State Carve Out | |
| *Thienbenzodiazepines*** | | | |
| <i>olanzapine intramuscular solution reconstituted</i> | ZyPREXA | State Carve Out | |
| <i>olanzapine oral tablet</i> | ZyPREXA | State Carve Out | |
| <i>olanzapine oral tablet dispersible</i> | ZyPREXA Zydis | State Carve Out | |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED | | State Carve Out | |
| *Thioxanthenes*** | | | |
| <i>thiothixene oral capsule</i> | | State Carve Out | |
| *ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** | | | |
| *Antiretrovirals - Cd4-Directed Post-Attachment Inhibitor*** | | | |
| TROGARZO INTRAVENOUS SOLUTION | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------------|-----------------|--------------|
| *ANTIRETROVIRALS ADJUVANTS*** | | | |
| *Antiretrovirals Adjuvants*** | | | |
| TYBOST ORAL TABLET | | State Carve Out | |
| *ANTISEPTICS & DISINFECTANTS* | | | |
| *Chlorine Antiseptics*** | | | |
| <i>chlorhexidine gluconate solution</i> | | Tier 1 | |
| *ANTIVIRALS* | | | |
| *Antiretroviral Combinations*** | | | |
| <i>abacavir sulfate-lamivudine oral tablet</i> | Epzicom | State Carve Out | |
| <i>abacavir-lamivudine-zidovudine oral tablet</i> | Trizivir | State Carve Out | |
| <i>lamivudine-zidovudine oral tablet</i> | Combivir | State Carve Out | |
| <i>lopinavir-ritonavir oral solution</i> | Kaletra | State Carve Out | |
| ATRIPLA ORAL TABLET | | State Carve Out | |
| BIKTARVY ORAL TABLET | | State Carve Out | |
| CIMDUO ORAL TABLET | | State Carve Out | |
| COMBIVIR ORAL TABLET | Lamivudine-Zidovudine | State Carve Out | |
| COMPLERA ORAL TABLET | | State Carve Out | |
| DELSTRIGO ORAL TABLET | | State Carve Out | |
| DESCOVY ORAL TABLET | | State Carve Out | |
| DOVATO ORAL TABLET | | State Carve Out | |
| EPZICOM ORAL TABLET | Abacavir Sulfate-Lamivudine | State Carve Out | |
| EVOTAZ ORAL TABLET | | State Carve Out | |
| GENVOYA ORAL TABLET | | State Carve Out | |
| JULUCA ORAL TABLET | | State Carve Out | |
| KALETRA ORAL SOLUTION | Lopinavir-Ritonavir | State Carve Out | |
| KALETRA ORAL TABLET | | State Carve Out | |
| ODEFSEY ORAL TABLET | | State Carve Out | |
| PREZCOBIX ORAL TABLET | | State Carve Out | |
| STRIBILD ORAL TABLET | | State Carve Out | |
| SYMFI LO ORAL TABLET | | State Carve Out | |
| SYMFI ORAL TABLET | | State Carve Out | |
| SYM TUZA ORAL TABLET | | State Carve Out | |
| TRIUMEQ ORAL TABLET | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|-----------------|---------------------|
| TRIZIVIR ORAL TABLET | Abacavir-Lamivudine-Zidovudine | State Carve Out | |
| TRUVADA ORAL TABLET | | State Carve Out | |
| *Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)*** | | | |
| SELZENTRY ORAL SOLUTION | | State Carve Out | |
| SELZENTRY ORAL TABLET | | State Carve Out | |
| *Antiretrovirals - Fusion Inhibitors*** | | | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| *Antiretrovirals - Integrase Inhibitors*** | | | |
| ISENTRESS HD ORAL TABLET | | State Carve Out | |
| ISENTRESS ORAL PACKET | | State Carve Out | |
| ISENTRESS ORAL TABLET | | State Carve Out | |
| ISENTRESS ORAL TABLET CHEWABLE | | State Carve Out | |
| TIVICAY ORAL TABLET | | State Carve Out | |
| *Antiretrovirals - Protease Inhibitors*** | | | |
| <i>atazanavir sulfate oral capsule</i> | Reyataz | State Carve Out | |
| <i>fosamprenavir calcium oral tablet</i> | Lexiva | State Carve Out | |
| <i>ritonavir oral tablet</i> | Norvir | State Carve Out | |
| APTIVUS ORAL CAPSULE | | State Carve Out | |
| APTIVUS ORAL SOLUTION | | State Carve Out | |
| CRIXIVAN ORAL CAPSULE | | State Carve Out | |
| INVIRASE ORAL TABLET | | State Carve Out | |
| LEXIVA ORAL SUSPENSION | | State Carve Out | |
| LEXIVA ORAL TABLET | Fosamprenavir Calcium | State Carve Out | |
| NORVIR ORAL PACKET | | State Carve Out | |
| NORVIR ORAL SOLUTION | | State Carve Out | |
| NORVIR ORAL TABLET | Ritonavir | State Carve Out | |
| PREZISTA ORAL SUSPENSION | | State Carve Out | |
| PREZISTA ORAL TABLET | | State Carve Out | |
| REYATAZ ORAL CAPSULE | Atazanavir Sulfate | State Carve Out | |
| REYATAZ ORAL PACKET | | State Carve Out | |
| VIRACEPT ORAL TABLET | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|-----------------|--------------|
| *Antiretrovirals - Rti-Non-Nucleoside Analogues*** | | | |
| <i>efavirenz oral capsule</i> | Sustiva | State Carve Out | |
| <i>efavirenz oral tablet</i> | Sustiva | State Carve Out | |
| <i>nevirapine er oral tablet extended release 24 hour</i> | | State Carve Out | |
| <i>nevirapine oral tablet</i> | Viramune | State Carve Out | |
| EDURANT ORAL TABLET | | State Carve Out | |
| INTELENCE ORAL TABLET | | State Carve Out | |
| PIFELTRO ORAL TABLET | | State Carve Out | |
| RESCRIPTOR ORAL TABLET | | State Carve Out | |
| SUSTIVA ORAL CAPSULE | Efavirenz | State Carve Out | |
| SUSTIVA ORAL TABLET | Efavirenz | State Carve Out | |
| VIRAMUNE ORAL SUSPENSION | Nevirapine | State Carve Out | |
| VIRAMUNE ORAL TABLET | Nevirapine | State Carve Out | |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR | Nevirapine ER | State Carve Out | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Purines*** | | | |
| <i>abacavir sulfate oral solution</i> | Ziagen | State Carve Out | |
| <i>abacavir sulfate oral tablet</i> | Ziagen | State Carve Out | |
| <i>didanosine oral capsule delayed release</i> | Videx EC | State Carve Out | |
| VIDEX EC ORAL CAPSULE DELAYED RELEASE | | State Carve Out | |
| VIDEX ORAL SOLUTION RECONSTITUTED | | State Carve Out | |
| ZIAGEN ORAL SOLUTION | Abacavir Sulfate | State Carve Out | |
| ZIAGEN ORAL TABLET | Abacavir Sulfate | State Carve Out | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines*** | | | |
| <i>lamivudine oral solution</i> | Epivir | State Carve Out | |
| <i>lamivudine oral tablet</i> | Epivir | State Carve Out | |
| EMTRIVA ORAL CAPSULE | | State Carve Out | |
| EMTRIVA ORAL SOLUTION | | State Carve Out | |
| EPIVIR ORAL SOLUTION | LamiVUDine | State Carve Out | |
| EPIVIR ORAL TABLET | LamiVUDine | State Carve Out | |
| *Antiretrovirals - Rti-Nucleoside Analogues-Thymidines*** | | | |
| <i>stavudine oral capsule</i> | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|-----------------|-------------------------------|
| <i>zidovudine oral capsule</i> | Retrovir | State Carve Out | |
| <i>zidovudine oral syrup</i> | Retrovir | State Carve Out | |
| <i>zidovudine oral tablet</i> | | State Carve Out | |
| RETROVIR INTRAVENOUS SOLUTION | | Tier 1 | PA |
| RETROVIR ORAL CAPSULE | Zidovudine | State Carve Out | |
| RETROVIR ORAL SYRUP | Zidovudine | State Carve Out | |
| ZERIT ORAL CAPSULE | Stavudine | State Carve Out | |
| *Antiretrovirals - Rti-Nucleotide Analogues*** | | | |
| <i>tenofovir disoproxil fumarate oral tablet</i> | Viread | State Carve Out | |
| VIREAD ORAL POWDER | | State Carve Out | |
| VIREAD ORAL TABLET | | State Carve Out | |
| *Cmv Agents*** | | | |
| <i>cidofovir intravenous solution</i> | | Tier 1 | PA |
| <i>ganciclovir intravenous solution</i> | | Tier 1 | PA |
| <i>ganciclovir sodium intravenous solution</i> | | Tier 1 | PA |
| <i>ganciclovir sodium intravenous solution reconstituted</i> | Cytovene | Tier 1 | PA |
| <i>valganciclovir hcl oral tablet</i> | Valcyte | Tier 1 | QLL (2 EA per 1 day) |
| FOSCAVIR INTRAVENOUS SOLUTION | | Tier 1 | PA |
| PREVYMIS INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Hepatitis B Agents*** | | | |
| <i>entecavir oral tablet</i> | Baraclude | Tier 1 | QLL (1 EA per 1 day) |
| <i>lamivudine oral tablet</i> | Epivir HBV | State Carve Out | |
| EPIVIR HBV ORAL SOLUTION | | State Carve Out | |
| VEMLIDY ORAL TABLET | | State Carve Out | |
| *Hepatitis C Agents*** | | | |
| PEGASYS PROCLICK SUBCUTANEOUS SOLUTION | | Tier 1 | PA; QLL (4 Units per 28 days) |
| PEGASYS SUBCUTANEOUS SOLUTION | | Tier 1 | PA; QLL (4 Units per 28 days) |
| PEGINTRON SUBCUTANEOUS KIT | | Tier 1 | PA; QLL (4 Units per 28 days) |
| *Herpes Agents - Purine Analogues*** | | | |
| <i>acyclovir oral capsule</i> | Zovirax | Tier 1 | QLL (60 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------|---------------|--|
| <i>acyclovir oral suspension</i> | Zovirax | Tier 1 | AL (Max 12 Years) |
| <i>acyclovir oral tablet</i> | Zovirax | Tier 1 | QLL (60 EA per 30 days) |
| <i>acyclovir sodium intravenous solution</i> | | Tier 1 | PA |
| <i>valacyclovir hcl oral tablet 1 gm</i> | Valtrex | Tier 1 | QLL (30 EA per 30 days) |
| <i>valacyclovir hcl oral tablet 500 mg</i> | Valtrex | Tier 1 | QLL (60 EA per 30 days) |
| *Herpes Agents - Thymidine Analogues*** | | | |
| <i>famciclovir oral tablet</i> | | Tier 1 | QLL (21 EA Max Qty Per Fill Retail) |
| *Influenza Agents*** | | | |
| <i>rimantadine hcl oral tablet</i> | Flumadine | Tier 1 | QLL (14 EA Max Qty Per Fill Retail) |
| *Neuraminidase Inhibitors*** | | | |
| <i>oseltamivir phosphate oral capsule 30 mg</i> | Tamiflu | Tier 1 | QLL (10 EA per 1 fill); AL (Max 12 Years) |
| <i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i> | Tamiflu | Tier 1 | QLL (10 EA per 1 fill) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | Tamiflu | Tier 1 | QLL (180 ML per 1 fill); AL (Max 12 Years) |
| RAPIVAB INTRAVENOUS SOLUTION | | Tier 1 | PA |
| TAMIFLU ORAL CAPSULE | Oseltamivir Phosphate | Tier 1 | QLL (10 EA per 1 fill) |
| *ASSORTED CLASSES* | | | |
| *Cyclosporine Analogs*** | | | |
| <i>cyclosporine modified oral capsule</i> | Gengraf | Tier 1 | |
| <i>cyclosporine modified oral solution</i> | Gengraf | Tier 1 | |
| <i>cyclosporine oral capsule</i> | SandIMMUNE | Tier 1 | |
| *Immunomodulators For Myelodysplastic Syndromes*** | | | |
| REVLIMID ORAL CAPSULE | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Inosine Monophosphate Dehydrogenase Inhibitors*** | | | |
| <i>mycophenolate mofetil oral capsule</i> | CellCept | Tier 1 | |
| <i>mycophenolate mofetil oral suspension reconstituted</i> | CellCept | Tier 1 | |
| <i>mycophenolate mofetil oral tablet</i> | CellCept | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|--------|--------------------------|
| *Irrigation Solutions*** | | | |
| <i>sterile water for irrigation irrigation solution</i> | Argyle Sterile Water | Tier 1 | |
| ARGYLE STERILE WATER IRRIGATION SOLUTION | Sterile Water for Irrigation | Tier 1 | |
| *Macrolide Immunosuppressants*** | | | |
| <i>sirolimus oral solution</i> | Rapamune | Tier 1 | |
| <i>sirolimus oral tablet</i> | Rapamune | Tier 1 | |
| <i>tacrolimus oral capsule</i> | Prograf | Tier 1 | |
| *Potassium Removing Resins*** | | | |
| <i>sodium polystyrene sulfonate oral powder</i> | | Tier 1 | |
| <i>sodium polystyrene sulfonate oral suspension</i> | Kionex | Tier 1 | |
| <i>sodium polystyrene sulfonate rectal suspension</i> | | Tier 1 | |
| KIONEX ORAL SUSPENSION | Sodium Polystyrene Sulfonate | Tier 1 | |
| SPS ORAL SUSPENSION | Sodium Polystyrene Sulfonate | Tier 1 | |
| *Purine Analogs*** | | | |
| <i>azathioprine oral tablet</i> | Imuran | Tier 1 | |
| *BETA BLOCKERS* | | | |
| *Alpha-Beta Blockers*** | | | |
| <i>carvedilol oral tablet</i> | Coreg | Tier 1 | QLL (60 EA per 30 days) |
| <i>labetalol hcl oral tablet</i> | | Tier 1 | |
| *Beta Blockers Cardio-Selective*** | | | |
| <i>acebutolol hcl oral capsule</i> | | Tier 1 | |
| <i>atenolol oral tablet</i> | Tenormin | Tier 1 | |
| <i>bisoprolol fumarate oral tablet 10 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>bisoprolol fumarate oral tablet 5 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i> | Toprol XL | Tier 1 | QLL (45 EA per 30 days) |
| <i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i> | Toprol XL | Tier 1 | QLL (2 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--------------------------|
| <i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i> | Toprol XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>metoprolol tartrate oral tablet</i> | Lopressor | Tier 1 | |
| *Beta Blockers Non-Selective*** | | | |
| <i>propranolol hcl er oral capsule extended release 24 hour</i> | Inderal LA | Tier 1 | QLL (1 EA per 1 day) |
| <i>propranolol hcl oral solution</i> | | Tier 1 | |
| <i>propranolol hcl oral tablet</i> | | Tier 1 | |
| <i>sotalol hcl (af) oral tablet</i> | Betapace AF | Tier 1 | |
| <i>sotalol hcl oral tablet</i> | Betapace | Tier 1 | |
| <i>timolol maleate oral tablet</i> | | Tier 1 | |
| SORINE ORAL TABLET | Sotalol HCl | Tier 1 | |
| *CALCIUM CHANNEL BLOCKERS* | | | |
| *Calcium Channel Blockers*** | | | |
| <i>amlodipine besylate oral tablet 10 mg</i> | Norvasc | Tier 1 | QLL (1 EA per 1 day) |
| <i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i> | Norvasc | Tier 1 | QLL (2 EA per 1 day) |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 300 mg, 360 mg</i> | Taztia XT | Tier 1 | QLL (30 EA per 30 days) |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i> | Taztia XT | Tier 1 | QLL (3 EA per 1 day) |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i> | Taztia XT | Tier 1 | QLL (60 EA per 30 days) |
| <i>diltiazem hcl er beads oral capsule extended release 24 hour 420 mg</i> | Tiazac | Tier 1 | QLL (30 EA per 30 days) |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i> | Cartia XT | Tier 1 | QLL (1 EA per 1 day) |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i> | Cardizem CD | Tier 1 | QLL (3 EA per 1 day) |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i> | Cartia XT | Tier 1 | QLL (2 EA per 1 day) |
| <i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg</i> | Cartia XT | Tier 1 | QLL (30 EA per 30 days) |
| <i>diltiazem hcl er oral capsule extended release 24 hour</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>diltiazem hcl oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>dilt-xr oral capsule extended release 24 hour 120 mg</i> | | Tier 1 | QLL (1 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|--------------------------|
| <i>dilt-xr oral capsule extended release 24 hour 240 mg</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>felodipine er oral tablet extended release 24 hour</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>isradipine oral capsule</i> | | Tier 1 | |
| <i>nicardipine hcl oral capsule</i> | | Tier 1 | |
| <i>nifedipine er oral tablet extended release 24 hour</i> | Adalat CC | Tier 1 | QLL (30 EA per 30 days) |
| <i>nifedipine er osmotic release oral tablet extended release 24 hour</i> | Procardia XL | Tier 1 | QLL (30 EA per 30 days) |
| <i>nifedipine oral capsule</i> | | Tier 1 | |
| <i>nimodipine oral capsule</i> | | Tier 1 | |
| <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i> | Verelan | Tier 1 | QLL (30 EA per 30 days) |
| <i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i> | Verelan | Tier 1 | QLL (60 EA per 30 days) |
| <i>verapamil hcl er oral tablet extended release 120 mg</i> | Calan SR | Tier 1 | QLL (2 EA per 1 day) |
| <i>verapamil hcl er oral tablet extended release 180 mg, 240 mg</i> | Calan SR | Tier 1 | QLL (60 EA per 30 days) |
| <i>verapamil hcl oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR | NIFedipine ER | Tier 1 | QLL (30 EA per 30 days) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG | Diltiazem HCl ER Coated Beads | Tier 1 | QLL (1 EA per 1 day) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG | DilTIAZem HCl ER Coated Beads | Tier 1 | QLL (2 EA per 1 day) |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG | DilTIAZem HCl ER Coated Beads | Tier 1 | QLL (30 EA per 30 days) |
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24 HOUR | NIFedipine ER Osmotic Release | Tier 1 | QLL (30 EA per 30 days) |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 300 MG, 360 MG | Diltiazem HCl ER Beads | Tier 1 | QLL (30 EA per 30 days) |
| TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG | Diltiazem HCl ER Beads | Tier 1 | QLL (60 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------|--------|--------------------------|
| *CARDIOTONICS* | | | |
| *Cardiac Glycosides*** | | | |
| <i>digoxin oral solution</i> | | Tier 1 | |
| <i>digoxin oral tablet</i> | Digitek | Tier 1 | |
| DIGITEK ORAL TABLET | Digoxin | Tier 1 | |
| DIGOX ORAL TABLET | Digoxin | Tier 1 | |
| LANOXIN ORAL TABLET | | Tier 1 | |
| *CARDIOVASCULAR AGENTS - MISC.* | | | |
| *Calcium Channel Blocker & Hmg Coa Reductase Inhibit Comb*** | | | |
| <i>amlodipine-atorvastatin oral tablet</i> | | Tier 1 | QLL (1 EA per 1 day) |
| *Prostaglandin Vasodilators*** | | | |
| <i>epoprostenol sodium intravenous solution reconstituted</i> | Flolan | Tier 1 | PA |
| *Pulmonary Hypertension - Endothelin Receptor Antagonists*** | | | |
| <i>ambrisentan oral tablet</i> | Letairis | Tier 1 | PA; QLL (1 EA per 1 day) |
| <i>bosentan oral tablet</i> | Tracleer | Tier 1 | PA; QLL (2 EA per 1 day) |
| OPSUMIT ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Pulmonary Hypertension - Phosphodiesterase Inhibitors*** | | | |
| <i>sildenafil citrate oral tablet</i> | Revatio | Tier 1 | PA; QLL (3 EA per 1 day) |
| <i>tadalafil (pah) oral tablet</i> | Adcirca | Tier 1 | ST; QLL (2 EA per 1 day) |
| *CEPHALOSPORIN COMBINATIONS*** | | | |
| *Cephalosporin Combinations*** | | | |
| AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------|--------|-------------------------------------|
| *CEPHALOSPORINS* | | | |
| *Cephalosporins - 1St Generation*** | | | |
| <i>cefadroxil oral capsule</i> | | Tier 1 | |
| <i>cefadroxil oral suspension reconstituted</i> | | Tier 1 | |
| <i>cefadroxil oral tablet</i> | | Tier 1 | |
| <i>cefazolin in sodium chloride intravenous solution</i> | | Tier 1 | PA |
| <i>cefazolin sodium intravenous solution prefilled syringe</i> | | Tier 1 | PA |
| <i>cefazolin sodium intravenous solution reconstituted</i> | | Tier 1 | PA |
| <i>cefazolin sodium-dextrose intravenous solution</i> | | Tier 1 | PA |
| <i>cephalexin oral capsule</i> | Keflex | Tier 1 | |
| <i>cephalexin oral suspension reconstituted</i> | | Tier 1 | |
| *Cephalosporins - 2Nd Generation*** | | | |
| <i>cefaclor oral capsule 250 mg</i> | | Tier 1 | |
| <i>cefaclor oral capsule 500 mg</i> | | Tier 1 | QLL (14 EA Max Qty Per Fill Retail) |
| <i>cefaclor oral suspension reconstituted</i> | | Tier 1 | |
| <i>cefoxitin sodium intravenous solution reconstituted</i> | | Tier 1 | PA |
| <i>cefoxitin sodium-dextrose intravenous solution reconstituted</i> | | Tier 1 | PA |
| <i>cefprozil oral suspension reconstituted</i> | | Tier 1 | |
| <i>cefprozil oral tablet</i> | | Tier 1 | |
| <i>cefuroxime axetil oral tablet</i> | | Tier 1 | |
| <i>cefuroxime sodium intravenous solution reconstituted</i> | | Tier 1 | PA |
| *Cephalosporins - 3Rd Generation*** | | | |
| <i>cefdinir oral capsule</i> | | Tier 1 | |
| <i>cefdinir oral suspension reconstituted</i> | | Tier 1 | |
| <i>cefixime oral capsule</i> | Suprax | Tier 1 | QLL (1 EA Max Qty Per Fill Retail) |
| <i>cefpodoxime proxetil oral suspension reconstituted</i> | | Tier 1 | |
| <i>cefpodoxime proxetil oral tablet</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------|-----------------|---------------------------------------|
| <i>ceftriaxone sodium injection solution reconstituted</i> | | Tier 1 | QLL (2 Grams Max Qty Per Fill Retail) |
| <i>ceftriaxone sodium intravenous solution reconstituted</i> | | Tier 1 | PA |
| TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| *Cephalosporins - 4Th Generation*** | | | |
| <i>cefepime hcl intravenous solution</i> | | Tier 1 | PA |
| *Cephalosporins - 5Th Generation*** | | | |
| TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| *CHEMICALS* | | | |
| *Bulk Chemicals - Am's*** | | | |
| <i>amantadine hcl powder</i> | | State Carve Out | |
| <i>aminocaproic acid powder</i> | | State Carve Out | |
| *Bulk Chemicals - Ca's*** | | | |
| <i>carbazochrome powder</i> | | State Carve Out | |
| *Bulk Chemicals - Ch's*** | | | |
| <i>chlorpromazine hcl powder</i> | | State Carve Out | |
| *Bulk Chemicals - Et's*** | | | |
| <i>ethyl oleate liquid</i> | | Tier 1 | |
| *Bulk Chemicals - Fe's*** | | | |
| <i>ferric chloride hexahydrate</i> | | State Carve Out | |
| <i>ferric subsulfate powder</i> | | State Carve Out | OTC |
| <i>ferric subsulfate solution</i> | | State Carve Out | |
| *Bulk Chemicals - Fl's*** | | | |
| <i>fluphenazine decanoate liquid</i> | | State Carve Out | |
| <i>fluphenazine decanoate powder</i> | | State Carve Out | |
| *Bulk Chemicals - Ha's*** | | | |
| <i>haloperidol decanoate powder</i> | | State Carve Out | |
| <i>haloperidol powder</i> | | State Carve Out | |
| *Bulk Chemicals - La's*** | | | |
| <i>acidophilus lactobacillus powder</i> | | Tier 1 | |
| *Bulk Chemicals - Le's*** | | | |
| <i>calcium folinate powder</i> | | Tier 1 | |
| <i>leucovorin calcium powder</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------|-----------------|--------------|
| *Bulk Chemicals - Li*** | | | |
| <i>lithium citrate tetrahydrate powder</i> | | State Carve Out | |
| *Bulk Chemicals - Na's*** | | | |
| <i>naloxone hcl dihydrate powder</i> | | State Carve Out | |
| <i>naloxone hcl powder</i> | | State Carve Out | |
| *Bulk Chemicals - Pe's*** | | | |
| <i>perphenazine powder</i> | | State Carve Out | |
| *Bulk Chemicals - Ph's*** | | | |
| <i>phenelzine sulfate powder</i> | | State Carve Out | |
| <i>phytonadione liquid</i> | | Tier 1 | |
| <i>vitamin k1 powder</i> | | Tier 1 | OTC |
| *Bulk Chemicals - Py's*** | | | |
| <i>pyrimethamine powder</i> | | Tier 1 | |
| *Bulk Chemicals - Ra*** | | | |
| <i>racepinephrine hcl powder</i> | | State Carve Out | |
| *Bulk Chemicals - St's*** | | | |
| <i>stevia extract powder</i> | | Tier 1 | |
| <i>steviol glycosides powder</i> | | Tier 1 | |
| <i>stevioside fluid extract</i> | | Tier 1 | |
| *Bulk Chemicals - Th*** | | | |
| <i>thioridazine hcl powder</i> | | State Carve Out | |
| *Bulk Chemicals - Tr's*** | | | |
| <i>tranexamic acid powder</i> | | State Carve Out | |
| *Fixed Oils*** | | | |
| <i>castor oil oil</i> | | Tier 1 | |
| <i>cottonseed oil oil</i> | | Tier 1 | |
| <i>hm castor oil oil</i> | | Tier 1 | OTC |
| <i>olive oil oil</i> | | Tier 1 | |
| <i>qc castor oil oil</i> | | Tier 1 | OTC |
| <i>qc sweet oil oil</i> | | Tier 1 | OTC |
| <i>sesame oil oil</i> | | Tier 1 | |
| <i>sm sweet oil oil</i> | | Tier 1 | OTC |
| <i>sweet oil oil</i> | | Tier 1 | OTC |
| *Liquids*** | | | |
| <i>benzyl benzoate liquid</i> | | Tier 1 | |
| <i>chlorhexidine gluconate solution</i> | | Tier 1 | |
| <i>glycerin liquid</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|---------------------|
| <i>glycerine liquid</i> | | Tier 1 | |
| <i>glycerol formal liquid</i> | | Tier 1 | |
| *Solids*** | | | |
| <i>sorbitol powder</i> | | Tier 1 | |
| *CONTRACEPTIVES* | | | |
| *Biphasic Contraceptives - Oral*** | | | |
| <i>desogestrel-ethinyl estradiol oral tablet</i> | Azurette | Tier 1 | |
| <i>viorele oral tablet</i> | Azurette | Tier 1 | |
| AZURETTE ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| BEKYREE ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| KARIVA ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| PIMTREA ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| *Combination Contraceptives - Oral*** | | | |
| <i>alyacen 1/35 oral tablet</i> | Cyclafem 1/35 | Tier 1 | |
| <i>briellyn oral tablet</i> | Balziva | Tier 1 | |
| <i>desogestrel-ethinyl estradiol oral tablet</i> | Apri | Tier 1 | |
| <i>drospirenone-ethinyl estradiol oral tablet</i> | Ocella | Tier 1 | |
| <i>ethynodiol diac-eth estradiol oral tablet</i> | Kelnor 1/50 | Tier 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablet</i> | Altavera | Tier 1 | |
| <i>marlissa oral tablet</i> | Altavera | Tier 1 | |
| <i>norethin ace-eth estrad-fe oral tablet</i> | Blisovi FE 1/20 | Tier 1 | |
| <i>norethindrone acet-ethinyl est oral tablet</i> | Junel 1/20 | Tier 1 | |
| <i>norgestimate-eth estradiol oral tablet</i> | Estarylla | Tier 1 | |
| ALTAVERA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| APRI ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| AUBRA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| AVIANE ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| BALZIVA ORAL TABLET | Briellyn | Tier 1 | |
| BLISOVI FE 1.5/30 ORAL TABLET | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|------------------------------------|------------------------------------|---------------|---------------------|
| BLISOVI FE 1/20 ORAL TABLET | Norethin Ace-Eth Estrad- FE | Tier 1 | |
| CHATEAL ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| CRYSELLE-28 ORAL TABLET | | Tier 1 | |
| CYCLAFEM 1/35 ORAL TABLET | Alyacen 1/35 | Tier 1 | |
| CYRED ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| DASETTA 1/35 ORAL TABLET | Alyacen 1/35 | Tier 1 | |
| DELYLA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| ELINEST ORAL TABLET | | Tier 1 | |
| EMOQUETTE ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| ENSKYCE ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| ESTARYLLA ORAL TABLET | Norgestimate-Eth Estradiol | Tier 1 | |
| FALMINA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| GIANVI ORAL TABLET | Drospirenone-Ethinyl Estradiol | Tier 1 | |
| JULEBER ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |
| JUNEL 1.5/30 ORAL TABLET | Norethindrone Acet- Ethinyl Est | Tier 1 | |
| JUNEL 1/20 ORAL TABLET | Norethindrone Acet- Ethinyl Est | Tier 1 | |
| JUNEL FE 1.5/30 ORAL TABLET | | Tier 1 | |
| JUNEL FE 1/20 ORAL TABLET | Norethin Ace-Eth Estrad- FE | Tier 1 | |
| KELNOR 1/35 ORAL TABLET | Ethinodiol Diac-Eth Estradiol | Tier 1 | |
| KURVELO ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| LARIN 1.5/30 ORAL TABLET | Norethindrone Acet- Ethinyl Est | Tier 1 | |
| LARIN 1/20 ORAL TABLET | Norethindrone Acet- Ethinyl Est | Tier 1 | |
| LARIN FE 1.5/30 ORAL TABLET | | Tier 1 | |
| LARIN FE 1/20 ORAL TABLET | Norethin Ace-Eth Estrad- FE | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| LESSINA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| LEVORA 0.15/30 (28) ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| LORYNA ORAL TABLET | Drospirenone-Ethinyl Estradiol | Tier 1 | |
| LOW-OGESTREL ORAL TABLET | | Tier 1 | |
| LUTERA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| MICROGESTIN 1.5/30 ORAL TABLET | Norethindrone Acet-Ethinyl Est | Tier 1 | |
| MICROGESTIN 1/20 ORAL TABLET | Norethindrone Acet-Ethinyl Est | Tier 1 | |
| MICROGESTIN FE 1.5/30 ORAL TABLET | | Tier 1 | |
| MICROGESTIN FE 1/20 ORAL TABLET | Norethin Ace-Eth Estrad-FE | Tier 1 | |
| MONO-LINYAH ORAL TABLET | Norgestimate-Eth Estradiol | Tier 1 | |
| MONONESSA ORAL TABLET | Norgestimate-Eth Estradiol | Tier 1 | |
| NECON 0.5/35 (28) ORAL TABLET | | Tier 1 | |
| NECON 1/35 (28) ORAL TABLET | Alyacen 1/35 | Tier 1 | |
| NIKKI ORAL TABLET | Drospirenone-Ethinyl Estradiol | Tier 1 | |
| NORTREL 0.5/35 (28) ORAL TABLET | | Tier 1 | |
| NORTREL 1/35 (21) ORAL TABLET | Alyacen 1/35 | Tier 1 | |
| NORTREL 1/35 (28) ORAL TABLET | Alyacen 1/35 | Tier 1 | |
| OCELLA ORAL TABLET | Drospirenone-Ethinyl Estradiol | Tier 1 | |
| OGESTREL ORAL TABLET | | Tier 1 | |
| ORSYTHIA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| PHILITH ORAL TABLET | Briellyn | Tier 1 | |
| PIRMELLA 1/35 ORAL TABLET | Alyacen 1/35 | Tier 1 | |
| PORTIA-28 ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| PREVIFEM ORAL TABLET | Norgestimate-Eth Estradiol | Tier 1 | |
| RECLIPSEN ORAL TABLET | Desogestrel-Ethinyl Estradiol | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|----------------------------------|
| SPRINTEC 28 ORAL TABLET | Norgestimate-Eth Estradiol | Tier 1 | |
| SRONYX ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| SYEDA ORAL TABLET | Drospirenone-Ethinyl Estradiol | Tier 1 | |
| TARINA FE 1/20 ORAL TABLET | Norethin Ace-Eth Estrad-FE | Tier 1 | |
| VIENVA ORAL TABLET | Levonorgestrel-Ethinyl Estrad | Tier 1 | |
| VYFEMLA ORAL TABLET | Briellyn | Tier 1 | |
| WERA ORAL TABLET | | Tier 1 | |
| ZARAH ORAL TABLET | Drospirenone-Ethinyl Estradiol | Tier 1 | |
| ZOVIA 1/35E (28) ORAL TABLET | Ethinodiol Diac-Eth Estradiol | Tier 1 | |
| *Combination Contraceptives - Transdermal*** | | | |
| XULANE TRANSDERMAL PATCH WEEKLY | | Tier 1 | |
| *Combination Contraceptives - Vaginal*** | | | |
| NUVARING VAGINAL RING | | Tier 1 | QLL (1 EA per 30 days) |
| *Continuous Contraceptives - Oral*** | | | |
| <i>levonorgestrel-ethinyl estrad oral tablet</i> | Amethyst | Tier 1 | |
| *Emergency Contraceptives*** | | | |
| <i>levonorgestrel oral tablet</i> | Aftera | Tier 1 | OTC; QLL (3 Packages per 1 Year) |
| AFTERA ORAL TABLET | Levonorgestrel | Tier 1 | OTC; QLL (3 Packages per 1 Year) |
| ECONTRA EZ ORAL TABLET | Levonorgestrel | Tier 1 | OTC; QLL (3 Packages per 1 Year) |
| ELLA ORAL TABLET | | Tier 1 | |
| MY WAY ORAL TABLET | Levonorgestrel | Tier 1 | OTC; QLL (3 Packages per 1 Year) |
| OPCICON ONE-STEP ORAL TABLET | Levonorgestrel | Tier 1 | OTC; QLL (3 Packages per 1 Year) |
| TAKE ACTION ORAL TABLET | Levonorgestrel | Tier 1 | OTC; QLL (3 Packages per 1 Year) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|--------|--------------|
| *Extended-Cycle Contraceptives - Oral*** | | | |
| <i>levonorgest-eth estrad 91-day oral tablet</i> | Introvale | Tier 1 | |
| INTROVALE ORAL TABLET | Levonorgest-Eth Estrad 91-Day | Tier 1 | |
| JOLESSA ORAL TABLET | Levonorgest-Eth Estrad 91-Day | Tier 1 | |
| SETLAKIN ORAL TABLET | Levonorgest-Eth Estrad 91-Day | Tier 1 | |
| *Progestin Contraceptives - Implants*** | | | |
| NEXPLANON SUBCUTANEOUS IMPLANT | | Tier 1 | |
| *Progestin Contraceptives - Injectable*** | | | |
| <i>medroxyprogesterone acetate intramuscular suspension</i> | Depo-Provera | Tier 1 | |
| *Progestin Contraceptives - Iud*** | | | |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE | | Tier 1 | |
| MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE | | Tier 1 | |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE | | Tier 1 | |
| *Progestin Contraceptives - Oral*** | | | |
| <i>norethindrone oral tablet</i> | Camila | Tier 1 | |
| CAMILA ORAL TABLET | Norethindrone | Tier 1 | |
| DEBLITANE ORAL TABLET | Norethindrone | Tier 1 | |
| ERRIN ORAL TABLET | Norethindrone | Tier 1 | |
| HEATHER ORAL TABLET | Norethindrone | Tier 1 | |
| JENCYCLA ORAL TABLET | Norethindrone | Tier 1 | |
| LYZA ORAL TABLET | Norethindrone | Tier 1 | |
| NORA-BE ORAL TABLET | Norethindrone | Tier 1 | |
| NORLYROC ORAL TABLET | Norethindrone | Tier 1 | |
| SHAROBEL ORAL TABLET | Norethindrone | Tier 1 | |
| *Triphasic Contraceptives - Oral*** | | | |
| <i>alyacen 7/7/7 oral tablet</i> | Cyclafem 7/7/7 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|------------------------|
| <i>norgestim-eth estrad triphasic oral tablet</i> | Tri-Estarylla | Tier 1 | |
| ARANELLE ORAL TABLET | | Tier 1 | |
| CAZIAN T ORAL TABLET | | Tier 1 | |
| CYCLAFEM 7/7/7 ORAL TABLET | Alyacen 7/7/7 | Tier 1 | |
| DASETTA 7/7/7 ORAL TABLET | Alyacen 7/7/7 | Tier 1 | |
| ENPRESSE-28 ORAL TABLET | Levonorg-Eth Estrad Triphasic | Tier 1 | |
| LEENA ORAL TABLET | | Tier 1 | |
| LEVONEST ORAL TABLET | Levonorg-Eth Estrad Triphasic | Tier 1 | |
| NORTREL 7/7/7 ORAL TABLET | Alyacen 7/7/7 | Tier 1 | |
| PIRMELLA 7/7/7 ORAL TABLET | Alyacen 7/7/7 | Tier 1 | |
| TILIA FE ORAL TABLET | | Tier 1 | |
| TRI-ESTARYLLA ORAL TABLET | Norgestim-Eth Estrad Triphasic | Tier 1 | |
| TRI-LEGEST FE ORAL TABLET | | Tier 1 | |
| TRI-LINYAH ORAL TABLET | Norgestim-Eth Estrad Triphasic | Tier 1 | |
| TRI-LO-SPRINTEC ORAL TABLET | Norgestim-Eth Estrad Triphasic | Tier 1 | |
| TRINESSA (28) ORAL TABLET | Norgestim-Eth Estrad Triphasic | Tier 1 | |
| TRI-PREVIFEM ORAL TABLET | Norgestim-Eth Estrad Triphasic | Tier 1 | |
| TRI-SPRINTEC ORAL TABLET | Norgestim-Eth Estrad Triphasic | Tier 1 | |
| TRIVORA (28) ORAL TABLET | Levonorg-Eth Estrad Triphasic | Tier 1 | |
| VELIVET ORAL TABLET | | Tier 1 | |
| *CORTICOSTEROIDS* | | | |
| *Glucocorticosteroids*** | | | |
| <i>cortisone acetate oral tablet</i> | | Tier 1 | |
| <i>dexamethasone oral elixir</i> | | Tier 1 | |
| <i>dexamethasone oral solution</i> | | Tier 1 | |
| <i>dexamethasone oral tablet</i> | Decadron | Tier 1 | |
| <i>hydrocortisone oral tablet</i> | Cortef | Tier 1 | |
| <i>methylprednisolone oral tablet</i> | Medrol | Tier 1 | |
| <i>methylprednisolone oral tablet therapy pack</i> | Medrol | Tier 1 | QLL (21 EA per 1 Fill) |
| <i>prednisolone oral solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|---------------------------------|---------------|--|
| <i>prednisolone oral syrup</i> | | Tier 1 | |
| <i>prednisolone sodium phosphate oral solution</i> | | Tier 1 | |
| <i>prednisone oral solution</i> | | Tier 1 | AL (Max 12 Years) |
| <i>prednisone oral tablet</i> | | Tier 1 | |
| *Mineralocorticoids*** | | | |
| <i>fludrocortisone acetate oral tablet</i> | | Tier 1 | |
| *COUGH/COLD/ALLERGY* | | | |
| *Antitussive - Nonnarcotic*** | | | |
| <i>benzonatate oral capsule 100 mg</i> | Tessalon Perles | Tier 1 | QLL (6 EA per 1 day); AL (Min 10 Years) |
| <i>benzonatate oral capsule 200 mg</i> | | Tier 1 | QLL (3 EA per 1 day); AL (Min 10 Years) |
| <i>cvs tussin cough oral capsule</i> | Wal-Tussin Cough | Tier 1 | OTC |
| <i>cvs tussin maximum strength oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eql tussin cough long-acting oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>father johns medicine oral syrup</i> | | Tier 1 | OTC |
| <i>gnp cough relief oral liquid</i> | Wal-Tussin Cough Long Acting | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>gnp tussin cough long acting oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>hm cough relief oral liquid</i> | Wal-Tussin Cough Long Acting | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>px tussin max oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>qc cough relief oral liquid</i> | Wal-Tussin Cough Long Acting | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin cough adult oral capsule</i> | Wal-Tussin Cough | Tier 1 | OTC |
| <i>ra tussin cough oral capsule</i> | Wal-Tussin Cough | Tier 1 | OTC |
| <i>ra tussin long acting cough oral liquid</i> | Wal-Tussin Cough Long Acting | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin maximum strength oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>robafen cough oral capsule</i> | Wal-Tussin Cough | Tier 1 | OTC |
| <i>silphen dm cough oral syrup</i> | | Tier 1 | OTC |
| <i>sm cough relief oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin cough oral capsule</i> | Wal-Tussin Cough | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|--|
| <i>tussin cough oral syrup</i> | Wal-Tussin Cough | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-TUSSIN COUGH LONG ACTING ORAL LIQUID | CVS Tussin Long-Acting | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP | CVS Tussin Maximum Strength | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-TUSSIN COUGH ORAL CAPSULE | RA Tussin Cough | Tier 1 | OTC |
| WAL-TUSSIN COUGH ORAL SYRUP | CVS Tussin Maximum Strength | Tier 1 | OTC; QLL (120 mL per 30 days) |
| *Antitussive - Opioid*** | | | |
| <i>hydrocodone-homatropine oral syrup</i> | | Tier 1 | QLL (30 ML per 1 day); AL (Min 18 Years) |
| <i>hydrocodone-homatropine oral tablet</i> | | Tier 1 | QLL (6 EA per 1 day); AL (Min 18 Years) |
| *Antitussive-Expectorant*** | | | |
| <i>altarussin dm oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>biocotron oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cheratussin ac oral syrup</i> | | Tier 1 | OTC; QLL (180 mL per 30 days); AL (Min 18 Years) |
| <i>chest congestion/cough relief oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>childrens cough oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>childrens mucus relief cough oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cvs chest congest/cough child oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cvs chest congestion relief dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>cvs dm maximum adult oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>diabetic siltussin-dm max st oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>diabetic siltussin-dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eq cough childrens oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eq tussin dm cough/chest oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|--|
| <i>eq tussin dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eql tussin cough/chest dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>eql tussin dm cough/chest cong oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>g-fen dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>gnp mucus relief cough child oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>gnp mucus relief dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>gnp tab tussin dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>gnp tussin dm cough oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>gnp tussin dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>gnp tussin dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>guaiasorb dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>guaiatussin ac oral syrup</i> | | Tier 1 | OTC; QLL (180 mL per 30 days); AL (Min 18 Years) |
| <i>guaicon dms oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>guaifenesin ac oral syrup</i> | | Tier 1 | OTC; QLL (180 mL per 30 days); AL (Min 18 Years) |
| <i>guaifenesin-codeine oral solution</i> | | Tier 1 | OTC; QLL (180 mL per 30 days); AL (Min 18 Years) |
| <i>guaifenesin-dm oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>hm chest congestion relief dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>hm tussin adult dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>medi-tussin dm oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>mucosa dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>mucus relief cough childrens oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>mucus relief dm cough oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>mucus relief dm max oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|-------------------------------|
| <i>mucus relief dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>pediatric formula cough/congst oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>px tussin dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>qc medifin dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>ra tussin cgh/chest congest dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin cough dm sugar free oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin cough oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin cough/chest dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>recofen d oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>refenesen dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>robafen dm oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sb cough control dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sb cough control dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>siltussin dm das oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>siltussin-dm alcohol free oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm chest congestion relief dm oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>sm mucus relief cough children oral liquid</i> | Delsym Cgh/Chest Cong DM Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm tussin cough/chest congest oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm tussin dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm tussin dm oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tgt cough formula dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tgt mucus/cough relief oral tablet</i> | Fenesin DM IR | Tier 1 | OTC |
| <i>tusnel diabetic oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|--|
| <i>tussin dm max adult oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin dm max oral liquid</i> | Diabetic Tussin Max St | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin dm oral syrup</i> | Robafen DM Cough Clear | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>virtussin a/c oral solution</i> | | Tier 1 | OTC; QLL (180 mL per 30 days); AL (Min 18 Years) |
| <i>wal-tussin dm oral liquid</i> | Diabetic Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID | GNP Mucus Relief Cough Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DIABETIC TUSSIN DM ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DIABETIC TUSSIN FOR CHILDREN ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DIABETIC TUSSIN MAX ST ORAL LIQUID | Tussin DM Cough + Chest | Tier 1 | OTC; QLL (120 mL per 30 days) |
| FENESIN DM IR ORAL TABLET | CVS Chest Congestion Relief DM | Tier 1 | OTC |
| MUCINEX COUGH CHILDRENS ORAL LIQUID | GNP Mucus Relief Cough Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| MUCINEX FAST-MAX DM MAX ORAL LIQUID | GNP Mucus Relief Cough Child | Tier 1 | OTC; QLL (120 mL per 30 days) |
| ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| ROBAFEN DM COUGH CLEAR ORAL SYRUP | Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| ROBITUSSIN COLD COUGH+ CHEST ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| SAFE TUSSIN DM ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| SORBUGEN NR ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-TUSSIN COUGH/CHEST DM MAX ORAL LIQUID | Tussin DM Cough + Chest | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-TUSSIN COUGH/CHEST DM ORAL SYRUP | Tussin DM | Tier 1 | OTC; QLL (120 mL per 30 days) |
| WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID | QC Tussin DM Cough/Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------|--------|-------------------------------|
| *Antitussive-Expectorants-Decongestant*** | | | |
| TUSNEL C ORAL SYRUP | | Tier 1 | OTC |
| *Decongestant & Antihistamine*** | | | |
| <i>all day allergy d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>all day allergy d-12 oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>all day allergy-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>allergy d-12 oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>cvs allergy relief-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>eql all day allergy-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>gnp all day allergy-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>hm allergy complete-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>promethazine-phenylephrine oral syrup</i> | | Tier 1 | |
| <i>px allergy relief d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>ra cetiri-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>sm all day allergy-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>sw allergy relief-d oral tablet extended release 12 hour</i> | KLS Aller-Tec D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR | HM Allergy Complete-D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| SHOPKO ALLERGY RELIEF-D (CETI) ORAL TABLET EXTENDED RELEASE 12 HOUR | HM Allergy Complete-D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR | HM Allergy Complete-D | Tier 1 | OTC; QLL (2 EA per 1 day) |
| *Expectorants*** | | | |
| <i>altarussin oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|---------------------------|---------------|-------------------------------|
| <i>chest congestion childrens oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>childrens mucus relief expect oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cvs chest congestion childrens oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>cvs tussin adult chest congest oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>geri-tussin oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>gnp mucus relief childrens oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>guaifenesin er oral tablet extended release 12 hour</i> | EQ Mucus ER | Tier 1 | |
| <i>guaifenesin oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC |
| <i>guaifenesin oral solution</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 ML per 30 days) |
| <i>guaifenesin oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>hm tussin adult oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>mucus relief chest congestion oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>mucus relief er oral tablet extended release 12 hour</i> | EQ Mucus ER | Tier 1 | OTC |
| <i>pa mucus relief oral tablet extended release 12 hour</i> | EQ Mucus ER | Tier 1 | OTC |
| <i>px tussin oral solution</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>qc medifin mucus relief child oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra mucus relief oral tablet extended release 12 hour</i> | EQ Mucus ER | Tier 1 | OTC |
| <i>ra tussin chest congestion oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin chest congestion oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>ra tussin oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>robafen oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sb cough control oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|---------------------------|---------------|-------------------------------|
| <i>scot-tussin expectorant oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>siltussin das oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>siltussin sa oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm mucus relief childrens oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>sm tussin mucus+chest congest oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin mucus+chest congestion oral liquid</i> | Buckleys Chest Congestion | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin mucus+chest congestion oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>tussin oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| <i>wal-tussin oral syrup</i> | Diabetic Tussin EX | Tier 1 | OTC; QLL (120 mL per 30 days) |
| BUCKLEYS CHEST CONGESTION ORAL LIQUID | GuaiFENesin | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DIABETIC TUSSIN EX ORAL SYRUP | Altarussin | Tier 1 | OTC; QLL (120 mL per 30 days) |
| DIABETIC TUSSIN ORAL LIQUID | GuaiFENesin | Tier 1 | OTC; QLL (120 mL per 30 days) |
| EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR | PA Mucus Relief | Tier 1 | OTC |
| ROBITUSSIN MUCUS+CHEST CONGEST ORAL LIQUID | GuaiFENesin | Tier 1 | OTC; QLL (120 mL per 30 days) |
| *Misc. Respiratory Inhalants*** | | | |
| <i>nasal mist inhalation aerosol solution</i> | Simply Saline Baby | Tier 1 | OTC |
| <i>sodium chloride inhalation nebulization solution</i> | | Tier 1 | |
| HYPERSAL INHALATION NEBULIZATION SOLUTION | | Tier 1 | |
| NEBUSAL INHALATION NEBULIZATION SOLUTION | | Tier 1 | |
| PULMOSAL INHALATION NEBULIZATION SOLUTION | Sodium Chloride | Tier 1 | |
| SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION | Nasal Mist | Tier 1 | OTC |
| *Mucolytics*** | | | |
| <i>acetylcysteine inhalation solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------|--------|---|
| *Non-Narc Antitussive-Antihistamine*** | | | |
| <i>promethazine-dm oral syrup</i> | | Tier 1 | QLL (180 mL per 30 days) |
| *Non-Narc Antitussive-Decongestant-Antihistamine*** | | | |
| <i>lohist-dm oral syrup</i> | | Tier 1 | OTC |
| *Opioid Antitussive-Antihistamine*** | | | |
| <i>promethazine-codeine oral syrup</i> | | Tier 1 | QLL (180 mL per 30 days); AL (Min 18 Years) |
| Z-TUSS AC ORAL LIQUID | | Tier 1 | OTC; AL (Min 18 Years) |
| *Opioid Antitussive-Decongestant-Antihistamine*** | | | |
| <i>promethazine vc/codeine oral syrup</i> | | Tier 1 | QLL (180 mL per 30 days); AL (Min 18 Years) |
| *CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** | | | |
| *Cyclin-Dependent Kinases (Cdk) Inhibitors*** | | | |
| VERZENIO ORAL TABLET | | Tier 1 | PA; QLL (2 EA per 1 day) |
| *DERMATOLOGICALS* | | | |
| *Acne Antibiotics*** | | | |
| <i>clindamycin phosphate external gel</i> | Cleocin-T | Tier 1 | |
| <i>clindamycin phosphate external lotion</i> | Cleocin-T | Tier 1 | |
| <i>clindamycin phosphate external solution</i> | | Tier 1 | |
| <i>clindamycin phosphate external swab</i> | Clindacin ETZ | Tier 1 | |
| <i>ery external pad</i> | | Tier 1 | |
| <i>erythromycin external gel</i> | Erygel | Tier 1 | |
| <i>erythromycin external solution</i> | | Tier 1 | |
| <i>sulfacetamide sodium (acne) external lotion</i> | Klaron | Tier 1 | |
| CLINDACIN ETZ EXTERNAL SWAB | Clindamycin Phosphate | Tier 1 | |
| CLINDACIN-P EXTERNAL SWAB | Clindamycin Phosphate | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|--|
| *Acne Products*** | | | |
| <i>acne foaming wash external liquid</i> | PanOxyl Foaming Wash | Tier 1 | OTC |
| <i>acne medication 10 external gel</i> | Clean & Clear Persa-Gel Max St | Tier 1 | OTC |
| <i>acne medication 5 external lotion</i> | | Tier 1 | OTC |
| <i>acne-clear external gel</i> | Clean & Clear Persa-Gel Max St | Tier 1 | OTC |
| <i>adapalene external cream</i> | Differin | Tier 1 | ST; QLL (45 GM per 30 days); AL (Max 35 Years) |
| <i>benzoyl peroxide external gel</i> | Clean & Clear Persa-Gel Max St | Tier 1 | |
| <i>benzoyl peroxide wash external liquid 10 %</i> | PanOxyl Foaming Wash | Tier 1 | |
| <i>benzoyl peroxide wash external liquid 5 %</i> | Benzac AC Wash | Tier 1 | OTC |
| <i>bp gel external gel</i> | | Tier 1 | OTC |
| <i>bp wash external liquid</i> | Benzac AC Wash | Tier 1 | OTC |
| <i>cvs acne foaming face wash external liquid</i> | PanOxyl Foaming Wash | Tier 1 | OTC |
| <i>cvs acne treatment external gel</i> | Clean & Clear Persa-Gel Max St | Tier 1 | OTC |
| <i>cvs advanced 3-in-1 cleanser external liquid</i> | Benzac AC Wash | Tier 1 | OTC |
| <i>cvs creamy acne face wash external liquid</i> | PanOxyl Creamy Wash | Tier 1 | OTC |
| <i>cvs foaming acne face wash external liquid</i> | PanOxyl Foaming Wash | Tier 1 | OTC |
| <i>kp benzoyl peroxide external gel</i> | | Tier 1 | OTC |
| <i>kp benzoyl peroxide wash external liquid</i> | PanOxyl Foaming Wash | Tier 1 | OTC |
| <i>tretinoin external cream</i> | Avita | Tier 1 | ST; QLL (45 GM per 30 days); AL (Max 35 Years) |
| <i>tretinoin external gel</i> | Retin-A | Tier 1 | ST; QLL (45 GM per 30 days); AL (Max 35 Years) |
| BENZI Q WASH EXTERNAL LIQUID | | Tier 1 | |
| CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL | Acne-Clear | Tier 1 | OTC |
| DIFFERIN EXTERNAL GEL | Adapalene | Tier 1 | QLL (45 GM per 30 days); AL (Max 35 Years) |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG | ISOtretinoin | Tier 1 | ST; QLL (2 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|--------------------------|
| MYORISAN ORAL CAPSULE 30 MG | ISOtretinoin | Tier 1 | ST; QLL (2 EA per 1 Day) |
| MYORISAN ORAL CAPSULE 40 MG | ISOtretinoin | Tier 1 | ST |
| RA RENEWAL ACNE TREATMENT EXTERNAL GEL | Acne-Clear | Tier 1 | OTC |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG | ISOtretinoin | Tier 1 | ST; QLL (2 EA per 1 day) |
| ZENATANE ORAL CAPSULE 40 MG | ISOtretinoin | Tier 1 | ST |
| *Antibiotic Mixtures Topical*** | | | |
| <i>cvs antibiotic plus external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>eq antibiotic + pain relief external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>eql antibiotic + pain relief external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>gnp antibiotic plus pramoxine external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>gnp triple antibiotic plus external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>hm triple antibiotic max st external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>multi antibiotic plus external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>ra antibiotic plus external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>ra antibiotic/pain relief external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>ra triple antibiotic plus external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>sm antibiotic plus pain relief external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>sm triple antibiotic max st external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>tgt first aid antibiotic external cream</i> | Neosporin Plus Pain Relief MS | Tier 1 | OTC |
| <i>tri-biozene external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>triple antibiotic pain relief external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>triple antibiotic plus external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |
| <i>triple antibiotic plus max st external ointment</i> | Neosporin + Pain Relief Max St | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|----------------------------------|
| NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT | Tri-Biozene | Tier 1 | OTC |
| *Antibiotics - Topical*** | | | |
| <i>bacitracin external ointment</i> | Bacitraycin Plus | Tier 1 | OTC |
| <i>bacitracin zinc external ointment</i> | | Tier 1 | OTC |
| <i>cvs bacitracin external ointment</i> | | Tier 1 | OTC |
| <i>eql bacitracin zinc external ointment</i> | | Tier 1 | OTC |
| <i>gentamicin sulfate external cream</i> | | Tier 1 | |
| <i>gentamicin sulfate external ointment</i> | | Tier 1 | |
| <i>gentamicin sulfate powder</i> | | Tier 1 | |
| <i>gnp bacitracin zinc external ointment</i> | | Tier 1 | OTC |
| <i>kp bacitracin zinc external ointment</i> | | Tier 1 | OTC |
| <i>mupirocin external ointment</i> | Centany | Tier 1 | QLL (110 GM per 30 days) |
| <i>qc bacitracin external ointment</i> | Bacitraycin Plus | Tier 1 | OTC |
| <i>ra bacitracin external ointment</i> | | Tier 1 | OTC |
| <i>sb bacitracin external ointment</i> | Bacitraycin Plus | Tier 1 | OTC |
| BACITRAYCIN PLUS EXTERNAL OINTMENT | SB Bacitracin | Tier 1 | OTC |
| *Antifungals - Topical Combinations*** | | | |
| <i>clotrimazole-betamethasone external cream</i> | Lotrisone | Tier 1 | |
| *Antifungals - Topical*** | | | |
| <i>butenafine hcl external cream</i> | Lotrimin Ultra | Tier 1 | OTC |
| <i>ciclopirox external shampoo</i> | Loprox | Tier 1 | ST |
| <i>ciclopirox external solution</i> | Ciclodan | Tier 1 | QLL (2 Prescriptions per 1 Year) |
| <i>ciclopirox olamine external cream</i> | Loprox | Tier 1 | ST |
| <i>ciclopirox olamine external suspension</i> | Loprox | Tier 1 | ST |
| <i>nystatin external cream</i> | | Tier 1 | |
| <i>nystatin external ointment</i> | | Tier 1 | |
| <i>nystatin external powder</i> | Nyamyx | Tier 1 | |
| <i>terbinafine hcl external cream</i> | LamISIL AT | Tier 1 | OTC; QLL (60 GM per 30 days) |
| <i>tolnaftate external cream</i> | Fungoid-D | Tier 1 | OTC |
| CICLODAN EXTERNAL SOLUTION | Ciclopirox | Tier 1 | QLL (2 Prescriptions per 1 Year) |
| NYAMYC EXTERNAL POWDER | Nystatin | Tier 1 | |
| NYSTOP EXTERNAL POWDER | Nystatin | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------|--------|-----------------------------|
| *Anti-Inflammatory Agents - Topical*** | | | |
| <i>diclofenac sodium transdermal gel</i> | Voltaren | Tier 1 | QLL (6.67 GM per 1 day) |
| *Antineoplastic Antimetabolites - Topical*** | | | |
| <i>fluorouracil external cream</i> | Efudex | Tier 1 | |
| <i>fluorouracil external solution</i> | | Tier 1 | |
| FLUOROPLEX EXTERNAL CREAM | | Tier 1 | |
| *Antipsoriatics - Systemic*** | | | |
| <i>methoxsalen rapid oral capsule</i> | Oxsoralen Ultra | Tier 1 | |
| *Antipsoriatics*** | | | |
| <i>calcipotriene external cream</i> | Dovonex | Tier 1 | PA; QLL (4 GM per 1 day) |
| <i>calcipotriene external ointment</i> | Calcitrene | Tier 1 | PA; QLL (4 GM per 1 day) |
| <i>calcipotriene external solution</i> | | Tier 1 | PA; QLL (2 ML per 1 day) |
| <i>tazarotene external cream</i> | Tazorac | Tier 1 | QLL (3 GM per 1 day) |
| *Antiseborrheic Products*** | | | |
| <i>selenium sulfide external lotion</i> | | Tier 1 | |
| <i>selenium sulfide external shampoo</i> | | Tier 1 | |
| <i>sulfacetamide sodium external liquid</i> | Ovace Plus Wash | Tier 1 | |
| *Antivirals - Topical*** | | | |
| <i>acyclovir external ointment</i> | Zovirax | Tier 1 | ST; QLL (15 GM per 30 days) |
| <i>docosanol external cream</i> | Abreva | Tier 1 | OTC; QLL (2 GM per 30 days) |
| *Astringents*** | | | |
| <i>cvs diaper rash external ointment</i> | Boudreauxs Butt Paste | Tier 1 | OTC |
| <i>cvs zinc oxide external ointment</i> | | Tier 1 | OTC |
| <i>diaper rash external ointment</i> | Boudreauxs Butt Paste | Tier 1 | OTC |
| <i>gnp zinc oxide external ointment</i> | | Tier 1 | OTC |
| <i>meijer zinc oxide external ointment</i> | | Tier 1 | OTC |
| <i>ra diaper rash external ointment</i> | Boudreauxs Butt Paste | Tier 1 | OTC |
| <i>ra zinc oxide external ointment</i> | | Tier 1 | OTC |
| <i>zinc oxide external ointment</i> | Boudreauxs Butt Paste | Tier 1 | OTC |
| BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT | Tippy Toes Diaper Rash | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|--------|-----------------------------|
| *Burn Products*** | | | |
| <i>silver sulfadiazine external cream</i> | SSD | Tier 1 | |
| SSD EXTERNAL CREAM | Silver Sulfadiazine | Tier 1 | |
| THERMAZENE EXTERNAL CREAM | Silver Sulfadiazine | Tier 1 | |
| *Cauterizing Agent Combinations*** | | | |
| ARZOL SILVER NIT APPLICATORS EXTERNAL | Grafco Silver Nit Applicator | Tier 1 | |
| *Corticosteroids - Topical*** | | | |
| <i>ala-cort external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | |
| <i>alclometasone dipropionate external cream</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>alclometasone dipropionate external ointment</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>anti-itch maximum strength external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>beta hc external lotion</i> | Aquanil HC | Tier 1 | OTC |
| <i>betamethasone dipropionate aug external cream</i> | Diprolene AF | Tier 1 | |
| <i>betamethasone dipropionate aug external gel</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>betamethasone dipropionate aug external lotion</i> | | Tier 1 | QLL (60 ML per 30 days) |
| <i>betamethasone dipropionate aug external ointment</i> | Diprolene | Tier 1 | QLL (60 GM per 30 days) |
| <i>betamethasone dipropionate external cream</i> | | Tier 1 | |
| <i>betamethasone dipropionate external lotion</i> | | Tier 1 | |
| <i>betamethasone dipropionate external ointment</i> | | Tier 1 | QLL (2 GM per 1 day) |
| <i>betamethasone valerate external cream</i> | | Tier 1 | |
| <i>betamethasone valerate external lotion</i> | | Tier 1 | |
| <i>betamethasone valerate external ointment</i> | | Tier 1 | |
| <i>clobetasol propionate e external cream</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>clobetasol propionate external cream</i> | Temovate | Tier 1 | ST; QLL (60 GM per 30 days) |
| <i>clobetasol propionate external gel</i> | | Tier 1 | ST; QLL (60 GM per 30 days) |
| <i>clobetasol propionate external ointment</i> | Temovate | Tier 1 | ST; QLL (60 GM per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------|---------------|-------------------------|
| <i>clobetasol propionate external solution</i> | | Tier 1 | QLL (60 ML per 30 days) |
| <i>cvs anti-itch maximum strength external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>cvs cortisone intense healing external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>cvs cortisone maximum strength external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>cvs cortisone maximum strength external ointment</i> | Cortizone-10 | Tier 1 | OTC |
| <i>cvs eczema anti-itch external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>cvs hydrocortisone anti-itch external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>cvs hydrocortisone max st external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>desoximetasone external cream</i> | Topicort | Tier 1 | |
| <i>eq hydrocortisone max st external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>eq hydrocortisone plus external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>eql anti-itch intensive heal external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>eql anti-itch maximum strength external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>eql anti-itch maximum strength external ointment</i> | Cortizone-10 | Tier 1 | OTC |
| <i>fluocinolone acetonide external cream 0.01 %</i> | | Tier 1 | |
| <i>fluocinolone acetonide external cream 0.025 %</i> | Synalar | Tier 1 | QLL (2 GM per 1 day) |
| <i>fluocinolone acetonide external ointment</i> | Synalar | Tier 1 | QLL (2 GM per 1 day) |
| <i>fluocinolone acetonide external solution</i> | Synalar | Tier 1 | |
| <i>fluocinolone acetonide powder</i> | | Tier 1 | |
| <i>fluocinonide external cream</i> | | Tier 1 | |
| <i>fluocinonide external gel</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>fluocinonide external ointment</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>fluocinonide external solution</i> | | Tier 1 | |
| <i>fluticasone propionate external cream</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>fluticasone propionate external ointment</i> | | Tier 1 | QLL (60 GM per 30 days) |
| <i>gnp hydrocortisone external cream</i> | | Tier 1 | OTC |
| <i>gnp hydrocortisone max st external ointment</i> | Cortizone-10 | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------|---------------|-------------------------|
| <i>gnp hydrocortisone plus external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>halobetasol propionate external cream</i> | | Tier 1 | QLL (50 GM per 30 days) |
| <i>halobetasol propionate external ointment</i> | | Tier 1 | QLL (50 GM per 30 days) |
| <i>hydrocortisone acetate powder</i> | | Tier 1 | |
| <i>hydrocortisone external cream 0.5 %</i> | | Tier 1 | OTC |
| <i>hydrocortisone external cream 1 %</i> | Aveeno Anti-Itch Max St | Tier 1 | |
| <i>hydrocortisone external cream 2.5 %</i> | | Tier 1 | |
| <i>hydrocortisone external lotion 1 %</i> | Aquanil HC | Tier 1 | OTC |
| <i>hydrocortisone external lotion 2.5 %</i> | | Tier 1 | |
| <i>hydrocortisone external ointment 0.5 %</i> | | Tier 1 | OTC |
| <i>hydrocortisone external ointment 1 %</i> | Cortizone-10 | Tier 1 | |
| <i>hydrocortisone external ointment 2.5 %</i> | | Tier 1 | |
| <i>hydrocortisone max st external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>hydrocortisone max st/12 moist external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>hydrocortisone micronized powder</i> | | Tier 1 | |
| <i>hydrocortisone plus external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>hydrocortisone powder</i> | | Tier 1 | |
| <i>instacort 5 external cream</i> | | Tier 1 | OTC |
| <i>kp hydrocortisone external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>kp hydrocortisone max st external ointment</i> | Cortizone-10 | Tier 1 | OTC |
| <i>meijer hydrocortisone external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>mometasone furoate external cream</i> | Elocon | Tier 1 | |
| <i>mometasone furoate external ointment</i> | | Tier 1 | |
| <i>mometasone furoate external solution</i> | | Tier 1 | |
| <i>prednicarbate external ointment</i> | | Tier 1 | |
| <i>px hydrocream external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>ra anti-itch maximum strength external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>ra anti-itch maximum strength external ointment</i> | Cortizone-10 | Tier 1 | OTC |
| <i>ra first aid anti-itch spray external solution</i> | Noble Formula HC | Tier 1 | OTC |
| <i>ra hydrocortisone max st external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>ra hydrocortisone plus 12 external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>recort plus external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>sb hydrocortisone external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|---------------------|
| <i>sb hydrocortisone max st external ointment</i> | Cortizone-10 | Tier 1 | OTC |
| <i>scalp relief maximum strength external solution</i> | Noble Formula HC | Tier 1 | OTC |
| <i>sm hydrocortisone external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>sm hydrocortisone external ointment</i> | | Tier 1 | OTC |
| <i>sm hydrocortisone max st external ointment</i> | Cortizone-10 | Tier 1 | OTC |
| <i>tgt anti-itch plus oatmeal external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>tgt anti-itch/aloe/vit e external cream</i> | Aveeno Anti-Itch Max St | Tier 1 | OTC |
| <i>triamcinolone acetamide external cream</i> | Triderm | Tier 1 | |
| <i>triamcinolone acetamide external lotion</i> | | Tier 1 | |
| <i>triamcinolone acetamide external ointment</i> | | Tier 1 | |
| <i>triamcinolone acetamide powder</i> | | Tier 1 | |
| AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM | Ala-Cort | Tier 1 | OTC |
| CORTAID MAXIMUM STRENGTH EXTERNAL CREAM | Ala-Cort | Tier 1 | OTC |
| CORTIZONE-10 EXTERNAL OINTMENT | SM Hydrocortisone Max St | Tier 1 | OTC |
| GYNECORT 10 EXTERNAL CREAM | | Tier 1 | OTC |
| KERICORT 10 EXTERNAL CREAM | Ala-Cort | Tier 1 | OTC |
| LANACORT 10 EXTERNAL CREAM | | Tier 1 | OTC |
| NOBLE FORMULA HC EXTERNAL CREAM | Ala-Cort | Tier 1 | OTC |
| NOBLE FORMULA HC EXTERNAL SOLUTION | Scalp Relief Maximum Strength | Tier 1 | OTC |
| PREPARATION H EXTERNAL CREAM | Ala-Cort | Tier 1 | OTC |
| SCALPICIN MAXIMUM STRENGTH EXTERNAL SOLUTION | Scalp Relief Maximum Strength | Tier 1 | OTC |
| TRIDERM EXTERNAL CREAM | Triamcinolone Acetonide | Tier 1 | |
| *Diaper Rash Products*** | | | |
| <i>cvs all-purpose skin protect external ointment</i> | A+D Prevent | Tier 1 | OTC |
| <i>cvs pediatric ointment external ointment</i> | A+D Prevent | Tier 1 | OTC |
| A+D PREVENT EXTERNAL OINTMENT | CVS Pediatric Ointment | Tier 1 | OTC |
| MEDI-PASTE EXTERNAL OINTMENT | CVS Pediatric Ointment | Tier 1 | OTC |
| PALADIN EXTERNAL OINTMENT | CVS Pediatric Ointment | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------------------|---------------|---------------------|
| PINXAV EXTERNAL OINTMENT | CVS Pediatric Ointment | Tier 1 | OTC |
| *Emollient Combinations*** | | | |
| <i>mineral oil-hydrophil petrolat external ointment</i> | | Tier 1 | OTC |
| *Emollient/Keratolytic Agents*** | | | |
| LANAPHILIC/UREA EXTERNAL OINTMENT | | Tier 1 | OTC |
| *Emollients*** | | | |
| <i>advanced healing/baby external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>ammonium lactate external cream</i> | Geri-Hydrolac 12 | Tier 1 | |
| <i>ammonium lactate external lotion</i> | AL12 | Tier 1 | |
| <i>beauty lotion external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>beta care external cream</i> | Albolene | Tier 1 | OTC |
| <i>beta care external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cocoa butter external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cocoa butter hand & body external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cocoa butter skin external cream</i> | Albolene | Tier 1 | OTC |
| <i>coconut oil beauty external cream</i> | Albolene | Tier 1 | OTC |
| <i>collagen external cream</i> | Albolene | Tier 1 | OTC |
| <i>complete moisture external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cvs advanced healing external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>cvs daily ultra moisture external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cvs extra moisturizing external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cvs gentle skin cleanser external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cvs hydrating skin treatment external lotion</i> | AL12 | Tier 1 | OTC |
| <i>cvs moisturizing external cream</i> | Albolene | Tier 1 | OTC |
| <i>cvs moisturizing external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>cvs moisturizing extra dry external cream</i> | Albolene | Tier 1 | OTC |
| <i>cvs skin treatment external lotion</i> | AL12 | Tier 1 | OTC |
| <i>cvs special care external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------------------|---------------|---------------------|
| <i>dermaide aloe external cream</i> | Albolene | Tier 1 | OTC |
| <i>dhea external cream</i> | Albolene | Tier 1 | OTC |
| <i>dmae external cream</i> | Albolene | Tier 1 | OTC |
| <i>dry skin treatment adv therapy external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>dry skin treatment external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>e-ointment external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>eq therapeutic moisturizing external cream</i> | Albolene | Tier 1 | OTC |
| <i>gentle external cream</i> | Albolene | Tier 1 | OTC |
| <i>glycerin external liquid</i> | | Tier 1 | OTC |
| <i>gnp advanced recovery external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>gnp glycerin external liquid</i> | | Tier 1 | OTC |
| <i>gordomatic external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>hm glycerin external liquid</i> | | Tier 1 | OTC |
| <i>hydrophor external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>leader finger cream external cream</i> | Albolene | Tier 1 | OTC |
| <i>lubricating lotion external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>moisture external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>moisture recovery external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>moisturizing cream external cream</i> | Albolene | Tier 1 | OTC |
| <i>moisturizing lotion external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>moisturizing sensitive skin external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>msm skin external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>ointment base external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>qc glycerin external liquid</i> | | Tier 1 | OTC |
| <i>ra advanced recovery external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>ra calming daily moisturizing external cream</i> | Albolene | Tier 1 | OTC |
| <i>ra derma external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>ra gentle skin external cream</i> | Albolene | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------------|---------------|---------------------|
| <i>ra gentle skin external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>ra glycerin external liquid</i> | | Tier 1 | OTC |
| <i>ra hydrating healing external ointment</i> | Aquaphilic | Tier 1 | OTC |
| <i>ra moisturizing oatmeal external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>ra moisturizing therapy external cream</i> | Albolene | Tier 1 | OTC |
| <i>ra renewal dry skin therapy external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>ra renewal moisturizing external cream</i> | Albolene | Tier 1 | OTC |
| <i>ra total moisture external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>radiaguard advanced external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>refreshing aloe external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>sm dry skin therapy external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>sm glycerin external liquid</i> | | Tier 1 | OTC |
| <i>special care external cream</i> | Albolene | Tier 1 | OTC |
| <i>thera-derm external lotion</i> | A + D Personal Care Lotion | Tier 1 | OTC |
| <i>therapeutic moisturizing external cream</i> | Albolene | Tier 1 | OTC |
| <i>vitamin e with panthenol external cream</i> | Albolene | Tier 1 | OTC |
| AL12 EXTERNAL LOTION | Ammonium Lactate | Tier 1 | OTC |
| AMLACTIN EXTERNAL LOTION | Ammonium Lactate | Tier 1 | OTC |
| GERI-HYDROLAC 12 EXTERNAL CREAM | Ammonium Lactate | Tier 1 | OTC |
| GERI-HYDROLAC 12 EXTERNAL LOTION | Ammonium Lactate | Tier 1 | OTC |
| *Enzymes - Topical*** | | | |
| SANTYL EXTERNAL OINTMENT | | Tier 1 | |
| *Imidazole-Related Antifungals - Topical*** | | | |
| <i>anti-fungal external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>athletes foot external powder</i> | Desenex | Tier 1 | OTC |
| <i>clotrimazole af external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>clotrimazole external solution</i> | FungiCure Intensive/NailGuard | Tier 1 | ST |
| <i>cvs anti-fungal external powder</i> | Desenex | Tier 1 | OTC |
| <i>cvs clotrimazole external cream</i> | Clotrimazole GRx | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------------|---------------|--------------------------|
| <i>cvs itch relief external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>cvs ringworm external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>eq antifungal external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>eq athletes foot external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>eq athletes foot spray external aerosol powder</i> | Cruex Prescription Strength | Tier 1 | OTC |
| <i>eq jock itch external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>eql antifungal external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>eql athletes foot external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>gnp athletes foot external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>gnp miconazole nitrate external aerosol powder</i> | Cruex Prescription Strength | Tier 1 | OTC |
| <i>gnp miconazorb af external powder</i> | Desenex | Tier 1 | OTC |
| <i>jock itch external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>jock itch relief external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>ketoconazole external cream</i> | | Tier 1 | ST; QLL (2 GM per 1 day) |
| <i>ketoconazole external shampoo</i> | Nizoral | Tier 1 | |
| <i>kp clotrimazole external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>miconazole nitrate external cream</i> | Carrington Antifungal | Tier 1 | OTC |
| <i>pro-ex antifungal external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>px athletic foot external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>qc clotrimazole external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>ra atheletes foot external aerosol powder</i> | Cruex Prescription Strength | Tier 1 | OTC |
| <i>ra athletes foot external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>ra clotrimazole external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>ra jock itch external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>sb clotrimazole foot external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>sm antifungal clotrimazole external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| <i>tgt clotrimazole external cream</i> | Clotrimazole GRx | Tier 1 | OTC |
| CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER | CVS Athletes Foot | Tier 1 | OTC |
| DESENEX EXTERNAL POWDER | Athletes Foot | Tier 1 | OTC |
| DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER | CVS Athletes Foot | Tier 1 | OTC |
| FUNGICURE INTENSIVE/NAILGUARD EXTERNAL SOLUTION | CVS Clotrimazole | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------------|---------------|--------------------------------|
| LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER | CVS Athletes Foot | Tier 1 | OTC |
| LOTRIMIN AF EXTERNAL POWDER | Athletes Foot | Tier 1 | OTC |
| LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER | CVS Athletes Foot | Tier 1 | OTC |
| LOTRIMIN AF POWDER EXTERNAL AEROSOL POWDER | CVS Athletes Foot | Tier 1 | OTC |
| MICRO GUARD EXTERNAL POWDER | Athletes Foot | Tier 1 | OTC |
| REMEDY ANTIFUNGAL EXTERNAL POWDER | Athletes Foot | Tier 1 | OTC |
| REMEDY PHYTOPLEX ANTIFUNGAL EXTERNAL POWDER | Athletes Foot | Tier 1 | OTC |
| ZEASORB-AF EXTERNAL POWDER | Athletes Foot | Tier 1 | OTC |
| *Immunomodulators Imidazoquinolinamines - Topical*** | | | |
| <i>imiquimod external cream</i> | Aldara | Tier 1 | QLL (12 Packets per 30 days) |
| *Keratolytic/Antimitotic Agents*** | | | |
| <i>gnp scalp relief external liquid</i> | Psoriasisin | Tier 1 | OTC |
| <i>podofilox external solution</i> | | Tier 1 | |
| <i>ra scalp itch/dandruff relief external liquid</i> | Psoriasisin | Tier 1 | OTC |
| <i>salicylic acid external cream</i> | | Tier 1 | |
| <i>salicylic acid external lotion</i> | | Tier 1 | |
| <i>salicylic acid external shampoo</i> | Salex | Tier 1 | |
| PSORIASIN EXTERNAL LIQUID | GNP Scalp Relief | Tier 1 | OTC |
| SCALPICIN EXTERNAL LIQUID | GNP Scalp Relief | Tier 1 | OTC |
| *Local Anesthetics - Topical*** | | | |
| <i>arthritis pain relieving external cream</i> | | Tier 1 | OTC; QLL (114 GM per 30 days) |
| <i>capsaicin external cream</i> | | Tier 1 | OTC |
| <i>gnp lidocaine pain relief external patch</i> | Aspercreme Lidocaine | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>lidocaine external cream</i> | AneCream | Tier 1 | OTC; QLL (2 Tubes per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------|---------------|--|
| <i>lidocaine external ointment</i> | | Tier 1 | PA; QLL (90 GM per 30 days) |
| <i>lidocaine external patch</i> | Lidoderm | Tier 1 | PA; QLL (90 EA per 30 days); AL (Min 18 Years) |
| <i>lidocaine hcl external solution</i> | | Tier 1 | |
| <i>qc lidocaine pain relief external patch</i> | Aspercreme Lidocaine | Tier 1 | OTC; QLL (1 EA per 1 day) |
| ANECREAM EXTERNAL CREAM | Lidocaine | Tier 1 | OTC; QLL (2 Tubes per 30 days) |
| REGENECARE HA EXTERNAL GEL | | Tier 1 | OTC; QLL (2 GM per 1 day) |
| *Macrolide Immunosuppressants - Topical*** | | | |
| <i>tacrolimus external ointment</i> | Protopic | Tier 1 | ST; QLL (30 GM per 30 days) |
| *Powders*** | | | |
| <i>baby cornstarch external powder</i> | Johnsons Baby Cornstarch | Tier 1 | OTC |
| <i>cvs baby powder external powder</i> | Johnsons Baby Powder | Tier 1 | OTC |
| <i>hm baby cornstarch external powder</i> | Johnsons Baby Cornstarch | Tier 1 | OTC |
| JOHNSONS BABY CORNSTARCH EXTERNAL POWDER | Baby Cornstarch | Tier 1 | OTC |
| JOHNSONS BABY POWDER EXTERNAL POWDER | Baby Powder | Tier 1 | OTC |
| RA TUGABOOS BABY EXTERNAL POWDER | Baby Cornstarch | Tier 1 | OTC |
| SOOTHE & COOL BODY EXTERNAL POWDER | Baby Cornstarch | Tier 1 | OTC |
| *Rosacea Agents*** | | | |
| <i>metronidazole external cream</i> | Rosadan | Tier 1 | |
| <i>metronidazole external gel</i> | Rosadan | Tier 1 | |
| <i>metronidazole external lotion</i> | MetroLotion | Tier 1 | |
| ROSADAN EXTERNAL CREAM | MetroNIDAZOLE | Tier 1 | |
| ROSADAN EXTERNAL GEL | MetroNIDAZOLE | Tier 1 | |
| *Scabicide Combinations*** | | | |
| <i>sm lice killing external shampoo</i> | Licide Maximum Strength | Tier 1 | OTC; QLL (240 ML per 180 days) |
| <i>stop lice maximum strength external liquid</i> | Licide Maximum Strength | Tier 1 | OTC; QLL (240 ML per 180 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------|---------------|--------------------------------|
| LICIDE MAXIMUM STRENGTH EXTERNAL LIQUID | SM Lice Killing | Tier 1 | OTC; QLL (240 ML per 180 days) |
| *Scabicides & Pediculicides*** | | | |
| <i>lice treatment external lotion</i> | | Tier 1 | OTC; QLL (120 ML per 30 days) |
| <i>malathion external lotion</i> | Ovide | Tier 1 | ST; QLL (59 ML per 180 days) |
| <i>permethrin external cream</i> | Elimite | Tier 1 | QLL (60 GM per 180 days) |
| <i>sm lice treatment external lotion</i> | | Tier 1 | OTC; QLL (120 ML per 30 days) |
| <i>spinosad external suspension</i> | Natroba | Tier 1 | ST |
| *Skin Cleansers*** | | | |
| <i>cvs isopropyl alcohol wipes external</i> | | Tier 1 | OTC |
| <i>essentra wipes 9x9" external</i> | | Tier 1 | |
| <i>isopropyl alcohol external</i> | | Tier 1 | OTC |
| <i>isopropyl alcohol wipes external</i> | | Tier 1 | OTC |
| <i>ra isopropyl alcohol wipes external</i> | | Tier 1 | OTC |
| *Soaps*** | | | |
| <i>gentle skin cleanser external lotion</i> | Aquanil Skin Cleanser | Tier 1 | OTC |
| *Tar Products*** | | | |
| <i>cvs therapeutic external shampoo</i> | Tera-Gel Tar | Tier 1 | OTC |
| <i>eql therapeutic external shampoo</i> | Tera-Gel Tar | Tier 1 | OTC |
| <i>pc-tar external shampoo</i> | Ionil-T | Tier 1 | OTC |
| <i>ra therapeutic external shampoo</i> | Tera-Gel Tar | Tier 1 | OTC |
| <i>sm anti-dandruff coal tar external shampoo</i> | Tera-Gel Tar | Tier 1 | OTC |
| <i>therapeutic external shampoo</i> | Tera-Gel Tar | Tier 1 | OTC |
| BETA CARE BETATAR GEL EXTERNAL SHAMPOO | RA Therapeutic | Tier 1 | OTC |
| IONIL-T EXTERNAL SHAMPOO | PC-Tar | Tier 1 | OTC |
| TERA-GEL TAR EXTERNAL SHAMPOO | EQL Therapeutic | Tier 1 | OTC |
| THERAPEUTIC T+PLUS EXTERNAL SHAMPOO | EQL Therapeutic | Tier 1 | OTC |
| X-SEB T PEARL EXTERNAL SHAMPOO | | Tier 1 | OTC |
| X-SEB T PLUS EXTERNAL SHAMPOO | | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|-------------------------|
| *Topical Anesthetic Combinations*** | | | |
| <i>lidocaine-prilocaine external cream</i> | | Tier 1 | QLL (30 GM per 30 days) |
| *Topical Selective Retinoid X Receptor Agonists*** | | | |
| TARGRETIN EXTERNAL GEL | | Tier 1 | |
| *Topical Steroid Combinations*** | | | |
| <i>gnp hydrocortisone/aloe external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>hm hydrocortisone plus external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>hm hydrocortisone-aloe max st external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>hydrocortisone-aloe external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>kls hydrocortisone plus external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>ra hydrocortisone plus external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>sm hydrocortisone plus external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| <i>sm hydrocortisone-aloe max st external cream</i> | Cortizone-10 Intensive Healing | Tier 1 | OTC |
| CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM | GNP Hydrocortisone/Aloe | Tier 1 | OTC |
| CORTIZONE-10 PLUS EXTERNAL CREAM | GNP Hydrocortisone/Aloe | Tier 1 | OTC |
| CORTIZONE-10/ALOE EXTERNAL CREAM | GNP Hydrocortisone/Aloe | Tier 1 | OTC |
| *Wound Dressings*** | | | |
| CARRACOLLOID 4"X4" EXTERNAL PAD | Hycoloid-GRX | Tier 1 | OTC |
| CARRACOLLOID 6"X6" EXTERNAL PAD | Hycoloid-GRX | Tier 1 | OTC |
| DRS CHOICE BLISTER CARE EXTERNAL PAD | Hycoloid-GRX | Tier 1 | OTC |
| HYDROCOL EXTERNAL PAD | Hycoloid-GRX | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------|--------|---------------------------|
| *DIAGNOSTIC PRODUCTS* | | | |
| *Diagnostic Tests*** | | | |
| <i>ketone test in vitro strip</i> | Chemstrip K | Tier 1 | OTC |
| <i>universal ph in vitro strip</i> | Chemstrip 2 | Tier 1 | OTC |
| CHEMSTRIP 2 IN VITRO STRIP | Universal pH | Tier 1 | OTC |
| CHEMSTRIP K IN VITRO STRIP | Ketone Test | Tier 1 | OTC |
| CHEMSTRIP MICRAL IN VITRO STRIP | | Tier 1 | OTC |
| DIASTIX IN VITRO STRIP | | Tier 1 | OTC |
| KETOSTIX IN VITRO STRIP | Ketone Test | Tier 1 | OTC |
| NOVA MAX PLUS KETONE TEST IN VITRO STRIP | | Tier 1 | OTC |
| ONETOUCH ULTRA BLUE IN VITRO STRIP | Kroger Test | Tier 1 | OTC; QLL (5 EA per 1 day) |
| ONETOUCH VERIO IN VITRO STRIP | Kroger Test | Tier 1 | OTC; QLL (5 EA per 1 day) |
| PRECISION XTRA KETONE IN VITRO STRIP | | Tier 1 | OTC |
| PTS PANELS KETONE TEST IN VITRO STRIP | | Tier 1 | OTC |
| RELION KETONE IN VITRO STRIP | Ketone Test | Tier 1 | OTC |
| RELION KETONE TEST IN VITRO STRIP | Ketone Test | Tier 1 | OTC |
| *Multiple Urine Tests*** | | | |
| CHEMSTRIP 10 MD IN VITRO STRIP | | Tier 1 | OTC |
| CHEMSTRIP 10/SG IN VITRO STRIP | | Tier 1 | OTC |
| CHEMSTRIP 2 GP IN VITRO STRIP | | Tier 1 | OTC |
| CHEMSTRIP 5 OB IN VITRO STRIP | | Tier 1 | OTC |
| CHEMSTRIP 7 IN VITRO STRIP | | Tier 1 | OTC |
| CHEMSTRIP 9 IN VITRO STRIP | | Tier 1 | OTC |
| CHEMSTRIP UGK IN VITRO STRIP | | Tier 1 | OTC |
| CVS KETONE CARE IN VITRO STRIP | | Tier 1 | OTC |
| KETO-DIASTIX IN VITRO STRIP | | Tier 1 | OTC |
| *DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* | | | |
| *Nutritional Supplements*** | | | |
| <i>antioxidant formula oral capsule</i> | AminoPMrms | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------|--------|--------------|
| *DIGESTIVE AIDS* | | | |
| *Digestive Enzymes*** | | | |
| CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | | Tier 1 | |
| VIOKACE ORAL TABLET | | Tier 1 | |
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES | | Tier 1 | |
| *DIURETICS* | | | |
| *Carbonic Anhydrase Inhibitors*** | | | |
| <i>acetazolamide er oral capsule extended release 12 hour</i> | | Tier 1 | |
| <i>acetazolamide oral tablet</i> | | Tier 1 | |
| <i>methazolamide oral tablet</i> | | Tier 1 | |
| *Diuretic Combinations*** | | | |
| <i>amiloride-hydrochlorothiazide oral tablet</i> | | Tier 1 | |
| <i>spironolactone-hctz oral tablet</i> | Aldactazide | Tier 1 | |
| <i>triamterene-hctz oral capsule</i> | Dyazide | Tier 1 | |
| <i>triamterene-hctz oral tablet</i> | Maxzide | Tier 1 | |
| *Loop Diuretics*** | | | |
| <i>bumetanide oral tablet</i> | Bumex | Tier 1 | |
| <i>furosemide oral solution</i> | | Tier 1 | |
| <i>furosemide oral tablet</i> | Lasix | Tier 1 | |
| <i>torseamide oral tablet</i> | | Tier 1 | |
| *Potassium Sparing Diuretics*** | | | |
| <i>amiloride hcl oral tablet</i> | | Tier 1 | |
| <i>spironolactone oral tablet</i> | Aldactone | Tier 1 | |
| *Thiazides And Thiazide-Like Diuretics*** | | | |
| <i>chlorothiazide oral tablet</i> | | Tier 1 | |
| <i>chlorthalidone oral tablet</i> | | Tier 1 | |
| <i>hydrochlorothiazide oral capsule</i> | | Tier 1 | |
| <i>hydrochlorothiazide oral tablet</i> | | Tier 1 | |
| <i>indapamide oral tablet</i> | | Tier 1 | |
| <i>metolazone oral tablet</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------|--------|-------------------------------|
| *ENDOCRINE AND METABOLIC AGENTS - MISC.* | | | |
| *Bisphosphonates*** | | | |
| <i>alendronate sodium oral solution</i> | | Tier 1 | QLL (300 Bottles per 28 days) |
| <i>alendronate sodium oral tablet 10 mg, 5 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>alendronate sodium oral tablet 35 mg</i> | | Tier 1 | QLL (4 EA per 28 days) |
| <i>alendronate sodium oral tablet 70 mg</i> | Fosamax | Tier 1 | QLL (4 EA per 28 days) |
| <i>etidronate disodium oral tablet</i> | | Tier 1 | QLL (150 EA per 30 days) |
| <i>ibandronate sodium intravenous solution</i> | Boniva | Tier 1 | |
| <i>ibandronate sodium oral tablet</i> | Boniva | Tier 1 | QLL (1 EA per 30 days) |
| <i>pamidronate disodium intravenous solution</i> | | Tier 1 | |
| <i>pamidronate disodium intravenous solution reconstituted</i> | | Tier 1 | |
| *Calcimimetic Agents*** | | | |
| SENSIPAR ORAL TABLET | Cinacalcet HCl | Tier 1 | |
| *Calcitonins*** | | | |
| <i>calcitonin (salmon) nasal solution</i> | Miacalcin | Tier 1 | QLL (3.7 ML per 30 days) |
| *Carnitine Replenisher - Agents*** | | | |
| <i>levocarnitine oral solution</i> | Carnitor | Tier 1 | |
| <i>levocarnitine oral tablet</i> | Carnitor | Tier 1 | |
| *Dopamine Receptor Agonists*** | | | |
| <i>cabergoline oral tablet</i> | | Tier 1 | QLL (16 EA per 30 days) |
| *Growth Hormones*** | | | |
| OMNITROPE SUBCUTANEOUS SOLUTION | | Tier 1 | PA |
| OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| *Hyperparathyroid Treatment - Vitamin D Analogs*** | | | |
| <i>calcitriol oral capsule</i> | Rocaltrol | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|-------------------------------|
| <i>calcitriol oral solution</i> | Rocaltrol | Tier 1 | |
| <i>paricalcitol oral capsule</i> | | Tier 1 | ST; QLL (1 EA per 1 day) |
| *Parathyroid Hormone And Derivatives*** | | | |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | | Tier 1 | PA; QLL (1.56 ML per 30 days) |
| *Selective Estrogen Receptor Modulators (Serms)*** | | | |
| <i>raloxifene hcl oral tablet</i> | Evista | Tier 1 | QLL (30 EA per 30 days) |
| *Somatostatic Agents*** | | | |
| <i>octreotide acetate injection solution</i> | SandoSTATIN | Tier 1 | PA |
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT | | Tier 1 | PA |
| *Vasopressin*** | | | |
| <i>desmopressin ace spray refrig nasal solution</i> | | Tier 1 | QLL (150 ML per 30 days) |
| <i>desmopressin acetate oral tablet</i> | DDAVP | Tier 1 | QLL (90 EA per 30 days) |
| <i>desmopressin acetate spray nasal solution</i> | DDAVP | Tier 1 | QLL (5 ML per 30 days) |
| *ESTROGENS* | | | |
| *Estrogen & Progestin*** | | | |
| <i>estradiol-norethindrone acet oral tablet</i> | Mimvey | Tier 1 | QLL (30 EA per 30 days) |
| <i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | Fyavolv | Tier 1 | |
| <i>norethindrone-eth estradiol oral tablet 1-5 mg-mcg</i> | Fyavolv | Tier 1 | QLL (30 EA per 30 days) |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | | Tier 1 | QLL (8 Patches per 28 days) |
| FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG | Norethindrone-Eth Estradiol | Tier 1 | |
| FYAVOLV ORAL TABLET 1-5 MG-MCG | Norethindrone-Eth Estradiol | Tier 1 | QLL (30 EA per 30 days) |
| JINTELI ORAL TABLET | Norethindrone-Eth Estradiol | Tier 1 | QLL (30 EA per 30 days) |
| MIMVEY ORAL TABLET | Estradiol-Norethindrone Acet | Tier 1 | QLL (30 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|--------------------------------------|
| *Estrogens*** | | | |
| <i>estradiol oral tablet</i> | Estrace | Tier 1 | |
| <i>estradiol transdermal patch twice weekly</i> | Alora | Tier 1 | QLL (8 Patches per 28 days) |
| <i>estradiol transdermal patch weekly</i> | Climara | Tier 1 | QLL (4 EA per 28 days) |
| *FLUOROQUINOLONES* | | | |
| *Fluoroquinolones*** | | | |
| <i>ciprofloxacin hcl oral tablet</i> | | Tier 1 | QLL (28 EA per 30 days) |
| <i>ciprofloxacin in d5w intravenous solution</i> | | Tier 1 | PA |
| <i>ciprofloxacin oral suspension reconstituted</i> | Cipro | Tier 1 | |
| <i>levofloxacin in d5w intravenous solution</i> | | Tier 1 | PA |
| <i>levofloxacin intravenous solution</i> | | Tier 1 | PA |
| <i>levofloxacin oral solution</i> | | Tier 1 | QLL (280 mL Max Qty Per Fill Retail) |
| <i>levofloxacin oral tablet</i> | Levaquin | Tier 1 | QLL (14 EA Max Qty Per Fill Retail) |
| <i>moxifloxacin hcl in nacl intravenous solution</i> | Avelox | Tier 1 | PA |
| <i>moxifloxacin hcl intravenous solution</i> | | Tier 1 | PA |
| BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED | | Tier 1 | PA |
| *GASTROINTESTINAL AGENTS - MISC.* | | | |
| *Antiflatulents*** | | | |
| <i>cvs gas relief drops ex st oral liquid</i> | Gas-X Infant Drops | Tier 1 | OTC |
| <i>cvs gas relief oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>cvs infants gas relief oral suspension</i> | Little Remedies for Tummys | Tier 1 | OTC |
| <i>eq gas relief oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>eq infants gas relief oral suspension</i> | Little Remedies for Tummys | Tier 1 | OTC |
| <i>eql gas relief oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>eql infants gas relief oral suspension</i> | Little Remedies for Tummys | Tier 1 | OTC |
| <i>gas relief extra strength oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>gas relief oral suspension</i> | Little Remedies for Tummys | Tier 1 | OTC |
| <i>gnp gas relief extra strength oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------------|---------------|---------------------|
| <i>gnp infants gas relief oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>hm gas relief infants drops oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>infants gas relief oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>infants simethicone oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>px gas relief extra strength oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>px gas relief infants oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>qc gas relief oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>ra gas relief extra strength oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>ra gas relief oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>ra gas relief oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>ra gas relief/infants oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>sb gas relief oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>simeped oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>simethicone oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>simethicone oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>sm gas relief extra strength oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>sm gas relief infants drops oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>sm gas relief infants oral suspension</i> | Little Remedies for Tummy's | Tier 1 | OTC |
| <i>tgt gas relief extra strength oral capsule</i> | Gas-X Extra Strength | Tier 1 | OTC |
| <i>tgt gas relief infants oral liquid</i> | Gas-X Infant Drops | Tier 1 | OTC |
| GAS-X EXTRA STRENGTH ORAL CAPSULE | Simethicone | Tier 1 | OTC |
| GAS-X INFANT DROPS ORAL LIQUID | TGT Gas Relief Infants | Tier 1 | OTC |
| LITTLE REMEDIES FOR TUMMYS ORAL SUSPENSION | EQL Infants Gas Relief | Tier 1 | OTC |
| LITTLE TUMMYS GAS RELIEF ORAL SUSPENSION | EQL Infants Gas Relief | Tier 1 | OTC |
| PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION | EQL Infants Gas Relief | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------|---------------|---------------------------|
| *Gallstone Solubilizing Agents*** | | | |
| <i>ursodiol oral capsule</i> | Actigall | Tier 1 | |
| <i>ursodiol oral tablet</i> | Urso 250 | Tier 1 | |
| *Gastrointestinal Stimulants*** | | | |
| <i>metoclopramide hcl oral solution</i> | | Tier 1 | |
| <i>metoclopramide hcl oral tablet</i> | Reglan | Tier 1 | |
| *Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists*** | | | |
| LINZESS ORAL CAPSULE | | Tier 1 | QLL (1 EA per 1 day) |
| *Inflammatory Bowel Agents*** | | | |
| <i>balsalazide disodium oral capsule</i> | Colazal | Tier 1 | |
| <i>mesalamine oral capsule delayed release</i> | Delzicol | Tier 1 | QLL (6 EA per 1 day) |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> | Lialda | Tier 1 | QLL (120 EA per 30 days) |
| <i>mesalamine oral tablet delayed release 800 mg</i> | Asacol HD | Tier 1 | QLL (6 EA per 1 day) |
| <i>mesalamine rectal enema</i> | | Tier 1 | |
| <i>mesalamine rectal suppository</i> | Canasa | Tier 1 | QLL (42 EA per 30 days) |
| <i>sulfasalazine oral tablet</i> | Azulfidine | Tier 1 | |
| <i>sulfasalazine oral tablet delayed release</i> | Azulfidine EN-tabs | Tier 1 | |
| APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Mesalamine ER | Tier 1 | QLL (4 EA per 1 day) |
| *Intestinal Acidifiers*** | | | |
| <i>enulose oral solution</i> | | Tier 1 | |
| <i>generlac oral solution</i> | | Tier 1 | |
| <i>lactulose encephalopathy oral solution</i> | | Tier 1 | |
| *Peripheral Opioid Receptor Antagonists*** | | | |
| MOVANTIK ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Phosphate Binder Agents*** | | | |
| <i>calcium acetate (phos binder) oral capsule</i> | PhosLo | Tier 1 | |
| <i>calcium acetate (phos binder) oral tablet</i> | Calphron | Tier 1 | |
| <i>sevelamer carbonate oral tablet</i> | Renvela | Tier 1 | ST |
| AURYXIA ORAL TABLET | | Tier 1 | ST; QLL (12 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|-------------------------|
| CALPHRON ORAL TABLET | Calcium Acetate (Phos Binder) | Tier 1 | OTC |
| *GENITOURINARY AGENTS - MISCELLANEOUS* | | | |
| *5-Alpha Reductase Inhibitors*** | | | |
| <i>finasteride oral tablet</i> | Proscar | Tier 1 | QLL (30 EA per 30 days) |
| *Alpha 1-Adrenoceptor Antagonists*** | | | |
| <i>alfuzosin hcl er oral tablet extended release 24 hour</i> | Uroxatral | Tier 1 | QLL (1 EA per 1 day) |
| <i>tamsulosin hcl oral capsule</i> | Flomax | Tier 1 | QLL (2 EA per 1 day) |
| *Citrates*** | | | |
| <i>cytra k crystals oral packet</i> | Taron-Crystals | Tier 1 | |
| <i>potassium citrate er oral tablet extended release</i> | Urocit-K 10 | Tier 1 | |
| <i>potassium citrate-citric acid oral solution</i> | | Tier 1 | |
| TARON-CRYSTALS ORAL PACKET | Cytra K Crystals | Tier 1 | |
| *Genitourinary Irrigants*** | | | |
| <i>sodium chloride irrigation solution</i> | Argyle Sterile Saline | Tier 1 | |
| ARGYLE STERILE SALINE IRRIGATION SOLUTION | Sodium Chloride | Tier 1 | |
| CURITY STERILE SALINE IRRIGATION SOLUTION | Sodium Chloride | Tier 1 | |
| *Interstitial Cystitis Agents*** | | | |
| ELMIRON ORAL CAPSULE | | Tier 1 | PA |
| *Phosphates*** | | | |
| K-PHOS NO 2 ORAL TABLET | | Tier 1 | |
| *Urinary Analgesics*** | | | |
| <i>phenazopyridine hcl oral tablet</i> | Phenazo | Tier 1 | |
| PHENAZO ORAL TABLET | Phenazopyridine HCl | Tier 1 | |
| *GLYCOPEPTIDES*** | | | |
| *Glycopeptides*** | | | |
| <i>vancomycin hcl intravenous solution reconstituted 10 gm</i> | | Tier 1 | |
| <i>vancomycin hcl intravenous solution reconstituted 500 mg, 750 mg</i> | | Tier 1 | PA |
| FIRVANQ ORAL SOLUTION RECONSTITUTED | Vancomycin HCl | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------|-----------------|--------------------------|
| *GOUT AGENTS* | | | |
| *Gout Agent Combinations*** | | | |
| <i>colchicine-probenecid oral tablet</i> | | Tier 1 | |
| *Gout Agents*** | | | |
| <i>allopurinol oral tablet</i> | Zyloprim | Tier 1 | |
| <i>colchicine oral capsule</i> | Mitigare | Tier 1 | QLL (9 EA per 30 days) |
| <i>colchicine oral tablet</i> | Colcrys | Tier 1 | QLL (9 EA per 30 days) |
| <i>febuxostat oral tablet</i> | Uloric | Tier 1 | ST; QLL (1 EA per 1 day) |
| *Uricosurics*** | | | |
| <i>probenecid oral tablet</i> | | Tier 1 | |
| *HEMATOLOGICAL AGENTS - MISC.* | | | |
| *Antihemophilic Products*** | | | |
| <i>adynovate intravenous solution reconstituted</i> | | State Carve Out | |
| <i>obizur intravenous solution reconstituted</i> | | State Carve Out | |
| <i>rixubis intravenous solution reconstituted</i> | Ixinity | State Carve Out | |
| ADVATE INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| AFSTYLA INTRAVENOUS KIT | | State Carve Out | |
| ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| BENEFIX INTRAVENOUS KIT | | State Carve Out | |
| COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| CORIFACT INTRAVENOUS KIT | | State Carve Out | |
| ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| FEIBA INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|-----------------|---------------------|
| HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| IDELVION INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| IXINITY INTRAVENOUS SOLUTION RECONSTITUTED | Rixubis | State Carve Out | |
| JIVI INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| KCENTRA INTRAVENOUS KIT | | State Carve Out | |
| KOATE INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| KOGENATE FS INTRAVENOUS KIT | | State Carve Out | |
| KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| MONONINE INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| NUWIQ INTRAVENOUS KIT | | State Carve Out | |
| NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| REBINYN INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED | | State Carve Out | |
| WILATE INTRAVENOUS KIT | | State Carve Out | |
| XYNTHA INTRAVENOUS KIT | | State Carve Out | |
| XYNTHA SOLOFUSE INTRAVENOUS KIT | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------|--------|-------------------------|
| *Hematorheologic Agents*** | | | |
| <i>pentoxifylline er oral tablet extended release</i> | | Tier 1 | |
| *Phosphodiesterase Iii Inhibitors*** | | | |
| <i>cilostazol oral tablet</i> | | Tier 1 | |
| *Platelet Aggregation Inhibitors*** | | | |
| <i>dipyridamole oral tablet</i> | | Tier 1 | |
| *Quinazoline Agents*** | | | |
| <i>anagrelide hcl oral capsule</i> | Agrylin | Tier 1 | |
| *Thienopyridine Derivatives*** | | | |
| <i>clopidogrel bisulfate oral tablet</i> | Plavix | Tier 1 | QLL (30 EA per 30 days) |
| <i>prasugrel hcl oral tablet</i> | Effient | Tier 1 | QLL (1 EA per 1 day) |
| *HEMATOPOIETIC AGENTS* | | | |
| *Cobalamins*** | | | |
| <i>cyanocobalamin injection solution</i> | | Tier 1 | |
| *Cytotoxic Agents*** | | | |
| DROXIA ORAL CAPSULE | | Tier 1 | |
| *Erythropoiesis-Stimulating Agents (Esas)*** | | | |
| EPOGEN INJECTION SOLUTION | | Tier 1 | PA |
| RETACRIT INJECTION SOLUTION | | Tier 1 | PA |
| *Erythropoietins*** | | | |
| EPOGEN INJECTION SOLUTION | | Tier 1 | PA |
| RETACRIT INJECTION SOLUTION | | Tier 1 | PA |
| *Folic Acid/Folate Combinations*** | | | |
| <i>fa-vitamin b-6-vitamin b-12 oral tablet</i> | | Tier 1 | |
| <i>folplex 2.2 oral tablet</i> | | Tier 1 | |
| *Folic Acid/Folates*** | | | |
| <i>folic acid oral tablet</i> | | Tier 1 | |
| *Granulocyte Colony-Stimulating Factors (G-Csf)*** | | | |
| FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | Tier 1 | PA |
| NIVESTYM INJECTION SOLUTION | | Tier 1 | PA |
| NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | | Tier 1 | PA |
| UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | Tier 1 | PA |
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | | Tier 1 | PA |
| *Iron Combinations*** | | | |
| <i>fe c tab plus oral tablet</i> | Icar-C Plus | Tier 1 | OTC |
| <i>iron 100 plus oral tablet</i> | Icar-C Plus | Tier 1 | OTC |
| *Iron*** | | | |
| <i>cvs iron oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>cvs slow release iron oral tablet extended release</i> | | Tier 1 | OTC |
| <i>eql iron supplement therapy oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>fe tabs oral tablet delayed release</i> | | Tier 1 | OTC |
| <i>ferrous gluconate oral tablet</i> | | Tier 1 | OTC |
| <i>ferrous sulfate oral elixir</i> | | Tier 1 | OTC |
| <i>ferrous sulfate oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>ferrous sulfate oral tablet delayed release</i> | | Tier 1 | OTC |
| <i>ferrousul oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>gnp iron oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>gnp slow release iron oral tablet extended release</i> | | Tier 1 | OTC |
| <i>iron oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>kp ferrous gluconate oral tablet</i> | | Tier 1 | OTC |
| <i>kp ferrous sulfate oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>meijer ferrous sulfate oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>px iron oral tablet</i> | | Tier 1 | OTC |
| <i>qc ferrous sulfate oral tablet</i> | FeroSul | Tier 1 | OTC |
| <i>ra high potency iron oral tablet</i> | | Tier 1 | OTC |
| <i>ra iron oral tablet</i> | | Tier 1 | OTC |
| <i>ra slow release iron oral tablet extended release</i> | | Tier 1 | OTC |
| <i>slow release iron oral tablet extended release</i> | | Tier 1 | OTC |
| <i>sm iron oral tablet</i> | FeroSul | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------|-----------------|--------------------------|
| <i>sm slow release iron oral tablet extended release</i> | | Tier 1 | OTC |
| INJECTAFER INTRAVENOUS SOLUTION | | Tier 1 | PA |
| VENOFER INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Thrombopoietin (Tpo) Receptor Agonists*** | | | |
| PROMACTA ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *HEMOSTATICS* | | | |
| *Hemostatic Combinations - Topical*** | | | |
| GELFOAM-JMI POWDER EXTERNAL KIT | | State Carve Out | |
| GELFOAM-JMI SPONGE EXTERNAL KIT | | State Carve Out | |
| THROMBI-GEL 10 EXTERNAL PAD | | State Carve Out | |
| THROMBI-PAD EXTERNAL PAD | | State Carve Out | |
| *Hemostatics - Systemic*** | | | |
| <i>aminocaproic acid intravenous solution</i> | | State Carve Out | |
| AMICAR ORAL SOLUTION | Aminocaproic Acid | State Carve Out | |
| AMICAR ORAL TABLET | Aminocaproic Acid | State Carve Out | |
| CYKLOKAPRON INTRAVENOUS SOLUTION | Tranexamic Acid | State Carve Out | |
| *Hemostatics - Topical*** | | | |
| <i>monsels ferric subsulfate external solution</i> | | State Carve Out | |
| ACTIFOAM COLLAGEN SPONGE EXTERNAL | | State Carve Out | |
| AVITENE EXTERNAL PAD | | State Carve Out | |
| AVITENE FLOUR EXTERNAL POWDER | | State Carve Out | |
| GELFILM EXTERNAL FILM | | State Carve Out | |
| GEL-FLOW NT EXTERNAL PREFILLED SYRINGE | | State Carve Out | |
| GELFOAM COMPRESSED SIZE 100 EXTERNAL | | State Carve Out | |
| GELFOAM DENTAL PACK SIZE 4 EXTERNAL | | State Carve Out | |
| GELFOAM MOUTH/THROAT POWDER | | State Carve Out | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|-----------------|---------------------|
| GELFOAM SPONGE EXTERNAL | | State Carve Out | |
| GELFOAM SPONGE SIZE 100 EXTERNAL | | State Carve Out | |
| GELFOAM SPONGE SIZE 200 EXTERNAL | | State Carve Out | |
| GELFOAM SPONGE SIZE 50 EXTERNAL | | State Carve Out | |
| INSTAT EXTERNAL PAD | | State Carve Out | |
| NASALCEASE EXTERNAL | | State Carve Out | OTC |
| NOSEBLEEDQR NASAL POWDER | | State Carve Out | OTC |
| RECOTHROM EXTERNAL SOLUTION RECONSTITUTED | | State Carve Out | |
| THROMBIN-JMI EPISTAXIS EXTERNAL KIT | | State Carve Out | |
| THROMBIN-JMI EXTERNAL KIT | | State Carve Out | |
| THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED | | State Carve Out | |
| THROMBOGEN EXTERNAL KIT | | State Carve Out | |
| THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED | | State Carve Out | |
| ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL | | State Carve Out | |
| ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL | | State Carve Out | |
| ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL | | State Carve Out | |
| ULTRAFOAM SPONGE 8X25X1CM EXTERNAL | | State Carve Out | |
| ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL | | State Carve Out | |
| WOUNDSEAL EXTERNAL POWDER | | State Carve Out | OTC |
| *HEPATITIS C AGENT - COMBINATIONS*** | | | |
| *Hepatitis C Agent - Combinations*** | | | |
| MAVYRET ORAL TABLET | | Tier 1 | PA |
| *HYPNOTICS* | | | |
| *Antihistamine Hypnotics*** | | | |
| <i>compoz oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>cvs sleep aid nighttime oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>cvs sleep aid nighttime oral tablet</i> | Nytol | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------|---------------|---------------------|
| <i>cvs sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>cvs sleep-aid nighttime oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>cvs ultra sleep oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>eq nighttime sleep aid max st oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>eq nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>eql nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>eql sleep aid oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>eql sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>gnp nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>gnp sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>hm nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>hm sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>night time sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>ormir oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>qc rest simply oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>qc sleep aid max st oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>ra night sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>ra nighttime sleep aid oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>ra nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>ra sleep aid (diphenhydramine) oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>ra sleep aid oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>ra sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>sb sleep oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>sleep aid (diphenhydramine) oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>sleep ii oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>sleep tabs oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>sleep-tabs oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>sm sleep aid maximum strength oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>sm sleep aid oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| <i>tgt nighttime sleep aid oral tablet</i> | Nytol | Tier 1 | OTC |
| <i>tgt sleep aid max strength oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>wal-som maximum strength oral capsule</i> | Unisom Sleepgels | Tier 1 | OTC |
| <i>wal-som oral tablet</i> | Unisom SleepTabs | Tier 1 | OTC |
| NYTOL ORAL TABLET | SM Nighttime Sleep Aid | Tier 1 | OTC |
| SIMPLY SLEEP ORAL TABLET | SM Nighttime Sleep Aid | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------|--------|--|
| *Barbiturate Hypnotics*** | | | |
| <i>phenobarbital oral elixir</i> | | Tier 1 | |
| <i>phenobarbital oral solution</i> | | Tier 1 | |
| <i>phenobarbital oral tablet</i> | | Tier 1 | |
| *Benzodiazepine Hypnotics*** | | | |
| <i>estazolam oral tablet</i> | | Tier 1 | QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>flurazepam hcl oral capsule</i> | | Tier 1 | QLL (30 EA per 30 days); AL (Min 15 Years) |
| <i>temazepam oral capsule</i> | Restoril | Tier 1 | QLL (30 EA per 30 days); AL (Min 18 Years) |
| *Non-Benzodiazepine - Gaba-Receptor Modulators*** | | | |
| <i>zaleplon oral capsule</i> | | Tier 1 | QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>zolpidem tartrate oral tablet</i> | Ambien | Tier 1 | QLL (1 EA per 1 day); AL (Min 18 Years) |
| *Selective Melatonin Receptor Agonists*** | | | |
| ROZEREM ORAL TABLET | Ramelteon | Tier 1 | ST; QLL (1 EA per 1 day) |
| *IN VITRO ANTICOAGULANT COMBINATIONS*** | | | |
| *In Vitro Anticoagulant Combinations*** | | | |
| <i>sodium citrate-gentamicin sulf intravenous solution</i> | | Tier 1 | PA |
| *IN VITRO/LOCK ANTICOAGULANT COMBINATIONS*** | | | |
| *In Vitro/Lock Anticoagulant Combinations*** | | | |
| <i>sodium citrate-gentamicin sulf intravenous solution</i> | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------------|---------------|---------------------------|
| *LAXATIVES* | | | |
| *Bowel Evacuant Combinations*** | | | |
| <i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i> | GaviLyte-N with Flavor Pack | Tier 1 | |
| <i>peg-3350/electrolytes oral solution reconstituted</i> | Golytely | Tier 1 | QLL (4000 ML per 30 days) |
| GAVILYTE-C ORAL SOLUTION RECONSTITUTED | | Tier 1 | QLL (4000 ML per 30 days) |
| GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED | PEG 3350-KCl-Na Bicarb-NaCl | Tier 1 | |
| TRILYTE ORAL SOLUTION RECONSTITUTED | PEG 3350-KCl-Na Bicarb-NaCl | Tier 1 | |
| *Bulk Laxatives*** | | | |
| <i>cvs natural daily fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>eq natural fiber laxative oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>eql natural fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>gnp natural fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>goodsense natural fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>hm fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>kls natural psyllium fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>konsyl daily fiber oral packet</i> | | Tier 1 | OTC |
| <i>natural fiber laxative oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>natural fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>ra fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>ra fiber supplement oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>sm fiber oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |
| <i>tgt fiber therapy oral powder</i> | Metamucil Smooth Texture | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------------|---------------|------------------------------|
| METAMUCIL SMOOTH TEXTURE ORAL POWDER | RA Multihealth Fiber | Tier 1 | OTC |
| REGULOID ORAL POWDER | RA Multihealth Fiber | Tier 1 | OTC |
| WAL-MUCIL ORAL POWDER | RA Multihealth Fiber | Tier 1 | OTC |
| *Laxatives - Miscellaneous*** | | | |
| <i>constulose oral solution</i> | | Tier 1 | |
| <i>cvs glycerin adult rectal suppository</i> | | Tier 1 | OTC |
| <i>glycerin (adult) rectal suppository</i> | | Tier 1 | OTC |
| <i>glycerin (infants & children) rectal suppository</i> | | Tier 1 | OTC |
| <i>glycerin (pediatric) rectal suppository</i> | | Tier 1 | OTC |
| <i>gnp glycerin (adult) rectal suppository</i> | | Tier 1 | OTC |
| <i>gnp glycerin (infant) rectal suppository</i> | | Tier 1 | OTC |
| <i>gnp glycerin child rectal suppository</i> | | Tier 1 | OTC |
| <i>lactulose oral solution</i> | | Tier 1 | |
| <i>peg 3350 oral packet</i> | CVS Purelax | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>polyethylene glycol 3350 oral packet</i> | CVS Purelax | Tier 1 | QLL (1 EA per 1 day) |
| <i>polyethylene glycol 3350 oral powder</i> | ClearLax | Tier 1 | QLL (17 GM per 1 day) |
| <i>px glycerin rectal suppository</i> | | Tier 1 | OTC |
| <i>ra glycerin adult rectal suppository</i> | | Tier 1 | OTC |
| <i>ra glycerin child rectal suppository</i> | | Tier 1 | OTC |
| <i>ra laxative oral packet</i> | CVS Purelax | Tier 1 | OTC; QLL (30 EA per 30 days) |
| <i>sb glycerin adult rectal suppository</i> | | Tier 1 | OTC |
| <i>sb glycerin pediatric rectal suppository</i> | | Tier 1 | OTC |
| <i>sm glycerin pediatric rectal suppository</i> | | Tier 1 | OTC |
| <i>sorbitol rectal solution</i> | | Tier 1 | OTC |
| CVS PURELAX ORAL PACKET | PEG 3350 | Tier 1 | OTC; QLL (30 EA per 30 days) |
| HEALTHYLAX ORAL PACKET | PEG 3350 | Tier 1 | OTC; QLL (30 EA per 30 days) |
| SMOOTH LAX ORAL PACKET | PEG 3350 | Tier 1 | OTC; QLL (30 EA per 30 days) |
| *Lubricant Laxatives*** | | | |
| <i>mineral oil heavy oil</i> | | Tier 1 | |
| <i>mineral oil light oil</i> | Muri-Lube | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| *Saline Laxatives*** | | | |
| <i>milk of magnesia concentrate oral suspension</i> | | Tier 1 | OTC |
| *Stimulant Laxatives*** | | | |
| <i>castor oil stimulant laxative oral oil</i> | | Tier 1 | OTC |
| <i>gnp castor oil oral oil</i> | | Tier 1 | OTC |
| <i>senexon oral liquid</i> | | Tier 1 | OTC |
| <i>senna oral syrup</i> | | Tier 1 | OTC |
| <i>senna-grx oral syrup</i> | | Tier 1 | OTC |
| <i>sennazon oral syrup</i> | | Tier 1 | OTC |
| <i>sm castor oil oral oil</i> | | Tier 1 | OTC |
| FLEET BISACODYL RECTAL ENEMA | | Tier 1 | OTC |
| LITTLE TUMMYS LAXATIVE ORAL LIQUID | | Tier 1 | OTC |
| *Surfactant Laxatives*** | | | |
| <i>cvs stool softener oral capsule</i> | DOK | Tier 1 | OTC |
| <i>diocto oral liquid</i> | | Tier 1 | OTC |
| <i>docu oral liquid</i> | | Tier 1 | OTC |
| <i>docuprene oral tablet</i> | DOK | Tier 1 | OTC |
| <i>docusate sodium oral capsule</i> | DOK | Tier 1 | OTC |
| <i>docusate sodium oral liquid</i> | | Tier 1 | OTC |
| <i>docusate sodium oral tablet</i> | DOK | Tier 1 | OTC |
| <i>dss oral capsule</i> | DOK | Tier 1 | OTC |
| <i>gnp stool softener oral capsule</i> | DOK | Tier 1 | OTC |
| <i>gnp stool softener oral liquid</i> | | Tier 1 | OTC |
| <i>hm stool softener oral capsule</i> | DOK | Tier 1 | OTC |
| <i>ra col-rite oral capsule</i> | DOK | Tier 1 | OTC |
| <i>silace oral liquid</i> | | Tier 1 | OTC |
| <i>sm stool softener oral capsule</i> | DOK | Tier 1 | OTC |
| <i>stool softener oral capsule</i> | DOK | Tier 1 | OTC |
| <i>stool softener oral tablet</i> | DOK | Tier 1 | OTC |
| DOCUSOL PLUS MINI-ENEMA RECTAL ENEMA | | Tier 1 | OTC |
| DOK ORAL CAPSULE | DSS | Tier 1 | OTC |
| DOK ORAL TABLET | Stool Softener | Tier 1 | OTC |
| ENEMEEZ PLUS RECTAL ENEMA | | Tier 1 | OTC |
| HEALTHY MAMA MOVE IT ALONG ORAL TABLET | Stool Softener | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|--------------------------------------|
| PEDIA-LAX ORAL LIQUID | | Tier 1 | OTC |
| PROMOLAXIN ORAL TABLET | Stool Softener | Tier 1 | OTC |
| *MACROLIDES* | | | |
| *Azithromycin*** | | | |
| <i>azithromycin intravenous solution reconstituted</i> | Zithromax | Tier 1 | PA |
| <i>azithromycin oral packet</i> | Zithromax | Tier 1 | |
| <i>azithromycin oral suspension reconstituted</i> | Zithromax | Tier 1 | QLL (30 mL Max Qty Per Fill Retail) |
| <i>azithromycin oral tablet 250 mg</i> | Zithromax | Tier 1 | QLL (12 EA per 30 days) |
| <i>azithromycin oral tablet 500 mg</i> | Zithromax | Tier 1 | QLL (3 EA per 30 days) |
| <i>azithromycin oral tablet 600 mg</i> | Zithromax | Tier 1 | QLL (8 EA per 30 days) |
| *Clarithromycin*** | | | |
| <i>clarithromycin er oral tablet extended release 24 hour</i> | | Tier 1 | QLL (14 EA per 30 days) |
| <i>clarithromycin oral suspension reconstituted</i> | | Tier 1 | QLL (150 mL Max Qty Per Fill Retail) |
| <i>clarithromycin oral tablet</i> | | Tier 1 | QLL (28 EA per 30 days) |
| *MEDICAL DEVICES* | | | |
| *Applicators,Cotton Balls,Etc*** | | | |
| <i>alcohol pads pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>alcohol prep pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>alcohol swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>alcohol wipes pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>cvs prep pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>global alcohol prep ease pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>gnp alcohol swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>hm sterile alcohol prep pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>meijer alcohol swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|---------------------|
| <i>qc alcohol swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>ra alcohol swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>reality swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>sb alcohol prep pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>sm alcohol prep pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>sure comfort alcohol prep pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>tgt alcohol swabs pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| <i>true comfort alcohol prep pads pad</i> | BD Swabs Single Use Butterfly | Tier 1 | OTC |
| BD SWABS SINGLE USE BUTTERFLY PAD | QC Alcohol Swabs | Tier 1 | OTC |
| CURITY ALCOHOL PREPS PAD | QC Alcohol Swabs | Tier 1 | OTC |
| CURITY ALCOHOL SWABS PAD | QC Alcohol Swabs | Tier 1 | OTC |
| EASY TOUCH ALCOHOL PREP MEDIUM PAD | QC Alcohol Swabs | Tier 1 | OTC |
| FIFTY50 ALCOHOL PREP PAD | QC Alcohol Swabs | Tier 1 | OTC |
| RELION ALCOHOL SWABS PAD | QC Alcohol Swabs | Tier 1 | OTC |
| SHOPKO ALCOHOL SWABS PAD | QC Alcohol Swabs | Tier 1 | OTC |
| SURE-PREP ALCOHOL PREP PAD | QC Alcohol Swabs | Tier 1 | OTC |
| WEBCOL ALCOHOL PREP LARGE PAD | QC Alcohol Swabs | Tier 1 | OTC |
| WEBCOL ALCOHOL PREP MEDIUM PAD | QC Alcohol Swabs | Tier 1 | OTC |
| *Cervical Caps*** | | | |
| FEMCAP VAGINAL DEVICE | | Tier 1 | |
| *Condoms - Male*** | | | |
| <i>aimsco lubricated</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>kimono</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>kimono micro thin</i> | Trustex Non-Lubricated | Tier 1 | OTC |
| <i>kimono micro thin plus</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>kimono plus</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>kimono ps</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>kimono ps plus</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>kimono sensation</i> | Durex Extra Sensitive | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------|---------------|------------------------------|
| <i>kimono sensation plus</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>maxx</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>maxx plus</i> | Durex Extra Sensitive | Tier 1 | OTC |
| <i>premium condoms lubricated</i> | Durex Extra Sensitive | Tier 1 | OTC |
| DUREX EXTRA SENSITIVE DEVICE | Maxx | Tier 1 | OTC |
| FANTASY LUBRICATED | Maxx | Tier 1 | OTC |
| FANTASY LUBRICATED/SPERMICIDE | Maxx | Tier 1 | OTC |
| KAMELEON LUBRICATED | Maxx | Tier 1 | OTC |
| KIMONO COLORS DEVICE | Maxx | Tier 1 | OTC |
| KIMONO SPECIAL DEVICE | Maxx | Tier 1 | OTC |
| REALITY LATEX CONDOMS | Maxx | Tier 1 | OTC |
| REALITY LATEX/ULTRA TEXTURED DEVICE | Maxx | Tier 1 | OTC |
| REALITY LATEX/ULTRA THIN DEVICE | Maxx | Tier 1 | OTC |
| TRUSTEX COLOR CONDOMS + LUBE | Maxx | Tier 1 | OTC |
| TRUSTEX LUB/RIBBED/STUDDED | Maxx | Tier 1 | OTC |
| TRUSTEX LUB/SPERMICIDE EX ST | Maxx | Tier 1 | OTC |
| TRUSTEX LUB/SPERMICIDE XL | Maxx | Tier 1 | OTC |
| TRUSTEX LUBRICATED | Maxx | Tier 1 | OTC |
| TRUSTEX LUBRICATED EX LARGE | Maxx | Tier 1 | OTC |
| TRUSTEX LUBRICATED EXTRA ST | Maxx | Tier 1 | OTC |
| TRUSTEX LUBRICATED/SPERMICIDE | Maxx | Tier 1 | OTC; QLL (12 EA per 30 days) |
| TRUSTEX NATURAL CONDOMS + LUBE | Maxx | Tier 1 | OTC; QLL (12 EA per 30 days) |
| TRUSTEX NON-LUBRICATED | Kimono Micro Thin | Tier 1 | OTC |
| TRUSTEX RIA LUB/SPERMICIDE | Maxx | Tier 1 | OTC; QLL (12 EA per 30 days) |
| TRUSTEX RIA LUBRICATED | Maxx | Tier 1 | OTC; QLL (12 EA per 30 days) |
| TRUSTEX RIA NON-LUBRICATED | Kimono Micro Thin | Tier 1 | OTC |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | Maxx | Tier 1 | OTC; QLL (12 EA per 30 days) |
| *Diaphragms*** | | | |
| OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|---------------|---------------------|
| WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM | | Tier 1 | |
| WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM | | Tier 1 | |
| *Glucose Monitoring Test Supplies*** | | | |
| <i>Ist tier unilet comfortouch</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>acti-lance 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>acti-lance lite lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>acti-lance special lancets 17g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>acti-lance universal 23g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>adjustable lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>alternate site lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>aqua lance adjustable lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>assure comfort lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>aurora lancet super thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>aurora lancet thin 23g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>bullseye mini safety lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>careone advanced lancing dev</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>careone lancet thin 23g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>careone lancet ultra thin 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|---------------------|
| <i>comfort assured lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>comfort assured lancets 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>comfort lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>control in vitro solution</i> | Advance Intuition Control | Tier 1 | OTC |
| <i>cvs lancets 21g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>cvs lancets micro thin 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>cvs lancets original</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>cvs lancets thin 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>cvs lancets ultra thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>cvs lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>cvs ultra thin lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>diatrue control level 1 in vitro solution</i> | Advocate Control Solution | Tier 1 | OTC |
| <i>diatrue control level 2 in vitro solution</i> | Advance Intuition Control | Tier 1 | OTC |
| <i>diatrue control level 3 in vitro solution</i> | Advocate Control Solution | Tier 1 | OTC |
| <i>drug mart lancets thin 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>easy comfort lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>easy mini eject lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>easy mini lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>easy plus ii control in vitro solution</i> | Advocate Control Solution | Tier 1 | OTC |
| <i>easy talk control in vitro solution</i> | Advocate Control Solution | Tier 1 | OTC |
| <i>easy trak control in vitro solution</i> | Advocate Control Solution | Tier 1 | OTC |
| <i>element compact control 2 in vitro solution</i> | Accu-Chek Aviva | Tier 1 | OTC |
| <i>element compact control 3 in vitro solution</i> | Accu-Chek Aviva | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|---------------------|
| <i>eql color lancets 21g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>eql color lancets micro 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>eql super thin lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>eql thin lancets 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>freds pharmacy autolet lancing</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>freds pharmacy unilet lanc 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>freds pharmacy unilet lanc 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>ge100 control in vitro solution</i> | Advance Intuition Control | Tier 1 | OTC |
| <i>global inject ease lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>global inject ease lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>global lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>glucose control in vitro solution</i> | Accu-Chek Aviva | Tier 1 | OTC |
| <i>gnp lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp lancets 21g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp lancets micro thin 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp lancets super thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp lancets thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp lancets thin 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp micro thin lancets 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>gnp super thin lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>healthy accents lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>healthy accents unilet lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>h-e-b incontrol adv lancing</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>h-e-b incontrol lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--------------------------------------|----------------------------|---------------|---------------------|
| <i>h-e-b incontrol lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>h-e-b incontrol lancets 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>hy-vee thin lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>kinney lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>kinney thin lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets 21g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets micro thin 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets super thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets thin 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancets ultrathin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>croger lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>lancet device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>lancet device with ejector</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>lancet transporter case</i> | Autolet Platforms | Tier 1 | OTC |
| <i>lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancets micro thin 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancets super thin 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancets thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancets ultra thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---------------------------------------|----------------------------|---------------|---------------------|
| <i>leader advanced lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>lite touch lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>longs lancets standard</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>longs lancets thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>longs lancets ultra thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>medichoice safety lancet</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>medichoice safety lancet extra</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>medichoice safety lancet norm</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>mini lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>multi-lancet device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>pc lancets super thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>preferred plus lancets colored</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>preferred plus lancets thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>px advanced lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>px lancet auto injector</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>px lancets ultra thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>qc advanced lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>qc lancets super thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>qc lancets ultra thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>qc unilet lancets micro thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>ra lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>reality lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>reality trigger lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>safety lancet 21g/pressure act</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>safety lancet 28g/pressure act</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|---------------------|
| <i>safety lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>sapscore twist top lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>sb lancets thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>sb lancets ultra thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>select-lite device/lancets kit</i> | Accu-Chek FastClix Lancet | Tier 1 | OTC |
| <i>select-lite lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>sm lancets 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>super thin lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>supreme ii confidence paddles</i> | Chemstrip bG Log Book | Tier 1 | OTC |
| <i>supreme ii high/low control in vitro liquid</i> | Accu-Chek Aviva | Tier 1 | OTC |
| <i>sure comfort lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>sure comfort lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>sure comfort lancing pen</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>tgt lancet micro thin 33g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>tgt lancet thin 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>tgt lancet ultra thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>tgt lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>today's health lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |
| <i>today's health thin lancets 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>today's health thin lancets 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>travel lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>value plus lancet standard 21g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>value plus lancets super thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>value plus lancets thin 26g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>value plus lancing device</i> | Advocate Lancing Device | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| <i>valumark lancet super thin 30g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>valumark lancet ultra thin 28g</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>walgreens adv travel lancets</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>walgreens lancets micro thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| <i>walgreens lancets super thin</i> | Accu-Chek FastClix Lancets | Tier 1 | OTC |
| ACCU-CHEK AVIVA IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ACCU-CHEK COMPACT PLUS CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ACCU-CHEK FASTCLIX LANCET KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| ACCU-CHEK FASTCLIX LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ACCU-CHEK MULTICLIX LANCET DEV KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| ACCU-CHEK MULTICLIX LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ACCU-CHEK SAFE-T PRO LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ACCU-CHEK SOFT TOUCH LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ACCU-CHEK SOFTCLIX LANCET DEV KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| ACCU-CHEK SOFTCLIX LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ADVANCE INTUITION CONTROL IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| ADVANCE MICRO-DRAW CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ADVANCE MICRO-DRAW NORMAL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ADVOCATE CONTROL SOLUTION IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| ADVOCATE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| ADVOCATE LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ADVOCATE LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| ADVOCATE RAPID-SAFE LANCING | Multi-Lancet Device | Tier 1 | OTC |
| ADVOCATE REDI-CODE+ CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| ADVOCATE SAFETY LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ADVOCATE SAFETY LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| AGAMATRIX CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| AGAMATRIX ULTRA-THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE 3 CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ASSURE 4 CONTROL LEVEL 1 & 2 IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ASSURE DOSE CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| ASSURE DOSE NORM/HIGH CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ASSURE HAEMOLANCE PLUS HIGH | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE HAEMOLANCE PLUS LOW | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE HAEMOLANCE PLUS MICRO | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE HAEMOLANCE PLUS NORMAL | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE HAEMOLANCE PLUS PED | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE II CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ASSURE II CONTROL LEVEL 1 & 2 IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| ASSURE LANCE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE LANCE LANCETS 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE LANCE PLUS SAFETY 25G | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| ASSURE LANCE PLUS SAFETY 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ASSURE PRISM CONTROL LEVEL 1&2 IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ASSURE PRO CONTROL LEVEL 1 & 2 IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| AUTO-LANCET | Multi-Lancet Device | Tier 1 | OTC |
| AUTO-LANCET MINI | Multi-Lancet Device | Tier 1 | OTC |
| AUTOLET II CLINISAFE KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| AUTOLET LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| AUTOLET LITE CLINISAFE KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| AUTOLET LITE STARTER PACK KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| AUTOLET MINI | Multi-Lancet Device | Tier 1 | OTC |
| AUTOLET PLATFORMS | Lancet Transporter Case | Tier 1 | OTC |
| BD LANCET ULTRAFINE 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| BD LANCET ULTRAFINE 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| BD MICROTAINER LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| BULLSEYE SAFETY LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| CARDIOCOM LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| CARESENS CONTROL A IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| CHEMSTRIP BG LOG BOOK | Supreme II Confidence Paddles | Tier 1 | OTC |
| CLEANLET LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| CLEVER CHEK LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| CLEVER CHOICE GLUCOSE CONTROL IN VITRO LIQUID | DiaTrue Control Level 3 | Tier 1 | OTC |
| COAGUCHEK LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| COOL CONTROL A IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| COOL CONTROL B IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| DROPLET LANCETS ULTRA THIN 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| DROPLET LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| DRUG MART LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| DRUG MART ON-THE-GO LANCET 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| DRUG MART UNILET LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| DRUG MART UNILET LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| DUO-CARE CONTROL SOLUTION IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| EASY STEP CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| EASY TOUCH CONTROL HIGH & LOW IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| EASY TOUCH HEALTHPRO CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| EASY TOUCH LANCETS 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 23G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 26G/TWIST | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 28G/TWIST | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 30G/TWIST | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 32G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 32G/TWIST | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCETS 33G/TWIST | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| EASY TOUCH SAFETY LANCETS 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH SAFETY LANCETS 23G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH SAFETY LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TOUCH SAFETY LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASY TWIST & CAP LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EASYGLUCO CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| EASYMAX 15 LEVEL 1 CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| EASYMAX 15 LEVEL 2 CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| EASYMAX CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| ELEMENT CONTROL IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| EMBRACE CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| EMBRACE EVO CONTROL LEVEL 1 IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| EMBRACE EVO CONTROL LEVEL 2 IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| EMBRACE GLUCOSE CONTROL IN VITRO LIQUID | DiaTrue Control Level 3 | Tier 1 | OTC |
| EMBRACE LANCETS ULTRA THIN 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EMBRACE PRO GLUCOSE CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| EVENCARE CONTROL LOW/HIGH IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| EVENCARE G2 LOW/HIGH CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| EVENCARE G3 LOW/HIGH CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| EVENCARE MINI CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| EVOLUTION CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| E-Z JECT LANCET MICRO-THIN 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| E-Z JECT LANCET SUPER THIN 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| E-Z JECT LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| E-Z JECT LANCETS 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| E-Z JECT LANCETS THIN 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EZ SMART BLOOD GLUCOSE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EZ-LETS LANCETS 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EZ-LETS LANCETS 23G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EZ-LETS LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EZ-LETS LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| EZ-LETS LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FIFTY50 SAFETY SEAL LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FIFTY50 UNILET LANCETS 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FINE 30 | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FINGERSTIX LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FORA CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| FORA LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FORA LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| FORACARE GDH CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| FORTISCARE CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| FREESTYLE CONTROL SOLUTION IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| FREESTYLE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| FREESTYLE UNISTICK II LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| GENTLE-LET GP LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| GENTLE-LET LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| GENTLE-LET PLATFORMS | Lancet Transporter Case | Tier 1 | OTC |
| GLUCOCARD 01 CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| GLUCOCARD 01 CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| GLUCOCARD EXPRESSION CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| GLUCOCARD SHINE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| GLUCOCARD X-SENSOR CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| GLUCOCOM AUTOLINK TELEMONITOR | Supreme II Confidence Paddles | Tier 1 | OTC |
| GLUCOCOM CONTROL IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| GLUCOCOM LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| GLUCOCOM LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| GLUCOCOM LANCETS 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE LOW FLOW LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE PLUS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE PLUS HIGH FLOW | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE PLUS LOW FLOW | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE PLUS MAX FLOW | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HAEMOLANCE PLUS PEDIATRIC FLOW | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| HEALTH CARE LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| HYPOLANCE AST LANCING KIT | Select-Lite Device/Lancets | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| HY-VEE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| IN TOUCH | Supreme II Confidence Paddles | Tier 1 | OTC |
| IN TOUCH GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| IN TOUCH LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| IN TOUCH STERILE LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| INFINITY CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| LANCETS ULTRA FINE | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| LANCETS ULTRA THIN | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| LANZO | Multi-Lancet Device | Tier 1 | OTC |
| LIBERTY GLUCOSE CONTROL IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| LIBERTY GLUCOSE CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| LIBERTY GLUCOSE CONTROL MID IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| LIBERTY MEDICAL LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| LIBERTY MINI LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| LIFESCAN UNISTIK 2 | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| LIFESCAN UNISTIK II LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| LITE TOUCH LANCING PEN | Multi-Lancet Device | Tier 1 | OTC |
| LITETOUCH LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDISENSE GLUCOSE KETONE CONTR IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| MEDISENSE HI/MID/LOW CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| MEDISENSE HIGH/LOW CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| MEDISENSE MID CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| MEDISENSE THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| MEDLANCE EXTRA 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE LITE 25G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE PLUS EXTRA 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE PLUS LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE PLUS LITE 25G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE PLUS SPECIAL 0.8MM | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE PLUS SUPERLITE 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE PLUS UNIVERSAL 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEDLANCE UNIVERSAL 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEIJER LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEIJER LANCETS THIN | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEIJER LANCETS UNIVERSAL 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEIJER LANCETS UNIVERSAL 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEIJER LANCETS UNIVERSAL 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MEIJER SUPER THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MICRODOT CONTROL HIGH/LOW IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| MICROLET LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MONOLET LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MONOLET OPD LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MONOLETTOR SAFETY LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| MULTI-LANCET DEVICE 2 KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| MYGLUCOHEALTH CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| MYGLUCOHEALTH LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| NEUTEK 2TEK CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| NOVA MAX PLUS GLU/KET CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| NOVA SAFETY LANCETS 23G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| NOVA SAFETY LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| NOVA SUREFLEX LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| NOVA SUREFLEX LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| ON CALL EXPRESS GLUCOSE CONTR IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ON CALL LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ON CALL LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| ON CALL PLUS GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ON CALL PLUS LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ON CALL PLUS LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| ON CALL VIVID GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ONETOUCH CLUB LANCETS FINE PT | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ONETOUCH DELICA LANCETS 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ONETOUCH DELICA LANCING DEV | Multi-Lancet Device | Tier 1 | OTC |
| ONETOUCH FINEPOINT LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ONETOUCH SURESOFT LANCING DEV | Lancet Transporter Case | Tier 1 | OTC |
| ONETOUCH ULTRA 2 KIT | Meijer Blood Glucose | Tier 1 | OTC |
| ONETOUCH ULTRA CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ONETOUCH ULTRA MINI KIT | Meijer Blood Glucose | Tier 1 | OTC |
| ONETOUCH ULTRALINK KIT | Meijer Blood Glucose | Tier 1 | OTC |
| ONETOUCH ULTRASOFT LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| ONETOUCH VERIO IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| ONETOUCH VERIO IQ SYSTEM KIT | Meijer Blood Glucose | Tier 1 | OTC |
| ONETOUCH VERIO KIT | Meijer Blood Glucose | Tier 1 | OTC |
| OPTUMRX GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| PENLET II BLOOD SAMPLER KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| PENLET II REPLACEMENT CAP | Lancet Transporter Case | Tier 1 | OTC |
| PERFECT LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PERFECT LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PHARMACIST CHOICE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PHARMACY COUNTER LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| POCKETCHEM EZ CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| PRECISION GLUCOSE CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| PRECISION GLUCOSE CONTROL SOLN IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| PRECISION GLUCOSE KETONE CONTR IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| PRECISION GLUCOSE/KETONE CONTR IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| PRECISION THINS GP LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PRODIGY CONTROL SOLUTION IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| PRODIGY LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PRODIGY LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| PRODIGY TWIST TOP LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PSS SELECT GP LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| PSS SELECT PLATFORMS | Lancet Transporter Case | Tier 1 | OTC |
| PSS SELECT SAFETY LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| QUICKTEK CONTROL SOLUTION IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| QUINTET CONTROL HIGH/NORMAL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| RA E-ZJECT COLOR LANCETS 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RA E-ZJECT LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RA E-ZJECT LANCETS THIN 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RA E-ZJECT LANCETS THIN 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RA E-ZJECT LANCETS ULTRA THIN | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| REFUAH PLUS GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| RELION LANCETS MICRO-THIN 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RELION LANCETS STANDARD 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RELION LANCETS THIN 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RELION LANCETS ULTRA-THIN 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RELION LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| RELION LANCING DEVICE KIT | Select-Lite Device/Lancets | Tier 1 | OTC |
| RELION ULTRA THIN LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RELION ULTRA THIN PLUS LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| REXALL LANCETS ULTRA THIN 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| RIGHTEST ALTERNATE SITE ADAPT | Lancet Transporter Case | Tier 1 | OTC |
| RIGHTEST GC300 CONTROL IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| RIGHTEST GD500 LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| RIGHTEST GL300 LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SAFE-T-LANCE | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| SAFE-T-LANCE PLUS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SAFETY LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SAFETY LANCETS 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SAFETY LET LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SAFETY SEAL LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SHOPKO AUTOLET LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| SHOPKO ON-THE-GO LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SHOPKO UNILET LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SHOPKO UNILET LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SIMPLE DIAGNOSTICS LANCING DEV | Multi-Lancet Device | Tier 1 | OTC |
| SINGLE-LET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SMART DIABETES VANTAGE LANCING | Multi-Lancet Device | Tier 1 | OTC |
| SMART SENSE COLOR LANCETS 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SMART SENSE STANDARD LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SMART SENSE SUPER THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SMART SENSE THIN LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SMARTEST CONTROL MEDIUM IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| SMARTEST LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SOLARTEK GLUCOSE CONTROL IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| SOLUS V2 CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| SOLUS V2 LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SOLUS V2 LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| SOLUS V2 TWIST LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| STERILANCE PA | Lancet Transporter Case | Tier 1 | OTC |
| STERILANCE TL | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SURE-LANCE FLAT LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SURE-LANCE LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SURE-LANCE THIN LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SURE-LANCE ULTRA THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SURELITE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| SURE-PEN | Multi-Lancet Device | Tier 1 | OTC |
| SURESTEP GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| SURESTEP PRO HIGH GLUCOSE IN VITRO LIQUID | DiaTrue Control Level 3 | Tier 1 | OTC |
| SURESTEP PRO LINEARITY KIT | Supreme II Confidence Paddles | Tier 1 | OTC |
| SURESTEP PRO LOW GLUCOSE IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| SURESTEP PRO NORMAL GLUCOSE IN VITRO LIQUID | Easy Talk Control | Tier 1 | OTC |
| SURE-TOUCH LANCETS UNIVERSAL | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TAI DOC CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| TECHLITE AST LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TECHLITE LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TECHLITE LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TELCARE GLUCOSE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| THINLETS GP LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TRACER II 3 VOLT BATTERY | Supreme II Confidence Paddles | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| TRUE METRIX LEVEL 1 IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| TRUE METRIX LEVEL 2 IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| TRUE METRIX LEVEL 3 IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| TRUECONTROL GLUCOSE CONT LEV 0 IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| TRUECONTROL GLUCOSE CONT LEV 1 IN VITRO LIQUID | Glucose Control | Tier 1 | OTC |
| TRUEDRAW LANCING DEVICE | Multi-Lancet Device | Tier 1 | OTC |
| TRUEPLUS LANCETS 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TRUEPLUS LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TRUEPLUS LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TRUEPLUS LANCETS 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| TRUEPLUS SAFETY LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ULTI-LANCE AUTOMATIC | Multi-Lancet Device | Tier 1 | OTC |
| ULTILET CLASSIC LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ULTILET LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ULTILET SAFETY LANCETS 23G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ULTRALANCE | Lancet Transporter Case | Tier 1 | OTC |
| ULTRA-THIN II AUTO LANCET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ULTRA-THIN II LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| ULTRATRAK PRO CONTROL IN VITRO SOLUTION | Easy Talk Control | Tier 1 | OTC |
| ULTRATRAK ULTIMATE CONTROL IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| UNILET COMFORTOUCH LANCET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET EXCELITE | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET EXCELITE II | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--------------------------------------|--------------------------------|---------------|---------------------|
| UNILET G.P. LANCET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET G.P. SUPERLITE LANCET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET GP 28 ULTRA THIN | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET LANCET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET MICRO-THIN 33G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET SUPERLITE LANCET | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET SUPER-THIN 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNILET ULTRA-THIN 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTIK 1 | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 2 | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 2 COMFORT | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 2 EXTRA | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 2 NEONATAL | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 2 NORMAL | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 2 SUPER | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 3 | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 3 COMFORT | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 3 EXTRA | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 3 GENTLE | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTIK 3 NEONATAL | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK 3 NORMAL | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK CZT COMFORT | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK CZT NORMAL | Lancet Transporter Case | Tier 1 | OTC |
| UNISTIK SAFETY LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTIK SAFETY LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTIK TOUCH SAFETY LANC 21G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTIK TOUCH SAFETY LANC 23G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTIK TOUCH SAFETY LANC 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| UNISTIK TOUCH SAFETY LANC 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNISTRIP CONTROL IN VITRO SOLUTION | DiaTrue Control Level 3 | Tier 1 | OTC |
| UNIVERSAL 1 LANCETS THIN 26G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| UNIVERSAL 1 LANCETS ULTRA THIN | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| VICTORY CONTROL LEVEL 1/2 IN VITRO SOLUTION | Glucose Control | Tier 1 | OTC |
| VIDA MIA AUTOLET LANCING DEV | Multi-Lancet Device | Tier 1 | OTC |
| VIDA MIA UNILET LANCETS 28G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| VIDA MIA UNILET LANCETS 30G | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| VITALET PRO LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| VITALET PRO PLUS LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| WALGREENS LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| WALGREENS THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| WALGREENS ULTRA THIN LANCETS | Global Inject Ease Lancets 28G | Tier 1 | OTC |
| *Needles & Syringes*** | | | |
| <i>careone insulin syringe</i> | BD Insulin Syringe U/F | Tier 1 | OTC |
| <i>easy comfort insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>elite-thin insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>eql insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>global inject ease insulin syr</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>gnp insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>gnp ultra com insulin syringe</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>insulin syringe/needle</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>kinray insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>kmart valu insulin syringe 29g</i> | | Tier 1 | OTC |
| <i>kmart valu insulin syringe 30g</i> | BD Insulin Syringe | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------------------|---------------|----------------------------------|
| <i>croger insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>leader insulin syringe</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>longs insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>medic insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>ms insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>preferred plus insulin syringe</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>px insulin syringe</i> | BD Insulin Syringe Ultrafine | Tier 1 | OTC |
| <i>ra insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>reality insulin syringe</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>sb insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>sure comfort insulin syringe</i> | BD Insulin Syringe MicroFine | Tier 1 | OTC |
| <i>syringe</i> | Monoject Magellan Syringe | Tier 1 | OTC |
| <i>syringe luer slip</i> | BD Luer-Lok Syringe | Tier 1 | OTC |
| <i>topcare ultra comfort ins syr</i> | Advocate Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| <i>ultra comfort insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>ultra-comfort insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>value health insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| <i>vp insulin syringe</i> | Advocate Insulin Syringe | Tier 1 | OTC |
| ADVOCATE INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| ASSURE ID INSULIN SAFETY SYR | Elite-Thin Insulin Syringe | Tier 1 | |
| BD AUTOSHIELD | | Tier 1 | ST; OTC |
| BD AUTOSHIELD DUO | Pen Needles | Tier 1 | ST; OTC |
| BD INSULIN SYR ULTRAFINE II | Longs Insulin Syringe | Tier 1 | ST; OTC |
| BD INSULIN SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML | | Tier 1 | OTC |
| BD INSULIN SYRINGE 27G X 1/2" 1 ML | Safety Insulin Syringes | Tier 1 | OTC |
| BD INSULIN SYRINGE 29G X 1/2" 1 ML | Kroger Insulin Syringe | Tier 1 | ST; OTC |
| BD INSULIN SYRINGE MICROFINE | Leader Insulin Syringe | Tier 1 | OTC |
| BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML | Global Inject Ease Insulin Syr | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML | Global Inject Ease Insulin Syr | Tier 1 | ST; OTC |
| BD INSULIN SYRINGE U-100 1 ML | Kmart Valu Insulin Syringe 30G | Tier 1 | OTC |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML | Leader Insulin Syringe | Tier 1 | ST; OTC |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML | Elite-Thin Insulin Syringe | Tier 1 | ST; OTC |
| BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML | Kroger Insulin Syringe | Tier 1 | ST; OTC |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML | Global Inject Ease Insulin Syr | Tier 1 | OTC |
| BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML | Insulin Syringe | Tier 1 | OTC |
| BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML | Longs Insulin Syringe | Tier 1 | ST; OTC |
| BD LUER-LOK SYRINGE | | Tier 1 | OTC |
| BD PEN NEEDLE MICRO U/F | Sure Comfort Pen Needles | Tier 1 | ST; OTC |
| BD PEN NEEDLE MINI U/F | Sure Comfort Pen Needles | Tier 1 | ST; OTC |
| BD PEN NEEDLE NANO U/F | Insupen Pen Needles | Tier 1 | ST |
| BD PEN NEEDLE ORIGINAL U/F | Sure Comfort Pen Needles | Tier 1 | ST; OTC |
| BD PEN NEEDLE SHORT U/F | Pen Needles | Tier 1 | ST; OTC |
| BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML | Global Inject Ease Insulin Syr | Tier 1 | ST; OTC |
| BD SAFETY-LOK INSULIN SYRINGE | Kroger Insulin Syringe | Tier 1 | ST; OTC |
| COMFORT ASSIST INSULIN SYRINGE | Kroger Insulin Syringe | Tier 1 | OTC |
| COMFORT EZ INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| EASY TOUCH FLIPLOCK INSULIN SY | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| EASY TOUCH FLIPLOCK SAFETY SYR | Syringe Luer Slip | Tier 1 | OTC |
| EASY TOUCH FLURINGE | | Tier 1 | OTC |
| EASY TOUCH FLURINGE FLIPLOCK | | Tier 1 | OTC |
| EASY TOUCH FLURINGE SHEATHLOCK | | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|-------------------------------|
| EASY TOUCH INSULIN SAFETY SYR | Global Inject Ease Insulin Syr | Tier 1 | OTC |
| EASY TOUCH INSULIN SYRINGE | Leader Insulin Syringe | Tier 1 | OTC |
| EASY TOUCH SAFETY SYRINGE | | Tier 1 | OTC |
| EASY TOUCH SHEATHLOCK SYRINGE | Global Inject Ease Insulin Syr | Tier 1 | OTC; QLL (100 EA per 30 days) |
| EASY TOUCH TB SHEATHLOCK SYR | | Tier 1 | OTC |
| EXEL COMFORT POINT INSULIN SYR | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| FIFTY50 SUPERIOR COMFORT SYR | Global Inject Ease Insulin Syr | Tier 1 | OTC; QLL (100 EA per 30 days) |
| FREESTYLE PRECISION INS SYR | Elite-Thin Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| GLUCOPRO INSULIN SYRINGE | Global Inject Ease Insulin Syr | Tier 1 | OTC |
| HM ULTICARE INSULIN SYRINGE | Global Inject Ease Insulin Syr | Tier 1 | OTC |
| LITETOUCH INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| MAGELLAN INSULIN SAFETY SYR | Kroger Insulin Syringe | Tier 1 | |
| MAXI-COMFORT INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML | | Tier 1 | OTC |
| MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML | Safety Insulin Syringes | Tier 1 | |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML | Elite-Thin Insulin Syringe | Tier 1 | |
| MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML | Leader Insulin Syringe | Tier 1 | |
| MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML | Kroger Insulin Syringe | Tier 1 | |
| MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML | Sure Comfort Insulin Syringe | Tier 1 | |
| MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| MONOJECT INSULIN SYRINGE U-100 1 ML | Kmart Valu Insulin Syringe 30G | Tier 1 | |
| MONOJECT LIFESHIELD SYRINGE | Syringe/Hypodermic Safety | Tier 1 | |
| MONOJECT MAGELLAN SYRINGE | | Tier 1 | |
| MONOJECT SYRINGE | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|-------------------------------|
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML | Elite-Thin Insulin Syringe | Tier 1 | QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML | Leader Insulin Syringe | Tier 1 | QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.3 ML | Leader Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML | Elite-Thin Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML | Kroger Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML | Sure Comfort Insulin Syringe | Tier 1 | QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.3 ML | Global Inject Ease Insulin Syr | Tier 1 | OTC; QLL (100 EA per 30 days) |
| MONOJECT ULTRA COMFORT SYRINGE 31G X 5/16" 0.5 ML | Longs Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| PRECISION SUREDOSE PLUS SYR | Kroger Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| PRECISION SURE-DOSE SYRINGE | Leader Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| PRODIGY INSULIN SYRINGE | Longs Insulin Syringe | Tier 1 | OTC |
| RELION INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| RELI-ON INSULIN SYRINGE | | Tier 1 | OTC |
| SAFESNAP INSULIN SYRINGE | Kroger Insulin Syringe | Tier 1 | OTC |
| SURE-JECT INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| TRUEPLUS INSULIN SYRINGE | Leader Insulin Syringe | Tier 1 | OTC |
| ULTICARE INSULIN SAFETY SYR | Elite-Thin Insulin Syringe | Tier 1 | |
| ULTICARE INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| ULTICARE SYRINGE | Dialysis Safety Syringe/Needle | Tier 1 | OTC |
| ULTILET INSULIN SYRINGE SHORT | Sure Comfort Insulin Syringe | Tier 1 | OTC |
| ULTRA-THIN II INS SYR SHORT | Elite-Thin Insulin Syringe | Tier 1 | OTC; QLL (100 EA per 30 days) |
| ULTRA-THIN II INSULIN SYRINGE | Elite-Thin Insulin Syringe | Tier 1 | OTC |
| VANISHPOINT INSULIN SYRINGE | Kroger Insulin Syringe | Tier 1 | OTC |
| VANISHPOINT SYRINGE | | Tier 1 | OTC |
| *Peak Flow Meters*** | | | |
| <i>peak flow meter universal rang device</i> | Airzone Peak Flow Meter | Tier 1 | OTC; QLL (2 EA per 1 Year) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------------------|---------------|----------------------------|
| AIRZONE PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| ASSESS FULL RANGE PEAK METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| ASSESS LOW RANGE PEAK METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| ASSESS PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| ASTHMA CHECK METER-ZONE SYSTEM DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| ASTHMAMENTOR DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| MICROLIFE DIGITAL PEAK FLOW DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| MINI WRIGHT PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| PEAK AIR PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| PERSONAL BEST FULL RANGE DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| PERSONAL BEST LOW RANGE DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| PIKO 1 DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| POCKET PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| POCKETPEAK PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | OTC; QLL (2 EA per 1 Year) |
| TRUZONE PEAK FLOW METER DEVICE | Peak Flow Meter Universal Rang | Tier 1 | QLL (2 EA per 1 Year) |
| *Respiratory Therapy Supplies*** | | | |
| BREATHERITE VALVED MDI CHAMBER DEVICE | Nebulizer | Tier 1 | QLL (2 EA per 1 year) |
| PRIMEAIRE HOLDING CHAMBER DEVICE | Nebulizer | Tier 1 | QLL (2 EA per 1 year) |
| VORTEX HOLDING CHAMBER/MASK DEVICE | Nebulizer | Tier 1 | QLL (2 EA per 1 year) |
| *Spacer/Aerosol-Holding Chambers & Supplies*** | | | |
| <i>valved holding chamber device</i> | AeroChamber Mini Chamber | Tier 1 | QLL (2 EA per 1 year) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|---------------------|---------------|----------------------------|
| AEROCHAMBER MINI CHAMBER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER MV | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER PLUS FLO-VU | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER PLUS FLO-VU LARGE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER PLUS FLO-VU MEDIUM | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER PLUS FLO-VU SMALL | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER PLUS FLO-VU W/MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER PLUS FLOW VU | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER W/FLOWSIGNAL | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER Z-STAT PLUS | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER Z-STAT PLUS CHAMBR | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER Z-STAT PLUS/LARGE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER Z-STAT PLUS/MEDIUM | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROCHAMBER Z-STAT PLUS/SMALL | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| AEROVENT PLUS DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| ARIAL CHAMBER DEVICE | Breathe Ease Medium | Tier 1 | OTC; QLL (2 EA per 1 year) |
| BREATHERITE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE COLL SPACER ADULT | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE COLL SPACER CHILD | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE COLL SPACER INFANT | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE RIGID SPACER/MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE SPACER NEONATE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE SPACER SMALL CHILD | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE/LARGE MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE/MEDIUM MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| BREATHERITE/SMALL MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|---------------------|---------------|-----------------------|
| COMPACT SPACE CHAMBER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| COMPACT SPACE CHAMBER/LG MASK DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| COMPACT SPACE CHAMBER/MED MASK DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| COMPACT SPACE CHAMBER/SM MASK DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| EASIVENT | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| EASIVENT MASK LARGE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| EASIVENT MASK MEDIUM | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| EASIVENT MASK SMALL | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| FLEXICHAMBER ADULT MASK/SMALL | | Tier 1 | QLL (2 EA per 1 year) |
| FLEXICHAMBER CHILD MASK/LARGE | | Tier 1 | QLL (2 EA per 1 year) |
| FLEXICHAMBER CHILD MASK/SMALL | | Tier 1 | QLL (2 EA per 1 year) |
| FLEXICHAMBER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| INSPIRACHAMBER/LARGE DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| INSPIRACHAMBER/MEDIUM DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| INSPIRACHAMBER/MOUTHPIECE DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| INSPIRACHAMBER/SMALL DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| INSPIREASE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| LITEAIRE DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| MICROCHAMBER | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| MICROSPACER | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER ADVANTAGE-LG MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER ADVANTAGE-MED MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER ADVANTAGE-SM MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER DIAMOND | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER DIAMOND-LG MASK DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER DIAMOND-MD MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------|---------------|----------------------------|
| OPTICHAMBER DIAMOND-SM MASK | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| OPTICHAMBER FACE MASK-LARGE | Breathe Ease Medium | Tier 1 | OTC; QLL (2 EA per 1 year) |
| OPTICHAMBER FACE MASK-MEDIUM | Breathe Ease Medium | Tier 1 | OTC; QLL (2 EA per 1 year) |
| OPTICHAMBER FACE MASK-SMALL | Breathe Ease Medium | Tier 1 | OTC; QLL (2 EA per 1 year) |
| OPTIHALER | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| OPTIHALER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| POCKET CHAMBER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| POCKET SPACER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| RITEFLO DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| VORTEX VALVED HOLDING CHAMBER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 year) |
| WATCHHALER DEVICE | Breathe Ease Medium | Tier 1 | QLL (2 EA per 1 Year) |
| *MIGRAINE PRODUCTS* | | | |
| *Selective Serotonin Agonists 5-Ht(1)*** | | | |
| <i>naratriptan hcl oral tablet</i> | Amerge | Tier 1 | QLL (9 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet</i> | | Tier 1 | QLL (9 EA per 30 days) |
| <i>rizatriptan benzoate oral tablet dispersible</i> | | Tier 1 | QLL (9 EA per 30 days) |
| <i>sumatriptan nasal solution</i> | Imitrex | Tier 1 | QLL (6 EA per 30 days) |
| <i>sumatriptan succinate oral tablet</i> | Imitrex | Tier 1 | QLL (9 EA per 30 days) |
| <i>sumatriptan succinate refill subcutaneous solution cartridge</i> | Imitrex STATdose Refill | Tier 1 | QLL (4 Vials per 30 days) |
| <i>sumatriptan succinate subcutaneous solution</i> | Imitrex | Tier 1 | QLL (4 Vials per 30 days) |
| <i>sumatriptan succinate subcutaneous solution auto-injector</i> | Imitrex STATdose System | Tier 1 | QLL (4 Vials per 30 days) |
| *MINERALS & ELECTROLYTES* | | | |
| *Bicarbonates*** | | | |
| <i>sodium acetate intravenous solution</i> | | Tier 1 | PA |
| <i>sodium bicarbonate intravenous solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|---------------------|---------------|---------------------|
| *Calcium Combinations*** | | | |
| <i>calcium + d3 oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 500 + d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 500 +d oral tablet</i> | Oystercal-D | Tier 1 | OTC |
| <i>calcium 500/d oral tablet</i> | RA Hi Cal | Tier 1 | OTC |
| <i>calcium 500/d oral tablet chewable</i> | | Tier 1 | OTC |
| <i>calcium 500/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 500+d high potency oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 500+d oral tablet</i> | Oystercal-D | Tier 1 | OTC |
| <i>calcium 600 + d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600 + minerals oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600+d high potency oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600+d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600+d plus minerals oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600+d plus minerals oral tablet chewable</i> | | Tier 1 | OTC |
| <i>calcium 600+d3 oral tablet</i> | | Tier 1 | OTC |
| <i>calcium 600-d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium carbonate-vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium carbonate-vitamin d3 oral tablet</i> | | Tier 1 | OTC |
| <i>calcium high potency/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>calcium oral tablet</i> | | Tier 1 | OTC |
| <i>calcium-vitamin d oral tablet</i> | Os-Cal Calcium + D3 | Tier 1 | OTC |
| <i>calcium-vitamin d3 oral tablet</i> | Oystercal-D | Tier 1 | OTC |
| <i>calcium-vitamin d-minerals oral tablet chewable</i> | | Tier 1 | OTC |
| <i>eq calcium 500+d oral tablet</i> | Os-Cal Calcium + D3 | Tier 1 | OTC |
| <i>eql calcium/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>gnp calcium 500/d oral tablet</i> | RA Hi Cal | Tier 1 | OTC |
| <i>gnp calcium 600 plus d/mineral oral tablet</i> | | Tier 1 | OTC |
| <i>gnp calcium 600/d oral tablet</i> | | Tier 1 | OTC |
| <i>gnp calcium plus 600 +d oral tablet</i> | | Tier 1 | OTC |
| <i>gnp calcium/vitamin d/minerals oral tablet chewable</i> | | Tier 1 | OTC |
| <i>hm calcium-vitamin d oral tablet</i> | Os-Cal Calcium + D3 | Tier 1 | OTC |
| <i>hm calcium-vitamin d-minerals oral tablet</i> | | Tier 1 | OTC |
| <i>kp calcium 600+d oral tablet</i> | | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|---------------------|---------------|---------------------|
| <i>oscal 500/200 d-3 oral tablet</i> | RA Hi Cal | Tier 1 | OTC |
| <i>oyster calcium + d oral tablet</i> | | Tier 1 | OTC |
| <i>oyster shell calcium + d oral tablet</i> | Os-Cal Calcium + D3 | Tier 1 | OTC |
| <i>oyster shell calcium + d3 oral tablet</i> | Oystercal-D | Tier 1 | OTC |
| <i>oyster shell calcium 250+d oral tablet</i> | | Tier 1 | OTC |
| <i>oyster shell calcium 500 + d oral tablet</i> | | Tier 1 | OTC |
| <i>oyster shell calcium 500+d oral tablet chewable</i> | | Tier 1 | OTC |
| <i>oyster shell calcium oral tablet</i> | Oystercal-D | Tier 1 | OTC |
| <i>oyster shell calcium plus d oral tablet</i> | | Tier 1 | OTC |
| <i>oyster shell calcium/d oral tablet</i> | | Tier 1 | OTC |
| <i>oyster shell calcium/d3 oral tablet</i> | | Tier 1 | OTC |
| <i>oyster shell calcium/vitamin d oral tablet</i> | Os-Cal Calcium + D3 | Tier 1 | OTC |
| <i>oyster shell/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>pa calcium/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>pa oyster shell calcium oral tablet</i> | RA Hi Cal | Tier 1 | OTC |
| <i>px calcium&d oral tablet</i> | | Tier 1 | OTC |
| <i>qc calcium/minerals/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium 600/vit d/minerals oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium 600/vit d/minerals oral tablet chewable</i> | | Tier 1 | OTC |
| <i>ra calcium 600/vitamin d-3 oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium plus vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium plus vitamin d3 oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium/minerals/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>ra oyster shell calcium/d oral tablet</i> | | Tier 1 | OTC |
| <i>risacal-d oral tablet</i> | | Tier 1 | OTC |
| <i>sb calcium + d oral tablet</i> | | Tier 1 | OTC |
| <i>sm calcium 500/vitamin d3 oral tablet</i> | | Tier 1 | OTC |
| <i>sm calcium 600/vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>sm calcium-vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>sm oyster shell calcium/vit d oral tablet</i> | | Tier 1 | OTC |
| <i>sm oyster shell calcium/vit d3 oral tablet</i> | Oystercal-D | Tier 1 | OTC |
| <i>super calcium 600 + d 400 oral tablet</i> | | Tier 1 | OTC |
| <i>super calcium 600 + d3 oral tablet</i> | | Tier 1 | OTC |
| OS-CAL CALCIUM + D3 ORAL TABLET | Calcium/Vitamin D | Tier 1 | OTC |
| OYSCO 500+D ORAL TABLET | Calcium/Vitamin D | Tier 1 | OTC |
| OYSTERCAL-D ORAL TABLET | Calcium 500+D | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------|---------------|---------------------|
| RA HI CAL ORAL TABLET | Oscal 500/200 D-3 | Tier 1 | OTC |
| RA HI-CAL PLUS VITAMIN D ORAL TABLET | Oscal 500/200 D-3 | Tier 1 | OTC |
| *Calcium*** | | | |
| <i>calcium 600 high potency oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| <i>calcium 600 oral tablet</i> | Caltrate 600 | Tier 1 | OTC |
| <i>calcium carbonate extra light powder</i> | | Tier 1 | OTC |
| <i>calcium carbonate light powder</i> | | Tier 1 | |
| <i>calcium carbonate oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| <i>calcium carbonate powder</i> | | Tier 1 | |
| <i>calcium chloride intravenous solution</i> | | Tier 1 | PA |
| <i>calcium citrate oral tablet</i> | | Tier 1 | OTC |
| <i>calcium high potency oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| <i>calcium oral tablet</i> | | Tier 1 | OTC |
| <i>calcium oyster shell oral tablet</i> | | Tier 1 | OTC |
| <i>cvs calcium carbonate oral tablet</i> | | Tier 1 | OTC |
| <i>gnp calcium oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| <i>oyster shell calcium oral tablet</i> | Oysco 500 | Tier 1 | OTC |
| <i>qc calcium fast dissolution oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| <i>ra calcium 600 oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| <i>ra calcium hi-cal oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium high potency oral tablet</i> | | Tier 1 | OTC |
| <i>ra calcium oral tablet</i> | | Tier 1 | OTC |
| <i>ra oyster shell calcium oral tablet</i> | Oysco 500 | Tier 1 | OTC |
| <i>sb oyster shell calcium oral tablet</i> | Oysco 500 | Tier 1 | OTC |
| <i>super calcium oral tablet</i> | High Potency Calcium | Tier 1 | OTC |
| CALCITRATE ORAL TABLET | | Tier 1 | OTC |
| CALTRATE 600 ORAL TABLET | Calcium 600 | Tier 1 | OTC |
| HIGH POTENCY CALCIUM ORAL TABLET | Super Calcium | Tier 1 | OTC |
| OYSCO 500 ORAL TABLET | RA Oyster Shell Calcium | Tier 1 | OTC |
| OYSTERCAL ORAL TABLET | RA Oyster Shell Calcium | Tier 1 | OTC |
| RA HI-CAL ORAL TABLET | RA Oyster Shell Calcium | Tier 1 | OTC |
| *Electrolytes & Dextrose*** | | | |
| <i>dextrose 5%/electrolyte #48 intravenous solution</i> | | Tier 1 | |
| <i>dextrose in lactated ringers intravenous solution</i> | | Tier 1 | |
| <i>dextrose-nacl intravenous solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------------|---------------|---------------------|
| <i>kcl in dextrose-nacl intravenous solution</i> | | Tier 1 | |
| <i>kcl-lactated ringers-d5w intravenous solution</i> | | Tier 1 | |
| <i>potassium chloride in dextrose intravenous solution</i> | | Tier 1 | |
| IONOSOL-MB IN D5W INTRAVENOUS SOLUTION | | Tier 1 | |
| ISOLYTE-P IN D5W INTRAVENOUS SOLUTION | | Tier 1 | |
| NORMOSOL-M IN D5W INTRAVENOUS SOLUTION | | Tier 1 | |
| NORMOSOL-R IN D5W INTRAVENOUS SOLUTION | | Tier 1 | |
| *Electrolytes Oral*** | | | |
| <i>cvs electrolyte solution oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>cvs ped electrolyte freeze pop oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>cvs pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>gnp pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>h-e-b oral electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>hm pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>oral electrolyte freezer pops oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>oral electrolytes oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>ped electrolyte freeze pops oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>ped electrolyte freezer pops oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>pediatric electrolyte-zinc oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>ra ped electrolyte freezer pop oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>ra pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------------------|---------------|---------------------|
| <i>sb pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| <i>sm pediatric electrolyte oral solution</i> | Advantage Care Electrolyte Ped | Tier 1 | OTC |
| ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION | CVS Electrolyte Solution | Tier 1 | OTC |
| CERALYTE 70 ORAL SOLUTION | CVS Electrolyte Solution | Tier 1 | OTC |
| ORALYTE FREEZER POPS ORAL SOLUTION | CVS Electrolyte Solution | Tier 1 | OTC |
| ORALYTE ORAL SOLUTION | CVS Electrolyte Solution | Tier 1 | OTC |
| PEDIA VANCE ORAL SOLUTION | CVS Electrolyte Solution | Tier 1 | OTC |
| REHYDRALYTE ORAL SOLUTION | CVS Electrolyte Solution | Tier 1 | OTC |
| *Electrolytes Parenteral*** | | | |
| <i>kcl-lidocaine-nacl intravenous solution</i> | | Tier 1 | |
| <i>lactated ringers intravenous solution</i> | | Tier 1 | |
| <i>potassium chloride in nacl intravenous solution</i> | | Tier 1 | |
| <i>ringers intravenous solution</i> | | Tier 1 | |
| HYPERLYTE-CR INTRAVENOUS SOLUTION | | Tier 1 | |
| ISOLYTE-S INTRAVENOUS SOLUTION | | Tier 1 | |
| ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION | | Tier 1 | |
| NORMOSOL-R INTRAVENOUS SOLUTION | | Tier 1 | |
| NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION | | Tier 1 | |
| PLASMA-LYTE 148 INTRAVENOUS SOLUTION | | Tier 1 | |
| PLASMA-LYTE A INTRAVENOUS SOLUTION | | Tier 1 | |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION | | Tier 1 | |
| *Fluoride*** | | | |
| <i>fluoritab oral solution</i> | NaFrinse Drops | Tier 1 | |
| <i>fluoritab oral tablet chewable</i> | Ludent | Tier 1 | |
| <i>sodium fluoride oral solution</i> | | Tier 1 | |
| <i>sodium fluoride oral tablet</i> | | Tier 1 | |
| <i>sodium fluoride oral tablet chewable</i> | Ludent | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|---------------------|
| LUDENT ORAL TABLET CHEWABLE | Sodium Fluoride | Tier 1 | |
| NAFRINSE DROPS ORAL SOLUTION | Fluoritab | Tier 1 | |
| NAFRINSE ORAL TABLET CHEWABLE | Fluoritab | Tier 1 | |
| *Magnesium*** | | | |
| <i>gnp magnesium oral tablet</i> | | Tier 1 | OTC |
| <i>magnesium oral capsule</i> | | Tier 1 | OTC |
| <i>magnesium oral tablet</i> | | Tier 1 | OTC |
| <i>magnesium oxide -mg supplement oral tablet</i> | | Tier 1 | OTC |
| <i>magnesium oxide oral tablet</i> | | Tier 1 | OTC |
| <i>ra magnesium oral capsule</i> | | Tier 1 | OTC |
| <i>ra natural magnesium oral tablet</i> | | Tier 1 | OTC |
| <i>sm magnesium oral tablet</i> | | Tier 1 | OTC |
| *Phosphate*** | | | |
| <i>av-phos 250 neutral oral tablet</i> | Phospha 250 Neutral | Tier 1 | |
| <i>virt-phos 250 neutral oral tablet</i> | Phospha 250 Neutral | Tier 1 | |
| K-PHOS ORAL TABLET | | Tier 1 | |
| PHOSPHA 250 NEUTRAL ORAL TABLET | Virt-Phos 250 Neutral | Tier 1 | |
| *Potassium Combinations*** | | | |
| <i>pot bicarb-pot chloride oral tablet effervescent</i> | | Tier 1 | |
| *Potassium*** | | | |
| <i>potassium bicarbonate oral tablet effervescent</i> | Effer-K | Tier 1 | |
| <i>potassium chloride crys er oral tablet extended release</i> | Klor-Con M10 | Tier 1 | |
| <i>potassium chloride er oral capsule extended release</i> | Klor-Con Sprinkle | Tier 1 | |
| <i>potassium chloride er oral tablet extended release</i> | Klor-Con 10 | Tier 1 | |
| EFFER-K ORAL TABLET EFFERVESCENT | Potassium Bicarbonate | Tier 1 | |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE | Potassium Chloride ER | Tier 1 | |
| KLOR-CON M10 ORAL TABLET EXTENDED RELEASE | Potassium Chloride Crys ER | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|---------------------|
| KLOR-CON M15 ORAL TABLET EXTENDED RELEASE | | Tier 1 | |
| KLOR-CON M20 ORAL TABLET EXTENDED RELEASE | Potassium Chloride Crys ER | Tier 1 | |
| KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE | Potassium Chloride ER | Tier 1 | |
| KLOR-CON/EF ORAL TABLET EFFERVESCENT | Potassium Bicarbonate | Tier 1 | |
| K-PRIME ORAL TABLET EFFERVESCENT | Potassium Bicarbonate | Tier 1 | |
| *Sodium*** | | | |
| <i>normal saline flush intravenous solution</i> | Monoject Flush Syringe | Tier 1 | |
| <i>saline flush intravenous solution</i> | Monoject Flush Syringe | Tier 1 | |
| <i>sodium chloride flush intravenous solution</i> | Monoject Flush Syringe | Tier 1 | |
| <i>sodium chloride intravenous solution</i> | | Tier 1 | |
| MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION | Normal Saline Flush | Tier 1 | |
| MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION | Normal Saline Flush | Tier 1 | |
| SALINE FLUSH ZR INTRAVENOUS SOLUTION | Normal Saline Flush | Tier 1 | |
| SWABFLUSH SALINE FLUSH INTRAVENOUS SOLUTION | Normal Saline Flush | Tier 1 | |
| *Trace Mineral Combinations*** | | | |
| <i>multitrace-4 concentrate intravenous solution</i> | | Tier 1 | PA |
| <i>multitrace-5 concentrate intravenous solution</i> | | Tier 1 | PA |
| MULTITRACE-4 INTRAVENOUS SOLUTION | | Tier 1 | PA |
| MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION | | Tier 1 | PA |
| MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION | | Tier 1 | PA |
| MULTITRACE-5 INTRAVENOUS SOLUTION | | Tier 1 | PA |
| THE LIQUILIFT TRACE INTRAVENOUS KIT | | Tier 1 | PA |
| TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Trace Minerals*** | | | |
| <i>copper chloride intravenous solution</i> | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------|---------------|---------------------|
| <i>selenium intravenous solution</i> | | Tier 1 | PA |
| *MOUTH/THROAT/DENTAL AGENTS* | | | |
| *Anesthetics Topical Oral*** | | | |
| <i>lidocaine hcl mouth/throat solution</i> | | Tier 1 | |
| *Anti-Infectives - Throat*** | | | |
| <i>clotrimazole mouth/throat lozenge</i> | | Tier 1 | |
| <i>clotrimazole mouth/throat troche</i> | | Tier 1 | |
| <i>nystatin mouth/throat suspension</i> | | Tier 1 | |
| *Antiseptics - Mouth/Throat*** | | | |
| <i>chlorhexidine gluconate mouth/throat solution</i> | Paroex | Tier 1 | |
| PAROEX MOUTH/THROAT SOLUTION | Chlorhexidine Gluconate | Tier 1 | |
| *Fluoride Dental Products*** | | | |
| <i>neutral sodium fluoride mouth/throat solution</i> | PreviDent | Tier 1 | |
| <i>sf 5000 plus dental cream</i> | Denta 5000 Plus | Tier 1 | |
| <i>sf dental gel</i> | Cavarest | Tier 1 | |
| CAVAREST DENTAL GEL | SF | Tier 1 | |
| DENTA 5000 PLUS DENTAL CREAM | SF 5000 Plus | Tier 1 | |
| DENTAGEL DENTAL GEL | SF | Tier 1 | |
| PERIOMED MOUTH/THROAT CONCENTRATE | | Tier 1 | OTC |
| *Saliva Stimulants*** | | | |
| <i>pilocarpine hcl oral tablet</i> | Salagen | Tier 1 | |
| *Steroids - Mouth/Throat*** | | | |
| <i>triamcinolone acetonide mouth/throat paste</i> | Oralone | Tier 1 | |
| ORALONE MOUTH/THROAT PASTE | Triamcinolone Acetonide | Tier 1 | |
| *MULTIVITAMINS* | | | |
| *B-Complex W/ C & E + Zn*** | | | |
| <i>stress formula/zinc oral tablet</i> | | Tier 1 | OTC |
| *B-Complex W/ C & Folic Acid*** | | | |
| <i>stress formula oral tablet</i> | Milco-B-Forte | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------|---------------|---------------------|
| *B-Complex W/ Minerals*** | | | |
| <i>geriaton oral liquid</i> | Elderton | Tier 1 | OTC |
| *Multiple Vitamins W/ Iron*** | | | |
| <i>daily multiple vitamins/iron oral tablet</i> | | Tier 1 | OTC |
| <i>daily vitamin formula+iron oral tablet</i> | | Tier 1 | OTC |
| <i>daily-vitamin/iron oral tablet</i> | | Tier 1 | OTC |
| <i>daily-vite/iron/beta-carotene oral tablet</i> | | Tier 1 | OTC |
| <i>gnp one daily plus iron oral tablet</i> | | Tier 1 | OTC |
| <i>hm one daily/iron oral tablet</i> | | Tier 1 | OTC |
| <i>multi-day plus iron oral tablet</i> | | Tier 1 | OTC |
| <i>multiple vitamins/iron oral tablet</i> | | Tier 1 | OTC |
| <i>multi-vitamin/iron oral tablet</i> | | Tier 1 | OTC |
| <i>once daily/iron oral tablet</i> | | Tier 1 | OTC |
| <i>one daily multivitamin/iron oral tablet</i> | | Tier 1 | OTC |
| <i>one-daily/iron oral tablet</i> | | Tier 1 | OTC |
| <i>qc daily multivitamins/iron oral tablet</i> | | Tier 1 | OTC |
| <i>ra one daily multi-vit plus fe oral tablet</i> | | Tier 1 | OTC |
| <i>sm multiple vitamins/iron oral tablet</i> | | Tier 1 | OTC |
| <i>stress b complex/iron oral tablet</i> | | Tier 1 | OTC |
| <i>stress formula/iron oral tablet</i> | | Tier 1 | OTC |
| <i>tab-a-vite/iron oral tablet</i> | | Tier 1 | OTC |
| *Multiple Vitamins W/ Minerals*** | | | |
| <i>50+ adult eye health oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>a thru z advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z high potency oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z select 50+ advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z select 50+ mens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z select advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z select oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z select oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>a thru z select ultimate women oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>a thru z ultimate mens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>abc plus oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>actical oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>adult gummy oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>adult one daily gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------|---------------|---------------------|
| <i>antioxidant a/c/e/selenium oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>anti-oxidant formula oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>antioxidant formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>antioxidant formula/minerals oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>antioxidant oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>antioxidant protection formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>antioxidant vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>biosupp oral liquid</i> | Biotect Plus | Tier 1 | OTC |
| <i>biotin plus/calcium/vit d3 oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>body/hair/skin/nails oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>b-redi/red hearts/red roosters oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>centavite a-z complete-mineral oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>centravites 50 plus oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>centravites oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>century mature oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>century oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>certa plus oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>certagen oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>companion oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>complere oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>complete daily/lutein oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>complete energy oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>complete oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>complete pms support complex oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>complete senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>complete womens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>coral calcium plus oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>cvs daily gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>cvs daily multiple for men oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>cvs daily multiple women 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>cvs mens daily gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>cvs spectravite adult 50+ oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>cvs spectravite advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>cvs spectravite senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>cvs spectravite ultra mens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>cvs spectravite womens senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------|---------------|---------------------|
| <i>cvs womens active daily oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>cvs womens daily gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>daily betic oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily combo multi vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily mens health formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily multi 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily multi oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily multiple vitamins/min oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily multivitamin oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>daily vitamin formula+minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily vitamin plus oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>daily womens health formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>daily-vitamin maximum formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>diabetes health formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>dialyvite 800/ultra d oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eq complete multivit adult 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eq one daily womens health oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eql century mature oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eql century oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eql one daily mens health oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eql vision formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>essential balance oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>eyeprotect oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gerivite complete oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>glucoten oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>gnp century adults 50+ senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp century cardio health oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp century mature oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp century oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp century ultimate mens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp century ultimate womens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp diabetic support formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp hair/skin/nails oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp healthy eyes oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp healthy eyes supervision oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>gnp maximum one daily oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------|---------------|---------------------|
| <i>gnp mega multi for men oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp mega multi for women oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp one daily maximum oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp one daily mens 50+advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp one daily mens health 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp one daily mens/lycopene oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp one daily womens 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp one daily womens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp opti-vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp therapeutic-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>gnp womens one daily oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hair formula extra strength oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hair vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hair/skin/nails oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hair/skin/nails/biotin oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>healthy eyes oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hi-kovite 2-part formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hi-potency multi-vitamin oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hm antioxidant vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hm complete 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hm complete oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>hm multivitamin adult gummy oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>i-vite oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>i-vite protect oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>kp adults 50+ daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>kp adults daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>kp mens 50+ daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>kp mens daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>kp womens 50+ daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>kp womens daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>magnum-75 oral tablet extended release</i> | Endur-VM | Tier 1 | OTC |
| <i>maximum daily green oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>mega vm-80 oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>mega-marathon 100 tr oral tablet extended release</i> | Endur-VM | Tier 1 | OTC |
| <i>meijer advanced formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>mens daily formula/lycopene oral capsule</i> | ActivNutrients | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------|---------------|---------------------|
| <i>multi + omega-3 adult gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>multi adult gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>multi complete/iron oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multi for her 50+ oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>multi for her 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multi for her oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>multi for her oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multi for him 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multi vitamin/minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multi-day plus minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multilex oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multilex-t&m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multiple vit/minerals/no iron oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multiple vitamins/womens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multivitamin adults 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multivitamin gummies adult oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>multivitamin gummies mens oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>multi-vitamin gummies oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>multivitamin gummies womens oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>multi-vitamin menopausal oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>multi-vitamin/minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>myamulti oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>my-vitalife oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>ocutabs oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ocutabs-lutein oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily 50 plus oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily adults 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily calcium/iron oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily complete oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily for men 50+ advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily for men/lycopene oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily for women 50+ adv oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily for women oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily healthy weight adv oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------|---------------|---------------------|
| <i>one daily healthy weight oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily maximum oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily mens health oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily mens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily multivitamin men oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily multivitamin women oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily plus minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily womens 50 plus oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily womens 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily womens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>one daily/minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>optic-vites oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>optimum airvites oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>optimum pms oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>prevent oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>px advanced formula multivits oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>px complete senior multivits oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>px mens multivitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>qc daily multivit/multimineral oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>qc mens daily multivitamin oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>qc multi-vite 50 & over oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>qc multi-vite oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>qc therin-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>qc womens daily multivitamin oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>quintabs-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra central-vite energy oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra central-vite mens mature oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra central-vite senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra central-vite womens mature oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra hair/skin/nails oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra mature womens dietary supp oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra one daily energy formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra one daily gummy vites oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>ra one daily maximum oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra one daily mens 50+ w/vit d3 oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra one daily mens multi oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra one daily mens/vit d-3 oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|---------------------|
| <i>ra one daily womens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra stress formula advanced oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra stress formula energy oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra therapeutic m plus beta car oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ra vision vite plus zinc oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>senior tabs oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sentry adult oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sentry oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sentry senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm antioxidant vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm complete 50+ oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm complete 50+ ultimate mens oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm complete 50+ ultimate women oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm complete advanced formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm complete oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm complete senior formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm daily diet support oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm hair/skin/nails oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>sm opti-vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>stress b-complex/c/zinc oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super 28 formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super antioxidants protector oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>super aytinal 50 plus oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super aytinal oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super multiple oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>super multiple oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super natrul-100 oral tablet extended release</i> | Endur-VM | Tier 1 | OTC |
| <i>super thera vite m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super vikaps oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>super vita-mins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>superior 35 oral tablet extended release</i> | Endur-VM | Tier 1 | OTC |
| <i>support oral liquid</i> | Biotect Plus | Tier 1 | |
| <i>tgt multivitamin/multimineral oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>thera vital m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>therabasic-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>thera-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|---------------------------|---------------|---------------------|
| <i>therapeutic formula/hematinics oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>therapeutic m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>therapeutic-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>therapeutic-m/lutein oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>theravim-m oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>totalday multiple oral tablet extended release</i> | Endur-VM | Tier 1 | OTC |
| <i>ultra antioxidant formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ultra freeda oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ultra freeda/iron oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>ultra multi formula/iron oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>ultra-mega oral tablet extended release</i> | Endur-VM | Tier 1 | OTC |
| <i>vision formula/lutein oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vision plus oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>vision vitamins oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>visivites oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>visivites/lutein oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vita hair oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vitabasic complete oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vitabasic senior oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vitabex oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>vitamins a-d-e/selenium oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vitamins/minerals oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>vitatrum oral tablet chewable</i> | Advanced Multi EA | Tier 1 | OTC |
| <i>womens 50+ advanced oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>womens daily form/fa/ca/fe oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>womens daily formula oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| <i>womens multi oral capsule</i> | ActivNutrients | Tier 1 | OTC |
| <i>womens one daily oral tablet</i> | ABC Plus Senior | Tier 1 | OTC |
| BIOTECT PLUS ORAL LIQUID | Tropical Liquid Nutrition | Tier 1 | OTC |
| BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID | Tropical Liquid Nutrition | Tier 1 | OTC |
| CENTRUM ORAL LIQUID | Tropical Liquid Nutrition | Tier 1 | OTC |
| FORTAVIT ORAL LIQUID | Tropical Liquid Nutrition | Tier 1 | OTC |
| *Multivitamins*** | | | |
| <i>antioxidant formula oral capsule</i> | Chlorocaps | Tier 1 | OTC |
| <i>multivitamins oral capsule</i> | Chlorocaps | Tier 1 | OTC |
| <i>mv-one oral capsule</i> | Chlorocaps | Tier 1 | OTC |
| <i>vitamin e/folic acid/b-6/b-12 oral capsule</i> | Chlorocaps | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------------------|---------------|---------------------|
| INFUVITE ADULT INTRAVENOUS INJECTABLE | | Tier 1 | PA |
| M.V.I. ADULT INTRAVENOUS INJECTABLE | | Tier 1 | PA |
| *Ped Multiple Vitamins W/ Minerals & C*** | | | |
| <i>zoo friends gummies oral tablet chewable</i> | PX Childrens Vitamin | Tier 1 | OTC |
| PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE | GNP ZooChews Gummies | Tier 1 | OTC |
| *Ped Mv W/ Fluoride*** | | | |
| <i>multi-vitamin/fluoride oral solution</i> | Floriva Plus | Tier 1 | |
| <i>multivitamin/fluoride oral tablet chewable</i> | MVC-Fluoride | Tier 1 | |
| <i>multivitamins/fluoride oral tablet chewable</i> | MVC-Fluoride | Tier 1 | |
| *Ped Mv W/ Iron*** | | | |
| <i>bite-a-mins/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>chewable vite/iron childrens oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>child chewable vitamins/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>childrens multivitamin/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>childrens vitamins/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>fruity chews/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>gnp animal shapes plus iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>gnp childrens chewables/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>little animals plus iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>multivitamin drops/iron oral solution</i> | | Tier 1 | OTC |
| <i>qc childrens vitamins/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>ra childrens chewable vit/iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| <i>zoo friends plus iron oral tablet chewable</i> | Flintstones Plus Iron | Tier 1 | OTC |
| BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION | Poly-Vitamin/Iron | Tier 1 | OTC |
| FLINTSTONES PLUS IRON ORAL TABLET CHEWABLE | Fruity Chews/Iron | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|---------------------|
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE | Fruity Chews/Iron | Tier 1 | OTC |
| *Ped Vitamins Acd W/ Fluoride*** | | | |
| <i>tri-vitamin/fluoride oral solution</i> | | Tier 1 | |
| <i>vitamins acd-fluoride oral solution</i> | | Tier 1 | |
| *Pediatric Multiple Vitamins W/ C & Fa*** | | | |
| <i>animal chews oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>bite-a-mins oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>chewable vite childrens oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>childrens chewable vitamins oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>fruity chews oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>gnp animal shapes oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>gnp little ones childrens oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>little animals oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>poly vitamin oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| <i>sm animal shapes kids first oral tablet chewable</i> | Animal Shapes | Tier 1 | OTC |
| ANIMAL SHAPES ORAL TABLET CHEWABLE | SM Animal Shapes Kids First | Tier 1 | OTC |
| BOUNTY BEARS/C ORAL TABLET CHEWABLE | SM Animal Shapes Kids First | Tier 1 | OTC |
| DINO-LIFE ORAL TABLET CHEWABLE | SM Animal Shapes Kids First | Tier 1 | OTC |
| FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE | SM Animal Shapes Kids First | Tier 1 | OTC |
| FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE | SM Animal Shapes Kids First | Tier 1 | OTC |
| FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE | SM Animal Shapes Kids First | Tier 1 | OTC |
| *Pediatric Multiple Vitamins W/ C*** | | | |
| <i>polyvitamin oral solution</i> | BProtected Pedia Poly- Vite | Tier 1 | OTC |
| BPROTECTED PEDIA POLY-VITE ORAL SOLUTION | Polyvitamin | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------------------|---------------|-------------------------------|
| *Pediatric Multiple Vitamins W/ Extra C & Fa*** | | | |
| <i>gnp animal shapes plus extra c oral tablet chewable</i> | Dino-Life w/Extra C | Tier 1 | OTC |
| <i>gnp childrens chewables/ex c oral tablet chewable</i> | Dino-Life w/Extra C | Tier 1 | OTC |
| <i>qc childrens vitamins/extra c oral tablet chewable</i> | Dino-Life w/Extra C | Tier 1 | OTC |
| <i>zoo friends plus extra c oral tablet chewable</i> | Dino-Life w/Extra C | Tier 1 | OTC |
| DINO-LIFE W/EXTRA C ORAL TABLET CHEWABLE | GNP Childrens Chewables/Ex C | Tier 1 | OTC |
| FLINTSTONES/EXTRA C ORAL TABLET CHEWABLE | GNP Childrens Chewables/Ex C | Tier 1 | OTC |
| LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE | GNP Childrens Chewables/Ex C | Tier 1 | OTC |
| ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE | GNP Childrens Chewables/Ex C | Tier 1 | OTC |
| *Pediatric Multiple Vitamins*** | | | |
| <i>multi-delyn oral liquid</i> | PediaVit | Tier 1 | OTC |
| INFUVITE PEDIATRIC INTRAVENOUS SOLUTION | | Tier 1 | PA |
| PEDIAVIT ORAL LIQUID | Multi-Delyn | Tier 1 | OTC |
| *Prenatal Mv & Min W/Fe-Fa*** | | | |
| <i>completenate oral tablet chewable</i> | | Tier 1 | QLL (100 EA per 90 days) |
| <i>kp prenatal multivitamins oral tablet</i> | | Tier 1 | OTC; QLL (100 EA per 90 days) |
| <i>pnv folic acid + iron oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |
| <i>pnv prenatal plus multivitamin oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |
| <i>prenatal 19 oral tablet</i> | | Tier 1 | QLL (100 EA per 90 days) |
| <i>prenatal 19 oral tablet chewable</i> | | Tier 1 | QLL (100 EA per 90 days) |
| <i>prenatal oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |
| <i>prenatal plus oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |
| <i>prenatal vitamin plus low iron oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|-------------------------------|
| <i>preplus oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |
| <i>pretab oral tablet</i> | Co-Natal FA | Tier 1 | QLL (100 EA per 90 days) |
| <i>se-natal 19 oral tablet</i> | | Tier 1 | QLL (100 EA per 90 days) |
| <i>se-natal 19 oral tablet chewable</i> | | Tier 1 | QLL (100 EA per 90 days) |
| <i>trinatal rx 1 oral tablet</i> | Vinate One | Tier 1 | QLL (100 EA per 90 days) |
| <i>vol-plus oral tablet</i> | M-Vit | Tier 1 | QLL (100 EA per 90 days) |
| <i>vol-tab rx oral tablet</i> | Prenatabs Rx | Tier 1 | QLL (100 EA per 90 days) |
| CO-NATAL FA ORAL TABLET | PreTAB | Tier 1 | QLL (100 EA per 90 days) |
| CONCEPT DHA ORAL CAPSULE | Virt-C DHA | Tier 1 | QLL (100 EA per 90 days) |
| CONCEPT OB ORAL CAPSULE | | Tier 1 | QLL (100 EA per 90 days) |
| FOLIVANE-OB ORAL CAPSULE | | Tier 1 | QLL (100 EA per 90 days) |
| INATAL GT ORAL TABLET | | Tier 1 | QLL (100 EA per 90 days) |
| M-VIT ORAL TABLET | PrePLUS | Tier 1 | QLL (100 EA per 90 days) |
| NIVA-PLUS ORAL TABLET | PrePLUS | Tier 1 | QLL (100 EA per 90 days) |
| PRENATA ORAL TABLET CHEWABLE | | Tier 1 | QLL (100 EA per 90 days) |
| PRENATABS RX ORAL TABLET | Thrivite Rx | Tier 1 | QLL (100 EA per 90 days) |
| PRENATAL-U ORAL CAPSULE | | Tier 1 | QLL (100 EA per 90 days) |
| PROVIDA OB ORAL CAPSULE | | Tier 1 | QLL (100 EA per 90 days) |
| THERANATAL CORE NUTRITION ORAL TABLET | PrePLUS | Tier 1 | OTC; QLL (100 EA per 90 days) |
| TRINATE ORAL TABLET | | Tier 1 | QLL (100 EA per 90 days) |
| VINATE II ORAL TABLET | | Tier 1 | QLL (100 EA per 90 days) |
| VINATE M ORAL TABLET | | Tier 1 | QLL (100 EA per 90 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|---------------------------|---------------|-------------------------------|
| VINATE ONE ORAL TABLET | Trinatal Rx 1 | Tier 1 | QLL (100 EA per 90 days) |
| *Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil*** | | | |
| <i>complete natal dha oral</i> | | Tier 1 | QLL (100 EA per 90 days) |
| *Prenatal Mv & Min W/Fe-Fa-Dha*** | | | |
| ENFAMIL EXPECTA ORAL | | Tier 1 | OTC; QLL (100 EA per 90 days) |
| *Specialty Vitamins Products*** | | | |
| <i>a thru z advantage oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>cvs hair/skin/nails oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>cvs menopause support oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>ra central-vite cardio oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>ra central-vite performance oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>ra menopause support oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>ultimate fat burner oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>varisan vitality oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>vitamins for hair oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| <i>weight loss daily multi oral tablet</i> | Allerwell Allergy Formula | Tier 1 | OTC |
| *MUSCULOSKELETAL THERAPY AGENTS* | | | |
| *Central Muscle Relaxants*** | | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>baclofen oral tablet 5 mg</i> | | Tier 1 | QLL (4 EA per 1 day) |
| <i>carisoprodol oral tablet</i> | Soma | Tier 1 | QLL (90 EA per 30 days) |
| <i>chlorzoxazone oral tablet</i> | | Tier 1 | QLL (180 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------|---------------|--|
| <i>cyclobenzaprine hcl oral tablet 10 mg</i> | | Tier 1 | QLL (90 EA per 30 days) |
| <i>cyclobenzaprine hcl oral tablet 5 mg</i> | | Tier 1 | QLL (3 EA per 1 day) |
| <i>methocarbamol oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>orphenadrine citrate er oral tablet extended release 12 hour</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>tizanidine hcl oral tablet 2 mg</i> | | Tier 1 | QLL (3 EA per 1 day) |
| <i>tizanidine hcl oral tablet 4 mg</i> | Zanaflex | Tier 1 | QLL (6 EA per 1 day) |
| *Direct Muscle Relaxants*** | | | |
| <i>dantrolene sodium oral capsule</i> | Dantrium | Tier 1 | QLL (120 EA per 30 days) |
| *Muscle Relaxant Combinations*** | | | |
| <i>carisoprodol-aspirin oral tablet</i> | | Tier 1 | QLL (120 EA per 30 days) |
| <i>carisoprodol-aspirin-codeine oral tablet</i> | | Tier 1 | QLL (4 EA per 1 day); AL (Min 18 Years) |
| *NASAL AGENTS - SYSTEMIC AND TOPICAL* | | | |
| *Nasal Anticholinergics*** | | | |
| <i>ipratropium bromide nasal solution 0.03 %</i> | | Tier 1 | QLL (30 ML per 30 days) |
| <i>ipratropium bromide nasal solution 0.06 %</i> | | Tier 1 | QLL (15 ML per 30 days) |
| *Nasal Antihistamines*** | | | |
| <i>azelastine hcl nasal solution</i> | | Tier 1 | QLL (1 EA per 30 days) |
| *Nasal Mast Cell Stabilizers*** | | | |
| <i>cromolyn sodium nasal aerosol solution</i> | NasalCrom | Tier 1 | OTC; QLL (52 ML per 30 days) |
| *Nasal Steroids*** | | | |
| <i>budesonide nasal suspension</i> | Rhinocort Allergy | Tier 1 | QLL (8.6 ML per 30 days) |
| <i>cvs fluticasone propionate nasal suspension</i> | ClariSpray | Tier 1 | OTC; QLL (16 ML per 30 days) |
| <i>eql fluticasone propionate nasal suspension</i> | ClariSpray | Tier 1 | OTC; QLL (16 ML per 30 days) |
| <i>flunisolide nasal solution</i> | | Tier 1 | ST; QLL (50 ML per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------|---------------|-------------------------------|
| <i>fluticasone propionate nasal suspension</i> | ClariSpray | Tier 1 | ST; QLL (16 GM per 30 days) |
| <i>gnp fluticasone propionate nasal suspension</i> | ClariSpray | Tier 1 | OTC; QLL (16 ML per 30 days) |
| <i>mometasone furoate nasal suspension</i> | Nasonex | Tier 1 | ST; QLL (34 GM per 30 days) |
| <i>nasal allergy 24 hour nasal aerosol</i> | Nasacort Allergy 24HR | Tier 1 | OTC; QLL (17 ML per 30 days) |
| RHINOCORT ALLERGY NASAL SUSPENSION | Budesonide | Tier 1 | OTC; QLL (8.6 ML per 30 days) |
| *Systemic Decongestants*** | | | |
| <i>kp pseudoephedrine hcl oral tablet</i> | SudoGest | Tier 1 | OTC |
| <i>pseudoephedrine hcl oral tablet</i> | SudoGest | Tier 1 | |
| SUDOGEST ORAL TABLET | KP Pseudoephedrine HCl | Tier 1 | OTC |
| *NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** | | | |
| *Neprilysin Inhib (Arni)-Angiotensin Ii Recept Antag Comb*** | | | |
| ENTRESTO ORAL TABLET | | Tier 1 | PA; QLL (2 EA per 1 day) |
| *NEUROMUSCULAR AGENTS* | | | |
| *Benzathiazoles*** | | | |
| <i>riluzole oral tablet</i> | Rilutek | Tier 1 | |
| *NUTRIENTS* | | | |
| *Amino Acid Mixtures*** | | | |
| <i>amino acid intravenous solution</i> | Aminosyn II | Tier 1 | PA |
| AMINOSYN II INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| AMINOSYN-PF INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION | | Tier 1 | PA |
| CLINISOL SF INTRAVENOUS SOLUTION | | Tier 1 | PA |
| COMPLETE AMINO ACID MIX ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| COMPLEX ESSENTIAL MSD ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| COMPLEX JUNIOR MSD ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| COMPLEX MSUD ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| ESSENTIAL AMINO ACID MIX ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| FREAMINE HBC INTRAVENOUS SOLUTION | | Tier 1 | PA |
| FREAMINE III INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| GLUTARADE AMINO ACID BLEND ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| GLUTARADE ESSENTIAL GA-1 ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| GLUTARADE JUNIOR GA-1 ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| HEPATAMINE INTRAVENOUS SOLUTION | | Tier 1 | PA |
| NEPHRAMINE INTRAVENOUS SOLUTION | | Tier 1 | PA |
| PERIFLEX LQ PKU ORAL LIQUID | | Tier 1 | PA; OTC |
| PHENYLADE MTE ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| PHENYLADE ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| PHENYLADE PHEBLOC ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| PHENYLADE PHEBLOC ORAL TABLET | Kaminos | Tier 1 | PA; OTC |
| PLENAMINE INTRAVENOUS SOLUTION | | Tier 1 | PA |
| PREMASOL INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| PROCALAMINE INTRAVENOUS SOLUTION | | Tier 1 | PA |
| PROSOL INTRAVENOUS SOLUTION | | Tier 1 | PA |
| SYNTHAMIN 17 INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| TRAVASOL INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| TROPHAMINE INTRAVENOUS SOLUTION | Amino Acid | Tier 1 | PA |
| XPHE MAXAMUM ORAL POWDER | Nutrasentials | Tier 1 | PA; OTC |
| *Amino Acids-Single*** | | | |
| <i>l-cysteine hcl intravenous solution</i> | Elcys | Tier 1 | PA |
| *Carbohydrates*** | | | |
| <i>dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 50 %, 70 %</i> | | Tier 1 | |
| <i>dextrose intravenous solution 20 %, 40 %</i> | | Tier 1 | PA |
| *Lipids*** | | | |
| <i>nutrilipid intravenous emulsion</i> | Intralipid | Tier 1 | PA |
| BETAQUIK ORAL EMULSION | | Tier 1 | PA; OTC |
| INTRALIPID INTRAVENOUS EMULSION | Nutrilipid | Tier 1 | PA |
| LIQUIGEN ORAL EMULSION | | Tier 1 | PA; OTC |
| MCT OIL ORAL OIL | | Tier 1 | PA; OTC |
| *Misc. Nutritional Substances*** | | | |
| <i>cvs fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>cvs fish oil oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>cvs natural fish oil oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>epa oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>eql fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>eql omega 3 fish oil oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>fish oil burp-less oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------------|---------------|---------------------|
| <i>fish oil concentrate oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>fish oil double strength oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>fish oil extra strength oral capsule</i> | | Tier 1 | OTC |
| <i>fish oil maximum strength oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>fish oil maximum strength oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>fish oil oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>fish oil triple strength oral capsule</i> | | Tier 1 | OTC |
| <i>fish oil/super potent/no burp oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>gnp fish oil max st oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>gnp fish oil oral capsule</i> | | Tier 1 | OTC |
| <i>gnp fish oil oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>hm fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>kp fish oil oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>kp omega-3 fish oil oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>maxepa oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>norwegian salmon oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>omega 3 oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>omega iii epa+dha oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>omega-3 cf oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>omega-3 fish oil oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>omega-3 oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>omega-3 plus oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>pa fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>px fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>ra fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>sb omega-3 fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>sm fish oil oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>sm omega-3 fish oil oral capsule</i> | Sea-Omega 30 | Tier 1 | OTC |
| <i>super omega 3 epa/dha oral capsule</i> | Eskimo PurEFA | Tier 1 | OTC |
| <i>ultra omega-3 fish oil oral capsule</i> | | Tier 1 | OTC |
| ESKIMO PUREFA ORAL CAPSULE | Norwegian Salmon Oil | Tier 1 | OTC |
| FISH OIL PEARLS ORAL CAPSULE | Fish Oil Concentrate | Tier 1 | OTC |
| MAXIMUM EPA ORAL CAPSULE | Norwegian Salmon Oil | Tier 1 | OTC |
| OMERA ORAL CAPSULE | Norwegian Salmon Oil | Tier 1 | OTC |
| SEA-OMEGA 30 ORAL CAPSULE | KP Omega-3 Fish Oil | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------|---------------|------------------------------|
| SUPER DHA GEMS ORAL CAPSULE | Norwegian Salmon Oil | Tier 1 | OTC |
| SUPER OMEGA-3 ORAL CAPSULE | Norwegian Salmon Oil | Tier 1 | OTC |
| THERAGRAN-M FISH OIL CONC ORAL CAPSULE | KP Omega-3 Fish Oil | Tier 1 | OTC |
| THEROMEGA ORAL CAPSULE | Norwegian Salmon Oil | Tier 1 | OTC |
| *Protein Products*** | | | |
| BENEPROTEIN ORAL POWDER | Protein | Tier 1 | PA; OTC |
| *OPHTHALMIC AGENTS* | | | |
| *Artificial Tear And Lubricant Combinations*** | | | |
| <i>tears pure ophthalmic solution</i> | GenTeal Tears | Tier 1 | OTC; QLL (15 mL per 30 days) |
| <i>tgt lubricant eye drops ophthalmic solution</i> | Moisture Eyes | Tier 1 | OTC; QLL (15 mL per 30 days) |
| SYSTANE OPHTHALMIC GEL | | Tier 1 | OTC |
| *Artificial Tear Solutions*** | | | |
| <i>just tears eye drops ophthalmic solution</i> | Soothe Hydration | Tier 1 | OTC; QLL (15 mL per 30 days) |
| <i>sm artificial tears ophthalmic solution</i> | Soothe Hydration | Tier 1 | OTC; QLL (15 mL per 30 days) |
| SOOTHE HYDRATION OPHTHALMIC SOLUTION | Just Tears Eye Drops | Tier 1 | OTC; QLL (15 mL per 30 days) |
| SOOTHE XP OPHTHALMIC SOLUTION | Just Tears Eye Drops | Tier 1 | OTC; QLL (15 mL per 30 days) |
| SYSTANE CONTACTS OPHTHALMIC SOLUTION | Just Tears Eye Drops | Tier 1 | OTC; QLL (15 mL per 30 days) |
| TEARS AGAIN ADVANCED EYELID OPHTHALMIC SOLUTION | Just Tears Eye Drops | Tier 1 | OTC; QLL (15 mL per 30 days) |
| *Artificial Tears And Lubricants*** | | | |
| <i>artificial tears ophthalmic solution</i> | Tears Again | Tier 1 | OTC; QLL (15 mL per 30 days) |
| <i>cvs lubricant eye drops ophthalmic solution</i> | Refresh Tears | Tier 1 | OTC |
| <i>eq restore tears ophthalmic solution</i> | Refresh Tears | Tier 1 | OTC; QLL (15 mL per 30 days) |
| <i>liquitears ophthalmic solution</i> | Tears Again | Tier 1 | OTC; QLL (15 mL per 30 days) |
| <i>lubricant eye drops ophthalmic solution</i> | Refresh Tears | Tier 1 | OTC |
| <i>polyvinyl alcohol ophthalmic solution</i> | Tears Again | Tier 1 | QLL (15 ML per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------|--------|------------------------------|
| *Beta-Blockers - Ophthalmic Combinations*** | | | |
| <i>dorzolamide hcl-timolol mal ophthalmic solution</i> | Cosopt | Tier 1 | QLL (10 mL per 30 days) |
| COMBIGAN OPHTHALMIC SOLUTION | | Tier 1 | ST; QLL (5 mL per 30 days) |
| *Beta-Blockers - Ophthalmic*** | | | |
| <i>betaxolol hcl ophthalmic solution</i> | | Tier 1 | QLL (10 ML per 30 days) |
| <i>carteolol hcl ophthalmic solution</i> | | Tier 1 | QLL (10 ML per 30 days) |
| <i>levobunolol hcl ophthalmic solution</i> | | Tier 1 | QLL (10 ML per 30 days) |
| <i>timolol maleate ophthalmic gel forming solution</i> | Timoptic-XE | Tier 1 | ST; QLL (5 ML per 30 days) |
| <i>timolol maleate ophthalmic solution</i> | Timoptic | Tier 1 | QLL (10 ML per 30 days) |
| *Cycloplegic Mydriatics*** | | | |
| <i>atropine sulfate ophthalmic ointment</i> | | Tier 1 | |
| <i>cyclopentolate hcl ophthalmic solution</i> | Cyclogyl | Tier 1 | QLL (3 ML per 30 days) |
| <i>homatropine hbr ophthalmic solution</i> | Homatropaire | Tier 1 | |
| <i>phenylephrine hcl ophthalmic solution</i> | Altafrin | Tier 1 | |
| <i>tropicamide ophthalmic solution</i> | Mydriacyl | Tier 1 | QLL (15 mL per 30 days) |
| ALTAFRIN OPHTHALMIC SOLUTION | Phenylephrine HCl | Tier 1 | |
| HOMATROPAIRE OPHTHALMIC SOLUTION | Homatropine HBr | Tier 1 | |
| ISOPTO ATROPINE OPHTHALMIC SOLUTION | Atropine Sulfate | Tier 1 | |
| *Miotics - Cholinesterase Inhibitors*** | | | |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | | Tier 1 | |
| *Miotics - Direct Acting*** | | | |
| <i>pilocarpine hcl ophthalmic solution</i> | Isopto Carpine | Tier 1 | QLL (15 mL per 30 days) |
| *Ophthalmic Antiallergic*** | | | |
| <i>allergy eye drops ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------|---------------|------------------------------|
| <i>azelastine hcl ophthalmic solution</i> | | Tier 1 | ST; QLL (6 ML per 30 days) |
| <i>cromolyn sodium ophthalmic solution</i> | | Tier 1 | QLL (10 mL per 30 days) |
| <i>cvs allergy eye drops ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>cvs eye itch relief ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>eye itch relief ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>gnp eye itch relief ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>gnp itchy eye ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>hm eye itch relief ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>ketotifen fumarate ophthalmic solution</i> | Alaway | Tier 1 | QLL (10 ML per 30 days) |
| <i>kp ketotifen fumarate ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>olopatadine hcl ophthalmic solution</i> | Patanol | Tier 1 | ST; QLL (5 ML per 30 days) |
| <i>ra antihistamine eye drops ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>ra eye itch relief ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| <i>sm eye itch relief ophthalmic solution</i> | Alaway | Tier 1 | OTC; QLL (10 mL per 30 days) |
| ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION | KP Ketotifen Fumarate | Tier 1 | OTC; QLL (10 ML per 30 days) |
| ALAWAY OPHTHALMIC SOLUTION | KP Ketotifen Fumarate | Tier 1 | OTC; QLL (10 ML per 30 days) |
| CLARITIN EYE OPHTHALMIC SOLUTION | KP Ketotifen Fumarate | Tier 1 | OTC; QLL (10 ML per 30 days) |
| THERATEARS ALLERGY OPHTHALMIC SOLUTION | KP Ketotifen Fumarate | Tier 1 | OTC; QLL (10 ML per 30 days) |
| *Ophthalmic Antibiotics*** | | | |
| <i>bacitracin ophthalmic ointment</i> | | Tier 1 | |
| <i>ciprofloxacin hcl ophthalmic solution</i> | Ciloxan | Tier 1 | QLL (5 mL per 30 days) |
| <i>erythromycin ophthalmic ointment</i> | | Tier 1 | |
| <i>gentamicin sulfate ophthalmic solution</i> | | Tier 1 | QLL (5 mL per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|--------------------------------|---------------|-----------------------------|
| <i>levofloxacin ophthalmic solution</i> | | Tier 1 | |
| <i>ofloxacin ophthalmic solution</i> | Ocuflox | Tier 1 | QLL (5 mL per 30 days) |
| <i>tobramycin ophthalmic solution</i> | Tobrex | Tier 1 | QLL (5 mL per 30 days) |
| GENTAK OPHTHALMIC OINTMENT | | Tier 1 | |
| *Ophthalmic Antifungal*** | | | |
| NATACYN OPHTHALMIC SUSPENSION | | Tier 1 | |
| *Ophthalmic Anti-Infective Combinations*** | | | |
| <i>bacitracin-polymyxin b ophthalmic ointment</i> | Polycin | Tier 1 | |
| <i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i> | Neo-Polycin | Tier 1 | QLL (5 mL per 30 days) |
| <i>neomycin-polymyxin-gramicidin ophthalmic solution</i> | | Tier 1 | QLL (10 mL per 30 days) |
| <i>polymyxin b-trimethoprim ophthalmic solution</i> | Polytrim | Tier 1 | QLL (10 mL per 30 days) |
| NEO-POLYCYN OPHTHALMIC OINTMENT | Neomycin-Bacitracin Zn-Polymyx | Tier 1 | QLL (5 mL per 30 days) |
| POLYCYN OPHTHALMIC OINTMENT | AK-Poly-Bac | Tier 1 | |
| *Ophthalmic Antivirals*** | | | |
| <i>trifluridine ophthalmic solution</i> | | Tier 1 | QLL (10 mL per 30 days) |
| *Ophthalmic Carbonic Anhydrase Inhibitors*** | | | |
| <i>dorzolamide hcl ophthalmic solution</i> | Trusopt | Tier 1 | QLL (10 mL per 30 days) |
| AZOPT OPHTHALMIC SUSPENSION | | Tier 1 | ST; QLL (10 ML per 30 days) |
| *Ophthalmic Local Anesthetics*** | | | |
| <i>proparacaine hcl ophthalmic solution</i> | Alcaine | Tier 1 | |
| *Ophthalmic Nonsteroidal Anti-Inflammatory Agents*** | | | |
| <i>diclofenac sodium ophthalmic solution</i> | | Tier 1 | QLL (5 mL per 30 days) |
| <i>flurbiprofen sodium ophthalmic solution</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------------|-----------------|--------------------------|
| <i>ketorolac tromethamine ophthalmic solution 0.4 %</i> | Acular LS | Tier 1 | QLL (5 mL per 30 days) |
| <i>ketorolac tromethamine ophthalmic solution 0.5 %</i> | Acular | Tier 1 | |
| *Ophthalmic Selective Alpha Adrenergic Agonists*** | | | |
| <i>brimonidine tartrate ophthalmic solution</i> | | Tier 1 | QLL (10 ML per 30 days) |
| *Ophthalmic Steroid Combinations*** | | | |
| <i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i> | Neo-Polycin HC | Tier 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic ointment</i> | Maxitrol | Tier 1 | |
| <i>neomycin-polymyxin-dexameth ophthalmic suspension</i> | Maxitrol | Tier 1 | QLL (5 mL per 30 days) |
| <i>sulfacetamide-prednisolone ophthalmic solution</i> | | Tier 1 | QLL (5 mL per 30 days) |
| NEO-POLYCYN HC OPHTHALMIC OINTMENT | Bacitra-Neomycin-Polymyxin-HC | Tier 1 | |
| *Ophthalmic Steroids*** | | | |
| <i>dexamethasone sodium phosphate ophthalmic solution</i> | | Tier 1 | QLL (5 mL per 30 days) |
| <i>fluorometholone ophthalmic suspension</i> | FML Liquifilm | Tier 1 | QLL (10 mL per 30 days) |
| <i>prednisolone acetate ophthalmic suspension</i> | Pred Forte | Tier 1 | QLL (10 mL per 30 days) |
| <i>prednisolone sodium phosphate ophthalmic solution</i> | | Tier 1 | QLL (10 mL per 30 days) |
| *Ophthalmic Sulfonamides*** | | | |
| <i>sulfacetamide sodium ophthalmic ointment</i> | | Tier 1 | |
| <i>sulfacetamide sodium ophthalmic solution</i> | Bleph-10 | Tier 1 | QLL (15 mL per 30 days) |
| *Ophthalmic Surgical Aids*** | | | |
| GELFILM OPHTHALMIC FILM | | State Carve Out | |
| *Prostaglandins - Ophthalmic*** | | | |
| <i>latanoprost ophthalmic solution</i> | Xalatan | Tier 1 | QLL (2.5 ML per 25 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|----------------------------|--------|------------------------------|
| *OPHTHALMIC RHO KINASE INHIBITORS*** | | | |
| *Ophthalmic Rho Kinase Inhibitors*** | | | |
| RHOPRESSA OPHTHALMIC SOLUTION | | Tier 1 | |
| *OTIC AGENTS* | | | |
| *Otic Agents - Miscellaneous*** | | | |
| <i>acetic acid otic solution</i> | | Tier 1 | |
| *Otic Anti-Infectives*** | | | |
| <i>ciprofloxacin hcl otic solution</i> | Cetralax | Tier 1 | |
| <i>ofloxacin otic solution</i> | | Tier 1 | |
| *Otic Steroid-Anti-Infective Combinations*** | | | |
| <i>neomycin-polymyxin-hc otic solution</i> | | Tier 1 | |
| <i>neomycin-polymyxin-hc otic suspension</i> | | Tier 1 | |
| *Otic Steroids*** | | | |
| <i>hydrocortisone-acetic acid otic solution</i> | Acetasol HC | Tier 1 | |
| ACETASOL HC OTIC SOLUTION | Hydrocortisone-Acetic Acid | Tier 1 | |
| *OXYTOCICS* | | | |
| *Oxytocics*** | | | |
| <i>methylergonovine maleate injection solution</i> | | Tier 1 | |
| <i>methylergonovine maleate oral tablet</i> | Methergine | Tier 1 | |
| *PASSIVE IMMUNIZING AGENTS* | | | |
| *Antiviral Monoclonal Antibodies*** | | | |
| SYNAGIS INTRAMUSCULAR SOLUTION | | Tier 1 | PA; QLL (1 Vial per 26 days) |
| *Immune Serums*** | | | |
| CYTOGAM INTRAVENOUS INJECTABLE | | Tier 1 | PA |
| GAMMAGARD INJECTION SOLUTION | | Tier 1 | PA |
| GAMUNEX-C INJECTION SOLUTION | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------|--------|-------------------------|
| HEPAGAM B INJECTION SOLUTION | | Tier 1 | |
| HYPERHEP B S/D INTRAMUSCULAR SOLUTION | | Tier 1 | |
| HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | Tier 1 | |
| MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | Tier 1 | |
| NABI-HB INTRAMUSCULAR SOLUTION | | Tier 1 | |
| PRIVIGEN INTRAVENOUS SOLUTION | | Tier 1 | PA |
| RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | Tier 1 | |
| RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE | | Tier 1 | QLL (2 mL per 1 Year) |
| *PENICILLINS* | | | |
| *Aminopenicillins*** | | | |
| <i>amoxicillin oral capsule</i> | | Tier 1 | |
| <i>amoxicillin oral suspension reconstituted</i> | | Tier 1 | |
| <i>amoxicillin oral tablet</i> | | Tier 1 | |
| <i>amoxicillin oral tablet chewable</i> | | Tier 1 | |
| <i>ampicillin oral capsule</i> | | Tier 1 | |
| <i>ampicillin sodium intravenous solution reconstituted</i> | | Tier 1 | PA |
| *Natural Penicillins*** | | | |
| <i>penicillin g pot in dextrose intravenous solution</i> | | Tier 1 | PA |
| <i>penicillin g procaine intramuscular suspension</i> | | Tier 1 | |
| <i>penicillin v potassium oral solution reconstituted</i> | | Tier 1 | |
| <i>penicillin v potassium oral tablet</i> | | Tier 1 | |
| *Penicillin Combinations*** | | | |
| <i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i> | | Tier 1 | QLL (28 EA per 30 days) |
| <i>amoxicillin-pot clavulanate oral suspension reconstituted</i> | Augmentin | Tier 1 | |
| <i>amoxicillin-pot clavulanate oral tablet</i> | | Tier 1 | QLL (28 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|-----------------|-------------------------|
| <i>amoxicillin-pot clavulanate oral tablet chewable</i> | | Tier 1 | QLL (28 EA per 30 days) |
| <i>ampicillin-sulbactam sodium intravenous solution reconstituted</i> | Unasyn | Tier 1 | PA |
| <i>piperacillin sod-tazobactam so intravenous solution reconstituted</i> | Zosyn | Tier 1 | PA |
| ZOSYN INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Penicillinase-Resistant Penicillins*** | | | |
| <i>dicloxacillin sodium oral capsule</i> | | Tier 1 | |
| <i>nafcillin sodium in dextrose intravenous solution</i> | | Tier 1 | PA |
| <i>nafcillin sodium intravenous solution reconstituted</i> | | Tier 1 | PA |
| *PHARMACEUTICAL ADJUVANTS* | | | |
| *Antimicrobial Agents*** | | | |
| <i>benzyl alcohol liquid</i> | | Tier 1 | |
| *External Vehicle Ingredients*** | | | |
| <i>gelatin powder</i> | | State Carve Out | |
| *Flavoring Agents*** | | | |
| <i>almond oil bitter flavor liquid</i> | Flavorx | Tier 1 | |
| <i>anise extract liquid</i> | Flavorx | Tier 1 | |
| <i>apple flavor liquid</i> | Flavorx | Tier 1 | |
| <i>apricot flavor liquid</i> | Flavorx | Tier 1 | |
| <i>bacon flavor liquid</i> | Flavorx | Tier 1 | |
| <i>banana concentrate liquid</i> | Flavorx | Tier 1 | |
| <i>banana cream flavor liquid</i> | Flavorx | Tier 1 | |
| <i>banana creme flavor liquid</i> | Flavorx | Tier 1 | |
| <i>banana flavor liquid</i> | Flavorx | Tier 1 | |
| <i>beef (grilled) flavor oil sol liquid</i> | Flavorx | Tier 1 | OTC |
| <i>beef flavor liquid</i> | Flavorx | Tier 1 | |
| <i>beef type flavor natural liquid</i> | Flavorx | Tier 1 | |
| <i>bitter stop flavor liquid</i> | Flavorx | Tier 1 | |
| <i>bitterness mask flavor liquid</i> | Flavorx | Tier 1 | |
| <i>blackberry flavor liquid</i> | Flavorx | Tier 1 | |
| <i>blueberry flavor liquid</i> | Flavorx | Tier 1 | |
| <i>bubble gum concentrate liquid</i> | Flavorx | Tier 1 | |
| <i>bubble gum flavor liquid</i> | Flavorx | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| <i>butter flavor liquid</i> | Flavorx | Tier 1 | |
| <i>butter rum flavor liquid</i> | Flavorx | Tier 1 | |
| <i>butterscotch flavor liquid</i> | Flavorx | Tier 1 | |
| <i>caramel flavor liquid</i> | Flavorx | Tier 1 | |
| <i>cheesecake flavor liquid</i> | Flavorx | Tier 1 | |
| <i>cherry flavor liquid</i> | Flavorx | Tier 1 | |
| <i>chicken (grilled) flavor liquid</i> | Flavorx | Tier 1 | OTC |
| <i>chicken flavor liquid</i> | Flavorx | Tier 1 | OTC |
| <i>chicken flavor oil miscible liquid</i> | Flavorx | Tier 1 | OTC |
| <i>chicken flavor oil soluble liquid</i> | Flavorx | Tier 1 | |
| <i>chicken flavor water miscible liquid</i> | Flavorx | Tier 1 | |
| <i>chocolate flavor liquid</i> | Flavorx | Tier 1 | |
| <i>chocolate hazelnut flavor liquid</i> | Flavorx | Tier 1 | |
| <i>coconut flavor liquid</i> | Flavorx | Tier 1 | |
| <i>coffee flavor liquid</i> | Flavorx | Tier 1 | |
| <i>cola flavor liquid</i> | Flavorx | Tier 1 | |
| <i>cotton candy flavor liquid</i> | Flavorx | Tier 1 | |
| <i>cran-raspberry flavor liquid</i> | Flavorx | Tier 1 | |
| <i>creme dementhe flavor liquid</i> | Flavorx | Tier 1 | |
| <i>english toffee flavor liquid</i> | Flavorx | Tier 1 | |
| <i>eugenol flavor liquid</i> | Flavorx | Tier 1 | |
| <i>fish flavor liquid</i> | Flavorx | Tier 1 | |
| <i>grape flavor liquid</i> | Flavorx | Tier 1 | |
| <i>guava flavor liquid</i> | Flavorx | Tier 1 | |
| <i>ham flavor liquid</i> | Flavorx | Tier 1 | |
| <i>honey flavor liquid</i> | Flavorx | Tier 1 | |
| <i>kahlua flavor liquid</i> | Flavorx | Tier 1 | |
| <i>lemon extract liquid</i> | Flavorx | Tier 1 | |
| <i>lemon flavor liquid</i> | Flavorx | Tier 1 | OTC |
| <i>licorice flavor liquid</i> | Flavorx | Tier 1 | |
| <i>liver flavor liquid</i> | Flavorx | Tier 1 | |
| <i>mango flavor liquid</i> | Flavorx | Tier 1 | |
| <i>maple flavor liquid</i> | Flavorx | Tier 1 | |
| <i>marshmallow flavor liquid</i> | Flavorx | Tier 1 | |
| <i>mint chocolate chip flavor liquid</i> | Flavorx | Tier 1 | |
| <i>orange concentrate liquid</i> | Flavorx | Tier 1 | OTC |
| <i>orange cream flavor liquid</i> | Flavorx | Tier 1 | |
| <i>orange flavor liquid</i> | Flavorx | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| <i>orange oil flavor liquid</i> | Flavorx | Tier 1 | |
| <i>peach flavor liquid</i> | Flavorx | Tier 1 | |
| <i>peanut butter flavor liquid</i> | Flavorx | Tier 1 | |
| <i>pina colada flavor liquid</i> | Flavorx | Tier 1 | |
| <i>pineapple flavor liquid</i> | Flavorx | Tier 1 | |
| <i>pralines and cream flavor liquid</i> | Flavorx | Tier 1 | |
| <i>pumpkin flavor liquid</i> | Flavorx | Tier 1 | |
| <i>raspberry flavor liquid</i> | Flavorx | Tier 1 | |
| <i>root beer flavor liquid</i> | Flavorx | Tier 1 | |
| <i>sardine flavor liquid</i> | Flavorx | Tier 1 | OTC |
| <i>shrimp flavor liquid</i> | Flavorx | Tier 1 | |
| <i>stevia glycerite extract liquid</i> | Flavorx | Tier 1 | |
| <i>strawberry flavor liquid</i> | Flavorx | Tier 1 | |
| <i>sweetening enhancer liquid</i> | Flavorx | Tier 1 | |
| <i>tropical punch flavor liquid</i> | Flavorx | Tier 1 | |
| <i>tuna flavor liquid</i> | Flavorx | Tier 1 | OTC |
| <i>tutti frutti flavor liquid</i> | Flavorx | Tier 1 | |
| <i>tutti-frutti flavor liquid</i> | Flavorx | Tier 1 | |
| <i>vanilla butternut flavor liquid</i> | Flavorx | Tier 1 | |
| <i>vanilla flavor liquid</i> | Flavorx | Tier 1 | |
| <i>watermelon flavor liquid</i> | Flavorx | Tier 1 | |
| <i>wild cherry flavor liquid</i> | Flavorx | Tier 1 | |
| FLAVORX LIQUID | Pineapple Flavor | Tier 1 | OTC |
| PCCA SWEETNESS ENHANCER LIQUID | Pineapple Flavor | Tier 1 | |
| *Gelatin Capsules (Empty)*** | | | |
| <i>capsule coni-snap #1 pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 blu/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 dark blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 green/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 red/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #0 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #00 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #00 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #000 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 aqua blue capsule</i> | DRcaps Size 0 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| <i>capsule coni-snap #1 blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 blue/pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 blue/wht capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 brown capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 brwn/ivry capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 dk grn/or capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 drk green capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 grey/pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 grn/ylw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 orange capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 pink/blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 pink/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 pink/whit capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 pink/yllw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 purple capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 red/blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 red/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 white/grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 wht/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 yellow capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #1 yellow/gr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #2 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #2 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 blu/clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 brn/blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 gray/ylw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 green/blu capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 grey/pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 maron/blu capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 mint grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 olive/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 orange capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 pink/pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 pnk/clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 red/clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 red/red capsule</i> | DRcaps Size 0 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| <i>capsule coni-snap #3 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 wht/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #3 yellow capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #4 black/grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #4 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule coni-snap #4 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>capsule size 1 lactose capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #0 red/white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 black/red capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 blue/white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 pink/pink capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 purple capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 purple/white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 red/white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule #00 yellow/yello capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 blue/wht capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 0 fun caps capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 green capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 green/clr capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 grn/clear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 maroon capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 orange capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 0 purp/wht capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 0 purple capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 0 red capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 red/clear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 red/white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 white/clr capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 0 yellow capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 00 blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 00 blue opq capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 00 clear capsule</i> | DRcaps Size 0 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| <i>empty capsule size 00 drk grn capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 00 green capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 00 orange capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 00 red capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 00 white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 000 clear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 000 white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 aqua blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 blue/pink capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 blue/red capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 blue/wht capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 blueclear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 brn/ivory capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 drk green capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 green capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 grey/pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 grn/ornge capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 grn/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 grn/yllw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 ivory capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 lght blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 maroon/cl capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 mint grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 orange capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 orge/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 orge/yllw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 ornge/wht capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 pink/blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 pink/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 pink/yllw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 pnk/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 purple capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 1 pwr blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 red capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 red/blue capsule</i> | DRcaps Size 0 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|---------------------|
| <i>empty capsule size 1 red/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 wht/clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 1 yellow capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 10 clear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 11 clear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 13 clear capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 2 blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 2 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 2 green capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 2 white capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 black/grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 blue opq capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 blue/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 blue/wht capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 dark grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 gray/pink capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 gray/yllw capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 green capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 grey/pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 grey/yllw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 grn/blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 marn/blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 marn/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 maroon capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 mint grn capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 olive capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 3 olive/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 orange capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 orange/wh capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 pink capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 pink/blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 pink/wh capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 pink/yllw capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 pnk/clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 prple/clr capsule</i> | DRcaps Size 0 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|---------------------|
| <i>empty capsule size 3 purple capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 pwr blue capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 red capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 red/clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 red/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 white/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 yellow capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 3 yellw/clr capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 4 black capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 4 blue/whit capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 4 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 4 dark blue capsule</i> | DRcaps Size 0 | Tier 1 | OTC |
| <i>empty capsule size 4 purple capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 4 red/white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 4 white capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 4 yellow capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 5 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| <i>empty capsule size 7 clear capsule</i> | DRcaps Size 0 | Tier 1 | |
| DRCAPS SIZE 0 CAPSULE | Capsule Coni-Snap #000 Clear | Tier 1 | |
| DRCAPS SIZE 00 CAPSULE | Capsule Coni-Snap #000 Clear | Tier 1 | |
| DRCAPS SIZE 1 CAPSULE | Capsule Coni-Snap #000 Clear | Tier 1 | |
| *Non Gelatin Capsules (Empty)*** | | | |
| <i>capsule coni-snap #3 clear capsule</i> | AR Caps #1 Acid Resistant | Tier 1 | |
| *Oral Vehicles*** | | | |
| <i>cherry oral syrup</i> | | Tier 1 | |
| <i>flavor plus oral liquid</i> | Ora-Plus | Tier 1 | |
| <i>flavor sweet oral syrup</i> | MX-Sol | Tier 1 | |
| <i>grape syrup oral syrup</i> | MX-Sol | Tier 1 | OTC |
| <i>oral suspend oral liquid</i> | Ora-Plus | Tier 1 | OTC |
| <i>raspberry syrup oral syrup</i> | | Tier 1 | |
| <i>simple syrup oral syrup</i> | | Tier 1 | |
| <i>sorbitol solution</i> | | Tier 1 | |
| <i>suspension vehicle oral suspension</i> | Flavor Blend | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------------------|---------------|---------------------|
| <i>syrpalta oral syrup</i> | | Tier 1 | |
| <i>syrup vehicle oral syrup</i> | MX-Sol | Tier 1 | |
| <i>syrup vehicle sf oral syrup</i> | MX-Sol | Tier 1 | |
| FLAVOR BLEND ORAL SUSPENSION | Suspension Vehicle | Tier 1 | |
| GERBER GOOD START WATER ORAL LIQUID | | Tier 1 | OTC |
| GOOD START STERILE WATER ORAL LIQUID | | Tier 1 | OTC |
| MX-SOL BLEND ORAL SUSPENSION | Suspension Vehicle | Tier 1 | OTC |
| MX-SOL BLEND SF ORAL SUSPENSION | Suspension Vehicle | Tier 1 | OTC |
| MX-SOL ORAL SYRUP | Flavor Sweet | Tier 1 | OTC |
| MX-SOL SF ORAL SYRUP | Flavor Sweet | Tier 1 | OTC |
| MX-SOL SUSPEND ORAL SUSPENSION | Suspension Vehicle | Tier 1 | OTC |
| ORA-BLEND ORAL SUSPENSION | Suspension Vehicle | Tier 1 | |
| ORA-BLEND SF ORAL SUSPENSION | Suspension Vehicle | Tier 1 | |
| ORA-PLUS ORAL LIQUID | Flavor Plus | Tier 1 | |
| ORA-SWEET ORAL SYRUP | Flavor Sweet | Tier 1 | |
| ORA-SWEET SF ORAL SYRUP | Flavor Sweet | Tier 1 | |
| PCCA SWEET-SF ORAL SYRUP | Flavor Sweet | Tier 1 | |
| PCCA SYRUP VEHICLE ORAL SYRUP | Flavor Sweet | Tier 1 | |
| PCCA-PLUS ORAL SUSPENSION | Suspension Vehicle | Tier 1 | |
| SIMILAC STERILIZED WATER ORAL LIQUID | | Tier 1 | OTC |
| SYRPALTA (RED) ORAL SYRUP | Flavor Sweet | Tier 1 | |
| SYRSPEND SF ALKA ORAL SUSPENSION RECONSTITUTED | | Tier 1 | OTC |
| SYRSPEND SF ORAL LIQUID | Flavor Plus | Tier 1 | |
| SYRSPEND SF ORAL SUSPENSION RECONSTITUTED | | Tier 1 | OTC |
| SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED | | Tier 1 | |
| VERSAFREE ORAL SYRUP | Flavor Sweet | Tier 1 | |
| VERSAPLUS ORAL SYRUP | Flavor Sweet | Tier 1 | |
| *Parenteral Vehicles*** | | | |
| <i>sterile diluent/epoprostenol intravenous solution</i> | Sterile Diluent Flolan pH 12 | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|-------------------------|
| <i>sterile water for injection injection solution</i> | | Tier 1 | |
| <i>sterile water for injection intravenous solution</i> | | Tier 1 | |
| *Pharmaceutical Excipients*** | | | |
| <i>lactose monohydrate powder</i> | | Tier 1 | |
| <i>xanthan gum powder</i> | | Tier 1 | |
| PCCA SORBITOL LOLLIPOP BASE FLAKES | | Tier 1 | |
| *POTASSIUM REMOVING AGENTS*** | | | |
| *Potassium Removing Agents*** | | | |
| <i>sodium polystyrene sulfonate oral powder</i> | | Tier 1 | |
| <i>sodium polystyrene sulfonate oral suspension</i> | Kionex | Tier 1 | |
| <i>sodium polystyrene sulfonate rectal suspension</i> | | Tier 1 | |
| KIONEX ORAL SUSPENSION | Sodium Polystyrene Sulfonate | Tier 1 | |
| SPS ORAL SUSPENSION | Sodium Polystyrene Sulfonate | Tier 1 | |
| *PROGESTINS* | | | |
| *Progestins*** | | | |
| <i>hydroxyprogesterone caproate intramuscular oil</i> | Makena | Tier 1 | PA |
| <i>medroxyprogesterone acetate oral tablet</i> | Provera | Tier 1 | |
| <i>megestrol acetate oral suspension</i> | Megace ES | Tier 1 | |
| <i>norethindrone acetate oral tablet</i> | Aygestin | Tier 1 | ST |
| <i>progesterone micronized oral capsule</i> | Prometrium | Tier 1 | QLL (60 EA per 30 days) |
| *PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** | | | |
| *Protein-Carbohydrate-Lipid With Electrolyte Combinations*** | | | |
| KABIVEN INTRAVENOUS EMULSION | | Tier 1 | PA |
| PERIKABIVEN INTRAVENOUS EMULSION | | Tier 1 | PA |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------|-----------------|--|
| *PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* | | | |
| *Alcohol Deterrents*** | | | |
| <i>acamprosate calcium oral tablet delayed release</i> | | State Carve Out | |
| <i>disulfiram oral tablet</i> | Antabuse | Tier 1 | |
| *Benzodiazepines & Tricyclic Agents*** | | | |
| <i>chlordiazepoxide-amitriptyline oral tablet</i> | | Tier 1 | |
| *Cholinomimetics - Ache Inhibitors*** | | | |
| <i>donepezil hcl oral tablet</i> | Aricept | Tier 1 | QLL (30 EA per 30 days); AL (Min 40 Years) |
| <i>donepezil hcl oral tablet dispersible</i> | | Tier 1 | QLL (1 EA per 1 day); AL (Min 40 Years) |
| <i>galantamine hydrobromide er oral capsule extended release 24 hour</i> | Razadyne ER | Tier 1 | QLL (1 EA per 1 day); AL (Min 40 Years) |
| <i>galantamine hydrobromide oral tablet</i> | Razadyne | Tier 1 | QLL (2 EA per 1 day); AL (Min 40 Years) |
| <i>rivastigmine tartrate oral capsule</i> | | Tier 1 | QLL (60 EA per 30 days); AL (Min 40 Years) |
| *Fibromyalgia Agent - Snris*** | | | |
| SAVELLA ORAL TABLET | | Tier 1 | ST; QLL (2 EA per 1 day) |
| SAVELLA TITRATION PACK ORAL | | Tier 1 | ST; QLL (55 EA per 90 days) |
| *Ms Agents - Pyrimidine Synthesis Inhibitors*** | | | |
| AUBAGIO ORAL TABLET | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Multiple Sclerosis Agents - Interferons*** | | | |
| AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT | | Tier 1 | PA; QLL (1 KIT per 28 days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | | Tier 1 | PA; QLL (1 KIT per 28 days) |
| EXTAVIA SUBCUTANEOUS KIT | | Tier 1 | PA; QLL (15 Vials per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------|-----------------|--|
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | Tier 1 | PA; QLL (12 ML per 30 days) |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | | Tier 1 | PA; QLL (12 ML per 30 days) |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | Tier 1 | PA; QLL (12 ML per 30 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | | Tier 1 | PA; QLL (12 ML per 30 days) |
| *Multiple Sclerosis Agents - Nrf2 Pathway Activators*** | | | |
| TECFIDERA ORAL | | Tier 1 | PA; QLL (60 EA per 90 days) |
| TECFIDERA ORAL CAPSULE DELAYED RELEASE | | Tier 1 | PA; QLL (2 EA per 1 day) |
| *Multiple Sclerosis Agents*** | | | |
| <i>glatiramer acetate subcutaneous solution prefilled syringe</i> | Copaxone | Tier 1 | PA; QLL (12 Syringes per 30 days) |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Glatiramer Acetate | Tier 1 | PA; QLL (12 Syringes per 30 days) |
| GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Glatiramer Acetate | Tier 1 | PA; QLL (30 ML Max Qty Per Fill Retail) |
| *N-Methyl-D-Aspartate (Nmda) Receptor Antagonists*** | | | |
| <i>memantine hcl oral solution</i> | | Tier 1 | AL (Min 40 Years) |
| <i>memantine hcl oral tablet</i> | Namenda | Tier 1 | AL (Min 40 Years) |
| *Phenothiazines & Tricyclic Agents*** | | | |
| <i>perphenazine-amitriptyline oral tablet</i> | | Tier 1 | |
| *Psychotherapeutic And Neurological Agents - Misc.*** | | | |
| <i>pimozide oral tablet</i> | | State Carve Out | |
| *Smoking Deterrents*** | | | |
| <i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>cvs nicotine mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>cvs nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|--|
| <i>cvs nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>cvs nicotine transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>eq nicotine mouth/throat gum</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>eq nicotine mouth/throat lozenge</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>eq nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>eq nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>eq nicotine step 3 transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>eq nicotine transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>eql nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>eql nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>gnp nicotine mini mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>gnp nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>gnp nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>goodsense nicotine mouth/throat gum</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>hm nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|--|
| <i>hm nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>hm nicotine transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine mini mouth/throat lozenge</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine step 1 transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine step 2 transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine step 3 transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine transdermal kit</i> | | Tier 1 | OTC; QLL (1 EA per 1 day) |
| <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>nicotine transdermal patch 24 hour 21 mg/24hr</i> | Nicoderm CQ | Tier 1 | OTC; QLL (1 EA per 1 day); AL (Min 18 Years) |
| <i>px stop smoking aid mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>px stop smoking aid mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>ra mini nicotine mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>ra nicotine mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--|
| <i>ra nicotine polacrilex mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>ra nicotine polacrilex mouth/throat lozenge</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>ra nicotine transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>sm nicotine mouth/throat gum</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>sm nicotine mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>sm nicotine polacrilex mouth/throat gum</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>sm nicotine polacrilex mouth/throat lozenge</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>sm nicotine transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>sr nicotine mouth/throat gum</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>tgt nicotine mouth/throat gum</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>tgt nicotine polacrilex mouth/throat gum</i> | KLS Quit4 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>tgt nicotine polacrilex mouth/throat lozenge</i> | KLS Quit2 | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| <i>tgt nicotine step one transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>tgt nicotine step three transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |
| <i>tgt nicotine step two transdermal patch 24 hour</i> | Nicoderm CQ | Tier 1 | OTC; QLL (30 EA per 30 days); AL (Min 18 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-------------------------|-----------------|--|
| CHANTIX CONTINUING MONTH PAK ORAL TABLET | | Tier 1 | |
| CHANTIX ORAL TABLET | | Tier 1 | |
| CHANTIX STARTING MONTH PAK ORAL TABLET | | Tier 1 | |
| KLS QUIT2 MOUTH/THROAT GUM | RA Nicotine Gum | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| KLS QUIT2 MOUTH/THROAT LOZENGE | CVS Nicotine Polacrilex | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| KLS QUIT4 MOUTH/THROAT GUM | RA Nicotine | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| KLS QUIT4 MOUTH/THROAT LOZENGE | Nicotine Polacrilex | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| NICORELIEF MOUTH/THROAT GUM | RA Nicotine Gum | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| NICOTROL INHALATION INHALER | | Tier 1 | |
| NICOTROL NS NASAL SOLUTION | | Tier 1 | |
| THRIVE MOUTH/THROAT GUM | RA Nicotine Gum | Tier 1 | OTC; QLL (200 EA per 30 days); AL (Min 18 Years) |
| *Sphingosine 1-Phosphate (S1p) Receptor Modulators*** | | | |
| GILENYA ORAL CAPSULE | | Tier 1 | PA; QLL (1 EA per 1 day) |
| *Thienbenzodiazepines & Ssrís*** | | | |
| <i>olanzapine-fluoxetine hcl oral capsule</i> | | State Carve Out | |
| *RESPIRATORY AGENTS - MISC.* | | | |
| *Hydrolytic Enzymes*** | | | |
| PULMOZYME INHALATION SOLUTION | | Tier 1 | PA; QLL (5 ML per 1 day) |
| *SEROTONIN MODULATORS*** | | | |
| *Serotonin Modulators*** | | | |
| <i>trazodone hcl oral tablet</i> | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-------------------------|--------|--------------------------|
| *SINUS NODE INHIBITORS** | | | |
| *Sinus Node Inhibitors** | | | |
| CORLANOR ORAL TABLET | | Tier 1 | PA; QLL (2 EA per 1 day) |
| *SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** | | | |
| *Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb*** | | | |
| SEGLUROMET ORAL TABLET | | Tier 1 | ST; QLL (2 EA per 1 day) |
| *STEROIDS - MOUTH/THROAT/DENTAL*** | | | |
| *Steroids - Mouth/Throat/Dental*** | | | |
| <i>triamcinolone acetonide mouth/throat paste</i> | Oralone | Tier 1 | |
| ORALONE MOUTH/THROAT PASTE | Triamcinolone Acetonide | Tier 1 | |
| *SULFONAMIDES* | | | |
| *Sulfonamides*** | | | |
| <i>sulfadiazine oral tablet</i> | | Tier 1 | |
| *TETRACYCLINES* | | | |
| *Tetracyclines*** | | | |
| <i>avidoxy oral tablet</i> | | Tier 1 | |
| <i>demeclocycline hcl oral tablet</i> | | Tier 1 | |
| <i>doxycycline hyclate intravenous solution reconstituted</i> | Doxy 100 | Tier 1 | PA |
| <i>doxycycline hyclate oral tablet</i> | | Tier 1 | |
| <i>doxycycline monohydrate oral capsule</i> | | Tier 1 | |
| <i>doxycycline monohydrate oral suspension reconstituted</i> | Vibramycin | Tier 1 | |
| <i>doxycycline monohydrate oral tablet</i> | | Tier 1 | |
| <i>minocycline hcl oral capsule</i> | Minocin | Tier 1 | |
| DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED | Doxycycline Hyclate | Tier 1 | PA |
| *THYROID AGENTS* | | | |
| *Antithyroid Agents*** | | | |
| <i>methimazole oral tablet</i> | Tapazole | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------|---------------|-------------------------|
| <i>propylthiouracil oral tablet</i> | | Tier 1 | |
| *Thyroid Hormones*** | | | |
| <i>levothyroxine sodium oral tablet</i> | Levo-T | Tier 1 | QLL (30 EA per 30 days) |
| <i>liothyronine sodium oral tablet 25 mcg</i> | Cytomel | Tier 1 | |
| <i>liothyronine sodium oral tablet 5 mcg</i> | Cytomel | Tier 1 | QLL (4 EA per 1 day) |
| <i>liothyronine sodium oral tablet 50 mcg</i> | Cytomel | Tier 1 | QLL (2 EA per 1 day) |
| <i>np thyroid oral tablet</i> | Armour Thyroid | Tier 1 | QLL (1 EA per 1 day) |
| ARMOUR THYROID ORAL TABLET | | Tier 1 | QLL (1 EA per 1 day) |
| LEVO-T ORAL TABLET | Levothyroxine Sodium | Tier 1 | QLL (30 EA per 30 days) |
| LEVOXYL ORAL TABLET | Levothyroxine Sodium | Tier 1 | QLL (30 EA per 30 days) |
| UNITHROID ORAL TABLET | Levothyroxine Sodium | Tier 1 | QLL (30 EA per 30 days) |
| *TOXOIDS* | | | |
| *Toxoid Combinations*** | | | |
| <i>diphtheria-tetanus toxoids dt intramuscular suspension</i> | | Tier 1 | AL (Min 19 Years) |
| ADACEL INTRAMUSCULAR SUSPENSION | | Tier 1 | AL (Min 19 Years) |
| TDVAX INTRAMUSCULAR SUSPENSION | | Tier 1 | |
| TENIVAC INTRAMUSCULAR INJECTABLE | | Tier 1 | |
| *ULCER DRUGS* | | | |
| *Antispasmodics*** | | | |
| <i>dicyclomine hcl oral capsule</i> | | Tier 1 | |
| <i>dicyclomine hcl oral solution</i> | | Tier 1 | AL (Max 12 Years) |
| <i>dicyclomine hcl oral tablet</i> | | Tier 1 | |
| *Belladonna Alkaloids*** | | | |
| <i>ed-spaz oral tablet dispersible</i> | NuLev | Tier 1 | |
| <i>hyoscyamine sulfate er oral tablet extended release 12 hour</i> | Symax-SR | Tier 1 | |
| <i>hyoscyamine sulfate oral elixir</i> | | Tier 1 | |
| <i>hyoscyamine sulfate oral solution</i> | | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet</i> | Levsin | Tier 1 | |
| <i>hyoscyamine sulfate oral tablet dispersible</i> | NuLev | Tier 1 | |
| <i>hyoscyamine sulfate sublingual tablet sublingual</i> | Symax-SL | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------------------|---------------|------------------------------|
| <i>hyosyne oral elixir</i> | | Tier 1 | |
| <i>hyosyne oral solution</i> | | Tier 1 | |
| <i>oscimin oral tablet</i> | Levsin | Tier 1 | |
| <i>oscimin sr oral tablet extended release 12 hour</i> | Symax-SR | Tier 1 | |
| <i>oscimin sublingual tablet sublingual</i> | Symax-SL | Tier 1 | |
| NULEV ORAL TABLET DISPERSIBLE | Ed-Spaz | Tier 1 | |
| SYMAX-SL SUBLINGUAL TABLET SUBLINGUAL | Oscimin | Tier 1 | |
| SYMAX-SR ORAL TABLET EXTENDED RELEASE 12 HOUR | Oscimin SR | Tier 1 | |
| *H-2 Antagonists*** | | | |
| <i>acid control maximum strength oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>acid controller max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>acid controller oral tablet</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>acid reducer maximum strength oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>acid reducer oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>acid reducer oral tablet 150 mg</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>cimetidine 200 oral tablet</i> | Tagamet HB | Tier 1 | OTC |
| <i>cimetidine acid reducer oral tablet</i> | Tagamet HB | Tier 1 | OTC |
| <i>cimetidine hcl oral solution</i> | | Tier 1 | |
| <i>cimetidine oral tablet 200 mg</i> | Tagamet HB | Tier 1 | |
| <i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| <i>cvs acid controller max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>cvs acid reducer max st oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>cvs heartburn relief oral tablet</i> | Tagamet HB | Tier 1 | OTC |
| <i>eq acid reducer max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>eq acid reducer oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>eq acid reducer oral tablet 150 mg</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>eq acid reducer oral tablet 200 mg</i> | Tagamet HB | Tier 1 | OTC |
| <i>eq heartburn relief oral tablet</i> | Tagamet HB | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|------------------------------|
| <i>eql heartburn prevention oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>eql heartburn prevention oral tablet 20 mg</i> | Pepcid | Tier 1 | OTC |
| <i>famotidine oral suspension reconstituted</i> | | Tier 1 | AL (Max 12 Years) |
| <i>famotidine oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>famotidine oral tablet 20 mg</i> | Pepcid | Tier 1 | |
| <i>famotidine oral tablet 40 mg</i> | Pepcid | Tier 1 | QLL (2 EA per 1 day) |
| <i>gnp acid control 150 max st oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>gnp acid reducer max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>gnp acid reducer oral tablet</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>gnp heartburn relief 200 oral tablet</i> | Tagamet HB | Tier 1 | OTC |
| <i>gnp heartburn relief oral tablet</i> | Tagamet HB | Tier 1 | OTC |
| <i>goodsense acid reducer oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>heartburn relief 150 max st oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>heartburn relief max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>heartburn relief oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>heartburn relief oral tablet 200 mg</i> | Tagamet HB | Tier 1 | OTC |
| <i>hm acid reducer oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>hm famotidine oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>hm famotidine oral tablet 20 mg</i> | Pepcid | Tier 1 | OTC |
| <i>kls acid controller max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>kls acid reducer max st oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>nizatidine oral capsule 150 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| <i>nizatidine oral capsule 300 mg</i> | | Tier 1 | QLL (30 EA per 30 days) |
| <i>nizatidine oral solution</i> | | Tier 1 | |
| <i>px acid reducer max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>px acid reducer oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>px acid reducer oral tablet 200 mg</i> | Tagamet HB | Tier 1 | OTC |
| <i>qc acid controller max st oral tablet</i> | Pepcid | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|------------------------------|
| <i>qc acid controller oral tablet</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>ra acid reducer max st oral tablet</i> | Wal-Zan 150 Maximum Strength | Tier 1 | OTC |
| <i>ra acid reducer oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>ra acid reducer oral tablet 200 mg</i> | Tagamet HB | Tier 1 | OTC |
| <i>ranitidine hcl oral capsule</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>ranitidine hcl oral syrup</i> | | Tier 1 | |
| <i>ranitidine hcl oral tablet 150 mg</i> | Wal-Zan 150 Maximum Strength | Tier 1 | |
| <i>ranitidine hcl oral tablet 300 mg</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>sb acid controller max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>sb acid controller oral tablet</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sb acid reducer oral tablet</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sb cimetidine oral tablet</i> | Tagamet HB | Tier 1 | OTC |
| <i>sm acid reducer max st oral tablet</i> | Pepcid | Tier 1 | OTC |
| <i>sm acid reducer oral tablet 10 mg</i> | Pepcid AC | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sm acid reducer oral tablet 200 mg</i> | Tagamet HB | Tier 1 | OTC |
| WAL-ZAN 150 MAXIMUM STRENGTH ORAL TABLET | Heartburn Relief Max St | Tier 1 | OTC |
| *Misc. Anti-Ulcer*** | | | |
| <i>sucralfate oral suspension</i> | Carafate | Tier 1 | AL (Max 12 Years) |
| <i>sucralfate oral tablet</i> | Carafate | Tier 1 | |
| *Proton Pump Inhibitors*** | | | |
| <i>cvs lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>cvs omeprazole oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>cvs omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>eq lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>eq omeprazole magnesium oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>eq omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>eq lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------|---------------|------------------------------|
| <i>eql omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>gnp lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>gnp omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>goodsense lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>heartburn treatment 24 hour oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>hm lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>hm omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>kls lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>kls omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>kp omeprazole magnesium oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>lansoprazole oral capsule delayed release 15 mg</i> | Prevacid | Tier 1 | QLL (60 EA per 30 days) |
| <i>lansoprazole oral capsule delayed release 30 mg</i> | Prevacid | Tier 1 | |
| <i>omeprazole magnesium oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>omeprazole oral capsule delayed release 10 mg, 40 mg</i> | | Tier 1 | |
| <i>omeprazole oral capsule delayed release 20 mg</i> | | Tier 1 | QLL (60 EA per 30 days) |
| <i>omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>pantoprazole sodium oral tablet delayed release</i> | Protonix | Tier 1 | QLL (30 EA per 30 days) |
| <i>px omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>qc omeprazole magnesium oral capsule delayed release</i> | | Tier 1 | OTC |
| <i>ra lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>ra omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>rabeprazole sodium oral tablet delayed release</i> | Aciphex | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|----------------------------|---------------|------------------------------|
| <i>sb omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>sm lansoprazole oral capsule delayed release</i> | Prevacid | Tier 1 | OTC; QLL (60 EA per 30 days) |
| <i>sm omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| <i>tgt omeprazole oral tablet delayed release</i> | | Tier 1 | OTC; QLL (2 EA per 1 day) |
| FIRST-LANSOPRAZOLE ORAL SUSPENSION | | Tier 1 | AL (Max 12 Years) |
| FIRST-OMEPRAZOLE ORAL SUSPENSION | | Tier 1 | AL (Max 12 Years) |
| NEXIUM 24HR ORAL CAPSULE DELAYED RELEASE | KLS Esomeprazole Magnesium | Tier 1 | OTC; QLL (2 EA per 1 day) |
| OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION | | Tier 1 | AL (Max 12 Years) |
| PRILOSEC OTC ORAL TABLET DELAYED RELEASE | | Tier 1 | OTC |
| *Quaternary Anticholinergics*** | | | |
| <i>glycopyrrolate oral tablet</i> | | Tier 1 | |
| <i>propantheline bromide oral tablet</i> | | Tier 1 | |
| *Ulcer Drugs - Prostaglandins*** | | | |
| <i>misoprostol oral tablet</i> | Cytotec | Tier 1 | |
| *URINARY ANTI-INFECTIVES* | | | |
| *Urinary Anti-Infectives*** | | | |
| <i>methenamine hippurate oral tablet</i> | Hiprex | Tier 1 | |
| <i>methenamine mandelate oral tablet</i> | | Tier 1 | |
| <i>nitrofurantoin macrocrystal oral capsule</i> | Macrochantin | Tier 1 | |
| <i>nitrofurantoin monohyd macro oral capsule</i> | Macrobid | Tier 1 | |
| <i>nitrofurantoin oral suspension</i> | | Tier 1 | AL (Max 12 Years) |
| *URINARY ANTISPASMODICS* | | | |
| *Urinary Antispasmodic - Antimuscarinic (Anticholinergic)*** | | | |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i> | Ditropan XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i> | | Tier 1 | QLL (2 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|--------------------------|
| <i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i> | Ditropan XL | Tier 1 | QLL (30 EA per 30 days) |
| <i>oxybutynin chloride oral syrup</i> | | Tier 1 | QLL (20 ML per 1 day) |
| <i>oxybutynin chloride oral tablet</i> | | Tier 1 | QLL (4 EA per 1 day) |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i> | Detrol LA | Tier 1 | ST; QLL (1 EA per 1 day) |
| <i>tolterodine tartrate oral tablet</i> | Detrol | Tier 1 | ST; QLL (2 EA per 1 day) |
| <i>tropium chloride er oral capsule extended release 24 hour</i> | | Tier 1 | ST; QLL (1 EA per 1 day) |
| <i>tropium chloride oral tablet</i> | | Tier 1 | ST; QLL (2 EA per 1 day) |
| *Urinary Antispasmodic - Antimuscarinics (Antichol)*** (New) | | | |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg</i> | Ditropan XL | Tier 1 | QLL (1 EA per 1 day) |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i> | | Tier 1 | QLL (2 EA per 1 day) |
| <i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i> | Ditropan XL | Tier 1 | QLL (30 EA per 30 days) |
| <i>oxybutynin chloride oral syrup</i> | | Tier 1 | QLL (20 ML per 1 day) |
| <i>oxybutynin chloride oral tablet</i> | | Tier 1 | QLL (4 EA per 1 day) |
| <i>tolterodine tartrate er oral capsule extended release 24 hour</i> | Detrol LA | Tier 1 | ST; QLL (1 EA per 1 day) |
| <i>tolterodine tartrate oral tablet</i> | Detrol | Tier 1 | ST; QLL (2 EA per 1 day) |
| <i>tropium chloride er oral capsule extended release 24 hour</i> | | Tier 1 | ST; QLL (1 EA per 1 day) |
| <i>tropium chloride oral tablet</i> | | Tier 1 | ST; QLL (2 EA per 1 day) |
| *Urinary Antispasmodics - Cholinergic Agonists*** | | | |
| <i>bethanechol chloride oral tablet</i> | Urecholine | Tier 1 | |
| *Urinary Antispasmodics - Cholinergic Agonists*** (New) | | | |
| <i>bethanechol chloride oral tablet</i> | Urecholine | Tier 1 | |
| *Urinary Antispasmodics - Direct Muscle Relaxants*** | | | |
| <i>flavoxate hcl oral tablet</i> | | Tier 1 | QLL (8 EA per 1 day) |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|-----------|--------|---|
| *Urinary Antispasmodics - Direct Muscle Relaxants*** (New) | | | |
| <i>flavoxate hcl oral tablet</i> | | Tier 1 | QLL (240 EA per 30 days) |
| *VACCINES* | | | |
| *Bacterial Vaccines*** | | | |
| ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED | | Tier 1 | PA; AL (Min 19 Years) |
| BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | Tier 1 | QLL (2 EA per 1 Lifetime); AL (Min 19 Years) |
| HIBERIX INJECTION SOLUTION RECONSTITUTED | | Tier 1 | |
| MENACTRA INTRAMUSCULAR INJECTABLE | | Tier 1 | AL (Min 19 Years) |
| MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED | | Tier 1 | QLL (1 EA per 1 Lifetime); AL (Min 19 Years) |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION | | Tier 1 | |
| PNEUMOVAX 23 INJECTION INJECTABLE | | Tier 1 | QLL (2 doses per 1 Lifetime); AL (Min 19 Years) |
| PREVNAR 13 INTRAMUSCULAR SUSPENSION | | Tier 1 | QLL (1 dose per 1 Lifetime); AL (Min 19 Years) |
| TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | Tier 1 | QLL (3 EA per 1 Lifetime); AL (Min 19 Years) |
| *Viral Vaccines*** | | | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | | Tier 1 | |
| ENGERIX-B INJECTION SUSPENSION | | Tier 1 | AL (Min 19 Years) |
| ENGERIX-B INTRAMUSCULAR INJECTABLE | | Tier 1 | AL (Min 19 Years) |
| FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | Tier 1 | |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------|---------------|---|
| FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION | | Tier 1 | AL (Min 19 Years) |
| FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | Tier 1 | |
| FLUMIST QUADRIVALENT NASAL SUSPENSION | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION | | Tier 1 | AL (Min 19 Years) |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.25 ML | | Tier 1 | AL (Min 19 Years and Max 64 Years) |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | | Tier 1 | |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION | | Tier 1 | F; QLL (3 doses per 1 Lifetime); AL (Min 19 Years and Max 26 Years) |
| GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | | Tier 1 | F; QLL (3 doses per 1 Lifetime); AL (Min 19 Years and Max 26 Years) |
| HAVRIX INTRAMUSCULAR SUSPENSION | | Tier 1 | QLL (2 doses per 1 Lifetime); AL (Min 19 Years) |
| IMOVAX RABIES INTRAMUSCULAR INJECTABLE | | Tier 1 | |
| RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED | | Tier 1 | AL (Min 19 Years) |
| RECOMBIVAX HB INJECTION SUSPENSION | | Tier 1 | AL (Min 19 Years) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------------------|---------------|---|
| VAQTA INTRAMUSCULAR SUSPENSION | | Tier 1 | QLL (2 doses per 1 Lifetime); AL (Min 19 Years) |
| VARIVAX SUBCUTANEOUS INJECTABLE | | Tier 1 | QLL (2 EA per 1 Lifetime); AL (Min 19 Years) |
| ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED | | Tier 1 | AL (Min 50 Years) |
| *VAGINAL PRODUCTS* | | | |
| *Imidazole-Related Antifungals*** | | | |
| <i>cvs miconazole 3 combo pack vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>eq miconazole 3 combo pack vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>eql miconazole 3 vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>gnp miconazole 3 vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>miconazole 3 combo pack app vaginal kit</i> | Monistat 3 Combo Pack App | Tier 1 | OTC |
| <i>miconazole 3 combo pack vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>px miconazole 3-day combo vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>ra miconazole 3 combo pack app vaginal kit</i> | Monistat 3 Combo Pack App | Tier 1 | OTC |
| <i>ra miconazole 3 combo pack vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>sm miconazole 3 applicator vaginal kit</i> | Monistat 3 Combo Pack App | Tier 1 | OTC |
| <i>sm miconazole 3 vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| <i>terconazole vaginal cream</i> | | Tier 1 | |
| <i>tgt miconazole 3 combo pack vaginal kit</i> | Monistat 3 Combination Pack | Tier 1 | OTC |
| MONISTAT 7 COMBO PACK APP VAGINAL KIT | | Tier 1 | OTC |
| *Spermicides*** | | | |
| TODAY SPONGE VAGINAL | | Tier 1 | OTC; QLL (3 Sponges per 30 days) |
| VCF VAGINAL CONTRACEPTIVE VAGINAL FILM | | Tier 1 | OTC; QLL (12 Films per 30 days) |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|-----------------|--------|-------------------------|
| *Vaginal Anti-Infectives*** | | | |
| <i>clindamycin phosphate vaginal cream</i> | Cleocin | Tier 1 | |
| <i>metronidazole vaginal gel</i> | Vandazole | Tier 1 | |
| VANDAZOLE VAGINAL GEL | MetroNIDAZOLE | Tier 1 | |
| *Vaginal Estrogens*** | | | |
| <i>estradiol vaginal cream</i> | Estrace | Tier 1 | PA |
| <i>estradiol vaginal tablet</i> | Vagifem | Tier 1 | QLL (8 EA per 28 days) |
| ESTRING VAGINAL RING | | Tier 1 | QLL (1 EA per 90 days) |
| *VASOPRESSORS* | | | |
| *Anaphylaxis Therapy Agents*** | | | |
| <i>epinephrine injection solution auto-injector</i> | EpiPen Jr 2-Pak | Tier 1 | QLL (4 EA per 365 days) |
| *Vasopressors*** | | | |
| <i>midodrine hcl oral tablet</i> | | Tier 1 | |
| *VITAMINS* | | | |
| *Vitamin B-1*** | | | |
| <i>b1 natural oral tablet</i> | | Tier 1 | OTC |
| <i>b-1 oral tablet</i> | | Tier 1 | OTC |
| <i>ra vitamin b-1 oral tablet</i> | | Tier 1 | OTC |
| <i>thiamine hcl oral tablet</i> | | Tier 1 | OTC |
| <i>thiamine oral capsule</i> | | Tier 1 | OTC |
| <i>vitamin b-1 oral tablet</i> | | Tier 1 | OTC |
| *Vitamin B-3*** | | | |
| <i>gnp niacin oral tablet</i> | | Tier 1 | OTC |
| <i>gnp niacin tr oral tablet extended release</i> | Endur-Acin | Tier 1 | OTC |
| <i>hm niacin oral tablet extended release</i> | Endur-Acin | Tier 1 | OTC |
| <i>niacin er oral capsule extended release</i> | | Tier 1 | OTC |
| <i>niacin er oral tablet extended release</i> | Endur-Acin | Tier 1 | OTC |
| <i>niacin oral tablet</i> | | Tier 1 | OTC |
| <i>niacin-50 oral tablet</i> | | Tier 1 | OTC |
| <i>px niacin oral tablet</i> | | Tier 1 | OTC |
| <i>ra niacin oral tablet</i> | | Tier 1 | OTC |
| <i>ra no flush niacin oral tablet</i> | | Tier 1 | OTC |
| <i>sm niacin cr oral tablet extended release</i> | Endur-Acin | Tier 1 | OTC |
| ENDUR-ACIN ORAL TABLET EXTENDED RELEASE | Niacin ER | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|------------------------------|---------------|---------------------|
| SLO-NIACIN ORAL TABLET EXTENDED RELEASE | Niacin ER | Tier 1 | OTC |
| *Vitamin B-6*** | | | |
| <i>b6 natural oral tablet</i> | | Tier 1 | OTC |
| <i>b-6 oral tablet</i> | | Tier 1 | OTC |
| <i>eql b-6 oral tablet</i> | | Tier 1 | OTC |
| <i>gnp vitamin b-6 oral tablet</i> | | Tier 1 | OTC |
| <i>hm vitamin b6 oral tablet</i> | | Tier 1 | OTC |
| <i>neuro-k-50 oral tablet</i> | | Tier 1 | OTC |
| <i>pyridoxine hcl oral tablet</i> | | Tier 1 | OTC |
| <i>ra vitamin b-6 oral tablet</i> | | Tier 1 | OTC |
| <i>sm vitamin b-6 oral tablet</i> | | Tier 1 | OTC |
| <i>vitamin b6 oral tablet</i> | | Tier 1 | OTC |
| <i>vitamin b-6 oral tablet</i> | | Tier 1 | OTC |
| <i>yl vitamin b-6 oral tablet</i> | | Tier 1 | OTC |
| *Vitamin C*** | | | |
| ASCOR INTRAVENOUS SOLUTION | | Tier 1 | PA |
| *Vitamin D*** | | | |
| <i>cvs d3 oral capsule</i> | Dialyvite Vitamin D 5000 | Tier 1 | OTC |
| <i>cvs d3 oral tablet chewable</i> | VitaJoy Daily D Gummies | Tier 1 | OTC |
| <i>cvs vitamin d3 oral tablet chewable</i> | VitaJoy Daily D Gummies | Tier 1 | OTC |
| <i>d 1000 oral capsule</i> | Pronutrients Vitamin D3 | Tier 1 | OTC |
| <i>d 1000 oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>d 1000 oral tablet chewable</i> | VitaJoy Daily D Gummies | Tier 1 | OTC |
| <i>d 400 oral tablet</i> | | Tier 1 | OTC |
| <i>d 400 oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |
| <i>d 5000 oral capsule</i> | Dialyvite Vitamin D 5000 | Tier 1 | OTC |
| <i>d 5000 oral tablet</i> | Radiance Platinum Vitamin D3 | Tier 1 | OTC |
| <i>d-1000 extra strength oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>d-1000 oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>d-2000 maximum strength oral tablet</i> | Thera-D 2000 | Tier 1 | OTC |
| <i>d2000 ultra strength oral capsule</i> | | Tier 1 | OTC |
| <i>d3 adult oral tablet chewable</i> | VitaJoy Daily D Gummies | Tier 1 | OTC |
| <i>d3 high potency oral capsule</i> | Pronutrients Vitamin D3 | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|---|------------------------------|---------------|----------------------|
| <i>d3 kids oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |
| <i>d3 maximum strength oral capsule</i> | Dialyvite Vitamin D 5000 | Tier 1 | OTC |
| <i>d3 super strength oral capsule</i> | | Tier 1 | OTC |
| <i>d3-1000 oral capsule</i> | Pronutrients Vitamin D3 | Tier 1 | OTC |
| <i>d3-1000 oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>d-3-5 oral capsule</i> | Dialyvite Vitamin D 5000 | Tier 1 | OTC |
| <i>d-400 oral tablet</i> | | Tier 1 | OTC |
| <i>d-5000 oral tablet</i> | Radiance Platinum Vitamin D3 | Tier 1 | OTC |
| <i>delta d3 oral tablet</i> | | Tier 1 | OTC |
| <i>ergocal oral capsule</i> | | Tier 1 | QLL (1 EA per 1 day) |
| <i>ergocalciferol oral capsule</i> | Drisdol | Tier 1 | |
| <i>gnp vitamin d maximum strength oral tablet</i> | Thera-D 2000 | Tier 1 | OTC |
| <i>gnp vitamin d oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>gnp vitamin d oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |
| <i>gnp vitamin d super strength oral tablet</i> | Radiance Platinum Vitamin D3 | Tier 1 | OTC |
| <i>gnp vitamin d3 extra strength oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>hm vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>hm vitamin d3 oral capsule</i> | | Tier 1 | OTC |
| <i>kp vitamin d oral capsule</i> | Pronutrients Vitamin D3 | Tier 1 | OTC |
| <i>kp vitamin d oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |
| <i>nat-rul vitamin d oral tablet</i> | Radiance Platinum Vitamin D3 | Tier 1 | OTC |
| <i>natural vitamin d-3 oral tablet</i> | Radiance Platinum Vitamin D3 | Tier 1 | OTC |
| <i>pa vitamin d-3 gummy oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |
| <i>pa vitamin d-3 oral capsule</i> | | Tier 1 | OTC |
| <i>pa vitamin d-3 oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>ra vitamin d-3 oral capsule</i> | Dialyvite Vitamin D 5000 | Tier 1 | OTC |
| <i>ra vitamin d-3 oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>sm vitamin d oral tablet</i> | | Tier 1 | OTC |
| <i>sm vitamin d3 oral capsule</i> | | Tier 1 | OTC |
| <i>sm vitamin d3 oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>vitamin d (cholecalciferol) oral capsule</i> | | Tier 1 | OTC |
| <i>vitamin d (cholecalciferol) oral tablet</i> | Vitamin D-1000 Max St | Tier 1 | OTC |
| <i>vitamin d (cholecalciferol) oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |

| Formulary Drug Name | Reference | Status | Restrictions |
|--|--------------------------|---------------|---------------------|
| <i>vitamin d (ergocalciferol) oral capsule</i> | Drisdol | Tier 1 | |
| <i>vitamin d oral capsule</i> | | Tier 1 | OTC |
| <i>vitamin d oral tablet</i> | Thera-D 2000 | Tier 1 | OTC |
| <i>vitamin d2 oral tablet</i> | | Tier 1 | OTC |
| <i>vitamin d3 adult gummies oral tablet chewable</i> | VitaJoy Daily D Gummies | Tier 1 | OTC |
| <i>vitamin d3 maximum strength oral capsule</i> | Dialyvite Vitamin D 5000 | Tier 1 | OTC |
| <i>vitamin d3 oral capsule</i> | Pronutrients Vitamin D3 | Tier 1 | OTC |
| <i>vitamin d-3 oral capsule</i> | Pronutrients Vitamin D3 | Tier 1 | OTC |
| <i>vitamin d3 oral tablet</i> | | Tier 1 | OTC |
| <i>vitamin d3 oral tablet chewable</i> | Healthy Kids Vitamin D3 | Tier 1 | OTC |
| <i>vitamin d3 oral tablet dispersible</i> | | Tier 1 | OTC |
| <i>vitamin d3 super strength oral tablet</i> | Thera-D 2000 | Tier 1 | OTC |
| <i>vitamin d-400 oral tablet</i> | | Tier 1 | OTC |
| D3 DOTS ORAL TABLET DISPERSIBLE | | Tier 1 | OTC |
| DIALYVITE VITAMIN D 5000 ORAL CAPSULE | D-3-5 | Tier 1 | OTC |
| HEALTHY KIDS VITAMIN D3 ORAL TABLET CHEWABLE | D 400 | Tier 1 | OTC |
| PRONUTRIENTS VITAMIN D3 ORAL CAPSULE | D 1000 | Tier 1 | OTC |
| REPLESTA ORAL WAFER | | Tier 1 | OTC |
| THERA-D 2000 ORAL TABLET | Vitamin D | Tier 1 | OTC |
| THERA-D RAPID REPLETION ORAL TABLET | Vitamin D | Tier 1 | OTC |
| VITAJoy DAILY D GUMMIES ORAL TABLET CHEWABLE | D 1000 | Tier 1 | OTC |
| VITAMIN D-1000 MAX ST ORAL TABLET | QC Vitamin D3 | Tier 1 | OTC |
| *Vitamin K*** | | | |
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