

2024 Comprehensive Formulary

Jan. 1, 2024 – Dec. 31, 2024

888-645-6025 | TTY 711
Seven Days a Week, 8 p.m. to 8 p.m.
(Oct. 1 to March 31)

Monday – Friday, 8 a.m. to 8 p.m.
(All Other Times)



BlueCross Rx PlusSM (PDP)

BlueCross Rx Plus
2024 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024213, Version Number 06

This formulary was updated on 08/31/2023 (effective 01/01/2024). For more recent information or other questions, please contact BlueCross Rx Plus at 1-888-645-6025, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means BlueCross BlueShield of South Carolina. When it refers to “plan” or “our plan,” it means BlueCross Rx Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/31/2023 (effective 01/01/2024). For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the BlueCross Rx Plus Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. BlueCross Rx Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Rx Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but BlueCross Rx Plus may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BlueCross Rx Plus Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from

our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BlueCross Rx Plus Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/31/2023 (effective 01/01/2024). To get updated information about the drugs covered by BlueCross Rx Plus, please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.SCBluesMedAdvantage.com.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 93. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

BlueCross Rx Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** BlueCross Rx Plus requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Rx Plus before you fill your prescriptions. If you don't get approval, BlueCross Rx Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Rx Plus limits the amount of the drug that BlueCross Rx Plus will cover. For example, BlueCross Rx Plus provides 30 tablets per 30 days for CABLIVI. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueCross Rx Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, BlueCross Rx Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Rx Plus will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BlueCross Rx Plus to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BlueCross Rx Plus's formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that BlueCross Rx Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by BlueCross Rx Plus. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueCross Rx Plus.
- You can ask BlueCross Rx Plus to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the BlueCross Rx Plus Formulary?

You can ask BlueCross Rx Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, BlueCross Rx Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

For more detailed information about your BlueCross Rx Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross Rx Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit www.medicare.gov.

BlueCross Rx Plus's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueCross Rx Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 93.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if BlueCross Rx Plus has any special requirements for coverage of your drug.

2024 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	NEBU	Nebulization Solution
AERO	Aerosol	OINT	Ointment
AERP	Aerosol, Powder	POWD	Powder
AERS	Aerosol, Solution	PTCH	Patch
CAPS	Capsule	PTTW	Patch Twice Weekly
CART	Cartridge	PTWK	Patch Weekly
CHEW	Tablet, chewable	SHAM	Shampoo
CONC	Concentrate	SOAJ	Solution Auto-Injector
CPCR	Capsule Extended Release	SOCT	Solution Cartridge
CPCW	Capsule Chewable	SOLG	Gel Forming Solution
CPDR	Capsule-Delayed Release	SOLN	Solution
CPEP	Capsule Delayed Release Particles	SOLR	Solution Reconstituted
CPPK	Capsule Therapy Pack	SOPN	Solution Pen-Injector
CPSP	Capsule Sprinkle	SOSY	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	SRER	Reconstituted Susp that Releases Dose Over Extended Time
CP24	Capsule Extended Release 24 Hour	SUBL	Tablet, Sublingual
CREA	Cream	SUPN	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	SUPP	Suppository
ELIX	Elixir	SUSP	Suspension
EMUL	Emulsion	SUSR	Suspension Reconstituted
ENEM	Enema	SYRP	Syrup
FILM	Film	TABS	Tablet
GEL	Gel	TB12	Tablet Extended Release 12 Hour
GRAN	Granules	TB24	Tablet Extended Release 24 Hour
INHA	Inhaler	TB3D	Tablet Disintegrating Soluble
INJ	Injectable	TB3E	Tablet Disintegrating Soluble ER

KIT	Kit	TDCR	Tablet Extended Release
LIQD	Liquid	TBDP	Tablet Dispersible
LOTN	Lotion	TBEC	Tablet Delayed Release
LOZG	Lozenge	TBPK	Tablet Therapy Pack
LPOP	Lozenge on a Handle	TBSO	Tablet Soluble
NDS	Non-Extended Day Supply	TROC	Troche

Drug Tiers

Every drug on the plan’s Drug List is in one of five cost sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

NDS = Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.

ST = Step Therapy

LA = Limited Access Drug. This prescription may be available only at certain pharmacies. For more Information, consult your Pharmacy Directory or call Customer Service at 1-888-645-6025, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. TTY users should call 711.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 200mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	3	QL(60 EA per 30 days)
<i>celecoxib capsule 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 75mg</i>	3	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 30 days)
<i>ec-naproxen tablet delayed release 375mg</i>	2	
<i>etodolac capsule 200mg</i>	3	
<i>etodolac capsule 300mg</i>	3	
<i>etodolac tablet 400mg</i>	3	
<i>etodolac tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	3	
<i>flurbiprofen tablet 50mg</i>	3	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>ibu tablet 400mg</i>	1	
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	
<i>indomethacin capsule 25mg</i>	2	
<i>indomethacin capsule 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	3	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	3	
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	4	

Formulary ID: 24213, Version: 6, Effective: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 15mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 20mcg/hr</i>	4	QL(4 EA per 28 days); NDS
BUPRENORPHINE PATCH WEEKLY 5MCG/HR	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 25mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 50mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 10mg/5ml</i>	3	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg</i>	2	NDS
<i>methadone hcl tablet 5mg</i>	2	NDS
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg</i>	4	NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	NDS
<i>morphine sulfate er tablet extended release 30mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 60mg</i>	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg</i>	3	NDS
<i>endocet tablet 325mg; 2.5mg</i>	4	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	PA; NDS

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	3	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS
<i>hydromorphone hcl injection 10mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 1mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg</i>	2	NDS
<i>hydromorphone hcl tablet 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	3	NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/ml</i>	3	NDS
<i>morphine sulfate tablet 15mg</i>	3	NDS
<i>morphine sulfate tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	NDS
<i>oxycodone hydrochloride tablet 10mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 15mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	4	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tablet 50mg</i>	2	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	3	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg</i>	3	
<i>disulfiram tablet 500mg</i>	3	
<i>naltrexone hcl tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	3	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	3	QL(90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE TABLET SUBLINGUAL 2MG; 0.5MG	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
<i>varenicline starting month box tablet therapy pack 0</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 1mg</i>	4	QL(504 EA per 365 days)
Antibacterials		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Aminoglycosides		
gentamicin sulfate cream 0.1%	3	
gentamicin sulfate injection 40mg/ml	4	
gentamicin sulfate ointment 0.1%	3	
neomycin sulfate tablet 500mg	3	
paromomycin sulfate capsule 250mg	4	
streptomycin sulfate injection 1gm	4	
tobramycin sulfate injection 1.2gm/30ml	3	
tobramycin sulfate injection 1.2gm	3	
tobramycin sulfate injection 10mg/ml	3	
tobramycin sulfate injection 40mg/ml	3	
tobramycin sulfate injection 80mg/2ml	3	
Antibacterials, Other		
aztreonam injection 1gm	4	
aztreonam injection 2gm	4	
clindacin etz pledgets swab 1%	3	
clindacin-p swab 1%	3	
clindamycin hcl capsule 300mg	2	
clindamycin hydrochloride capsule 150mg	2	
clindamycin hydrochloride capsule 75mg	2	
clindamycin palmitate hcl solution reconstituted 75mg/5ml	4	
clindamycin phosphate cream 2%	4	
clindamycin phosphate injection 300mg/2ml	3	
clindamycin phosphate injection 600mg/4ml	3	
clindamycin phosphate injection 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium injection 150mg	4	
daptomycin injection 350mg	4	
daptomycin injection 500mg	4	
IMPAVIDO CAPSULE 50MG	5	
linezolid injection 600mg/300ml	4	
linezolid suspension reconstituted 100mg/5ml	5	QL(1800 ML per 28 days)
linezolid tablet 600mg	4	QL(56 EA per 28 days)
methenamine hippurate tablet 1gm	4	
metronidazole vaginal gel 0.75%	4	
metronidazole injection 500mg/100ml	3	
metronidazole tablet 250mg	2	
metronidazole tablet 500mg	2	
nitrofurantoin macrocrystals capsule 100mg	3	
nitrofurantoin macrocrystals capsule 50mg	3	
nitrofurantoin monohydrate/macrocrystals capsule 100mg	2	
nitrofurantoin monohydrate capsule 100mg	2	
tinidazole tablet 250mg	3	
tinidazole tablet 500mg	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm</i>	3	
<i>vancomycin hydrochloride injection 250mg</i>	3	
<i>vancomycin hydrochloride injection 500mg</i>	3	
<i>vancomycin hydrochloride injection 750mg</i>	3	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE 250MG	3	
CEFACLOR CAPSULE 500MG	3	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml</i>	3	
<i>cefdinir suspension reconstituted 250mg/5ml</i>	3	
<i>cefepime hydrochloride injection 100gm</i>	3	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	4	
<i>cefepime injection 1gm/50ml</i>	4	
<i>cefepime injection 1gm</i>	4	
<i>cefepime injection 2gm/100ml</i>	4	
<i>cefepime injection 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm</i>	3	
<i>cefotaxime sodium injection 2gm</i>	3	
<i>cefotaxime sodium injection 500mg</i>	3	
<i>cefotetan injection 1gm</i>	4	
<i>cefotetan injection 2gm</i>	4	
<i>cefoxitin sodium injection 10gm</i>	3	
<i>cefoxitin sodium injection 1gm</i>	3	
<i>cefoxitin sodium injection 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tablet 100mg</i>	4	
<i>cefpodoxime proxetil tablet 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml</i>	3	
<i>cefprozil suspension reconstituted 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg</i>	3	
<i>cefprozil tablet 500mg</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection 1gm</i>	3	
<i>ceftazidime injection 2gm</i>	3	
<i>ceftazidime injection 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm</i>	3	
<i>ceftriaxone sodium injection 1gm</i>	3	
<i>ceftriaxone sodium injection 250mg</i>	3	
<i>ceftriaxone sodium injection 2gm</i>	3	
<i>ceftriaxone sodium injection 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg</i>	2	
<i>cefuroxime axetil tablet 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	3	
<i>cephalexin capsule 250mg</i>	2	
<i>cephalexin capsule 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml</i>	2	
<i>cephalexin suspension reconstituted 250mg/5ml</i>	2	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 2gm</i>	3	
<i>tazicef injection 6gm</i>	3	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg</i>	2	
<i>amoxicillin capsule 500mg</i>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg</i>	2	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	2	
<i>amoxicillin tablet 875mg</i>	2	
<i>ampicillin sodium injection 10gm</i>	4	
<i>ampicillin sodium injection 125mg</i>	4	
<i>ampicillin sodium injection 1gm</i>	4	
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	
BICILLIN L-A INJECTION 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg</i>	2	
<i>dicloxacillin sodium capsule 500mg</i>	2	
<i>nafcillin sodium injection 10gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	2	
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg</i>	2	
<i>penicillin v potassium tablet 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	3	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>ertapenem injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg</i>	3	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	3	
<i>meropenem injection 1gm</i>	4	
<i>meropenem injection 500mg</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin packet 1gm</i>	3	
<i>azithromycin suspension reconstituted 100mg/5ml</i>	3	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 600mg</i>	3	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml</i>	4	
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg</i>	3	
<i>clarithromycin tablet 500mg</i>	3	
DIFICID TABLET 200MG	4	
<i>erythromycin dr tablet delayed release 250mg</i>	4	
<i>erythromycin dr tablet delayed release 333mg</i>	4	
<i>erythromycin dr tablet delayed release 500mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	4	
<i>ciprofloxacin suspension reconstituted 5gm/100ml</i>	4	
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML	4	
CIPRO SUSPENSION RECONSTITUTED 5GM/100ML	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	4	
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg</i>	2	
<i>levofloxacin tablet 500mg</i>	2	
<i>levofloxacin tablet 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg</i>	4	
<i>demeclocycline hcl tablet 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	3	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	3	
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	3	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg</i>	3	
<i>minocycline hydrochloride capsule 50mg</i>	3	
<i>mondoxyne nl capsule 100mg</i>	3	
<i>morgidox 1x100mg capsule 100mg</i>	3	
<i>morgidox 2x100mg capsule 100mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg</i>	3	
<i>tetracycline hydrochloride capsule 500mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION 10MG/ML	5	PA NSO
BRIVIACT TABLET 100MG	5	PA NSO
BRIVIACT TABLET 10MG	5	PA NSO
BRIVIACT TABLET 25MG	5	PA NSO
BRIVIACT TABLET 50MG	5	PA NSO
BRIVIACT TABLET 75MG	5	PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	5	
<i>felbamate tablet 400mg</i>	4	
<i>felbamate tablet 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA NSO
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 10MG	5	
FYCOMPA TABLET 12MG	5	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 4MG	5	
FYCOMPA TABLET 6MG	5	
FYCOMPA TABLET 8MG	5	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg</i>	2	
<i>lamotrigine tablet chewable 5mg</i>	2	
<i>lamotrigine tablet 100mg</i>	2	
<i>lamotrigine tablet 150mg</i>	2	
<i>lamotrigine tablet 200mg</i>	2	
<i>lamotrigine tablet 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg</i>	3	
<i>levetiracetam er tablet extended release 24 hour 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet 1000mg</i>	2	
<i>levetiracetam tablet 250mg</i>	2	
<i>levetiracetam tablet 500mg</i>	2	
<i>levetiracetam tablet 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>rowepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tablet 100mg</i>	2	
<i>subvenite tablet 150mg</i>	2	
<i>subvenite tablet 200mg</i>	2	
<i>subvenite tablet 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg</i>	3	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	2	
<i>topiramate tablet 200mg</i>	2	
<i>topiramate tablet 25mg</i>	2	
<i>topiramate tablet 50mg</i>	2	
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET 100MG	5	PA NSO
XCOPRI TABLET 150MG	5	PA NSO
XCOPRI TABLET 200MG	5	PA NSO
XCOPRI TABLET 50MG	5	PA NSO
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg</i>	4	
<i>clobazam tablet 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 0.125mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA NSO
DIACOMIT CAPSULE 500MG	5	PA NSO
DIACOMIT PACKET 250MG	5	PA NSO
DIACOMIT PACKET 500MG	5	PA NSO
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 250mg</i>	2	
<i>divalproex sodium dr tablet delayed release 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	
<i>divalproex sodium capsule delayed release sprinkle 125mg</i>	3	
<i>gabapentin capsule 100mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tablet 100mg</i>	4	
<i>phenobarbital tablet 15mg</i>	4	
<i>phenobarbital tablet 16.2mg</i>	4	
<i>phenobarbital tablet 30mg</i>	4	
<i>phenobarbital tablet 32.4mg</i>	4	
<i>phenobarbital tablet 60mg</i>	4	
<i>phenobarbital tablet 64.8mg</i>	4	
<i>phenobarbital tablet 97.2mg</i>	4	
<i>primidone tablet 125mg</i>	2	
<i>primidone tablet 250mg</i>	2	
<i>primidone tablet 50mg</i>	2	
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	4	
<i>tiagabine hydrochloride tablet 12mg</i>	4	
<i>tiagabine hydrochloride tablet 16mg</i>	4	
<i>tiagabine hydrochloride tablet 2mg</i>	4	
<i>tiagabine hydrochloride tablet 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA NSO
<i>vigabatrin tablet 500mg</i>	5	PA NSO
<i>vigadrone packet 500mg</i>	5	PA NSO
<i>vigadrone tablet 500mg</i>	5	PA NSO
Sodium Channel Agents		
APTiom TABLET 200MG	5	
APTiom TABLET 400MG	5	
APTiom TABLET 600MG	5	
APTiom TABLET 800MG	5	
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide solution 10mg/ml</i>	3	
<i>lacosamide tablet 100mg</i>	4	
<i>lacosamide tablet 150mg</i>	4	
<i>lacosamide tablet 200mg</i>	4	
<i>lacosamide tablet 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg</i>	2	
<i>oxcarbazepine tablet 300mg</i>	2	
<i>oxcarbazepine tablet 600mg</i>	2	
<i>phenytoin sodium extended capsule 100mg</i>	3	
<i>phenytoin sodium extended capsule 200mg</i>	3	
<i>phenytoin sodium extended capsule 300mg</i>	3	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	
<i>zonisamide capsule 50mg</i>	2	

Antidementia Agents

Antidementia Agents, Other

<i>ergoloid mesylates tablet 1mg</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL(30 EA per 30 days); ST

Cholinesterase Inhibitors

<i>donepezil hcl tablet disintegrating 10mg</i>	3	
<i>donepezil hcl tablet disintegrating 5mg</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 5mg</i>	2	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 8mg</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg</i>	3	
<i>galantamine hydrobromide tablet 4mg</i>	3	
<i>galantamine hydrobromide tablet 8mg</i>	3	
<i>rivastigmine tartrate capsule 1.5mg</i>	4	
<i>rivastigmine tartrate capsule 3mg</i>	4	
<i>rivastigmine tartrate capsule 4.5mg</i>	4	
<i>rivastigmine tartrate capsule 6mg</i>	4	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 21mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 28mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 7mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg</i>	2	
<i>memantine hydrochloride tablet 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl tablet 25mg</i>	4	
<i>maprotiline hcl tablet 50mg</i>	4	
<i>maprotiline hcl tablet 75mg</i>	4	
<i>mirtazapine odt tablet disintegrating 15mg</i>	3	
<i>mirtazapine odt tablet disintegrating 30mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	
<i>mirtazapine tablet 15mg</i>	2	
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 45mg</i>	2	
<i>mirtazapine tablet 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 6MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 9MG/24HR	4	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg</i>	1	
<i>citalopram hydrobromide tablet 20mg</i>	1	
<i>citalopram hydrobromide tablet 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg</i>	4	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(60 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	4	
<i>escitalopram oxalate tablet 10mg</i>	2	
<i>escitalopram oxalate tablet 20mg</i>	2	
<i>escitalopram oxalate tablet 5mg</i>	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution 20mg/5ml</i>	4	
<i>fluoxetine hydrochloride capsule 10mg</i>	1	
<i>fluoxetine hydrochloride capsule 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg</i>	2	
<i>fluvoxamine maleate tablet 25mg</i>	2	
<i>fluvoxamine maleate tablet 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg</i>	4	
<i>nefazodone hydrochloride tablet 150mg</i>	4	
<i>nefazodone hydrochloride tablet 200mg</i>	4	
<i>nefazodone hydrochloride tablet 250mg</i>	4	
<i>nefazodone hydrochloride tablet 50mg</i>	4	
<i>paroxetine hcl tablet 30mg</i>	2	
<i>paroxetine hcl tablet 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg</i>	2	
<i>paroxetine hydrochloride tablet 20mg</i>	2	
<i>sertraline hcl concentrate 20mg/ml</i>	4	
<i>sertraline hcl tablet 25mg</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg</i>	2	
<i>trazodone hydrochloride tablet 150mg</i>	2	
<i>trazodone hydrochloride tablet 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 20MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg</i>	2	
<i>venlafaxine hydrochloride tablet 25mg</i>	2	
<i>venlafaxine hydrochloride tablet 37.5mg</i>	2	
<i>venlafaxine hydrochloride tablet 50mg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride tablet 75mg</i>	2	
VIIBRYD STARTER PACK KIT 0	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride tablet 10mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg</i>	3	
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hcl tablet 25mg</i>	3	
<i>amitriptyline hcl tablet 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg</i>	3	
<i>amitriptyline hydrochloride tablet 50mg</i>	3	
<i>amoxapine tablet 100mg</i>	4	
<i>amoxapine tablet 150mg</i>	4	
<i>amoxapine tablet 25mg</i>	4	
<i>amoxapine tablet 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg</i>	4	
<i>clomipramine hydrochloride capsule 50mg</i>	4	
<i>clomipramine hydrochloride capsule 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg</i>	4	
<i>desipramine hydrochloride tablet 10mg</i>	4	
<i>desipramine hydrochloride tablet 150mg</i>	4	
<i>desipramine hydrochloride tablet 25mg</i>	4	
<i>desipramine hydrochloride tablet 50mg</i>	4	
<i>desipramine hydrochloride tablet 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg</i>	3	
<i>doxepin hydrochloride capsule 10mg</i>	3	
<i>doxepin hydrochloride capsule 150mg</i>	3	
<i>doxepin hydrochloride capsule 25mg</i>	3	
<i>doxepin hydrochloride capsule 50mg</i>	3	
<i>imipramine hcl tablet 25mg</i>	4	
<i>imipramine hcl tablet 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg</i>	2	
<i>nortriptyline hcl capsule 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg</i>	2	
<i>nortriptyline hydrochloride capsule 50mg</i>	2	
<i>protriptyline hcl tablet 10mg</i>	4	
<i>protriptyline hcl tablet 5mg</i>	4	
<i>trimipramine maleate capsule 100mg</i>	4	
<i>trimipramine maleate capsule 25mg</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate capsule 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg</i>	3	
<i>meclizine hcl tablet 25mg</i>	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet 10mg</i>	2	
<i>prochlorperazine maleate tablet 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	3	
<i>promethazine hydrochloride tablet 25mg</i>	3	
<i>promethazine hydrochloride tablet 50mg</i>	3	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 2.5mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron hydrochloride tablet 4mg</i>	2	B/D
<i>ondansetron hydrochloride tablet 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	2	B/D
Antifungals		
Antifungals		
<i>ABELCET INJECTION 5MG/ML</i>	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>casprofungin acetate injection 50mg</i>	4	
<i>CASPOFUNGIN ACETATE INJECTION 70MG</i>	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole troche 10mg</i>	4	
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%</i>	3	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml</i>	3	
<i>fluconazole suspension reconstituted 40mg/ml</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tablet 100mg</i>	2	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 200mg</i>	2	
<i>fluconazole tablet 50mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg</i>	4	
<i>griseofulvin ultramicrosize tablet 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	4	
<i>ketoconazole cream 2%</i>	3	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	3	
<i>nyamyc powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	3	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	4	PA
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%</i>	3	
<i>terconazole cream 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	4	
<i>voriconazole tablet 200mg</i>	4	
<i>voriconazole tablet 50mg</i>	4	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg</i>	2	
<i>allopurinol tablet 300mg</i>	2	
COLCHICINE TABLET 0.6MG	4	
<i>febuxostat tablet 40mg</i>	4	
<i>febuxostat tablet 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	4	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 30 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 30 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 30 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 30 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride tablet 10mg</i>	2	
<i>propranolol hydrochloride tablet 20mg</i>	2	
<i>propranolol hydrochloride tablet 60mg</i>	2	
<i>propranolol hydrochloride tablet 80mg</i>	2	
UBRELVY TABLET 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABLET 50MG	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 1mg</i>	3	QL(9 EA per 30 days)
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act</i>	4	QL(12 EA per 30 days)
<i>sumatriptan solution 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl tablet 125mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg</i>	3	
<i>ethambutol hydrochloride tablet 400mg</i>	3	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	3	
<i>isoniazid tablet 100mg</i>	2	
<i>isoniazid tablet 300mg</i>	2	
<i>paser packet 4gm</i>	4	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg</i>	4	
<i>rifampin capsule 300mg</i>	4	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	
TRECTOR TABLET 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule 25mg</i>	3	B/D
<i>cyclophosphamide capsule 50mg</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	4	PA NSO
<i>bicalutamide tablet 50mg</i>	3	
ERLEADA TABLET 240MG	5	PA NSO
ERLEADA TABLET 60MG	5	PA NSO
<i>flutamide capsule 125mg</i>	4	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA NSO
XTANDI CAPSULE 40MG	5	PA NSO
XTANDI TABLET 40MG	5	PA NSO
XTANDI TABLET 80MG	5	PA NSO
<i>Antiangiogenic Agents</i>		
FOTIVDA CAPSULE 0.89MG	5	PA NSO
FOTIVDA CAPSULE 1.34MG	5	PA NSO
<i>lenalidomide capsule 10mg</i>	5	PA NSO
<i>lenalidomide capsule 15mg</i>	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide capsule 2.5mg</i>	5	PA NSO
<i>lenalidomide capsule 20mg</i>	5	PA NSO
<i>lenalidomide capsule 25mg</i>	5	PA NSO
<i>lenalidomide capsule 5mg</i>	5	PA NSO
POMALYST CAPSULE 1MG	5	PA NSO
POMALYST CAPSULE 2MG	5	PA NSO
POMALYST CAPSULE 3MG	5	PA NSO
POMALYST CAPSULE 4MG	5	PA NSO
QINLOCK TABLET 50MG	5	PA NSO
TABRECTA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TABRECTA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG	5	PA NSO
THALOMID CAPSULE 150MG	5	PA NSO
THALOMID CAPSULE 200MG	5	PA NSO
THALOMID CAPSULE 50MG	5	PA NSO
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen citrate tablet 10mg</i>	2	
<i>tamoxifen citrate tablet 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	
Antimetabolites		
DROXIA CAPSULE 200MG	3	
DROXIA CAPSULE 300MG	3	
DROXIA CAPSULE 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine tablet 50mg</i>	4	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
Antineoplastics, Other		
BESREMI INJECTION 500MCG/ML	5	PA NSO
COLUMVI INJECTION 10MG/10ML	5	PA NSO
COLUMVI INJECTION 2.5MG/2.5ML	5	PA NSO
EPKINLY INJECTION 48MG/0.8ML	5	PA NSO
EPKINLY INJECTION 4MG/0.8ML	5	PA NSO
GAVRETO CAPSULE 100MG	5	PA NSO
IBRANCE TABLET 100MG	5	PA NSO
IBRANCE TABLET 125MG	5	PA NSO
IBRANCE TABLET 75MG	5	PA NSO
IDHIFA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
INREBIC CAPSULE 100MG	5	PA NSO
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KRAZATI TABLET 200MG	5	PA NSO
LONSURF TABLET 6.14MG; 15MG	5	PA NSO
LONSURF TABLET 8.19MG; 20MG	5	PA NSO
LUMAKRAS TABLET 120MG	5	PA NSO
LUMAKRAS TABLET 320MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
NINLARO CAPSULE 2.3MG	5	PA NSO
NINLARO CAPSULE 3MG	5	PA NSO
NINLARO CAPSULE 4MG	5	PA NSO
ONUREG TABLET 200MG	5	PA NSO
ONUREG TABLET 300MG	5	PA NSO
ORSERDU TABLET 345MG	5	PA NSO
ORSERDU TABLET 86MG	5	PA NSO
PEMAZYRE TABLET 13.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 4.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 9MG	5	QL(30 EA per 30 days); PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
RETEVMO CAPSULE 40MG	5	PA NSO
RETEVMO CAPSULE 80MG	5	PA NSO
SCSEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SCSEMBLIX TABLET 40MG	5	PA NSO
SYNRIBO INJECTION 3.5MG	5	PA NSO
TAZVERIK TABLET 200MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 0	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA NSO
TUKYSA TABLET 150MG	5	PA NSO
TUKYSA TABLET 50MG	5	PA NSO
VONJO CAPSULE 100MG	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 50MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 60MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 180MG	5	QL(30 EA per 30 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 200MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 25MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG	5	PA NSO
BALVERSA TABLET 4MG	5	PA NSO
BALVERSA TABLET 5MG	5	PA NSO
BOSULIF TABLET 100MG	5	PA NSO
BOSULIF TABLET 400MG	5	PA NSO
BOSULIF TABLET 500MG	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA CAPSULE 80MG	5	PA NSO
CABOMETYX TABLET 20MG	5	PA NSO
CABOMETYX TABLET 40MG	5	PA NSO
CABOMETYX TABLET 60MG	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAPSULE 100MG	5	PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
COMETRIQ KIT 0	5	PA NSO
COMETRIQ KIT 0	5	PA NSO
COMETRIQ KIT 20MG	5	PA NSO
COPIKTRA CAPSULE 15MG	5	PA NSO
COPIKTRA CAPSULE 25MG	5	PA NSO
COTELLIC TABLET 20MG	5	PA NSO
DAURISMO TABLET 100MG	5	PA NSO
DAURISMO TABLET 25MG	5	PA NSO
ERIVEDGE CAPSULE 150MG	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>erlotinib hydrochloride tablet 25mg</i>	4	PA NSO
<i>everolimus tablet soluble 2mg</i>	5	PA NSO
<i>everolimus tablet soluble 3mg</i>	5	PA NSO
<i>everolimus tablet soluble 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	PA NSO
FARYDAK CAPSULE 10MG	5	PA NSO
FARYDAK CAPSULE 15MG	5	PA NSO
FARYDAK CAPSULE 20MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	PA NSO
GILOTRIF TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG	5	PA NSO
IBRANCE CAPSULE 125MG	5	PA NSO
IBRANCE CAPSULE 75MG	5	PA NSO
ICLUSIG TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 30MG	5	PA NSO
ICLUSIG TABLET 45MG	5	PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	PA NSO
IMBRUVICA CAPSULE 70MG	5	PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 140MG	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABLET 280MG	5	PA NSO
IMBRUVICA TABLET 420MG	5	PA NSO
IMBRUVICA TABLET 560MG	5	PA NSO
INLYTA TABLET 1MG	5	PA NSO
INLYTA TABLET 5MG	5	PA NSO
INQOVI TABLET 100MG; 35MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 15MG	5	PA NSO
JAKAFI TABLET 20MG	5	PA NSO
JAKAFI TABLET 25MG	5	PA NSO
JAKAFI TABLET 5MG	5	PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KOSELUGO CAPSULE 10MG	5	PA NSO
KOSELUGO CAPSULE 25MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LORBRENA TABLET 100MG	5	PA NSO
LORBRENA TABLET 25MG	5	PA NSO
LYNPARZA TABLET 100MG	5	PA NSO
LYNPARZA TABLET 150MG	5	PA NSO
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG	5	PA NSO
MEKINIST TABLET 2MG	5	PA NSO
MEKTOVI TABLET 15MG	5	PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPSULE 200MG	5	PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	PA NSO
ROZLYTREK CAPSULE 200MG	5	PA NSO
RUBRACA TABLET 200MG	5	PA NSO
RUBRACA TABLET 250MG	5	PA NSO
RUBRACA TABLET 300MG	5	PA NSO
RYDAPT CAPSULE 25MG	5	PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	PA NSO
<i>sorafenib tablet 200mg</i>	5	PA NSO
SPRYCEL TABLET 100MG	5	PA NSO
SPRYCEL TABLET 140MG	5	PA NSO
SPRYCEL TABLET 20MG	5	PA NSO
SPRYCEL TABLET 50MG	5	PA NSO
SPRYCEL TABLET 70MG	5	PA NSO
SPRYCEL TABLET 80MG	5	PA NSO
STIVARGA TABLET 40MG	5	PA NSO
<i>sunitinib malate capsule 12.5mg</i>	5	PA NSO
<i>sunitinib malate capsule 25mg</i>	5	PA NSO
<i>sunitinib malate capsule 37.5mg</i>	5	PA NSO
<i>sunitinib malate capsule 50mg</i>	5	PA NSO
TAFINLAR CAPSULE 50MG	5	PA NSO
TAFINLAR CAPSULE 75MG	5	PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TAGRISSO TABLET 80MG	5	PA NSO
TALZENNA CAPSULE 0.1MG	5	PA NSO
TALZENNA CAPSULE 0.25MG	5	PA NSO
TALZENNA CAPSULE 0.35MG	5	PA NSO
TALZENNA CAPSULE 0.5MG	5	PA NSO
TALZENNA CAPSULE 0.75MG	5	PA NSO
TALZENNA CAPSULE 1MG	5	PA NSO
TASIGNA CAPSULE 150MG	5	PA NSO
TASIGNA CAPSULE 200MG	5	PA NSO
TASIGNA CAPSULE 50MG	5	PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
TURALIO CAPSULE 200MG	5	PA NSO
VANFLYTA TABLET 17.7MG	5	PA NSO
VANFLYTA TABLET 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA NSO
VENCLEXTA TABLET 100MG	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 50MG	5	PA NSO
VERZENIO TABLET 100MG	5	PA NSO
VERZENIO TABLET 150MG	5	PA NSO
VERZENIO TABLET 200MG	5	PA NSO
VERZENIO TABLET 50MG	5	PA NSO
VITRAKVI CAPSULE 100MG	5	PA NSO
VITRAKVI CAPSULE 25MG	5	PA NSO
VITRAKVI SOLUTION 20MG/ML	5	PA NSO
VIZIMPRO TABLET 15MG	5	PA NSO
VIZIMPRO TABLET 30MG	5	PA NSO
VIZIMPRO TABLET 45MG	5	PA NSO
VOTRIENT TABLET 200MG	5	PA NSO
WELIREG TABLET 40MG	5	PA NSO
XALKORI CAPSULE 200MG	5	PA NSO
XALKORI CAPSULE 250MG	5	PA NSO
XOSPATA TABLET 40MG	5	PA NSO
ZEJULA CAPSULE 100MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 200MG	5	PA NSO
ZEJULA TABLET 300MG	5	PA NSO
ZELBORAF TABLET 240MG	5	PA NSO
ZYDELIG TABLET 100MG	5	PA NSO
ZYDELIG TABLET 150MG	5	PA NSO
ZYKADIA TABLET 150MG	5	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA NSO
KANJINTI INJECTION 150MG	5	PA NSO
KANJINTI INJECTION 420MG	5	PA NSO
RUXIENCE INJECTION 100MG/10ML	5	PA NSO
RUXIENCE INJECTION 500MG/50ML	5	PA NSO
TRAZIMERA INJECTION 150MG	5	PA NSO
TRAZIMERA INJECTION 420MG	5	PA NSO
Retinoids		
bexarotene capsule 75mg	5	PA NSO
bexarotene gel 1%	5	PA NSO
PANRETIN GEL 0.1%	5	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet 10mg</i>	3	
<i>leucovorin calcium tablet 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	3	
<i>leucovorin calcium tablet 5mg</i>	3	
MESNEX TABLET 400MG	4	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg</i>	2	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
BENZNIDAZOLE TABLET 100MG	4	
BENZNIDAZOLE TABLET 12.5MG	4	
<i>chloroquine phosphate tablet 250mg</i>	4	
<i>chloroquine phosphate tablet 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg</i>	2	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	3	
<i>nitazoxanide tablet 500mg</i>	4	
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg</i>	2	
<i>benztropine mesylate tablet 1mg</i>	2	
<i>benztropine mesylate tablet 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg</i>	3	
<i>trihexyphenidyl hydrochloride tablet 5mg</i>	3	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA

Dopamine Agonists

<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
KYNMOBI TITRATION KIT KIT 0	5	QL(20 EA per 365 days); PA
<i>kynmobi film 10mg</i>	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 15MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 20MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 25MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 30MG	5	QL(150 EA per 30 days); PA
NEUPRO PATCH 24 HOUR 1MG/24HR	4	
NEUPRO PATCH 24 HOUR 2MG/24HR	4	
NEUPRO PATCH 24 HOUR 3MG/24HR	4	
NEUPRO PATCH 24 HOUR 4MG/24HR	4	
NEUPRO PATCH 24 HOUR 6MG/24HR	4	
NEUPRO PATCH 24 HOUR 8MG/24HR	4	
<i>pramipexole dihydrochloride tablet 0.125mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.25mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.75mg</i>	2	
<i>pramipexole dihydrochloride tablet 1.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 1mg</i>	2	
<i>ropinirole hcl tablet 0.5mg</i>	2	
<i>ropinirole hcl tablet 1mg</i>	2	
<i>ropinirole hcl tablet 2mg</i>	2	
<i>ropinirole hcl tablet 4mg</i>	2	
<i>ropinirole hcl tablet 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg</i>	2	
<i>ropinirole hydrochloride tablet 3mg</i>	2	

Dopamine Precursors and/or L-Amino Acid Decarboxylase

Inhibitors

<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	

Monoamine Oxidase B (MAO-B) Inhibitors

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate tablet 0.5mg</i>	4	
<i>rasagiline mesylate tablet 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet 100mg</i>	4	
<i>chlorpromazine hcl tablet 10mg</i>	4	
<i>chlorpromazine hcl tablet 200mg</i>	4	
<i>chlorpromazine hcl tablet 25mg</i>	4	
<i>chlorpromazine hcl tablet 50mg</i>	4	
<i>chlorpromazine hydrochloride concentrate 100mg/ml</i>	4	
<i>chlorpromazine hydrochloride concentrate 30mg/ml</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hcl injection 2.5mg/ml</i>	4	
<i>fluphenazine hcl tablet 10mg</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hcl tablet 2.5mg</i>	4	
<i>fluphenazine hcl tablet 5mg</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>loxapine capsule 10mg</i>	3	
<i>loxapine capsule 25mg</i>	3	
<i>loxapine capsule 50mg</i>	3	
<i>loxapine capsule 5mg</i>	3	
<i>molindone hydrochloride tablet 10mg</i>	4	
<i>molindone hydrochloride tablet 25mg</i>	4	
<i>molindone hydrochloride tablet 5mg</i>	4	
<i>perphenazine tablet 16mg</i>	4	
<i>perphenazine tablet 2mg</i>	4	
<i>perphenazine tablet 4mg</i>	4	
<i>perphenazine tablet 8mg</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>pimozide tablet 1mg</i>	4	
<i>pimozide tablet 2mg</i>	4	
<i>thioridazine hcl tablet 100mg</i>	3	
<i>thioridazine hcl tablet 10mg</i>	3	
<i>thioridazine hcl tablet 25mg</i>	3	
<i>thioridazine hcl tablet 50mg</i>	3	
<i>thiothixene capsule 10mg</i>	4	
<i>thiothixene capsule 1mg</i>	4	
<i>thiothixene capsule 2mg</i>	4	
<i>thiothixene capsule 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg</i>	3	
<i>trifluoperazine hcl tablet 2mg</i>	3	
<i>trifluoperazine hcl tablet 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 15mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 20mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 2mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 5mg</i>	3	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	
ARISTADA INJECTION 441MG/1.6ML	5	
ARISTADA INJECTION 662MG/2.4ML	5	
ARISTADA INJECTION 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 2.5mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 21MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK TABLET 0	4	QL(8 EA per 180 days); ST NSO
FANAPT TABLET 10MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 12MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 1MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 2MG	5	QL(60 EA per 30 days); ST NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 15MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 20MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt tablet disintegrating 10mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 15mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 20mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 5mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 15mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 20mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 7.5mg</i>	2	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 3mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 9mg</i>	4	QL(30 EA per 30 days)
PERSERIS INJECTION 120MG	5	
PERSERIS INJECTION 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	4	QL(90 EA per 30 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 300mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 25mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG	5	QL(30 EA per 30 days)
REXULTI TABLET 0.5MG	5	QL(30 EA per 30 days)
REXULTI TABLET 1MG	5	QL(30 EA per 30 days)
REXULTI TABLET 2MG	5	QL(30 EA per 30 days)
REXULTI TABLET 3MG	5	QL(30 EA per 30 days)
REXULTI TABLET 4MG	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 2mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 3mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	3	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 0.5mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 1mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 2mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 3mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 4mg</i>	2	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK 0	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE 1.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 3MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 4.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 6MG	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl capsule 20mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 40mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 60mg</i>	3	QL(60 EA per 30 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl capsule 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG	5	
ZYPREXA RELPREVV INJECTION 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg</i>	4	
<i>dantrolene sodium capsule 25mg</i>	4	
<i>dantrolene sodium capsule 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir injection 75mg/ml</i>	5	
<i>ganciclovir injection 500mg/10ml</i>	3	B/D
<i>ganciclovir injection 500mg</i>	3	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS TABLET 240MG	5	
PREVYMIS TABLET 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	4	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	4	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg</i>	4	QL(30 EA per 30 days)
<i>entecavir tablet 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INJECTION 600MG/3ML	5	
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL(30 EA per 30 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	
ISENTRESS PACKET 100MG	5	
ISENTRESS TABLET CHEWABLE 100MG	4	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET 400MG	5	
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG	5	
TIVICAY TABLET 50MG	5	
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL(30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABLET 25MG	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg</i>	4	
<i>efavirenz capsule 50mg</i>	4	
<i>efavirenz tablet 600mg</i>	4	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
<i>nevirapine suspension 50mg/5ml</i>	3	
<i>nevirapine tablet 200mg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PIFELTRO TABLET 100MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate tablet 300mg</i>	4	
<i>abacavir solution 20mg/ml</i>	4	
<i>abacavir tablet 300mg</i>	4	
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	2	
EMTRIVA SOLUTION 10MG/ML	4	
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg</i>	4	
<i>lamivudine tablet 300mg</i>	4	
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
<i>stavudine capsule 15mg</i>	4	
<i>stavudine capsule 20mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 40mg</i>	4	
TEMIXYS TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL(60 EA per 30 days)
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG	5	
VIREAD TABLET 200MG	5	
VIREAD TABLET 250MG	5	
<i>zidovudine capsule 100mg</i>	3	
<i>zidovudine syrup 50mg/5ml</i>	3	
<i>zidovudine tablet 300mg</i>	3	
Anti-HIV Agents, Other		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg</i>	5	
<i>maraviroc tablet 300mg</i>	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
APTIVUS SOLUTION 100MG/ML	5	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	
<i>darunavir tablet 600mg</i>	5	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	3	
NORVIR SOLUTION 80MG/ML	4	
PREZCOBIX TABLET 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	
PREZISTA TABLET 150MG	4	
PREZISTA TABLET 75MG	4	
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 250MG	5	
VIRACEPT TABLET 625MG	5	
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
Antihherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg</i>	2	
<i>acyclovir tablet 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	3	
<i>famciclovir tablet 250mg</i>	3	
<i>famciclovir tablet 500mg</i>	3	
<i>valacyclovir hcl tablet 1gm</i>	3	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hcl tablet 30mg</i>	3	
<i>bupirone hydrochloride tablet 10mg</i>	2	
<i>bupirone hydrochloride tablet 5mg</i>	2	
<i>bupirone hydrochloride tablet 7.5mg</i>	3	
<i>hydroxyzine pamoate capsule 100mg</i>	4	
<i>hydroxyzine pamoate capsule 25mg</i>	4	
<i>hydroxyzine pamoate capsule 50mg</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	3	
<i>diazepam concentrate 5mg/ml</i>	3	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	3	
<i>diazepam tablet 10mg</i>	3	QL(120 EA per 30 days)
<i>diazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
<i>diazepam tablet 5mg</i>	3	QL(240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	3	QL(150 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg</i>	2	
<i>lithium carbonate er tablet extended release 450mg</i>	2	
<i>lithium carbonate capsule 150mg</i>	2	
<i>lithium carbonate capsule 300mg</i>	2	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet 100mg</i>	2	
<i>acarbose tablet 25mg</i>	2	
<i>acarbose tablet 50mg</i>	2	
BYDUREON BCISE INJECTION 2MG/0.85ML	4	QL(3.4 ML per 28 days); PA
FARXIGA TABLET 10MG	3	
FARXIGA TABLET 5MG	3	
<i>glimepiride tablet 1mg</i>	1	
<i>glimepiride tablet 2mg</i>	1	
<i>glimepiride tablet 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 5mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 5mg; 500mg</i>	1	
<i>glipizide tablet 10mg</i>	1	
<i>glipizide tablet 5mg</i>	1	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	2	
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg</i>	2	
<i>glyburide/metformin hydrochloride tablet 5mg; 500mg</i>	2	
<i>glyburide tablet 1.25mg</i>	2	
<i>glyburide tablet 2.5mg</i>	2	
<i>glyburide tablet 5mg</i>	2	
GLYXAMBI TABLET 10MG; 5MG	3	
GLYXAMBI TABLET 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG	3	
JANUMET TABLET 500MG; 50MG	3	
JANUVIA TABLET 100MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 25MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 50MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	
JARDIANCE TABLET 25MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 500MG	3	
JENTADUETO TABLET 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg</i>	1	
<i>metformin hydrochloride tablet 500mg</i>	1	
<i>metformin hydrochloride tablet 850mg</i>	1	
MOUNJARO INJECTION 10MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 15MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	1	
<i>nateglinide tablet 60mg</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 4MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	2	
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg</i>	1	
<i>pioglitazone hydrochloride tablet 30mg</i>	1	
<i>repaglinide tablet 0.5mg</i>	1	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tablet 1mg</i>	1	
<i>repaglinide tablet 2mg</i>	1	
RYBELSUS TABLET 14MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
RYBELSUS TABLET 7MG	3	QL(30 EA per 30 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 500MG	3	
SYNJARDY TABLET 5MG; 1000MG	3	
SYNJARDY TABLET 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	
TRULICITY INJECTION 0.75MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 1.5MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 3MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYOPEN 1-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYOPEN 1-PACK INJECTION 1MG/0.2ML	3	
GVOKE HYOPEN 2-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYOPEN 2-PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
INSULIN LISPRO INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LEVEMIR FLEXPEN INJECTION 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	
LEVEMIR INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	

Blood Products and Modifiers

Anticoagulants

ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium injection 120mg/0.8ml</i>	4	
<i>enoxaparin sodium injection 150mg/ml</i>	4	
<i>enoxaparin sodium injection 300mg/3ml</i>	4	
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	
<i>enoxaparin sodium injection 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	
<i>jantoven tablet 3mg</i>	1	
<i>jantoven tablet 4mg</i>	1	
<i>jantoven tablet 5mg</i>	1	
<i>jantoven tablet 6mg</i>	1	
<i>jantoven tablet 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg</i>	1	
<i>warfarin sodium tablet 1mg</i>	1	
<i>warfarin sodium tablet 2.5mg</i>	1	
<i>warfarin sodium tablet 2mg</i>	1	
<i>warfarin sodium tablet 3mg</i>	1	
<i>warfarin sodium tablet 4mg</i>	1	
<i>warfarin sodium tablet 5mg</i>	1	
<i>warfarin sodium tablet 6mg</i>	1	
<i>warfarin sodium tablet 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(60 EA per 30 days)
XARELTO TABLET 20MG	3	QL(30 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg</i>	3	
<i>anagrelide hydrochloride capsule 1mg</i>	3	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML	5	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION 3000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	PA
PROMACTA PACKET 25MG	5	PA
PROMACTA TABLET 12.5MG	5	PA
PROMACTA TABLET 25MG	5	PA
PROMACTA TABLET 50MG	5	PA
PROMACTA TABLET 75MG	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 20MG	5	QL(60 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 5MG	5	QL(60 EA per 30 days); PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE ER CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
BRILINTA TABLET 60MG	4	
BRILINTA TABLET 90MG	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
<i>prasugrel tablet 10mg</i>	4	
<i>prasugrel tablet 5mg</i>	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.2mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.3mg/24hr</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hydrochloride tablet 0.1mg</i>	2	
<i>clonidine hydrochloride tablet 0.2mg</i>	2	
<i>clonidine hydrochloride tablet 0.3mg</i>	2	
<i>droxidopa capsule 100mg</i>	4	PA
<i>droxidopa capsule 200mg</i>	4	PA
<i>droxidopa capsule 300mg</i>	4	PA
<i>guanfacine hydrochloride tablet 1mg</i>	4	
<i>guanfacine hydrochloride tablet 2mg</i>	4	
<i>methyldopa tablet 250mg</i>	4	
<i>methyldopa tablet 500mg</i>	4	
<i>midodrine hcl tablet 10mg</i>	2	
<i>midodrine hcl tablet 2.5mg</i>	2	
<i>midodrine hcl tablet 5mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg</i>	2	
<i>prazosin hydrochloride capsule 2mg</i>	2	
<i>prazosin hydrochloride capsule 5mg</i>	2	
<i>terazosin hcl capsule 10mg</i>	2	
<i>terazosin hcl capsule 1mg</i>	2	
<i>terazosin hcl capsule 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	2	
<i>candesartan cilexetil tablet 32mg</i>	2	
<i>candesartan cilexetil tablet 4mg</i>	2	
<i>candesartan cilexetil tablet 8mg</i>	2	
<i>irbesartan tablet 150mg</i>	1	
<i>irbesartan tablet 300mg</i>	1	
<i>irbesartan tablet 75mg</i>	1	
<i>losartan potassium tablet 100mg</i>	1	
<i>losartan potassium tablet 25mg</i>	1	
<i>losartan potassium tablet 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg</i>	2	
<i>olmesartan medoxomil tablet 40mg</i>	2	
<i>olmesartan medoxomil tablet 5mg</i>	2	
<i>telmisartan tablet 20mg</i>	2	
<i>telmisartan tablet 40mg</i>	2	
<i>telmisartan tablet 80mg</i>	2	
<i>valsartan tablet 160mg</i>	2	
<i>valsartan tablet 320mg</i>	2	
<i>valsartan tablet 40mg</i>	2	
<i>valsartan tablet 80mg</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg</i>	1	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tablet 40mg</i>	1	
<i>benazepril hcl tablet 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>enalapril maleate tablet 10mg</i>	1	
<i>enalapril maleate tablet 2.5mg</i>	1	
<i>enalapril maleate tablet 20mg</i>	1	
<i>enalapril maleate tablet 5mg</i>	1	
<i>fosinopril sodium tablet 10mg</i>	2	
<i>fosinopril sodium tablet 20mg</i>	2	
<i>fosinopril sodium tablet 40mg</i>	2	
<i>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	
<i>lisinopril tablet 30mg</i>	1	
<i>lisinopril tablet 40mg</i>	1	
<i>lisinopril tablet 5mg</i>	1	
<i>moexipril hcl tablet 15mg</i>	3	
<i>moexipril hcl tablet 7.5mg</i>	3	
<i>perindopril erbumine tablet 2mg</i>	3	
<i>perindopril erbumine tablet 4mg</i>	3	
<i>perindopril erbumine tablet 8mg</i>	3	
<i>quinapril hcl tablet 20mg</i>	1	
<i>quinapril hcl tablet 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg</i>	1	
<i>quinapril hydrochloride tablet 5mg</i>	1	
<i>ramipril capsule 1.25mg</i>	1	
<i>ramipril capsule 10mg</i>	1	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 5mg</i>	1	
<i>trandolapril tablet 1mg</i>	2	
<i>trandolapril tablet 2mg</i>	2	
<i>trandolapril tablet 4mg</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 400mg</i>	4	
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg</i>	2	
<i>digoxin tablet 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	2	
<i>digox tablet 125mcg</i>	2	
<i>digox tablet 250mcg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide capsule 125mcg</i>	4	
<i>dofetilide capsule 250mcg</i>	4	
<i>dofetilide capsule 500mcg</i>	4	
<i>flecainide acetate tablet 100mg</i>	2	
<i>flecainide acetate tablet 150mg</i>	2	
<i>flecainide acetate tablet 50mg</i>	2	
<i>mexiletine hcl capsule 150mg</i>	4	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hcl capsule 250mg</i>	4	
<i>pacerone tablet 100mg</i>	4	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 400mg</i>	4	
<i>propafenone hcl tablet 150mg</i>	2	
<i>propafenone hcl tablet 225mg</i>	2	
<i>propafenone hcl tablet 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 325mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 425mg</i>	4	
<i>quinidine sulfate tablet 200mg</i>	3	
<i>quinidine sulfate tablet 300mg</i>	3	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 240mg</i>	2	
<i>sorine tablet 80mg</i>	2	
<i>sotalol hcl tablet 120mg</i>	2	
<i>sotalol hcl tablet 160mg</i>	2	
<i>sotalol hcl tablet 240mg</i>	2	
<i>sotalol hcl tablet 80mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg</i>	2	
<i>sotalol hydrochloride (af) tablet 160mg</i>	2	
<i>sotalol hydrochloride (af) tablet 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg</i>	2	
<i>sotalol hydrochloride tablet 160mg</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride capsule 200mg</i>	2	
<i>acebutolol hydrochloride capsule 400mg</i>	2	
<i>atenolol tablet 100mg</i>	1	
<i>atenolol tablet 25mg</i>	1	
<i>atenolol tablet 50mg</i>	1	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tablet 10mg</i>	3	
<i>betaxolol hcl tablet 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg</i>	2	
<i>bisoprolol fumarate tablet 5mg</i>	2	
<i>carvedilol tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	
<i>carvedilol tablet 3.125mg</i>	1	
<i>carvedilol tablet 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg</i>	2	
<i>labetalol hydrochloride tablet 200mg</i>	2	
<i>labetalol hydrochloride tablet 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg</i>	1	
<i>metoprolol tartrate tablet 25mg</i>	1	
<i>metoprolol tartrate tablet 37.5mg</i>	1	
<i>metoprolol tartrate tablet 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg</i>	4	
<i>nadolol tablet 40mg</i>	4	
<i>nadolol tablet 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg</i>	4	
<i>nebivolol hydrochloride tablet 2.5mg</i>	4	
<i>nebivolol hydrochloride tablet 20mg</i>	4	
<i>nebivolol hydrochloride tablet 5mg</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	3	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg</i>	1	
<i>amlodipine besylate tablet 2.5mg</i>	1	
<i>amlodipine besylate tablet 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg</i>	2	
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	2	
<i>felodipine er tablet extended release 24 hour 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	
<i>diltiazem hcl tablet 30mg</i>	2	
<i>diltiazem hcl tablet 60mg</i>	2	
<i>diltiazem hcl tablet 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 180mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 240mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 300mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl er tablet extended release 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	4	
<i>verapamil hcl tablet 40mg</i>	2	
<i>verapamil hcl tablet 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 125mg</i>	4	
<i>acetazolamide tablet 250mg</i>	4	
<i>aliskiren tablet 150mg</i>	3	
<i>aliskiren tablet 300mg</i>	3	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	3	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg</i>	1	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg</i>	2	
<i>amlodipine besylate/valsartan tablet 10mg; 320mg</i>	2	
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	
<i>amlodipine besylate/valsartan tablet 5mg; 320mg</i>	2	
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	2	
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	2	
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>	2	
CORLANOR TABLET 5MG	4	QL(60 EA per 30 days); PA
CORLANOR TABLET 7.5MG	4	QL(60 EA per 30 days); PA
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	
ENTRESTO TABLET 24MG; 26MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 97MG; 103MG	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	2	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	
KERENDIA TABLET 10MG	4	QL(30 EA per 30 days); PA
KERENDIA TABLET 20MG	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	1	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg</i>	2	
<i>pentoxifylline er tablet extended release 400mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	4	
<i>ranolazine er tablet extended release 12 hour 500mg</i>	4	
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	3	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	1	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg</i>	2	
<i>bumetanide tablet 1mg</i>	2	
<i>bumetanide tablet 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	3	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>toremide tablet 100mg</i>	2	
<i>toremide tablet 10mg</i>	2	
<i>toremide tablet 20mg</i>	2	
<i>toremide tablet 5mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tablet 100mg</i>	2	
<i>spironolactone tablet 25mg</i>	2	
<i>spironolactone tablet 50mg</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg</i>	2	
<i>chlorthalidone tablet 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 25mg</i>	1	
<i>hydrochlorothiazide tablet 50mg</i>	1	
<i>indapamide tablet 1.25mg</i>	2	
<i>indapamide tablet 2.5mg</i>	2	
<i>metolazone tablet 10mg</i>	3	
<i>metolazone tablet 2.5mg</i>	3	
<i>metolazone tablet 5mg</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg</i>	2	
<i>fenofibrate micronized capsule 200mg</i>	2	
<i>fenofibrate micronized capsule 67mg</i>	2	
<i>fenofibrate capsule 200mg</i>	2	
<i>fenofibrate capsule 67mg</i>	2	
<i>fenofibrate tablet 145mg</i>	2	
<i>fenofibrate tablet 160mg</i>	2	
<i>fenofibrate tablet 48mg</i>	2	
<i>fenofibrate tablet 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg</i>	4	
<i>fenofibric acid dr capsule delayed release 45mg</i>	4	
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg</i>	1	
<i>atorvastatin calcium tablet 20mg</i>	1	
<i>atorvastatin calcium tablet 40mg</i>	1	
<i>atorvastatin calcium tablet 80mg</i>	1	
<i>fluvastatin capsule 20mg</i>	4	
<i>fluvastatin capsule 40mg</i>	4	
LIVALO TABLET 1MG	4	ST
LIVALO TABLET 2MG	4	ST
LIVALO TABLET 4MG	4	ST
<i>lovastatin tablet 10mg</i>	1	
<i>lovastatin tablet 20mg</i>	1	
<i>lovastatin tablet 40mg</i>	1	
<i>pravastatin sodium tablet 10mg</i>	1	
<i>pravastatin sodium tablet 20mg</i>	1	
<i>pravastatin sodium tablet 40mg</i>	1	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tablet 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg</i>	1	
<i>rosuvastatin calcium tablet 20mg</i>	1	
<i>rosuvastatin calcium tablet 40mg</i>	1	
<i>rosuvastatin calcium tablet 5mg</i>	1	
<i>simvastatin tablet 10mg</i>	1	
<i>simvastatin tablet 20mg</i>	1	
<i>simvastatin tablet 40mg</i>	1	
<i>simvastatin tablet 5mg</i>	1	
<i>simvastatin tablet 80mg</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hcl granules 5gm</i>	4	
<i>colestipol hcl packet 5gm</i>	4	
<i>colestipol hcl tablet 1gm</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 10mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 20mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 40mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 80mg</i>	2	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm</i>	4	
<i>icosapent ethyl capsule 1gm</i>	4	
<i>niacin er tablet extended release 1000mg</i>	4	
<i>niacin er tablet extended release 500mg</i>	4	
<i>niacin er tablet extended release 750mg</i>	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
<i>repatha sureclick injection 140mg/ml</i>	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg</i>	3	
<i>isosorbide dinitrate tablet 20mg</i>	3	
<i>isosorbide dinitrate tablet 30mg</i>	3	
<i>isosorbide dinitrate tablet 5mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg</i>	2	
<i>isosorbide mononitrate tablet 20mg</i>	2	
NITRO-BID OINTMENT 2%	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg</i>	2	
<i>nitroglycerin tablet sublingual 0.4mg</i>	2	
<i>nitroglycerin tablet sublingual 0.6mg</i>	2	
VERQUVO TABLET 10MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 5MG	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	2	
<i>hydralazine hydrochloride tablet 50mg</i>	2	
<i>minoxidil tablet 10mg</i>	3	
<i>minoxidil tablet 2.5mg</i>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 18mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 40mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 60mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 4mg</i>	3	
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABLET 12MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 6MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 9MG	5	QL(120 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	4	PA
<i>riluzole tablet 50mg</i>	4	PA
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	4	PA
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
Fibromyalgia Agents		
<i>pregabalin capsule 100mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 150mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 200mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 225mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 25mg</i>	2	QL(90 EA per 30 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 50mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 12.5MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 25MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL(120 EA per 30 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack miscellaneous 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate capsule delayed release 240mg</i>	4	QL(60 EA per 30 days); PA
<i> fingolimod capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
TYSABRI INJECTION 300MG/15ML	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution 0.12%</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>pilocarpine hydrochloride tablet 5mg</i>	4	
<i>pilocarpine hydrochloride tablet 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin capsule 10mg</i>	4	
<i>acitretin capsule 17.5mg</i>	4	
<i>acitretin capsule 25mg</i>	4	
<i>amnesteem capsule 10mg</i>	4	
<i>amnesteem capsule 20mg</i>	4	
<i>amnesteem capsule 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	
<i>claravis capsule 20mg</i>	4	
<i>claravis capsule 30mg</i>	4	
<i>claravis capsule 40mg</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg</i>	4	
<i>isotretinoin capsule 20mg</i>	4	
<i>isotretinoin capsule 30mg</i>	4	
<i>isotretinoin capsule 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>myorisan capsule 10mg</i>	4	
<i>myorisan capsule 20mg</i>	4	
<i>myorisan capsule 30mg</i>	4	
<i>myorisan capsule 40mg</i>	4	
<i>rosadan cream 0.75%</i>	4	
<i>rosadan gel 0.75%</i>	4	
<i>tazarotene cream 0.1%</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg</i>	4	
<i>zenatane capsule 20mg</i>	4	
<i>zenatane capsule 30mg</i>	4	
<i>zenatane capsule 40mg</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<i>ammonium lactate cream 12%</i>	3	
<i>ammonium lactate lotion 12%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate e cream 0.05%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	3	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	3	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	3	QL(120 GM per 30 days)
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	3	
<i>fluocinonide ointment 0.05%</i>	3	
<i>fluocinonide solution 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	3	
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%</i>	4	
<i>tacrolimus ointment 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%</i>	2	
<i>triamcinolone acetonide ointment 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.1%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	3	
<i>ciclodan solution 8%</i>	2	PA
<i>ciclopirox nail lacquer solution 8%</i>	2	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/nacl 0.45% injection 5%; 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9% injection 5%; 0.9%</i>	3	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq</i>	2	
<i>potassium chloride er capsule extended release 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 8meq</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride solution 10%</i>	4	
<i>potassium chloride solution 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg</i>	4	
<i>potassium citrate er tablet extended release 15meq</i>	4	
<i>potassium citrate er tablet extended release 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%</i>	3	
<i>sodium chloride injection 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	5	PA
<i>deferasirox packet 180mg</i>	5	PA
<i>deferasirox packet 360mg</i>	5	PA
<i>deferasirox packet 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate packet 0.8gm</i>	4	
<i>sevelamer carbonate packet 2.4gm</i>	4	
<i>sevelamer carbonate tablet 800mg</i>	4	
Potassium Binders		
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 16.8GM	4	
VELTASSA PACKET 25.2GM	4	
VELTASSA PACKET 8.4GM	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 290MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	4	QL(60 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	4	QL(60 EA per 30 days)
MOTEGRITY TABLET 1MG	3	QL(30 EA per 30 days)
MOTEGRITY TABLET 2MG	3	QL(30 EA per 30 days)
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>difenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hcl capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg</i>	3	PA
<i>glycopyrrolate tablet 2mg</i>	3	PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride injection 5mg/ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
RECTIV OINTMENT 0.4%	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol tablet 250mg</i>	3	
<i>ursodiol tablet 500mg</i>	3	
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg</i>	2	
<i>famotidine tablet 40mg</i>	2	
<i>nizatidine capsule 150mg</i>	4	
<i>nizatidine capsule 300mg</i>	4	
<i>nizatidine solution 15mg/ml</i>	4	
Protectants		
<i>misoprostol tablet 100mcg</i>	3	
<i>misoprostol tablet 200mcg</i>	3	
<i>sucrafate tablet 1gm</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg</i>	3	QL(60 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 40mg</i>	3	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME INJECTION 2.9MG/5ML	5	PA
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG	5	PA
CHOLBAM CAPSULE 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG	4	
CYSTAGON CAPSULE 50MG	4	
ELAPRASE INJECTION 6MG/3ML	5	PA
ENDARI PACKET 5GM	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG	5	PA
FABRAZYME INJECTION 5MG	5	PA
KANUMA INJECTION 20MG/10ML	5	PA
LUMIZYME INJECTION 50MG	5	PA
<i>miglustat capsule 100mg</i>	5	PA
NAGLAZYME INJECTION 1MG/ML	5	PA
<i>nitisinone capsule 10mg</i>	5	
<i>nitisinone capsule 20mg</i>	5	
<i>nitisinone capsule 2mg</i>	5	
<i>nitisinone capsule 5mg</i>	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride packet 100mg</i>	5	PA
<i>sapropterin dihydrochloride packet 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
STRENSIQ INJECTION 18MG/0.45ML	5	PA
STRENSIQ INJECTION 28MG/0.7ML	5	PA
STRENSIQ INJECTION 40MG/ML	5	PA
STRENSIQ INJECTION 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	PA
TEGSEDI INJECTION 284MG/1.5ML	5	PA
VIMIZIM INJECTION 5MG/5ML	5	PA
VYNDAQEL CAPSULE 20MG	5	QL(120 EA per 30 days); PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPSULE 50MG	5	QL(120 EA per 30 days); PA
ZOKINVY CAPSULE 75MG	5	QL(120 EA per 30 days); PA

Genitourinary Agents

Antispasmodics, Urinary

GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride syrup 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er capsule extended release 24 hour 4mg</i>	4	
<i>tolterodine tartrate tablet 1mg</i>	4	
<i>tolterodine tartrate tablet 2mg</i>	4	
<i>tropium chloride tablet 20mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg</i>	2	
<i>doxazosin mesylate tablet 2mg</i>	2	
<i>doxazosin mesylate tablet 4mg</i>	2	
<i>doxazosin mesylate tablet 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	3	
<i>finasteride tablet 5mg</i>	2	
<i>silodosin capsule 4mg</i>	3	
<i>silodosin capsule 8mg</i>	3	
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg</i>	3	
<i>bethanechol chloride tablet 25mg</i>	3	
<i>bethanechol chloride tablet 50mg</i>	3	
<i>bethanechol chloride tablet 5mg</i>	3	
<i>d-penamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg</i>	2	
<i>dexamethasone tablet 0.75mg</i>	2	
<i>dexamethasone tablet 1.5mg</i>	2	
<i>dexamethasone tablet 1mg</i>	2	
<i>dexamethasone tablet 2mg</i>	2	
<i>dexamethasone tablet 4mg</i>	2	
<i>dexamethasone tablet 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg</i>	2	
<i>hydrocortisone tablet 20mg</i>	2	
<i>hydrocortisone tablet 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg</i>	2	
<i>methylprednisolone tablet 4mg</i>	2	
<i>methylprednisolone tablet 8mg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet 10mg</i>	2	
<i>prednisone tablet 1mg</i>	2	
<i>prednisone tablet 2.5mg</i>	2	
<i>prednisone tablet 20mg</i>	2	
<i>prednisone tablet 50mg</i>	2	
<i>prednisone tablet 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABLET 300MG	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg</i>	4	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	4	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate injection 100mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
TESTOSTERONE PUMP GEL 1%	4	PA
<i>testosterone pump gel 1.62%</i>	4	PA
TESTOSTERONE GEL 25MG/2.5GM	4	PA
TESTOSTERONE GEL 50MG/5GM	4	PA
Estrogens		
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 0; 0</i>	3	
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aubra tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
<i>chateal tablet 0.03mg; 0.15mg</i>	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	3	
<i>cyclafem 7/7/7 tablet 0; 0</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 0; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>dolishale tablet 20mcg; 90mcg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr</i>	4	
<i>dotti patch twice weekly 0.0375mg/24hr</i>	4	
<i>dotti patch twice weekly 0.05mg/24hr</i>	4	
<i>dotti patch twice weekly 0.075mg/24hr</i>	4	
<i>dotti patch twice weekly 0.1mg/24hr</i>	4	
<i>elinst tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol cream 0.1mg/gm</i>	4	
<i>estradiol gel 0.25mg/0.25gm</i>	4	
<i>estradiol gel 0.5mg/0.5gm</i>	4	
<i>estradiol gel 0.75mg/0.75gm</i>	4	
<i>estradiol gel 1.25mg/1.25gm</i>	4	
<i>estradiol gel 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.05mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.075mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr</i>	4	
<i>estradiol patch weekly 0.05mg/24hr</i>	4	
<i>estradiol patch weekly 0.06mg/24hr</i>	4	
<i>estradiol patch weekly 0.075mg/24hr</i>	4	
<i>estradiol patch weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 37.5mcg/24hr</i>	4	
<i>estradiol tablet 0.5mg</i>	2	
<i>estradiol tablet 1mg</i>	2	
<i>estradiol tablet 2mg</i>	2	
<i>estradiol tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>fayosim tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>femynor tablet 35mcg; 0.25mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>larissia tablet 20mcg; 0.1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg</i>	3	
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lillow tablet 30mcg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	
<i>lutra tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.0375mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.05mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.075mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol tablet 0; 0</i>	3	
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 0; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 0; 0</i>	3	
<i>nymyo tablet 35mcg; 0.25mg</i>	3	
<i>orsythia tablet 20mcg; 0.1mg</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrea tablet 0; 0</i>	3	
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	3	
<i>pirmella 7/7/7 tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG	4	
PREMARIN TABLET 0.45MG	4	
PREMARIN TABLET 0.625MG	4	
PREMARIN TABLET 0.9MG	4	
PREMARIN TABLET 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG	4	
PREMPRO TABLET 0.45MG; 1.5MG	4	
PREMPRO TABLET 0.625MG; 2.5MG	4	
PREMPRO TABLET 0.625MG; 5MG	4	
<i>previfem tablet 35mcg; 0.25mg</i>	3	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tarina fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri femynor tablet 0; 0</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-previfem tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zovia 1/35e tablet 35mcg; 1mg</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	QL(0.65 ML per 90 days)
<i>errin tablet 0.35mg</i>	3	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	
<i>jencycla tablet 0.35mg</i>	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg</i>	1	
<i>medroxyprogesterone acetate tablet 2.5mg</i>	1	
<i>medroxyprogesterone acetate tablet 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	4	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>megestrol acetate tablet 20mg</i>	3	PA NSO
<i>megestrol acetate tablet 40mg</i>	3	PA NSO
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyda tablet 0.35mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>norlyroc tablet 0.35mg</i>	3	
<i>sharobel tablet 0.35mg</i>	3	
<i>tulana tablet 0.35mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg</i>	1	
<i>euthyrox tablet 112mcg</i>	1	
<i>euthyrox tablet 125mcg</i>	1	
<i>euthyrox tablet 137mcg</i>	1	
<i>euthyrox tablet 150mcg</i>	1	
<i>euthyrox tablet 175mcg</i>	1	
<i>euthyrox tablet 200mcg</i>	1	
<i>euthyrox tablet 25mcg</i>	1	
<i>euthyrox tablet 50mcg</i>	1	
<i>euthyrox tablet 75mcg</i>	1	
<i>euthyrox tablet 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg</i>	1	
<i>levothyroxine sodium tablet 112mcg</i>	1	
<i>levothyroxine sodium tablet 125mcg</i>	1	
<i>levothyroxine sodium tablet 137mcg</i>	1	
<i>levothyroxine sodium tablet 150mcg</i>	1	
<i>levothyroxine sodium tablet 175mcg</i>	1	
<i>levothyroxine sodium tablet 200mcg</i>	1	
<i>levothyroxine sodium tablet 25mcg</i>	1	
<i>levothyroxine sodium tablet 300mcg</i>	1	
<i>levothyroxine sodium tablet 50mcg</i>	1	
<i>levothyroxine sodium tablet 75mcg</i>	1	
<i>levothyroxine sodium tablet 88mcg</i>	1	
LEVOXYL TABLET 100MCG	3	
LEVOXYL TABLET 112MCG	3	
LEVOXYL TABLET 125MCG	3	
LEVOXYL TABLET 137MCG	3	
LEVOXYL TABLET 150MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200MCG	3	
LEVOXYL TABLET 25MCG	3	
LEVOXYL TABLET 50MCG	3	
LEVOXYL TABLET 75MCG	3	
LEVOXYL TABLET 88MCG	3	
<i>liothyronine sodium tablet 25mcg</i>	3	
<i>liothyronine sodium tablet 50mcg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tablet 5mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(60 EA per 30 days); PA
LYSODREN TABLET 500MG	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
<i>octreotide acetate injection 1000mcg/ml</i>	4	PA
<i>octreotide acetate injection 100mcg/ml</i>	4	PA
<i>octreotide acetate injection 200mcg/ml</i>	4	PA
<i>octreotide acetate injection 500mcg/ml</i>	4	PA
<i>octreotide acetate injection 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	PA NSO
SIGNIFOR INJECTION 0.3MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.6MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	PA
SOMAVERT INJECTION 15MG	5	PA
SOMAVERT INJECTION 20MG	5	PA
SOMAVERT INJECTION 25MG	5	PA
SOMAVERT INJECTION 30MG	5	PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil tablet 50mg</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>sajazir injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
OCTAGAM INJECTION 10GM/200ML	5	PA
OCTAGAM INJECTION 2.5GM/50ML	5	PA
OCTAGAM INJECTION 5GM/100ML	5	PA
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	PA
SYNAGIS INJECTION 50MG/0.5ML	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
ENJAYMO INJECTION 1100MG/22ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL(30 EA per 30 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
Immunostimulants		
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	PA NSO
INTRON A INJECTION 10000000UNIT/ML	5	PA NSO
INTRON A INJECTION 10000000UNIT	5	PA NSO
INTRON A INJECTION 18000000UNIT	5	PA NSO
INTRON A INJECTION 50000000UNIT	5	PA NSO

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION 6000000UNIT/ML	5	PA NSO
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified capsule 25mg</i>	4	B/D
<i>cyclosporine modified capsule 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg</i>	4	B/D
<i>cyclosporine capsule 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg</i>	5	B/D
<i>everolimus tablet 0.75mg</i>	5	B/D
<i>everolimus tablet 1mg</i>	5	B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf capsule 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
<i>leflunomide tablet 10mg</i>	3	
<i>leflunomide tablet 20mg</i>	3	
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	4	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET 0.2MG	4	B/D
PROGRAF PACKET 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg</i>	4	B/D
<i>tacrolimus capsule 1mg</i>	4	B/D

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus capsule 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric injection 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
MENACTRA INJECTION 0	3	
<i>menquadfi injection 0</i>	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
<i>quadracel injection 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
YF-VAX INJECTION 0	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	4	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution 70mg/75ml</i>	4	
<i>alendronate sodium tablet 10mg</i>	2	
<i>alendronate sodium tablet 35mg</i>	2	
<i>alendronate sodium tablet 5mg</i>	2	
<i>alendronate sodium tablet 70mg</i>	2	QL(4 EA per 28 days)
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	2	
CINACALCET HYDROCHLORIDE TABLET 30MG	4	
CINACALCET HYDROCHLORIDE TABLET 60MG	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule 1mcg</i>	4	
<i>paricalcitol capsule 2mcg</i>	4	
<i>paricalcitol capsule 4mcg</i>	4	
PROLIA INJECTION 60MG/ML	4	QL(2 ML per 365 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA NSO
IGALMI FILM 180MCG	4	PA NSO
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
<i>nutrilipid injection 20gm/100ml</i>	4	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
<i>sodium chloride 0.9% solution 0.9%</i>	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
VISTOGARD PACKET 10GM	5	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	3	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	4	
COMBIGAN SOLUTION 0.2%; 0.5%	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	3	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	3	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentak ointment 0.3%</i>	3	
<i>gentamicin sulfate solution 0.3%</i>	2	
<i>levofloxacin solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	4	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	3	
FLAREX SUSPENSION 0.1%	4	
<i>fluorometholone suspension 0.1%</i>	4	
<i>flurbiprofen sodium solution 0.03%</i>	2	
<i>ketorolac tromethamine solution 0.4%</i>	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
PROLENSA SOLUTION 0.07%	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%</i>	2	
<i>timolol maleate solution 0.5%</i>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	3	
<i>pilocarpine hcl solution 1%</i>	3	
<i>pilocarpine hcl solution 2%</i>	3	
<i>pilocarpine hcl solution 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml</i>	4	QL(120 ML per 30 days); B/D

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide suspension 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
Antihistamines		
<i>azelastine hcl solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	4	QL(23 GM per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg</i>	3	
<i>hydroxyzine hydrochloride tablet 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet chewable 4mg</i>	2	
<i>montelukast sodium tablet chewable 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg</i>	4	
<i>zafirlukast tablet 20mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
<i>ipratropium bromide solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide solution 0.03%</i>	3	
<i>ipratropium bromide solution 0.06%</i>	3	
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
EPINEPHRINE INJECTION 0.15MG/0.15ML	3	
EPINEPHRINE INJECTION 0.15MG/0.3ML	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG	5	PA
KALYDECO PACKET 25MG	5	PA
KALYDECO PACKET 50MG	5	PA
KALYDECO PACKET 75MG	5	PA
KALYDECO TABLET 150MG	5	PA
ORKAMBI TABLET 125MG; 100MG	5	QL(112 EA per 28 days); PA
ORKAMBI TABLET 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast tablet 250mcg</i>	4	PA
<i>roflumilast tablet 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 300mg</i>	4	
<i>theophylline er tablet extended release 12 hour 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg</i>	3	
<i>theophylline er tablet extended release 24 hour 600mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(60 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(270 ML per 30 days); PA
VENTAVIS SOLUTION 20MCG/ML	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPSULE 100MG	5	PA
OFEV CAPSULE 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
Respiratory Tract Agents, Other		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg</i>	3	

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tablet 5mg</i>	3	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 15MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 20MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 2mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 3mg</i>	3	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg</i>	3	QL(30 EA per 30 days)
<i>temazepam capsule 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	3	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	3	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 24213, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Index of Drugs

Drug Name	Page #	Drug Name	Page #
		<i>alprazolam</i>	40
		<i>altavera</i>	71
		ALUNBRIG	25
		<i>alyacen 1/35</i>	71
		<i>alyacen 7/7/7</i>	71
		<i>alyq</i>	90
		<i>amantadine hcl</i>	39
		<i>amethia</i>	71
		<i>amethyst</i>	71
		<i>amiloride hcl</i>	55
		<i>amiloride/hydrochlorothiazide</i>	53
		AMINOSYN II	63
		<i>amiodarone hydrochloride</i>	49
		<i>amitriptyline hcl</i>	18
		<i>amitriptyline hydrochloride</i>	18
		<i>amlodipine besylate</i>	51
		<i>amlodipine besylate/benazepril hydrochloride</i>	53
		<i>amlodipine besylate/valsartan</i>	54
		<i>ammonium lactate</i>	61
		<i>amnesteem</i>	60
		<i>amoxapine</i>	18
		<i>amoxicillin</i>	7
		<i>amoxicillin/clavulanate potassium</i>	7
		<i>amoxicillin/clavulanate potassium er</i>	7
		<i>amphetamine/dextroamphetamine</i>	58
		<i>amphotericin b</i>	19
		<i>amphotericin b liposome</i>	19
		<i>ampicillin</i>	8
		<i>ampicillin sodium</i>	8
		<i>ampicillin-sulbactam</i>	8
		<i>anagrelide hydrochloride</i>	46
		<i>anastrozole</i>	25
		ANORO ELLIPTA	91
		<i>aprepitant</i>	19
		APRETUDE	37
		APTIOM	13
		APTIVUS	39
		AREXVY	82
		<i>arformoterol tartrate</i>	89
		<i>aripiprazole</i>	33
		<i>aripiprazole odt</i>	33
		ARISTADA	33
		ARISTADA INITIO	33
		<i>armodafinil</i>	92
		ARNUITY ELLIPTA	88
Drug Name	Page #		
<i>abacavir</i>	38		
<i>abacavir sulfate</i>	38		
<i>abacavir sulfate/lamivudine</i>	38		
<i>abacavir sulfate/lamivudine/zidovudine</i>	38		
ABELCET	19		
ABILIFY MAINTENA	33		
<i>abiraterone acetate</i>	22		
ABRYSVO	82		
<i>acamprosate calcium dr</i>	4		
<i>acarbose</i>	41		
<i>acebutolol hcl</i>	50		
<i>acebutolol hydrochloride</i>	50		
<i>acetaminophen/codeine</i>	2		
<i>acetazolamide</i>	53		
<i>acetazolamide er</i>	87		
<i>acetic acid</i>	88		
<i>acetic acid 0.25%</i>	69		
<i>acitretin</i>	60		
ACTHIB	82		
ACTIMMUNE	79		
<i>acyclovir</i>	40		
<i>acyclovir</i>	63		
<i>acyclovir sodium</i>	40		
ADACEL	82		
<i>adefovir dipivoxil</i>	36		
ADEMPAS	90		
<i>afirmelle</i>	71		
AIMOVIG	21		
<i>ala-cort</i>	61		
<i>albendazole</i>	30		
<i>albuterol sulfate</i>	89		
<i>albuterol sulfate hfa</i>	89		
<i>alclometasone dipropionate</i>	61		
ALCOHOL PREP PADS	85		
ALDURAZYME	67		
ALECENSA	25		
<i>alendronate sodium</i>	84		
<i>alfuzosin hcl er</i>	69		
ALINIA	30		
<i>aliskiren</i>	53		
<i>allopurinol</i>	20		
<i>alosetron hydrochloride</i>	65		
ALPHAGAN P	87		

Drug Name	Page #	Drug Name	Page #
<i>asenapine maleate sl</i>	33	<i>azithromycin</i>	9
<i>ashlyna</i>	71	<i>aztreonam</i>	5
ASMANEX HFA	88	<i>azurette</i>	71
ASMANEX TWISTHALER 120 METERED DOSES	88	<i>bacitracin</i>	87
ASMANEX TWISTHALER 14 METERED DOSES	88	<i>bacitracin/polymyxin b</i>	86
ASMANEX TWISTHALER 30 METERED DOSES	88	<i>baclofen</i>	36
ASMANEX TWISTHALER 60 METERED DOSES	88	BAFIERTAM	60
ASMANEX TWISTHALER 7 METERED DOSES	88	<i>balsalazide disodium</i>	84
<i>aspirin/dipyridamole</i>	47	BALVERSA	25
ASPIRIN/DIPYRIDAMOLE ER	47	<i>balziva</i>	71
ASTAGRAF XL	80	BAQSIMI ONE PACK	43
<i>atazanavir</i>	39	BAQSIMI TWO PACK	43
<i>atazanavir sulfate</i>	39	BARACLUDGE	36
<i>atenolol</i>	50	BCG VACCINE	82
<i>atenolol/chlorthalidone</i>	54	BD INSULIN SYRINGE	85
<i>atomoxetine</i>	59	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine hydrochloride</i>	59	B-D INSULIN SYRINGE ULTRAFINE	85
<i>atorvastatin calcium</i>	56	II/0.3ML/31G X 5/16"	
<i>atovaquone</i>	30	BD INSULIN SYRINGE ULTRA-	85
<i>atovaquone/proguanil hcl</i>	30	FINE/0.5ML/30G X 12.7MM	
<i>atropine sulfate</i>	86	BD INSULIN SYRINGE ULTRA-	85
ATROVENT HFA	89	FINE/1ML/31G X 8MM	
<i>aubra</i>	71	BD INSULIN SYRINGE/1ML/29G X	85
<i>aubra eq</i>	71	12.7MM	
AUGMENTIN	8	BD PEN NEEDLE/ORIGINAL/ULTRA-	85
<i>aurovela 1.5/30</i>	71	FINE/29G X 12.7MM	
<i>aurovela 1/20</i>	71	BD VEO INSULIN SYRINGE ULTRA-	85
<i>aurovela fe 1.5/30</i>	71	FINE/0.3ML/31G X 6MM	
<i>aurovela fe 1/20</i>	71	BELSOMRA	92
AUSTEDO	59	<i>benazepril hcl</i>	48
AUVELITY	15	<i>benazepril hcl/hydrochlorothiazide</i>	54
<i>aviane</i>	71	<i>benazepril hydrochloride</i>	49
<i>ayuna</i>	71	<i>benazepril</i>	54
AYVAKIT	25	<i>hydrochloride/hydrochlorothiazide</i>	
<i>azathioprine</i>	80	BENLYSTA	78
<i>azelaic acid</i>	60	BENZNIDAZOLE	30
<i>azelastine hcl</i>	86	<i>benztropine mesylate</i>	30
<i>azelastine hcl</i>	89	BESIVANCE	87
<i>azelastine hydrochloride</i>	89	BESREMI	23
<i>azelastine hydrochloride/fluticasone</i> <i>propionate</i>	89	<i>betaine anhydrous</i>	67
		<i>betamethasone dipropionate</i>	61
		<i>betamethasone dipropionate augmented</i>	61
		<i>betamethasone valerate</i>	61
		BETASERON	60
		<i>betaxolol hcl</i>	51
		<i>betaxolol hcl</i>	87

Drug Name	Page #	Drug Name	Page #
<i>bethanechol chloride</i>	69	CABOMETYX	25
<i>bexarotene</i>	29	<i>calcipotriene</i>	62
BEXSERO	82	<i>calcitonin-salmon</i>	84
<i>bicalutamide</i>	22	<i>calcitriol</i>	84
BICILLIN L-A	8	<i>calcium acetate</i>	64
BIKTARVY	37	CALQUENCE	26
<i>bisoprolol fumarate</i>	51	<i>camila</i>	75
<i>bisoprolol fumarate/hydrochlorothiazide</i>	54	<i>camrese</i>	71
BIVIGAM	78	<i>camrese lo</i>	71
<i>blisovi fe 1.5/30</i>	71	<i>candesartan cilexetil</i>	48
<i>blisovi fe 1/20</i>	71	<i>candesartan cilexetil/hydrochlorothiazide</i>	54
BOOSTRIX	82	CAPLYTA	33
<i>bosentan</i>	90	CAPRELSA	26
BOSULIF	25	<i>carbamazepine</i>	13
BRAFTOVI	25	<i>carbamazepine er</i>	13
BREO ELLIPTA	91	<i>carbidopa</i>	31
BREZTRI AEROSPHERE	88	<i>carbidopa/levodopa</i>	31
<i>briellyn</i>	71	<i>carbidopa/levodopa er</i>	31
BRILINTA	47	<i>carbidopa/levodopa odt</i>	31
<i>brimonidine tartrate</i>	87	<i>carglumic acid</i>	63
<i>brimonidine tartrate/timolol maleate</i>	86	<i>carteolol hcl</i>	87
<i>brinzolamide</i>	87	<i>cartia xt</i>	52
BRIVIACT	10	<i>carvedilol</i>	51
<i>bromocriptine mesylate</i>	31	<i>caspofungin acetate</i>	19
BRONCHITOL	91	CAYSTON	90
BRUKINSA	25	CEFACTOR	6
<i>budesonide</i>	84	<i>cefadroxil</i>	6
<i>budesonide</i>	88	CEFAZOLIN	6
<i>budesonide er</i>	84	<i>cefazolin sodium</i>	6
<i>bumetanide</i>	55	<i>cefdinir</i>	6
<i>buprenorphine</i>	2	<i>cefepime</i>	6
<i>buprenorphine hcl</i>	4	<i>cefepime hydrochloride</i>	6
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>cefepime/dextrose</i>	6
<i>buprenorphine hydrochloride/naloxone</i>	4	<i>cefixime</i>	6
<i>hydrochloride</i>		<i>cefotaxime sodium</i>	6
<i>bupropion hcl</i>	15	<i>cefotetan</i>	6
<i>bupropion hydrochloride</i>	15	<i>cefoxitin sodium</i>	6
<i>bupropion hydrochloride er (sr)</i>	4	<i>cefpodoxime proxetil</i>	6
<i>bupropion hydrochloride er (sr)</i>	15	<i>cefprozil</i>	6
<i>bupropion hydrochloride er (xl)</i>	15	<i>ceftazidime</i>	7
<i>bupirone hcl</i>	40	<i>ceftazidime/dextrose</i>	6
<i>bupirone hydrochloride</i>	40	<i>ceftriaxone sodium</i>	7
BYDUREON BCISE	41	<i>cefuroxime axetil</i>	7
CABENUVA	37	<i>cefuroxime sodium</i>	7
<i>cabergoline</i>	77	<i>celecoxib</i>	1
CABLIVI	47	<i>cephalexin</i>	7

Drug Name	Page #	Drug Name	Page #
CERDELGA	67	<i>clonazepam</i>	12
<i>chateal</i>	71	<i>clonazepam odt</i>	12
<i>chateal eq</i>	71	<i>clonidine hcl</i>	47
CHEMET	64	<i>clonidine hydrochloride</i>	48
<i>chlorhexidine gluconate</i>	60	<i>clopidogrel</i>	47
<i>chloroquine phosphate</i>	30	<i>clorazepate dipotassium</i>	40
<i>chlorpromazine hcl</i>	32	<i>clotrimazole</i>	19
<i>chlorpromazine hydrochloride</i>	32	<i>clotrimazole/betamethasone dipropionate</i>	62
<i>chlorthalidone</i>	56	CLOVIQUE	64
CHOLBAM	67	<i>clozapine</i>	36
<i>cholestyramine</i>	57	<i>clozapine odt</i>	36
<i>cholestyramine light</i>	57	COARTEM	30
<i>ciclodan</i>	63	COLCHICINE	20
<i>ciclopirox</i>	63	<i>colesevelam hydrochloride</i>	57
<i>ciclopirox nail lacquer</i>	63	<i>colestipol hcl</i>	57
<i>ciclopirox olamine</i>	63	<i>colistimethate sodium</i>	5
<i>cidofovir</i>	36	COLUMVI	23
<i>cilostazol</i>	47	COMBIGAN	86
CIMDUO	38	COMBIVENT RESPIMAT	91
CINACALCET HYDROCHLORIDE	84	COMETRIQ	26
CINRYZE	78	COMPLERA	37
CIPRO	9	<i>compro</i>	19
<i>ciprofloxacin</i>	9	<i>constulose</i>	65
<i>ciprofloxacin</i>	88	COPIKTRA	26
<i>ciprofloxacin hcl</i>	9	CORLANOR	54
<i>ciprofloxacin hydrochloride</i>	9	COSENTYX	78
<i>ciprofloxacin hydrochloride</i>	87	COSENTYX SENSOREADY PEN	78
<i>ciprofloxacin i.v.-in d5w</i>	9	COSENTYX UNOREADY	78
<i>ciprofloxacin/dexamethasone</i>	88	COTELIC	26
<i>citalopram hydrobromide</i>	16	CREON	67
<i>claravis</i>	60	<i>cromolyn sodium</i>	67
<i>clarithromycin</i>	9	<i>cromolyn sodium</i>	86
<i>clarithromycin er</i>	9	<i>cromolyn sodium</i>	90
CLENPIQ	66	<i>cryselle-28</i>	71
CLIMARA PRO	71	CURITY GAUZE PADS 2"X2" 12 PLY	85
<i>clindacin etz pledgets</i>	5	CUVITRU	78
<i>clindacin-p</i>	5	<i>cyclafem 1/35</i>	71
<i>clindamycin hcl</i>	5	<i>cyclafem 7/7/7</i>	71
<i>clindamycin hydrochloride</i>	5	<i>cyclobenzaprine hydrochloride</i>	91
<i>clindamycin palmitate hcl</i>	5	<i>cyclophosphamide</i>	22
<i>clindamycin phosphate</i>	5	<i>cycloserine</i>	22
<i>clindamycin phosphate</i>	63	<i>cyclosporine</i>	80
<i>clobazam</i>	12	<i>cyclosporine</i>	86
<i>clobetasol propionate</i>	61	<i>cyclosporine modified</i>	80
<i>clobetasol propionate e</i>	61	CYLTEZO	80
<i>clomipramine hydrochloride</i>	18		

Drug Name	Page #	Drug Name	Page #
CYLTEZO STARTER PACKAGE FOR	80	<i>diclofenac sodium</i>	62
CROHNS DISEASE/UC/HS		<i>diclofenac sodium</i>	87
CYLTEZO STARTER PACKAGE FOR	80	<i>diclofenac sodium dr</i>	1
PSORIASIS		<i>diclofenac sodium er</i>	1
<i>cyproheptadine hydrochloride</i>	89	<i>dicloxacillin sodium</i>	8
CYSTAGON	67	<i>dicyclomine hydrochloride</i>	65
CYSTARAN	86	DIFICID	9
<i>dalfampridine er</i>	60	<i>digitek</i>	49
<i>danazol</i>	70	<i>digox</i>	49
<i>dantrolene sodium</i>	36	<i>digoxin</i>	49
<i>dapsone</i>	21	<i>dihydroergotamine mesylate</i>	20
DAPTACEL	82	DILANTIN	13
<i>daptomycin</i>	5	<i>diltiazem hcl</i>	52
<i>darunavir</i>	39	<i>diltiazem hcl cd</i>	52
DARZALEX FASPRO	29	<i>diltiazem hcl er</i>	52
<i>dasetta 1/35</i>	71	<i>diltiazem hydrochloride</i>	53
<i>dasetta 7/7/7</i>	71	<i>diltiazem hydrochloride er</i>	52
DAURISMO	26	<i>dilt-xr</i>	52
<i>daysee</i>	71	<i>dimethyl fumarate</i>	60
<i>deblitane</i>	75	<i>dimethyl fumarate starterpack</i>	60
<i>deferasirox</i>	64	<i>diphenhydramine hcl</i>	89
DELSTRIGO	37	<i>diphenhydramine hydrochloride</i>	89
<i>delyla</i>	71	<i>diphenoxylate hydrochloride/atropine</i>	65
<i>demeclocycline hcl</i>	10	<i>sulfate</i>	
<i>demeclocycline hydrochloride</i>	10	<i>diphtheria/tetanus toxoids adsorbed</i>	82
DENG VAXIA	82	<i>pediatric</i>	
DEPO-SUBQ PROVERA 104	75	<i>disulfiram</i>	4
DESCOVY	38	<i>divalproex sodium</i>	12
<i>desipramine hydrochloride</i>	18	<i>divalproex sodium dr</i>	12
<i>desmopressin acetate</i>	70	<i>divalproex sodium er</i>	12
<i>desogestrel/ethinyl estradiol</i>	71	<i>dofetilide</i>	50
<i>desonide</i>	61	<i>dolishale</i>	72
<i>desvenlafaxine er</i>	16	<i>donepezil hcl</i>	14
<i>dexamethasone</i>	69	<i>donepezil hydrochloride</i>	14
<i>dexamethasone sodium phosphate</i>	87	DOPTELET	47
<i>dextroamphetamine sulfate</i>	59	<i>dorzolamide hcl/timolol maleate</i>	86
<i>dextrose 5%</i>	63	<i>dorzolamide hydrochloride</i>	87
<i>dextrose 5%/nacl 0.45%</i>	63	<i>dotti</i>	72
<i>dextrose 5%/nacl 0.9%</i>	63	DOVATO	37
DIACOMIT	12	<i>doxazosin mesylate</i>	69
<i>diazepam</i>	40	<i>doxepin hcl</i>	18
<i>diazepam intensol</i>	40	<i>doxepin hydrochloride</i>	18
<i>diazepam rectal gel</i>	12	<i>doxy 100</i>	10
<i>diazoxide</i>	44	<i>doxycycline</i>	10
<i>diclofenac potassium</i>	1	<i>doxycycline hyclate</i>	10
<i>diclofenac sodium</i>	1	<i>doxycycline hyclate</i>	60

Drug Name	Page #	Drug Name	Page #
<i>doxycycline monohydrate</i>	10	<i>entecavir</i>	36
<i>d-penamamine</i>	69	ENTRESTO	54
DRIZALMA SPRINKLE	16	<i>enulose</i>	65
<i>dronabinol</i>	19	ENVARBUS XR	80
DROXIA	23	EPIDIOLEX	10
<i>droxidopa</i>	48	EPINEPHRINE	89
DULERA	91	<i>epitol</i>	13
<i>duloxetine hydrochloride</i>	16	EPKINLY	23
DUPIXENT	78	<i>eplerenone</i>	55
<i>dutasteride</i>	69	<i>epoprostenol sodium</i>	90
<i>ec-naproxen</i>	1	EPRONTIA	10
<i>econazole nitrate</i>	19	<i>ergoloid mesylates</i>	14
EDURANT	37	<i>ergotamine tartrate/caffeine</i>	20
<i>efavirenz</i>	37	ERIVEDGE	26
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	37	ERLEADA	22
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	37	<i>erlotinib hydrochloride</i>	26
<i>effe-r-k</i>	63	<i>errin</i>	75
ELAPRASE	67	<i>ertapenem</i>	8
<i>elinest</i>	72	<i>ertapenem sodium</i>	8
ELIQUIS	45	<i>ery</i>	63
ELIQUIS STARTER PACK	45	<i>erythromycin</i>	63
ELLA	85	<i>erythromycin</i>	87
ELMIRON	69	<i>erythromycin dr</i>	9
<i>eluryng</i>	72	<i>erythromycin/benzoyl peroxide</i>	60
EMCYT	23	<i>escitalopram oxalate</i>	16
EMGALITY	21	<i>esomeprazole magnesium</i>	66
EMPAVELI	79	<i>estarylla</i>	72
EMSAM	16	<i>estradiol</i>	72
<i>emtricitabine</i>	38	ESTRING	72
<i>emtricitabine/tenofovir disoproxil</i>	38	<i>eszopiclone</i>	92
<i>emtricitabine/tenofovir disoproxil fumarate</i>	38	<i>ethambutol hydrochloride</i>	22
EMTRIVA	38	<i>ethosuximide</i>	12
<i>enalapril maleate</i>	49	<i>ethynodiol diacetate/ethinyl estradiol</i>	72
<i>enalapril maleate/hydrochlorothiazide</i>	54	<i>etodolac</i>	1
ENBREL	80	<i>etonogestrel/ethinyl estradiol</i>	72
ENBREL MINI	80	<i>etravirine</i>	37
ENBREL SURECLICK	80	EUCRISA	61
ENDARI	67	<i>euthyrox</i>	76
<i>endocet</i>	2	<i>everolimus</i>	26
ENGERIX-B	82	<i>everolimus</i>	80
ENJAYMO	79	EVOTAZ	39
<i>enoxaparin sodium</i>	45	EVRYSDI	67
<i>enpresse-28</i>	72	<i>exemestane</i>	25
<i>entacapone</i>	30	EXKIVITY	26
		<i>ezetimibe</i>	57
		<i>ezetimibe/simvastatin</i>	57

Drug Name	Page #	Drug Name	Page #
FABRAZYME	67	<i>fluticasone propionate</i>	89
<i>falmina</i>	72	<i>fluticasone propionate/salmeterol diskus</i>	91
<i>famciclovir</i>	40	<i>fluvastatin</i>	56
<i>famotidine</i>	66	<i>fluvoxamine maleate</i>	17
FANAPT	33	<i>fondaparinux sodium</i>	46
FANAPT TITRATION PACK	33	FORTEO	84
FARXIGA	41	<i>fosamprenavir calcium</i>	39
FARYDAK	26	<i>fosinopril sodium</i>	49
FASENRA	91	<i>fosinopril sodium/hydrochlorothiazide</i>	54
FASENRA PEN	91	FOTIVDA	22
<i>fayosim</i>	72	<i>furosemide</i>	55
<i>febuxostat</i>	20	FUZEON	39
<i>felbamate</i>	10	<i>fyavolv</i>	72
<i>felodipine er</i>	51	FYCOMPA	10
<i>femynor</i>	72	<i>gabapentin</i>	12
<i>fenofibrate</i>	56	<i>galantamine hydrobromide</i>	15
<i>fenofibrate micronized</i>	56	<i>galantamine hydrobromide er</i>	14
<i>fenofibric acid dr</i>	56	GAMASTAN	78
<i>fentanyl</i>	2	<i>ganciclovir</i>	36
<i>fentanyl citrate oral transmucosal</i>	2	GARDASIL 9	82
FETZIMA	17	<i>gatifloxacin</i>	87
FETZIMA TITRATION PACK	16	<i>gavilyte-c</i>	66
FINACEA	61	<i>gavilyte-g</i>	66
<i>finasteride</i>	69	<i>gavilyte-n/ flavor pack</i>	66
<i> fingolimod</i>	60	GAVRETO	23
FINTEPLA	10	<i>gefitinib</i>	26
FIRMAGON	77	<i>gemfibrozil</i>	56
FLAREX	87	GEMTESA	68
<i>flecainide acetate</i>	50	<i>generlac</i>	65
<i>fluconazole</i>	19	<i>gengraf</i>	80
<i>fluconazole in sodium chloride</i>	19	GENOTROPIN	70
<i>flucytosine</i>	20	GENOTROPIN MINIQUICK	70
<i>fludrocortisone acetate</i>	69	<i>gentak</i>	87
<i>fluocinolone acetonide</i>	61	<i>gentamicin sulfate</i>	5
<i>fluocinonide</i>	62	<i>gentamicin sulfate</i>	87
<i>fluorometholone</i>	87	GENVOYA	37
<i>fluorouracil</i>	62	GILOTRIF	26
<i>fluoxetine hcl</i>	17	<i>glatiramer acetate</i>	60
<i>fluoxetine hydrochloride</i>	17	GLEOSTINE	22
<i>fluphenazine decanoate</i>	32	<i>glimepiride</i>	41
<i>fluphenazine hcl</i>	32	<i>glipizide</i>	41
<i>fluphenazine hydrochloride</i>	32	<i>glipizide er</i>	41
<i>flurbiprofen</i>	1	<i>glipizide xl</i>	41
<i>flurbiprofen sodium</i>	87	<i>glipizide/metformin hydrochloride</i>	41
<i>flutamide</i>	22	GLUCAGEN HYPOKIT	44
<i>fluticasone propionate</i>	62	GLUCAGON EMERGENCY KIT	44

Drug Name	Page #	Drug Name	Page #
GLUCAGON EMERGENCY KIT FOR	44	HUMULIN 70/30 KWIKPEN	44
LOW BLOOD SUGAR		HUMULIN N	44
<i>glyburide</i>	41	HUMULIN N KWIKPEN	44
<i>glyburide/metformin hydrochloride</i>	41	HUMULIN R	44
<i>glycopyrrolate</i>	65	HUMULIN R U-500 (CONCENTRATED)	44
GLYXAMBI	41	HUMULIN R U-500 KWIKPEN	44
<i>griseofulvin microsize</i>	20	<i>hydralazine hcl</i>	58
<i>griseofulvin ultramicrosize</i>	20	<i>hydralazine hydrochloride</i>	58
<i>guanfacine er</i>	59	<i>hydrochlorothiazide</i>	56
<i>guanfacine hydrochloride</i>	48	<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>guanfacine hydrochloride</i>	59	<i>hydrocodone/acetaminophen</i>	3
<i>guanidine hcl</i>	21	<i>hydrocortisone</i>	62
GVOKE HYPOPEN 1-PACK	44	<i>hydrocortisone</i>	69
GVOKE HYPOPEN 2-PACK	44	<i>hydrocortisone</i>	84
GVOKE KIT	44	<i>hydrocortisone valerate</i>	62
GVOKE PFS	44	<i>hydromorphone hcl</i>	3
<i>hailey 1.5/30</i>	72	<i>hydromorphone hydrochloride</i>	3
<i>hailey fe 1.5/30</i>	72	<i>hydromorphone hydrochloride dosette</i>	3
<i>hailey fe 1/20</i>	72	<i>hydroxychloroquine sulfate</i>	30
<i>halobetasol propionate</i>	62	<i>hydroxyurea</i>	23
<i>haloette</i>	73	<i>hydroxyzine hcl</i>	89
<i>haloperidol</i>	32	<i>hydroxyzine hydrochloride</i>	89
<i>haloperidol decanoate</i>	32	<i>hydroxyzine pamoate</i>	40
<i>haloperidol lactate</i>	32	HYPERHEP B	78
HAVRIX	82	<i>ibandronate sodium</i>	84
<i>heather</i>	75	IBRANCE	23
<i>heparin sodium</i>	46	IBRANCE	26
HEPLISAV-B	82	<i>ibu</i>	1
HIBERIX	82	<i>ibuprofen</i>	1
HIZENTRA	78	<i>icatibant acetate</i>	78
HUMALOG	44	<i>iclevia</i>	73
HUMALOG JUNIOR KWIKPEN	44	ICLUSIG	26
HUMALOG KWIKPEN	44	<i>icosapent ethyl</i>	57
HUMALOG MIX 50/50	44	IDHIFA	23
HUMALOG MIX 50/50 KWIKPEN	44	IGALMI	85
HUMALOG MIX 75/25	44	<i>imatinib mesylate</i>	26
HUMALOG MIX 75/25 KWIKPEN	44	IMBRUVICA	26
HUMIRA	81	<i>imipenem/cilastatin</i>	8
HUMIRA PEDIATRIC CROHNS	81	<i>imipramine hcl</i>	18
DISEASE STARTER PACK		<i>imipramine hydrochloride</i>	18
HUMIRA PEN	81	<i>imiquimod</i>	62
HUMIRA PEN-CD/UC/HS STARTER	81	IMOVAX RABIES (H.D.C.V.)	82
HUMIRA PEN-PEDIATRIC UC	81	IMPAVIDO	5
STARTER PACK		<i>incassia</i>	75
HUMIRA PEN-PS/UV STARTER	81	INCRELEX	70
HUMULIN 70/30	44	<i>indapamide</i>	56

Drug Name	Page #	Drug Name	Page #
<i>indomethacin</i>	1	<i>junel 1/20</i>	73
<i>indomethacin er</i>	1	<i>junel fe 1.5/30</i>	73
INFANRIX	82	<i>junel fe 1/20</i>	73
INLYTA	27	JYNNEOS	82
INQOVI	27	KALYDECO	90
INREBIC	23	KANJINTI	29
INSULIN LISPRO	44	KANUMA	67
INTELENCE	37	<i>kariva</i>	73
INTRON A	79	<i>kelnor 1/35</i>	73
<i>introvale</i>	73	<i>kelnor 1/50</i>	73
INVEGA HAFYERA	34	KERENDIA	54
INVEGA SUSTENNA	34	KESIMPTA	60
INVEGA TRINZA	34	<i>ketoconazole</i>	20
INVIRASE	39	<i>ketorolac tromethamine</i>	1
IPOL INACTIVATED IPV	82	<i>ketorolac tromethamine</i>	87
<i>ipratropium bromide</i>	89	KINERET	79
<i>ipratropium bromide/albuterol sulfate</i>	91	KINRIX	82
<i>irbesartan</i>	48	KISQALI	27
<i>irbesartan/hydrochlorothiazide</i>	54	KISQALI FEMARA 200 DOSE	23
ISENTRESS	37	KISQALI FEMARA 400 DOSE	24
ISENTRESS HD	37	KISQALI FEMARA 600 DOSE	24
ISONIAZID	22	KLISYRI	62
<i>isosorbide dinitrate</i>	57	<i>klor-con</i>	64
<i>isosorbide mononitrate</i>	58	<i>klor-con 10</i>	63
<i>isosorbide mononitrate er</i>	57	<i>klor-con 8</i>	63
<i>isotretinoin</i>	61	<i>klor-con m10</i>	63
ISTURISA	77	<i>klor-con m15</i>	63
<i>itraconazole</i>	20	<i>klor-con m20</i>	63
<i>ivermectin</i>	30	<i>klor-con/ef</i>	64
IXIARO	82	KORLYM	70
<i>jaimiess</i>	73	KOSELUGO	27
JAKAFI	27	KRAZATI	24
<i>jantoven</i>	46	<i>kurvelo</i>	73
JANUMET	42	<i>kynmobi</i>	31
JANUMET XR	41	KYNMOBI TITRATION KIT	31
JANUVIA	42	<i>labetalol hydrochloride</i>	51
JARDIANCE	42	<i>lacosamide</i>	14
JAYPIRCA	27	<i>lactulose</i>	65
<i>jencycla</i>	75	LAGEVRIO	85
JENTADUETO	42	<i>lamivudine</i>	36
JENTADUETO XR	42	<i>lamivudine</i>	38
<i>jinteli</i>	73	<i>lamivudine/zidovudine</i>	38
<i>jolessa</i>	73	<i>lamotrigine</i>	11
JUBLIA	20	<i>lamotrigine starter kit/blue</i>	11
JULUCA	37	<i>lamotrigine starter kit/green</i>	11
<i>junel 1.5/30</i>	73	<i>lamotrigine starter kit/orange</i>	11

Drug Name	Page #	Drug Name	Page #
<i>lamotrigine titration</i>	11	<i>lidocaine hydrochloride viscous</i>	60
<i>lanreotide acetate</i>	77	<i>lidocaine viscous</i>	60
<i>lansoprazole</i>	66	<i>lidocaine/prilocaine</i>	4
LANTUS	44	<i>lillow</i>	73
LANTUS SOLOSTAR	44	<i>linezolid</i>	5
<i>lapatinib ditosylate</i>	27	LINZESS	65
<i>larin 1.5/30</i>	73	<i>liothyronine sodium</i>	76
<i>larin 1/20</i>	73	<i>lisinopril</i>	49
<i>larin fe 1.5/30</i>	73	<i>lisinopril/hydrochlorothiazide</i>	54
<i>larin fe 1/20</i>	73	<i>lithium carbonate</i>	41
<i>larissia</i>	73	<i>lithium carbonate er</i>	41
<i>latanoprost</i>	88	LIVALO	56
<i>leflunomide</i>	81	LIVTENCITY	36
<i>lenalidomide</i>	22	<i>lojaimiess</i>	73
LENVIMA 10 MG DAILY DOSE	27	LONSURF	24
LENVIMA 12MG DAILY DOSE	27	<i>loperamide hcl</i>	65
LENVIMA 14 MG DAILY DOSE	27	<i>lopinavir/ritonavir</i>	39
LENVIMA 18 MG DAILY DOSE	27	<i>lorazepam</i>	40
LENVIMA 20 MG DAILY DOSE	27	<i>lorazepam intensol</i>	40
LENVIMA 24 MG DAILY DOSE	27	LORBRENA	27
LENVIMA 4 MG DAILY DOSE	27	<i>losartan potassium</i>	48
LENVIMA 8 MG DAILY DOSE	27	<i>losartan potassium/hydrochlorothiazide</i>	54
<i>lessina</i>	73	LOTEMAX SM	87
<i>letrozole</i>	25	<i>lovastatin</i>	56
<i>leucovorin calcium</i>	30	<i>low-ogestrel</i>	73
LEUKERAN	22	<i>loxapine</i>	32
<i>leuprolide acetate</i>	77	<i>lubiprostone</i>	65
<i>levabuterol tartrate hfa</i>	90	LUMAKRAS	24
LEVEMIR	44	LUMIGAN	88
LEVEMIR FLEXPEN	44	LUMIZYME	67
LEVEMIR FLEXTOUCH	44	LUPRON DEPOT (1-MONTH)	77
<i>levetiracetam</i>	11	LUPRON DEPOT (3-MONTH)	77
<i>levetiracetam er</i>	11	LUPRON DEPOT (4-MONTH)	77
<i>levobunolol hcl</i>	87	LUPRON DEPOT (6-MONTH)	77
<i>levocetirizine dihydrochloride</i>	89	<i>lurasidone hydrochloride</i>	34
<i>levofloxacin</i>	9	<i>lutura</i>	73
<i>levofloxacin</i>	87	LYBALVI	34
<i>levofloxacin in d5w</i>	9	<i>lyleq</i>	75
<i>levonest</i>	73	<i>lyllana</i>	73
<i>levonorgestrel and ethinyl estradiol</i>	73	LYNPARZA	27
<i>levonorgestrel/ethinyl estradiol</i>	73	LYSODREN	77
<i>levora 0.15/30-28</i>	73	LYTGOBI	24
<i>levothyroxine sodium</i>	76	LYUMJEV	45
LEVOXYL	76	LYUMJEV KWIKPEN	44
LEXIVA	39	<i>lyza</i>	75
<i>lidocaine</i>	4	<i>magnesium sulfate</i>	64

Drug Name	Page #	Drug Name	Page #
<i>malathion</i>	63	<i>metronidazole</i>	5
<i>maprotiline hcl</i>	15	<i>metronidazole</i>	61
<i>maraviroc</i>	39	<i>metronidazole vaginal</i>	5
<i>marlissa</i>	73	<i>metirosine</i>	55
MARPLAN	16	<i>mexiletine hcl</i>	50
MATULANE	22	<i>microgestin 1.5/30</i>	73
MAVYRET	36	<i>microgestin 1/20</i>	73
<i>meclizine hcl</i>	19	<i>microgestin fe 1.5/30</i>	73
<i>medroxyprogesterone acetate</i>	75	<i>microgestin fe 1/20</i>	74
<i>mefloquine hcl</i>	30	<i>midodrine hcl</i>	48
<i>megestrol acetate</i>	75	<i>mifepristone</i>	70
MEKINIST	27	<i>miglustat</i>	67
MEKTOVI	27	<i>mili</i>	74
<i>meloxicam</i>	1	<i>minocycline hcl</i>	10
<i>memantine hcl titration pak</i>	15	<i>minocycline hydrochloride</i>	10
<i>memantine hydrochloride</i>	15	<i>minoxidil</i>	58
<i>memantine hydrochloride er</i>	15	<i>mirtazapine</i>	16
MENACTRA	83	<i>mirtazapine odt</i>	15
MENEST	73	<i>misoprostol</i>	66
<i>menquadfi</i>	83	M-M-R II	82
MENVEO	83	<i>modafinil</i>	92
<i>mercaptapurine</i>	23	<i>moexipril hcl</i>	49
<i>meropenem</i>	8	<i>molindone hydrochloride</i>	32
<i>mesalamine</i>	84	<i>mometasone furoate</i>	62
<i>mesalamine dr</i>	84	<i>mometasone furoate</i>	89
<i>mesalamine er</i>	84	<i>mondoxyne nl</i>	10
MESNEX	30	<i>mono-linyah</i>	74
<i>metformin hydrochloride</i>	42	<i>montelukast sodium</i>	89
<i>metformin hydrochloride er</i>	42	<i>morgidox 1x100mg</i>	10
<i>methadone hcl</i>	2	<i>morgidox 2x100mg</i>	10
<i>methadone hydrochloride</i>	2	<i>morphine sulfate</i>	3
<i>methadone hydrochloride intensol</i>	2	<i>morphine sulfate er</i>	2
<i>methenamine hippurate</i>	5	MOTEGRITY	65
<i>methimazole</i>	77	MOUNJARO	42
<i>methotrexate</i>	81	<i>moxifloxacin hydrochloride/sodium</i>	9
<i>methotrexate sodium</i>	81	<i>hydrochloride</i>	
<i>methsuximide</i>	12	<i>moxifloxacin hydrochloride</i>	9
<i>methyl dopa</i>	48	<i>moxifloxacin hydrochloride</i>	87
<i>methylphenidate hydrochloride</i>	59	<i>mupirocin</i>	63
<i>methylprednisolone</i>	69	<i>mycophenolate mofetil</i>	81
<i>methylprednisolone dose pack</i>	69	<i>mycophenolic acid dr</i>	81
<i>metoclopramide hcl</i>	66	<i>myorisan</i>	61
<i>metoclopramide hydrochloride</i>	66	MYRBETRIQ	68
<i>metolazone</i>	56	NABI-HB	78
<i>metoprolol succinate er</i>	51	<i>nabumetone</i>	1
<i>metoprolol tartrate</i>	51	<i>nadolol</i>	51

Drug Name	Page #	Drug Name	Page #
<i>nafcillin sodium</i>	8	<i>nizatidine</i>	66
NAGLAZYME	67	<i>nora-be</i>	75
<i>naloxone hcl</i>	4	<i>norethindrone</i>	75
<i>naloxone hydrochloride</i>	4	<i>norethindrone acetate</i>	75
<i>naltrexone hcl</i>	4	<i>norethindrone acetate/ethinyl estradiol</i>	74
NAMZARIC	14	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	74
<i>naproxen</i>	1	<i>norgestimate/ethinyl estradiol</i>	74
<i>naproxen sodium</i>	1	<i>norlyda</i>	75
<i>naratriptan hcl</i>	21	<i>norlyroc</i>	76
NATACYN	87	<i>nortrel 0.5/35 (28)</i>	74
<i>nateglinide</i>	42	<i>nortrel 1/35</i>	74
NAYZILAM	11	<i>nortrel 7/7/7</i>	74
<i>nebivolol</i>	51	<i>nortriptyline hcl</i>	18
<i>nebivolol hydrochloride</i>	51	<i>nortriptyline hydrochloride</i>	18
<i>necon 0.5/35-28</i>	74	NORVIR	39
<i>nefazodone hydrochloride</i>	17	NOVOLIN 70/30	45
<i>neomycin sulfate</i>	5	NOVOLIN 70/30 FLEXPEN	45
<i>neomycin/bacitracin/polymyxin</i>	86	NOVOLIN 70/30 FLEXPEN RELION	45
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	86	NOVOLIN 70/30 RELION	45
<i>neomycin/polymyxin/dexamethasone</i>	86	NOVOLIN N	45
<i>neomycin/polymyxin/gramicidin</i>	86	NOVOLIN N FLEXPEN	45
<i>neomycin/polymyxin/hc</i>	88	NOVOLIN N FLEXPEN RELION	45
<i>neomycin/polymyxin/hydrocortisone</i>	88	NOVOLIN N RELION	45
<i>neo-polycin</i>	86	NOVOLIN R	45
<i>neo-polycin hc</i>	86	NOVOLIN R FLEXPEN	45
NERLYNX	27	NOVOLIN R FLEXPEN RELION	45
NEULASTA	46	NOVOLIN R RELION	45
NEULASTA ONPRO KIT	46	NOVOLOG	45
NEUPRO	31	NOVOLOG FLEXPEN	45
<i>nevirapine</i>	37	NOVOLOG FLEXPEN RELION	45
<i>nevirapine er</i>	37	NOVOLOG MIX 70/30	45
<i>niacin er</i>	57	NOVOLOG MIX 70/30 PREFILLED	45
NICOTROL NS	4	FLEXPEN	
<i>nifedipine er</i>	51	NOVOLOG MIX 70/30 PREFILLED	45
<i>nilutamide</i>	22	FLEXPEN RELION	
<i>nimodipine</i>	52	NOVOLOG MIX 70/30 RELION	45
NINLARO	24	NOVOLOG PENFILL	45
<i>nitazoxanide</i>	30	NOVOLOG RELION	45
<i>nitisinone</i>	67	NUBEQA	22
NITRO-BID	58	NUEDEXTA	59
<i>nitrofurantoin macrocrystals</i>	5	NUPLAZID	34
<i>nitrofurantoin monohydrate</i>	5	NURTEC	21
<i>nitrofurantoin monohydrate/macrocrystals</i>	5	<i>nutrilipid</i>	85
<i>nitroglycerin</i>	58	<i>nyamyc</i>	20
<i>nitroglycerin transdermal</i>	58	<i>nylia 1/35</i>	74

Drug Name	Page #	Drug Name	Page #
<i>nylia 7/7/7</i>	74	ORKAMBI	90
<i>nymyo</i>	74	<i>orphenadrine citrate er</i>	92
<i>nystatin</i>	20	ORSERDU	24
<i>nystatin/triamcinolone</i>	62	<i>orsythia</i>	74
<i>nystop</i>	20	<i>oseltamivir phosphate</i>	39
OCTAGAM	78	OSMOLEX ER	30
<i>octreotide acetate</i>	77	OSPHERA	76
ODEFSEY	38	OTEZLA	63
ODOMZO	28	OTEZLA	79
OFEV	91	<i>oxaprozin</i>	1
<i>ofloxacin</i>	87	OXBRYTA	46
<i>ofloxacin</i>	88	<i>oxcarbazepine</i>	14
<i>olanzapine</i>	34	<i>oxybutynin chloride</i>	68
<i>olanzapine odt</i>	34	<i>oxybutynin chloride er</i>	68
<i>olmesartan medoxomil</i>	48	<i>oxycodone hydrochloride</i>	3
<i>olmesartan medoxomil/hydrochlorothiazide</i>	55	<i>oxycodone/acetaminophen</i>	3
<i>olopatadine hcl</i>	86	OZEMPIC	42
<i>olopatadine hydrochloride</i>	86	<i>pacerone</i>	50
<i>omega-3-acid ethyl esters</i>	57	<i>paliperidone er</i>	34
<i>omeprazole</i>	67	PANRETIN	29
<i>omeprazole dr</i>	66	<i>pantoprazole sodium</i>	67
OMNIPOD 5 G6 INTRO KIT (GEN 5)	85	<i>pantoprazole sodium dr</i>	67
OMNIPOD 5 G6 PODS (GEN 5)	85	<i>paricalcitol</i>	84
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	85	<i>paromomycin sulfate</i>	5
OMNIPOD CLASSIC PODS (GEN 3)	85	<i>paroxetine hcl</i>	17
OMNIPOD DASH INTRO KIT (GEN 4)	85	<i>paroxetine hydrochloride</i>	17
OMNIPOD DASH PDM KIT (GEN 4)	85	<i>paser</i>	22
OMNIPOD DASH PODS (GEN 4)	85	PAXLOVID	85
OMNIPOD GO 10 UNITS/DAY	85	PEDIARIX	83
OMNIPOD GO 15 UNITS/DAY	85	PEDVAX HIB	83
OMNIPOD GO 20 UNITS/DAY	85	<i>peg-3350/electrolytes</i>	66
OMNIPOD GO 25 UNITS/DAY	85	<i>peg-3350/nacl/na bicarbonate/kcl</i>	66
OMNIPOD GO 30 UNITS/DAY	85	PEGASYS	80
OMNIPOD GO 35 UNITS/DAY	85	PEMAZYRE	24
OMNIPOD GO 40 UNITS/DAY	85	<i>penicillamine</i>	69
<i>ondansetron hcl</i>	19	<i>penicillin g sodium</i>	8
<i>ondansetron hydrochloride</i>	19	<i>penicillin v potassium</i>	8
<i>ondansetron odt</i>	19	PENTACEL	83
ONUREG	24	<i>pentamidine isethionate</i>	30
OPDUALAG	25	<i>pentoxifylline er</i>	55
OPSUMIT	90	<i>perindopril erbumine</i>	49
ORENCIA	79	<i>permethrin</i>	63
ORENCIA	81	<i>perphenazine</i>	32
ORENCIA CLICKJECT	79	PERSERIS	34
ORGOVYX	77	<i>phenelzine sulfate</i>	16
		<i>phenobarbital</i>	12

Drug Name	Page #	Drug Name	Page #
<i>phenytoin</i>	14	PREMPRO	74
<i>phenytoin sodium extended</i>	14	<i>prenatal</i>	65
PHESGO	24	<i>prevalite</i>	57
<i>philith</i>	74	<i>previfem</i>	74
PICATO	63	PREVYMIS	36
PIFELTRO	38	PREZCOBIX	39
<i>pilocarpine hcl</i>	87	PREZISTA	39
<i>pilocarpine hydrochloride</i>	60	PRIFTIN	22
<i>pimozide</i>	33	<i>primaquine phosphate</i>	30
<i>pimtreea</i>	74	<i>primidone</i>	13
<i>pioglitazone hcl</i>	42	PRIORIX	83
<i>pioglitazone hcl/metformin hcl</i>	42	PRIVIGEN	78
<i>pioglitazone hydrochloride</i>	42	PROAIR RESPICLICK	90
<i>piperacillin sodium/tazobactam sodium</i>	8	<i>probenecid</i>	20
PIQRAY 200MG DAILY DOSE	28	<i>probenecid/colchicine</i>	20
PIQRAY 250MG DAILY DOSE	28	<i>prochlorperazine</i>	19
PIQRAY 300MG DAILY DOSE	28	<i>prochlorperazine edisylate</i>	19
<i>pirfenidone</i>	91	<i>prochlorperazine maleate</i>	19
<i>pirmella 1/35</i>	74	PROCRIT	46
<i>pirmella 7/7/7</i>	74	<i>procto-med hc</i>	84
PLENAMINE	64	<i>proctosol hc</i>	84
<i>podofilox</i>	63	<i>proctozone-hc</i>	84
<i>polycin</i>	86	PROGRAF	81
<i>polymyxin b sulfate/trimethoprim sulfate</i>	86	PROLASTIN-C	67
POMALYST	23	PROLENSA	87
<i>portia-28</i>	74	PROLIA	84
<i>posaconazole</i>	20	PROMACTA	47
<i>posaconazole dr</i>	20	<i>promethazine hcl</i>	19
<i>potassium chloride</i>	64	<i>promethazine hcl plain</i>	19
<i>potassium chloride er</i>	64	<i>promethazine hydrochloride</i>	19
<i>potassium chloride sr</i>	64	<i>propafenone hcl</i>	50
<i>potassium citrate er</i>	64	<i>propafenone hydrochloride er</i>	50
<i>pramipexole dihydrochloride</i>	31	<i>propranolol hcl</i>	21
<i>prasugrel</i>	47	<i>propranolol hcl er</i>	51
<i>pravastatin sodium</i>	56	<i>propranolol hydrochloride</i>	21
<i>praziquantel</i>	30	<i>propranolol hydrochloride er</i>	51
<i>prazosin hydrochloride</i>	48	<i>propylthiouracil</i>	78
<i>prednisolone</i>	70	PROQUAD	83
<i>prednisolone acetate</i>	87	<i>protriptyline hcl</i>	18
<i>prednisolone sodium phosphate</i>	70	PULMOZYME	90
<i>prednisone</i>	70	PURIXAN	23
<i>pregabalin</i>	59	<i>pyrazinamide</i>	22
PREHEVBRIO	83	<i>pyridostigmine bromide</i>	21
PREMARIN	74	<i>pyrimethamine</i>	30
<i>premium lidocaine</i>	4	PYRUKYND	47
PREMPHASE	74	PYRUKYND TAPER PACK	47

Drug Name	Page #	Drug Name	Page #
QINLOCK	23	<i>rizatriptan benzoate odt</i>	21
QUADRACEL	83	ROCKLATAN	86
<i>quetiapine fumarate</i>	35	<i>roflumilast</i>	90
<i>quetiapine fumarate er</i>	34	<i>ropinirole hcl</i>	31
<i>quinapril hcl</i>	49	<i>ropinirole hydrochloride</i>	31
<i>quinapril hydrochloride</i>	49	<i>rosadan</i>	61
<i>quinapril/hydrochlorothiazide</i>	55	<i>rosuvastatin calcium</i>	57
<i>quinidine sulfate</i>	50	ROTARIX	83
<i>quinine sulfate</i>	30	ROTATEQ	83
RABAVERT	83	<i>roweepira</i>	11
<i>rabeprazole sodium</i>	67	ROZLYTREK	28
<i>raloxifene hydrochloride</i>	76	RUBRACA	28
<i>ramelteon</i>	92	<i>rufinamide</i>	14
<i>ramipril</i>	49	RUKOBIA	39
<i>ranolazine er</i>	55	RUXIENCE	29
<i>rasagiline mesylate</i>	32	RYBELSUS	43
RECOMBIVAX HB	83	RYDAPT	28
RECTIV	66	<i>sajazir</i>	78
RELISTOR	65	SANDIMMUNE	81
<i>repaglinide</i>	42	SANTYL	63
REPATHA	57	<i>sapropterin dihydrochloride</i>	68
REPATHA PUSHTRONEX SYSTEM	57	SAVELLA	60
<i>repatha sureclick</i>	57	SAVELLA TITRATION PACK	60
RESTASIS	86	SCSEMBLIX	24
RESTASIS MULTIDOSE	86	<i>scopolamine</i>	19
RETEVMO	24	SECUADO	35
RETROVIR IV INFUSION	38	<i>selegiline hcl</i>	32
REVCOVI	67	<i>selenium sulfide</i>	62
REXULTI	35	SELZENTRY	39
REYATAZ	39	SEREVENT DISKUS	90
REZLIDHIA	28	<i>sertraline hcl</i>	17
REZUROCK	81	<i>sertraline hydrochloride</i>	17
RHOPRESSA	87	<i>setlakin</i>	74
<i>ribavirin</i>	37	<i>sevelamer carbonate</i>	65
<i>rifabutin</i>	21	SFROWASA	84
<i>rifampin</i>	22	<i>sharobel</i>	76
<i>riluzole</i>	59	SHINGRIX	83
RINVOQ	79	SIGNIFOR	77
RISPERDAL CONSTA	35	<i>sildenafil citrate</i>	90
<i>risperidone</i>	35	<i>silodosin</i>	69
<i>risperidone odt</i>	35	<i>silver sulfadiazine</i>	63
<i>ritonavir</i>	39	SIMBRINZA	86
<i>rivastigmine tartrate</i>	15	<i>simliya</i>	74
<i>rivastigmine transdermal system</i>	15	<i>simpesse</i>	74
<i>rivelsa</i>	74	<i>simvastatin</i>	57
<i>rizatriptan benzoate</i>	21	<i>sirolimus</i>	81

Drug Name	Page #	Drug Name	Page #
SIRTURO	22	<i>sucralfate</i>	66
SKYRIZI	79	<i>sulfacetamide sodium</i>	87
SKYRIZI PEN	79	<i>sulfacetamide sodium/prednisolone sodium</i>	86
<i>sodium chloride</i>	64	<i>phosphate</i>	
<i>sodium chloride 0.45%</i>	64	<i>sulfadiazine</i>	10
<i>sodium chloride 0.9%</i>	85	<i>sulfamethoxazole/trimethoprim</i>	10
<i>sodium oxybate</i>	92	<i>sulfamethoxazole/trimethoprim ds</i>	10
<i>sodium phenylbutyrate</i>	68	<i>sulfasalazine</i>	84
<i>sodium polystyrene sulfonate</i>	65	<i>sulindac</i>	2
SODIUM SULFATE/POTASSIUM	66	<i>sumatriptan</i>	21
SULFATE/MAGNESIUM SULFATE		<i>sumatriptan succinate</i>	21
SOLQUA 100/33	43	<i>sunitinib malate</i>	28
SOLTAMOX	23	SUNLENCA	39
SOMATULINE DEPOT	77	SUTAB	66
SOMAVERT	77	SYMPAZAN	13
<i>sorafenib</i>	28	SYMTUZA	39
<i>sorafenib tosylate</i>	28	SYNAGIS	78
<i>sorine</i>	50	SYNJARDY	43
<i>sotalol hcl</i>	50	SYNJARDY XR	43
<i>sotalol hydrochloride</i>	50	SYNRIBO	24
<i>sotalol hydrochloride (af)</i>	50	TABLOID	23
SPIRIVA HANDIHALER	89	TABRECTA	23
SPIRIVA RESPIMAT	89	<i>tacrolimus</i>	62
<i>spironolactone</i>	56	<i>tacrolimus</i>	81
<i>spironolactone/hydrochlorothiazide</i>	55	<i>tadalafil</i>	90
SPRAVATO 56MG DOSE	16	TAFINLAR	28
SPRAVATO 84MG DOSE	16	TAGRISSE	28
<i>sprintec 28</i>	74	TALZENNA	28
SPRITAM	11	<i>tamoxifen citrate</i>	23
SPRYCEL	28	<i>tamsulosin hydrochloride</i>	69
<i>sps</i>	65	<i>tarina fe 1/20</i>	75
<i>sronyx</i>	75	<i>tarina fe 1/20 eq</i>	75
<i>ssd</i>	63	TASIGNA	28
STAMARIL	83	<i>tazarotene</i>	61
<i>stavudine</i>	38	<i>tazicef</i>	7
STELARA	79	<i>taztia xt</i>	53
STIOLTO RESPIMAT	91	TAZVERIK	24
STIVARGA	28	TDVAX	83
STRENSIQ	68	TEFLARO	7
<i>streptomycin sulfate</i>	5	TEGSEDI	68
STRIBILD	37	<i>telmisartan</i>	48
<i>subvenite</i>	11	<i>telmisartan/hydrochlorothiazide</i>	55
<i>subvenite starter kit/blue</i>	11	<i>temazepam</i>	92
<i>subvenite starter kit/green</i>	11	TEMIXYS	38
<i>subvenite starter kit/orange</i>	11	TENIVAC	83
SUCRAID	68	<i>tenofovir disoproxil fumarate</i>	38

Drug Name	Page #	Drug Name	Page #
TEPMETKO	28	<i>tranlycypromine sulfate</i>	16
<i>terazosin hcl</i>	48	TRAZIMERA	29
<i>terazosin hydrochloride</i>	48	<i>trazodone hydrochloride</i>	17
<i>terbinafine hcl</i>	20	TRECATOR	22
<i>terconazole</i>	20	TRELEGY ELLIPTA	91
TERIPARATIDE	84	TRELSTAR MIXJECT	77
TESTOSTERONE	71	TRESIBA	45
<i>testosterone cypionate</i>	71	TRESIBA FLEXTOUCH	45
<i>testosterone enanthate</i>	71	<i>tretinoin</i>	30
TESTOSTERONE PUMP	71	<i>tretinoin</i>	61
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	83	<i>tri femynor</i>	75
<i>tetrabenazine</i>	59	<i>triamcinolone acetonide</i>	62
<i>tetracycline hydrochloride</i>	10	<i>triamcinolone acetonide dental paste</i>	60
THALOMID	23	<i>triamterene/hydrochlorothiazide</i>	55
<i>theophylline er</i>	90	<i>triderm</i>	62
<i>thioridazine hcl</i>	33	<i>trientine hydrochloride</i>	64
<i>thiothixene</i>	33	<i>tri-estarylla</i>	75
<i>tiadylt er</i>	53	<i>trifluoperazine hcl</i>	33
<i>tiagabine hydrochloride</i>	13	<i>trifluoperazine hydrochloride</i>	33
TIBSOVO	28	<i>trifluridine</i>	87
TICOVAC	83	<i>trihexyphenidyl hydrochloride</i>	30
<i>timolol maleate</i>	87	TRIJARDY XR	43
<i>tinidazole</i>	5	<i>tri-linyah</i>	75
TIVICAY	37	<i>trimethoprim</i>	6
TIVICAY PD	37	<i>tri-mili</i>	75
<i>tizanidine hcl</i>	36	<i>trimipramine maleate</i>	18
<i>tizanidine hydrochloride</i>	36	TRINTELLIX	17
TOBRADEX	86	<i>tri-nymyo</i>	75
TOBRADEX ST	86	<i>tri-previfem</i>	75
<i>tobramycin</i>	87	TRIPTODUR	77
<i>tobramycin</i>	90	<i>tri-sprintec</i>	75
<i>tobramycin sulfate</i>	5	TRIUMEQ	38
<i>tobramycin/dexamethasone</i>	86	TRIUMEQ PD	38
<i>tolterodine tartrate</i>	69	<i>trivora-28</i>	75
<i>tolterodine tartrate er</i>	68	<i>tri-vylibra</i>	75
<i>topiramate</i>	11	TRIZIVIR	38
<i>toremifene citrate</i>	23	TROGARZO	39
<i>torseamide</i>	55	<i>trospium chloride</i>	69
TOUJEO MAX SOLOSTAR	45	TRULICITY	43
TOUJEO SOLOSTAR	45	TRUMENBA	83
TRADJENTA	43	TRUSELTIQ	24
<i>tramadol hcl</i>	4	TUKYSA	24
<i>tramadol hydrochloride/acetaminophen</i>	4	<i>tulana</i>	76
<i>trandolapril</i>	49	TURALIO	28
<i>tranexamic acid</i>	47	TWINRIX	83
		TYBOST	39

Drug Name	Page #	Drug Name	Page #
TYMLOS	84	<i>vienva</i>	75
TYPHIM VI	83	<i>vigabatrin</i>	13
TYSABRI	60	<i>vigadrone</i>	13
UBRELVY	21	VIIBRYD STARTER PACK	18
UDENYCA	47	<i>vilazodone hydrochloride</i>	18
<i>urea</i>	63	VIMIZIM	68
<i>ursodiol</i>	66	<i>viorele</i>	75
<i>valacyclovir hcl</i>	40	VIRACEPT	39
<i>valacyclovir hydrochloride</i>	40	VIREAD	38
VALCHLOR	22	VISTOGARD	85
<i>valganciclovir</i>	36	VITRAKVI	29
<i>valganciclovir hydrochloride</i>	36	VIVITROL	4
<i>valproic acid</i>	41	VIZIMPRO	29
<i>valsartan</i>	48	VOCABRIA	37
<i>valsartan/hydrochlorothiazide</i>	55	<i>volnea</i>	75
VALTOCO 10 MG DOSE	13	VONJO	24
VALTOCO 15 MG DOSE	13	<i>voriconazole</i>	20
VALTOCO 20 MG DOSE	13	VOSEVI	37
VALTOCO 5 MG DOSE	13	VOTRIENT	29
<i>vancomycin hcl</i>	6	VRAYLAR	35
<i>vancomycin hydrochloride</i>	6	<i>vyfemla</i>	75
VANFLYTA	29	<i>vylibra</i>	75
VAQTA	83	VYNDAMAX	55
<i>varenicline starting month box</i>	4	VYNDAQEL	68
<i>varenicline tartrate</i>	4	VYZULTA	88
VARIVAX	83	<i>warfarin sodium</i>	46
VARIZIG	78	WELIREG	29
VAXELIS	84	<i>wera</i>	75
VELTASSA	65	<i>wixela inhub</i>	91
VENCLEXTA	29	XALKORI	29
VENCLEXTA STARTING PACK	29	XARELTO	46
<i>venlafaxine hcl er</i>	17	XARELTO STARTER PACK	46
<i>venlafaxine hydrochloride</i>	17	XATMEP	82
<i>venlafaxine hydrochloride er</i>	17	XCOPRI	11
VENTAVIS	90	XELJANZ	79
<i>verapamil hcl</i>	53	XELJANZ XR	79
<i>verapamil hcl er</i>	53	XERMELO	65
<i>verapamil hcl sr</i>	53	XGEVA	84
<i>verapamil hydrochloride</i>	53	XIFAXAN	66
<i>verapamil hydrochloride er</i>	53	XIGDUO XR	43
VERQUVO	58	XIIDRA	86
VERSACLOZ	36	XOFLUZA	40
VERZENIO	29	XOLAIR	79
V-GO 20	85	XOSPATA	29
V-GO 30	85	XPOVIO	25
V-GO 40	85	XPOVIO 100 MG ONCE WEEKLY	24

Drug Name	Page #
XPOVIO 40 MG ONCE WEEKLY	24
XPOVIO 40 MG TWICE WEEKLY	25
XPOVIO 60 MG ONCE WEEKLY	25
XPOVIO 60 MG TWICE WEEKLY	25
XPOVIO 80 MG ONCE WEEKLY	25
XPOVIO 80 MG TWICE WEEKLY	25
XTAMPZA ER	2
XTANDI	22
YF-VAX	84
YUFLYMA 1-PEN KIT	82
YUFLYMA 2-PEN KIT	82
YUFLYMA 2-SYRINGE KIT	82
<i>yuvafem</i>	75
<i>zafirlukast</i>	89
<i>zaleplon</i>	92
ZARXIO	47
ZEJULA	29
ZELBORAF	29
<i>zenatane</i>	61
ZENPEP	68
<i>zidovudine</i>	38
<i>ziprasidone hcl</i>	35
<i>ziprasidone mesylate</i>	36
ZIRGAN	87
ZOKINVY	68
ZOLINZA	25
<i>zolmitriptan</i>	21
<i>zolpidem tartrate</i>	92
ZONISADE	14
<i>zonisamide</i>	14
<i>zovia 1/35</i>	75
<i>zovia 1/35e</i>	75
ZTALMY	59
ZYDELIG	29
ZYKADIA	29
ZYLET	86
ZYPREXA RELPREVV	36

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-645-6025. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-396-0183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-396-0188。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-725-1516。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-389-4839. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-396-0190. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-389-4838 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-396-0191. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-396-0187 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-389-4840. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-396-0189. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-725-1519 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-396-0184. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-396-0182. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-398-6232. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-396-0186. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-396-0185 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 08/31/2022 (effective 01/01/2024). For more recent information or other questions, please contact BlueCross Rx Plus at 1-888-645-6025, or, for TTY users, 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.SCBluesMedAdvantage.com.



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.*