FORMULARY

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INTRODUCTION

The Advanced Health (AH) Formulary document is provided for the convenience of medical providers and AH members. AH does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The AH Formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his/her choice of prescription drugs. AH assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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This document contains references to brand name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Advanced Health.

If viewing this formulary via the Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

HOW TO USE THE FORMULARY (Press Ctrl and F then type in the drug name or condition)

The medications on the Advanced Health formulary are grouped into categories depending on the type of medical conditions they are used to treat. Medications are listed in alphabetical order by Therapeutic Indicators.

Every effort has been made to accurately list Prior Authorization requirements, Quantity Limits, Age Limits and Specialty Pharmacy requirements. However, some drugs - due to supply issues, cost, or other factors, may require a prior authorization, or have quantity limitations not listed.

Any Prescription Over $1000 Will Require a Prior Authorization

GENERIC AND BRAND NAME MEDICATIONS

Advanced Health is a mandatory generic health plan. Generics must be used when commercially available. The presence of a brand name medication next to the generic equivalent is for informational purposes only, and is NOT an indication of coverage. Coverage of multisource brand drugs listed on the AH formulary that have generic equivalents available may require prior approval, as generic is preferred over brand name.

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This is A Mandatory Generic Plan. Generics Must Be Used When Commercially Available.
Any Prescription Over $1000 Will Require a Prior Authorization.

ALLERGY

Antihistamines – 1st Generation

Drug Name	Dosage Form	Strength	Route	Comments
Chlorpheniramine maleate	Tablet	4mg	Oral	May fill up to a 90-day supply
Chlorpheniramine maleate	Tablet ER	12mg	Oral	May fill up to a 90-day supply
Cyproheptadine HCL	Syrup	2mg/5ml	Oral	May fill up to a 90-day supply
Cyproheptadine HCL	Tablet	4mg	Oral	May fill up to a 90-day supply
Dexchlorpheniramine maleate	Solution	2mg/5ml	Oral	May fill up to a 90-day supply
Diphenhydramine HCL	Capsule	25mg	Oral	May fill up to a 90-day supply
Diphenhydramine HCL	Capsule	50mg	Oral	May fill up to a 90-day supply
Diphenhydramine HCL	Elixir	12.5mg/5ml	Oral	Age limit: 8 years and younger May fill up to a 90-day supply
Diphenhydramine HCL	Liquid	12.5mg/5ml	Oral	Age limit: 8 years and younger May fill up to a 90-day supply
Diphenhydramine HCL	Tablet	25mg	Oral	May fill up to a 90-day supply
Diphenhydramine HCL	Tablet	50mg	Oral	May fill up to a 90-day supply
Allergy Relief (diphenhydramine/ phenylephrine/ acetaminophen)	Tablet	25mg-325mg-5mg	Oral	
Hydroxyzine HCL	Solution	10mg/5ml	Oral	
Hydroxyzine HCL	Tablet	10mg	Oral	
Hydroxyzine HCL	Tablet	25mg	Oral	
Hydroxyzine HCL	Tablet	50mg	Oral	
Hydroxyzine HCL	Vial	25mg/ml	Intramuscular	
Hydroxyzine HCL	Vial	50mg/ml	Intramuscular	
Hydroxyzine pamoate	Capsule	25mg	Oral	
Hydroxyzine pamoate	Capsule	50mg	Oral	
Hydroxyzine pamoate	Capsule	100mg	Oral	
Promethazine HCL	Syrup	6.25mg/5ml	Oral	
Promethazine HCL	Tablet	12.5mg	Oral	

Promethazine HCL	Tablet	25mg	Oral	
Promethazine HCL	Tablet	50mg	Oral	

Antihistamines – 2nd Generations

Drug Name	Dosage Form	Strength	Route	Comments
Azelastine HCL	Spray/Pump	137mcg	Nasal	
Cetirizine HCL	Solution	1mg/ml	Oral	May fill up to a 90-day supply
Cetirizine HCL	Solution	5mg/5ml	Oral	May fill up to a 90-day supply
Cetirizine HCL	Tablet	10mg	Oral	May fill up to a 90-day supply
Children's Loratadine	Tablet Chewable	5mg	Oral	May fill up to a 90-day supply
Loratadine	Solution	5mg/5ml	Oral	May fill up to a 90-day supply
Loratadine	Tablet Rapid Dissolve	10mg	Oral	May fill up to a 90-day supply
Loratadine	Tablet	10mg	Oral	May fill up to a 90-day supply

Nasal Anti-Inflammatory

Drug Name	Dosage Form	Strength	Route	Comments
Fluticasone Propionate	Spray Suspension	50mcg	Nasal	16-gram pack-size only Quantity Limit: 16 grams per 30 days
Mometasone furoate	Spray/ Pump	50mcg	Nasal	Prior authorization required Please trial fluticasone propionate first

ANTIEMESIS/ANTIVERTIGO

Antiemetic/Antivertigo Agents

Drug Name	Dosage Form	Strength	Route	Comments
Dimenhydrinate	Tablet	50mg	Oral	
Meclizine HCL	Tablet	12.5mg	Oral	
Meclizine HCL	Tablet	25mg	Oral	

Meclizine HCL	Tablet Chewable	25mg	Oral	
Ondansetron HCL	Tablet	4mg	Oral	Max daily dose: 24mg
Ondansetron HCL	Tablet	8mg	Oral	Max daily dose: 24mg
Ondansetron ODT	Tablet Rapid Dissolve	4mg	Oral	Max daily dose: 24mg
Ondansetron ODT	Tablet Rapid Dissolve	8mg	Oral	Max daily dose: 24mg
Prochlorperazine	Suppository	25mg	Rectal	
Prochlorperazine edisylate	Vial	5mg/ml	Injection	
Prochlorperazine edisylate	Vial	10mg/2ml	Injection	
Prochlorperazine maleate	Tablet	5mg	Oral	
Prochlorperazine maleate	Tablet	10mg	Oral	
Promethazine HCL	Suppository	12.5mg	Rectal	
Promethazine HCL	Suppository	25mg	Rectal	
Promethazine HCL	Suppository	50mg	Rectal	
Scopolamine	Patch	1mg/3 days	Transdermal	Prior Authorization required

ASTHMA/CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Anticholinergic, Orally Inhaled Short Acting

Drug Name	Dosage Form	Strength	Route	Comments
Atrovent HFA (ipratropium)	HFA Inhaler	17mcg	Inhalation	Concurrent edit: won't allow Incruse Ellipta, ipratropium nebulizer, ipratropium/albuterol nebulizer, Combivent Respimat, Anoro Ellipta, Spiriva Handihaler, Spiriva Respimat, or Stiolto Respimat to process at the same time
Ipratropium bromide	Solution	0.2mg/ml	Inhalation	Prior Authorization Required Concurrent edit: won't allow Atrovent HFA, Incruse Ellipta, ipratropium/albuterol nebulizer, Combivent Respimat, Anoro

				Ellipta, Spiriva Handihaler, Spiriva Respimat, or Stiolto Respimat to process at the same time

Anticholinergic, Orally Inhaled Long Acting

Drug Name	Dosage Form	Strength	Route	Comments
Incruse Ellipta (umeclidinium bromide)	Blister with Device	62.5mcg	Inhalation	Concurrent edit: won't allow Atrovent HFA, ipratropium nebulizer, ipratropium/albuterol nebulizer, Combivent Respimat, Anoro Ellipta, Spiriva Handihaler, Spiriva Respimat, or Stiolto Respimat to process at the same time
Spiriva (Tiotropium Handihaler)	Capsule with Device	18mcg	Inhalation	Brand (Spiriva) preferred Concurrent edit: won't allow Atrovent HFA, Incruse Ellipta, ipratropium nebulizer, ipratropium/albuterol nebulizer, Combivent Respimat, Anoro Ellipta, Spiriva Respimat, or Stiolto Respimat to process at the same time

Beta-Adrenergic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Albuterol sulfate HFA	HFA Inhaler	90mcg	Inhalation	Quantity Limit: 2 inhalers per 30 days Concurrent edit: won't allow Combivent Respimat or levalbuterol HFA to process at the same time
Albuterol sulfate	Solution	5ml/ml	Inhalation	Prior Authorization; Please trial a formulary inhaler
Albuterol sulfate	Syrup	2mg/5ml	Oral	
Albuterol sulfate	Vial-Nebulization	0.63mg/3ml	Inhalation	Prior Authorization; Please trial a formulary inhaler
Albuterol sulfate	Vial-Nebulization	1.25mg/3ml	Inhalation	Prior Authorization; Please trial a formulary inhaler
Albuterol sulfate	Vial-Nebulization	2.5mg/3ml	Inhalation	Prior Authorization; Please trial a formulary inhaler

Albuterol sulfate	Vial-Nebulization	2.5mg/0.5ml	Inhalation	Prior Authorization; Please trial a formulary inhaler
Levalbuterol tartrate HFA	HFA Inhaler	45mcg	Inhalation	Concurrent edit: won't allow albuterol HFA or Combivent Respimat to process at the same time
Terbutaline	Tablet	2.5mg	Oral	
Terbutaline	Tablet	5mg	Oral	

Beta-Adrenergic and Anticholinergic Combinations

Drug Name	Dosage Form	Strength	Route	Comments
Anoro Ellipta (umeclidinium/vilanterol)	Blister with device	62.5-25mcg	Inhalation	Age Limit: 18 years and older Concurrent edit: won't allow Atrovent HFA, budesonide/formoterol, fluticasone/salmeterol, Incruse Ellipta, ipratropium nebulizer, ipratropium/albuterol nebulizer, Combivent Respimat, Spiriva Handihaler, Spiriva Respimat, or Stiolto Respimat to process at the same time
Combivent Respimat (ipratropium/albuterol)	Mist Inhalation	20-100mcg	Inhalation	Concurrent edit: won't allow Albuterol HFA, Atrovent HFA, Incruse Ellipta, ipratropium nebulizer, ipratropium/albuterol nebulizer, levalbuterol HFA, Spiriva Handihaler, Spiriva Respimat, or Stiolto Respimat to process at the same time
Ipratropium/Albuterol	Ampul-Nebulization	0.5-3mg/3ml	Inhalation	Prior Authorization required Concurrent Use: won't allow Incruse Ellipta, Atrovent HFA, Combivent Respimat, ipratropium nebulizer, Anoro Ellipta, Spiriva, Spiriva Respimat, Stiolto Respimat to process at the same time
Stiolto Respimat (tiotropium/olodaterol)	Mist Inhalation	2.5-2.5mcg	Inhalation	Age Limit: 18 years and older Concurrent edit: won't allow Anoro Ellipta, Atrovent HFA, budesonide/formoterol,

				Combivent Respimat, fluticasone/salmeterol, Incruse Ellipta, ipratropium nebulizer, ipratropium/albuterol nebulizer, Spiriva Handihaler, or Spiriva Respimat to process at the same time

Beta-Adrenergic and Glucocorticoid Combinations

Drug Name	Dosage Form	Strength	Route	Comments
Budesonide-formoterol fumarate	HFA Aerosol	80-4.5mcg	Inhalation	Concurrent edit: won't allow Alvesco, Flovent Diskus, fluticasone HFA, fluticasone/salmeterol, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Budesonide-formoterol fumarate	HFA Aerosol	160-4.5mcg	Inhalation	Concurrent edit: won't allow Alvesco, Flovent Diskus, fluticasone HFA, fluticasone/salmeterol, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	Aerosol Powder	55-14mcg	Inhalation	Age Limit: 12 years and older Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	Aerosol Powder	113-14mcg	Inhalation	Age Limit: 12 years and older Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	Aerosol Powder	232-14mcg	Inhalation	Age Limit: 12 years and older Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time

Fluticasone-salmeterol	Blister with Device	100-50mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	Blister with Device	250-50mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	Blister with Device	500-50mcg	Inhalation	Prior Authorization required Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	HFA AER AD	45-21mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	HFA AER AD	115-21mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Fluticasone-salmeterol	HFA AER AD	230-21mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Wixela (fluticasone-salmeterol)	Blister with Device	100-50mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time
Wixela (fluticasone-salmeterol)	Blister with Device	250-50mcg	Inhalation	Concurrent edit: won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, Anoro Ellipta, Qvar, or Stiolto Respimat to process at the same time

Glucocorticoids, Orally Inhaled

Drug Name	Dosage Form	Strength	Route	Comments
Alvesco (ciclesonide)	Aerosol	80mcg	Inhalation	Age Limit: 12 years and older Concurrent edit won't allow budesonide/formoterol, Flovent Diskus, fluticasone HFA, fluticasone/salmeterol, or Qvar to process at the same time
Alvesco (ciclesonide)	Aerosol	160mcg	Inhalation	Age Limit: 12 years and older Concurrent edit won't allow budesonide/formoterol, Flovent Diskus, fluticasone HFA, fluticasone/salmeterol, or Qvar to process at the same time
Budesonide	Ampule-Nebulization	0.25mg/2ml	Inhalation	Prior Authorization; Please trial a formulary inhaler Age Limit: 7 years and younger
Budesonide	Ampule-Nebulization	0.5mg/2ml	Inhalation	Prior Authorization; Please trial a formulary inhaler Age Limit: 7 years and younger
Flovent Diskus (fluticasone)	Blister with Device	50mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, fluticasone HFA, fluticasone/salmeterol, or Qvar to process at the same time
Flovent Diskus (fluticasone)	Blister with Device	100mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, fluticasone HFA, fluticasone/salmeterol, or Qvar to process at the same time
Flovent Diskus (fluticasone)	Blister with Device	250mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, fluticasone HFA, fluticasone/salmeterol, or Qvar to process at the same time
Fluticasone HFA	Aerosol	44mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, Flovent Diskus,

				fluticasone/salmeterol, or Qvar to process at the same time
Fluticasone HFA	Aerosol	110mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone/salmeterol, or Qvar to process at the same time
Fluticasone HFA	Aerosol	220mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone/salmeterol, or Qvar to process at the same time
Qvar Redihaler (beclomethasone dipropionate)	HFA Aerosol	40mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, or fluticasone/salmeterol to process at the same time
Qvar Redihaler (beclomethasone dipropionate)	HFA Aerosol	80mcg	Inhalation	Concurrent edit won't allow Alvesco, budesonide/formoterol, Flovent Diskus, fluticasone HFA, or fluticasone/salmeterol to process at the same time

Leukotriene Receptor Antagonists

Drug Name	Dosage Form	Strength	Route	Comments
Montelukast sodium	Granule Pack	4mg	Oral	Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply
Montelukast sodium	Tablet Chewable	4mg	Oral	Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply
Montelukast sodium	Tablet Chewable	5mg	Oral	Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply
Montelukast sodium	Tablet	10mg	Oral	Quantity Limit: 40 tablets per 30 days May fill up to a 90-day supply
Zafirlukast	Tablet	10mg	Oral	Prior Authorization required; Please trial montelukast

Zafirlukast	Tablet	20mg	Oral	Prior Authorization required; Please trial montelukast

Mast Cell Stabilizers, Orally Inhaled

Drug Name	Dosage Form	Strength	Route	Comments
Cromolyn Sodium	Ampule-Nebulization	20mg/2ml	Inhalation	Prior authorization required

AUTONOMIC NERVOUS SYSTEM DISORDER

Alzheimer's Therapy, NMDA Receptor Antagonists

Drug Name	Dosage Form	Strength	Route	Comments
Memantine HCL	Tablet-Dose Pack	5mg-10mg	Oral	
Memantine HCL	Tablet-	5mg	Oral	
Memantine HCL	Tablet	10mg	Oral	

Cholinesterase Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Donepezil	Tablet	5mg	Oral	
Donepezil	Tablet	10mg	Oral	
Donepezil	Tablet	23mg	Oral	
Pyridostigmine bromide	Solution	60mg/5ml	Oral	
Pyridostigmine bromide	Tablet	60mg	Oral	
Pyridostigmine bromide	Tablet ER	180mg	Oral	
Regonol (pyridostigmine bromide)	Ampul	5mg/ml	Injection	

BEHAVIORAL HEALTH - OTHER

Adrenergic, Aromatic, Non-Catecholamine

Drug Name	Dosage Form	Strength	Route	Comments
Dextroamphetamine Sulfate ER	Capsule ER	5mg	Oral	Age Limit: 6 years and older

				Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dextroamphetamine Sulfate ER	Capsule ER	10mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dextroamphetamine Sulfate ER	Capsule ER	15mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dextroamphetamine sulfate	Tablet	5mg	Oral	Age limit: 6 years or older
Dextroamphetamine sulfate	Tablet	10mg	Oral	Age limit: 6 years or older
Dextroamphetamine- Amphetamine ER	Capsule ER	5mg	Oral	Age Limit: 6 years and older Quantity Limit: 1 dose per day
Dextroamphetamine- Amphetamine ER	Capsule ER	10mg	Oral	Age Limit: 6 years and older Quantity Limit: 1 dose per day
Dextroamphetamine- Amphetamine ER	Capsule ER	15mg	Oral	Age Limit: 6 years and older Quantity Limit: 1 dose per day
Dextroamphetamine- Amphetamine ER	Capsule ER	20mg	Oral	Age Limit: 6 years and older Quantity Limit: 1 dose per day
Dextroamphetamine- Amphetamine ER	Capsule ER	25mg	Oral	Age Limit: 6 years and older Quantity Limit: 1 dose per day
Dextroamphetamine- Amphetamine ER	Capsule ER	30mg	Oral	Age Limit: 6 years and older Quantity Limit: 1 dose per day
Dextroamphetamine- Amphetamine	Tablet	5mg	Oral	Age limit: 3 years and older
Dextroamphetamine- Amphetamine	Tablet	7.5mg	Oral	Age limit: 3 years and older
Dextroamphetamine- Amphetamine	Tablet	10mg	Oral	Age limit: 3 years and older
Dextroamphetamine- Amphetamine	Tablet	12.5mg	Oral	Age limit: 3 years and older
Dextroamphetamine- Amphetamine	Tablet	15mg	Oral	Age limit: 3 years and older
Dextroamphetamine- Amphetamine	Tablet	20mg	Oral	Age limit: 3 years and older
Dextroamphetamine- Amphetamine	Tablet	30mg	Oral	Age limit: 3 years and older
Dexmethylphenidate HCL	Capsule ER	5mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day

Dexmethylphenidate HCL	Capsule ER	10mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Capsule ER	15mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Capsule ER	20mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Capsule ER	25mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Capsule ER	30mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Capsule ER	35mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Capsule ER	40mg		Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Dexmethylphenidate HCL	Tablet	2.5mg		Age limit: 6 years and older
Dexmethylphenidate HCL	Tablet	5mg		Age limit: 6 years and older
Dexmethylphenidate HCL	Tablet	10mg		Age limit: 6 years and older
Lisdexamfetamine dimesylate	Capsule	10mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day

Lisdexamfetamine dimesylate	Capsule	20mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day
Lisdexamfetamine dimesylate	Capsule	30mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day
Lisdexamfetamine dimesylate	Capsule	40mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day
Lisdexamfetamine dimesylate	Capsule	50mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day
Lisdexamfetamine dimesylate	Capsule	60mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day
Lisdexamfetamine dimesylate	Capsule	70mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER AND dextroamphetamine ER Age Limit: 6 years and older Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	10mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	15mg	Oral	Age Limit: 6 years or older

				Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	20mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	30mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	40mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	50mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Capsule Biphasic 40-60	60mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER	Tablet ER	10mg	Oral	Age limit: 6 years and older Quantity limit: 2 tablets per day
Methylphenidate ER	Tablet ER	20mg	Oral	Age limit: 6 years and older Quantity limit: 2 tablets per day
Methylphenidate ER (LA)	Capsule Biphasic 50-50	10mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER (LA)	Capsule Biphasic 50-50	20mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day

Methylphenidate ER (LA)	Capsule Biphasic 50-50	30mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate ER (LA)	Capsule Biphasic 50-50	40mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL	Solution	5mg/5ml	Oral	
Methylphenidate HCL	Solution	10mg/5ml	Oral	
Methylphenidate HCL	Tablet Chewable	2.5mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet Chewable	5mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet Chewable	10mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet	5mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet	10mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet	20mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet ER 24hr	18mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL	Tablet ER 24hr	27mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL	Tablet ER 24hr	36mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL	Tablet ER 24hr	54mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER

				Quantity Limit: 1 dose per day
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	10mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	20mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	30mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	40mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	50mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	60mg	Oral	Age Limit: 6 years or older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphet/dextroamphetamine ER Quantity Limit: 1 dose per day

Anti-Alcohol Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Acamprosate calcium	Tablet DR	333mg	Oral	
Disulfiram	Tablet	250mg	Oral	
Disulfiram	Tablet	500mg	Oral	
Vivitrol (naltrexone)	Suspension ER	380mg	Intramuscular	

Barbiturates

Drug Name	Dosage Form	Strength	Route	Comments
Phenobarbital	Elixir	20mg/5ml	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	15mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	16.2mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	30mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	32.4mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	60mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	64.8mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	97.2mg	Oral	May fill up to a 90-day supply
Phenobarbital	Tablet	100mg	Oral	May fill up to a 90-day supply

Narcotic Antagonists

Drug Name	Dosage Form	Strength	Route	Comments
Kloxxado (naloxone HCL)	Spray	8mg	Nasal Spray	
Naloxone HCL	Cartridge	0.4mg/ml	Injection	
Naloxone HCL	Spray	4mg	Nasal Spray	
Naloxone HCL	Syringe	1mg/ml	Injection	
Naloxone HCL	Vial	0.4mg/ml	Injection	
Naltrexone HCL	Tablet	50mg	Oral	May fill up to a 90-day supply
Opvee (nalmefene HCL)	Spray	2.7mg	Nasal Spray	

Pineal Hormone Agents

Drug Name	Dosage Form	Strength	Route	Comments
Melatonin	Liquid	1mg/1ml	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Liquid	5mg/15ml	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet	1mg	Oral	Age Limit: 18 years and younger

				PA required for ages 19 and older
Melatonin	Tablet	3mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet	10mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet Chewable	1mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet Chewable	5mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet Rapid Dissolve	3mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet Rapid Dissolve	10mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet Sublingual	1mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin	Tablet Sublingual	10mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older
Melatonin-Vitamin B6	Tablet	3mg-10mg	Oral	Age Limit: 18 years and younger PA required for ages 19 and older

Sedative-Hypnotics, Non-Barbiturate

Drug Name	Dosage Form	Strength	Route	Comments
Diphenhydramine	Capsule	25mg	Oral	May fill up to a 90-day supply
Diphenhydramine	Capsule	50mg	Oral	May fill up to a 90-day supply
Diphenhydramine	Tablet	25mg	Oral	May fill up to a 90-day supply
Diphenhydramine	Tablet	50mg	Oral	May fill up to a 90-day supply

Doxylamine	Tablet	25mg	Oral	
Eszopiclone	Tablet	1mg	Oral	Prior Authorization required; Please see Sedatives FFS Drug Use Criteria
Eszopiclone	Tablet	2mg	Oral	Prior Authorization required; Please see Sedatives FFS Drug Use Criteria
Eszopiclone	Tablet	3mg	Oral	Prior Authorization required; Please see Sedatives FFS Drug Use Criteria
Zolpidem tartrate	Tablet	5mg	Oral	Prior Authorization required; Please see Sedatives FFS Drug Use Criteria
Zolpidem tartrate	Tablet	10mg	Oral	Prior Authorization required; Please see Sedatives FFS Drug Use Criteria

Treatment for Attention Deficit Hyperactivity Disorder (ADHD)/Narcolepsy

Drug Name	Dosage Form	Strength	Route	Comments
Dexmethylphenidate HCL	Capsule ER	5mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	10mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	15mg	Oral	Age Limit: 6 years and older

				Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	20mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	25mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	30mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day

				Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	35mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Capsule ER	40mg	Oral	Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Dexmethylphenidate HCL	Tablet	2.5mg	Oral	Age limit: 6 years or older
Dexmethylphenidate HCL	Tablet	5mg	Oral	Age limit: 6 years or older
Dexmethylphenidate HCL	Tablet	10mg	Oral	Age limit: 6 years or older
Methylphenidate ER	Capsule Biphasic 40-60	10mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time

Methylphenidate ER	Capsule Biphasic 40-60	15mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Capsule Biphasic 40-60	20mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Capsule Biphasic 40-60	30mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Capsule Biphasic 40-60	40mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER

				Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Capsule Biphasic 40-60	50mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Capsule Biphasic 40-60	60mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Tablet ER	10mg	Oral	Age limit: 6 years and older Quantity limit: 2 tablets per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER	Tablet ER	20mg	Oral	Age limit: 6 years and older Quantity limit: 2 tablets per day Concurrent therapy edit: only 1 ER formulation allowed at a time

Methylphenidate ER (LA)	Capsule Biphasic 50-50	10mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER (LA)	Capsule Biphasic 50-50	20mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER (LA)	Capsule Biphasic 50-50	30mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate ER (LA)	Capsule Biphasic 50-50	40mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER

				Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL	Solution	5mg/5ml	Oral	
Methylphenidate HCL	Solution	10mg/5ml	Oral	
Methylphenidate HCL	Tablet Chewable	2.5mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet Chewable	5mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet Chewable	10mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet	5mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet	10mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet	20mg	Oral	Age limit: 4 years and older
Methylphenidate HCL	Tablet ER 24-hr	18mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL	Tablet ER 24-hr	27mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time

Methylphenidate HCL	Tablet ER 24-hr	36mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL	Tablet ER 24-hr	54mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL	Tablet ER 24-hr	72mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	10mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER

				Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	20mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	30mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	40mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time

Methylphenidate HCL (CD)	Capsule Biphasic 30-70	50mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time
Methylphenidate HCL (CD)	Capsule Biphasic 30-70	60mg	Oral	Age Limit: 6 years and older Step Therapy: after methylphenidate ER 10mg or 20mg TABLET or amphetamine/ dextroamphetamine ER Quantity Limit: 1 dose per day Concurrent therapy edit: only 1 ER formulation allowed at a time

CARDIOVASCULAR DISEASE - ARRHYTHMIA

Antiarrhythmics

Drug Name	Dosage Form	Strength	Route	Comments
Amiodarone	Tablet	100mg	Oral	May fill up to a 90-day supply
Amiodarone	Tablet	200mg	Oral	May fill up to a 90-day supply
Amiodarone	Tablet	400mg	Oral	May fill up to a 90-day supply
Disopyramide phosphate	Capsule	100mg	Oral	
Disopyramide phosphate	Capsule	150mg	Oral	
Flecainide acetate	Tablet	50mg	Oral	May fill up to a 90-day supply
Flecainide acetate	Tablet	100mg	Oral	May fill up to a 90-day supply
Flecainide acetate	Tablet	150mg	Oral	May fill up to a 90-day supply
Mexiletine HCL	Capsule	150mg	Oral	
Mexiletine HCL	Capsule	200mg	Oral	

Mexiletine HCL	Capsule	250mg	Oral	
Norpace CR (disopyramide)	Capsule ER	100mg	Oral	
Norpace CR (disopyramide)	Capsule ER	150mg	Oral	
Propafenone HCL	Tablet	150mg	Oral	
Propafenone HCL	Tablet	225mg	Oral	
Propafenone HCL	Tablet	300mg	Oral	
Quinidine gluconate	Tablet ER	324mg	Oral	
Quinidine sulfate	Tablet	200mg	Oral	
Quinidine sulfate	Tablet	300mg	Oral	

CARDIOVASCULAR DISEASE – CARDIAC STIMULANT

Adrenergic Agents, Catecholamines

Drug Name	Dosage Form	Strength	Route	Comments
Epinephrine	Ampul	1mg/ml	Injection	Prior Authorization Required; Covered under Medical Benefit
Epinephrine	Vial	1mg/ml	Injection	Prior Authorization Required; Covered under Medical Benefit

Digitalis Glycosides

Drug Name	Dosage Form	Strength	Route	Comments
Digoxin	Solution	50mcg/ml	Oral	May fill up to a 90-day supply
Digoxin	Tablet	125mcg	Oral	May fill up to a 90-day supply
Digoxin	Tablet	250mcg	Oral	May fill up to a 90-day supply

CARDIOVASCULAR DISEASE – HYPERTENSION

ACE Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Benazepril	Tablet	5mg	Oral	May fill up to a 90-day supply
Benazepril	Tablet	10mg	Oral	May fill up to a 90-day supply
Benazepril	Tablet	20mg	Oral	May fill up to a 90-day supply
Benazepril	Tablet	40mg	Oral	May fill up to a 90-day supply

Captopril	Tablet	12.5mg	Oral	May fill up to a 90-day supply
Captopril	Tablet	25mg	Oral	May fill up to a 90-day supply
Captopril	Tablet	50mg	Oral	May fill up to a 90-day supply
Captopril	Tablet	100mg	Oral	May fill up to a 90-day supply
Enalapril	Tablet	2.5mg	Oral	May fill up to a 90-day supply
Enalapril	Tablet	5mg	Oral	May fill up to a 90-day supply
Enalapril	Tablet	10mg	Oral	May fill up to a 90-day supply
Enalapril	Tablet	20mg	Oral	May fill up to a 90-day supply
Fosinopril sodium	Tablet	10mg	Oral	May fill up to a 90-day supply
Fosinopril sodium	Tablet	20mg	Oral	May fill up to a 90-day supply
Fosinopril sodium	Tablet	40mg	Oral	May fill up to a 90-day supply
Lisinopril	Tablet	2.5mg	Oral	May fill up to a 90-day supply
Lisinopril	Tablet	5mg	Oral	May fill up to a 90-day supply
Lisinopril	Tablet	10mg	Oral	May fill up to a 90-day supply
Lisinopril	Tablet	20mg	Oral	May fill up to a 90-day supply
Lisinopril	Tablet	30mg	Oral	May fill up to a 90-day supply
Lisinopril	Tablet	40mg	Oral	May fill up to a 90-day supply
Moexipril HCL	Tablet	7.5mg	Oral	
Moexipril HCL	Tablet	15mg	Oral	
Quinapril HCL	Tablet	5mg	Oral	May fill up to a 90-day supply
Quinapril HCL	Tablet	10mg	Oral	May fill up to a 90-day supply
Quinapril HCL	Tablet	20mg	Oral	May fill up to a 90-day supply
Quinapril HCL	Tablet	40mg	Oral	May fill up to a 90-day supply
Ramipril	Capsule	1.25mg	Oral	May fill up to a 90-day supply
Ramipril	Capsule	2.5mg	Oral	May fill up to a 90-day supply
Ramipril	Capsule	5mg	Oral	May fill up to a 90-day supply
Ramipril	Capsule	10mg	Oral	May fill up to a 90-day supply
Trandolapril	Tablet	1mg	Oral	Step Therapy: please trial captopril, enalapril, lisinopril, or moexipril
Trandolapril	Tablet	2mg	Oral	Step Therapy: please trial captopril, enalapril, lisinopril, or moexipril
Trandolapril	Tablet	4mg	Oral	Step Therapy: please trial captopril, enalapril, lisinopril, or moexipril

ACE Inhibitor/Calcium Channel Blocker Combination

Drug Name	Dosage Form	Strength	Route	Comments
Amlodipine besylate- Benazepril	Capsule	2.5mg-10mg	Oral	May fill up to a 90-day supply
Amlodipine besylate- Benazepril	Capsule	5mg-10mg	Oral	May fill up to a 90-day supply
Amlodipine besylate- Benazepril	Capsule	5mg-20mg	Oral	May fill up to a 90-day supply
Amlodipine besylate- Benazepril	Capsule	5mg-40mg	Oral	May fill up to a 90-day supply
Amlodipine besylate- Benazepril	Capsule	10mg-20mg	Oral	May fill up to a 90-day supply
Amlodipine besylate- Benazepril	Capsule	10mg-40mg	Oral	May fill up to a 90-day supply

ACE Inhibitor/Thiazide & Thiazide-like Diuretic

Drug Name	Dosage Form	Strength	Route	Comments
Benazepril- Hydrochlorothiazide	Tablet	5mg-6.25mg	Oral	May fill up to a 90-day supply
Benazepril- Hydrochlorothiazide	Tablet	10mg-12.5mg	Oral	May fill up to a 90-day supply
Benazepril- Hydrochlorothiazide	Tablet	20mg-12.5mg	Oral	May fill up to a 90-day supply
Benazepril- Hydrochlorothiazide	Tablet	20mg-25mg	Oral	May fill up to a 90-day supply
Captopril- Hydrochlorothiazide	Tablet	25mg-15mg	Oral	May fill up to a 90-day supply
Captopril- Hydrochlorothiazide	Tablet	25mg-25mg	Oral	May fill up to a 90-day supply
Captopril- Hydrochlorothiazide	Tablet	50mg-15mg	Oral	May fill up to a 90-day supply
Captopril- Hydrochlorothiazide	Tablet	50mg-25mg	Oral	May fill up to a 90-day supply
Enalapril- Hydrochlorothiazide	Tablet	5mg-12.5mg	Oral	May fill up to a 90-day supply

Enalapril- Hydrochlorothiazide	Tablet	10mg-25mg	Oral	May fill up to a 90-day supply
Fosinopril- Hydrochlorothiazide	Tablet	10mg-12.5mg	Oral	May fill up to a 90-day supply
Fosinopril- Hydrochlorothiazide	Tablet	20mg-12.5mg	Oral	May fill up to a 90-day supply
Lisinopril- Hydrochlorothiazide	Tablet	10mg-12.5mg	Oral	May fill up to a 90-day supply
Lisinopril- Hydrochlorothiazide	Tablet	20mg-12.5mg	Oral	May fill up to a 90-day supply
Lisinopril- Hydrochlorothiazide	Tablet	20mg-25mg	Oral	May fill up to a 90-day supply
Quinapril- Hydrochlorothiazide	Tablet	10mg-12.5mg	Oral	May fill up to a 90-day supply
Quinapril- Hydrochlorothiazide	Tablet	20mg-12.5mg	Oral	May fill up to a 90-day supply
Quinapril- Hydrochlorothiazide	Tablet	20mg-25mg	Oral	May fill up to a 90-day supply

Alpha-Adrenergic Blocking Agents

Drug Name	Dosage Form	Strength	Route	Comments
Doxazosin mesylate	Tablet	1mg	Oral	May fill up to a 90-day supply
Doxazosin mesylate	Tablet	2mg	Oral	May fill up to a 90-day supply
Doxazosin mesylate	Tablet	4mg	Oral	May fill up to a 90-day supply
Doxazosin mesylate	Tablet	8mg	Oral	May fill up to a 90-day supply
Prazosin HCL	Capsule	1mg	Oral	May fill up to a 90-day supply
Prazosin HCL	Capsule	2mg	Oral	May fill up to a 90-day supply
Prazosin HCL	Capsule	5mg	Oral	May fill up to a 90-day supply
Terazosin	Capsule	1mg	Oral	May fill up to a 90-day supply
Terazosin	Capsule	2mg	Oral	May fill up to a 90-day supply
Terazosin	Capsule	5mg	Oral	May fill up to a 90-day supply
Terazosin	Capsule	10mg	Oral	May fill up to a 90-day supply

Alpha/Beta-Adrenergic Blocking Agents

Drug Name	Dosage Form	Strength	Route	Comments
Carvedilol	Tablet	3.125mg	Oral	May fill up to a 90-day supply
Carvedilol	Tablet	6.25mg	Oral	May fill up to a 90-day supply
Carvedilol	Tablet	12.5mg	Oral	May fill up to a 90-day supply
Carvedilol	Tablet	25mg	Oral	May fill up to a 90-day supply
Labetalol HCL	Tablet	100mg	Oral	May fill up to a 90-day supply
Labetalol HCL	Tablet	200mg	Oral	May fill up to a 90-day supply
Labetalol HCL	Tablet	300mg	Oral	May fill up to a 90-day supply

Angiotensin Receptor Antagonist

Drug Name	Dosage Form	Strength	Route	Comments
Irbesartan	Tablet	75mg	Oral	May fill up to a 90-day supply
Irbesartan	Tablet	150mg	Oral	May fill up to a 90-day supply
Irbesartan	Tablet	300mg	Oral	May fill up to a 90-day supply
Losartan potassium	Tablet	25mg	Oral	May fill up to a 90-day supply
Losartan potassium	Tablet	50mg	Oral	May fill up to a 90-day supply
Losartan potassium	Tablet	100mg	Oral	May fill up to a 90-day supply
Olmesartan	Tablet	5mg	Oral	
Olmesartan	Tablet	20mg	Oral	
Olmesartan	Tablet	40mg	Oral	
Telmisartan	Tablet	20mg	Oral	May fill up to a 90-day supply
Telmisartan	Tablet	40mg	Oral	May fill up to a 90-day supply
Telmisartan	Tablet	80mg	Oral	May fill up to a 90-day supply
Valsartan	Tablet	40mg	Oral	May fill up to a 90-day supply
Valsartan	Tablet	80mg	Oral	May fill up to a 90-day supply
Valsartan	Tablet	160mg	Oral	May fill up to a 90-day supply
Valsartan	Tablet	320mg	Oral	May fill up to a 90-day supply

Angiotensin Receptor Antagonist/Thiazide Diuretic

Drug Name	Dosage Form	Strength	Route	Comments
Losartan- Hydrochlorothiazide	Tablet	50mg-12.5mg	Oral	May fill up to a 90-day supply
Losartan- Hydrochlorothiazide	Tablet	100mg-12.5mg	Oral	May fill up to a 90-day supply
Losartan- Hydrochlorothiazide	Tablet	100mg-25mg	Oral	May fill up to a 90-day supply
Olmesartan-Hydrochlorothiazide	Tablet	20mg-12.5mg	Oral	May fill up to a 90-day supply
Olmesartan-Hydrochlorothiazide	Tablet	40mg-12.5mg	Oral	May fill up to a 90-day supply
Olmesartan-Hydrochlorothiazide	Tablet	40mg-25mg	Oral	May fill up to a 90-day supply
Telmisartan-Hydrochlorothiazide	Tablet	40-12.5mg	Oral	May fill up to a 90-day supply
Telmisartan-Hydrochlorothiazide	Tablet	80-12.5mg	Oral	May fill up to a 90-day supply
Telmisartan-Hydrochlorothiazide	Tablet	80-25mg	Oral	May fill up to a 90-day supply
Valsartan-Hydrochlorothiazide	Tablet	80mg-12.5mg	Oral	May fill up to a 90-day supply
Valsartan-Hydrochlorothiazide	Tablet	160mg-12.5mg	Oral	May fill up to a 90-day supply
Valsartan-Hydrochlorothiazide	Tablet	160mg-25mg	Oral	May fill up to a 90-day supply
Valsartan-Hydrochlorothiazide	Tablet	320mg-12.5mg	Oral	May fill up to a 90-day supply
Valsartan-Hydrochlorothiazide	Tablet	320mg-25mg	Oral	May fill up to a 90-day supply

Beta-Adrenergic Blocking Agents

Drug Name	Dosage Form	Strength	Route	Comments
Acebutolol HCL	Capsule	200mg	Oral	
Acebutolol HCL	Capsule	400mg	Oral	Prior Authorization required. Please trial other formulary alternatives

Atenolol	Tablet	25mg	Oral	May fill up to a 90-day supply
Atenolol	Tablet	50mg	Oral	May fill up to a 90-day supply
Atenolol	Tablet	100mg	Oral	May fill up to a 90-day supply
Bisoprolol fumarate	Tablet	5mg	Oral	May fill up to a 90-day supply Quantity limit: 1 tablet per day
Bisoprolol fumarate	Tablet	10mg	Oral	May fill up to a 90-day supply Quantity limit: 1 tablet per day
Metoprolol succinate	Tablet ER 24-hour	25mg	Oral	May fill up to a 90-day supply
Metoprolol succinate	Tablet ER 24-hour	50mg	Oral	May fill up to a 90-day supply
Metoprolol succinate	Tablet ER 24-hour	100mg	Oral	May fill up to a 90-day supply
Metoprolol succinate	Tablet ER 24-hour	200mg	Oral	May fill up to a 90-day supply
Metoprolol tartrate	Tablet	25mg	Oral	May fill up to a 90-day supply
Metoprolol tartrate	Tablet	50mg	Oral	May fill up to a 90-day supply
Metoprolol tartrate	Tablet	100mg	Oral	May fill up to a 90-day supply
Nadolol	Tablet	20mg	Oral	May fill up to a 90-day supply
Nadolol	Tablet	40mg	Oral	May fill up to a 90-day supply
Nadolol	Tablet	80mg	Oral	May fill up to a 90-day supply
Pindolol	Tablet	5mg	Oral	May fill up to a 90-day supply
Pindolol	Tablet	10mg	Oral	May fill up to a 90-day supply
Propranolol	Solution	20mg/5ml	Oral	May fill up to a 90-day supply
Propranolol	Tablet	10mg	Oral	May fill up to a 90-day supply
Propranolol	Tablet	20mg	Oral	May fill up to a 90-day supply
Propranolol	Tablet	40mg	Oral	May fill up to a 90-day supply
Propranolol	Tablet	60mg	Oral	May fill up to a 90-day supply
Propranolol	Tablet	80mg	Oral	May fill up to a 90-day supply
Propranolol HCL ER	Capsule	60mg	Oral	May fill up to a 90-day supply
Propranolol HCL ER	Capsule	80mg	Oral	May fill up to a 90-day supply
Propranolol HCL ER	Capsule	120mg	Oral	May fill up to a 90-day supply

Propranolol HCL ER	Capsule	160mg	Oral	May fill up to a 90-day supply
Sotalol	Tablet	80mg	Oral	May fill up to a 90-day supply
Sotalol	Tablet	120mg	Oral	May fill up to a 90-day supply
Sotalol	Tablet	160mg	Oral	May fill up to a 90-day supply
Sotalol	Tablet	240mg	Oral	May fill up to a 90-day supply
Sotalol AF	Tablet	80mg	Oral	May fill up to a 90-day supply
Sotalol AF	Tablet	120mg	Oral	May fill up to a 90-day supply
Sotalol AF	Tablet	160mg	Oral	May fill up to a 90-day supply

Beta-Adrenergic Blocking Agents/Thiazide & Related Diuretics

Drug Name	Dosage Form	Strength	Route	Comments
Atenolol- Chlorthalidone	Tablet	50mg-25mg	Oral	May fill up to a 90-day supply
Atenolol- Chlorthalidone	Tablet	100mg-25mg	Oral	May fill up to a 90-day supply
Bisoprolol- Hydrochlorothiazide	Tablet	2.5mg-6.25mg	Oral	May fill up to a 90-day supply Quantity limit: 1 tablet per day
Bisoprolol- Hydrochlorothiazide	Tablet	5mg-6.25mg	Oral	May fill up to a 90-day supply Quantity limit: 1 tablet per day
Bisoprolol- Hydrochlorothiazide	Tablet	10mg-6.25mg	Oral	May fill up to a 90-day supply Quantity limit: 1 tablet per day

Calcium Channel Blocking Agents

Drug Name	Dosage Form	Strength	Route	Comments
Amlodipine besylate	Tablet	2.5mg	Oral	May fill up to a 90-day supply
Amlodipine besylate	Tablet	5mg	Oral	May fill up to a 90-day supply
Amlodipine besylate	Tablet	10mg	Oral	May fill up to a 90-day supply
Cartia XT (diltiazem)	Capsule ER 24 hour	120mg	Oral	May fill up to a 90-day supply
Cartia XT (diltiazem)	Capsule ER 24 hour	180mg	Oral	May fill up to a 90-day supply
Cartia XT (diltiazem)	Capsule ER 24 hour	240mg	Oral	May fill up to a 90-day supply

Cartia XT (diltiazem)	Capsule ER 24 hour	300mg	Oral	May fill up to a 90-day supply
Diltiazem 12-hour ER	Capsule ER 12 hour	60mg	Oral	
Diltiazem 12-hour ER	Capsule ER 12 hour	90mg	Oral	May fill up to a 90-day supply
Diltiazem 12-hour ER	Capsule ER 12 hour	120mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER	Capsule ER 24 hour	120mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER	Capsule ER 24 hour	180mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER	Capsule ER 24 hour	240mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER	Capsule ER 24 hour	300mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER	Capsule ER 24 hour	360mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER	Capsule ER 24 hour	420mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (CD)	Capsule ER 24 hour	120mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (CD)	Capsule ER 24 hour	180mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (CD)	Capsule ER 24 hour	240mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (CD)	Capsule ER 24 hour	300mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (CD)	Capsule ER 24 hour	360mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (XR)	Capsule ER	120mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (XR)	Capsule ER	180mg	Oral	May fill up to a 90-day supply
Diltiazem 24-hour ER (XR)	Capsule ER	240mg	Oral	May fill up to a 90-day supply
Diltiazem HCL	Tablet	30mg	Oral	May fill up to a 90-day supply
Diltiazem HCL	Tablet	60mg	Oral	May fill up to a 90-day supply

Diltiazem HCL	Tablet	90mg	Oral	May fill up to a 90-day supply
Diltiazem HCL	Tablet	120mg	Oral	May fill up to a 90-day supply
Dilt-XR (diltiazem)	Capsule ER	120mg	Oral	May fill up to a 90-day supply
Dilt-XR (diltiazem)	Capsule ER	180mg	Oral	May fill up to a 90-day supply
Dilt-XR (diltiazem)	Capsule ER	240mg	Oral	May fill up to a 90-day supply
Felodipine ER	Tablet ER 24-hour	2.5mg	Oral	May fill up to a 90-day supply
Felodipine ER	Tablet ER 24-hour	5mg	Oral	May fill up to a 90-day supply
Felodipine ER	Tablet ER 24-hour	10mg	Oral	May fill up to a 90-day supply
Isradipine	Capsule	2.5mg	Oral	Prior Authorization required Trial formulary alternatives
Isradipine	Capsule	5mg	Oral	Prior Authorization required Trial formulary alternatives
Nicardipine HCL	Capsule	20mg	Oral	Prior Authorization required Trial formulary alternatives
Nicardipine HCL	Capsule	30mg	Oral	Prior Authorization required Trial formulary alternatives
Nifedipine	Capsule	10mg	Oral	May fill up to a 90-day supply
Nifedipine	Capsule	20mg	Oral	May fill up to a 90-day supply
Nifedipine ER	Tablet ER 24-hour	30mg	Oral	May fill up to a 90-day supply
Nifedipine ER	Tablet ER 24-hour	60mg	Oral	May fill up to a 90-day supply
Nifedipine ER	Tablet ER 24-hour	90mg	Oral	May fill up to a 90-day supply
Nifedipine ER	Tablet ER	30mg	Oral	May fill up to a 90-day supply
Nifedipine ER	Tablet ER	60mg	Oral	May fill up to a 90-day supply
Nimodipine	Capsule	30mg	Oral	Prior Authorization required Trial formulary alternatives
Nisoldipine	Tablet ER 24-hour	20mg	Oral	May fill up to a 90-day supply
Nisoldipine	Tablet ER 24-hour	30mg	Oral	May fill up to a 90-day supply

Nisoldipine	Tablet ER 24-hour	40mg	Oral	May fill up to a 90-day supply
Taztia XT (diltiazem)	Capsule 24-hour	120mg	Oral	May fill up to a 90-day supply
Taztia XT (diltiazem)	Capsule 24-hour	180mg	Oral	May fill up to a 90-day supply
Taztia XT (diltiazem)	Capsule 24-hour	240mg	Oral	May fill up to a 90-day supply
Taztia XT (diltiazem)	Capsule 24-hour	300mg	Oral	May fill up to a 90-day supply
Taztia XT (diltiazem)	Capsule 24-hour	360mg	Oral	May fill up to a 90-day supply
Tiadylt ER (diltiazem)	Capsule 24-hour	120mg	Oral	May fill up to a 90-day supply
Tiadylt ER (diltiazem)	Capsule 24-hour	180mg	Oral	May fill up to a 90-day supply
Tiadylt ER (diltiazem)	Capsule 24-hour	240mg	Oral	May fill up to a 90-day supply
Tiadylt ER (diltiazem)	Capsule 24-hour	300mg	Oral	May fill up to a 90-day supply
Tiadylt ER (diltiazem)	Capsule 24-hour	360mg	Oral	May fill up to a 90-day supply
Tiadylt ER (diltiazem)	Capsule 24-hour	420mg	Oral	May fill up to a 90-day supply
Verapamil ER	Capsule 24-hour	120mg	Oral	May fill up to a 90-day supply
Verapamil ER	Capsule 24-hour	180mg	Oral	May fill up to a 90-day supply
Verapamil ER	Capsule 24-hour	240mg	Oral	May fill up to a 90-day supply
Verapamil ER	Tablet ER	120mg	Oral	May fill up to a 90-day supply
Verapamil ER	Tablet ER	180mg	Oral	May fill up to a 90-day supply
Verapamil ER	Tablet ER	240mg	Oral	May fill up to a 90-day supply
Verapamil HCL	Tablet	40mg	Oral	May fill up to a 90-day supply
Verapamil HCL	Tablet	80mg	Oral	May fill up to a 90-day supply
Verapamil HCL	Tablet	120mg	Oral	May fill up to a 90-day supply
Verapamil SR	Capsule 24-hour	120mg	Oral	May fill up to a 90-day supply
Verapamil SR	Capsule 24-hour	180mg	Oral	May fill up to a 90-day supply
Verapamil SR	Capsule 24-hour	240mg	Oral	May fill up to a 90-day supply
Verapamil SR	Capsule 24-hour	360mg	Oral	May fill up to a 90-day supply

Loop Diuretics

Drug Name	Dosage Form	Strength	Route	Comments
Bumetanide	Tablet	0.5mg	Oral	May fill up to a 90-day supply
Bumetanide	Tablet	1mg	Oral	May fill up to a 90-day supply
Bumetanide	Tablet	2mg	Oral	May fill up to a 90-day supply
Furosemide	Solution	10mg/ml	Oral	May fill up to a 90-day supply

Furosemide	Tablet	20mg	Oral	May fill up to a 90-day supply
Furosemide	Tablet	40mg	Oral	May fill up to a 90-day supply
Furosemide	Tablet	80mg	Oral	May fill up to a 90-day supply
Torsemide	Tablet	5mg	Oral	May fill up to a 90-day supply
Torsemide	Tablet	10mg	Oral	May fill up to a 90-day supply
Torsemide	Tablet	20mg	Oral	May fill up to a 90-day supply
Torsemide	Tablet	100mg	Oral	May fill up to a 90-day supply

Potassium Sparing Diuretics

Drug Name	Dosage Form	Strength	Route	Comments
Amiloride HCL	Tablet	5mg	Oral	May fill up to a 90-day supply
Spironolactone	Tablet	25mg	Oral	May fill up to a 90-day supply
Spironolactone	Tablet	50mg	Oral	May fill up to a 90-day supply
Spironolactone	Tablet	100mg	Oral	May fill up to a 90-day supply
Triamterene	Capsule	50mg	Oral	Prior Authorization required
Triamterene	Capsule	100mg	Oral	Prior Authorization required

Potassium Sparing Diuretics in Combination

Drug Name	Dosage Form	Strength	Route	Comments
Amiloride- Hydrochlorothiazide	Tablet	5mg-50mg	Oral	May fill up to a 90-day supply
Spironolactone- Hydrochlorothiazide	Tablet	25mg-25mg	Oral	May fill up to a 90-day supply
Triamterene- Hydrochlorothiazide	Capsule	37.5mg-25mg	Oral	May fill up to a 90-day supply
Triamterene- Hydrochlorothiazide	Tablet	37.5mg-25mg	Oral	May fill up to a 90-day supply
Triamterene- Hydrochlorothiazide	Tablet	75mg-50mg	Oral	May fill up to a 90-day supply

Sympatholytic

Drug Name	Dosage Form	Strength	Route	Comments
Clonidine	Patch	0.1mg/24 hours	Transdermal	Prior Authorization required
Clonidine	Patch	0.2mg/24 hours	Transdermal	Prior Authorization required

Clonidine	Patch	0.3mg/24 hours	Transdermal	Prior Authorization required
Clonidine	Tablet	0.1mg	Oral	May fill up to a 90-day supply
Clonidine	Tablet	0.2mg	Oral	May fill up to a 90-day supply
Clonidine	Tablet	0.3mg	Oral	May fill up to a 90-day supply
Guanfacine HCL	Tablet	1mg	Oral	
Guanfacine HCL	Tablet	2mg	Oral	
Methyldopa	Tablet	250mg	Oral	
Methyldopa	Tablet	500mg	Oral	

Thiazide and Related Diuretics

Drug Name	Dosage Form	Strength	Route	Comments
Chlorthalidone	Tablet	25mg	Oral	May fill up to a 90-day supply
Chlorthalidone	Tablet	50mg	Oral	May fill up to a 90-day supply
Hydrochlorothiazide	Capsule	12.5mg	Oral	May fill up to a 90-day supply
Hydrochlorothiazide	Tablet	12.5mg	Oral	May fill up to a 90-day supply
Hydrochlorothiazide	Tablet	25mg	Oral	May fill up to a 90-day supply
Hydrochlorothiazide	Tablet	50mg	Oral	May fill up to a 90-day supply
Indapamide	Tablet	1.25mg	Oral	
Indapamide	Tablet	2.5mg	Oral	
Metolazone	Tablet	2.5mg	Oral	
Metolazone	Tablet	5mg	Oral	
Metolazone	Tablet	10mg	Oral	

Vasodilator

Drug Name	Dosage Form	Strength	Route	Comments
Hydralazine HCL	Tablet	10mg	Oral	May fill up to a 90-day supply
Hydralazine HCL	Tablet	25mg	Oral	May fill up to a 90-day supply
Hydralazine HCL	Tablet	50mg	Oral	May fill up to a 90-day supply
Hydralazine HCL	Tablet	100mg	Oral	May fill up to a 90-day supply
Minoxidil	Tablet	2.5mg	Oral	Prior Authorization Required
Minoxidil	Tablet	10mg	Oral	Prior Authorization Required

CARDIOVASCULAR DISEASE – LIPID IRREGULARITY

Bile Salt Sequestrants

Drug Name	Dosage Form	Strength	Route	Comments
Cholestyramine	Powder Pack	4 grams	Oral	
Cholestyramine	Powder	4 grams	Oral	
Cholestyramine light	Powder Pack	4 grams	Oral	
Cholestyramine light	Powder	4 grams	Oral	
Colestid	Packet	7.5 grams	Oral	Prior Authorization required Trial formulary alternatives
Colestipol HCL	Granules	5 grams	Oral	
Colestipol HCL	Packet	5 grams	Oral	Prior Authorization required Trial formulary alternatives
Colestipol HCL	Tablet	1 gram	Oral	

Lipotropics

Drug Name	Dosage Form	Strength	Route	Comments
Ezetimibe	Tablet	10mg	Oral	May fill up to a 90-day supply
Fenofibrate	Capsule	43mg	Oral	May fill up to a 90-day supply
Fenofibrate	Capsule DR	45mg	Oral	May fill up to a 90-day supply
Fenofibrate	Capsule	67mg	Oral	May fill up to a 90-day supply
Fenofibrate	Capsule	130mg	Oral	May fill up to a 90-day supply
Fenofibrate	Capsule	134mg	Oral	May fill up to a 90-day supply
Fenofibrate	Capsule	200mg	Oral	May fill up to a 90-day supply
Fenofibrate	Tablet	48mg	Oral	May fill up to a 90-day supply
Fenofibrate	Tablet	54mg	Oral	May fill up to a 90-day supply
Fenofibrate	Tablet	145mg	Oral	May fill up to a 90-day supply
Fenofibrate	Tablet	160mg	Oral	May fill up to a 90-day supply
Fish Oil (Omega-3 Fatty Acids)	Capsule	1000mg	Oral	
Gemfibrozil	Tablet	600mg	Oral	May fill up to a 90-day supply
Niacin	Tablet	100mg	Oral	May fill up to a 90-day supply

Niacin	Tablet	500mg	Oral	May fill up to a 90-day supply
Niacin ER	Tablet ER 24-hour	500mg	Oral	Prior Authorization required Trial formulary alternatives
Niacin ER	Tablet ER 24-hour	750mg	Oral	Prior Authorization required Trial formulary alternatives
Niacin ER	Tablet ER 24-hour	1000mg	Oral	Prior Authorization required Trial formulary alternatives

HMG COA Reductase Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Atorvastatin calcium	Tablet	10mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Atorvastatin calcium	Tablet	20mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Atorvastatin calcium	Tablet	40mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Atorvastatin calcium	Tablet	80mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Fluvastatin ER	Tablet ER 24-hour	80mg	Oral	Step Therapy: after atorvastatin, lovastatin, or rosuvastatin
Fluvastatin sodium	Capsule	20mg	Oral	Step Therapy: after atorvastatin, lovastatin, or rosuvastatin
Fluvastatin sodium	Capsule	40mg	Oral	Step Therapy: after atorvastatin, lovastatin, or rosuvastatin
Lovastatin	Tablet	10mg	Oral	May fill up to a 90-day supply
Lovastatin	Tablet	20mg	Oral	May fill up to a 90-day supply
Lovastatin	Tablet	40mg	Oral	May fill up to a 90-day supply
Pravastatin sodium	Tablet	10mg	Oral	May fill up to a 90-day supply
Pravastatin sodium	Tablet	20mg	Oral	May fill up to a 90-day supply
Pravastatin sodium	Tablet	40mg	Oral	May fill up to a 90-day supply
Pravastatin sodium	Tablet	80mg	Oral	May fill up to a 90-day supply
Rosuvastatin	Tablet	5mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Rosuvastatin	Tablet	10mg	Oral	Quantity Limit: 1 tablet per day

				May fill up to a 90-day supply
Rosuvastatin	Tablet	20mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Rosuvastatin	Tablet	40mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Simvastatin	Tablet	5mg	Oral	May fill up to a 90-day supply
Simvastatin	Tablet	10mg	Oral	May fill up to a 90-day supply
Simvastatin	Tablet	20mg	Oral	May fill up to a 90-day supply
Simvastatin	Tablet	40mg	Oral	Quantity limit: 1 tablet per day May fill up to a 90-day supply
Simvastatin	Tablet	80mg	Oral	Prior Authorization required Trial formulary alternatives

HMG COA Reductase Inhibitor-Lipotropic

Drug Name	Dosage Form	Strength	Route	Comments
Simvastatin- Ezetimibe	Tablet	80mg-10mg	Oral	Prior Authorization Required. Each component available on formulary , prescribe separately.

CARDIOVASCULAR DISEASE – VASODILATION

Vasodilators, Coronary

Drug Name	Dosage Form	Strength	Route	Comments
Isosorbide dinitrate	Tablet	5mg	Oral	May fill up to a 90-day supply
Isosorbide dinitrate	Tablet	10mg	Oral	May fill up to a 90-day supply
Isosorbide dinitrate	Tablet	20mg	Oral	May fill up to a 90-day supply
Isosorbide dinitrate	Tablet	30mg	Oral	May fill up to a 90-day supply
Isosorbide dinitrate	Tablet	40mg	Oral	May fill up to a 90-day supply
Isosorbide mononitrate	Tablet	10mg	Oral	May fill up to a 90-day supply
Isosorbide mononitrate	Tablet	20mg	Oral	May fill up to a 90-day supply
Isosorbide mononitrate ER	Tablet ER 24-hour	30mg	Oral	May fill up to a 90-day supply

Isosorbide mononitrate ER	Tablet ER 24-hour	60mg	Oral	May fill up to a 90-day supply
Isosorbide mononitrate ER	Tablet ER 24-hour	120mg	Oral	May fill up to a 90-day supply
Nitro-BID (nitroglycerin)	Ointment	2%	Transdermal	
Nitro-DUR (nitroglycerin)	Patch 24-hour	0.3mg/hour	Transdermal	
Nitro-DUR (nitroglycerin)	Patch 24-hour	0.8mg/hour	Transdermal	
Nitroglycerin	Spray	400mcg/ spray	Translingual	
Nitroglycerin	Tablet sublingual	0.3mg	Sublingual	
Nitroglycerin	Tablet sublingual	0.4mg	Sublingual	
Nitroglycerin	Tablet sublingual	0.6mg	Sublingual	
Nitroglycerin Patch	Patch 24-hour	0.1mg/hour	Transdermal	
Nitroglycerin Patch	Patch 24-hour	0.2mg/hour	Transdermal	
Nitroglycerin Patch	Patch 24-hour	0.4mg/hour	Transdermal	
Nitroglycerin Patch	Patch 24-hour	0.6mg/hour	Transdermal	
Nitro-Time (nitroglycerin)	Capsule ER	2.5mg	Oral	
Nitro-Time (nitroglycerin)	Capsule ER	6.5mg	Oral	
Nitro-Time (nitroglycerin)	Capsule ER	9mg	Oral	

CONTRACEPTIVES/OXYTOCICS

Diaphragms/Cervical Cap

Drug Name	Dosage Form	Strength	Route	Comments
Caya Contoured	Diaphragm	65mm-80mm	Vaginal	May fill up to a 12-month supply
Femcap (cervical cap)	Diaphragm	22mm	Vaginal	May fill up to a 12-month supply

Femcap (cervical cap)	Diaphragm	26mm	Vaginal	May fill up to a 12-month supply
Femcap (cervical cap)	Diaphragm	30mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	60mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	65mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	70mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	75mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	80mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	85mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	90mm	Vaginal	May fill up to a 12-month supply
Wide Seal Diaphragm	Diaphragm	95mm	Vaginal	May fill up to a 12-month supply

Injectable

Drug Name	Dosage Form	Strength	Route	Comments
Depo-SUBQ Provera 104 (medroxyprogesterone)	Syringe	104mg/0.65ml	Subcutaneous	May fill up to a 12-month supply
Medroxyprogesterone acetate	Syringe	150mg/ml	Intramuscular	May fill up to a 12-month supply

Intravaginal

Drug Name	Dosage Form	Strength	Route	Comments
Today Contraceptive Sponge (nonoxynol 9)	Contraceptive sponge	1000mg	Vaginal	May fill up to a 12-month supply
VCF (nonoxynol 9)	Film	28%	Vaginal	May fill up to a 12-month supply
VCF (nonoxynol 9)	Foam with applicator	12.5%	Vaginal	May fill up to a 12-month supply
VCF (nonoxynol 9)	Gel with applicator	4%	Vaginal	May fill up to a 12-month supply

Intravaginal, Systemic

Drug Name	Dosage Form	Strength	Route	Comments
Eluryng (Etonogestrel- Ethinyl Estradiol)	Vaginal Ring	0.12mg-0.015mg	Vaginal	May fill up to a 12-month supply
Haloette (Etonogestrel- Ethinyl Estradiol)	Vaginal Ring	0.12mg-0.015mg	Vaginal	May fill up to a 12-month supply

Etonogestrel- Ethinyl Estradiol	Vaginal Ring	0.12mg-0.015mg	Vaginal	May fill up to a 12-month supply

Oral Contraceptive

Drug Name	Dosage Form	Strength	Route	Comments
Afirmelle (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
After Pill (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Aftera (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Altavera (levonorgestrel/ ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Alyacen (norethindrone/ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Amethia (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Amethyst (levonorgestrel/ ethinyl estradiol)	Tablet	90mcg-20mcg	Oral	May fill up to a 12-month supply
Apri (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Aranelle (norethindrone/ethinyl estradiol)	Tablet	0.5mg-0.035mg/1mg/0.035mg	Oral	May fill up to a 12-month supply
Ashlyna (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Aubra (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Aurovela (norethindrone/ethinyl estradiol)	Tablet	1mg-20mcg	Oral	May fill up to a 12-month supply
Aurovela (norethindrone/ethinyl estradiol)	Tablet	1.5mg-0.03mg	Oral	May fill up to a 12-month supply
Aurovela FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Aurovela 24 FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (24)	Oral	May fill up to a 12-month supply
Aurovela FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Aviane (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Ayuna (levonorgestrel/ ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Azurette (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.02mg/0.01mg	Oral	May fill up to a 12-month supply
Balziva (norethindrone/ethinyl estradiol)	Tablet	0.4mg-0.035mg	Oral	May fill up to a 12-month supply

Blisovi FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Blisovi 24 FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (24)	Oral	May fill up to a 12-month supply
Blisovi FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Briellyn (norethindrone/ethinyl estradiol)	Tablet	0.4mg-0.035mg	Oral	May fill up to a 12-month supply
Camila (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Camrese (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Camrese Lo (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	100mcg-20mcg (84)	Oral	May fill up to a 12-month supply
Caziant (desogestrel/ethinyl estradiol)	Tablet	0.1mg-0.025mg/0.125mg-0.025mg/ 0.15mg-0.025mg	Oral	May fill up to a 12-month supply
Chateal (levonorgestrel/ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Cryselle (norgestrel/ ethinyl estradiol)	Tablet	0.3mg-0.03mg	Oral	May fill up to a 12-month supply
Cyclafem (norethindrone/ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Cyred (desogestrel - ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Dasetta (norethindrone/ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Daysee (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Deblitane (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Desogestrel/ethinyl Estradiol	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Desogestrel- Ethinyl Estradiol/Ethinyl Estradiol	Tablet	0.15mg-0.02mg/0.01mg (28)	Oral	May fill up to a 12-month supply
Dolishale (levonorgestrel/ ethinyl estradiol)	Tablet	90mcg-20mcg	Oral	May fill up to a 12-month supply
Drospirenone- Ethinyl Estradiol	Tablet	0.02mg-3mg (28)	Oral	May fill up to a 12-month supply
Drospirenone- Ethinyl Estradiol	Tablet	0.03mg-3mg (28)	Oral	May fill up to a 12-month supply
Econtra (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Elinest (norgestrel/ ethinyl estradiol)	Tablet	0.3mg-0.03mg	Oral	May fill up to a 12-month supply

Ella (ulipristal acetate)	Tablet	30mg	Oral	May fill up to a 12-month supply
Enpresse (levonorgestrel/ethinyl estradiol)	Tablet	0.05mg-0.03mg/ 0.075mg-0.04mg/ 0.125mg-0.03mg	Oral	May fill up to a 12-month supply
Enskyce (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Errin (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Estarylla (norethindrone/ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Ethynodiol/ethinyl Estradiol	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Ethynodiol/ethinyl Estradiol	Tablet	1mg-50mcg	Oral	May fill up to a 12-month supply
Falimina (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Femynor (norgestimate/ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Hailey (norethindrone/ ethinyl estradiol)	Tablet	1.5mg-0.03mg	Oral	May fill up to a 12-month supply
Hailey FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Hailey FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Hailey FE 24 (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (24)	Oral	May fill up to a 12-month supply
Heather (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Iclevia (levonorgestrel-ethinyl estradiol/ethinyl estradiol	Tablet	0.15mg-0.03mg/0.01mg	Oral	May fill up to a 12-month supply
Incassia (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Isibloom (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Jaimiess (levonorgestrel/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Jasmiel (drospirenone/ethinyl estradiol)	Tablet	0.02mg-3mg (28)	Oral	May fill up to a 12-month supply
Jencycla (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Jolessa (levonorgestrel/ ethinyl estradiol)	Tablet Pack 3-month	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Juleber (desogestrel - ethinyl estradiol)		0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Junel (norethindrone/ ethinyl estradiol)	Tablet	1mg-20mcg	Oral	May fill up to a 12-month supply
Junel (norethindrone/ ethinyl estradiol)	Tablet	1.5mg-0.03mg	Oral	May fill up to a 12-month supply

Junel FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Junel FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Junel FE 24 (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (24)	Oral	May fill up to a 12-month supply
Kalliga (desogestrel - ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Kariva (desogestrel - ethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Kelnor 1-35 (ethynodiol/ ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Kelnor 1-50 (ethynodiol/ ethinyl estradiol)	Tablet	1mg-50mcg	Oral	May fill up to a 12-month supply
Kimidess (desogestrel - ethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Kurvelo (levonorgestrel/ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Larin (norethindrone/ ethinyl estradiol)	Tablet	1mg-20mcg	Oral	May fill up to a 12-month supply
Larin (norethindrone/ ethinyl estradiol)	Tablet	1.5mg-0.03mg	Oral	May fill up to a 12-month supply
Larin 24 FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (24)	Oral	May fill up to a 12-month supply
Larin FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Larin FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Leena (norethindrone/ethinyl estradiol)	Tablet	0.5mg-0.035mg/ 1mg-0.035mg	Oral	May fill up to a 12-month supply
Lessina (levonorgestrel/ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Levonest (levonorgestrel/ethinyl estradiol)	Tablet	0.05mg-0.03mg/ 0.075mg-0.04mg/ 0.125mg-0.03mg	Oral	May fill up to a 12-month supply
Levonorgestrel	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Levonorgestrel- Ethinyl Estradiol	Tablet	90mcg-20mcg	Oral	May fill up to a 12-month supply
Levonorgestrel- Ethinyl Estradiol	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Levonorgestrel- Ethinyl Estradiol	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Levonorgestrel- Ethinyl Estradiol Triphasic	Tablet	0.05mg/0.03mg; 0.075mg/0.04mg	Oral	May fill up to a 12-month supply

		; 0.125mg; 0.03mg		
Levonorgestrel-ethinyl estradiol/ethinyl estradiol	Tablet Pack 3-month	100mcg-20mcg (84)	Oral	May fill up to a 12-month supply
Levonorgestrel- Ethinyl Estradiol/ ethinyl estradiol	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Levora-28 (levonorgestrel/ ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Lillow (levonorgestrel/ ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Loestrin (norethindrone/ethinyl estradiol)	Tablet	1mg-20mcg	Oral	May fill up to a 12-month supply
Loestrin (norethindrone/ethinyl estradiol)	Tablet	1.5mg-0.03mg	Oral	May fill up to a 12-month supply
Loestrin FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Loestrin FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Lojaimiess (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	100mcg-20mcg (84)	Oral	May fill up to a 12-month supply
Loryna (drospirenone/ ethinyl estradiol)	Tablet	0.02mg-3mg (28)	Oral	May fill up to a 12-month supply
Low-Ogestrel (norgestrel/ethinyl estradiol)	Tablet	0.3mg-0.03mg	Oral	May fill up to a 12-month supply
Lo-Zumandimine (drospirenone/ethinyl estradiol)	Tablet	0.2mg-3mg (28)	Oral	May fill up to a 12-month supply
Lutera (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Lyleq (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Lyza (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Marlissa (levonorgestrel/ ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Microgestin (norethindrone/ethinyl estradiol)	Tablet	1mg-20mcg	Oral	May fill up to a 12-month supply
Microgestin (norethindrone/ethinyl estradiol)	Tablet	1.5mg-0.03mg	Oral	May fill up to a 12-month supply
Microgestin 24 FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (24)	Oral	May fill up to a 12-month supply
Microgestin FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply

Microgestin FE (norethindrone/ethinyl estradiol/iron)	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Mili (norethindrone/ ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Mircette (desogestrel - ethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Mono-Linyah (norethindrone/ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
My Choice (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
My Way (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Necon (norethindrone/ ethinyl estradiol)	Tablet	0.5mg-0.035mg	Oral	May fill up to a 12-month supply
New Day (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Nikki (drospirenone/ ethinyl estradiol)	Tablet	0.02mg-3mg (28)	Oral	May fill up to a 12-month supply
Nora-Be (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Norethindrone	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Norethindrone- Ethinyl Estradiol-Iron	Tablet	1mg-20mcg (21)	Oral	May fill up to a 12-month supply
Norethindrone- Ethinyl Estradiol-Iron	Tablet	1.5mg-30mcg (21)	Oral	May fill up to a 12-month supply
Norethindrone- Ethinyl Estradiol	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Norethindrone- Ethinyl Estradiol	Tablet	1mg-20mcg	Oral	May fill up to a 12-month supply
Norethindrone- Ethinyl Estradiol	Tablet	1.5mg-0.03mcg	Oral	May fill up to a 12-month supply
Nortrel (norethindrone/ ethinyl estradiol)	Tablet	0.5mg-0.035mg	Oral	May fill up to a 12-month supply
Nortrel (norethindrone/ ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Nylia (norethindrone/ethinyl estradiol)	Tablet	1mg-0.035mg	Oral	May fill up to a 12-month supply
Nymyo (norethindrone/ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Ocella (drospirenone/ethinyl estradiol)	Tablet	0.3mg-3mg	Oral	May fill up to a 12-month supply
Opicon One-Step (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Opill (norgestrel)	Tablet	75 mcg	Oral	May fill up to a 12-month supply
Option 2 (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Ortho Tri-Cyclen (norgestimate/ethinyl estradiol)	Tablet	0.16mg-0.035mg/ 0.215mg-0.035mg/0.25mg - 0.035mg	Oral	May fill up to a 12-month supply

Ortho-Novum (norethindrone/ethinyl estradiol)	Tablet	0.5mg-0.035mg/ 0.75mg-0.035mg/ 1mg-0.035mg	Oral	May fill up to a 12-month supply
Philith (norethindrone/ethinyl estradiol)	Tablet	0.4mg-0.035mg	Oral	May fill up to a 12-month supply
Pimtrea (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Pirmella (norethindrone/ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Plan B One-Step (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Portia (levonorgestrel/ ethinyl estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Previfem (norethindrone/ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Reclipsen (Desogestrel/Ethinyl Estradiol)	Tablet	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Seasonique (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Setlakin (levonorgestrel/ ethinyl estradiol)	Tablet Pack 3-month	0.15mg-0.03mg	Oral	May fill up to a 12-month supply
Sharobel (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Simliya (desogestrelethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Simpesse (levonorgestrel-ethinyl estradiol/ethinyl estradiol)	Tablet Pack 3-month	150mcg-30mcg (84)	Oral	May fill up to a 12-month supply
Slynd (drospirenone)	Tablet	4mg	Oral	May fill up to a 12-month supply
Sprintec (norethindrone/ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Sronyx (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Syeda (drospirenone/ ethinyl estradiol)	Tablet	0.03mg-3mg	Oral	May fill up to a 12-month supply
Take Action (levonorgestrel)	Tablet	1.5mg	Oral	May fill up to a 12-month supply
Tarina 24 FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mg (24)	Oral	May fill up to a 12-month supply
Tarina FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-20mg (21)	Oral	May fill up to a 12-month supply
Tilia FE (norethindrone/ethinyl estradiol/iron)	Tablet	1mg-0.02mg/ 1mg-0.03mg/ 1mg-0.035mg	Oral	May fill up to a 12-month supply
Tri-Estarylla (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.035mg/	Oral	May fill up to a 12-month supply

		0.215mg-0.035mg/ 0.25mg-0.035mg		
Tri-Legest FE (norethindrone/ethinyl estradiol)	Tablet	1mg-0.02mg/ 1mg-0.03mg/ 1mg-0.035mg	Oral	May fill up to a 12-month supply
Tri-Linyah (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Tri-Lo-Estarylla (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg	Oral	May fill up to a 12-month supply
Tri-Lo-Marzia (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg	Oral	May fill up to a 12-month supply
Tri-Lo-Mili (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg	Oral	May fill up to a 12-month supply
Tri-Lo-Sprintec (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.025mg/ 0.215mg-0.025mg/	Oral	May fill up to a 12-month supply

		0.25mg-0.025mg		
Tri-Mili (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Tri-Nymyo (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Tri-Sprintec (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Trivora-28 (levonorgestrel/ethinyl estradiol)	Tablet	0.05mg-0.03mg/ 0.075mg-0.04mg/ 0.125mg/0.03mg	Oral	May fill up to a 12-month supply
Tri-Vylibra (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.035mg/ 0.215mg-0.035mg/ 0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Tri-Vylibra Lo (norgestimate/ethinyl estradiol)	Tablet	0.18mg-0.025mg/ 0.215mg-0.025mg/ 0.25mg-0.025mg	Oral	May fill up to a 12-month supply

Tulana (norethindrone)	Tablet	0.35mg	Oral	May fill up to a 12-month supply
Tyblume (levonorgestrel/ ethinyl estradiol)	Tablet Chewable	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Velivet (desogestrel/ethinyl estradiol)	Tablet	0.1mg-0.025mg/ 0.125mg-0.025mg/0.15mg -0.025mg	Oral	May fill up to a 12-month supply
Vestura (drospirenone/ethinyl estradiol)	Tablet	3mg/0/02mg	Oral	May fill up to a 12-month supply
Vienva (levonorgestrel/ ethinyl estradiol)	Tablet	0.1mg-0.02mg	Oral	May fill up to a 12-month supply
Viorele (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Volnea (desogestrel/ethinyl estradiol)	Tablet	0.15mg-0.02mg/ 0.01mg	Oral	May fill up to a 12-month supply
Vyfemla (norethindrone/ethinyl estradiol)	Tablet	0.4mg-0.035mg	Oral	May fill up to a 12-month supply
Vylibra (norethindrone/ ethinyl estradiol)	Tablet	0.25mg-0.035mg	Oral	May fill up to a 12-month supply
Wera (norethindrone/ ethinyl estradiol)	Tablet	0.5mg-0.035mg	Oral	May fill up to a 12-month supply
Yasmin 28 (drospirenone/ethinyl estradiol)	Tablet	0.3mg-3mg	Oral	May fill up to a 12-month supply
Yaz (drospirenone/ ethinyl estradiol)	Tablet	0.02mg-3mg (28)	Oral	May fill up to a 12-month supply
Zarah (drospirenone/ ethinyl estradiol)	Tablet	0.03mg-3mg	Oral	May fill up to a 12-month supply
Zovia 1-35 (ethynodiol/ ethinyl estradiol)	Tablet	1mg-35mcg	Oral	May fill up to a 12-month supply
Zumandimine (drospirenone/ ethinyl estradiol)	Tablet	0.03mg-3mg	Oral	May fill up to a 12-month supply

Oxytocics

Drug Name	Dosage Form	Strength	Route	Comments
Methylergonovine maleate	Ampule	0.2mg/ml	Injection	
Methylergonovine maleate	Tablet	0.2mg	Oral	
Methylergonovine maleate	Vial	0.2mg/ml	Injection	
Oxytocin	Vial	10unit/ml	Injection	Prior Authorization required: Covered under medical benefit
Pitocin (oxytocin)	Vial	10unit/ml	Injection	Prior Authorization required: Covered under medical benefit

Transdermal

Drug Name	Dosage Form	Strength	Route	Comments
Xulane (norelgestromine/ ethinyl estradiol)	Patch	150mcg-35 mcg/24 hour	Transdermal	May fill up to a 12-month supply
Zafemy (norelgestromine/ ethinyl estradiol)	Patch	150mcg-35 mcg/24 hour	Transdermal	May fill up to a 12-month supply

COUGH AND COLD

Antitussives, Non-Narcotic

Drug Name	Dosage Form	Strength	Route	Comments
Dextromethorphan polistirex	Suspension ER 12-hour	30mg/5ml	Oral	
Benzonatate	Capsule	100mg	Oral	Quantity Limit: 21 capsules per 7 days Fill Limit: 3 fills every 365 days
Benzonatate	Capsule	200mg	Oral	Quantity Limit: 21 capsules per 7 days Fill Limit: 3 fills every 365 days

Expectorants

Drug Name	Dosage Form	Strength	Route	Comments
Guaifenesin	Liquid	100mg/5ml	Oral	
Guaifenesin	Tablet ER 12H	600mg	Oral	

Narcotic Antitussive and Expectorant

Drug Name	Dosage Form	Strength	Route	Comments
Guaifenesin-Codeine	Liquid	10mg-200mg/5ml	Oral	

Non-Narcotic Antitussive and Expectorant

Drug Name	Dosage Form	Strength	Route	Comments
Non-Narcotic Antitussive and Expectorant	Dextromethorphan-Guaifenesin	Liquid	10mg-100mg/5ml	Oral
Non-Narcotic Antitussive and Expectorant	Dextromethorphan-Guaifenesin	Liquid	20mg-300mg/5ml	Oral

Non-Narcotic Antitussive and Expectorant	Dextromethorphan-Guaifenesin	Liquid	30mg-200mg/5ml	Oral

DERMATOLOGY – ACNE

Vitamin A Derivatives

Drug Name	Dosage Form	Strength	Route	Comments
Adapalene	Cream	0.10%	Topical	Age Limit: 20 and younger Age 21 and older, Prior Authorization required
Adapalene	Gel (gram)	0.10%	Topical	Age Limit: 20 and younger Age 21 and older, Prior Authorization required
Tretinoin	Cream	0.05%	Topical	Age Limit: 20 and younger Age 21 and older, Prior Authorization required
Tretinoin	Cream	0.10%	Topical	Age Limit: 20 and younger Age 21 and older, Prior Authorization required

DERMATOLOGY- ANTI-INFECTIVE

Topical Antibiotics

Drug Name	Dosage Form	Strength	Route	Comments
Bacitracin	Ointment	500 unit/gram	Topical	
Clindamycin	Gel	1%	Topical	Prior Authorization required Step therapy after Clindamycin 1% Solution. Age Limit: 20 and younger
Clindamycin	Solution	1%	Topical	Age Limit: 20 and younger

				Age 21 and older, Prior Authorization required
Gentamicin sulfate	Cream (gram)	0.1%	Topical	
Gentamicin sulfate	Ointment (gram)	0.1%	Topical	
Mupirocin	Cream (gram)	2%	Topical	Prior Authorization required
Mupirocin	Ointment (gram)	2%	Topical	For ages 20 and younger: Quantity limit 66 grams per 180 days For ages 21 and older: Quantity limit 22 grams per 180 days
Neosporin (neomycin/bacitracin/ polymixin)	Ointment (gram)	3.5-400-5k/ gram	Topical	Quantity Limit: 60 grams per 27 days
Polysporin (bacitracin/ polymyxin B sulfate)	Ointment (gram)	500-10k/ gram	Topical	Quantity Limit: 60 grams per 27 days
Triple Antibiotic Plus (neomycin/ bacitracin/ polymixin)	Ointment (gram)	3.5-10k-5k/ gram	Topical	Quantity Limit: 60 grams per 27 days

Topical Antifungal

Drug Name	Dosage Form	Strength	Route	Comments
Baza Antifungal (miconazole)	Cream (gram)	2%	Topical	
Blis-To-Sol (tolnaftate)	Solution	1%	Topical	
Ciclopirox	Solution	8%	Topical	Quantity Limit: 6.6 ml per 30 days NDC Specific: 42192-0715-06
Ciclopirox	Cream (gram)	0.77%	Topical	Age Limit: 10-20 years of age Age 21 and older or ages 9 and younger, Prior Authorization required
Ciclopirox	Suspension	0.77%	Topical	Prior Authorization required Trial formulary alternatives
Clotrimazole	Cream (gram)	1%	Topical	
Clotrimazole	Solution	1%	Topical	Prior Authorization required Trial formulary alternatives
Desenex (miconazole)	Powder	2%	Topical	Prior Authorization required Trial formulary alternatives
Econazole nitrate	Cream (gram)	1%	Topical	Prior Authorization required

				Trial formulary alternatives
Exelderm (sulconazole nitrate)	Cream (gram)	1%	Topical	Prior Authorization required Trial formulary alternatives
Exelderm (sulconazole nitrate)	Solution	1%	Topical	Prior Authorization required Trial formulary alternatives
Ketoconazole	Cream	2%	Topical	Quantity Limit: 60 grams per 30 days
Ketoconazole	Shampoo	2%	Topical	Quantity Limit: 120 mL per 30 days
Lamisil (terbinafine)	Spray	1%	Topical	Prior Authorization required Trial formulary alternatives
Lamisil AT (terbinafine)	Cream (gram)	1%	Topical	Quantity Limit: 30 grams per 30 days
Lotrimin AF (miconazole)	Aerosol Powder	2%	Topical	
Lotrimin AF (miconazole)	Powder	2%	Topical	Prior Authorization required Trial formulary alternatives
Lotrimin AF (miconazole)	Spray	2%	Topical	Prior Authorization required Trial formulary alternatives
Miconazole nitrate	Aerosol Powder	2%	Topical	
Miconazole nitrate	Cream (gram)	2%	Topical	
Miconazole nitrate	Powder	2%	Topical	Prior Authorization required Trial formulary alternatives
Naftin (Naftifine HCL)	Gel (gram)	1%	Topical	Prior Authorization required Trial formulary alternatives
Naftifine HCL	Cream (gram)	1%	Topical	Prior Authorization required Trial formulary alternatives
Nystatin	Cream (gram)	100000/ gram	Topical	
Nystatin	Ointment (gram)	100000/ gram	Topical	
Nystatin	Powder	100000/ gram	Topical	
Oxiconazole nitrate	Cream (gram)	1%	Topical	Prior Authorization required Trial formulary alternatives
Oxistat (oxiconazole)	Lotion	1%	Topical	Prior Authorization required Trial formulary alternatives
Secura Antifungal (miconazole)	Cream (gram)	2%	Topical	
Sulconazole nitrate	Cream (gram)	1%	Topical	Prior Authorization required Trial formulary alternatives
Terbinafine	Cream (gram)	1%	Topical	Quantity Limit: 30 grams per 30 days

				Age 21 and older, Prior Authorization required
Tolnaftate	Cream (gram)	1%	Topical	
Tolnaftate	Solution	1%	Topical	

Topical Antifungal/Anti-Inflammatory, Steroid

Drug Name	Dosage Form	Strength	Route	Comments
Clotrimazole-Betamethasone	Cream (gram)	1%-0.05%	Topical	Age Limit: 20 and younger Age 21 and older, Prior Authorization required

Topical Antiparasitics

Drug Name	Dosage Form	Strength	Route	Comments
Eurax (crotamiton)	Cream (gram)	10%	Topical	
Lice Treatment (piperonyl butoxide/ pyrethrins)	Shampoo	4%-0.33%	Topical	
Nix (permethrin)	Liquid	1%	Topical	
Permethrin	Cream (gram)	5%	Topical	

Topical Sulfonamides

Drug Name	Dosage Form	Strength	Route	Comments
Silver sulfadiazine	Cream (gram)	1%	Topical	

DERMATOLOGY – ANTI-INFLAMMATORY

Topical Anti-Inflammatory NSAIDSnicotine

Drug Name	Dosage Form	Strength	Route	Comments
Diclofenac	Gel (gram)	1%	Topical	Quantity Limit: 32 grams per day

Topical Anti-Inflammatory Steroidal

Drug Name	Dosage Form	Strength	Route	Comments
Ala-Cort (hydrocortisone)	Cream (gram)	1%	Topical	
Alclometasone dipropionate	Cream (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Alclometasone dipropionate	Ointment (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives

Amcinonide	Cream (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Amcinonide	Lotion	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Apexicon E (diflorasone diacetate/emollient)	Cream (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Aquaphor Itch Relief (hydrocortisone)	Ointment (gram)	1%	Topical	
Betamethasone dipropionate augmented	Cream (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Betamethasone dipropionate augmented	Gel (gram)	0.05%	Topical	
Betamethasone dipropionate augmented	Lotion	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Betamethasone dipropionate augmented	Ointment (gram)	0.05%	Topical	
Betamethasone dipropionate	Cream (gram)	0.05%	Topical	
Betamethasone dipropionate	Lotion	0.05%	Topical	
Betamethasone dipropionate	Ointment (gram)	0.05%	Topical	
Betamethasone valerate	Cream (gram)	0.1%	Topical	
Betamethasone valerate	Lotion	0.1%	Topical	
Betamethasone valerate	Ointment (gram)	0.1%	Topical	
Clobetasol propionate	Cream (gram)	0.05%	Topical	
Clobetasol propionate	Gel (gram)	0.05%	Topical	
Clobetasol propionate	Ointment (gram)	0.05%	Topical	
Clobetasol propionate	Solution	0.05%	Topical	
Clocortolone pivalate	Cream (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Cordran (flurandrenolide)	Medical tape	4mcg/ Sq CM	Topical	Prior Authorization required Trial formulary alternatives
Desonide	Cream (gram)	0.05%	Topical	
Desonide	Lotion	0.05%	Topical	
Desonide	Ointment (gram)	0.05%	Topical	

Desoximetasone	Cream (gram)	0.25%	Topical	Prior Authorization required Trial formulary alternatives
Desoximetasone	Cream (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Desoximetasone	Ointment (gram)	0.25%	Topical	Prior Authorization required Trial formulary alternatives
Diflorasone diacetate	Cream (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Diflorasone diacetate	Ointment (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Fluocinolone acetonide	Cream (gram)	0.01%	Topical	
Fluocinolone acetonide	Cream (gram)	0.03%	Topical	
Fluocinolone acetonide	Ointment (gram)	0.03%	Topical	
Fluocinolone acetonide	Solution	0.01%	Topical	
Fluocinonide	Cream (gram)	0.05%	Topical	
Fluocinonide	Gel (gram)	0.05%	Topical	
Fluocinonide	Ointment (gram)	0.05%	Topical	
Fluocinonide	Solution	0.05%	Topical	
Fluocinolone E (fluocinonide/ emollient)	Cream (gram)	0.05%	Topical	
Flurandrenolide	Lotion	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Flurandrenolide	Ointment (gram)	0.05%	Topical	Prior Authorization required Trial formulary alternatives
Halcinonide	Cream (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Halog (Halcinonide)	Ointment (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Halog (Halcinonide)	Solution	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Halobetasol propionate	Cream (gram)	0.5%	Topical	Prior Authorization required Trial formulary alternatives
Halobetasol propionate	Ointment (gram)	0.5%	Topical	Prior Authorization required Trial formulary alternatives
Hydrocortisone acetate	Cream (gram)	1%	Topical	

Hydrocortisone acetate	Cream (gram)	2.5%	Topical	
Hydrocortisone acetate	Lotion	2.5%	Topical	
Hydrocortisone acetate	Ointment (gram)	1%	Topical	
Hydrocortisone acetate	Ointment (gram)	2.5%	Topical	
Hydrocortisone butyrate	Cream (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Hydrocortisone butyrate	Ointment (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Hydrocortisone butyrate	Solution	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Hydrocortisone valerate	Cream (gram)	0.2%	Topical	
Hydrocortisone valerate	Ointment (gram)	0.2%	Topical	
Mometasone furoate	Cream (gram)	0.1%	Topical	
Mometasone furoate	Ointment (gram)	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Mometasone furoate	Solution	0.1%	Topical	Prior Authorization required Trial formulary alternatives
Nu-Derm Tolereen (hydrocortisone)	Lotion	0.5%	Topical	
Preparation H (hydrocortisone)	Cream (gram)	1%	Topical	
Procto-Pak (hydrocortisone)	Cream with applicator	1%	Topical	
Triamcinolone acetate	Aerosol	0.147mg/ gram	Topical	Prior Authorization required Trial formulary alternatives
Triamcinolone acetate	Cream (gram)	0.03%	Topical	
Triamcinolone acetate	Cream (gram)	0.1%	Topical	
Triamcinolone acetate	Cream (gram)	0.5%	Topical	
Triamcinolone acetate	Lotion	0.03%	Topical	
Triamcinolone acetate	Lotion	0.1%	Topical	
Triamcinolone acetate	Ointment (gram)	0.03%	Topical	
Triamcinolone acetate	Ointment (gram)	0.1%	Topical	

Triamcinolone acetate	Ointment (gram)	0.5%	Topical	

DERMATOLOGY – MISCELLANEOUS

Antiperspirants

Drug Name	Dosage Form	Strength	Route	Comments
Drysol (aluminum chloride)	Solution	20%	Topical	Prior authorization required

Antiseborrheic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Selenium sulfide	Lotion	2.5%	Topical	

Antiseptics, General

Drug Name	Dosage Form	Strength	Route	Comments
Alcohol Antiseptic Pads				Quantity Limit: 100 per 30 days May fill up to a 90-day supply

Emollients

Drug Name	Dosage Form	Strength	Route	Comments
Ammonium lactate	Cream	12%	Topical	
Ammonium lactate	Lotion	5%	Topical	
Ammonium lactate	Lotion	12%	Topical	
Ceramides 1,3,6-11	Cream		Topical	
Ceramides 1,3,6-11	Lotion		Topical	
Colloidal Oatmeal	Cream	1%	Topical	
Colloidal Oatmeal	Cream	2%	Topical	
Colloidal Oatmeal	Lotion	1%	Topical	
Lanolin	Cream		Topical	
Lanolin	Ointment	50%	Topical	
Petrolatum, white	Ointmeant		Topical	

Hypertrichotic Agents, Systemic/including Combinations

Drug Name	Dosage Form	Strength	Route	Comments
Finasteride	Tablet	1mg	Oral	Prior authorization required

Iodine Antiseptics

Drug Name	Dosage Form	Strength	Route	Comments
Povidone- Iodine	Solution	7.5%	Topical	

Irritants/Counterirritants

Drug Name	Dosage Form	Strength	Route	Comments
Capsaicin	Patch	0.03%	Topical	Quantity Limit: 2 patches per day
Capsaicin	Cream (gram)	0.03%	Topical	
Capsaicin	Cream (gram)	0.08%	Topical	
Capsaicin	Cream (gram)	0.1%	Topical	
Pain Relieving (methyl salicylate/menthol/camphor)	Patch		Topical	
SalonPas (capsaicin/ menthol)	Patch	0.25%-1.25%	Topical	Quantity Limit: 2 patches per day
SalonPas (methyl salicylate/menthol)	Patch	10%-3%	Topical	Quantity Limit: 2 patches per day
SalonPas (methyl salicylate/menthol)	Spray	10%-3%	Topical	

Keratolytics

Drug Name	Dosage Form	Strength	Route	Comments
Benzoyl Peroxide	Gel (gram)	2.5%	Topical	Ages 21 and younger with a quantity limit of 60 grams per 30 days and 180 grams per 365 days Ages 22 and older requires a Prior Authorization
Benzoyl Peroxide	Gel (gram)	5%	Topical	Ages 21 and younger with a quantity limit of 60 grams per 30 days and 180 grams per 365 days Ages 22 and older requires a Prior Authorization
Benzoyl Peroxide	Gel (gram)	10%	Topical	Ages 21 and younger with a quantity limit of 60 grams per 30 days and 180 grams per 365 days

				Ages 22 and older requires a Prior Authorization
Benzoyl Peroxide	Wash/Cleanser	10%	Topical	Ages 21 and younger Ages 22 and older requires a Prior Authorization
Compound W (salicylic acid)	Patch	40%	Topical	Prior Authorization required Trial formulary alternatives
Compound W (salicylic acid)	Gel (gram)	17%	Topical	Prior Authorization required Trial formulary alternatives
Compound W (salicylic acid)	Liquid	17%	Topical	Prior Authorization required Trial formulary alternatives
Panoxyl (benzoyl peroxide)	Bar	10%	Topical	

Protectives

Drug Name	Dosage Form	Strength	Route	Comments
Calamine	Lotion	8%-8%	Topical	
Calamine/phenol liquid	Lotion		Topical	
Calamine/zinc oxide	Lotion		Topical	
Calamine/phenol liquid	Suspension	8%-8%-1%	Topical	
Colloidal oatmeal/dimethicone	Lotion	1.2%	Topical	
Colloidal oatmeal/dimethicone	Lotion	1.25%	Topical	
Colloidal oatmeal/dimethicone	Lotion	1.3%	Topical	
Dimethicone	Cream	1%	Topical	
Dimethicone	Cream	4.5%	Topical	
Dimethicone	Cream	6%	Topical	
Petrolatum, white	Ointment	41%	Topical	
Petrolatum, white	Ointment	42%	Topical	
Petrolatum, white	Ointment	44%	Topical	
Petrolatum, white	Ointment	46.5%	Topical	
Zinc oxide	Ointment (gram)	20%	Topical	

Topical Anti-Inflammatory Steroid Local Anesthetic

Drug Name	Dosage Form	Strength	Route	Comments
Epifoam (hydrocortisone/pramoxine)	Foam 1%-1%	1%-1%	Topical	Prior Authorization required Trial formulary alternatives

Topical Local Anesthetics

Drug Name	Dosage Form	Strength	Route	Comments
Lidocaine	Cream (gram)	4%	Topical	Quantity Limit: 100 grams per 30 days
Lidocaine	Patch	4%	Topical	Quantity Limit: 2 patches per day
Lidocaine	Ointment (gram)	5%	Topical	Prior Authorization required Trial formulary alternatives
Lidocaine/Prilocaine	Cream(gram)	2.5%-2.5%	Topical	

Topical Preparations, Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments
Boro-packs (calcium acetate/aluminum sulfate)	Powder Pack	51%-49%	Topical	
Domeboro (calcium acetate/aluminum sulfate)	Powder Pack	952mg-1347mg	Topical	

Topical/Mucous Membrane/Subcutaneous Enzymes

Drug Name	Dosage Form	Strength	Route	Comments
Santyl (collagenase)	Ointment (gram)	250unit/ gram	Topical	

DERMATOLOGY – PIGMENTATION DISORDERS

Hypopigmentation Agents

Drug Name	Dosage Form	Strength	Route	Comments
Hydroquinone	Cream (gram)	4%	Topical	Prior Authorization required

DERMATOLOGY – PSORIASIS/ECZEMA

Antipsoriatic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Calcipotriene	Cream (gram)	0.01%	Topical	Prior Authorization required
Calcipotriene	Ointment (gram)	0.01%	Topical	Prior Authorization required
Calcipotriene	Solution	0.01%	Topical	Prior Authorization required
Tazarotene	Gel (gram)	0.05%	Topical	Prior Authorization required
Tazarotene	Gel (gram)	0.1%	Topical	Prior Authorization required

DIABETES

Alpha-Glucosidase Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Acarbose	Tablet	25mg	Oral	
Acarbose	Tablet	50mg	Oral	
Acarbose	Tablet	100mg	Oral	

Biguanide Type

Drug Name	Dosage Form	Strength	Route	Comments
Metformin HCL	Tablet	500mg	Oral	May fill up to a 90-day supply
Metformin HCL	Tablet	850mg	Oral	May fill up to a 90-day supply
Metformin HCL	Tablet	1000mg	Oral	May fill up to a 90-day supply
Metformin HCL ER	Tablet ER 24-hour	500mg	Oral	May fill up to a 90-day supply Not osmotic or gastric (modified)
Metformin HCL ER	Tablet ER 24-hour	750mg	Oral	May fill up to a 90-day supply Not osmotic or gastric (modified)

Blood Sugar Diagnostic

Drug Name	Dosage Form	Strength	Route	Comments
True Metrix Glucose Test Strip	Strip		Miscellaneous	Quantity Limit: 100 per 30 days May fill up to a 90-day supply NDC Specific: 56151-1460-01 or 56151-1460-04

Continuous Glucose Monitors

Drug Name	Dosage Form	Strength	Route	Comments
Freestyle Libre 14 Day Reader				Prior Authorization Required NDC Specific: 57599-0002-00
Freestyle Libre 14 Day Reader				Prior Authorization Required NDC Specific: 57599-0001-01
Freestyle Libre 2 Reader				Prior Authorization Required NDC Specific: 57599-0803-00

Freestyle Libre 2 Sensor				Prior Authorization Required NDC Specific: 57599-0800-00
Freestyle Libre 3 Reader				Prior Authorization Required NDC Specific: 57599-0820-00
Freestyle Libre 3 Sensor				Prior Authorization Required NDC Specific: 57599-0818-00

Dipeptidyl-Peptidase 4 Inhibitors (DPP-4)

Drug Name	Dosage Form	Strength	Route	Comments
Alogliptin	Tablet	6.25mg	Oral	Step Therapy: after metformin, glipizide, glimepiride, or glyburide Concurrent Edit: Won't allow Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza to process at the same time
Alogliptin	Tablet	12.5mg	Oral	Step Therapy: after metformin, glipizide, glimepiride, or glyburide Concurrent Edit: Won't allow Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza to process at the same time
Alogliptin	Tablet	25mg	Oral	Step Therapy: after metformin, glipizide, glimepiride, or glyburide Concurrent Edit: Won't allow Bydureon, Byetta, Ozempic, Rybelsus, Trulicity, or Victoza to process at the same time

Glucagon-Like Peptide 1 Agonist (GLP-1)

Drug Name	Dosage Form	Strength	Route	Comments
Bydureon (exenatide)	Pen Injector	2mg/0.85ml	Subcutaneous	Prior Authorization required
Byetta (exenatide)	Pen Injector	5mcg/0.02ml	Subcutaneous	Prior Authorization required
Byetta (exenatide)	Pen Injector	10mcg/0.04 ml	Subcutaneous	Prior Authorization required

Ozempic (semaglutide)	Pen Injector	2mg/3ml	Subcutaneous	Prior Authorization required
Ozempic (semaglutide)	Pen Injector	4mg/3ml	Subcutaneous	Prior Authorization required
Rybelsus (semaglutide)	Tablet	3mg	Oral	Prior Authorization required
Rybelsus (semaglutide)	Tablet	7mg	Oral	Prior Authorization required
Rybelsus (semaglutide)	Tablet	14mg	Oral	Prior Authorization required
Trulicity (dulaglutide)	Pen Injector	0.75mg/0.5ml	Subcutaneous	Prior Authorization required
Trulicity (dulaglutide)	Pen Injector	1.5mg/0.5ml	Subcutaneous	Prior Authorization required
Trulicity (dulaglutide)	Pen Injector	3mg/0.5ml	Subcutaneous	Prior Authorization required
Trulicity (dulaglutide)	Pen Injector	4.5mg/0.5ml	Subcutaneous	Prior Authorization required
Victoza (liraglutide)	Pen Injector	18mg/3ml	Subcutaneous	Formulary preferred Prior Authorization required

Hyperglycemic

Drug Name	Dosage Form	Strength	Route	Comments
Baqsimi (glucagon)	Spray	3mg	Nasal	Quantity Limit: 1 per day Fill Limit: 12 per year
Dextrose	Chewable tablet	1 gram	Oral	
Dextrose	Chewable tablet	2 gram	Oral	
Dextrose	Chewable tablet	4 gram	Oral	
Dextrose	Gel	40%	Oral	
Dextrose	Gel	24 gram/31 gram	Oral	
Dextrose	Gel Packet	15 gram/33 gram	Oral	
Dextrose	Liquid	15 gram/59 ml	Oral	
Dextrose	Liquid	15 gram/60 ml	Oral	
Dextrose/vitamin D3	Chewable tablet	4 gram	Oral	

Dextrose/vitamin D3	Gel Packet	15 gram/32 ml	Oral	
Dextrose/vitamin D3	Liquid	15 gram/60 ml	Oral	
Glucagon Emergency Kit	Vial	1mg	Injection	Quantity Limit: 1 per day Fill Limit: 12 per year
GVOKE Hypopen (glucagon)	Auto Injector	1mg/0.2ml	Subcutaneous	Quantity Limit: 1 fill per day Fill Limit: 12 per year

Insulin

Drug Name	Dosage Form	Strength	Route	Comments
Apidra (insulin glulisine)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Apidra Solostar (insulin glulisine)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog (insulin lispro)	Cartridge	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog (insulin lispro)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog Jr Kwikpen (insulin lispro)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog Kwikpen U-200 (insulin lispro)	Insulin Pen	200 units/ml	Subcutaneous	Prior Authorization required Trial formulary alternatives
Humalog Mix 50-50 (insulin lispro protamine/lispro)	Vial	50-50 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog Mix 50-50 Kwikpen (insulin lispro)	Insulin Pen	50-50 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog Mix 75-25 (insulin lispro protamine/lispro)	Vial	75-25 units/ml	Subcutaneous	May fill up to a 90-day supply
Humalog Tempo Pen U-100	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humulin 70/30 Kwikpen (human insulin NPH/regular insulin)	Insulin Pen	70-30 units/ml	Subcutaneous	May fill up to a 90-day supply
Humulin 70/30 (human insulin NPH/regular insulin)	Vial	70-30 units/ml	Subcutaneous	May fill up to a 90-day supply

Humulin N Kwikpen (NPH, human insulin isophane)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humulin N (NPH, human insulin isophane)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Humulin R (human insulin regular)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Aspart	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Aspart Flexpen	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Aspart Penfill	Cartridge	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Aspart Protamine Mix 70/30	Insulin Pen	70-30/100ml	Subcutaneous	May fill up to a 90-day supply
Insulin Aspart Protamine Mix 70/30	Vial	70-30/100ml	Subcutaneous	May fill up to a 90-day supply
Insulin degludec	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin degludec	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin degludec	Insulin Pen	200 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Glargine	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Glargine Solostar	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Glargine-YFGN	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Glargine-YFGN	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Lispro	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Lispro Junior Kwikpen	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Lispro Kwikpen	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Insulin Lispro Protamine Mix 75/25	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Lantus Solostar (insulin glargine)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Lantus (insulin glargine)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Levemir (insulin detemir)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Levemir (insulin detemir)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply

Novolin 70/30 (human insulin NPH/regular insulin)	Vial	70-30 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolin 70/30 Flexpen (human insulin NPH/regular insulin)	Insulin Pen	70-30 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolin N (NPH, human insulin isophane)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolin R (human insulin regular)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolin R Flexpen (human insulin regular)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolin N Flexpen (NPH, human insulin isophane)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolog 70/30 (Insulin Aspart Protamine Mix 70/30)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolog 70/30 (Insulin Aspart Protamine Mix 70/30)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolog (insulin aspart)	Vial	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolog Flexpen (insulin aspart)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Novolog Penfill (insulin aspart)	Cartridge	100 units/ml	Subcutaneous	May fill up to a 90-day supply
Rezvoglar (insulin glargine-AGLR)	Insulin Pen	100 units/ml	Subcutaneous	May fill up to a 90-day supply

Sodium Glucose Cotransporter-2 Inhibitor (SGLT-2)

Drug Name	Dosage Form	Strength	Route	Comments
Brenzavvy (bexagliflozin)	Tablet	20mg	Oral	Formulary preferred Quantity Limit: 1 dose per day
Dapagliflozin	Tablet	5mg	Oral	Formulary preferred Quantity Limit: 1 dose per day
Dapagliflozin	Tablet	10mg	Oral	Formulary preferred Quantity Limit: 1 dose per day
Invokana (canagliflozin)	Tablet	100mg	Oral	Prior authorization required
Invokana (canagliflozin)	Tablet	300mg	Oral	Prior authorization required
Jardiance (empagliflozin)	Tablet	10mg	Oral	Prior authorization required
Jardiance (empagliflozin)	Tablet	25mg	Oral	Prior authorization required
Steglatro (ertugliflozin)	Tablet	5mg	Oral	Prior authorization required
Steglatro (ertugliflozin)	Tablet	15mg	Oral	Prior authorization required

Sulfonylureas

Drug Name	Dosage Form	Strength	Route	Comments
Glimepiride	Tablet	1mg	Oral	May fill up to a 90-day supply
Glimepiride	Tablet	2mg	Oral	May fill up to a 90-day supply
Glimepiride	Tablet	4mg	Oral	May fill up to a 90-day supply
Glipizide	Tablet	5mg	Oral	May fill up to a 90-day supply
Glipizide	Tablet	10mg	Oral	May fill up to a 90-day supply
Glipizide ER	Tablet ER 24-hour	2.5mg	Oral	May fill up to a 90-day supply
Glipizide ER	Tablet ER 24-hour	5mg	Oral	May fill up to a 90-day supply
Glipizide ER	Tablet ER 24-hour	10mg	Oral	May fill up to a 90-day supply
Glyburide	Tablet	1.25mg	Oral	May fill up to a 90-day supply
Glyburide	Tablet	2.5mg	Oral	May fill up to a 90-day supply
Glyburide	Tablet	5mg	Oral	May fill up to a 90-day supply
Glyburide Micronized	Tablet	1.5mg	Oral	May fill up to a 90-day supply
Glyburide Micronized	Tablet	3mg	Oral	May fill up to a 90-day supply
Glyburide Micronized	Tablet	6mg	Oral	May fill up to a 90-day supply

Thiazolidinediones (TZD)

Drug Name	Dosage Form	Strength	Route	Comments
Pioglitazone HCL	Tablet	15mg	Oral	May fill up to a 90-day supply
Pioglitazone HCL	Tablet	30mg	Oral	May fill up to a 90-day supply
Pioglitazone HCL	Tablet	45mg	Oral	May fill up to a 90-day supply

EAR – GENERAL DISORDERS

Antibiotics

Drug Name	Dosage Form	Strength	Route	Comments
Ciprofloxacin	Droperette	0.2%	Otic	
Neomycin-Polymyxin- Hydrocortisone	Drops Solution	3.5/10k-1/drop	Otic	

Neomycin-Polymyxin- Hydrocortisone	Drops Suspension	3.5/10k-1/drop	Otic	
Ofloxacin	Drops	0.3%	Otic	

Anti-Infectives

Drug Name	Dosage Form	Strength	Route	Comments
Acetic Acid	Solution	2%	Otic	
Hydrocortisone- Acetic Acid	Drops	1%-2%	Otic	

Anti-Inflammatory-Antibiotic

Drug Name	Dosage Form	Strength	Route	Comments
Cipro HC (ciprofloxacin/hydrocortisone)	Drops Suspension	0.2%-1%	Otic	
Ciprofloxacin/dexamethasone	Drops Suspension	0.3%-0.1%	Otic	

Ear Preparations, Ear Wax Removers

Drug Name	Dosage Form	Strength	Route	Comments
Carbamide Peroxide	Drops	6.5%	Otic	Age Limit: 20 years and younger Age 21 and older, Prior Authorization required

ELECTROLYTE REGULATION

Electrolyte Depleters

Drug Name	Dosage Form	Strength	Route	Comments
Calcium acetate	Capsule	667mg	Oral	
Calcium acetate	Tablet	667mg	Oral	
Sevelamer carbonate	Tablet	800mg	Oral	
Sodium polystyrene sulfonate	Powder		Oral	
SPS (Sodium polystyrene sulfonate)	Oral Suspension	15 gram/60 ml	Oral	

Potassium Replacement

Drug Name	Dosage Form	Strength	Route	Comments
Effer-K (potassium bicarbonate/citric acid)	Tablet Effervescent	25 MEQ	Oral	May fill up to a 90-day supply
Klor-Con M10 (potassium chloride)	Tablet ER Particles	10 MEQ	Oral	May fill up to a 90-day supply

Klor-Con M15 (potassium chloride)	Tablet ER Particles	15MEQ	Oral	May fill up to a 90-day supply
Klor-Con M20 (potassium chloride)	Tablet ER Particles	20MEQ	Oral	May fill up to a 90-day supply
Klor-Con-EF (potassium bicarbonate/citric acid)	Tablet Effervescent	25MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Capsule ER	8MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Capsule ER	10MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Liquid	20MEQ/15ml	Oral	May fill up to a 90-day supply
Potassium chloride	Packet	20MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Tablet ER Particles	10MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Tablet ER Particles	15MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Tablet ER Particles	20MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Tablet ER	8MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Tablet ER	10MEQ	Oral	May fill up to a 90-day supply
Potassium chloride	Tablet ER	20MEQ	Oral	May fill up to a 90-day supply

Sodium/Saline Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Sodium chloride	Tablet	1000mg	Oral	May fill up to a 90-day supply

ENDOCRINE DISORDER – OTHER

Antidiuretic and Vasopressor Hormones

Drug Name	Dosage Form	Strength	Route	Comments
Desmopressin acetate	Tablet	0.1mg	Oral	Prior Authorization required
Desmopressin acetate	Tablet	0.2mg	Oral	Prior Authorization required

Antineoplastic LHRH (GNRH) Agonist

Drug Name	Dosage Form	Strength	Route	Comments
Leuprolide acetate	Kit	1mg/0.2ml	Subcutaneous	Prior Authorization required
Leuprolide acetate	Vial	1mg/0.2ml	Subcutaneous	Prior Authorization required
Lupron Depot (leuprolide)	Kit	7.5mg	Intramuscular	Prior Authorization required

Bone Resorption Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Alendronate sodium	Solution	70mg/75ml	Oral	
Alendronate sodium	Tablet	5mg	Oral	May fill up to a 90-day supply
Alendronate sodium	Tablet	10mg	Oral	May fill up to a 90-day supply
Alendronate sodium	Tablet	35mg	Oral	May fill up to a 90-day supply
Alendronate sodium	Tablet	70mg	Oral	May fill up to a 90-day supply
Calcitonin-Salmon	Spray/Pump	200 units/ spray	Nasal	
Calcitonin-Salmon	Vial	200 units/ml	Injection	
Raloxifene HCL	Tablet	60mg	Oral	

Growth Hormones

Drug Name	Dosage Form	Strength	Route	Comments
Humatrope (somatropin)	Vial	5mg	Injection	Prior Authorization required
Norditropin Flexpro (somatropin)	Pen Injector	5mg/1.5ml	Subcutaneous	Prior Authorization required
Norditropin Flexpro (somatropin)	Pen Injector	15mg/1.5ml	Subcutaneous	Prior Authorization required

Hyperparathyroid Treatment Agent – Vitamin D Analog-Type

Drug Name	Dosage Form	Strength	Route	Comments
Doxercalciferol	Capsule	0.5mcg	Oral	

LHRH (GNRH) Agonist Analog Pituitary Suppressants

Drug Name	Dosage Form	Strength	Route	Comments
Lupron Depot (leuprolide)	Syringe Kit	11.25mg	Intramuscular	Prior Authorization required
Lupron Depot (Lupaneta) (leuprolide)	Syringe Kit	11.25mg	Intramuscular	Prior Authorization required
Synarel (nafarelin)	Spray	2mg/ml	Nasal	Prior Authorization required

LHRH (GNRH) Agonist Analog Pituitary Suppressants, Central Precocious Puberty

Drug Name	Dosage Form	Strength	Route	Comments
Lupron Depot-Ped (leuprolide)	Kit	7.5mg	Intramuscular	Prior Authorization required
Lupron Depot-Ped (leuprolide)	Kit	11.25mg	Intramuscular	Prior Authorization required
Lupron Depot-Ped (leuprolide)	Kit	15mg	Intramuscular	Prior Authorization required
Lupron Depot-Ped (leuprolide)	Syringe Kit	11.25mg	Intramuscular	Prior Authorization required

Pituitary Suppressive

Drug Name	Dosage Form	Strength	Route	Comments
Danazol	Capsule	50mg	Oral	Prior Authorization required
Danazol	Capsule	100mg	Oral	Prior Authorization required
Danazol	Capsule	200mg	Oral	Prior Authorization required

ENDOCRINE DISORDER – THYROID

Antithyroid Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Methimazole	Tablet	5mg	Oral	May fill up to a 90-day supply
Methimazole	Tablet	10mg	Oral	May fill up to a 90-day supply
Propylthiouracil	Tablet	50mg	Oral	May fill up to a 90-day supply

Iodine Containing Agents

Drug Name	Dosage Form	Strength	Route	Comments
Potassium iodide	Solution	1 gram/ml	Oral	
SSKI (potassium iodide)	Solution	1 gram/ml	Oral	
Iosat (potassium iodide)	Tablet	65mg	Oral	
Thyrosafe (potassium iodide)	Tablet	65mg	Oral	

Thyroid Hormones

Drug Name	Dosage Form	Strength	Route	Comments
Armour Thyroid	Tablet	15mg	Oral	
Armour Thyroid	Tablet	30mg	Oral	
Armour Thyroid	Tablet	60mg	Oral	
Armour Thyroid	Tablet	90mg	Oral	
Armour Thyroid	Tablet	120mg	Oral	
Armour Thyroid	Tablet	180mg	Oral	
Armour Thyroid	Tablet	240mg	Oral	
Armour Thyroid	Tablet	300mg	Oral	
Euthyrox (levothyroxine)	Tablet	25mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	50mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	75mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	88mcg	Oral	May fill up to a 90-day supply

Euthyrox (levothyroxine)	Tablet	100mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	112mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	125mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	137mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	150mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	175mcg	Oral	May fill up to a 90-day supply
Euthyrox (levothyroxine)	Tablet	200mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	25mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	50mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	75mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	88mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	100mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	112mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	125mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	137mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	150mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	175mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	200mcg	Oral	May fill up to a 90-day supply
Levothyroxine sodium	Tablet	300mcg	Oral	May fill up to a 90-day supply
Liothyronine sodium	Tablet	5mcg	Oral	May fill up to a 90-day supply
Liothyronine sodium	Tablet	25mcg	Oral	May fill up to a 90-day supply
Liothyronine sodium	Tablet	50mcg	Oral	May fill up to a 90-day supply
NP Thyroid	Tablet	15mg	Oral	May fill up to a 90-day supply
NP Thyroid	Tablet	30mcg	Oral	May fill up to a 90-day supply
NP Thyroid	Tablet	60mcg	Oral	May fill up to a 90-day supply
NP Thyroid	Tablet	90mcg	Oral	May fill up to a 90-day supply
NP Thyroid	Tablet	120mcg	Oral	May fill up to a 90-day supply

EYE – GENERAL DISORDERS

Antibiotic

Drug Name	Dosage Form	Strength	Route	Comments
Bacitracin	Ointment (gram)	500unit/gram	Ophthalmic	

Bacitracin-Polymyxin	Ointment (gram)	500-10k/ gram	Ophthalmic	
Ciprofloxacin HCL	Drops	0.3%	Ophthalmic	
Erythromycin	Ointment (gram)	5mg/gram	Ophthalmic	
Gentamicin sulfate	Drops	0.3%	Ophthalmic	
Moxifloxacin	Drops	0.5%	Ophthalmic	
Neomycin-Bacitracin-Polymyxin	Ointment (gram)	3.5mg-400	Ophthalmic	
Nemomycin-Polymyxin- Gramicidine	Drops	1.75mg-10k	Ophthalmic	
Neo-Polycin (neomycin/ bacitracin/polymyxin)	Ointment (gram)	3.5mg-400	Ophthalmic	
Ofloxacin	Drops	0.3%	Ophthalmic	
Polycin (bacitracin/ polymyxin B sulfate)	Ointment (gram)	500-10k/ gram	Ophthalmic	
Polymyxin B sulfate- Trimethoprim	Drops	10000-1/ml	Ophthalmic	
Tobramycin	Drops	0.3%	Ophthalmic	
Tobrex (tobramycin)	Ointment (gram)	0.3%	Ophthalmic	

Antibiotic-Corticosteroid

Drug Name	Dosage Form	Strength	Route	Comments
Neomycin-Bacitracin- Polymyxin-Hydrocortisone	Ointment (gram)	3.5-10k-1	Ophthalmic	
Neomycin-Polymyxin- Dexamethasone	Drops Suspension	0.1%	Ophthalmic	
Neomycin-Polymyxin- Dexamethasone	Ointment (gram)	3.5-10k-0.1	Ophthalmic	
Neomycin-Polymyxin- Hydrocortisone	Drops Suspension	3.5-10k-10	Ophthalmic	
Tobramycin-Dexamethasone	Drops Suspension	0.3%-0.1%	Ophthalmic	

Antihistamines

Drug Name	Dosage Form	Strength	Route	Comments
Olopatadine HCL	Drops	0.1%	Ophthalmic	Prior Authorization required

Anti-Inflammatory Agents

Drug Name	Dosage Form	Strength	Route	Comments
Dexamethasone sodium phosphate	Drops	0.1%	Ophthalmic	
Diclofenac sodium	Drops	0.1%	Ophthalmic	
Flarex (flurometholone)	Drops Suspension	0.1%	Ophthalmic	Prior Authorization required Trial formulary alternatives

Fluorometholone	Drops Suspension	0.1%	Ophthalmic	
Flurbiprofen sodium	Drops	0.03%	Ophthalmic	
FML Forte (fluorometholone)	Drops Suspension	0.25%	Ophthalmic	
Ketorolac tromethamine	Drops	0.5%	Ophthalmic	
Pred Mild (prednisolone)	Drops Suspension	0.12%	Ophthalmic	
Prednisolone acetate	Drops Suspension	1%	Ophthalmic	
Prednisolone sodium phosphate	Drops	1%	Ophthalmic	

Anti-Inflammatory Immunomodulator-Type

Drug Name	Dosage Form	Strength	Route	Comments
Cyclosporine	Droperette	0.05%	Ophthalmic	Prior Authorization required

Antivirals

Drug Name	Dosage Form	Strength	Route	Comments
Trifluridine	Drops	1%	Ophthalmic	
Zirgan (ganciclovir)	Gel (gram)	0.15%	Ophthalmic	

Sulfonamides

Drug Name	Dosage Form	Strength	Route	Comments
Sulfacetamide sodium	Drops	10%	Ophthalmic	
Sulfacetamide sodium	Ointment (gram)	10%	Ophthalmic	
Sulfacetamide- prednisolone	Drops	10%-0.23%	Ophthalmic	

EYE- GLAUCOMA

Carbonic Anhydrase Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Acetazolamide	Tablet	125mg	Oral	
Acetazolamide	Tablet	250mg	Oral	
Acetazolamide ER	Capsule ER	500mg	Oral	
Methazolamide	Tablet	25mg	Oral	
Methazolamide	Tablet	50mg	Oral	

Miotics/Other Intraocular Pressure Reducers

Drug Name	Dosage Form	Strength	Route	Comments
Alphagan P (brimonidine)	Drops	0.1%	Ophthalmic	
Betaxolol HCL	Drops	0.5%	Ophthalmic	

Betimol (timolol)	Drops	0.25%	Ophthalmic	
Betimol (timolol)	Drops	0.5%	Ophthalmic	
Betoptic S	Drops Suspension	0.25%	Ophthalmic	
Bimatoprost	Drops	0.03%	Ophthalmic	
Brimonidine tartrate	Drops	0.2%	Ophthalmic	
Brimonidine tartrate	Drops	0.15%	Ophthalmic	
Brinzolamide	Drops Suspension	1%	Ophthalmic	
Carteolol HCL	Drops	1%	Ophthalmic	
Dorzolamide	Drops	2%	Ophthalmic	
Dorzolamide-Timolol	Drops	22.3-6.8/1 drop	Ophthalmic	
Latanoprost	Drops	0.01%	Ophthalmic	
Levobunolol HCL	Drops	0.5%	Ophthalmic	
Lumigan (Bimatoprost)	Drops	0.01%	Ophthalmic	
Phospholine Iodide (echothiophate iodide)	Drops	0.13%	Ophthalmic	Prior Authorization required: Please trial other formulary alternatives
Pilocarpine HCL	Drops	1%	Ophthalmic	
Pilocarpine HCL	Drops	2%	Ophthalmic	
Pilocarpine HCL	Drops	4%	Ophthalmic	
Timolol maleate	Drops	0.25%	Ophthalmic	
Timolol maleate	Drops	0.5%	Ophthalmic	
Timolol maleate	Gel	0.25%	Ophthalmic	
Timolol maleate	Gel	0.5%	Ophthalmic	
Travoprost	Drops	0.004%	Ophthalmic	

Mydriatics

Drug Name	Dosage Form	Strength	Route	Comments
Cyclogyl (Cyclopentolate HCL)	Drops	1%	Ophthalmic	Prior Authorization required
Cyclogyl (Cyclopentolate HCL)	Drops	2%	Ophthalmic	Prior Authorization required
Cyclopentolate HCL	Drops	1%	Ophthalmic	Prior Authorization required
Homatropaire	Drops	5%	Ophthalmic	
Tropicamide	Drops	0.5%	Ophthalmic	Prior Authorization required
Tropicamide	Drops	1%	Ophthalmic	Prior Authorization required

EYE – MISCELLANEOUS

Eye Preparations (OTC)

Drug Name	Dosage Form	Strength	Route	Comments
For Sty Relief (mineral oil/prerolatum)	Ointment (gram)		Ophthalmic	
Genteal Tears Severe (mineral oil/ petrolatum)	Ointment (gram)	3%-94%	Ophthalmic	
Lubricant Eye (mineral oil/petrolatum)	Ointment (gram)	42.5%-57.3%	Ophthalmic	
Overnight Lubricating Eye (mineral oil/ petrolatum)	Ointment (gram)	3%-94%	Ophthalmic	
Systane (mineral oil/petrolatum)	Ointment (gram)	3%-94%	Ophthalmic	

GOUT AND RELATED DISEASES

Colchicine

Drug Name	Dosage Form	Strength	Route	Comments
Colchicine	Tablet	0.6mg	Oral	

Hyperuricemia Treatment-Purine Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Allopurinol	Tablet	100mg	Oral	May fill up to a 90-day supply
Allopurinol	Tablet	300mg	Oral	May fill up to a 90-day supply

Uricosuric Agents

Drug Name	Dosage Form	Strength	Route	Comments
Probenecid	Tablet	500mg	Oral	
Probenecid-Colchicine	Tablet	500mg-0.5mg	Oral	

HEMATOLOGICAL DISORDERS

Anticoagulants, Coumarin Type

Drug Name	Dosage Form	Strength	Route	Comments
Warfarin	Tablet	1mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	2mg	Oral	May fill up to a 90-day supply

Warfarin	Tablet	2.5mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	3mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	4mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	5mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	6mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	7.5mg	Oral	May fill up to a 90-day supply
Warfarin	Tablet	10mg	Oral	May fill up to a 90-day supply

Direct Factor XA Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Eliquis (apixaban)	Tablet	2.5mg	Oral	Minimum quantity per day: 2 doses
Eliquis (apixaban)	Tablet	5mg	Oral	Minimum quantity per day: 2 doses
Savaysa (edoxaban)	Tablet	15mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Savaysa (edoxaban)	Tablet	30mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Savaysa (edoxaban)	Tablet	60mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Xarelto (rivaroxaban)	Tablet	2.5mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Xarelto (rivaroxaban)	Tablet Dose Pack	15mg-20mg	Oral	Quantity Limit: 90 days in 365 days Prior Authorization required after 90 days
Xarelto (rivaroxaban)	Tablet	10mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Xarelto (rivaroxaban)	Tablet	15mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Xarelto (rivaroxaban)	Tablet	20mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days

Hematinics, Other

Drug Name	Dosage Form	Strength	Route	Comments
Epogen (epoetin alfa)	Vial	2000/ml	Injection	Prior Authorization required: Covered under medical benefit
Epogen (epoetin alfa)	Vial	3000/ml	Injection	Prior Authorization required: Covered under medical benefit
Epogen (epoetin alfa)	Vial	4000/ml	Injection	Prior Authorization required: Covered under medical benefit
Epogen (epoetin alfa)	Vial	10000/ml	Injection	Prior Authorization required: Covered under medical benefit
Epogen (epoetin alfa)	Vial	20000/2ml	Injection	Prior Authorization required: Covered under medical benefit
Procrit (epoetin alfa)	Vial	2000/ml	Injection	Prior Authorization required: Covered under medical benefit
Procrit (epoetin alfa)	Vial	3000/ml	Injection	Prior Authorization required: Covered under medical benefit
Procrit (epoetin alfa)	Vial	4000/ml	Injection	Prior Authorization required: Covered under medical benefit
Procrit (epoetin alfa)	Vial	10000/ml	Injection	Prior Authorization required: Covered under medical benefit
Procrit (epoetin alfa)	Vial	20000/2ml	Injection	Prior Authorization required: Covered under medical benefit

Heparin and Related Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Enoxaparin sodium	Syringe	30mg/0.3ml	Subcutaneous	
Enoxaparin sodium	Syringe	40mg/0.4ml	Subcutaneous	
Enoxaparin sodium	Syringe	60mg/0.6ml	Subcutaneous	
Enoxaparin sodium	Syringe	80mg/0.8ml	Subcutaneous	
Enoxaparin sodium	Syringe	100mg/ml	Subcutaneous	
Enoxaparin sodium	Syringe	120mg/0.8ml	Subcutaneous	
Enoxaparin sodium	Syringe	150mg/ml	Subcutaneous	
Heparin Flush	Vial	10unit/ml	Intravenous	
Heparin Lock	Vial	100unit/ml	Intravenous	
Heparin Lock	Vial	10unit/ml	Intravenous	

Heparin Sodium	Cartridge	5000unit/ml	Injection	
Heparin Sodium	Syringe	5000unit/ml	Injection	
Heparin Sodium	Vial	1000unit/ml	Injection	
Heparin Sodium	Vial	5000unit/ml	Injection	
Heparin Sodium	Vial	10000unit/ml	Injection	
Heparin Sodium	Vial	20000unit/ml	Injection	

Leukocyte (WBC) Stimulant

Drug Name	Dosage Form	Strength	Route	Comments
Leukine (sargramostim)	Vial	250mcg	Injection	Prior Authorization required

Platelet Aggregation Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Aspirin	Tablet Chewable	81mg	Oral	Quantity limit: 90 tablets in 26 days May fill up to a 90-day supply
Aspirin	Tablet DR	81mg	Oral	Quantity limit: 90 tablets in 26 days May fill up to a 90-day supply
Aspirin	Tablet	81mg	Oral	Quantity limit: 90 tablets in 26 days May fill up to a 90-day supply
Cilostazol	Tablet	50mg	Oral	May fill up to a 90-day supply
Cilostazol	Tablet	100mg	Oral	May fill up to a 90-day supply
Clopidogrel	Tablet	75mg	Oral	May fill up to a 90-day supply
Dipyridamole	Tablet	25mg	Oral	May fill up to a 90-day supply
Dipyridamole	Tablet	50mg	Oral	May fill up to a 90-day supply
Dipyridamole	Tablet	75mg	Oral	May fill up to a 90-day supply
Prasugrel HCL	Tablet	5mg	Oral	Quantity Limit: 1 tablet per day May fill up to a 90-day supply
Prasugrel HCL	Tablet	10mg	Oral	Quantity limit: 35 tablets per 30 days May fill up to a 90-day supply
Vasalore (aspirin)	Capsule	81mg	Oral	Prior authorization required: Please trial other formulary alternatives

Platelet Reducing Agent

Drug Name	Dosage Form	Strength	Route	Comments
Anagrelide HCL	Capsule	0.5mg	Oral	Prior Authorization required

Thrombin Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Pradaxa (dabigatran)	Capsule	75mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Pradaxa (dabigatran)	Capsule	110mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days
Pradaxa (dabigatran)	Capsule	150mg	Oral	Quantity Limit: 180 days in 365 days Prior Authorization required after 180 days

Vitamin K Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Phytonadione	Tablet	5mg	Oral	

HORMONE DEFICIENCY

Androgenic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Androderm (testosterone)	Patch 24-hour	4mg/24 hour	Transdermal	Prior authorization required: Please trial other formulary alternatives
Methitest (methyltestosterone)	Tablet	10mg	Oral	
Oxandrolone	Tablet	2.5mg	Oral	Prior authorization required: Please trial other formulary alternatives
Testosterone cypionate	Vial	100mg/ml	Intramuscular	
Testosterone cypionate	Vial	200mg/ml	Intramuscular	

Estrogen/Androgen Combination

Drug Name	Dosage Form	Strength	Route	Comments
Estrogen- Methyltestosterone	Tablet	0.625mg-1.25mg	Oral	

Estrogenic Agents

Drug Name	Dosage Form	Strength	Route	Comments

Combipatch (estradiol/ norethindrone)	Patch	0.05mg-0.14mg/24 hour	Transdermal	
Combipatch (estradiol/ norethindrone)	Patch	0.05mg-0.25mg/24 hour	Transdermal	
Dotti (estradiol)	Patch	0.0375mg/24 hour	Transdermal	May fill up to a 90-day supply
Dotti (estradiol)	Patch	0.05mg/24 hour	Transdermal	May fill up to a 90-day supply
Dotti (estradiol)	Patch	0.075mg/ 24 hour	Transdermal	May fill up to a 90-day supply
Dotti (estradiol)	Patch	0.1mg/24 hour	Transdermal	May fill up to a 90-day supply
Estradiol	Cream w/Applicator	0.01%	Vaginal	
Estradiol	Tablet	0.5mg	Oral	May fill up to a 90-day supply
Estradiol	Tablet	1mg	Oral	May fill up to a 90-day supply
Estradiol	Tablet	2mg	Oral	May fill up to a 90-day supply
Estradiol (Once Weekly)	Patch	0.05mg/ 24 hour	Transdermal	
Estradiol (Once Weekly)	Patch	0.1mg/24 hour	Transdermal	
Estradiol (Twice Weekly)	Patch	0.025mg/ 24 hour	Transdermal	
Estradiol (Twice Weekly)	Patch	0.0375mg/24 hour	Transdermal	May fill up to a 90-day supply
Estradiol (Twice Weekly)	Patch	0.05mg/24 hour	Transdermal	May fill up to a 90-day supply
Estradiol (Twice Weekly)	Patch	0.075mg/24 hour	Transdermal	May fill up to a 90-day supply
Estradiol (Twice Weekly)	Patch	0.1mg/24 hour	Transdermal	May fill up to a 90-day supply
Estradiol cypionate	Vial	5mg/ml	Intramuscular	
Estradiol valerate	Vial	10mg/ml	Intramuscular	
Estradiol valerate	Vial	20mg/ml	Intramuscular	

Estradiol valerate	Vial	40mg/ml	Intramuscular	
Fyavolv (norethindrone/ethinyl estradiol)	Tablet	1mg-5mcg	Oral	
Jinteli (norethindrone/ ethinyl estradiol)	Tablet	1mg-5mcg	Oral	
Lyllana (estradiol)	Patch	0.0375mg/24 hour	Transdermal	May fill up to a 90-day supply
Lyllana (estradiol)	Patch	0.05mg/24 hour	Transdermal	May fill up to a 90-day supply
Lyllana (estradiol)	Patch	0.075mg/24 hour	Transdermal	May fill up to a 90-day supply
Lyllana (estradiol)	Patch	0.1mg/24 hour	Transdermal	May fill up to a 90-day supply
Menest (estrogens, esterified)	Tablet	0.3mg	Oral	
Menest (estrogens, esterified)	Tablet	0.625mg	Oral	
Menest (estrogens, esterified)	Tablet	1.25mg	Oral	
Menest (estrogens, esterified)	Tablet	2.5mg	Oral	
Norethindrone- Ethinyl Estradiol	Tablet	1mg-5mcg	Oral	

Progestational Agents

Drug Name	Dosage Form	Strength	Route	Comments
Medroxyprogesterone acetate	Tablet	2.5mg	Oral	May fill up to a 90-day supply
Medroxyprogesterone acetate	Tablet	5mg	Oral	May fill up to a 90-day supply
Medroxyprogesterone acetate	Tablet	10mg	Oral	May fill up to a 90-day supply
Norethindrone AC (Lupaneta)	Tablet	5mg	Oral	
Norethindrone acetate	Tablet	5mg	Oral	
Progesterone	Capsule	100mg	Oral	
Progesterone	Capsule	200mg	Oral	90-day eligible

IMMUNIZATION

COVID-19 Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Comirnaty	Vial	30mcg/0.3ml	Intramuscular	Age Limit: 12 years and older
Moderna COVID-19 Bivalent Vaccine (6MO-5Y) (EUA)	Vial	10mcg/0.2 ml	Intramuscular	Age Limit: 6 months-5 years

Moderna COVID-19 Bivalent Vaccine (6MO up) (EUA)	Vial	50mcg/0.5 ml	Intramuscular	Age Limit: 6 months and older
Novavax COVID-19 (EUA)	Vial	5mcg/0.5 ml	Intramuscular	Age Limit: 12 years and older
Pfizer COVID Bivalent (6M-4Y) (EUA)	Vial	3mcg/0.2 ml	Intramuscular	Age Limit: 6 months-4 years
Pfizer COVID Bivalent (5-11Y) (EUA)	Vial	10mcg/0.2 ml	Intramuscular	Age Limit: 5-11 years
Pfizer COVID Bivalent (12Y up) (EUA)	Vial	30mcg/0.3 ml	Intramuscular	Age Limit: 12 years and older

Enteric Virus Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Rotarix (Rotavirus, Live ATT)	Suspension	10E6/1.6ml	Oral	
Rotateq (Rotavirus)	Solution	2ml	Oral	

Gram Negative Bacilli (Non-Enteric) Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Typhim VI	Syringe	25MCG/0.5ml	Intramuscular	Age Limit: ages 18 and older
Typhim VI	Vial	25MCG/0.5ml	Intramuscular	Age Limit: ages 18 and older
Vivotif	Capsule DR	2B UNIT	Oral	Age Limit: ages 18 and older

Gram Negative Cocci Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Bexsero (meningococcal B vaccine)	Syringe	50mcg-50mcg/0.5ml	Intramuscular	Age Limit: age 19-25
Trumenba (meningococcal B Vaccine)	Syringe	120mcg/0.5 ml	Intramuscular	Age Limit: age 19-25

Influenza Virus Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Afluria Quad	Vial	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Afluria Quad	Syringe	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Fluad	Syringe	45mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Fluad Quad	Syringe	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days

Fluarix Quad	Syringe	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Flublok Quad	Syringe	180mcg/0.5 ml	Intramuscular	Age Limit: age 18 and up Fill Limit: 1 per 180 days
Flucelvax Quad	Syringe	60mcg/0.5ml	Intramuscular	Age Limit: age 18 and up
Flucelvax Quad	Vial	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Flulaval Quad	Syringe	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Flumist Quad	Nasal Spray	10E6.5-7.5 FFU/.02ml	Nasal	Fill Limit: 1 per 180 days
Fluzone High-Dose Quad	Syringe	240mcg/0.7 ml	Intramuscular	Fill Limit: 1 per 180 days
Fluzone Quad	Syringe	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days
Fluzone Quad	Vial	60mcg/0.5ml	Intramuscular	Fill Limit: 1 per 180 days

Neurotoxic Virus Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Dengvaxia	Vial	10EXP4.5-6	Subcutaneous	
Ixiaro	Syringe	6MCG/0.5ML	Intramuscular	Age Limit: ages 18 and up
Stamaril	Vial	1000/0.5ML	Subcutaneous	Age Limit: ages 18 and up
YF-Vax	Vial	10E4.74	Subcutaneous	Age Limit: ages 18 and up

Toxin-Producing Bacilli Vaccines/Toxoids

Drug Name	Dosage Form	Strength	Route	Comments
BCG Vaccine (TICE Strain)	Vial	50mg	Injection	
Biothrax	Vial	0.5ml/dose	Intramuscular	Age Limit: age 18 and up
Vaxchora Vaccine	Suspension Reconstitute	0.4B TO 2B	Oral	Age Limit: age 18 and up

Viral/Tumorigenic Vaccines

Drug Name	Dosage Form	Strength	Route	Comments
Abrysvo (RSV Vacc, Pref A and Pref B/PF)	Vial	120mcg/0.5ml	Intramuscular	1 dose per lifetime of Arexvy or Abrysvo Age Limit: 18 and up
Adenovirus Type 4	Tablet DR		Oral	
Adenovirus Type 7	Tablet DR		Oral	
Adenovirus (Types 4 and 7)	Tablet DR		Oral	

Arexvy (RSV PREF3 Antigen/AS01E/PF)	Kit	120mcg/0.5ml	Intramuscular	1 dose per lifetime of Arexvy or Abrysvo Age Limit: 18 and up
Ervebi (National Stockpile)	Vial	1 ML	Intramuscular	Age Limit: 18 and up
Ixchiq (Chikungunya)	Vial	1000 TCID	Intramuscular	
Shingrix	Kit	50mcg/0.5ml	Intramuscular	Age Limit: age 50 and up; Quantity limit: 2 doses per life

IMMUNOSUPPRESSION/MODULATION

Immunomodulators

Drug Name	Dosage Form	Strength	Route	Comments
Imiquimod	Cream Pack	5%	Topical	

Immunosuppressives

Drug Name	Dosage Form	Strength	Route	Comments
Azathioprine	Tablet	50mg	Oral	May fill up to a 90-day supply
Cyclosporine	Capsule	25mg	Oral	
Cyclosporine	Capsule	100mg	Oral	
Cyclosporine, Modified	Capsule	25mg	Oral	
Cyclosporine, Modified	Capsule	50mg	Oral	
Cyclosporine, Modified	Capsule	100mg	Oral	
Cyclosporine, Modified	Solution	100mg/ml	Oral	Prior authorization required: Please trial other formulary alternatives
Gengraf	Capsule	25mg	Oral	
Gengraf	Capsule	100mg	Oral	
Gengraf	Solution	100mg/ml	Oral	Prior authorization required: Please trial other formulary alternatives
Mycophenolate mofetil	Capsule	250mg	Oral	
Mycophenolate mofetil	Tablet	500mg	Oral	
Mycophenolic acid	Tablet DR	180mg	Oral	
Mycophenolic acid	Tablet DR	360mg	Oral	
Sandimmune (cyclosporine)	Solution	100mg/ml	Oral	Prior authorization required: Please trial other formulary alternatives
Sirolimus	Tablet	2mg	Oral	Prior authorization required: Please trial other formulary alternatives

Tacrolimus	Capsule	0.5mg	Oral	
Tacrolimus	Capsule	1mg	Oral	
Tacrolimus	Capsule	5mg	Oral	

INFECTIOUS DISEASE- BACTERIAL

Absorbable Sulfonamides

Drug Name	Dosage Form	Strength	Route	Comments
Sulfamethoxazole- Trimethoprim	Oral Suspension	200mg-40mg/5ml	Oral	
Sulfamethoxazole- Trimethoprim	Tablet	800mg-160mg	Oral	
Sulfamethoxazole- Trimethoprim	Tablet	400mg-800mg	Oral	
Sulfatrim (sulfamethoxazole/ trimethoprim)	Oral Suspension	200mg-40mg/5ml	Oral	

Cephalosporins – 1st Generation

Drug Name	Dosage Form	Strength	Route	Comments
Cefadroxil	Capsule	500mg	Oral	
Cefadroxil	Suspension Reconstitute	500mg/5ml	Oral	
Cefadroxil	Tablet	1 gram	Oral	Prior authorization required: Please trial other formulary alternatives
Cephalexin	Capsule	250mg	Oral	
Cephalexin	Capsule	500mg	Oral	
Cephalexin	Suspension Reconstitute	125mg/5ml	Oral	
Cephalexin	Suspension Reconstitute	250mg/5ml	Oral	

Cephalosporins – 2nd Generation

Drug Name	Dosage Form	Strength	Route	Comments
Cefaclor	Capsule	250mg	Oral	
Cefaclor	Capsule	500mg	Oral	

Cefaclor	Suspension Reconstitute	125mg/5ml	Oral	
Cefaclor	Suspension Reconstitute	250mg/5ml	Oral	
Cefaclor	Suspension Reconstitute	375mg/5ml	Oral	
Cefaclor ER	Tablet ER 12-hour	500mg	Oral	
Cefprozil	Suspension Reconstitute	125mg/5ml	Oral	
Cefprozil	Suspension Reconstitute	250mg/5ml	Oral	
Cefprozil	Tablet	250mg	Oral	
Cefprozil	Tablet	500mg	Oral	
Cefuroxime	Tablet	250mg	Oral	
Cefuroxime	Tablet	500mg	Oral	

Cephalosporins – 3rd Generation

Drug Name	Dosage Form	Strength	Route	Comments
Cefdinir	Capsule	300mg	Oral	
Cefdinir	Suspension Reconstitute	125mg/5ml	Oral	
Cefdinir	Suspension Reconstitute	250mg/5ml	Oral	
Cefditoren pivoxil	Tablet	200mg	Oral	Prior authorization required: Please trial other formulary alternatives
Cefixime	Suspension Reconstitute	100mg/5ml	Oral	
Cefpodoxime proxetil	Suspension Reconstitute	50mg/5ml	Oral	
Cefpodoxime proxetil	Suspension Reconstitute	100mg/5ml	Oral	
Cefpodoxime proxetil	Tablet	100mg	Oral	
Cefpodoxime proxetil	Tablet	200mg	Oral	
Ceftriaxone	Piggyback	1 gram/50ml	Intravenous	
Ceftriaxone	Piggyback	2 gram/50ml	Intravenous	

Ceftriaxone	Vial Port	2 gram	Intravenous	

Macrolides

Drug Name	Dosage Form	Strength	Route	Comments
Azithromycin	Packet	1 gram	Oral	
Azithromycin	Suspension Reconstitute	100mg/5ml	Oral	
Azithromycin	Suspension Reconstitute	200mg/5ml	Oral	
Azithromycin	Tablet	250mg	Oral	
Azithromycin	Tablet	500mg	Oral	
Azithromycin	Tablet	600mg	Oral	
Clarithromycin	Suspension Reconstitute	125mg/5ml	Oral	
Clarithromycin	Suspension Reconstitute	250mg/5ml	Oral	
Clarithromycin	Tablet	250mg	Oral	
Clarithromycin	Tablet	500mg	Oral	
E.E.S 400 (erythromycin)	Tablet	400mg	Oral	
Ery-Tab (erythromycin)	Tablet	250mg	Oral	
Ery-Tab (erythromycin)	Tablet DR	500mg	Oral	
Erythromycin	Capsule DR	250mg	Oral	
Erythromycin	Tablet	250mg	Oral	
Erythromycin	Tablet	500mg	Oral	
Erythromycin	Tablet DR	250mg	Oral	
Erythromycin	Tablet DR	333mg	Oral	
Erythromycin	Tablet DR	500mg	Oral	
Erythromycin ethylsuccinate	Suspension Reconstitute	200mg/5ml	Oral	
Erythromycin ethylsuccinate	Suspension Reconstitute	400mg/5ml	Oral	
Erythromycin ethylsuccinate	Tablet	400mg	Oral	

Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments

Phosphasal (methenamine/sodium biphosphate/phenyl salicylate/methylene blue/hyoscyamine)	Tablet	81.6mg-10.8mg	Oral	Prior authorization required: Please trial other formulary alternatives
Primsol (trimethoprim)	Solution	50mg/5ml	Oral	
Trimethoprim	Tablet	100mg	Oral	
Uretron D-S (methenamine/sodium biphosphate/phenyl salicylate/methylene blue/hyoscyamine)	Tablet	81.6mg-10.8mg	Oral	Prior authorization required: Please trial other formulary alternatives

Nitrofuran Derivatives

Drug Name	Dosage Form	Strength	Route	Comments
Nitrofurantoin	Oral Suspension	25mg/5ml	Oral	
Nitrofurantoin macrocrystal	Capsule	25mg	Oral	
Nitrofurantoin macrocrystal	Capsule	50mg	Oral	
Nitrofurantoin macrocrystal	Capsule	100mg	Oral	
Nitrofurantoin mono-macro	Capsule	100mg	Oral	

Oxazolidinones

Drug Name	Dosage Form	Strength	Route	Comments
Linezolid	Tablet	600mg	Oral	

Penicillins

Drug Name	Dosage Form	Strength	Route	Comments
Amoxicillin	Capsule	250mg	Oral	
Amoxicillin	Capsule	500mg	Oral	
Amoxicillin	Suspension Reconstitute	125mg/5ml	Oral	
Amoxicillin	Suspension Reconstitute	200mg/5ml	Oral	
Amoxicillin	Suspension Reconstitute	250mg/5ml	Oral	
Amoxicillin	Suspension Reconstitute	400mg/5ml	Oral	
Amoxicillin	Tablet Chewable	125mg	Oral	
Amoxicillin	Tablet Chewable	250mg	Oral	
Amoxicillin	Tablet	875mg	Oral	

Amoxicillin- Clavulanate potassium	Suspension Reconstitute	125mg-31.25mg/5ml	Oral	
Amoxicillin- Clavulanate potassium	Suspension Reconstitute	200mg-28.5mg/5ml	Oral	
Amoxicillin- Clavulanate potassium	Suspension Reconstitute	250mg-62.5mg/5ml	Oral	
Amoxicillin- Clavulanate potassium	Suspension Reconstitute	400mg-57mg/5ml	Oral	
Amoxicillin- Clavulanate potassium	Suspension Reconstitute	600mg-42.9mg/5ml	Oral	
Amoxicillin- Clavulanate potassium	Tablet Chewable	200mg-28.5mg	Oral	
Amoxicillin- Clavulanate potassium	Tablet Chewable	400mg-57mg	Oral	
Amoxicillin- Clavulanate potassium	Tablet	250mg-125mg	Oral	
Amoxicillin- Clavulanate potassium	Tablet	500mg-125mg	Oral	
Amoxicillin- Clavulanate potassium	Tablet	875mg-125mg	Oral	
Ampicillin trihydrate	Capsule	250mg	Oral	
Ampicillin trihydrate	Capsule	500mg	Oral	
Augmentin	Suspension Reconstitute	125mg-31.25mg/5ml	Oral	
Dicloxacillin sodium	Capsule	250mg	Oral	
Dicloxacillin sodium	Capsule	500mg	Oral	
Penicillin V potassium	Solution Reconstitute	125mg/5ml	Oral	
Penicillin V potassium	Solution Reconstitute	250mg/5ml	Oral	
Penicillin V potassium	Tablet	250mg	Oral	
Penicillin V potassium	Tablet	500mg	Oral	

Quinolones

Drug Name	Dosage Form	Strength	Route	Comments

Cipro	Suspension Reconstitute	250mg/5ml	Oral	
Cipro	Suspension Reconstitute	500mg/5ml	Oral	
Cipro XR	Tablet 24 hour	1000mg	Oral	Quantity Limit: 1 tablet per 3 days
Ciprofloxacin	Suspension Reconstitute	250mg/5ml	Oral	
Ciprofloxacin	Suspension Reconstitute	500mg/5ml	Oral	
Ciprofloxacin HCL	Tablet	100mg	Oral	
Ciprofloxacin HCL	Tablet	250mg	Oral	
Ciprofloxacin HCL	Tablet	500mg	Oral	
Ciprofloxacin HCL	Tablet	750mg	Oral	
Levofloxacin	Solution	250mg/10ml	Oral	
Levofloxacin	Tablet	250mg	Oral	
Levofloxacin	Tablet	500mg	Oral	
Levofloxacin	Tablet	750mg	Oral	
Levofloxacin	Vial	25mg/ml	Intravenous	
Ofloxacin	Tablet	300mg	Oral	Prior authorization required: Please trial other formulary alternatives
Ofloxacin	Tablet	400mg	Oral	Prior authorization required: Please trial other formulary alternatives

Tetracyclines

Drug Name	Dosage Form	Strength	Route	Comments
Doxycycline hyclate	Capsule	50mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day
Doxycycline hyclate	Capsule	100mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day
Doxycycline hyclate	Tablet	50mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablets per day
Doxycycline hyclate	Tablet	100mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablets per day
Doxycycline monohydrate	Capsule	500mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day
Doxycycline monohydrate	Capsule	100mg	Oral	Day Supply Limit: 90 days in 365 days

				Quantity Limit: 2 tablet per day
Doxycycline monohydrate	Tablet	50mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 tablet per day
Doxycycline monohydrate	Tablet	100mg	Oral	Day Supply Limit: 90 days in 365 days Quantity Limit: 2 capsules per day
Doxycycline monohydrate	Suspension Reconstitute	25mg/5ml	Oral	
Mondoxyne NL (doxycycline monohydrate)	Capsule	100mg	Oral	Quantity Limit: 2 capsules per day Fill Limit: 2 fills per year

INFECTIOUS DISEASE – FUNGAL

Antifungal Agents

Drug Name	Dosage Form	Strength	Route	Comments
Clotrimazole	Troche	10mg	Mucous Membrane	
Fluconazole	Suspension Reconstitute	10mg/ml	Oral	
Fluconazole	Suspension Reconstitute	40mg/ml	Oral	
Fluconazole	Tablet	50mg	Oral	Quantity Limit: 14 tablets per 30 days
Fluconazole	Tablet	100mg	Oral	Quantity Limit: 14 tablets per 30 days
Fluconazole	Tablet	150mg	Oral	Quantity Limit: 14 tablets per 30 days Fill Limit: 2 fills per 30 days
Fluconazole	Tablet	200mg	Oral	Quantity Limit: 14 tablets per 30 days
Itraconazole	Capsule	100mg	Oral	Prior authorization required: Please trial other formulary alternatives
Itraconazole	Solution	10mg/ml	Oral	Prior authorization required: Please trial other formulary alternatives
Ketoconazole	Tablet	200mg	Oral	Prior authorization required: Please trial other formulary alternatives
Terbinafine HCL	Tablet	250mg	Oral	

Antifungal Antibiotics

Drug Name	Dosage Form	Strength	Route	Comments

Griseofulvin	Oral Suspension	125mg/5ml	Oral	Prior authorization required: Please trial other formulary alternatives
Griseofulvin ultramicrosize	Tablet	125mg	Oral	
Griseofulvin ultramicrosize	Tablet	250mg	Oral	
Nystatin	Oral Suspension	100000unit/ml	Oral	
Nystatin	Tablet	500k unit	Oral	

INFECTIOUS DISEASE - MISCELLANEOUS

Aminoglycosides

Drug Name	Dosage Form	Strength	Route	Comments
Neomycin sulfate	Tablet	500mg	Oral	

Antileprotics

Drug Name	Dosage Form	Strength	Route	Comments
Dapsone	Tablet	25mg	Oral	
Dapsone	Tablet	100mg	Oral	

Anti-Mycobacterium Agents

Drug Name	Dosage Form	Strength	Route	Comments
Ethambutol HCL	Tablet	100mg	Oral	
Ethambutol HCL	Tablet	400mg	Oral	
Isoniazid	Solution	50mg/5ml	Oral	
Isoniazid	Tablet	100mg	Oral	
Isoniazid	Tablet	300mg	Oral	
Pyrazinamide	Tablet	500mg	Oral	
Rifabutin	Capsule	150mg	Oral	

Antitubercular Antibiotics

Drug Name	Dosage Form	Strength	Route	Comments
Rifampin	Capsule	150mg	Oral	
Rifampin	Capsule	300mg	Oral	

Lincosamides

Drug Name	Dosage Form	Strength	Route	Comments
Clindamycin (pediatric)	Solution Reconstitute	75mg/5ml	Oral	

Clindamycin HCL	Capsule	75mg	Oral	
Clindamycin HCL	Capsule	150mg	Oral	
Clindamycin HCL	Capsule	300mg	Oral	

Vancomycin and Derivatives

Drug Name	Dosage Form	Strength	Route	Comments
Firvanq (vancomycin)	Solution Reconstitute	50mg/ml	Oral	Prior Authorization required
Vancomycin HCL	Capsule	125mg	Oral	Prior Authorization required
Vancomycin HCL	Capsule	250mg	Oral	Prior Authorization required
Vancomycin HCL	Solution Reconstitute	50mg/ml	Oral	Prior Authorization required

INFECTIOUS DISEASE – PARASITIC

Amebicides

Drug Name	Dosage Form	Strength	Route	Comments
Paromomycin sulfate	Capsule	250mg	Oral	

Anaerobic Antiprotozoal-Antibiotic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Metronidazole	Tablet	250mg	Oral	
Metronidazole	Tablet	500mg	Oral	

Anthelmintics

Drug Name	Dosage Form	Strength	Route	Comments
Albendazole	Tablet	200mg	Oral	
Ivermectin	Tablet	3mg	Oral	Prior Authorization Required
Praziquantel	Tablet	600mg	Oral	
Reese's Pinworm (pyrantel pamoate)	Oral Suspension	50mg/ml	Oral	

Antimalarial Drugs

Drug Name	Dosage Form	Strength	Route	Comments
Chloroquine phosphate	Tablet	250mg	Oral	Prior Authorization required
Chloroquine phosphate	Tablet	500mg	Oral	Prior Authorization required
Hydroxychloroquine sulfate	Tablet	200mg	Oral	
Mefloquine HCL	Tablet	250mg	Oral	Prior Authorization required

Primaquine	Tablet	26.3mg	Oral	
Pyrimethamine	Tablet	25mg	Oral	Prior Authorization required

Antiparasitics

Drug Name	Dosage Form	Strength	Route	Comments
Alinia (nitazoxanide)	Suspension Reconstitute	100mg/5ml	Oral	

Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments
Nebupent (pentamidine)	Vial- Nebulizer	300mg	Inhalation	Prior Authorization
Pentam 300 (pentamidine isethionate)	Vial	300mg	Injection	
Pentamidine isethionate	Vial	300mg	Injection	
Pentamidine isethionate	Vial-Nebulizer	300mg	Inhalation	Prior Authorization

INFECTIOUS DISEASE – VIRAL

Antiretroviral, Anti-CD4 Domaine 2 Monoclonal

Drug Name	Dosage Form	Strength	Route	Comments
Trogarzo (ibalizumab-uiyk)	Vial	200mg/1.33ml	Intravenous	Specialty Pharmacy

Antiretroviral, Integrase Inhibitor and NNRTI

Drug Name	Dosage Form	Strength	Route	Comments
Cabenuva (cabotegravir/ rilpivirine)	Vial	400mg-600mg/2ml	Intravenous	Specialty Pharmacy
Cabenuva (cabotegravir/ rilpivirine)	Vial	600mg-900mg/3ml	Intramuscular	Specialty Pharmacy
Juluca (dolutegravir/ rilpivirine)	Tablet	50mg-25mg	Intramuscular	Specialty Pharmacy
Dovato (dolutegravir/ lamivudine)	Tablet	50mg-300mg	Oral	Specialty Pharmacy

Antiretroviral, Nucleoside, Nucleotide, Protease Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Symtuza (darunavir/ cobicistat/emtricitabine/tenofovir alafenamide)	Tablet	800mg-150mg	Oral	Specialty Pharmacy

Antiviral, General

Drug Name	Dosage Form	Strength	Route	Comments
Acyclovir	Capsule	200mg	Oral	May fill up to a 90-day supply
Acyclovir	Oral Suspension	200mg/5ml	Oral	May fill up to a 90-day supply
Acyclovir	Tablet	400mg	Oral	May fill up to a 90-day supply
Acyclovir	Tablet	800mg	Oral	May fill up to a 90-day supply
Famciclovir	Tablet	125mg	Oral	Prior authorization required: Please trial other formulary alternatives
Famciclovir	Tablet	250mg	Oral	Prior authorization required: Please trial other formulary alternatives
Famciclovir	Tablet	500mg	Oral	Prior authorization required: Please trial other formulary alternatives
Foscavir	Plastic Bag	24mg/ml	Intravenous	
Ganciclovir sodium	Vial	500mg	Intravenous	
Oseltamivir phosphate	Capsule	30mg	Oral	
Oseltamivir phosphate	Capsule	45mg	Oral	
Oseltamivir phosphate	Capsule	75mg	Oral	
Oseltamivir phosphate	Suspension Reconstitute	6mg/ml	Oral	
Ribavirin	Vial Nebulizer	6 grams	Inhalation	Prior authorization required
Rimantadine HCL	Tablet	100mg	Oral	
Valacyclovir	Tablet	500mg	Oral	
Valacyclovir	Tablet	1000mg	Oral	
Valganciclovir HCL	Tablet	450mg	Oral	
Xofluza (baloxavir marboxil)	Tablet	20mg	Oral	Prior authorization required: Please trial other formulary alternatives

Hepatitis B Treatment

Drug Name	Dosage Form	Strength	Route	Comments
Epivir HBV (lamivudine)	Solution	25mg/5ml	Oral	Specialty Pharmacy
Lamivudine HBV	Tablet	100mg	Oral	Specialty Pharmacy

Hepatitis C Treatment

Drug Name	Dosage Form	Strength	Route	Comments

Mavyret (glecaprevir/ pibrentasvir)	Tablet	100mg-400mg	Oral	Quantity Limit: 84 tablets per 28 days Duration Limit: 8 weeks Prior Authorization required for treatment experienced
Pegintron (peginterferon alpfa-2b)	Kit	50mcg/0.5ml	Subcutaneous	Prior Authorization required
Ribavirin	Tablet	200mg	Oral	Prior Authorization required
Sofosbuvir- Velpatasvir	Tablet	400mg-100mg	Oral	Quantity Limit: 28 tablets per 28 days Duration Limit: 12 weeks Prior Authorization required for treatment experienced

HIV-Specific, CCR5 Co-Receptor Antagonist

Drug Name	Dosage Form	Strength	Route	Comments
Mavaviroc	Tablet	150mg	Oral	
Mavaviroc	Tablet	300mg	Oral	
Selzentry (maraviroc)	Solution	20mg/ml	Oral	
Selzentry (maraviroc)	Tablet	25mg	Oral	
Selzentry (maraviroc)	Tablet	75mg	Oral	

HIV-Specific, CD4 Attachment Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Rukobia (fostemsavir)	Tablet ER 12h	600mg	Oral	

HIV-Specific, Combo Nucleoside, Nucleotide, and Non-Nucleoside RTI

Drug Name	Dosage Form	Strength	Route	Comments
Complera (emtricitabine/ rilpivirine/tenofovir)	Tablet	200mg-25mg-300mg	Oral	
Delstrigo (doravirine/ lamivudine/tenofovir)	Tablet	100mg-300mg	Oral	
Efavirenz- Emtricitabine- Tenofovir Disoproxil	Tablet	600mg-200mg	Oral	
Efavirenz- lamuvidine- Tenofovir Disoproxil	Tablet	400mg-300mg	Oral	

Efavirenz- lamuvidine- Tenofovir Disoproxil	Tablet	600mg-300mg	Oral	
Odefsey (emtricitabine/ rilpivirine/tenofovir alafenamide)	Tablet	200mg-25mg-25mg	Oral	

HIV-Specific, Combo-NRTI, N(T)RTI, Integrase Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Biktarvy (bictegravir/ emtrictabine/tenofovir alafenamide)	Tablet	30mg-120mg-15mg	Oral	
Biktarvy (bictegravir/ emtrictabine/tenofovir alafenamide)	Tablet	50mg-200mg-25mg	Oral	
Genvoya (elvitegravir/ cobicistat/emtricitabine/tenofovir alafenamide)	Tablet	150mg-200mg-10mg	Oral	
Stribild (elvitegravir/ cobicistat/emtricitabine/tenofovir disoproxil)	Tablet	150mg-200mg	Oral	

HIV-Specific, Combo- NRTIS and Integrase Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Triumeq (abacavir/ dolutegravir/ lamivudine)	Tablet	600mg-50mg-300mg	Oral	
Triumeq PD (abacavir/ dolutegravir/ lamivudine)	Tablet	60mg-5mg-30mg	Oral	

HIV Specific, Cytochrome P450 Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Tybost (cobicistat)	Tablet	150mg	Oral	

HIV-Specific, Fusion Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Fuzeon (enfuviritide)	Vial	90mg	Subcutaneous	

HIV-Specific, Non-Nucleoside, RTI

Drug Name	Dosage Form	Strength	Route	Comments
Edurant (rilpivirine)	Tablet	25mg	Oral	
Efavirenz	Capsule	50mg	Oral	

Efavirenz	Capsule	200mg	Oral	
Efavirenz	Tablet	600mg	Oral	
Etravirine	Tablet	100mg	Oral	
Etravirine	Tablet	200mg	Oral	
Intelence (etravirine)	Tablet	25mg	Oral	
Nevirapine	Oral Suspension	50mg/5ml	Oral	
Nevirapine	Tablet	200mg	Oral	
Nevirapine ER	Tablet ER 24 hour	100mg	Oral	
Nevirapine ER	Tablet ER 24 hour	400mg	Oral	
Pifeltro (doravirine)	Tablet	100mg	Oral	
Rilpivirine ER	Suspension ER Vial	600mg/2ml	Intramuscular	
Sustiva (efavirenz)	Capsule	50mg	Oral	
Sustiva (efavirenz)	Capsule	200mg	Oral	

HIV-Specific, Non-Peptidic Protease Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Aptivus (tipranavir)	Capsule	250mg	Oral	
Prezista (darunavir ethanolate)	Oral Suspension	100mg/ml	Oral	
Prezista (darunavir ethanolate)	Tablet	75mg	Oral	
Prezista (darunavir ethanolate)	Tablet	150mg	Oral	
Prezista (darunavir ethanolate)	Tablet	600mg	Oral	
Prezista (darunavir ethanolate)	Tablet	800mg	Oral	

HIV-Specific, Nucleoside Analog, RTI

Drug Name	Dosage Form	Strength	Route	Comments
Abacavir	Solution	20mg/ml	Oral	
Abacavir	Tablet	300mg	Oral	
Didanosine	Capsule DR	250mg	Oral	
Didanosine	Capsule DR	400mg	Oral	
Emtricitabine	Capsule	200mg	Oral	
Emtriva (emtricitabine)	Solution	10mg/ml	Oral	Prior authorization required: Please trial other formulary alternatives
Lamivudine	Solution	10mg/ml	Oral	

Lamivudine	Tablet	150mg	Oral	
Lamivudine	Tablet	300mg	Oral	
Retrovir (zidovudine)	Vial	10mg/ml	Intravenous	
Stavudine	Capsule	15mg	Oral	
Stavudine	Capsule	20mg	Oral	
Stavudine	Capsule	30mg	Oral	
Stavudine	Capsule	40mg	Oral	
Zidovudine	Capsule	100mg	Oral	
Zidovudine	Syrup	10mg/ml	Oral	
Zidovudine	Tablet	300mg	Oral	

HIV-Specific, Nucleotide Analog, RTI

Drug Name	Dosage Form	Strength	Route	Comments
Tenofovir disoproxil fumarate	Tablet	300mg	Oral	
Viread (tenofovir disoproxil)	Powder	40mg/scoop	Oral	
Viread (tenofovir disoproxil)	Tablet	150mg	Oral	
Viread (tenofovir disoproxil)	Tablet	200mg	Oral	
Viread (tenofovir disoproxil)	Tablet	250mg	Oral	

HIV-Specific, Nucleoside Analog, RTI Combo

Drug Name	Dosage Form	Strength	Route	Comments
Abacavir- Lamivudine	Tablet	600mg-300mg	Oral	
Abacavir- Lamivudine- Zidovudine (Trizivir)	Tablet	150mg-300mg	Oral	
Lamivudine- Zidovudine	Tablet	150mg-300mg	Oral	

HIV-Specific, Protease Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Atazanavir sulfate	Capsule	150mg	Oral	
Atazanavir sulfate	Capsule	200mg	Oral	
Atazanavir sulfate	Capsule	300mg	Oral	
Fosamprenavir calcium	Tablet	700mg	Oral	
Invirase (saquinavir mesylate)	Tablet	500mg	Oral	
Lexiva (fosamprenavir)	Oral Suspension	50mg/ml	Oral	

Norvir (ritonavir)	Powder Pack	100mg	Oral	
Norvir (ritonavir)	Solution	80mg/ml	Oral	
Reyataz (atazanavir)	Powder Pack	50mg	Oral	
Ritonavir	Tablet	100mg	Oral	
Viracept (nelfinavir)	Tablet	250mg	Oral	
Viracept (nelfinavir)	Tablet	625mg	Oral	

HIV-Specific, Protease Inhibitor Combo

Drug Name	Dosage Form	Strength	Route	Comments
Evotaz (atazanavir/ cobicistat)	Tablet	300mg-150mg	Oral	
Kaletra (lopinavir/ritonavir)	Tablet	100mg-25mg	Oral	
Lopinavir- Ritonavir	Solution	400mg-100mg/5ml	Oral	
Lopinavir- Ritonavir	Tablet	100mg-25mg	Oral	
Lopinavir- Ritonavir	Tablet	200mg-50mg	Oral	

HIV-Specific, Integrase Strand Transfer Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Apretude (cabotegravir)	Suspension ER Vial	600mg/3ml	Intramuscular	Specialty Pharmacy
Cabotegravir ER	Suspension ER Vial	400mg/2ml	Intramuscular	Specialty Pharmacy
Cabotegravir ER	Suspension ER Vial	600mg/3ml	Intramuscular	Specialty Pharmacy
Isentress (raltegravir)	Powder Pack	100mg	Oral	Quantity Limit: 2 doses per day
Isentress (raltegravir)	Tablet Chewable	25mg	Oral	Quantity Limit: 2 doses per day
Isentress (raltegravir)	Tablet Chewable	100mg	Oral	Quantity Limit: 2 doses per day
Isentress (raltegravir)	Tablet	400mg	Oral	Quantity Limit: 2 doses per day
Isentress HD (raltegravir)	Tablet	600mg	Oral	Quantity Limit: 2 doses per day
Tivicay (doletegravir)	Tablet	10mg	Oral	
Tivicay (doletegravir)	Tablet	25mg	Oral	
Tivicay (doletegravir)	Tablet	50mg	Oral	
Tivicay PD (doletegravir)	Tablet	5mg	Oral	
Vocabria (cabotegravir)	Tablet	30mg	Oral	

Main Protease (MPRO) Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Paxlovid (nirmatrelvir/ritonavir)	Tablet Dose Pack	150-100mg	Oral	
Paxlovid (nirmatrelvir/ritonavir)	Tablet Dose Pack	300-100mg	Oral	

INFLAMMATORY DISEASE

Anti-Arthritic and Chelating Agents

Drug Name	Dosage Form	Strength	Route	Comments
Cuprimine (penicillamine)	Capsule	250mg	Oral	Prior Authorization required
Penicillamine	Capsule	250mg	Oral	Prior Authorization required

Anti-Inflammatory Tumor Necrosis Factor Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Adalimumab-fkjp	Syringe	20mg/0.4ml	Subcutaneous	Formulary preferred Prior Authorization required
Adalimumab-fkjp	Syringe	40mg/0.8ml	Subcutaneous	Formulary preferred Prior Authorization required
Adalimumab-aaty	Pen Injector	80mg/0.8ml	Subcutaneous	Formulary preferred Prior Authorization required
Enbrel (etanercept)	Syringe	50mg/ml	Subcutaneous	Prior Authorization required
Enbrel Sureclick (etanercept)	Pen Injector	50mg/ml	Subcutaneous	Prior Authorization required

Anti-Inflammatory Pyrimidine Synthesis Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Leflunomide	Tablet	10mg	Oral	
Leflunomide	Tablet	20mg	Oral	

Glucocorticoids

Drug Name	Dosage Form	Strength	Route	Comments
Budesonide	Capsule DR	3mg	Oral	
Dexamethasone	Elixir	0.5mg/5ml	Oral	
Dexamethasone	Solution	0.5mg/5ml	Oral	
Dexamethasone	Tablet Dose Pack	1.5mg (51)	Oral	
Dexamethasone	Tablet	0.5mg	Oral	
Dexamethasone	Tablet	0.75mg	Oral	

Dexamethasone	Tablet	1mg	Oral	
Dexamethasone	Tablet	1.5mg	Oral	
Dexamethasone	Tablet	2mg	Oral	
Dexamethasone	Tablet	4mg	Oral	
Dexamethasone	Tablet	6mg	Oral	
Hydrocortisone	Tablet	5mg	Oral	
Hydrocortisone	Tablet	10mg	Oral	
Hydrocortisone	Tablet	20mg	Oral	
Medrol (methylprednisolone)	Tablet	2mg	Oral	
Methylprednisolone	Tablet Dose Pack	4mg	Oral	
Methylprednisolone	Tablet	4mg	Oral	
Methylprednisolone	Tablet	8mg	Oral	
Methylprednisolone	Tablet	16mg	Oral	
Methylprednisolone	Tablet	32mg	Oral	
Prednisolone	Solution	15mg/5ml	Oral	
Prednisolone sodium phosphate ODT	Tablet Dissolvable	10mg	Oral	Age Limit: age 7 and under
Prednisolone sodium phosphate ODT	Tablet Dissolvable	15mg	Oral	Age Limit: age 7 and under
Prednisolone sodium phosphate ODT	Tablet Dissolvable	30mg	Oral	Age Limit: age 7 and under
Prednisolone sodium phosphate	Solution	5mg/5ml	Oral	
Prednisolone sodium phosphate	Solution	15mg/5ml	Oral	
Prednisone	Solution	5mg/5ml	Oral	
Prednisone	Tablet Dose Pack	5mg	Oral	
Prednisone	Tablet Dose Pack	10mg	Oral	
Prednisone	Tablet	1mg	Oral	
Prednisone	Tablet	2.5mg	Oral	
Prednisone	Tablet	5mg	Oral	
Prednisone	Tablet	10mg	Oral	
Prednisone	Tablet	20mg	Oral	
Prednisone	Tablet	50mg	Oral	

Mineralocorticoids

Drug Name	Dosage Form	Strength	Route	Comments
Fludrocortisone acetate	Tablet	0.1mg	Oral	

NSAIDS, Cyclooxygenase Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Diclofenac sodium	Tablet DR	25mg	Oral	
Diclofenac sodium	Tablet DR	50mg	Oral	
Diclofenac sodium	Tablet DR	75mg	Oral	
Diclofenac sodium ER	Tablet ER 24 hour	100mg	Oral	
Etodolac	Capsule	200mg	Oral	
Etodolac	Capsule	300mg	Oral	Prior authorization required: Please trial other formulary alternatives
Etodolac	Tablet	400mg	Oral	Prior authorization required: Please trial other formulary alternatives
Etodolac	Tablet	500mg	Oral	Prior authorization required: Please trial other formulary alternatives
Etodolac ER	Tablet ER 24 hour	400mg	Oral	Prior authorization required: Please trial other formulary alternatives
Etodolac ER	Tablet ER 24 hour	500mg	Oral	Prior authorization required: Please trial other formulary alternatives
Etodolac ER	Tablet ER 24 hour	600mg	Oral	Prior authorization required: Please trial other formulary alternatives
Fenoprofen calcium	Capsule	200mg	Oral	Prior authorization required: Please trial other formulary alternatives
Fenoprofen calcium	Tablet	600mg	Oral	Prior authorization required: Please trial other formulary alternatives
Ibuprofen	Oral Suspension	100mg/5ml	Oral	
Ibuprofen	Tablet	200mg	Oral	
Ibuprofen	Tablet	400mg	Oral	
Ibuprofen	Tablet	600mg	Oral	
Ibuprofen	Tablet	800mg	Oral	
Indomethacin	Capsule	25mg	Oral	
Indomethacin	Capsule	50mg	Oral	
Ketoprofen	Capsule 24 hour	200mg	Oral	Prior Authorization required
Ketorolac tromethamine	Cartridge	30mg/ml	Injection	Prior Authorization required
Ketorolac tromethamine	Cartridge	60mg/2ml	Intramuscular	Prior Authorization required
Ketorolac tromethamine	Tablet	10mg	Oral	Prior Authorization required

Meclofenamate sodium	Capsule	50mg	Oral	Prior authorization required: Please trial other formulary alternatives
Meclofenamate sodium	Capsule	100mg	Oral	Prior authorization required: Please trial other formulary alternatives
Meloxicam	Tablet	7.5mg	Oral	
Meloxicam	Tablet	15mg	Oral	
Nabumetone	Tablet	500mg	Oral	
Nabumetone	Tablet	750mg	Oral	
Naproxen	Oral Suspension	125mg/5ml	Oral	
Naproxen	Tablet	250mg	Oral	
Naproxen	Tablet	375mg	Oral	
Naproxen	Tablet	500mg	Oral	
Naproxen sodium	Tablet	275mg	Oral	
Naproxen sodium	Tablet	550mg	Oral	
Oxaprozin	Tablet	600mg	Oral	Prior authorization required: Please trial other formulary alternatives
Sulindac	Tablet	150mg	Oral	
Sulindac	Tablet	200mg	Oral	

NSAIDS, Cyclooxygenase-2 Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Celecoxib	Capsule	100mg	Oral	
Celecoxib	Capsule	200mg	Oral	

LOCAL ANESTHESIA

Local Anesthesia

Drug Name	Dosage Form	Strength	Route	Comments
Lidocaine HCL	Jelly (ml)	2%	Mucous Membrane	
Lidocaine HCL viscous	Solution	2%	Mucous Membrane	

LOWER GASTROINTESTINAL DISORDER, BOWEL INFLAMMATION

Bowel Anti-Inflammatory Agents

Drug Name	Dosage Form	Strength	Route	Comments
Sulfadiazine	Tablet	500mg	Oral	

Chronic Inflammation, 5-Aminosalicylate

Drug Name	Dosage Form	Strength	Route	Comments
Balsalazide disodium	Capsule	750mg	Oral	
Dipentum (olsalazine)	Capsule	250mg	Oral	Prior authorization required: Please trial other formulary alternatives
Mesalamine	Capsule ER 24 hr	0.375 gram	Oral	
Mesalamine	Capsule (DR Tab)	400 mg	Oral	
Mesalamine	Enema	4 gram/60ml	Rectal	
Mesalamine	Tablet DR	1.2 gram	Oral	
Pentasa (mesalamine)	Capsule ER	250mg	Oral	Prior authorization required: Please trial other formulary alternatives
Sulfasalazine	Tablet	500mg	Oral	
Sulfasalazine DR	Tablet DR	500mg	Oral	

Hemorrhoid

Drug Name	Dosage Form	Strength	Route	Comments
Hemorrhoidal Ointment	Ointment with Applicator	0.25%-14%	Rectal	Quantity Limit: 57g per 30 days NDC Specific: 46122-0677-46 or 45802-0188-16
Proctofoam-HC (hydrocortisone/ pramoxine)	Foam	1%-1%	Rectal	Prior Authorization required

Rectal/Lower Bowel (Non-Hemmorrhoid)

Drug Name	Dosage Form	Strength	Route	Comments
Cortifoam (hydrocortisone)	Foam with Applicator	10%	Rectal	Prior Authorization required
Hydrocortisone	Enema	100mg/60ml	Rectal	Prior Authorization required

LOWER GASTROINTESTINAL DISORDER – OTHER

Ammonia Inhibitor

Drug Name	Dosage Form	Strength	Route	Comments
Constulose (lactulose)	Solution	10mg/15ml	Oral	
Enulose (lactulose)	Solution	10mg/15ml	Oral	
Generlac (lactulose)	Solution	10mg/15ml	Oral	
Lactulose	Solution	10mg/15ml	Oral	

Antidiarrheals

Drug Name	Dosage Form	Strength	Route	Comments
Bismuth subsalicylate	Tablet	262mg	Oral	
Bismuth subsalicylate	Tablet Chewable	262mg	Oral	
Diphenoxylate- Atropine	Liquid	2.5mg-0.025mg/5ml	Oral	
Diphenoxylate- Atropine	Tablet	2.5mg-0.025mg	Oral	
Loperamide	Capsule	2mg	Oral	
Loperamide	Solution	1mg/5ml	Oral	
Loperamide	Solution	1mg/7.5ml	Oral	
Loperamide	Tablet	2mg	Oral	

Bile Salts

Drug Name	Dosage Form	Strength	Route	Comments
Ursodiol	Capsule	300mg	Oral	Prior Authorization required after 180 days Quantity Limit: 60 capsules per 30 days
Ursodiol	Tablet	500mg	Oral	Prior Authorization required

Laxatives and Cathartics

Drug Name	Dosage Form	Strength	Route	Comments
Bisacodyl	Tablet	5mg	Oral	
Bisacodyl	Tablet DR	5mg	Oral	
Bisacodyl	Suppository	10mg	Rectal	
Docusate sodium	Capsule	50mg	Oral	
Docusate sodium	Capsule	100mg	Oral	

Docusate sodium	Capsule	240mg	Oral	
Docusate sodium	Capsule	250mg	Oral	
Docusate sodium	Liquid	50mg/5ml	Oral	
Docusate sodium	Syrup	60mg/15ml	Oral	
Fiber Laxative (psyllium husk)	Powder	3.4gram/5.8 gram	Oral	
Fiber Laxative (calcium polycarbophil)	Tablet	625mg	Oral	
Gavilyte-C (peg 3350/ sodium sulfate/ bicarbonate/chloride/ potassium chloride)	Solution Reconstitute	240gram-22.72 gram	Oral	
Gavilyte-G (peg 3350/ sodiumsulfate/bicarbonate/ chloride/potassium chloride)	Solution Reconstitute	236 gram-22.74 gram	Oral	
Gavilyte-N (sodium chloride/sodium bicarbonate/potassium chloride/peg 3350)	Solution Reconstitute	420 gram	Oral	
Lactulose	Solution	10 gram/ 15ml	Oral	
Lactulose	Solution	20 gram/ 30ml	Oral	
Magnesium citrate	Solution		Oral	
Metamucil (psyllium husk)	Powder	3.4 gram/ 5.8 gram	Oral	
PEG 3350-electrolyte (sodium chloride/ sodium bicarbonate/ potassium chloride/peg 3350)	Solution Reconstitute	420 gram	Oral	
PEG 3350-electrolyte (peg 3350/sodium sulfate/bicarbonate/ chloride/potassium chloride)	Solution Reconstitute	236 gram-22.74 gram	Oral	
Polyethylene glycol 3350	Powder	17 gram/dose	Oral	
Polyethylene glycol 3350	Powder Pack	17 gram	Oral	
Sennosides	Tablet	8.6mg	Oral	
Sennosides- Docusate sodium	Tablet	8.6mg-50mg	Oral	
Sodium sulfate/ potassium sulfate/ magnesium sulfate	Solution Reconstitute	17.5gram-3.13 gram	Oral	
Sutab (sodium sulfate/ potassium sulfate/ magnesium sulfate)	Tablet	1.479 gram	Oral	

Laxatives, Local/Rectal

Drug Name	Dosage Form	Strength	Route	Comments
Pedia-Lax (glycerin)	Solution with Applicator	2.8gram/ 2.7ml	Rectal	
Pedia-Lax (sodium phosphate, mono-dibasic)	Enema	19gram-7gram/118ml	Rectal	Age Limit: 20 years and younger Age 21 years and older, Prior Authorization required

MEDICAL SUPPLIES

Durable Medical Equipment

Drug Name	Dosage Form	Strength	Route	Comments
Lancets	Various			Quantity Limit: 3.33 per day May fill up to a 90-day supply

Syringes and Accessories

Drug Name	Dosage Form	Strength	Route	Comments
Insulin Syringes	Various			Quantity Limit: 6.67 per day May fill up to a 90-day supply

MISCELLANEOUS

Anaphylaxis Therapy Agents

Drug Name	Dosage Form	Strength	Route	Comments
Epinephrine	Auto-Injector	0.15mg/0.3ml	Injection	Quantity Limit: 2 pens per fill Fill Limit: 4 fills per year
Epinephrine	Auto-Injector	0.3mg/0.3ml	Injection	Quantity Limit: 2 pens per fill Fill Limit: 4 fills per year
Epinephrine	Auto-Injector	0.15mg/0.15ml	Injection	Quantity Limit: 2 pens per fill Fill Limit: 4 fills per year

Parasympathetic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Bethanechol	Tablet	5mg	Oral	

Bethanechol	Tablet	10mg	Oral	
Bethanechol	Tablet	25mg	Oral	
Bethanechol	Tablet	50mg	Oral	
Pilocarpine HCL	Tablet	5mg	Oral	
Pilocarpine HCL	Tablet	7.5mg	Oral	

NEOPLASTIC DISEASE

Alkylating Agents

Drug Name	Dosage Form	Strength	Route	Comments
Cyclophosphamide	Tablet	25mg	Oral	Prior Authorization required
Cyclophosphamide	Tablet	50mg	Oral	Prior Authorization required
Gleostine (lomustine)	Capsule	10mg	Oral	Specialty Pharmacy
Gloestine (lomustine)	Capsule	40mg	Oral	Specialty Pharmacy
Gleostine (lomustine)	Capsule	100mg	Oral	Specialty Pharmacy
Hydroxyurea	Capsule	500mg	Oral	
Leukeran (chlorambucil)	Tablet	2mg	Oral	Specialty Pharmacy
Melphalan	Tablet	2mg	Oral	
Melphalan HCL	Vial	50mg	Intravenous	Specialty Pharmacy
Myleran	Tablet	2mg	Oral	Specialty Pharmacy
Temodar (temozolmide)	Vial	100mg	Intravenous	Prior Authorization required
Temozolomide	Capsule	5mg	Oral	Prior Authorization required
Temozolomide	Capsule	20mg	Oral	Prior Authorization required
Temozolomide	Capsule	100mg	Oral	Prior Authorization required
Temozolomide	Capsule	140mg	Oral	Prior Authorization required
Temozolomide	Capsule	180mg	Oral	Prior Authorization required
Temozolomide	Capsule	250mg	Oral	Prior Authorization required

Antiandrogenic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Abiraterone Acetate	Tablet	250mg	Oral	Prior Authorization required
Abiraterone Acetate	Tablet	500mg	Oral	Prior Authorization required
Bicalutamide	Tablet	50mg	Oral	
Flutamide	Capsule	125mg	Oral	
Nilutamide	Tablet	150mg	Oral	Specialty Pharmacy

Antimetabolites

Drug Name	Dosage Form	Strength	Route	Comments
Capecitabine	Tablet	150mg	Oral	Prior Authorization required
Capecitabine	Tablet	500mg	Oral	Prior Authorization required
Mercaptopurine	Tablet	50mg	Oral	
Methotrexate	Tablet	2.5mg	Oral	
Methotrexate	Vial	25mg/ml	Injection	
Tabloid (thioguanine)	Tablet	40mg	Oral	Prior Authorization required
Trexall (methotrexate)	Tablet	5mg	Oral	Prior authorization required: Please trial other formulary alternatives
Trexall (methotrexate)	Tablet	7.5mg	Oral	Prior authorization required: Please trial other formulary alternatives
Trexall (methotrexate)	Tablet	10mg	Oral	Prior authorization required: Please trial other formulary alternatives
Trexall (methotrexate)	Tablet	15mg	Oral	Prior authorization required: Please trial other formulary alternatives

Antineoplastic Aromatase Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Anastrozole	Tablet	1mg	Oral	May fill up to a 90-day supply
Letrozole	Tablet	2.5mg	Oral	May fill up to a 90-day supply

Antineoplastics, Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments
Etoposide	Capsule	50mg	Oral	Prior Authorization required
Lysodren (mitotane)	Tablet	500mg	Oral	Specialty Pharmacy
Matulane (procarbazine)	Capsule	50mg	Oral	Specialty Pharmacy
Tretinoin	Capsule	10mg	Oral	

Chemotherapy Rescue/Antidote Agents

Drug Name	Dosage Form	Strength	Route	Comments
Leucovorin calcium	Tablet	5mg	Oral	
Leucovorin calcium	Tablet	10mg	Oral	
Leucovorin calcium	Tablet	15mg	Oral	
Leucovorin calcium	Tablet	25mg	Oral	

Selective Estrogen Receptor Modulators (SERM)

Drug Name	Dosage Form	Strength	Route	Comments
Fulvestrant	Syringe	250mg/5ml	Intramuscular	Specialty Pharmacy
Tamoxifen citrate	Tablet	10mg	Oral	May fill up to a 90-day supply
Tamoxifen citrate	Tablet	20mg	Oral	May fill up to a 90-day supply

Selective Retinoid X Receptor Agonists (RXR)

Drug Name	Dosage Form	Strength	Route	Comments
Bexarotene	Capsule	75mg	Oral	Prior Authorization required

Steroid Antineoplastics

Drug Name	Dosage Form	Strength	Route	Comments
Megestrol acetate	Tablet	20mg	Oral	
Megestrol acetate	Tablet	40mg	Oral	

NEUROLOGICAL DISEASE – MISCELLANEOUS

Agents to Treat Multiple Sclerosis

Drug Name	Dosage Form	Strength	Route	Comments
Avonex (interferon Beta-1A)	Syringe Kit	30mcg/0.5ml	Intramuscular	Prior Authorization required
Dimethyl fumarate	Capsule DR	120mg	Oral	Quantity Limit: 60 capsules per 30 days
Dimethyl fumarate	Capsule DR	240mg	Oral	Quantity Limit: 60 capsules per 30 days
Glatiramer acetate	Syringe	20mg/ml	Subcutaneous	Prior Authorization required
Glatopa (glatiramer)	Syringe	20mg/ml	Subcutaneous	Prior Authorization required
Rebif (interferon beta-1a)	Syringe	8.8mcg/0.2ml	Subcutaneous	Prior Authorization required

ORAL/PHARYNGEAL DISORDERS

Dental Aids and Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Chlorhexidine gluconate	Mouthwash	0.12%	Mucous Membrane	
Triamcinolone acetonide	Paste (gram)	0.1%	Dental	

OTHER DRUGS

Antidotes, Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments
Activated Charcoal	Powder		Oral	

Appetite Stimulant for Anorexia, Cachexia, Wasting

Drug Name	Dosage Form	Strength	Route	Comments
Megestrol acetate	Oral Suspension	400mg/10ml	Oral	

Bulk Chemicals

Drug Name	Dosage Form	Strength	Route	Comments
Cherry Syrup	Syrup		Oral	
Hydrogen peroxide	Solution	30%	Miscellaneous	

Carbohydrates

Drug Name	Dosage Form	Strength	Route	Comments
Enfamil (dextrose)	Solution	5%	Oral	

Diagnostic Test Devices and Supplies

Drug Name	Dosage Form	Strength	Route	Comments
Covid-19 Antigen (FIA) Test	Kit		Miscellaneous	Quantity Limit: 8 kits per 30 days

General Inhalation Devices

Drug Name	Dosage Form	Strength	Route	Comments
Sodium chloride	Vial- Nebulizer	0.9%	Inhalation	Prior authorization required

Metabolic Deficiency Agents

Drug Name	Dosage Form	Strength	Route	Comments
Levocarnitine SF	Solution	100mg/ml	Oral	

Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments
Condoms (female and male)			Miscellaneous	

Needles/Needleless Devices

Drug Name	Dosage Form	Strength	Route	Comments
Insulin Pen Needles	Variou		Miscellaneous	Quantity Limit: 6.67 per day

				May fill up to a 90-day supply

Thickening Agents, Oral

Drug Name	Dosage Form	Strength	Route	Comments
Thick-It (starch)	Powder		Oral	Age Limit: 20 years and younger Age 21 years and older, Prior Authorization required

Vehicles

Drug Name	Dosage Form	Strength	Route	Comments
Sorbitol	Solution	70%	Miscellaneous	

OTHER RESPIRATORY DRUGS

Mucolytics

Drug Name	Dosage Form	Strength	Route	Comments
Acetylcysteine	Vial	100mg/ml	Miscellaneous	
Acetylcysteine	Vial	200mg/ml	Miscellaneous	

PAIN MANAGEMENT – ANALGESICS

Analgesics/Antipyretics, Salicylates

Drug Name	Dosage Form	Strength	Route	Comments
Alka-Seltzer (aspirin/ sodium bicarb/citric acid)	Tablet Effervescent	500mg-1985mg	Oral	Quantity Limit: 90 tablets per 26 days
Alka-Seltzer Original (aspirin/sodium bicarb/ citric acid)	Tablet Effervescent	325mg-1916mg	Oral	Quantity Limit: 90 tablets per 26 days
Anacin (aspirin/ caffeine)	Tablet	400mg-32mg	Oral	Quantity Limit: 90 tablets per 26 days
Aspirin	Suppository	300mg	Rectal	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply
Aspirin	Suppository	600mg	Rectal	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply

Aspirin	Tablet	325mg	Oral	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply
Aspirin	Tablet	500mg	Oral	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply
Aspirin EC	Tablet DR	325mg	Oral	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply
Aspirin EC	Tablet DR	500mg	Oral	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply
Aspirin EC	Tablet DR	625mg	Oral	Quantity Limit: 90 doses per 26 days May fill up to a 90-day supply
Bayer Plus (aspirin/calcium carbonate/magnesium/ aluminum hydroxide)	Tablet	500mg	Oral	Quantity Limit: 90 tablets per 26 days
BC Arthritis (aspirin/ caffeine)	Powder Pack	1000mg-65mg	Oral	Quantity Limit: 90 doses per 26 days
BC Pain Relief (aspirin/ caffeine)	Powder Pack	845mg-65mg	Oral	Quantity Limit: 90 doses per 26 days
Excedrin Migraine (aspirin/ acetaminophen/ caffeine)	Tablet	250mg-250mg-65mg	Oral	Quantity Limit: 90 tablets per 26 days
Goody's Extra Strength (aspirin/acetaminophen/caffeine)	Powder Pack	520mg-260mg	Oral	Quantity Limit: 90 doses per 26 days
Medi-Seltzer (aspirin/ sodium bicarb/citric acid)	Tablet Effervescent	324mg	Oral	Quantity Limit: 90 tablets per 26 days
Salsalate	Tablet	500mg	Oral	
Salsalate	Tablet	750mg	Oral	
Vanquish (aspirin/ acetaminophen/ caffeine)	Tablet	227mg-194mg-33mg	Oral	Quantity Limit: 90 doses per 26 days

Analgesics/Antipyretics, Non-Salicylates

Drug Name	Dosage Form	Strength	Route	Comments
Acetaminophen	Capsule	325mg	Oral	Quantity Limit: 180 capsules per 30 days
Acetaminophen	Capsule	500mg	Oral	Quantity Limit: 180 capsules per 30 days

Acetaminophen	Drops Suspension	80mg/0.8ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Liquid	160mg/5ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Liquid	500mg/15ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Oral Suspension	160mg/5ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Oral Suspension	325mg/10.15 ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Solution	160mg/5ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Solution	325mg/10.15 ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Solution	650mg/20.3 ml	Oral	Quantity Limit: 480ml per 30 days
Acetaminophen	Suppository	80mg	Rectal	Quantity Limit: 180 doses per 30 days
Acetaminophen	Suppository	120mg	Rectal	Quantity Limit: 180 doses per 30 days
Acetaminophen	Suppository	325mg	Rectal	Quantity Limit: 180 doses per 30 days
Acetaminophen	Tablet Chewable	80mg	Oral	Quantity Limit: 180 tablets per 30 days
Acetaminophen	Tablet Chewable	160mg	Oral	Quantity Limit: 180 tablets per 30 days
Acetaminophen	Tablet	325mg	Oral	Quantity Limit: 180 tablets per 30 days
Acetaminophen	Tablet	500mg	Oral	Quantity Limit: 180 tablets per 30 days
Acetaminophen	Tablet	650mg	Oral	Quantity Limit: 180 tablets per 30 days

Analgesics, Narcotics

Drug Name	Dosage Form	Strength	Route	Comments
Belladonna-Opium	Suppository	60mg-16.2mg	Rectal	Prior Authorization required
Butorphanol tartrate	Spray	10mg/ml	Nasal	Prior Authorization required
Codeine sulfate	Tablet	15mg	Oral	Prior Authorization required
Codeine sulfate	Tablet	30mg	Oral	Prior Authorization required
Codeine sulfate	Tablet	60mg	Oral	Prior Authorization required
Hydromorphone HCL	Suppository	3mg	Rectal	Prior Authorization required
Hydromorphone HCL	Tablet	2mg	Oral	Prior Authorization required
Hydromorphone HCL	Tablet	4mg	Oral	Prior Authorization required
Hydromorphone HCL	Tablet	8mg	Oral	Prior Authorization required
Methadone HCL	Oral Concentrate	10mg/ml	Oral	Prior Authorization required
Methadone HCL	Solution	5mg/5ml	Oral	Prior Authorization required
Methadone HCL	Solution	10mg/5ml	Oral	Prior Authorization required
Methadone HCL	Tablet	5mg	Oral	Prior Authorization required

Methadone HCL	Tablet	10mg	Oral	Prior Authorization required
Methadone Intensol	Oral Concentrate	10mg/ml	Oral	Prior Authorization required
Morphine sulfate	Solution	10mg/5ml	Oral	Quantity Limit: 30ml per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Morphine sulfate	Solution	20mg/5ml	Oral	Quantity Limit: 30ml per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Morphine sulfate	Solution	100mg/5ml	Oral	Quantity Limit: 30ml per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Morphine sulfate	Tablet	15mg	Oral	Quantity Limit: 30 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days

				Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Morphine sulfate	Tablet	30mg	Oral	Quantity Limit: 30 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Morphine sulfate ER	Tablet ER	15mg	Oral	Prior Authorization required
Morphine sulfate ER	Tablet ER	30mg	Oral	Prior Authorization required
Morphine sulfate ER	Tablet ER	60mg	Oral	Prior Authorization required
Morphine sulfate ER	Tablet ER	100mg	Oral	Prior Authorization required
Morphine sulfate ER	Tablet ER	200mg	Oral	Prior Authorization required
Oxycodone HCL	Capsule	5mg	Oral	Quantity Limit: 60 capsules per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Oxycodone HCL	Tablet	5mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Tramadol HCL	Tablet	50mg	Oral	Quantity Limit: 60 tablets per 180 days

				Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics

Analgesics, Narcotics & Non-Salicylate

Drug Name	Dosage Form	Strength	Route	Comments
Acetaminophen-Codeine	Solution	120mg-12mg/5ml	Oral	Quantity Limit: 240 mls per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Acetaminophen-Codeine	Tablet	300mg-15mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Acetaminophen-Codeine	Tablet	300mg-30mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days

				Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Acetaminophen-Codeine	Tablet	300mg-60mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 19 years and older Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Hydrocodone-Acetaminophen	Solution	7.5mg-325mg/15ml	Oral	Quantity Limit: 240 mls per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Age Limit: 12 years and up Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Hydrocodone-Acetaminophen	Tablet	5mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days

				Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Hydrocodone-Acetaminophen	Tablet	7.5mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Hydrocodone-Acetaminophen	Tablet	10mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Oxycodone-Acetaminophen	Tablet	2.5mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Oxycodone-Acetaminophen	Tablet	5mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days

				Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Oxycodone-Acetaminophen	Tablet	7.5mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics
Oxycodone-Acetaminophen	Tablet	10mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics

Analgesics, Narcotics & Salicylate

Drug Name	Dosage Form	Strength	Route	Comments
Oxycodone HCL-Aspirin	Tablet	4.8355mg-325mg	Oral	Quantity Limit: 60 tablets per 180 days Fill Limit: 2 fills of 7-day in 30 days Day Supply Limit: 30 days in 180 days Quantity Limit, Day Supply Limit, and Fill Limit combined across all analgesics, narcotics

Analgesics, Non-Salicylate and Barbiturate Combination

Drug Name	Dosage Form	Strength	Route	Comments
Butalbital-Acetaminophen	Capsule	50mg-300mg	Oral	Quantity Limit: 18 capsules

				Fill Limit: 1 fill Only one fill of up to 18 capsules (of any butalbital containing product) is allowed before a prior authorization is required
Butalbital-Acetaminophen	Tablet	25mg-325mg	Oral	Quantity Limit: 18 tablets Fill Limit: 1 fill Only one fill of up to 18 tablets (of any butalbital containing product) is allowed before a prior authorization is required
Butalbital-Acetaminophen	Tablet	50mg-300mg	Oral	Quantity Limit: 18 tablets Fill Limit: 1 fill Only one fill of up to 18 tablets (of any butalbital containing product) is allowed before a prior authorization is required
Butalbital-Acetaminophen	Tablet	50mg-325mg	Oral	Quantity Limit: 18 tablets Fill Limit: 1 fill Only one fill of up to 18 tablets (of any butalbital containing product) is allowed before a prior authorization is required

Analgesics, Non-Salicylate, Barbiturate, and Xanthine Combination

Drug Name	Dosage Form	Strength	Route	Comments
Butalbital-Acetaminophen-Caffeine	Capsule	50mg-300mg-40mg	Oral	Quantity Limit: 18 capsules Fill Limit: 1 fill Only one fill of up to 18 capsules (of any butalbital containing product) is allowed before a prior authorization is required

Butalbital-Acetaminophen-Caffeine	Capsule	50mg-325mg-40mg	Oral	Quantity Limit: 18 capsules Fill Limit: 1 fill Only one fill of up to 18 capsules (of any butalbital containing product) is allowed before a prior authorization is required
Butalbital-Acetaminophen-Caffeine	Tablet	50mg-325mg-40mg	Oral	Quantity Limit: 18 tablets Fill Limit: 1 fill Only one fill of up to 18 tablets (of any butalbital containing product) is allowed before a prior authorization is required

Analgesics, Salicylate, Barbiturate, and Xanthine Combination

Drug Name	Dosage Form	Strength	Route	Comments
Butalbital-Aspirin-Caffeine	Capsule	50mg-325mg-40mg	Oral	Quantity Limit: 18 capsules Fill Limit: 1 fill Only one fill of up to 18 capsules (of any butalbital containing product) is allowed before a prior authorization is required

Antimigraine Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Aimovig (erenumab-AOOE)	Auth Injector	70mg/ml	Subcutaneous	Prior Authorization required
Aimovig (erenumab-AOOE)	Auth Injector	140mg/ml	Subcutaneous	Prior Authorization required
Dihydroergotamine mesylate	Ampul	1mg/ml	Injection	Prior Authorization required
Eletriptan HBR	Tablet	20mg	Oral	Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days
Eletriptan HBR	Tablet	40mg	Oral	Step Therapy: after sumatriptan tablets and rizatriptan tablets

				Quantity Limit: 9 tablets per 30 days
Emgality (galcanesumab-GNLM)	Pen Injector	120mg/ml	Subcutaneous	Prior Authorization required
Emgality (galcanesumab-GNLM)	Syringe	120mg/ml	Subcutaneous	Prior Authorization required
Frovatriptan succinate	Tablet	2.5mg	Oral	Prior Authorization required
Naratriptan HCL	Tablet	1mg	Oral	Prior Authorization required
Naratriptan HCL	Tablet	2.5mg	Oral	Prior Authorization required
Nurtec ODT (rimegeoant sulfate)	Tablet Dissolvable	75mg	Oral	Prior Authorization required Quantity Limit: 8 tablets per 30 days
Rizatriptan	Tablet	5mg	Oral	Quantity Limit: 9 tablets per 30 days
Rizatriptan	Tablet	10mg	Oral	Quantity Limit: 9 tablets per 30 days
Rizatriptan	Tablet Dissolvable	5mg	Oral	Quantity Limit: 9 tablets per 30 days
Rizatriptan	Tablet Dissolvable	10mg	Oral	Quantity Limit: 9 tablets per 30 days
Sumatriptan	Cartridge	6mg/0.5ml	Nasal	Prior Authorization required
Sumatriptan	Pen Injector	6mg/0.5ml	Nasal	Prior Authorization required
Sumatriptan	Spray	5mg	Nasal	Prior Authorization required
Sumatriptan	Spray	20mg	Nasal	Prior Authorization required
Sumatriptan	Tablet	25mg	Oral	Quantity Limit: 9 tablets per 30 days
Sumatriptan	Tablet	50mg	Oral	Quantity Limit: 9 tablets per 30 days
Sumatriptan	Tablet	100mg	Oral	Quantity Limit: 9 tablets per 30 days
Sumatriptan succinate	Vial	6mg/0.5ml	Subcutaneous	Prior Authorization required
Ubrelvy (ubrogepant)	Tablet	50mg	Oral	Prior Authorization required Quantity Limit: 10 tablets per 30 days
Ubrelvy (ubrogepant)	Tablet	100mg	Oral	Prior Authorization required Quantity Limit: 10 tablets per 30 days
Zolmitriptan	Spray	2.5mg	Nasal	Prior Authorization required
Zolmitriptan	Spray	5mg	Nasal	Prior Authorization required
Zolmitriptan	Tablet	2.5mg	Oral	Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days
Zolmitriptan	Tablet	5mg	Oral	Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days
Zolmitriptan	Tablet Dissolvable	2.5mg	Oral	Step Therapy: after sumatriptan tablets and rizatriptan tablets

				Quantity Limit: 9 tablets per 30 days
Zolmitriptan	Tablet Dissolvable	5mg	Oral	Step Therapy: after sumatriptan tablets and rizatriptan tablets Quantity Limit: 9 tablets per 30 days

Narcotic, Non-Salicylate, Barbiturate, and Xanthine Combination

Drug Name	Dosage Form	Strength	Route	Comments
Codeine-Butalbital-Acetaminophen-Caffeine	Capsule	30mg-50mg-325mg-40mg	Oral	Quantity Limit: 18 capsules Fill Limit: 1 fill Only one fill of up to 18 capsules (of any butalbital containing product) is allowed before a prior authorization is required

Narcotic, Salicylate, Barbiturate, and Xanthine Combination

Drug Name	Dosage Form	Strength	Route	Comments
Codeine-Butalbital-Aspirin-Caffeine	Capsule	30mg-50mg-325mg-40mg	Oral	Quantity Limit: 18 capsules Fill Limit: 1 fill Only one fill of up to 18 capsules (of any butalbital containing product) is allowed before a prior authorization is required

Narcotic Withdrawal Therapy Agents

Drug Name	Dosage Form	Strength	Route	Comments
Brixadi (buprenorphine)	Syringe	8mg/0.16ml	Subcutaneous	
Brixadi (buprenorphine)	Syringe	16mg/0.32ml	Subcutaneous	
Brixadi (buprenorphine)	Syringe	24mg/0.48ml	Subcutaneous	
Brixadi (buprenorphine)	Syringe	32mg/0.64ml	Subcutaneous	
Brixadi (buprenorphine)	Syringe	64mg/0.18ml	Subcutaneous	
Brixadi (buprenorphine)	Syringe	96mg/0.27ml	Subcutaneous	
Brixadi (buprenorphine)	Syringe	128mg/0.36ml	Subcutaneous	
Buprenorphine HCL	Tablet Sublingual	2mg	Sublingual	
Buprenorphine HCL	Tablet Sublingual	8mg	Sublingual	
Buprenorphine-Naloxone	Film	2mg-0.5mg	Sublingual	

Buprenorphine-Naloxone	Film	4mg-1mg	Sublingual	
Buprenorphine-Naloxone	Film	8mg-2mg	Sublingual	
Buprenorphine-Naloxone	Film	12mg-3mg	Sublingual	
Buprenorphine-Naloxone	Tablet Sublingual	2mg-0.5mg	Sublingual	
Buprenorphine-Naloxone	Tablet Sublingual	8mg-2mg	Sublingual	
Probuphine (buprenorphine)	Implant	74.2mg	Implant	
Sublocade (buprenorphine)	Syringe	100mg/0.5ml	Subcutaneous	
Sublocade (buprenorphine)	Syringe	300mg/1.5ml	Subcutaneous	
Zubsolv (buprenorphine/ naloxone)	Tablet Sublingual	0.7mg-0.18mg	Sublingual	
Zubsolv (buprenorphine/ naloxone)	Tablet Sublingual	1.4mg-0.36mg	Sublingual	
Zubsolv (buprenorphine/ naloxone)	Tablet Sublingual	2.9mg-0.71mg	Sublingual	
Zubsolv (buprenorphine/ naloxone)	Tablet Sublingual	5.7mg-1.4mg	Sublingual	
Zubsolv (buprenorphine/ naloxone)	Tablet Sublingual	8.6mg-2.1mg	Sublingual	
Zubsolv (buprenorphine/ naloxone)	Tablet Sublingual	11.4mg-2.9mg	Sublingual	

PARKINSON'S DISEASE

Anticholinergic

Drug Name	Dosage Form	Strength	Route	Comments
Benztropine	Tablet	0.5mg	Oral	
Benztropine	Tablet	1mg	Oral	
Benztropine	Tablet	2mg	Oral	
Trihexyphenidyl HCL	Elixir	2mg/5ml	Oral	
Trihexyphenidyl HCL	Tablet	2mg	Oral	
Trihexyphenidyl HCL	Tablet	5mg	Oral	

Other

Drug Name	Dosage Form	Strength	Route	Comments
Amantadine	Capsule	100mg	Oral	
Amantadine	Solution	50mg/5ml	Oral	
Amantadine	Tablet	100mg	Oral	
Bromocriptine mesylate	Capsule	2.5mg	Oral	

Bromocriptine mesylate	Tablet	5mg	Oral	
Carbidopa-Levodopa	Tablet	10mg-100mg	Oral	
Carbidopa-Levodopa	Tablet	25mg-100mg	Oral	
Carbidopa-Levodopa	Tablet	25mg-250mg	Oral	
Carbidopa-Levodopa ER	Tablet ER	25mg-100mg	Oral	
Carbidopa-Levodopa ER	Tablet ER	50mg-200mg	Oral	
Pramipexole dihydrochloride	Tablet	0.125mg	Oral	Quantity Limit 90 tablets per 30 days
Pramipexole dihydrochloride	Tablet	0.25mg	Oral	Quantity Limit 90 tablets per 30 days
Pramipexole dihydrochloride	Tablet	0.5mg	Oral	Quantity Limit 90 tablets per 30 days
Pramipexole dihydrochloride	Tablet	1mg	Oral	Quantity Limit 90 tablets per 30 days
Pramipexole dihydrochloride	Tablet	1.5mg	Oral	Quantity Limit 90 tablets per 30 days
Ropinirole HCL	Tablet	0.25mg	Oral	
Ropinirole HCL	Tablet	0.5mg	Oral	
Ropinirole HCL	Tablet	1mg	Oral	
Ropinirole HCL	Tablet	2mg	Oral	
Ropinirole HCL	Tablet	3mg	Oral	
Ropinirole HCL	Tablet	4mg	Oral	
Ropinirole HCL	Tablet	5mg	Oral	
Selegiline HCL	Capsule	5mg	Oral	
Selegiline HCL	Tablet	5mg	Oral	

SEIZURE DISORDER

Anticonvulsants

Drug Name	Dosage Form	Strength	Route	Comments
Carbamazepine	Oral Suspension	100mg/5ml	Oral	May fill up to a 90-day supply
Carbamazepine	Tablet Chewable	100mg	Oral	May fill up to a 90-day supply
Carbamazepine ER	Tablet	200mg	Oral	May fill up to a 90-day supply
Carbamazepine ER	Capsule 12 hour	100mg	Oral	May fill up to a 90-day supply
Carbamazepine ER	Capsule 12 hour	200mg	Oral	May fill up to a 90-day supply
Carbamazepine ER	Capsule 12 hour	300mg	Oral	May fill up to a 90-day supply
Carbamazepine ER	Tablet ER 12 hour	100mg	Oral	May fill up to a 90-day supply
Carbamazepine ER	Tablet ER 12 hour	200mg	Oral	May fill up to a 90-day supply

Carbamazepine ER	Tablet ER 12 hour	400mg	Oral	May fill up to a 90-day supply
Celontin (methsuximide)	Capsule	300mg	Oral	
Dilantin (phenytoin)	Capsule	30mg	Oral	
Dilantin (phenytoin)	Capsule	100mg	Oral	
Dilantin (phenytoin)	Tablet Chewable	50mg	Oral	
Dilantin-125 (phenytoin)	Oral Suspension	125mg/5ml	Oral	
Epitol (carbamazepine)	Tablet	200mg	Oral	
Ethosuximide	Capsule	250mg	Oral	
Ethosuximide	Solution	250mg/5ml	Oral	
Gabapentin	Capsule	100mg	Oral	Max Dose: 3600mg (includes all strengths)
Gabapentin	Capsule	300mg	Oral	Max Dose: 3600mg (includes all strengths)
Gabapentin	Capsule	400mg	Oral	Max Dose: 3600mg (includes all strengths)
Gabapentin	Tablet	600mg	Oral	Max Dose: 3600mg (includes all strengths)
Gabapentin	Tablet	800mg	Oral	Max Dose: 3600mg (includes all strengths)
Lacosamide	Tablet	50mg	Oral	
Lacosamide	Tablet	100mg	Oral	
Lacosamide	Tablet	150mg	Oral	
Lacosamide	Tablet	200mg	Oral	
Lacosamide	Tablet Dose Pack	Tablet 50mg-100mg	Oral	
Levetiracetam	Solution	100mg/ml	Oral	Age Limit: 12 years and under May fill up to a 90-day supply
Levetiracetam	Solution	500mg/5ml	Oral	Age Limit: 12 years and under May fill up to a 90-day supply
Levetiracetam	Tablet	250mg	Oral	May fill up to a 90-day supply
Levetiracetam	Tablet	500mg	Oral	May fill up to a 90-day supply
Levetiracetam	Tablet	750mg	Oral	May fill up to a 90-day supply
Levetiracetam	Tablet	100mg	Oral	May fill up to a 90-day supply

Levetiracetam ER	Tablet ER 24 hour	500mg	Oral	May fill up to a 90-day supply
Levetiracetam ER	Tablet ER 24 hour	750mg	Oral	May fill up to a 90-day supply
Oxcarbazepine	Tablet	150mg	Oral	May fill up to a 90-day supply
Oxcarbazepine	Tablet	300mg	Oral	May fill up to a 90-day supply
Oxcarbazepine	Tablet	600mg	Oral	May fill up to a 90-day supply
Phenytoin	Oral Suspension	100mg/4ml	Oral	May fill up to a 90-day supply
Phenytoin	Oral Suspension	125mg/5ml	Oral	May fill up to a 90-day supply
Phenytoin	Tablet Chewable	50mg	Oral	May fill up to a 90-day supply
Phenytoin sodium Extended	Capsule	100mg	Oral	May fill up to a 90-day supply
Pregabalin	Capsule	25mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	50mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	75mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	100mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	150mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	200mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	225mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Pregabalin	Capsule	300mg	Oral	Max Daily Dose: 600mg (includes all strengths)
Primidone	Tablet	50mg	Oral	
Primidone	Tablet	250mg	Oral	
Tegretol (carbamazepine)	Oral Suspension	100mg/5ml	Oral	
Tegretol (carbamazepine)	Tablet	200mg	Oral	
Tegretol XR (carbamazepine)	Tablet ER 12 hour	100mg	Oral	
Tegretol XR (carbamazepine)	Tablet ER 12 hour	200mg	Oral	

Tegretol XR (carbamazepine)	Tablet ER 12 hour	400mg	Oral	
Tiagabine HCL	Tablet	4mg	Oral	May fill up to a 90-day supply
Tiagabine HCL	Tablet	12mg	Oral	May fill up to a 90-day supply
Tiagabine HCL	Tablet	16mg	Oral	May fill up to a 90-day supply
Topiramate	Tablet	25mg	Oral	
Topiramate	Tablet	50mg	Oral	
Topiramate	Tablet	100mg	Oral	
Topiramate	Tablet	200mg	Oral	
Valproic Acid	Capsule	250mg	Oral	May fill up to a 90-day supply
Valproic Acid	Solution	250mg/5ml	Oral	May fill up to a 90-day supply
Zonisamide	Capsule	25mg	Oral	May fill up to a 90-day supply
Zonisamide	Capsule	50mg	Oral	May fill up to a 90-day supply
Zonisamide	Capsule	100mg	Oral	May fill up to a 90-day supply

Benzodiazepine Type

Drug Name	Dosage Form	Strength	Route	Comments
Clonazepam	Tablet	0.5mg	Oral	Day Supply Limit: 28 days per 310 days
Clonazepam	Tablet	1mg	Oral	Day Supply Limit: 28 days per 310 days
Clonazepam	Tablet	2mg	Oral	Day Supply Limit: 28 days per 310 days

Neuroactive Steroid GABA-A Receptor Modulator

Drug Name	Dosage Form	Strength	Route	Comments
Ztalmy (ganaxolone)	Oral Suspension	50mg/ml	Oral	Specialty Pharmacy

SKELETAL MUSCLE DISORDER

Skeletal Muscle Relaxants

Drug Name	Dosage Form	Strength	Route	Comments
Baclofen	Tablet	10mg	Oral	
Baclofen	Tablet	20mg	Oral	
Carisoprodol	Tablet	350mg	Oral	Prior Authorization required
Carisoprodol-Aspirin	Tablet	200mg-325mg	Oral	Prior Authorization required
Chlorzoxazone	Tablet	500mg	Oral	
Cyclobenzaprine HCL	Tablet	5mg	Oral	

Cyclobenzaprine HCL	Tablet	10mg	Oral	
Dantrolene sodium	Capsule	25mg	Oral	Prior Authorization required Trial formulary alternatives
Dantrolene sodium	Capsule	50mg	Oral	Prior Authorization required Trial formulary alternatives
Dantrolene sodium	Capsule	100mg	Oral	Prior Authorization required Trial formulary alternatives
Dantrolene sodium	Vial	20mg	Intravenous	Prior Authorization required Trial formulary alternatives
Methocarbamol	Tablet	500mg	Oral	
Methocarbamol	Tablet	750mg	Oral	
Methocarbamol	Vial	100mg/ml	Injection	Prior Authorization required Trial formulary alternatives
Orphenadrine citrate ER	Tablet ER	100mg	Oral	Prior Authorization required Trial formulary alternatives
Orphenadrine-Aspirin- Caffeine	Tablet	25mg-385mg-30mg	Oral	Prior Authorization required Trial formulary alternatives
Orphenadrine-Aspirin- Caffeine	Tablet	50mg-770mg-60mg	Oral	Prior Authorization required Trial formulary alternatives
Revonto (dantrolene)	Vial	20mg	Intravenous	Prior Authorization required Trial formulary alternatives
Tizanidine HCL	Tablet	2mg	Oral	
Tizanidine HCL	Tablet	4mg	Oral	

SMOKING CESSATION

Other

Drug Name	Dosage Form	Strength	Route	Comments
Bupropion HCL SR	Tablet ER 12 hour	150mg	Oral	Quantity Limit: 360 tablets per 365 days

Partial Agonist

Drug Name	Dosage Form	Strength	Route	Comments
Varenicline	Tablet Dose Pack	0.5mg (11)-1mg	Oral	Quantity Limit: 336 tablets per 365 days
Varenicline	Tablet	0.5mg	Oral	Quantity Limit: 336 tablets per 365 days

Varenicline	Tablet	1mg	Oral	Quantity Limit: 336 tablets per 365 days

Smoking Deterrent Agents

Drug Name	Dosage Form	Strength	Route	Comments
Nicotine Gum	Gum	2mg	Buccal	Quantity Limit: 4320 gum pieces per 365 days
Nicotine Gum	Gum	4mg	Buccal	Quantity Limit: 4320 gum pieces per 365 days
Nicotine Lozenge	Lozenge	2mg	Buccal	Quantity Limit: 3600 lozenges per 365 days
Nicotine Lozenge	Lozenge	4mg	Buccal	Quantity Limit: 3600 lozenges per 365 days
Nicotine Patch	Patch	7mg	Transdermal	Quantity Limit: 180 patches per 365 days
Nicotine Patch	Patch	14mg	Transdermal	Quantity Limit: 180 patches per 365 days
Nicotine Patch	Patch	21mg	Transdermal	Quantity Limit: 180 patches per 365 days
Nicotine Patch	Patch Kit	7mg-14mg-21mg	Transdermal	Quantity Limit: 180 patches per 365 days
Nicotrol (nicotine)	Cartridge	10mg	Inhalation	Prior Authorization required
Nicotrol NS (nicotine)	Spray	10mg/ml	Nasal	Prior Authorization required

UPPER GASTROINTESTINAL DISORDERS – DIGESTIVE

Antiflatulents

Drug Name	Dosage Form	Strength	Route	Comments
Simethicone	Capsule	125mg	Oral	
Simethicone	Tablet Chewable	80mg	Oral	
Simethicone	Tablet Chewable	125mg	Oral	

UPPER GASTROINTESTINAL DISORDERS – SPASTIC DISEASE

Anticholinergics/Antispasmodics

Drug Name	Dosage Form	Strength	Route	Comments
Dicyclomine HCL	Capsule	10mg	Oral	
Dicyclomine HCL	Solution	10mg/5ml	Oral	
Dicyclomine HCL	Tablet	20mg	Oral	

UPPER GASTROINTESTINAL DISORDERS – ULCER DISEASE

Antacids

Drug Name	Dosage Form	Strength	Route	Comments
Gaviscon (magnesium trisilicate/aluminum hydroxide)	Tablet	14.2mg-80mg	Oral	
Gaviscon (magnesium carbonate/aluminum hydroxide)	Tablet Chewable	105mg-160mg	Oral	
Gelusil (magnesium hydroxide/aluminum hydroxide/simethicone)	Tablet chewable	200mg-200mg-25mg	Oral	
Magnesium oxide	Tablet	400mg	Oral	May fill up to a 90-day supply
Sodium bicarbonate	325mg	Tablet	Oral	
Sodium bicarbonate	650mg	Tablet	Oral	

Anticholinergics, Quaternary Ammonium

Drug Name	Dosage Form	Strength	Route	Comments
Clidinium bromide/ chlordiazepoxide	Capsule	5mg-2.5mg	Oral	
Glycopyrrolate	Tablet	1mg	Oral	Prior Authorization required
Glycopyrrolate	Tablet	2mg	Oral	

Anti-Ulcer Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Misoprostol	Tablet	100mcg	Oral	
Misoprostol	Tablet	200mcg	Oral	
Sucralfate	Tablet	1 gram	Oral	

Anti-Ulcer, H Pylori Agents

Drug Name	Dosage Form	Strength	Route	Comments
Helidac (bismuth salicylate/ metronidazole/ tetracycline	Package	250mg-500mg	Oral	Prior Authorization required

Histamine H2-Receptor Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Cimetidine	Solution	300mg/5ml	Oral	
Cimetidine	Tablet	200mg	Oral	
Cimetidine	Tablet	300mg	Oral	

Cimetidine	Tablet	400mg	Oral	
Cimetidine	Tablet	800mg	Oral	
Famotidine	Suspension Reconstitute	40mg/5ml	Oral	May fill up to a 90-day supply
Famotidine	Tablet	10mg	Oral	May fill up to a 90-day supply
Famotidine	Tablet	20mg	Oral	May fill up to a 90-day supply
Famotidine	Tablet	40mg	Oral	May fill up to a 90-day supply
Nizatidine	Capsule	150mg	Oral	Prior Authorization required Trial formulary alternatives
Nizatidine	Capsule	300mg	Oral	Prior Authorization required Trial formulary alternatives

Intestinal Mobility Stimulants

Drug Name	Dosage Form	Strength	Route	Comments
Metoclopramide	Solution	5mg/5ml	Oral	
Metoclopramide	Solution	10mg/10ml	Oral	
Metoclopramide	Tablet	5mg	Oral	
Metoclopramide	Tablet	10mg	Oral	

Proton-Pump Inhibitors

Drug Name	Dosage Form	Strength	Route	Comments
Lansoprazole	Capsule	15mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole
Lansoprazole	Capsule	30mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole
Omeprazole	Capsule DR	10mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole
Omeprazole	Capsule DR	20mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole,

				esomeprazole, dexlansoprazole, rabeprazole
Omeprazole	Capsule DR	40mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole
Omeprazole	Tablet DR	20mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole
Pantoprazole sodium	Tablet DR	20mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole
Pantoprazole sodium	Tablet DR	40mg	Oral	Concurrent Edit: omeprazole, pantoprazole, lansoprazole, esomeprazole, dexlansoprazole, rabeprazole

URINARY TRACT – FUNCTIONAL DISORDERS

Benign Prostatic Hypertrophy/Micturition

Drug Name	Dosage Form	Strength	Route	Comments
Alfuzosin HCL ER	Tablet	10mg	Oral	
Finasteride	Tablet	5mg	Oral	May fill up to a 90-day supply
Tamsulosin HCL	Capsule	0.4mg	Oral	May fill up to a 90-day supply

Overactive Bladder Agents, Beta-3 Adrenergic Receptor Agonist

Drug Name	Dosage Form	Strength	Route	Comments
Myrbetriq (mirabegron)	Tablet ER 24 hour	25mg	Oral	Step Therapy: must trial at least 2 formulary alternatives (oxybutynin, tolterodine, fesoterodine, trospium, darifenacin, or solifenacin)
Myrbetriq (mirabegron)	Tablet ER 24 hour	50mg	Oral	Step Therapy: must trial at least 2 formulary alternatives (oxybutynin,

				tolterodine, fesoterodine, trospium, darifenacin, or solifenacin)

Urinary Tract Analgesic Agents

Drug Name	Dosage Form	Strength	Route	Comments
Elmiron (pentosan polysulfate sodium)	Capsule	100mg	Oral	Prior Authorization required
Phenazopyridine HCL	Tablet	100mg	Oral	
Phenazopyridine HCL	Tablet	200mg	Oral	

Urinary Tract Antispasmodic/Anti-Incontinence Agent

Drug Name	Dosage Form	Strength	Route	Comments
Flavoxate HCL	Tablet	100mg	Oral	Prior Authorization required
Fesoterodine	Tablet ER 24 hour	4mg	Oral	Step Therapy: after oxybutynin or solifenacin
Fesoterodine	Tablet ER 24 hour	8mg	Oral	Step Therapy: after oxybutynin or solifenacin
Oxybutynin chloride	Syrup	5mg/5ml	Oral	May fill up to a 90-day supply
Oxybutynin chloride	Tablet	5mg	Oral	May fill up to a 90-day supply
Oxybutynin chloride ER	Tablet ER 24 hour	5mg	Oral	Quantity Limit: 60 tablets per 30 days May fill up to a 90-day supply
Oxybutynin chloride ER	Tablet ER 24 hour	10mg	Oral	Quantity Limit: 60 tablets per 30 days May fill up to a 90-day supply
Oxybutynin chloride ER	Tablet ER 24 hour	15mg	Oral	Quantity Limit: 60 tablets per 30 days May fill up to a 90-day supply
Tolterodine tartrate	Tablet	1mg	Oral	Step Therapy: after oxybutynin
Tolterodine tartrate	Tablet	2mg	Oral	Step Therapy: after oxybutynin
Tolterodine tartrate ER	Capsule ER 24 hour	2mg	Oral	Step Therapy: after oxybutynin
Tolterodine tartrate ER	Capsule ER 24 hour	4mg	Oral	Step Therapy: after oxybutynin
Trospium chloride	Capsule ER 24 hour	60mg	Oral	Step Therapy: after oxybutynin or solifenacin
Tropsium chloride	Tablet	20mg	Oral	Step Therapy: after oxybutynin or solifenacin

Urinary Tract Antispasmodic, (3) Selective Antagonist

Drug Name	Dosage Form	Strength	Route	Comments
Darifenacin hydrobromide	Tablet ER 24 hour	7.5mg	Oral	Step Therapy: after oxybutynin or solifenacin
Darifenacin hydrobromide	Tablet ER 24 hour	15mg	Oral	Step Therapy: after oxybutynin or solifenacin
Solifenain succinate	Tablet	5mg	Oral	
Solifenain succinate	Tablet	10mg	Oral	

VAGINAL DISORDERS

Vaginal Antibiotics

Drug Name	Dosage Form	Strength	Route	Comments
Cleocin	Suppository	100mg	Vaginal	
Clindamycin phosphate	Cream with applicator	2%	Vaginal	
Metronidazole	Gel with Applicator	0.75%	Vaginal	

Vaginal Antifungals

Drug Name	Dosage Form	Strength	Route	Comments
Clotrimazole	Cream with Applicator	1%	Vaginal	
Gynazole 1 (butoconazole)	Cream with Applicator	2%	Vaginal	Prior Authorization Required
Miconazole	Cream with Applicator	2%	Vaginal	
Miconazole	Cream kit	200mg-2%	Vaginal	
Miconazole	Suppository	100mg	Vaginal	
Miconazole	Suppository	200mg	Vaginal	
Terconazole	Cream with Applicator	0.4%	Vaginal	
Terconazole	Cream with Applicator	0.8%	Vaginal	
Terconazole	Suppository	80mg	Vaginal	

Tioconazole-1	Ointment with Applicator	6.5%	Vaginal	Prior Authorization required

Vaginal Estrogen Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Estradiol	Cream with Applicator	0.01%	Vaginal	
Estradiol	Tablet	10mcg	Vaginal	
Yuvafem (estradiol)	Tablet	10mcg	Vaginal	

VITAMIN AND/OR MINERAL DEFICIENCY

Fluoride Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Fluoride	Tablet Chewable	0.25mg (0.55mg)	Oral	May fill up to a 90-day supply
Fluoride	Tablet Chewable	0.5mg (1.1mg)	Oral	May fill up to a 90-day supply
Fluoride	Tablet Chewable	1mg (2.2mg)	Oral	May fill up to a 90-day supply
Sodium fluoride	Drops	0.5mg/ml	Oral	May fill up to a 90-day supply

Folic Acid Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Folic Acid	Tablet	0.4mg	Oral	May fill up to a 90-day supply
Folic Acid	Tablet	0.8mg	Oral	May fill up to a 90-day supply
Folic Acid	Tablet	1mg	Oral	May fill up to a 90-day supply

Iron Replacement

Drug Name	Dosage Form	Strength	Route	Comments
Ferate 27 (ferrous gluconate)	Tablet	240mg (27mg)	Oral	
Ferrous gluconate	Tablet	324mg (37.5mg)	Oral	May fill up to a 90-day supply
Ferrous gluconate	Tablet	324mg (38mg)	Oral	May fill up to a 90-day supply
Ferrous sulfate	Drops	15mg/ml	Oral	May fill up to a 90-day supply

Ferrous sulfate	Elixir	220mg (44mg)/5ml	Oral	May fill up to a 90-day supply
Ferrous sulfate	Tablet DR	324mg (65mg)	Oral	May fill up to a 90-day supply
Ferrous sulfate	Tablet	325mg (65mg)	Oral	May fill up to a 90-day supply
Ferrous sulfate	Tablet DR	325mg (65mg)	Oral	May fill up to a 90-day supply
Iron (ferrous gluconate)	Tablet	256mg (28mg)	Oral	May fill up to a 90-day supply
Novaferrum (iron polysaccharides complex)	Solution	15mg/ml	Oral	Age Limit: 3 years and younger

Magnesium Salts Replacement

Drug Name	Dosage Form	Strength	Route	Comments
MAG64 (magnesium chloride)	Tablet DR	64mg	Oral	May fill up to a 90-day supply
Magnesium chloride	Tablet DR	70mg	Oral	May fill up to a 90-day supply
Magnesium oxide	Tablet	400mg	Oral	May fill up to a 90-day supply
NU-Mag (magnesium chloride)	Tablet DR	71.5mg	Oral	May fill up to a 90-day supply

Mineral Replacement, Miscellaneous

Drug Name	Dosage Form	Strength	Route	Comments
Chromium picolinate	Tablet	200mcg	Oral	
Selenium	Tablet	50mcg	Oral	
Selenium	Tablet	100mcg	Oral	
Selenium	Tablet	200mcg	Oral	

Multivitamin Preparations

Drug Name	Dosage Form	Strength	Route	Comments
O-Cal FA (prenatal vitamin/ferrous fumarate/folic acid)	Tablet	27mg-1mg	Oral	May fill up to a 90-day supply
V-C Forte (folic acid/ multivitamin/mineral)	Capsule	1mg	Oral	May fill up to a 90-day supply
VIC Forte (folic acid/ multivitamin/mineral)	Capsule	1mg	Oral	May fill up to a 90-day supply
Multi-vitamin w-Fluoride-Iron	Drops	0.25mg-10mg/ml	Oral	May fill up to a 90-day supply

Multivitamin w-Fluoride	Drops	0.25mg/ml	Oral	May fill up to a 90-day supply
Multivitamin w-Fluoride	Drops	0.5mg/ml	Oral	May fill up to a 90-day supply
Pedia Poly-Vie (multivitamins)	Drops	750units-35mg/ml	Oral	May fill up to a 90-day supply
Poly-Vi-Flor (pediatric multivitamin NO.33 with fluoride)	Tablet Chewable	0.25mg	Oral	May fill up to a 90-day supply
Poly-Vi-Flor (pediatric multivitamin NO.33 with fluoride)	Tablet Chewable	0.5mg	Oral	May fill up to a 90-day supply
Poly-Vi-Flor (pediatric multivitamin NO.33 with fluoride)	Tablet Chewable	1mg	Oral	May fill up to a 90-day supply
Poly-Vita (multivitamins)	Drops	750units-35mg/ml	Oral	May fill up to a 90-day supply
Tri-Vit with fluoride-iron (fluoride/iron/ vitamin A/vitamin C/ vitamin D)	Drops	0.25mg/ml	Oral	May fill up to a 90-day supply

Multivitamin Preparations with Folic Acid

Drug Name	Dosage Form	Strength	Route	Comments
Mynatal (prenatal vitamin/ferrous fumarate/folic acid)	Capsule	65mg-1mg	Oral	May fill up to a 90-day supply
M-Natal Plus (PNV with Calcium, NO.72/iron/ folic acid)	Tablet	27mg-1mg	Oral	May fill up to a 90-day supply
Mynatal (prenatal vitamin/ferrous fumarate/folic acid)	Tablet	65mg-1mg	Oral	May fill up to a 90-day supply
Mynate 9 (prenatal vitamin/ferrous fumarate/DOSS/folic acid)	Tablet ER	90-50-1mg	Oral	May fill up to a 90-day supply
Niva-Plus (PNV with Calcium, NO.74/ iron/folic acid)	Tablet	27mg-1mg	Oral	May fill up to a 90-day supply
O-Cal Prenatal (prenatal vitamins with calcium/ ferrous fumarate/folic acid)	Tablet	15mg-1mg	Oral	May fill up to a 90-day supply
Prenatal vitamin	Tablet	27mg-0.8mg	Oral	May fill up to a 90-day supply
Prenatal vitamin	Tablet	28mg-0.8mg	Oral	May fill up to a 90-day supply
Prenatal 19 (prenatal vitamin/ferrous fumarate/folic acid)	Tablet Chewable	29mg-1mg	Oral	May fill up to a 90-day supply

Prenatal Plus (PNV with Calcium, NO.72/ iron/folic acid)	Tablet	27mg-1mg	Oral	May fill up to a 90-day supply
Tricare (prenatal #103/iron fumarate/ folic acid)	Tablet	27mg-1mg	Oral	May fill up to a 90-day supply
Trinatal RX 1 (prenatal vitamin/ferrous fumarate/folic acid)	Tablet	60mg-1mg	Oral	May fill up to a 90-day supply

Vitamin A Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Lumitene (beta-carotene)	Capsule	30mg	Oral	May fill up to a 90-day supply

Vitamin B Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Nephronex-SL (folic acid/vitamin B complex)	Tablet Dissolvable	800mcg-2000mcg	Oral	May fill up to a 90-day supply
Rena-Vite RX (folic acid/vitamin B complex)	Tablet	1mg-60mg	Oral	May fill up to a 90-day supply

Vitamin B1 Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Vitamin B-1 (thiamine)	Tablet	100mg	Oral	May fill up to a 90-day supply

Vitamin B2 Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Vitamin B-2 (riboflavin)	Tablet	25mg	Oral	May fill up to a 90-day supply
Vitamin B-2 (riboflavin)	Tablet	100mg	Oral	May fill up to a 90-day supply

Vitamin B6 Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Pyridoxine HCL	Tablet	25mg	Oral	May fill up to a 90-day supply
Pyridoxine HCL	Tablet	100mg	Oral	May fill up to a 90-day supply
Pyridoxine HCL	Vial	100mg/ml	Injections	May fill up to a 90-day supply

Vitamin B12 Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Cyanocobalamin Injection	Vial	1000mcg/ml	Injection	May fill up to a 90-day supply
Vitamin B-12 (cyanocobalamin)	Tablet	1000mcg	Oral	May fill up to a 90-day supply

Vitamin C Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Vitamin C (ascorbic acid)	Tablet	500mg	Oral	May fill up to a 90-day supply

Vitamin D Preparations

Drug Name	Dosage Form	Strength	Route	Comments
Calcitriol	Ampule	1mcg/ml	Intravenous	
Calcitriol	Capsule	0.25mcg	Oral	
Calcitriol	Capsule	0.5mcg	Oral	
Calcitriol	Solution	1mcg/ml	Oral	
Replasta (cholecalciferol)	Wafer	1250 mcg (50000 unit)	Oral	May fill up to a 90-day supply
Vitamin D2 (ergocalciferol)	Capsule	1250mcg (50000 unit)	Oral	May fill up to a 90-day supply
Vitamin D2 (ergocalciferol)	Tablet	10mcg (400 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Capsule	10mcg (400 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Capsule	25mcg (1000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Capsule	50mcg (2000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Capsule	125mcg (5000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Capsule	250mcg (10000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Capsule	1250mcg (50000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Drops	10mcg (400 unit)/drop	Oral	May fill up to a 90-day supply Age Limit: age 4 and under
Vitamin D3 (cholecalciferol)	Drops	50mcg (2000 unit)/drop	Oral	May fill up to a 90-day supply Age Limit: age 4 and under
Vitamin D3 (cholecalciferol)	Drops	125mcg (5000 unit)/ drop	Oral	May fill up to a 90-day supply Age Limit: age 4 and under

Vitamin D3 (cholecalciferol)	Spray	25mcg (1000 unit)/Spray	Sublingual	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet	10mcg (400 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet	25mcg (1000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet	50mcg (2000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet	75mcg (3000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet	125mcg (5000 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet Chewable	10mcg (400 unit)	Oral	May fill up to a 90-day supply
Vitamin D3 (cholecalciferol)	Tablet Chewable	25mcg (1000 unit)	Oral	May fill up to a 90-day supply

Prescription and Other Important Information

Mental Health Medications, such as antidepressants, antipsychotics, and mood stabilizers are covered for Advanced Health members directly by Oregon Medicaid. Pharmacies should bill these prescriptions to DMAP. Call 888-202-2126 or fax 888-346-0178 for questions.

Liquid Oral Medications will be covered for members 12 years of age and younger. All others will require a PA.

HIV Medications approved by the FDA for treatment of HIV disease are covered.

MedImpact Direct Specialty is our Specialty Pharmacy Provider. You may reach them at: (Phone) 1-877-391-1103 or (Fax) 1-888-807-5716. www.medimpactdirect.com/Providers

Tablet Splitting of some medications offer significant cost savings. Tablet splitters are available at no cost to Advanced Health members. Call (541)-269-7400

Vitamin/Mineral Supplements are covered for prescription strength unless otherwise specified.

Opioids are subject to Advanced Health quantity limits and prior authorization criteria. Up to 60 tablets per 180-day period may be covered without a PA for acute conditions. Opioid use beyond 60 tablets within a 180-day period requires PA. PA will also be required for all long-acting opioids, acute use >7 days, or MED >50. Local Oncology providers are excluded from PA requirement for formulary opioids.

Contraceptive Products 12 months of formulary contraceptives are a covered benefit.

Smoking Cessation Nicotine Patches/Gum/Lozenges, Varenicline, and Bupropion SR are available without a prior authorization for up to two quit attempts per year. One quit attempt equals a 90-day supply of medication dispensed in 30-day increments. Pharmacy provider may contact Advanced Health at 541-269-7400 for information.

Hospital, ER, or Urgent Care Discharge Override Please contact the MedImpact Pharmacy Helpdesk at 1-800-788-2949 (Phone) for a 5-day supply of any medication prescribed at discharge for Advanced Health members. Mental health medications should be billed directly to the State (see Mental Health Medications above). Please fax prescribing provider to submit prior authorization for any medications that required 5-day override AND Advanced Health Attn: Lisa F. or Jean at (541) 269-7147.

Vaccinations If patients are less than 19 years of age their vaccine is covered through the Vaccines for Children (VFC) program. Members should be instructed to see their PCP or the Public Health Department for vaccine administration. Pharmacies are NOT VFC providers, therefore they may not administer vaccines to Advanced Health members that are 18 years of age or less.