



New Hanover
Health Advantage

FirstCarolinaCare

2024 Formulary

(List of Covered Drugs)

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

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact FirstCarolinaCare Member Services at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit FirstCarolinaCare.com/NHHA.

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 **New Hanover Health Advantage**. When it refers to “plan” or “our plan,” it means **FirstCarolinaCare**.

This document includes a list of the drugs (formulary) for our plan which is current as of 10/01/2023. 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, 2024, and from time to time during the year.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 291-9336 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (855) 291-9336 (TTY: 711).

MDCMFC24-NHVformulary-0623

Y0094_24_113446_C

New Hanover FirstCarolinaCare HMO-POS Formulary 00024437 Version 6

What is the FirstCarolinaCare Formulary?

A formulary is a list of covered drugs selected by FirstCarolinaCare 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. FirstCarolinaCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FirstCarolinaCare 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 we 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.

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.
 - o 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 find information in the section titled “How do I request an exception to the FirstCarolinaCare 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 the 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, or 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.
 - o 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 FirstCarolinaCare 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 10/01/2023. To get updated information about the drugs covered by FirstCarolinaCare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

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 Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 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 [69]. 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?

FirstCarolinaCare 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:** FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don’t get approval, FirstCarolinaCare may not cover the drug.
- **Quantity Limits:** For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FirstCarolinaCare 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, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare 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 website. We have posted online a document that explains 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 FirstCarolinaCare 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 FirstCarolinaCare formulary?” on page iii for information about how to request an exception.

10/01/2023

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 Member Services and ask if your drug is covered.

If you learn that FirstCarolinaCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by FirstCarolinaCare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by FirstCarolinaCare.
- You can ask FirstCarolinaCare 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 FirstCarolinaCare formulary?

You can ask FirstCarolinaCare 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, unless the drug is 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, FirstCarolinaCare 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, FirstCarolinaCare 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, <tier,> or utilization restriction exception. **When you request a formulary, <tier,> 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.

FirstCarolinaCare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at FirstCarolinaCare.com/NHHA for further details.

For more information

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

If you have questions about FirstCarolinaCare, 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 <http://www.medicare.gov>.

FirstCarolinaCare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by FirstCarolinaCare. If you have trouble finding your drug in the list, turn to the index that begins on page [69].

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

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA Each.

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

QL Quantity Limit. For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

10/01/2023

ST Step Therapy. In some cases, FirstCarolinaCare 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, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

PA NSO Prior Authroization for New Starts Only which is new for CY24.

ST NSO Step Therapy for New Starts Only. New for CY24

Brand-name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	1	GC
<i>diclofenac sodium er</i>	1	GC
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen</i>	1	GC
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen calcium caps 400mg</i>	1	GC
<i>fenoprofen calcium tabs</i>	1	GC
<i>flurbiprofen tabs</i>	1	GC
<i>ibu</i>	1	GC
<i>ibuprofen/famotidine</i>	2	
<i>ibuprofen susp</i>	1	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	
<i>meclofenamate sodium caps</i>	1	GC
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	1	GC
<i>nabumetone tabs</i>	1	GC
<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC
<i>naproxen tbec</i>	1	GC
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	GC
<i>oxaprozin</i>	2	
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	1	GC
Opioid Analgesics, Long-acting		
<i>BELBUCA</i>	4	QL(60 EA per 30 days)
<i>buprenorphine</i>	2	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>fentanyl pt72 100mcg/hr</i>	2	QL(20 EA per 30 days)
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL(10 EA per 30 days)
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	QL(1800 ML per 30 days)
<i>methadone hcl tabs</i>	2	QL(360 EA per 30 days)

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride intensol</i>	2	QL(1800 ML per 30 days)
<i>methadone hydrochloride conc</i>	2	QL(1800 ML per 30 days)
<i>methadose sugar-free</i>	2	QL(1800 ML per 30 days)
<i>methadose conc 10mg/ml</i>	2	QL(1800 ML per 30 days)
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr</i>	2	QL(120 EA per 30 days)
NUCYNTA ER TB12 100MG, 150MG, 50MG	3	
NUCYNTA ER TB12 200MG, 250MG	5	
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>oxycodone hcl er t12a 80mg</i>	5	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 40MG	2	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 80MG	5	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	2	QL(60 EA per 30 days)
OXYCONTIN T12A 10MG, 15MG, 20MG, 30MG, 40MG, 60MG	4	QL(60 EA per 30 days)
OXYCONTIN T12A 80MG	5	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	2	QL(120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochlorideer</i>	2	QL(120 EA per 30 days)
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(60 EA per 30 days); ST
<i>tramadol hcl er tb24</i>	2	QL(30 EA per 30 days); ST
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days); ST
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL(5 ML per 28 days)
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(150 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1200 ML per 30 days)
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml</i>	2	
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML	2	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL(200 ML per 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300 ML per 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700 ML per 30 days)
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	GC
<i>oxycodone hcl caps</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(1300 ML per 30 days)
<i>oxycodone hydrochloride caps, tabs</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(180 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>tramadol hcl tabs</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly prsy</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly gel</i>	4	QL(30 ML per 30 days); PA
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	GC
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl external soln 4%</i>	1	QL(250 ML per 30 days); PA; GC
<i>lidocaine hydrochloride injection usp 1%</i>	1	GC
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	GC
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days); PA
<i>lidocaine oint 5%</i>	2	QL(150 GM per 30 days); PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine ptch 5%</i>	2	PA
PLIAGLIS CREA	4	QL(30 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tabs</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl inj</i>	4	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	2	QL(90 EA per 30 days)
LUCEMYRA	5	
<i>naltrexone hcl tabs</i>	1	GC
Opioid Reversal Agents		
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	1	GC
<i>naloxone hydrochloride liqd</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	GC
NARCAN LIQD	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
NICOTROL INHALER	4	QL(480 EA per 30 days)
NICOTROL NS	4	QL(720 ML per 365 days)
VARENICLINE STARTING MONTH BOX	2	
<i>varenicline tartrate</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
<i>gentak</i>	1	GC
<i>gentamicin sulfate pediatric</i>	1	GC
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	GC
<i>gentamicin sulfate ophthalmic soln</i>	1	GC
<i>gentamicin sulfate crea, oint</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	1	GC
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	GC
<i>neomycin sulfate</i>	2	
<i>neomycin/polymyxin b sulfates</i>	2	
<i>paromomycin sulfate</i>	1	GC
<i>streptomycin sulfate inj 1gm</i>	1	GC
<i>tobramycin sulfate inj</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin soln 0.3%</i>	1	GC
ZEMDRI	5	
Antibacterials, Other		
AEMCOLO	3	QL(12 EA per 30 days)
BACITRACIN INJ	1	GC
<i>bacitracin oint</i>	2	
<i>chloramphenicol sodium succinate</i>	1	GC
CLEOCIN SUPP	4	
<i>clindacin</i>	2	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	GC
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	GC
<i>clindamycin palmitate hcl</i>	1	GC
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate crea, foam, gel, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	1	GC
<i>colistimethate sodium</i>	5	
DALVANCE	5	
<i>daptomycin</i>	5	
<i>fosfomycin tromethamine</i>	2	
KIMYRSA	5	
<i>lincomycin hcl inj</i>	2	
<i>linezolid tabs</i>	4	QL(56 EA per 28 days)
<i>linezolid susr</i>	5	QL(1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	2	
<i>mafenide acetate pack</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	1	GC
<i>metronidazole inj 500mg/100ml</i>	1	GC
<i>metronidazole tabs 250mg, 500mg</i>	1	GC
<i>mupirocin oint</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
NUVESSA	4	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
<i>silver sulfadiazine crea</i>	1	GC
SIVEXTRO	5	QL(6 EA per 30 days)
<i>ssd</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON	4	
<i>tigecycline</i>	2	
<i>trimethoprim tabs</i>	1	GC
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>vancomycin hydrochloride caps</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1000mg/200ml, 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	2	
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	2	
CEFAZOLIN INJ 2GM	2	
<i>cefazolin inj 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM, 2GM	3	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i>	2	
CEFOTAXIME SODIUM INJ 1GM	1	GC
<i>cefotaxime sodium inj 2gm</i>	1	GC
<i>cefotetan inj 1gm, 2gm</i>	1	GC
<i>cefoxitin sodium</i>	1	GC
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	1	GC
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	GC
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin</i>	1	GC
FETROJA	5	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	GC
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	GC
<i>amoxicillin caps, susr, tabs</i>	1	GC
<i>ampicillin sodium inj</i>	1	GC
<i>ampicillin-sulbactam</i>	1	GC
<i>ampicillin caps 500mg</i>	1	GC
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	GC
NAFCILLIN	5	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	GC
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	GC
<i>penicillin g procaine</i>	1	GC
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium/tazobactam sodium</i>	2	
Carbapenems		
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	5	
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	1	GC
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	4	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
<i>ery</i>	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocin stearate tabs 250mg</i>	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin oint</i>	1	GC
<i>erythromycin cpep, gel</i>	2	
<i>erythromycin soln 2%</i>	2	
Quinolones		
BAXDELA	5	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	GC
<i>ciprofloxacin hydrochloride soln</i>	1	GC
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	GC
<i>ciprofloxacin i.v.-in d5w</i>	1	GC
<i>ciprofloxacin soln</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj, ophthalmic soln, tabs</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	1	GC
<i>ofloxacin tabs 300mg, 400mg</i>	1	GC
Sulfonamides		
<i>sodium sulfacetamide</i>	2	
<i>sulfacetamide sodium soln</i>	1	GC
<i>sulfacetamide sodium lotn, oint</i>	2	
<i>sulfadiazine tabs</i>	1	GC
<i>sulfamethoxazole/trimethoprim</i>	1	GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 150mg, 75mg</i>	2	
<i>doxycycline hyclate caps, inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline susr</i>	2	
MINOCIN INJ	5	
<i>minocycline hcl caps 75mg</i>	1	GC
<i>minocycline hcl tabs</i>	1	GC
<i>minocycline hydrochloride er tb24 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride caps</i>	1	GC
<i>mondoxyne nl caps 100mg</i>	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL(30 EA per 30 days)
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTIOM	5	ST NSO
BRIVIACT	5	ST NSO
ELEPSIA XR	5	ST NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	1	GC
<i>levetiracetam er</i>	1	GC
<i>levetiracetam/sodium chloride</i>	2	
<i>levetiracetam oral soln, tabs</i>	1	GC
<i>levetiracetam inj 500mg/5ml</i>	1	GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	2	
NAYZILAM	5	
<i>roweepra tabs 500mg</i>	1	GC
SPRITAM	4	ST NSO
<i>subvenite</i>	1	GC
<i>subvenite starter kit/blue</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er cs24</i>	2	
<i>topiramate cpsp, tabs</i>	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	
XCOPRI TABS 200MG	5	
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
METHSUXIMIDE	3	
<i>pregabalin</i>	2	
ZONISADE	4	ST NSO
<i>zonisamide</i>	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium dr</i>	1	GC
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	1	GC
<i>gabapentin caps, soln</i>	1	GC
<i>gabapentin tabs 600mg, 800mg</i>	1	GC
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>primidone tabs</i>	1	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	2	
<i>valproate sodium inj</i>	1	GC
<i>valproic acid caps, soln</i>	1	GC
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
<i>vigabatrin</i>	5	
<i>vigadrone</i>	5	
Sodium Channel Agents		
<i>carbamazepine er</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew, susp, tabs</i>	1	GC
DILANTIN INFATABS	4	
DILANTIN CAPS	4	
<i>epitol</i>	1	GC
<i>fosphenytoin sodium</i>	1	GC
<i>lacosamide</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR TB24 150MG, 300MG	4	
OXTELLAR XR TB24 600MG	5	
<i>phenytoin infatabs</i>	1	GC
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	GC
<i>phenytoin chew, susp</i>	1	GC
<i>rufinamide susp</i>	5	
RUFINAMIDE TABS 200MG	3	
<i>rufinamide tabs 400mg</i>	5	
VIMPAT INJ	3	
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	GC
<i>donepezil hcl tabs 10mg</i>	1	GC
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride odt</i>	1	GC
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	GC
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	GC
<i>memantine hydrochloride soln</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tabs 100mg</i>	1	GC
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	GC
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	1	GC
<i>mirtazapine odt</i>	1	GC
<i>mirtazapine tabs</i>	1	GC
<i>olanzapine/fluoxetine</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln, tabs</i>	1	GC
<i>desvenlafaxine er</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl cpep 40mg</i>	2	
<i>duloxetine hydrochloride cpep</i>	2	
<i>escitalopram oxalate tabs</i>	1	GC
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	1	GC
<i>fluoxetine hcl caps 20mg</i>	1	GC
<i>fluoxetine hcl soln</i>	1	GC
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	GC
<i>fluoxetine hydrochloride soln</i>	1	GC
<i>fluoxetine hydrochloride tabs 60mg</i>	4	
<i>fluvoxamine maleate</i>	1	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	GC
<i>paroxetine hydrochloride er tb24 12.5mg, 25mg</i>	2	
<i>paroxetine hydrochloride susp</i>	1	GC
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	GC
PEXEVA TABS 10MG, 20MG, 30MG	4	ST NSO
<i>sertraline hcl conc</i>	1	GC
<i>sertraline hcl tabs 25mg, 50mg</i>	1	GC
<i>sertraline hydrochloride tabs 100mg</i>	1	GC
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tabs 300mg</i>	2	
TRINTELLIX	4	ST NSO
VENLAFAXINE BESYLATE ER	4	ST NSO
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	GC
<i>venlafaxine hydrochloride</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	GC
<i>venlafaxine hydrochloride er tb24 150mg, 75mg</i>	1	GC
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days); ST NSO
<i>vilazodone hydrochloride</i>	2	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA NSO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	4	PA NSO
<i>amoxapine</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA NSO
<i>clomipramine hydrochloride</i>	4	PA NSO
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	4	PA NSO
<i>doxepin hcl conc</i>	4	PA NSO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA NSO
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA NSO
<i>imipramine hydrochloride tabs 10mg</i>	4	PA NSO
<i>imipramine pamoate</i>	4	PA NSO
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA NSO
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>dimenhydrinate inj</i>	1	GC
<i>droperidol inj</i>	1	GC
<i>meclizine hcl tabs</i>	2	
<i>meclizine hydrochloride tabs 25mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	PA
<i>promethegan</i>	2	
<i>scopolamine</i>	2	
Emetogenic Therapy Adjuncts		
APONVIE	4	PA
<i>aprepitant</i>	4	PA
CINVANTI	4	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol</i>	2	B/D
EMEND INJ, SUSR	4	PA
<i>fosaprepitant dimeglumine</i>	2	PA
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hydrochloride inj</i>	2	
<i>granisetron hydrochloride tabs</i>	2	B/D
<i>ondansetron hcl soln</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hydrochloride tabs</i>	2	B/D
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	2	
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	2	
<i>ondansetron odt</i>	2	B/D
<i>palonosetron hydrochloride</i>	4	
SANCUSO	5	
Antifungals		
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA
<i>amphotericin b inj</i>	2	B/D
<i>casprofungin acetate inj 70mg</i>	4	
<i>casprofungin acetate inj 50mg</i>	5	
<i>ciclodan soln</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>clotrimazole crea, soln, troc</i>	2	
CRESEMBA	5	PA
<i>econazole nitrate crea</i>	2	
ERAXIS	5	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	5	
<i>ketoconazole crea, sham, tabs</i>	2	
MENTAX	4	ST
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	5	
<i>miconazole 3 supp</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
NAFTIFINE HCL	3	ST
NAFTIFINE HYDROCHLORIDE CREA	3	ST
<i>naftifine hydrochloride gel 2%</i>	4	ST
NATACYN	3	
NOXAFIL INJ	5	
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole inj</i>	5	
<i>terbinafine hcl tabs</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	GC
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat</i>	2	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	1	GC
<i>probenecid tabs</i>	1	GC
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate soln</i>	4	QL(8 ML per 23 days)
ERGOMAR	4	
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG	4	QL(2 ML per 30 days); PA
EMGALITY INJ 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	4	QL(3 ML per 30 days); PA
NURTEC	4	QL(18 EA per 30 days); PA
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	GC
VYEPTI	5	PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	2	QL(18 EA per 30 days)
REYVOW TABS 50MG	4	QL(4 EA per 30 days); PA
REYVOW TABS 100MG	4	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate odt</i>	2	QL(18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL(4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	2	QL(4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(6 ML per 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL(12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL(18 EA per 30 days)
<i>zolmitriptan odt</i>	2	QL(9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL(9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
<i>rifabutin</i>	2	
Antituberculars		
<i>cycloserine</i>	2	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid inj, syrp, tabs</i>	1	GC
PRIFTIN	4	
<i>pyrazinamide tabs</i>	1	GC
<i>rifampin caps, inj</i>	2	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>bendamustine hydrochloride</i>	5	PA NSO
BENDEKA	5	PA NSO
BICNU	5	
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	GC
CARMUSTINE INJ 300MG, 50MG	5	
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	GC
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	5	
CYCLOPHOSPHAMIDE CAPS, TABS	3	B/D

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INJ 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJ 500MG/2.5ML, 500MG/ML	5	
<i>cyclophosphamide inj 500mg</i>	2	
<i>cyclophosphamide inj 1gm, 2gm</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	1	GC
EVOMELA	5	PA NSO
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
<i>ifosfamide inj 1gm/20ml, 3gm/60ml</i>	1	GC
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
LEUKERAN	5	
MATULANE	5	PA NSO
<i>melphalan hydrochloride</i>	2	PA NSO
<i>oxaliplatin inj 50mg/10ml</i>	2	
<i>oxaliplatin inj 100mg/20ml, 100mg, 50mg</i>	5	
<i>paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	GC
TEMODAR INJ	5	PA NSO
<i>thiotepa inj 100mg, 15mg</i>	5	PA NSO
TREANDA INJ 100MG, 25MG	5	PA NSO
VALCHLOR	5	PA NSO
YONDELIS	5	PA NSO
ZANOSAR	5	
ZEPZELCA	5	PA NSO
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	4	PA NSO
<i>abiraterone acetate tabs 500mg</i>	5	PA NSO
<i>bicalutamide</i>	1	GC
ERLEADA	5	PA NSO
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
YONSA	5	PA NSO
Antiangiogenic Agents		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	QL(21 EA per 28 days); PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	PA NSO
THALOMID	5	PA NSO

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	1	GC
<i>toremifene citrate</i>	5	PA NSO
Antimetabolites		
ALIMTA	5	PA NSO
ARRANON	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	1	B/D; GC
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D; GC
DROXIA	4	
<i>floxuridine inj</i>	2	B/D
FLUOROURACIL CREA 0.5%	5	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil external soln</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN INJ 40MG/2ML	5	
<i>folotyn inj 20mg/ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	
<i>hydroxyurea caps</i>	1	GC
INFUGEM	5	PA NSO
LONSURF	5	PA NSO
<i>mercaptopurine tabs</i>	2	
<i>nelarabine</i>	5	
<i>pemetrexed disodium inj 100mg</i>	4	PA NSO
<i>pemetrexed disodium inj 500mg</i>	5	PA NSO
PEMETREXED INJ 1GM/40ML, 850MG/34ML	4	PA NSO
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	PA NSO
<i>pemetrexed inj 100mg</i>	4	PA NSO
<i>pemetrexed inj 1000mg, 500mg, 750mg</i>	5	PA NSO
PEMFEXY	5	PA NSO
PRALATREXATE	5	
PURIXAN	5	
SIKLOS TABS 100MG	4	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
SIKLOS TABS 1000MG	5	
TABLOID	4	PA NSO
VYXEOS	5	PA NSO
Antineoplastics, Other		
ABRAXANE	5	
<i>adriamycin inj 50mg</i>	1	B/D; GC
ADSTILADRIN	5	PA NSO
ARSENIC TRIOXIDE INJ 10MG/10ML	3	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
<i>azacitidine</i>	5	
BESREMI	5	PA NSO
<i>bleomycin sulfate</i>	1	B/D; GC
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML	4	PA NSO
BORTEZOMIB INJ 3.5MG	5	PA NSO
<i>bortezomib inj 3.5mg</i>	5	PA NSO
BRAFTOVI	5	PA NSO
COLUMVI	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
<i>dactinomycin</i>	5	PA NSO
<i>daunorubicin hydrochloride</i>	1	GC
DAURISMO	5	PA NSO
<i>decitabine</i>	5	
<i>dexrazoxane</i>	5	
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	2	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D; GC
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D; GC
ELREXFIO	5	PA NSO
ELZONRIS	5	PA NSO
EPKINLY	5	PA NSO
<i>fludarabine phosphate inj 50mg/2ml, 50mg</i>	1	GC
GAVRETO	5	PA NSO
HALAVEN	5	
IBRANCE	5	PA NSO
<i>idarubicin hcl</i>	2	
<i>idarubicin hydrochloride</i>	2	
INREBIC	5	PA NSO
ISTODAX (OVERFILL)	5	
IXEMPRA KIT	5	
JEVTANA	5	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
KIMMTRAK	5	PA NSO
KISQALI	5	PA NSO
KRAZATI	5	PA NSO
<i>leucovorin calcium tabs</i>	1	GC
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	GC
<i>levoleucovorin inj 50mg</i>	5	
LORBRENA	5	PA NSO
LUMAKRAS	5	PA NSO
LUNSUMIO	5	PA NSO
LYNPARZA	5	PA NSO
LYTGOBI	5	PA NSO
MEKTOVI	5	PA NSO
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mutamycin</i>	5	
NERLYNX	5	PA NSO
NINLARO	5	PA NSO
ONCASPAR	5	
ONUREG	5	
ORSERDU	5	PA NSO
<i>paclitaxel</i>	1	GC
PACLITAXEL PROTEIN-BOUND PARTICLES	5	
PEMAZYRE	5	PA NSO
PHEGO	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
PROLEUKIN	5	
RETEVMO	5	PA NSO
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
<i>romidepsin inj 10mg</i>	5	
ROZLYTREK	5	PA NSO
RYDAPT	5	PA NSO
RYLAZE	5	
SCSEMBLIX	5	PA NSO
SYNRIBO	5	
TALVEY	5	PA NSO
TALZENNA	5	PA NSO
TAZVERIK	5	PA NSO
TECVAYLI	5	PA NSO
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
<i>valrubicin</i>	5	
VALSTAR	5	
VANFLYTA	5	PA NSO
VELCADE	5	PA NSO
VERZENIO	5	PA NSO
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D; GC
<i>vincasar pfs</i>	1	B/D; GC
<i>vincristine sulfate</i>	1	B/D; GC
<i>vinorelbine tartrate</i>	1	GC
VITRAKVI	5	PA NSO
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZALTRAP	5	
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	GC
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Enzyme Inhibitors		
BALVERSA	5	PA NSO
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml</i>	1	GC
KYPROLIS	5	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>topotecan hcl inj 4mg/4ml</i>	2	
<i>topotecan hydrochloride</i>	2	
ZYDELIG	5	PA NSO
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALIQOPA	5	PA NSO
ALUNBRIG	5	PA NSO
AYVAKIT	5	PA NSO
BELEODAQ	5	PA NSO
BOSULIF	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE	5	PA NSO
CAPRELSA	5	PA NSO
COMETRIQ	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tabs 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA NSO
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA NSO
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA NSO
EXKIVITY	5	PA NSO
FYARRO	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	PA NSO
ICLUSIG	5	PA NSO
IDHIFA	5	PA NSO
<i>imatinib mesylate tabs 100mg</i>	2	PA NSO
<i>imatinib mesylate tabs 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABS 100MG	5	PA NSO
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
MEKINIST	5	PA NSO
ODOMZO	5	PA NSO
REZLIDHIA	5	PA NSO
RUBRACA	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSO	5	PA NSO

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
TASIGNA	5	PA NSO
<i>temsirolimus</i>	5	
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TORISEL	5	
TURALIO	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABS 10MG	3	PA NSO
VENCLEXTA TABS 100MG, 50MG	5	PA NSO
VIZIMPRO	5	PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPS	5	PA NSO
ZEJULA TABS 200MG, 300MG	5	PA NSO
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYKADIA TABS	5	PA NSO
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	5	
ALYMSYS	5	PA NSO
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA NSO
BESPOUSA	5	PA NSO
BLINCYTO	5	PA NSO
CYRAMZA	5	PA NSO
DANYELZA	5	PA NSO
DARZALEX	5	PA NSO
DARZALEX FASPRO	5	PA NSO
ELAHERE	5	PA NSO
EMPLICITI	5	PA NSO
ENHERTU	5	PA NSO
ERBITUX	5	PA NSO
GAZYVA	5	PA NSO
HERCEPTIN HYLECTA	5	PA NSO
HERCEPTIN INJ 150MG	5	PA NSO
HERZUMA	5	PA NSO
IMFINZI	5	PA NSO
IMJUDO	5	PA NSO
JEMPERLI	5	PA NSO
KADCYLA	5	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
KANJINTI	5	PA NSO
KEYTRUDA INJ 100MG/4ML	5	PA NSO
LIBTAYO	5	PA NSO
LUMOXITI	5	PA NSO
MARGENZA	5	PA NSO
MONJUVI	5	PA NSO
MVASI	5	PA NSO
MYLOTARG	5	PA NSO
OGIVRI INJ 1.1%; 420MG, 150MG	5	PA NSO
ONTRUZANT	5	PA NSO
OPDIVO	5	PA NSO
PADCEV	5	PA NSO
PERJETA	5	PA NSO
POLIVY	5	PA NSO
PORTRAZZA	5	PA NSO
RIABNI	5	PA NSO
RITUXAN	5	PA NSO
RITUXAN HYCELA	5	PA NSO
RUXIENCE	5	PA NSO
RYBREVANT	5	PA NSO
SARCLISA	5	PA NSO
TECENTRIQ	5	PA NSO
TIVDAK	5	PA NSO
TRAZIMERA	5	PA NSO
TRODELVY	5	PA NSO
TRUXIMA	5	PA NSO
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA NSO
VEGZELMA	5	PA NSO
YERVOY	5	PA NSO
ZYNLONTA	5	PA NSO
ZYNYZ	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin caps 10mg</i>	5	PA NSO
Treatment Adjuncts		
ELITEK	5	PA
<i>mesna</i>	1	GC
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs 3mg</i>	2	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>praziquantel tabs</i>	2	
Antiprotozoals		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	1	GC
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	1	GC
KRINTAFEL	3	
<i>mefloquine hcl</i>	1	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
PRIMAQUINE PHOSPHATE TABS	3	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	GC
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
ONGENTYS	4	ST
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>apomorphine hydrochloride inj</i>	5	PA
<i>bromocriptine mesylate caps, tabs</i>	2	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	GC
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	GC
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	GC
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	1	GC
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	2	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj, tabs</i>	2	
<i>chlorpromazine hydrochloride conc</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc, inj, tabs</i>	2	
<i>fluphenazine hydrochloride elix</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	1	GC
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	GC
2nd Generation/Atypical		
ABILIFY MAINTENA	5	ST NSO
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST NSO
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); ST NSO
<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	5	
ARISTADA	5	ST NSO
ARISTADA INITIO	5	ST NSO
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL(30 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	ST NSO
FANAPT TABS 4MG	4	ST NSO
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST NSO
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST NSO
INVEGA TRINZA	5	ST NSO
<i>lurasidone hydrochloride</i>	2	
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPS	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABS 10MG	5	QL(90 EA per 30 days); PA NSO
<i>olanzapine odt</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
OLANZAPINE INJ	3	
<i>olanzapine tabs</i>	2	
<i>paliperidone er</i>	4	ST NSO
PERSERIS	5	ST NSO
<i>quetiapine fumarate</i>	1	GC
<i>quetiapine fumarate er</i>	2	
REXULTI	5	ST NSO
RISPERDAL CONSTA INJ 12.5MG	4	ST NSO
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	ST NSO
<i>risperidone</i>	2	
<i>risperidone odt</i>	2	
SECUADO	5	ST NSO
VRAYLAR CPPK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPS	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	ST NSO
ZYPREXA RELPREVV INJ 210MG	4	ST NSO
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST NSO
Treatment-Resistant		
CLOZAPINE ODT TBDP 200MG	5	
<i>clozapine odt tbdp 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>baclofen inj 40mg/20ml</i>	2	B/D
<i>baclofen inj 500mcg/ml, 50mcg/ml</i>	4	B/D
<i>baclofen inj 20000mcg/20ml</i>	5	B/D
BOTOX	4	PA
<i>dantrolene sodium caps</i>	1	GC
DYSPORT	4	PA
GABLOFEN	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	1	GC
<i>tizanidine hydrochloride tabs</i>	1	GC
<i>tizanidine hydrochloride caps</i>	2	
XEOMIN	4	PA
Antivirals		

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D; GC
LIVTENCITY	5	
PREVYMIS	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE SOLN	4	
<i>entecavir</i>	4	
EPIVIR HBV SOLN	4	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	
CABENUVA	5	
DELSTRIGO	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tabs 100mg</i>	4	
<i>etravirine tabs 200mg</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
ODEFSEY	5	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	2	
<i>abacavir sulfate</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
RETROVIR IV INFUSION	4	
STAVUDINE CAPS	1	GC
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	1	GC
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK, SOLN	3	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	QL(110 EA per 365 days)
<i>oseltamivir phosphate caps 30mg</i>	2	QL(168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL(84 EA per 365 days)
<i>oseltamivir phosphate susr</i>	2	QL(1080 ML per 365 days)
RELENZA DISKHALER	3	
<i>rimantadine hydrochloride</i>	1	GC
XOFLUZA TBPk 80MG	4	QL(2 EA per 365 days)
XOFLUZA TBPk 40MG	4	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps, susp, tabs</i>	2	
<i>acyclovir crea, oint</i>	4	
<i>famciclovir tabs</i>	2	
<i>trifluridine</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	
<i>valacyclovir hydrochloride tabs 500mg</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam er tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam er tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam odt tbdp 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL(150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam xr tb24 2mg, 3mg</i>	2	QL(90 EA per 30 days)
<i>alprazolam tabs 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	QL(120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	QL(120 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL(180 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam conc, oral soln</i>	2	
<i>diazepam tabs</i>	2	QL(120 EA per 30 days)
<i>diazepam inj 5mg/ml</i>	2	
<i>estazolam</i>	2	QL(30 EA per 30 days)
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam tabs 0.5mg</i>	2	QL(120 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL(90 EA per 30 days)
<i>midazolam hcl syrup</i>	2	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>oxazepam</i>	2	QL(120 EA per 30 days)
<i>temazepam</i>	2	QL(30 EA per 30 days)
<i>triazolam</i>	2	QL(30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium carbonate er</i>	1	GC
<i>lithium carbonate caps, tabs</i>	1	GC
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride</i>	1	GC
<i>glipizide er</i>	1	GC
<i>glipizide xl</i>	1	GC
<i>glipizide/metformin hydrochloride</i>	2	
<i>glipizide tabs</i>	1	GC
GLYXAMBI	3	
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	
JENTADUETO	3	QL(60 EA per 30 days); ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30 EA per 30 days); ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60 EA per 30 days); ST
KAZANO	4	QL(60 EA per 30 days); ST
KORLYM	5	PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride soln</i>	1	GC
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	GC
<i>miglitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
NESINA	4	QL(30 EA per 30 days); ST
OSENI TABS 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days); ST
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days); ST
TRIJARDY XR	3	
TRULICITY	3	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
Glycemic Agents		
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
Insulins		
HUMALOG	3	QL(60 ML per 30 days)
HUMALOG JUNIOR KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50	3	QL(60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25	3	QL(60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin 70/30</i>	2	QL(60 ML per 30 days)
HUMULIN 70/30 KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin n</i>	2	QL(60 ML per 30 days)
HUMULIN N KWIKPEN	3	QL(60 ML per 30 days)
<i>humulin r</i>	2	QL(60 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 ML per 30 days)
HUMULIN R U-500 KWIKPEN	3	QL(60 ML per 30 days)
LANTUS	3	QL(60 ML per 30 days)
LANTUS SOLOSTAR	3	QL(60 ML per 30 days)
LEVEMIR	3	QL(60 ML per 30 days)
LEVEMIR FLEXPEN	3	QL(90 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL(90 ML per 30 days)
NOVOLOG	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 RELION	4	QL(60 ML per 30 days); ST
NOVOLOG PENFILL	4	QL(60 ML per 30 days); ST
NOVOLOG RELION	4	QL(60 ML per 30 days); ST
TOUJEO MAX SOLOSTAR	3	QL(27 ML per 30 days)
TOUJEO SOLOSTAR	3	QL(27 ML per 30 days)
TRESIBA	3	QL(54 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL(54 ML per 30 days)
XULTOPHY 100/3.6	4	ST
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	GC
PRADAXA PACK	4	
PRADAXA CAPS 110MG	4	
<i>warfarin sodium tabs</i>	1	GC
XARELTO STARTER PACK	3	
XARELTO TABS	3	
XARELTO SUSR	5	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	5	PA
DOPTELET	5	PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
FYLNETRA	5	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
MULPLETA	5	PA
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PLERIXAFOR	5	PA
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
STIMUFEND	5	
UDENYCA	5	
ZIEXTENZO	5	
Hemostasis Agents		
<i>aminocaproic acid inj</i>	1	GC
<i>aminocaproic acid tabs</i>	2	
<i>tranexamic acid inj, tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	PA
<i>cilostazol</i>	1	GC
<i>clopidogrel</i>	1	GC
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	GC
<i>droxidopa</i>	5	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hydrochloride</i>	5	
<i>phentolamine mesylate inj 5mg</i>	1	GC
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>irbesartan</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>losartan potassium tabs</i>	1	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>valsartan/hydrochlorothiazide</i>	1	GC
<i>valsartan tabs</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	1	GC
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	GC
<i>benazepril hydrochloride tabs 20mg</i>	1	GC
<i>captopril tabs</i>	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
<i>enalapril maleate tabs</i>	1	GC
<i>enalapril maleate soln</i>	4	
<i>enalaprilat</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>lisinopril tabs</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl tabs 20mg, 40mg</i>	1	GC
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	GC
<i>quinapril/hydrochlorothiazide</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
<i>trandolapril/verapamil hcl er</i>	2	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride tabs 200mg</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	2	
<i>digitek tabs 0.125mg</i>	1	GC
<i>digitek tabs 0.25mg</i>	2	
DIGOXIN SOLN	3	
<i>digoxin tabs 125mcg</i>	1	GC
<i>digoxin tabs 250mcg</i>	2	
<i>digox tabs 125mcg</i>	1	GC
<i>digox tabs 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN PEDIATRIC	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	GC
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
<i>procainamide hcl inj 100mg/ml</i>	1	GC
<i>procainamide hydrochloride</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate tabs</i>	1	GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	GC
<i>sotalol hcl (af) tabs 80mg</i>	1	GC
<i>sotalol hcl af</i>	1	GC
<i>sotalol hydrochloride (af)</i>	1	GC
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	1	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>atenolol tabs</i>	1	GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	2	
<i>esmolol hcl inj 100mg/10ml</i>	1	GC
<i>esmolol hydrochloride in sodium chloride</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>esmolol hydrochloride in sodium chloride double strength</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml</i>	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
<i>labetalol hydrochloride tabs</i>	1	GC
<i>labetalol hydrochloride inj 5mg/ml</i>	1	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tabs</i>	1	GC
<i>metoprolol tartrate inj 5mg/5ml</i>	1	GC
<i>metoprolol/hydrochlorothiazide</i>	1	GC
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>nebivolol tabs 5mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl inj, oral soln</i>	1	GC
<i>propranolol hcl tabs 40mg</i>	1	GC
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	GC
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps</i>	2	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er</i>	1	GC
<i>nimodipine caps</i>	4	
NYMALIZE SOLN 6MG/ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	1	GC
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12</i>	1	GC
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	GC
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	GC
<i>diltiazem hydrochloride tabs 120mg</i>	1	GC
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadytl er</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	GC
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	GC
<i>verapamil hcl sr cp24</i>	1	GC
<i>verapamil hcl tabs 40mg, 80mg</i>	1	GC
<i>verapamil hydrochloride er cp24 200mg</i>	1	GC
<i>verapamil hydrochloride er tbc 180mg</i>	1	GC
<i>verapamil hydrochloride inj</i>	1	GC
<i>verapamil hydrochloride tabs 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	5	
<i>aliskiren</i>	4	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	GC
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	2	
<i>atropine sulfate inj 0.25mg/5ml</i>	1	GC
CAMZYOS	5	QL(30 EA per 30 days); PA
CORLANOR	4	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D; GC
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D; GC
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D; GC
<i>dopamine hydrochloride</i>	1	B/D; GC
<i>dopamine hydrochloride/dextrose</i>	1	B/D; GC
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D; GC
ENTRESTO	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>metyrosine</i>	5	
<i>milrinone lactate in dextrose</i>	1	B/D; GC
<i>norepinephrine bitartrate</i>	2	
<i>pentoxifylline er</i>	1	GC
PRALUENT	3	QL(2 ML per 28 days)
<i>ranolazine er</i>	2	
REPATHA	3	QL(3 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days)
REPATHA SURECLICK	3	QL(3 ML per 28 days)

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX	5	PA
VYNDAQEL	5	PA
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide inj, oral soln, tabs</i>	1	GC
<i>toremide tabs</i>	1	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	GC
<i>amiloride/hydrochlorothiazide</i>	1	GC
<i>eplerenone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	1	GC
<i>spironolactone tabs</i>	1	GC
<i>triamterene/hydrochlorothiazide</i>	1	GC
<i>triamterene caps</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide sodium</i>	1	GC
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	GC
<i>indapamide tabs</i>	1	GC
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 150mg, 200mg, 43mg, 50mg, 67mg</i>	2	
<i>fenofibrate tabs</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin sodium er</i>	2	
<i>lovastatin tabs</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	2	
<i>simvastatin tabs</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride pack</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl</i>	2	PA
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	2	
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite</i>	2	
VASCEPA CAPS 0.5GM	4	PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	GC
<i>isosorbide dinitrate tabs 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	1	GC
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin lingual soln</i>	2	
<i>nitroglycerin transdermal</i>	1	GC
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	1	GC
<i>hydralazine hcl tabs 10mg</i>	1	GC
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	GC
<i>minoxidil tabs</i>	1	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL(120 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate er</i>	2	QL(180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN	3	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL(180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg</i>	2	
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	2	
<i>clonidine hydrochloride er</i>	2	
<i>clonidine hydrochloride tb12 0.1mg</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg, 50mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 27mg, 36mg, 54mg, 72mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	QL(900 ML per 30 days)
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
<i>caffeine citrate inj</i>	2	
<i>caffeine citrate oral soln 20mg/ml</i>	2	
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BAFIERTAM	5	QL(120 EA per 30 days)
BETASERON	5	
<i>dalfampridine er</i>	3	PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days)
<i>dimethyl fumarate starterpack</i>	5	QL(120 EA per 365 days)

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
EXTAVIA	5	
<i> fingolimod</i>	5	
GILENYA CAPS 0.25MG	5	
<i> glatiramer acetate</i>	5	
<i> glatopa</i>	5	
MAVENCLAD	5	PA
MAYZENT STARTER PACK TBPk 0.25MG	4	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPk 0.25MG	5	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days)
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days)
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
<i> teriflunomide</i>	2	
TYSABRI	5	PA
VUMERITY	5	
ZEPOSIA	5	PA
ZEPOSIA 7-DAY STARTER PACK	5	PA
ZEPOSIA STARTER KIT	5	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i> cevimeline hydrochloride</i>	2	
<i> chlorhexidine gluconate soln</i>	1	GC
KEPIVANCE	5	PA
<i> lidocaine hcl viscous</i>	1	GC
<i> lidocaine hcl mouth/throat soln 4%</i>	1	GC
<i> lidocaine hydrochloride viscous</i>	1	GC
<i> lidocaine viscous</i>	1	GC
<i> oralone dental paste</i>	2	
<i> periogard</i>	1	GC
<i> pilocarpine hydrochloride</i>	2	
<i> triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i> accutane</i>	4	
<i> acitretin</i>	4	
<i> adapalene pump</i>	2	
<i> adapalene crea, gel</i>	2	
<i> amnesteem</i>	4	
<i> avita</i>	2	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid</i>	2	
AZELEX	4	PA
<i>claravis</i>	4	
FINACEA FOAM	4	
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin caps 25mg, 35mg</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>myorisan</i>	4	
<i>rosadan</i>	2	
<i>tazarotene crea, gel</i>	4	PA
TAZORAC CREA 0.05%	4	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ammonium lactate lotn</i>	1	GC
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient crea</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone crea 0.05%</i>	4	
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
<i>fluocinonide soln</i>	2	
<i>fluocinonide crea, gel, oint</i>	4	
<i>pimecrolimus</i>	2	
<i>selenium sulfide</i>	1	GC
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>tovet</i>	4	
Dermatological Agents, Other		
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
<i>calcitriol oint 3mcg/gm</i>	2	
<i>imiquimod pump</i>	5	
<i>imiquimod crea 5%</i>	2	
<i>methoxsalen caps</i>	5	
<i>podofilox</i>	1	GC
REGRANEX	5	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
SANTYL	4	
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	2	
<i>ivermectin crea 1%</i>	4	
<i>lindane sham</i>	2	
<i>malathion</i>	1	GC
<i>permethrin crea</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CRYSVITA	5	PA
<i>dextrose 10%/nacl 0.45%</i>	1	GC
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	GC
<i>dextrose 10%</i>	1	GC
<i>dextrose 10%/nacl 0.2%</i>	1	GC
<i>dextrose 2.5%/nacl 0.45%</i>	1	GC
<i>dextrose 25% inj 250mg/ml</i>	1	GC
<i>dextrose 5%</i>	1	GC
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	GC
<i>dextrose 5%/nacl 0.2%</i>	1	GC
<i>dextrose 5%/nacl 0.3%</i>	1	GC
<i>dextrose 5%/nacl 0.33%</i>	1	GC
<i>dextrose 5%/nacl 0.45%</i>	1	GC
<i>dextrose 5%/nacl 0.9%</i>	1	GC
<i>dextrose 50%</i>	1	GC
<i>dextrose/sodium chloride</i>	1	GC
<i>dextrose inj 20%</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>fluoride chew 1mg</i>	2	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	GC
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	GC
<i>klor-con 8</i>	1	GC
<i>klor-con m10</i>	1	GC
<i>klor-con m15</i>	1	GC
<i>klor-con m20</i>	1	GC
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	1	GC
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1</i>	1	GC
NORMOSOL-M/D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride er</i>	1	GC
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	GC
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	GC
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate er</i>	1	GC
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tbso 125mg</i>	4	PA
<i>deferasirox tbso 250mg, 500mg</i>	5	PA
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
JYNARQUE TABS	5	QL(120 EA per 30 days); PA
JYNARQUE TBPK	5	QL(56 EA per 28 days); PA
<i>penicillamine caps, tabs</i>	5	
<i>sodium polystyrene sulfonate</i>	1	GC
<i>sps</i>	1	GC
TOLVAPTAN TABS 15MG	5	QL(30 EA per 30 days); PA
<i>tolvaptan tabs 30mg</i>	5	QL(60 EA per 30 days); PA
<i>trientine hydrochloride</i>	5	
VELTASSA	4	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate</i>	4	
<i>sevelamer hydrochloride</i>	4	
Vitamins		
<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	2	
<i>prenatal tabs 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</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose soln</i>	2	
LINZESS	3	
LUBIPROSTONE	3	QL(60 EA per 30 days)
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	
SUPREP BOWEL PREP KIT	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	
<i>alosetron hydrochloride tabs 1mg</i>	5	
VIBERZI	5	PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate oral soln</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
GLYCOPYRROLATE TABS 1.5MG	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs</i>	2	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride inj</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
<i>metoclopramide odt tbdp 5mg</i>	2	
MOVANTIK	4	QL(30 EA per 30 days)
OICALIVA	5	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes/ascorbate</i>	2	
RECTIV	4	
RELISTOR INJ	5	PA
RELISTOR TABS	5	QL(90 EA per 30 days); PA
SYMPROIC	4	QL(30 EA per 30 days)
<i>ursodiol caps 300mg</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tabs</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps</i>	2	
Protectants		
<i>misoprostol</i>	1	GC
<i>sucralfate susp, tabs</i>	2	
Proton Pump Inhibitors		
<i>dexlansoprazole</i>	4	
<i>esomeprazole magnesium cpdr</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium inj, tbc</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTAGON	4	PA
ELAPRASE	5	PA
ELELYSO	5	PA
ENDARI	5	
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME	5	PA
<i>nitisinone</i>	5	PA
ORFADIN SUSP	5	PA
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PANCREAZE CPEP 83900UNIT; 21000UNIT; 54700UNIT	5	
PROCYSBI	5	PA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
DARIFENACIN HYDROBROMIDE ER	3	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	1	GC
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, syrp, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	1	GC
<i>doxazosin tabs 2mg</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	GC
<i>silodosin</i>	2	
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride caps 2mg</i>	1	GC
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	2	
ELMIRON	4	
LITHOSTAT	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	
<i>tiopronin</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort</i>	1	GC
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	GC
<i>betamethasone valerate crea, lotn, oint</i>	2	
BUDESONIDE FOAM 2MG	3	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
CORDRAN	4	
<i>desonide crea, lotn, oint</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	1	GC
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate crea 0.05%</i>	1	GC
<i>fluticasone propionate oint 0.005%</i>	1	GC
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate (lipid)</i>	1	GC
<i>hydrocortisone butyrate (lipophilic)</i>	1	GC
<i>hydrocortisone butyrate crea, oint, soln</i>	1	GC
<i>hydrocortisone butyrate lotn</i>	2	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone lotn 2.5%</i>	1	GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	GC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone sodium succinate</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea, oint, soln</i>	1	GC
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate odt</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
PREDNISONO INTENSOL	3	
<i>prednisone soln, tbpk</i>	1	GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
<i>triamcinolone acetonide aers, crea, lotn, oint</i>	1	GC
<i>triderm</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate inj</i>	5	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
<i>desmopressin acetate nasal soln 0.01%</i>	2	
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NOVAREL INJ 5000UNIT	4	PA
<i>novarel inj 10000unit</i>	4	PA
OMNITROPE	5	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	PA
SEROSTIM	5	PA
<i>vasopressin +rfid</i>	2	
<i>vasopressin inj 20unit/ml</i>	2	
<i>vasostrict</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
OXANDROLONE TABS 2.5MG	4	QL(240 EA per 30 days); PA
<i>oxandrolone tabs 10mg</i>	4	QL(60 EA per 30 days); PA
Androgens		
<i>danazol caps</i>	2	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
Estrogens		
<i>amabelz tabs 1mg; 0.5mg</i>	2	
<i>aurovela 24 fe</i>	2	
<i>blisovi 24 fe</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>dotti</i>	2	
<i>eluryng</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	GC
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	
ESTRADIOL VAGINAL TABS	3	
<i>estradiol crea, pttw, ptwk, oral tabs</i>	2	
ESTRING	3	
<i>etonogestrel/ethinyl estradiol</i>	2	
FEMRING	4	
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>hailey 24 fe</i>	2	
<i>haloette</i>	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
<i>jinteli</i>	2	
<i>junel fe 24</i>	2	
<i>larin 24 fe</i>	2	
<i>lyllana</i>	2	
<i>microgestin 24 fe</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	2	
<i>nymyo</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
<i>sprintec 28</i>	2	
<i>tarina 24 fe</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
YUVAFEM	3	
<i>zafemy</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	GC
<i>megestrol acetate susp, tabs</i>	2	PA NSO
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	1	GC
<i>norethindrone tabs</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps, inj</i>	1	GC
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	GC
<i>levo-t</i>	1	GC
<i>levothyroxine sodium tabs</i>	1	GC
<i>levothyroxine sodium caps</i>	4	
LEVOTHYROXINE SODIUM INJ 100MCG/ML	5	
<i>levothyroxine sodium inj 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	5	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium inj, tabs</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD	4	PA NSO
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE	5	PA NSO
LEUPROLIDE ACETATE INJ 22.5MG	4	PA NSO
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	PA NSO
LUPRON DEPOT (3-MONTH)	5	PA NSO
LUPRON DEPOT (4-MONTH)	5	PA NSO
LUPRON DEPOT (6-MONTH)	5	PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LUPRON DEPOT-PED INJ 45MG	5	PA
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJ 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA NSO
ZOLADEX INJ 3.6MG	4	PA NSO
ZOLADEX INJ 10.8MG	5	PA NSO
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	GC
<i>propylthiouracil tabs</i>	1	GC
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
RUCONEST	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	B/D
ATGAM	5	
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF	5	B/D
GAMASTAN	4	
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	B/D
PANZYGA	5	B/D
PRIVIGEN	5	B/D
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML	4	
WINRHO SDF INJ 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
<i>Immunological Agents, Other</i>		
ACTEMRA	5	PA
ACTEMRA ACTPEN	5	PA
ACTIMMUNE	5	
ARCALYST	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ILARIS INJ 150MG/ML	5	PA
<i>leflunomide tabs</i>	2	
LEMTRADA	5	PA
OTEZLA	5	PA
RIDAURA	5	
RINVOQ	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ	5	PA
XELJANZ XR	5	PA
Immunostimulants		
PEGASYS	5	
<i>ribavirin tabs 200mg</i>	2	
Immunosuppressants		
ADALIMUMAB-ADAZ	5	PA
AMJEVITA INJ 40MG/0.8ML	5	PA
ASTAGRAF XL	4	B/D
AVSOLA	5	PA
<i>azathioprine inj</i>	4	B/D
<i>azathioprine tabs 50mg</i>	1	B/D; GC
<i>azathioprine tabs 100mg, 75mg</i>	2	B/D
BENLYSTA	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	PA
<i>everolimus tabs 0.25mg</i>	2	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	2	B/D
<i>gengraf soln</i>	2	B/D
HADLIMA	5	PA
HADLIMA PUSH TOUCH	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
KINERET	5	PA
LUPKYNIS	5	QL(180 EA per 30 days); PA
<i>methotrexate sodium tabs</i>	1	GC
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate inj 50mg/2ml</i>	1	GC
MYCOPHENOLATE MOFETIL INJ	3	B/D
<i>mycophenolate mofetil caps, tabs</i>	2	B/D
<i>mycophenolate mofetil susr</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D
NULOJIX	5	
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
PROGRAF PACK	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
<i>sirolimus tabs</i>	2	B/D
<i>sirolimus soln</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	4	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
MENVEO	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	4	
PREHEVBRIO	3	B/D
PRIORIX	4	
PROQUAD	3	
QUADRACEL	4	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLN	4	
SHINGRIX	3	
STAMARIL	4	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	
VAXELIS	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
DIPENTUM	5	
<i>mesalamine dr</i>	2	
<i>mesalamine er cp24</i>	2	
<i>mesalamine enem, kit</i>	4	
<i>sulfasalazine tabs, tbec</i>	1	GC
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone enem 100mg/60ml</i>	4	
ORTIKOS	5	
<i>procto-med hc</i>	1	GC
<i>procto-pak</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>proctosol hc</i>	1	GC
<i>proctozone-hc</i>	1	GC
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln</i>	1	GC
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	GC
<i>calcitonin salmon nasal soln</i>	2	
<i>calcitonin salmon inj</i>	5	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	GC
<i>calcitriol inj 1mcg/ml</i>	1	GC
<i>calcitriol oral soln 1mcg/ml</i>	1	GC
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol inj</i>	2	PA
<i>doxercalciferol caps</i>	4	PA
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	
MIACALCIN INJ	5	
NATPARA	5	PA
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	GC
PARICALCITOL CAPS	3	
<i>paricalcitol inj</i>	4	
PROLIA	4	
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
TERIPARATIDE	5	PA
XGEVA	5	PA NSO
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine inj 200mg/ml</i>	2	
ALCOHOL PREP PADS	3	
AMINOSYN II	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
CLINISOL SF 15%	3	B/D
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>deferoxamine mesylate inj 2gm</i>	2	PA
<i>deferoxamine mesylate inj 500mg</i>	5	PA
<i>dichlorphenamide</i>	5	PA
DROPLET PEN NEEDLES 29GX10MM	3	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
ELLA	3	
<i>fomepizole inj 1.5gm/1.5ml</i>	5	
GLOBAL ALCOHOL PREP EASE PADS	3	
GRASSTEK	4	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
KALBITOR	5	PA
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	3	
LAGEVRIO	4	QL(40 EA per 5 days)
<i>levocarnitine soln, tabs</i>	1	GC
<i>methergine tabs</i>	5	
<i>methylergonovine maleate inj</i>	1	GC
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NUTRILIPID	3	B/D
ORALAIR	4	
ORLADEYO	5	PA
PAXLOVID TBPK 150MG; 100MG	4	QL(20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	4	QL(30 EA per 5 days)
PLENAMINE	3	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
PROTOPAM CHLORIDE INJ	4	
RAGWITEK	4	
REMDESIVIR INJ 100MG	5	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate</i>	5	
<i>sterile water for irrigation</i>	1	GC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	3	
<i>tis-u-sol</i>	1	GC

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	3	
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
VEKLURY INJ 100MG	5	
VISTOGARD	5	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>ak-poly-bac</i>	2	
<i>atropine sulfate soln 1%</i>	1	GC
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>cyclopentolate hcl</i>	1	GC
<i>cyclopentolate hydrochloride soln 1%</i>	1	GC
<i>cyclosporine emul 0.05%</i>	4	
CYSTADROPS	5	QL(20 ML per 28 days); PA
CYSTARAN	5	QL(60 ML per 28 days); PA
<i>dorzolamide hcl/timolol maleate</i>	1	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	GC
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	1	GC
OXERVATE	5	PA
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	GC
<i>proparacaine hcl</i>	1	GC
RESTASIS	4	
RESTASIS MULTIDOSE	4	
RHOPRESSA	4	
ROCKLATAN	4	
SIMBRINZA	3	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VABYSMO	5	
XIIDRA	3	
<i>Ophthalmic Anti-allergy Agents</i>		
ALOCRIL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	GC
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hydrochloride soln 0.2%</i>	2	
<i>phenylephrine hcl</i>	1	GC
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	GC
<i>diclofenac sodium soln 0.1%</i>	2	
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	GC
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	GC
<i>loteprednol etabonate susp</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	GC
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	GC
<i>carteolol hcl</i>	1	GC
<i>levobunolol hcl soln 0.5%</i>	1	GC
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	GC
<i>timolol maleate soln 0.5%</i>	2	Once Daily
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	1	GC
<i>brimonidine tartrate</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	1	GC
<i>methazolamide tabs</i>	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost soln</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	4	
<i>travoprost</i>	2	
VYZULTA	4	
XELPROS	4	
Otic Agents		

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>flac</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BREZTRI AEROSPHERE	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(240 EA per 30 days); ST
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(60 EA per 30 days); ST
FLOVENT HFA AERO 44MCG/ACT	4	QL(21.2 GM per 30 days); ST
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL(24 GM per 30 days); ST
<i>flunisolide soln 0.025%</i>	1	GC
<i>fluticasone propionate/salmeterol diskus</i>	2	
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	
QVAR REDIHALER	3	
<i>wixela inhub</i>	2	
Antihistamines		
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	
<i>cetirizine hydrochloride soln 1mg/ml</i>	2	
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride tabs</i>	2	
Antileukotrienes		

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium chew, pack, tabs</i>	1	GC
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D; GC
<i>ipratropium bromide inhalation soln</i>	1	B/D; GC
<i>ipratropium bromide nasal soln</i>	1	GC
LONHALA MAGNAIR REFILL KIT	5	
LONHALA MAGNAIR STARTER KIT	5	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TIOTROPIUM BROMIDE	3	
TUDORZA PRESSAIR	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	GC
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	
<i>albuterol sulfate syrp</i>	1	GC
<i>albuterol sulfate tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	B/D
<i>arformoterol tartrate</i>	4	B/D
BEVESPI AEROSPHERE	4	
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
<i>isoproterenol hydrochloride</i>	2	
<i>levalbuterol hcl nebu</i>	4	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	2	
PROAIR DIGIHALER	3	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate tabs</i>	2	
<i>terbutaline sulfate inj</i>	5	
<i>ventolin hfa</i>	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA
SYMDEKO	5	PA
TOBI PODHALER	5	PA
<i>tobramycin nebu 300mg/5ml</i>	5	PA
TRIKAFTA	5	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	GC
<i>elixophyllin</i>	1	GC
<i>roflumilast</i>	2	ST
THEO-24	3	
<i>theophylline</i>	1	GC
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
<i>alyq</i>	4	PA
<i>ambrisentan</i>	5	PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA
SILDENAFIL CITRATE TABS	3	PA
<i>sildenafil citrate susr</i>	4	PA
<i>sildenafil inj</i>	5	PA
<i>tadalafil tabs 20mg</i>	4	PA
<i>treprostinil</i>	5	PA
TYVASO	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI	5	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
VENTAVIS	5	PA
Pulmonary Fibrosis Agents		
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone caps</i>	5	PA
PIRFENIDONE TABS 534MG	5	PA
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	3	
ARALAST NP INJ 500MG	4	PA
ARALAST NP INJ 1000MG	5	PA
BREO ELLIPTA	3	
BRONCHITOL	5	QL(560 EA per 28 days); PA
DULERA	3	
GLASSIA	5	PA
NUCALA	5	PA
PROLASTIN-C	5	PA
<i>ribavirin solr 6gm</i>	5	PA
STIOLTO RESPIMAT	3	
TEZSPIRE	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	3	
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tabs</i>	2	PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	
DAYVIGO	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	
<i>flurazepam hcl</i>	2	QL(30 EA per 30 days)
HETLIOZ LQ	5	PA
NEMBUTAL SODIUM	4	
<i>pentobarbital sodium</i>	4	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA
<i>zolpidem tartrate tabs</i>	2	
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA
MODAFINIL	3	PA
SODIUM OXYBATE	5	PA
SUNOSI	4	QL(30 EA per 30 days); PA
XYREM	5	PA

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	29	<i>ak-poly-bac</i>	63
<i>abacavir sulfate</i>	29	<i>ala-cort</i>	51
<i>abacavir sulfate/lamivudine</i>	29	<i>albendazole</i>	24
ABELCET	14	<i>albuterol sulfate</i>	66
ABILIFY MAINTENA	26	<i>albuterol sulfate hfa</i>	66
ABILIFY MYCITE MAINTENANCE KIT	26	<i>alclometasone dipropionate</i>	51
ABILIFY MYCITE STARTER KIT	26	ALCOHOL PREP PADS	61
<i>abiraterone acetate</i>	17	ALDURAZYME	49
ABRAXANE	19	ALECENSA	21
ABRYSVO	59	<i>alendronate sodium</i>	61
<i>acamprosate calcium dr</i>	4	<i>alfuzosin hcl er</i>	50
<i>acarbose</i>	31	ALIMTA	18
<i>accutane</i>	43	ALIQOPA	21
<i>acebutolol hydrochloride</i>	37	<i>aliskiren</i>	39
<i>acetaminophen/codeine</i>	2	<i>allopurinol</i>	15
<i>acetaminophen/codeine phosphate</i>	2	ALOCRIAL	63
<i>acetazolamide</i>	64	ALOGLIPTIN	31
<i>acetazolamide er</i>	64	ALOGLIPTIN/METFORMIN HCL	31
<i>acetazolamide sodium</i>	39	ALOGLIPTIN/METFORMIN HYDROCHLORIDE	31
<i>acetic acid</i>	65	ALOGLIPTIN/PIOGLITAZONE	32
<i>acetic acid 0.25%</i>	51	<i>alosetron hydrochloride</i>	48
<i>acetylcysteine</i>	61	<i>alprazolam</i>	31
<i>acetylcysteine</i>	67	<i>alprazolam er</i>	31
<i>acitretin</i>	43	<i>alprazolam odt</i>	31
ACTEMRA	57	<i>alprazolam xr</i>	31
ACTEMRA ACTPEN	57	ALUNBRIG	21
ACTHIB	59	ALYMSYS	23
ACTIMMUNE	57	<i>alyq</i>	67
<i>acyclovir</i>	30	<i>amabelz</i>	53
<i>acyclovir sodium</i>	30	<i>amantadine hcl</i>	30
ADACEL	59	<i>ambrisentan</i>	67
ADALIMUMAB-ADAZ	58	<i>amcinonide</i>	51
<i>adapalene</i>	43	<i>amikacin sulfate</i>	4
<i>adapalene pump</i>	43	<i>amiloride hcl</i>	40
ADCETRIS	23	<i>amiloride/hydrochlorothiazide</i>	40
<i>adefovir dipivoxil</i>	28	<i>aminocaproic acid</i>	35
ADEMPAS	67	<i>aminophylline</i>	67
<i>adriamycin</i>	19	AMINOSYN II	61
ADSTILADRIN	19	AMINOSYN-PF	61
AEMCOLO	5	AMINOSYN-PF 7%	61
AIMOVIG	15	<i>amiodarone hcl</i>	36
		<i>amiodarone hydrochloride</i>	36
		<i>amitriptyline hcl</i>	13

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>amitriptyline hydrochloride</i>	13	ASCENIV	56
AMJEVITA	58	<i>ascomp/codeine</i>	2
<i>amlodipine besylate</i>	38	ASENAPINE MALEATE SL	26
<i>amlodipine besylate/benazepril hcl</i>	39	<i>aspirin/dipyridamole</i>	35
<i>amlodipine besylate/benazepril hydrochloride</i>	39	<i>aspirin/dipyridamole er</i>	35
<i>amlodipine besylate/valsartan</i>	39	ASTAGRAF XL	58
<i>ammonium lactate</i>	44	<i>atazanavir</i>	30
<i>amnestem</i>	43	<i>atazanavir sulfate</i>	30
<i>amoxapine</i>	13	<i>atenolol</i>	37
<i>amoxicillin</i>	7	<i>atenolol/chlorthalidone</i>	37
<i>amoxicillin/clavulanate potassium</i>	7	ATGAM	56
<i>amoxicillin/clavulanate potassium er</i>	7	<i>atomoxetine</i>	41
<i>amphetamine/dextroamphetamine</i>	41	<i>atomoxetine hydrochloride</i>	41
<i>amphotericin b</i>	14	<i>atorvastatin calcium</i>	40
<i>amphotericin b liposome</i>	14	<i>atovaquone</i>	25
<i>ampicillin</i>	7	<i>atovaquone/proguanil hcl</i>	25
<i>ampicillin sodium</i>	7	<i>atropine sulfate</i>	39
<i>ampicillin-sulbactam</i>	7	<i>atropine sulfate</i>	63
<i>anagrelide hydrochloride</i>	34	ATROVENT HFA	66
<i>anastrozole</i>	21	AUGMENTIN	7
ANORO ELLIPTA	68	<i>aurovela 24 fe</i>	53
<i>apomorphine hydrochloride</i>	25	AUVELITY	11
APONVIE	13	AVASTIN	23
<i>apraclonidine</i>	64	<i>avita</i>	43
<i>aprepitant</i>	13	AVONEX	42
APRETUDE	28	AVONEX PEN	42
APTIOM	9	AVSOLA	58
APTIVUS	30	AVYCAZ	6
ARALAST NP	68	AYVAKIT	21
ARANESP ALBUMIN FREE	34	<i>azacitidine</i>	19
ARCALYST	57	<i>azathioprine</i>	58
AREXVY	59	<i>azelaic acid</i>	44
<i>arformoterol tartrate</i>	66	<i>azelastine hcl</i>	63
<i>aripiprazole</i>	26	<i>azelastine hcl</i>	65
<i>aripiprazole odt</i>	26	<i>azelastine hydrochloride</i>	65
ARISTADA	26	AZELEX	44
ARISTADA INITIO	26	<i>azithromycin</i>	7
<i>armodafinil</i>	68	<i>aztreonam</i>	7
ARMOUR THYROID	54	BACITRACIN	5
ARNUIITY ELLIPTA	65	<i>bacitracin/polymyxin b</i>	63
ARRANON	18	<i>baclofen</i>	27
ARSENIC TRIOXIDE	19	BAFIERTAM	42
ARZERRA	23	<i>balsalazide disodium</i>	60
		BALVERSA	21

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
BARACLUDE	28	BICILLIN L-A	7
BAVENCIO	23	BICNU	16
BAXDELA	8	BIKTARVY	28
BCG VACCINE	59	<i>bisoprolol fumarate</i>	37
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	61	<i>bisoprolol fumarate/hydrochlorothiazide</i>	37
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	61	BIVIGAM	56
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	61	<i>bleomycin sulfate</i>	19
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	61	BLINCYTO	23
BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	61	<i>blisovi 24 fe</i>	53
BELBUCA	1	BOOSTRIX	59
BELEODAQ	21	BORTEZOMIB	19
BELSOMRA	68	BOSULIF	21
<i>benazepril hcl</i>	36	BOTOX	27
<i>benazepril hcl/hydrochlorothiazide</i>	36	BRAFTOVI	19
<i>benazepril hydrochloride</i>	36	BREO ELLIPTA	68
<i>benazepril hydrochloride/hydrochlorothiazide</i>	36	BREZTRI AEROSPHERE	65
<i>bendamustine hydrochloride</i>	16	BRILINTA	35
BENDEKA	16	<i>brimonidine tartrate</i>	64
BENLYSTA	58	<i>brimonidine tartrate/timolol maleate</i>	63
<i>benztropine mesylate</i>	25	<i>brinzolamide</i>	64
BERINERT	56	BRIVIACT	9
BESPONSA	23	<i>bromfenac</i>	64
BESREMI	19	<i>bromocriptine mesylate</i>	25
<i>betaine anhydrous</i>	49	BROMSITE	64
<i>betamethasone dipropionate</i>	51	BRONCHITOL	68
<i>betamethasone dipropionate augmented</i>	51	BRUKINSA	21
<i>betamethasone sodium phosphate/betamethasone acetate</i>	51	BUDESONIDE	51
<i>betamethasone valerate</i>	51	<i>budesonide</i>	60
BETASERON	42	<i>budesonide</i>	65
<i>betaxolol hcl</i>	37	<i>budesonide er</i>	60
<i>betaxolol hcl</i>	64	<i>bumetanide</i>	40
<i>bethanechol chloride</i>	51	<i>buprenorphine</i>	1
BEVESPI AEROSPHERE	66	<i>buprenorphine hcl</i>	4
<i>bexarotene</i>	24	<i>buprenorphine hcl/naloxone hcl</i>	4
BEXSERO	59	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	4
<i>bicalutamide</i>	17	<i>bupropion hcl</i>	11
BICILLIN C-R	7	<i>bupropion hydrochloride</i>	11
		<i>bupropion hydrochloride er (sr)</i>	4
		<i>bupropion hydrochloride er (sr)</i>	11
		<i>bupropion hydrochloride er (xl)</i>	11
		<i>buspironone hcl</i>	30
		<i>buspironone hydrochloride</i>	30
		<i>busulfan</i>	16

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
BUSULFEX	16	CEFAZOLIN	6
<i>butalbital/acetaminophen/caffeine</i>	42	<i>cefazolin sodium</i>	6
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	<i>cefazolin sodium/dextrose</i>	6
<i>butalbital/aspirin/caffeine</i>	42	<i>cefdinir</i>	6
<i>butalbital/aspirin/caffeine/codeine</i>	2	CEFEPIME	6
<i>butorphanol tartrate</i>	2	CEFEPIME HYDROCHLORIDE	6
CABENUVA	28	CEFEPIME/DEXTROSE	6
<i>cabergoline</i>	55	<i>cefixime</i>	6
CABLIVI	35	CEFOTAXIME SODIUM	6
CABOMETYX	21	<i>cefotetan</i>	6
<i>caffeine citrate</i>	42	<i>cefoxitin sodium</i>	6
<i>calcipotriene</i>	44	<i>cefpodoxime proxetil</i>	6
<i>calcitonin salmon</i>	61	<i>cefprozil</i>	6
<i>calcitonin-salmon</i>	61	<i>ceftazidime</i>	6
<i>calcitriol</i>	44	<i>ceftazidime/dextrose</i>	6
<i>calcitriol</i>	61	<i>ceftriaxone in iso-osmotic dextrose</i>	6
<i>calcium acetate</i>	47	<i>ceftriaxone sodium</i>	6
CALQUENCE	22	<i>ceftriaxone/dextrose</i>	6
<i>camila</i>	54	<i>cefuroxime axetil</i>	6
CAMZYOS	39	<i>cefuroxime sodium</i>	6
<i>candesartan cilexetil</i>	36	<i>celecoxib</i>	1
<i>candesartan cilexetil/hydrochlorothiazide</i>	36	<i>cephalexin</i>	7
CAPLYTA	26	CERDELGA	49
CAPRELSA	22	CEREZYME	49
<i>captopril</i>	36	<i>cetirizine hydrochloride</i>	65
<i>carbamazepine</i>	11	<i>cevimeline hydrochloride</i>	43
<i>carbamazepine er</i>	10	CHEMET	47
<i>carbidopa</i>	25	CHENODAL	48
<i>carbidopa/levodopa</i>	25	<i>chloramphenicol sodium succinate</i>	5
<i>carbidopa/levodopa er</i>	25	<i>chlordiazepoxide hcl</i>	31
<i>carbidopa/levodopa odt</i>	25	<i>chlordiazepoxide hydrochloride</i>	31
<i>carbidopa/levodopa/entacapone</i>	25	<i>chlordiazepoxide/amitriptyline</i>	13
<i>carboplatin</i>	16	<i>chlorhexidine gluconate</i>	43
<i>carglumic acid</i>	45	<i>chloroquine phosphate</i>	25
CARMUSTINE	16	<i>chlorothiazide sodium</i>	40
<i>carteolol hcl</i>	64	<i>chlorpromazine hcl</i>	26
<i>cartia xt</i>	38	<i>chlorpromazine hydrochloride</i>	26
<i>carvedilol</i>	37	<i>chlorthalidone</i>	40
<i>carvedilol phosphate er</i>	37	CHOLBAM	48
<i>casprofungin acetate</i>	14	<i>cholestyramine</i>	40
CAYSTON	66	<i>cholestyramine light</i>	40
<i>cefaclor</i>	6	<i>chorionic gonadotropin</i>	52
<i>cefaclor er</i>	6	<i>ciclodan</i>	14
<i>cefadroxil</i>	6	<i>ciclopirox</i>	14

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>ciclopirox nail lacquer</i>	14	CLINIMIX E 8/10	45
<i>ciclopirox olamine</i>	14	CLINIMIX E 8/14	45
<i>cidofovir</i>	28	CLINISOL SF 15%	62
<i>cilostazol</i>	35	CLINOLIPID	62
CIMDUO	29	<i>clobazam</i>	10
<i>cimetidine</i>	49	<i>clobetasol propionate</i>	44
<i>cimetidine hcl</i>	49	<i>clobetasol propionate</i>	51
<i>cimetidine hydrochloride</i>	49	<i>clobetasol propionate e</i>	44
CIMZIA	58	<i>clobetasol propionate emollient</i>	44
CIMZIA STARTER KIT	58	<i>clofarabine</i>	18
<i>cinacalcet hydrochloride</i>	61	<i>clomipramine hydrochloride</i>	13
CINRYZE	56	<i>clonazepam</i>	10
CINVANTI	13	<i>clonazepam odt</i>	10
<i>ciprofloxacin</i>	8	<i>clonidine hcl</i>	35
<i>ciprofloxacin hcl</i>	8	<i>clonidine hydrochloride</i>	35
<i>ciprofloxacin hydrochloride</i>	8	<i>clonidine hydrochloride</i>	41
<i>ciprofloxacin i.v.-in d5w</i>	8	<i>clonidine hydrochloride er</i>	41
<i>ciprofloxacin/dexamethasone</i>	65	<i>clopidogrel</i>	35
<i>cisplatin</i>	16	<i>clorazepate dipotassium</i>	31
<i>citalopram hydrobromide</i>	12	<i>clotrimazole</i>	14
<i>cladribine</i>	18	<i>clotrimazole/betamethasone dipropionate</i>	14
<i>claravis</i>	44	<i>clozapine</i>	27
<i>clarithromycin</i>	8	CLOZAPINE ODT	27
<i>clarithromycin er</i>	8	COARTEM	25
CLEOCIN	5	<i>codeine sulfate</i>	2
<i>clindacin</i>	5	<i>colchicine</i>	15
<i>clindacin etz pledgets</i>	5	<i>colesevelam hydrochloride</i>	40
<i>clindamycin hcl</i>	5	<i>colestipol hcl</i>	40
<i>clindamycin hydrochloride</i>	5	<i>colistimethate sodium</i>	5
<i>clindamycin palmitate hcl</i>	5	COLUMVI	19
<i>clindamycin phosphate</i>	5	COMBIVENT RESPIMAT	66
<i>clindamycin phosphate/dextrose</i>	5	COMETRIQ	22
CLINIMIX 4.25%/DEXTROSE 10%	45	COMPLERA	28
CLINIMIX 4.25%/DEXTROSE 5%	45	<i>compro</i>	13
CLINIMIX 5%/DEXTROSE 15%	45	<i>constulose</i>	47
CLINIMIX 5%/DEXTROSE 20%	45	COPIKTRA	19
CLINIMIX 6/5	45	CORDRAN	51
CLINIMIX 8/10	45	CORLANOR	39
CLINIMIX 8/14	45	CORTIFOAM	60
CLINIMIX E 2.75%/DEXTROSE 5%	45	COSELA	62
CLINIMIX E 4.25%/DEXTROSE 10%	45	COSENTYX	57
CLINIMIX E 4.25%/DEXTROSE 5%	45	COSENTYX SENSOREADY PEN	57
CLINIMIX E 5%/DEXTROSE 15%	45	COSENTYX UNOREADY	57
CLINIMIX E 5%/DEXTROSE 20%	45	COTELLIC	19

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
CREON	49	darunavir	30
CRESEMBA	14	DARZALEX	23
CRINONE	54	DARZALEX FASPRO	23
<i>cromolyn sodium</i>	48	<i>daunorubicin hydrochloride</i>	19
<i>cromolyn sodium</i>	63	DAURISMO	19
<i>cromolyn sodium</i>	67	DAYVIGO	68
<i>crotan</i>	45	<i>deblitane</i>	54
CRYSVITA	45	<i>decitabine</i>	19
CURITY ALL PURPOSE SPONGES	62	<i>deferasirox</i>	47
2"X2"		<i>deferiprone</i>	47
CURITY GAUZE PADS 2"X2" 12 PLY	62	<i>deferoxamine mesylate</i>	62
CUVITRU	56	DELSTRIGO	28
<i>cyclobenzaprine hydrochloride</i>	68	<i>demeclocycline hcl</i>	8
<i>cyclopentolate hcl</i>	63	<i>demeclocycline hydrochloride</i>	8
<i>cyclopentolate hydrochloride</i>	63	DENGVAXIA	59
CYCLOPHOSPHAMIDE	16	DEPO-ESTRADIOL	53
CYCLOPHOSPHAMIDE	16	DEPO-SUBQ PROVERA 104	54
MONOHYDRATE		DESCOVY	29
<i>cycloserine</i>	16	<i>desipramine hydrochloride</i>	13
CYCLOSET	32	<i>desloratadine</i>	65
<i>cyclosporine</i>	58	<i>desmopressin acetate</i>	52
<i>cyclosporine</i>	63	<i>desonide</i>	51
<i>cyclosporine modified</i>	58	<i>desoximetasone</i>	44
<i>cyproheptadine hcl</i>	65	<i>desvenlafaxine er</i>	12
<i>cyproheptadine hydrochloride</i>	65	<i>dexamethasone</i>	51
CYRAMZA	23	DEXAMETHASONE INTENSOL	51
CYSTADROPS	63	<i>dexamethasone sodium phosphate</i>	51
CYSTAGON	49	<i>dexamethasone sodium phosphate</i>	64
CYSTARAN	63	<i>dexlansoprazole</i>	49
<i>cytarabine</i>	18	<i>dexmethylphenidate hcl</i>	42
<i>cytarabine aqueous</i>	18	<i>dexmethylphenidate hcl er</i>	42
CYTOGAM	56	<i>dexmethylphenidate hydrochloride</i>	42
<i>dabigatran etexilate</i>	33	<i>dexmethylphenidate hydrochloride er</i>	42
<i>dacarbazine</i>	17	<i>dexrazoxane</i>	19
<i>dactinomycin</i>	19	DEXTROAMPHETAMINE SULFATE	41
<i>dalfampridine er</i>	42	<i>dextroamphetamine sulfate er</i>	41
DALVANCE	5	<i>dextrose</i>	45
<i>danazol</i>	53	<i>dextrose 10%/nacl 0.45%</i>	45
<i>dantrolene sodium</i>	27	<i>dextrose 5% /electrolyte #48 viaflex</i>	45
DANYELZA	23	<i>dextrose 10%</i>	45
<i>dapsone</i>	16	<i>dextrose 10%/nacl 0.2%</i>	45
DAPTACEL	59	<i>dextrose 2.5%/nacl 0.45%</i>	45
<i>daptomycin</i>	5	<i>dextrose 25%</i>	45
DARIFENACIN HYDROBROMIDE ER	50	<i>dextrose 5%</i>	45

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>dextrose 5%/lactated ringers</i>	45	<i>diphenoxylate hydrochloride/atropine</i>	48
<i>dextrose 5%/nacl 0.2%</i>	45	<i>sulfate</i>	
<i>dextrose 5%/nacl 0.3%</i>	45	<i>diphenoxylate/atropine</i>	48
<i>dextrose 5%/nacl 0.33%</i>	45	DIPHTHERIA/TETANUS TOXOIDS	59
<i>dextrose 5%/nacl 0.45%</i>	45	ADSORBED PEDIATRIC	
<i>dextrose 5%/nacl 0.9%</i>	45	<i>disulfiram</i>	4
<i>dextrose 50%</i>	45	DIURIL	40
<i>dextrose/sodium chloride</i>	45	<i>divalproex sodium</i>	10
DIACOMIT	10	<i>divalproex sodium dr</i>	10
<i>diazepam</i>	31	<i>divalproex sodium er</i>	10
<i>diazepam intensol</i>	31	<i>dobutamine hcl</i>	39
<i>diazepam rectal gel</i>	10	<i>dobutamine hcl/d5w</i>	39
<i>diazoxide</i>	33	<i>dobutamine hydrochloride/dextrose 5%</i>	39
<i>dichlorphenamide</i>	62	<i>docetaxel</i>	19
<i>diclofenac potassium</i>	1	<i>dofetilide</i>	37
<i>diclofenac sodium</i>	1	<i>donepezil hcl</i>	11
<i>diclofenac sodium</i>	64	<i>donepezil hydrochloride</i>	11
<i>diclofenac sodium dr</i>	1	<i>donepezil hydrochloride odt</i>	11
<i>diclofenac sodium er</i>	1	<i>dopamine hydrochloride</i>	39
<i>diclofenac sodium/misoprostol</i>	1	<i>dopamine hydrochloride/dextrose</i>	39
<i>dicloxacillin sodium</i>	7	<i>dopamine/d5w</i>	39
<i>dicyclomine hcl</i>	48	DOPTELET	34
<i>dicyclomine hydrochloride</i>	48	<i>dorzolamide hcl/timolol maleate</i>	63
DIFICID	8	<i>dorzolamide hydrochloride</i>	64
<i>diflunisal</i>	1	<i>dorzolamide hydrochloride/timolol maleate</i>	63
<i>digitek</i>	37	<i>pf</i>	
<i>digox</i>	37	<i>dotti</i>	53
DIGOXIN	37	DOVATO	28
<i>dihydroergotamine mesylate</i>	15	<i>doxazosin</i>	50
DILANTIN	11	<i>doxazosin mesylate</i>	50
DILANTIN INFATABS	11	<i>doxepin hcl</i>	13
<i>diltiazem hcl</i>	38	<i>doxepin hydrochloride</i>	13
<i>diltiazem hcl cd</i>	38	DOXEPIN HYDROCHLORIDE	44
<i>diltiazem hcl er</i>	38	<i>doxepin hydrochloride</i>	68
<i>diltiazem hydrochloride</i>	39	<i>doxercalciferol</i>	61
<i>diltiazem hydrochloride er</i>	38	<i>doxorubicin hcl</i>	19
<i>dilt-xr</i>	38	<i>doxorubicin hydrochloride</i>	19
<i>dimenhydrinate</i>	13	<i>doxorubicin hydrochloride liposomal</i>	19
<i>dimethyl fumarate</i>	42	<i>doxy 100</i>	8
<i>dimethyl fumarate starterpack</i>	42	<i>doxycycline</i>	9
DIPENTUM	60	<i>doxycycline hyclate</i>	8
<i>diphenhydramine hcl</i>	65	<i>doxycycline hyclate dr</i>	8
<i>diphenhydramine hydrochloride</i>	65	<i>doxycycline monohydrate</i>	9
		DRIZALMA SPRINKLE	12

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>dronabinol</i>	14	<i>emtricitabine</i>	29
<i>droperidol</i>	13	<i>emtricitabine/tenofovir disoproxil</i>	29
DROPLET PEN NEEDLES 29GX10MM	62	<i>emtricitabine/tenofovir disoproxil fumarate</i>	29
DROXIA	18	EMTRIVA	29
<i>droxidopa</i>	35	<i>enalapril maleate</i>	36
DULERA	68	<i>enalapril maleate/hydrochlorothiazide</i>	36
<i>duloxetine hcl</i>	12	<i>enalaprilat</i>	36
<i>duloxetine hydrochloride</i>	12	ENBREL	58
DUPIXENT	57	ENBREL MINI	58
<i>duramorph</i>	2	ENBREL SURECLICK	58
<i>dutasteride</i>	51	ENDARI	49
DYSPORT	27	<i>endocet</i>	2
EASY COMFORT INSULIN	62	ENGERIX-B	59
SYRINGE/1ML/32GX5/16"		ENHERTU	23
EASY COMFORT INSULIN	62	<i>enoxaparin sodium</i>	34
SYRINGES/0.5ML/32GX5/16"		<i>entacapone</i>	25
<i>ec-naproxen</i>	1	<i>entecavir</i>	28
<i>econazole nitrate</i>	14	ENTRESTO	39
EDURANT	29	<i>enulose</i>	47
<i>efavirenz</i>	29	EPCLUSA	28
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	29	EPIDIOLEX	9
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	29	<i>epinastine hcl</i>	63
ELAHERE	23	<i>epinephrine</i>	66
ELAPRASE	49	<i>epitol</i>	11
ELELYSO	49	EPIVIR HBV	28
ELEPSIA XR	9	EPKINLY	19
ELIGARD	55	<i>eplerenone</i>	40
ELIQUIS	34	EPOGEN	34
ELIQUIS STARTER PACK	34	<i>epoprostenol sodium</i>	67
ELITEK	24	EPRONTIA	9
<i>elixophyllin</i>	67	EQUETRO	31
ELLA	62	ERAXIS	14
ELMIRON	51	ERBITUX	23
ELREXFIO	19	ERGOMAR	15
<i>eluryng</i>	53	ERGOTAMINE TARTRATE/CAFFEINE	15
ELZONRIS	19	ERIVEDGE	22
EMCYT	18	ERLEADA	17
EMEND	14	<i>erlotinib hydrochloride</i>	22
EMGALITY	15	<i>errin</i>	54
EMPAVELI	57	<i>ertapenem</i>	7
EMPLICITI	23	<i>ertapenem sodium</i>	7
EMSAM	12	<i>ery</i>	8
		ERYTHROCIN LACTOBIONATE	8
		<i>erythrocine stearate</i>	8

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>erythromycin</i>	8	FANAPT TITRATION PACK	26
<i>erythromycin base</i>	8	FARXIGA	32
<i>erythromycin dr</i>	8	FASLODEX	18
<i>erythromycin ethylsuccinate</i>	8	<i>febuxostat</i>	15
<i>erythromycin lactobionate</i>	8	<i>felbamate</i>	9
<i>escitalopram oxalate</i>	12	<i>felodipine er</i>	38
<i>esmolol hcl</i>	37	FEMRING	53
<i>esmolol hydrochloride in sodium chloride</i>	37	<i>femynor</i>	53
<i>esmolol hydrochloride in sodium chloride</i>	38	<i>fenofibrate</i>	40
<i>double strength</i>		<i>fenofibrate micronized</i>	40
<i>esmolol hydrochloride/sodium chloride</i>	38	<i>fenofibric acid</i>	40
<i>esomeprazole magnesium</i>	49	<i>fenofibric acid dr</i>	40
<i>estarylla</i>	53	<i>fenopropfen calcium</i>	1
<i>estazolam</i>	31	<i>fentanyl</i>	1
ESTRADIOL	53	<i>fentanyl citrate oral transmucosal</i>	2
<i>estradiol valerate</i>	53	FERRIPROX	47
<i>estradiol/norethindrone acetate</i>	53	FERRIPROX TWICE-A-DAY	47
ESTRING	53	<i>fesoterodine fumarate er</i>	50
<i>ethacrynate sodium</i>	40	FETROJA	7
<i>ethacrynic acid</i>	40	FETZIMA	12
<i>ethambutol hydrochloride</i>	16	FETZIMA TITRATION PACK	12
<i>ethosuximide</i>	10	FINACEA	44
<i>etodolac</i>	1	<i>finasteride</i>	51
<i>etodolac er</i>	1	<i>fingolimod</i>	43
<i>etonogestrel/ethinyl estradiol</i>	53	FINTEPLA	9
ETOPOPHOS	21	FIRMAGON	55
<i>etoposide</i>	21	<i>flac</i>	65
<i>etravirine</i>	29	<i>flavoxate hcl</i>	50
<i>euthyrox</i>	55	FLEBOGAMMA DIF	56
<i>everolimus</i>	22	<i>flecainide acetate</i>	37
<i>everolimus</i>	58	FLOVENT DISKUS	65
EVOMELA	17	FLOVENT HFA	65
EVOTAZ	30	<i>floxuridine</i>	18
<i>exemestane</i>	21	<i>fluconazole</i>	14
EXKIVITY	22	<i>fluconazole in nacl</i>	14
EXONDYS 51	49	<i>fluconazole in sodium chloride</i>	14
EXSERVAN	42	<i>flucytosine</i>	14
EXTAVIA	43	<i>fludarabine phosphate</i>	19
<i>ezetimibe</i>	40	<i>fludrocortisone acetate</i>	51
FABRAZYME	49	<i>flunisolide</i>	65
<i>famciclovir</i>	30	<i>fluocinolone acetonide</i>	52
<i>famotidine</i>	49	<i>fluocinolone acetonide</i>	65
<i>famotidine premixed</i>	49	<i>fluocinolone acetonide body</i>	51
FANAPT	26	<i>fluocinolone acetonide ear drops</i>	65

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>fluocinolone acetonide scalp</i>	51	GABLOFEN	27
<i>fluocinonide</i>	44	GALAFOLD	49
<i>fluoride</i>	46	<i>galantamine hydrobromide</i>	11
<i>fluorometholone</i>	64	<i>galantamine hydrobromide er</i>	11
FLUOROURACIL	18	GAMASTAN	56
<i>fluoxetine dr</i>	12	GAMMAGARD LIQUID	56
<i>fluoxetine hcl</i>	12	GAMMAGARD S/D IGA LESS THAN 1MCG/ML	56
<i>fluoxetine hydrochloride</i>	12	GAMMAKED	56
<i>fluphenazine decanoate</i>	26	GAMMAPLEX	56
<i>fluphenazine hcl</i>	26	GAMUNEX-C	56
<i>fluphenazine hydrochloride</i>	26	<i>ganciclovir</i>	28
<i>flurandrenolide</i>	52	GARDASIL 9	59
<i>flurazepam hcl</i>	68	<i>gatifloxacin</i>	8
<i>flurbiprofen</i>	1	GATTEX	48
<i>flurbiprofen sodium</i>	64	<i>gavilyte-c</i>	47
<i>flutamide</i>	17	<i>gavilyte-g</i>	47
<i>fluticasone propionate</i>	52	GAVRETO	19
<i>fluticasone propionate</i>	65	GAZYVA	23
<i>fluticasone propionate/salmeterol</i>	65	<i>gefitinib</i>	22
<i>fluticasone propionate/salmeterol diskus</i>	65	<i>gemcitabine hydrochloride</i>	18
<i>fluvastatin sodium er</i>	40	<i>gemfibrozil</i>	40
<i>fluvoxamine maleate</i>	12	GEMTESA	50
<i>fluvoxamine maleate er</i>	12	<i>generlac</i>	47
FOLOTYN	18	<i>gengraf</i>	58
<i>fomepizole</i>	62	<i>gentak</i>	4
<i>fondaparinux sodium</i>	34	<i>gentamicin sulfate</i>	4
FORTEO	61	<i>gentamicin sulfate pediatric</i>	4
<i>fosamprenavir calcium</i>	30	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
<i>fosaprepitant dimeglumine</i>	14	GENVOYA	28
<i>fosfomycin tromethamine</i>	5	GILENYA	43
<i>fosinopril sodium</i>	36	GILOTRIF	22
<i>fosinopril sodium/hydrochlorothiazide</i>	36	GLASSIA	68
<i>fosphenytoin sodium</i>	11	<i>glatiramer acetate</i>	43
FOSRENOL	47	<i>glatopa</i>	43
FOTIVDA	17	GLEOSTINE	17
FRAGMIN	34	<i>glimepiride</i>	32
<i>fulvestrant</i>	18	<i>glipizide</i>	32
<i>furosemide</i>	40	<i>glipizide er</i>	32
FUZEON	29	<i>glipizide xl</i>	32
FYARRO	22	<i>glipizide/metformin hydrochloride</i>	32
<i>fyavolv</i>	53	GLOBAL ALCOHOL PREP EASE PADS	62
FYCOMPA	9	GLUCAGEN HYPOKIT	33
FYLNTRA	34	GLUCAGON EMERGENCY KIT	33
<i>gabapentin</i>	10		

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
GLUCAGON EMERGENCY KIT FOR	33	HUMALOG MIX 50/50	33
LOW BLOOD SUGAR		HUMALOG MIX 50/50 KWIKPEN	33
<i>glycopyrrolate</i>	48	HUMALOG MIX 75/25	33
<i>glydo</i>	3	HUMALOG MIX 75/25 KWIKPEN	33
GLYXAMBI	32	HUMIRA	58
<i>granisetron hcl</i>	14	HUMIRA PEDIATRIC CROHNS	58
<i>granisetron hydrochloride</i>	14	DISEASE STARTER PACK	
GRANIX	35	HUMIRA PEN	58
GRASTEK	62	HUMIRA PEN-CD/UC/HS STARTER	58
<i>griseofulvin microsize</i>	14	HUMIRA PEN-PEDIATRIC UC	58
<i>griseofulvin ultramicrosize</i>	14	STARTER PACK	
HADLIMA	58	HUMIRA PEN-PS/UV STARTER	58
HADLIMA PUSHTOUCH	58	<i>humulin 70/30</i>	33
HAEGARDA	56	HUMULIN 70/30 KWIKPEN	33
<i>hailey 24 fe</i>	53	<i>humulin n</i>	33
HALAVEN	19	HUMULIN N KWIKPEN	33
<i>halobetasol propionate</i>	52	<i>humulin r</i>	33
<i>haloette</i>	53	HUMULIN R U-500 (CONCENTRATED)	33
<i>haloperidol</i>	26	HUMULIN R U-500 KWIKPEN	33
<i>haloperidol decanoate</i>	26	<i>hydralazine hcl</i>	41
<i>haloperidol lactate</i>	26	<i>hydralazine hydrochloride</i>	41
HARVONI	28	<i>hydrochlorothiazide</i>	40
HAVRIX	59	<i>hydrocodone bitartrate/acetaminophen</i>	3
<i>heather</i>	54	<i>hydrocodone/acetaminophen</i>	3
HEMANGEOL	38	<i>hydrocodone/ibuprofen</i>	3
HEPAGAM B	56	<i>hydrocortisone</i>	52
<i>heparin sodium</i>	34	<i>hydrocortisone</i>	60
<i>heparin sodium/d5w</i>	34	<i>hydrocortisone butyrate</i>	52
<i>heparin sodium/dextrose</i>	34	<i>hydrocortisone butyrate (lipid)</i>	52
<i>heparin sodium/nacl 0.45%</i>	34	<i>hydrocortisone butyrate (lipophilic)</i>	52
<i>heparin sodium/sodium chloride</i>	34	<i>hydrocortisone/acetic acid</i>	65
<i>heparin sodium/sodium chloride 0.9%</i>	34	<i>hydromorphone hcl</i>	3
<i>heparin sodium/sodium chloride 0.9% premix</i>	34	<i>hydromorphone hydrochloride</i>	3
HEPLISAV-B	59	<i>hydroxychloroquine sulfate</i>	25
HERCEPTIN	23	<i>hydroxyprogesterone caproate</i>	54
HERCEPTIN HYLECTA	23	<i>hydroxyurea</i>	18
HERZUMA	23	<i>hydroxyzine hcl</i>	65
HETLIOZ LQ	68	<i>hydroxyzine hydrochloride</i>	65
HIBERIX	59	<i>hydroxyzine pamoate</i>	65
HIZENTRA	56	HYPERHEP B	56
HUMALOG	33	HYPERRHO S/D	57
HUMALOG JUNIOR KWIKPEN	33	HYPERRHO S/D MINI-DOSE	57
HUMALOG KWIKPEN	33	HYQVIA	57
		<i>ibandronate sodium</i>	61

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
IBRANCE	19	<i>ipratropium bromide</i>	66
<i>ibu</i>	1	<i>ipratropium bromide/albuterol sulfate</i>	66
<i>ibuprofen</i>	1	<i>irbesartan</i>	36
<i>ibuprofen/famotidine</i>	1	<i>irbesartan/hydrochlorothiazide</i>	36
<i>icatibant acetate</i>	56	<i>irinotecan hydrochloride</i>	21
ICLUSIG	22	ISENTRESS	28
<i>icosapent ethyl</i>	41	ISENTRESS HD	28
<i>idarubicin hcl</i>	19	ISOLYTE-P/DEXTROSE 5%	46
<i>idarubicin hydrochloride</i>	19	ISOLYTE-S	46
IDHIFA	22	ISOLYTE-S PH 7.4	46
<i>ifosfamide</i>	17	<i>isoniazid</i>	16
ILARIS	57	<i>isoproterenol hydrochloride</i>	66
ILEVRO	64	<i>isosorbide dinitrate</i>	41
<i>imatinib mesylate</i>	22	<i>isosorbide dinitrate/hydralazine</i>	41
IMBRUVICA	22	<i>isosorbide dinitrate/hydrochloride</i>	
IMFINZI	23	<i>isosorbide mononitrate</i>	41
<i>imipenem/cilastatin</i>	7	<i>isosorbide mononitrate er</i>	41
<i>imipramine hcl</i>	13	<i>isotonic gentamicin</i>	4
<i>imipramine hydrochloride</i>	13	<i>isotretinoin</i>	44
<i>imipramine pamoate</i>	13	<i>isradipine</i>	38
<i>imiquimod</i>	44	ISTODAX (OVERFILL)	19
<i>imiquimod pump</i>	44	ISTURISA	55
IMJUDO	23	<i>itraconazole</i>	14
IMOVAX RABIES (H.D.C.V.)	59	<i>ivermectin</i>	24
IMVEXXY MAINTENANCE PACK	53	<i>ivermectin</i>	45
IMVEXXY STARTER PACK	53	IXEMPRA KIT	19
<i>incassia</i>	54	IXIARO	59
INCRELEX	52	JAKAFI	22
<i>indapamide</i>	40	<i>jantoven</i>	34
INFANRIX	59	JANUMET	32
INFLECTRA	58	JANUMET XR	32
<i>infliximab</i>	58	JANUVIA	32
INFUGEM	18	JARDIANCE	32
INGREZZA	42	JAYPIRCA	22
INLYTA	22	JEMPERLI	23
INQOVI	22	<i>jencycla</i>	54
INREBIC	19	JENTADUETO	32
INTELENCE	29	JENTADUETO XR	32
INTRALIPID	62	JEVTANA	19
INVEGA HAFYERA	26	<i>jinteli</i>	53
INVEGA SUSTENNA	26	JULUCA	28
INVEGA TRINZA	26	<i>junel fe 24</i>	53
IONOSOL-MB/DEXTROSE 5%	46	JUXTAPID	41
IPOL INACTIVATED IPV	59	JYNARQUE	47

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
JYNNEOS	59	<i>lactated ringers irrigation</i>	62
KADCYLA	23	<i>lactulose</i>	48
KALBITOR	62	LAGEVRIO	62
KALYDECO	66	<i>lamivudine</i>	28
KANJINTI	24	<i>lamivudine</i>	29
KANUMA	49	<i>lamivudine/zidovudine</i>	29
KAPSPARGO SPRINKLE	38	<i>lamotrigine</i>	9
KAZANO	32	<i>lamotrigine er</i>	9
<i>kcl 0.075%/d5w/nacl 0.45%</i>	46	<i>lamotrigine starter kit/blue</i>	9
<i>kcl 0.15%/d5w/nacl 0.2%</i>	46	<i>lamotrigine starter kit/green</i>	9
<i>kcl 0.15%/d5w/nacl 0.225%</i>	46	<i>lamotrigine starter kit/orange</i>	9
<i>kcl 0.15%/d5w/nacl 0.45%</i>	46	<i>lamotrigine titration</i>	9
<i>kcl 0.15%/d5w/nacl 0.9%</i>	46	LANOXIN PEDIATRIC	37
<i>kcl 0.3%/d5w/nacl 0.45%</i>	46	LANREOTIDE ACETATE	55
<i>kcl 0.3%/d5w/nacl 0.9%</i>	46	<i>lansoprazole</i>	49
KEPIVANCE	43	<i>lanthanum carbonate</i>	47
KERENDIA	39	LANTUS	33
<i>ketoconazole</i>	14	LANTUS SOLOSTAR	33
<i>ketorolac tromethamine</i>	1	<i>lapatinib ditosylate</i>	22
<i>ketorolac tromethamine</i>	64	<i>larin 24 fe</i>	53
KEYTRUDA	24	<i>latanoprost</i>	64
KIMMTRAK	20	LEDIPASVIR/SOFOSBUVIR	28
KIMYRSA	5	<i>leflunomide</i>	57
KINERET	58	LEMTRADA	57
KINRIX	59	<i>lenalidomide</i>	17
KISQALI	20	LENVIMA 10 MG DAILY DOSE	22
KISQALI FEMARA 200 DOSE	17	LENVIMA 12MG DAILY DOSE	22
KISQALI FEMARA 400 DOSE	17	LENVIMA 14 MG DAILY DOSE	22
KISQALI FEMARA 600 DOSE	17	LENVIMA 18 MG DAILY DOSE	22
<i>klor-con</i>	46	LENVIMA 20 MG DAILY DOSE	22
<i>klor-con 10</i>	46	LENVIMA 24 MG DAILY DOSE	22
<i>klor-con 8</i>	46	LENVIMA 4 MG DAILY DOSE	22
<i>klor-con m10</i>	46	LENVIMA 8 MG DAILY DOSE	22
<i>klor-con m15</i>	46	<i>letrozole</i>	21
<i>klor-con m20</i>	46	<i>leucovorin calcium</i>	20
KORLYM	32	LEUKERAN	17
KOSELUGO	22	LEUKINE	35
KRAZATI	20	LEUPROLIDE ACETATE	55
KRINTAFEL	25	<i>levalbuterol hcl</i>	66
KRISTALOSE	47	<i>levalbuterol hydrochloride</i>	66
KRYSTEXXA	15	<i>levalbuterol tartrate hfa</i>	66
KYPROLIS	21	LEVEMIR	33
<i>labetalol hydrochloride</i>	38	LEVEMIR FLEXPEN	33
<i>lacosamide</i>	11	LEVEMIR FLEXTOUCH	33

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>levetiracetam</i>	9	<i>lorazepam</i>	31
<i>levetiracetam er</i>	9	LORBRENA	20
<i>levetiracetam/sodium chloride</i>	9	<i>losartan potassium</i>	36
<i>levobunolol hcl</i>	64	<i>losartan potassium/hydrochlorothiazide</i>	36
<i>levocarnitine</i>	62	<i>loteprednol etabonate</i>	64
<i>levocetirizine dihydrochloride</i>	65	<i>lovastatin</i>	40
<i>levofloxacin</i>	8	<i>loxapine</i>	26
<i>levofloxacin in d5w</i>	8	LUBIPROSTONE	48
<i>levoleucovorin</i>	20	LUCEMYRA	4
<i>levo-t</i>	55	LUMAKRAS	20
<i>levothyroxine sodium</i>	55	LUMIGAN	64
<i>levoxyl</i>	55	LUMIZYME	49
LEXIVA	30	LUMOXITI	24
LIBTAYO	24	LUNSUMIO	20
<i>lidocaine</i>	3	LUPKYNIS	58
<i>lidocaine hcl</i>	3	LUPRON DEPOT (1-MONTH)	55
<i>lidocaine hcl</i>	37	LUPRON DEPOT (3-MONTH)	55
<i>lidocaine hcl</i>	43	LUPRON DEPOT (4-MONTH)	55
<i>lidocaine hcl in d5w</i>	37	LUPRON DEPOT (6-MONTH)	55
<i>lidocaine hcl jelly</i>	3	LUPRON DEPOT-PED	55
<i>lidocaine hcl viscous</i>	43	LUPRON DEPOT-PED (1-MONTH)	55
<i>lidocaine hcl/dextrose</i>	37	LUPRON DEPOT-PED (3-MONTH)	55
<i>lidocaine hydrochloride</i>	3	<i>lurasidone hydrochloride</i>	26
<i>lidocaine hydrochloride injection usp 1%</i>	3	LYBALVI	26
<i>lidocaine hydrochloride viscous</i>	43	<i>lyleq</i>	54
<i>lidocaine viscous</i>	43	<i>lyllana</i>	53
<i>lidocaine/prilocaine</i>	3	LYNPARZA	20
<i>lincomycin hcl</i>	5	LYSODREN	55
<i>lindane</i>	45	LYTGOBI	20
<i>linezolid</i>	5	<i>lyza</i>	54
LINZESS	48	<i>mafenide acetate</i>	5
LIORESAL INTRATHECAL	27	<i>magnesium sulfate</i>	46
<i>liothyronine sodium</i>	55	<i>magnesium sulfate in d5w</i>	46
<i>lisinopril</i>	36	<i>magnesium sulfate/dextrose</i>	46
<i>lisinopril/hydrochlorothiazide</i>	36	<i>malathion</i>	45
<i>lithium carbonate</i>	31	<i>maraviroc</i>	29
<i>lithium carbonate er</i>	31	MARGENZA	24
LITHOSTAT	51	MARPLAN	12
LIVTENCITY	28	MATULANE	17
LONHALA MAGNAIR REFILL KIT	66	<i>matzim la</i>	39
LONHALA MAGNAIR STARTER KIT	66	MAVENCLAD	43
LONSURF	18	MAVYRET	28
<i>loperamide hcl</i>	48	MAYZENT	43
<i>lopinavir/ritonavir</i>	30	MAYZENT STARTER PACK	43

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>meclizine hcl</i>	13	<i>methylergonovine maleate</i>	62
<i>meclizine hydrochloride</i>	13	<i>methylphenidate hydrochloride</i>	42
<i>meclofenamate sodium</i>	1	<i>methylphenidate hydrochloride cd</i>	42
<i>medroxyprogesterone acetate</i>	54	<i>methylphenidate hydrochloride er</i>	42
<i>mefenamic acid</i>	1	<i>methylprednisolone</i>	52
<i>mefloquine hcl</i>	25	<i>methylprednisolone acetate</i>	52
<i>megestrol acetate</i>	54	<i>methylprednisolone dose pack</i>	52
MEKINIST	22	<i>methylprednisolone sodium succinate</i>	52
MEKTOVI	20	<i>methylprednisolone sodiumsuccinate</i>	52
<i>meloxicam</i>	1	<i>metoclopramide hcl</i>	48
<i>melphalan hydrochloride</i>	17	<i>metoclopramide hydrochloride</i>	48
<i>memantine hcl titration pak</i>	11	<i>metoclopramide odt</i>	48
<i>memantine hydrochloride</i>	11	<i>metolazone</i>	40
<i>memantine hydrochloride er</i>	11	<i>metoprolol succinate er</i>	38
MENACTRA	59	<i>metoprolol tartrate</i>	38
MENQUADFI	59	<i>metoprolol/hydrochlorothiazide</i>	38
MENTAX	14	<i>metronidazole</i>	5
MENVEO	60	<i>metronidazole</i>	44
<i>meprobamate</i>	31	<i>metronidazole vaginal</i>	5
<i>mercaptopurine</i>	18	<i>metyrosine</i>	39
<i>meropenem</i>	7	<i>mexiletine hcl</i>	37
MEROPENEM/SODIUM CHLORIDE	7	MIACALCIN	61
<i>mesalamine</i>	60	<i>micalfungin</i>	14
<i>mesalamine dr</i>	60	<i>miconazole 3</i>	14
<i>mesalamine er</i>	60	MICRHOGAM ULTRA-FILTERED PLUS	57
<i>mesna</i>	24	<i>microgestin 24 fe</i>	53
MESNEX	24	<i>midazolam hcl</i>	31
<i>metformin hydrochloride</i>	32	<i>midazolam hydrochloride</i>	31
<i>metformin hydrochloride er</i>	32	<i>midodrine hcl</i>	35
<i>methadone hcl</i>	1	MIGERGOT	15
<i>methadone hydrochloride</i>	2	<i>miglitol</i>	32
<i>methadone hydrochloride intensol</i>	2	<i>miglustat</i>	49
<i>methadose</i>	2	<i>mili</i>	54
<i>methadose sugar-free</i>	2	<i>milrinone lactate in dextrose</i>	39
<i>methazolamide</i>	64	<i>mimvey</i>	54
<i>methenamine hippurate</i>	5	MINOCIN	9
<i>methergine</i>	62	<i>minocycline hcl</i>	9
<i>methimazole</i>	56	<i>minocycline hydrochloride</i>	9
<i>methocarbamol</i>	68	<i>minocycline hydrochloride er</i>	9
<i>methotrexate</i>	59	<i>minoxidil</i>	41
<i>methotrexate sodium</i>	58	<i>mirtazapine</i>	11
<i>methoxsalen</i>	44	<i>mirtazapine odt</i>	11
<i>methscopolamine bromide</i>	48	<i>misoprostol</i>	49
METHSUXIMIDE	10	<i>mitomycin</i>	20

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>mitoxantrone hcl</i>	20	<i>naproxen sodium</i>	1
M-M-R II	59	<i>naratriptan hcl</i>	15
MODAFINIL	68	NARCAN	4
<i>moexipril hcl</i>	36	NATACYN	15
MOLINDONE HYDROCHLORIDE	26	<i>nateglinide</i>	32
<i>mometasone furoate</i>	52	NATPARA	61
<i>mondoxylene nl</i>	9	NAYZILAM	9
MONJUVI	24	<i>nebivolol</i>	38
<i>mono-lynyah</i>	54	<i>nebivolol hydrochloride</i>	38
<i>montelukast sodium</i>	66	<i>nefazodone hydrochloride</i>	12
<i>morphine sulfate</i>	3	<i>nelarabine</i>	18
<i>morphine sulfate er</i>	2	NEMBUTAL SODIUM	68
MOUNJARO	32	<i>neomycin sulfate</i>	4
MOVANTIK	48	<i>neomycin/bacitracin/polymyxin</i>	63
<i>moxifloxacin hydrochloride/sodium</i>	8	<i>neomycin/polymyxin b sulfates</i>	4
<i>hydrochloride</i>		<i>neomycin/polymyxin/bacitracin</i>	63
<i>moxifloxacin hydrochloride</i>	8	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	63
MOZOBIL	35	<i>one</i>	
MULPLETA	35	<i>neomycin/polymyxin/dexamethasone</i>	64
MULTAQ	37	<i>neomycin/polymyxin/gramicidin</i>	63
<i>multiple electrolytes injection type I</i>	46	<i>neomycin/polymyxin/hc</i>	65
<i>mupirocin</i>	5	<i>neomycin/polymyxin/hydrocortisone</i>	64
<i>mutamycin</i>	20	<i>neomycin/polymyxin/hydrocortisone</i>	65
MVASI	24	<i>neo-polycin</i>	63
MYALEPT	62	<i>neo-polycin hc</i>	63
MYCOPHENOLATE MOFETIL	59	NERLYNX	20
<i>mycophenolic acid dr</i>	59	NESINA	32
MYLOTARG	24	NEULASTA	35
MYOBLOC	27	NEULASTA ONPRO KIT	35
<i>myorisan</i>	44	NEUPOGEN	35
MYRBETRIQ	50	NEUPRO	25
NABI-HB	57	<i>nevirapine</i>	29
<i>nabumetone</i>	1	<i>nevirapine er</i>	29
<i>nadolol</i>	38	NEXLETOL	41
NAFCILLIN	7	NEXLIZET	41
<i>nafcillin sodium</i>	7	NEXTERONE	37
NAFTIFINE HCL	15	<i>niacin</i>	41
NAFTIFINE HYDROCHLORIDE	15	<i>niacin er</i>	41
NAGLAZYME	50	<i>niacor</i>	41
<i>nalbuphine hcl</i>	3	<i>nicardipine hcl</i>	38
<i>naloxone hcl</i>	4	NICARDIPINE HYDROCHLORIDE	38
<i>naloxone hydrochloride</i>	4	NICARDIPINE	38
<i>naltrexone hcl</i>	4	HYDROCHLORIDE/SODIUM	
<i>naproxen</i>	1	CHLORIDE	

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
NICOTROL INHALER	4	NOVOLOG RELION	33
NICOTROL NS	4	NOXAFIL	15
<i>nifedipine er</i>	38	<i>np thyroid 120</i>	55
<i>nilutamide</i>	17	<i>np thyroid 15</i>	55
<i>nimodipine</i>	38	<i>np thyroid 30</i>	55
NINLARO	20	<i>np thyroid 60</i>	55
<i>nitazoxanide</i>	25	<i>np thyroid 90</i>	55
<i>nitisinone</i>	50	NPLATE	35
NITRO-BID	41	NUBEQA	17
NITRO-DUR	41	NUCALA	68
<i>nitrofurantoin macrocrystals</i>	5	NUCYNTA ER	2
<i>nitrofurantoin monohydrate</i>	5	NUEDEXTA	42
<i>nitrofurantoin monohydrate/macrocrystals</i>	5	NULOJIX	59
<i>nitroglycerin</i>	41	NUPLAZID	26
<i>nitroglycerin in dextrose 5%</i>	41	NURTEC	15
<i>nitroglycerin lingual</i>	41	NUTRILIPID	62
<i>nitroglycerin transdermal</i>	41	NUVESSA	5
NIVA THYROID	55	NUZYRA	9
NIVESTYM	35	<i>nyamyc</i>	15
<i>nizatidine</i>	49	NYMALIZE	38
<i>nora-be</i>	54	<i>nymyo</i>	54
NORDITROPIN FLEXPEN	52	<i>nystatin</i>	15
<i>norepinephrine bitartrate</i>	39	<i>nystatin/triamcinolone</i>	15
<i>norethindrone</i>	54	<i>nystop</i>	15
<i>norethindrone acetate</i>	54	NYVEPRIA	35
<i>norethindrone acetate/ethinyl estradiol</i>	54	OICALIVA	48
<i>norgestimate/ethinyl estradiol</i>	54	OCTAGAM	57
<i>norlyroc</i>	54	<i>octreotide acetate</i>	55
NORMOSOL-M/D5W	46	ODEFSEY	29
NORMOSOL-R	46	ODOMZO	22
<i>nortriptyline hcl</i>	13	OFEV	67
<i>nortriptyline hydrochloride</i>	13	<i>ofloxacin</i>	8
NORVIR	30	OGIVRI	24
NOVAREL	52	OLANZAPINE	27
NOVOLOG	33	<i>olanzapine odt</i>	26
NOVOLOG FLEXPEN	33	<i>olanzapine/fluoxetine</i>	11
NOVOLOG FLEXPEN RELION	33	<i>olmesartan medoxomil</i>	36
NOVOLOG MIX 70/30	33	<i>olmesartan medoxomil/hydrochlorothiazide</i>	36
NOVOLOG MIX 70/30 PREFILLED	33	<i>olopatadine hcl</i>	63
FLEXPEN		<i>olopatadine hydrochloride</i>	64
NOVOLOG MIX 70/30 PREFILLED	33	<i>omega-3-acid ethyl esters</i>	41
FLEXPEN RELION		<i>omeprazole</i>	49
NOVOLOG MIX 70/30 RELION	33	<i>omeprazole dr</i>	49
NOVOLOG PENFILL	33	OMNITROPE	52

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
ONCASPAR	20	<i>oxycodone hcl</i>	3
<i>ondansetron hcl</i>	14	<i>oxycodone hcl er</i>	2
<i>ondansetron hydrochloride</i>	14	<i>oxycodone hydrochloride</i>	3
<i>ondansetron odt</i>	14	OXYCODONE HYDROCHLORIDE ER	2
ONGENTYS	25	<i>oxycodone/acetaminophen</i>	3
ONTRUZANT	24	OXYCONTIN	2
ONUREG	20	<i>oxymorphone hydrochloride</i>	3
OPDIVO	24	<i>oxymorphone hydrochloride er</i>	2
OPDUALAG	21	<i>oxymorphone hydrochlorideer</i>	2
OPSUMIT	67	OZEMPIC	32
ORALAIR	62	<i>paclitaxel</i>	20
<i>oralone dental paste</i>	43	PACLITAXEL PROTEIN-BOUND	20
ORAVIG	15	PARTICLES	
ORBACTIV	5	PADCEV	24
ORENCIA	59	<i>paliperidone er</i>	27
ORENCIA CLICKJECT	59	<i>palonosetron hydrochloride</i>	14
ORENITRAM	67	<i>pamidronate disodium</i>	61
ORENITRAM TITRATION KIT MONTH 1	67	PANCREAZE	50
ORENITRAM TITRATION KIT MONTH 2	67	PANRETIN	24
ORENITRAM TITRATION KIT MONTH 3	67	<i>pantoprazole sodium</i>	49
ORFADIN	50	PANZYGA	57
ORGOVYX	56	<i>paraplatin</i>	17
ORKAMBI	66	PARICALCITOL	61
ORLADEYO	62	<i>paromomycin sulfate</i>	4
ORSERDU	20	<i>paroxetine</i>	12
ORTIKOS	60	<i>paroxetine hcl</i>	12
<i>oseltamivir phosphate</i>	30	<i>paroxetine hcl er</i>	12
OSENI	32	<i>paroxetine hydrochloride</i>	12
OSMOPREP	48	<i>paroxetine hydrochloride er</i>	12
OSPHENA	54	PAXLOVID	62
OTEZLA	57	PEDIARIX	60
<i>oxacillin sodium</i>	7	PEDVAX HIB	60
<i>oxaliplatin</i>	17	<i>peg-3350/electrolytes</i>	48
OXANDROLONE	53	<i>peg-3350/electrolytes/ascorbate</i>	48
<i>oxaprozin</i>	1	<i>peg-3350/nacl/na bicarbonate/kcl</i>	48
<i>oxazepam</i>	31	PEGASYS	58
<i>oxcarbazepine</i>	11	PEMAZYRE	20
OXERVATE	63	PEMETREXED	18
OXTELLAR XR	11	<i>pemetrexed disodium</i>	18
<i>oxybutynin chloride</i>	50	PEMFEXY	18
<i>oxybutynin chloride er</i>	50	<i>penicillamine</i>	47
		<i>penicillin g potassium</i>	7
		<i>penicillin g potassium in iso-osmotic dextrose</i>	7

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>penicillin g procaine</i>	7	PLEGRIDY	43
<i>penicillin v potassium</i>	7	PLEGRIDY STARTER PACK	43
PENTACEL	60	PLENAMINE	62
<i>pentamidine isethionate</i>	25	PLERIXAFOR	35
<i>pentobarbital sodium</i>	68	PLIAGLIS	4
<i>pentoxifylline er</i>	39	<i>podofilox</i>	44
<i>perindopril erbumine</i>	36	POLIVY	24
<i>periogard</i>	43	<i>polycin</i>	63
PERJETA	24	<i>polymyxin b sulfate</i>	5
<i>permethrin</i>	45	<i>polymyxin b sulfate/trimethoprim sulfate</i>	63
<i>perphenazine</i>	26	POMALYST	17
<i>perphenazine/amitriptyline</i>	13	PORTRAZZA	24
PERSERIS	27	<i>posaconazole</i>	15
PEXEVA	12	<i>posaconazole dr</i>	15
<i>phenelzine sulfate</i>	12	<i>potassium chloride</i>	46
<i>phenobarbital</i>	10	<i>potassium chloride er</i>	46
<i>phenobarbital sodium</i>	10	<i>potassium chloride/dextrose</i>	46
<i>phenoxybenzamine hydrochloride</i>	36	<i>potassium chloride/dextrose/lactated</i>	46
<i>phentolamine mesylate</i>	36	<i>ringers</i>	
<i>phenylephrine hcl</i>	64	<i>potassium chloride/dextrose/sodium</i>	46
<i>phenytoin</i>	11	<i>chloride</i>	
<i>phenytoin infatabs</i>	11	<i>potassium chloride/sodium chloride</i>	46
<i>phenytoin sodium</i>	11	<i>potassium citrate er</i>	47
<i>phenytoin sodium extended</i>	11	PRADAXA	34
PHESGO	20	PRALATREXATE	18
PHOSLYRA	47	PRALUENT	39
PIFELTRO	29	<i>pramipexole dihydrochloride</i>	25
<i>pilocarpine hcl</i>	64	<i>pramipexole dihydrochloride er</i>	25
<i>pilocarpine hydrochloride</i>	43	<i>prasugrel</i>	35
<i>pimecrolimus</i>	44	<i>pravastatin sodium</i>	40
<i>pimozide</i>	26	<i>praziquantel</i>	25
<i>pindolol</i>	38	<i>prazosin hydrochloride</i>	36
<i>pioglitazone hcl</i>	32	<i>prednicarbate</i>	52
<i>pioglitazone hcl/metformin hcl</i>	32	<i>prednisolone</i>	52
<i>pioglitazone hcl-glimepiride</i>	32	<i>prednisolone acetate</i>	64
<i>pioglitazone hydrochloride</i>	32	<i>prednisolone sodium phosphate</i>	52
<i>piperacillin sodium/tazobactam sodium</i>	7	<i>prednisolone sodium phosphate</i>	64
PIQRAY 200MG DAILY DOSE	20	<i>prednisolone sodium phosphate odt</i>	52
PIQRAY 250MG DAILY DOSE	20	<i>prednisone</i>	52
PIQRAY 300MG DAILY DOSE	20	PREDNISONE INTENSOL	52
<i>pirfenidone</i>	67	<i>pregabalin</i>	10
<i>piroxicam</i>	1	<i>pregnyl w/diluent benzyl alcohol/nacl</i>	53
PLASMA-LYTE A	46	PREHEVBRIO	60
PLASMA-LYTE-148	46	PREMARIN	54

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
PREMASOL	62	<i>propranolol hydrochloride er</i>	38
PREMPRO	54	<i>propylthiouracil</i>	56
<i>prenatal</i>	47	PROQUAD	60
<i>prenatal 19</i>	47	PROSOL	62
PRETOMANID	16	PROTOPAM CHLORIDE	62
<i>prevalite</i>	41	<i>protriptyline hcl</i>	13
PREVYMIS	28	PULMOZYME	66
PREZCOBIX	30	PURIXAN	18
PREZISTA	30	<i>pyrazinamide</i>	16
PRIFTIN	16	<i>pyridostigmine bromide</i>	16
PRIMAQUINE PHOSPHATE	25	<i>pyridostigmine bromide er</i>	16
<i>primidone</i>	10	<i>pyrimethamine</i>	25
PRIORIX	60	QINLOCK	17
PRIVIGEN	57	QUADRACEL	60
PROAIR DIGIHALER	66	<i>quetiapine fumarate</i>	27
PROAIR RESPICLICK	66	<i>quetiapine fumarate er</i>	27
<i>probenecid</i>	15	<i>quinapril hcl</i>	36
<i>probenecid/colchicine</i>	15	<i>quinapril hydrochloride</i>	36
<i>procainamide hcl</i>	37	<i>quinapril/hydrochlorothiazide</i>	36
<i>procainamide hydrochloride</i>	37	<i>quinidine gluconate cr</i>	37
<i>prochlorperazine</i>	13	<i>quinidine gluconate er</i>	37
<i>prochlorperazine edisylate</i>	13	<i>quinidine sulfate</i>	37
<i>prochlorperazine maleate</i>	13	<i>quinine sulfate</i>	25
PROCRIT	35	QVAR REDIHALER	65
<i>procto-med hc</i>	60	RABAVERT	60
<i>procto-pak</i>	60	<i>rabeprazole sodium</i>	49
<i>proctosol hc</i>	61	RAGWITEK	62
<i>proctozone-hc</i>	61	<i>raloxifene hydrochloride</i>	54
PROCYSBI	50	<i>ramelteon</i>	68
<i>progesterone</i>	54	<i>ramipril</i>	36
PROGRAF	59	<i>ranolazine er</i>	39
PROLASTIN-C	68	<i>rasagiline mesylate</i>	25
PROLEUKIN	20	RAVICTI	50
PROLIA	61	REBIF	43
PROMACTA	35	REBIF REBIDOSE	43
<i>promethazine hcl</i>	13	REBIF REBIDOSE TITRATION PACK	43
<i>promethazine hydrochloride</i>	13	REBIF TITRATION PACK	43
<i>promethegan</i>	13	REBLOZYL	35
<i>propafenone hcl</i>	37	RECOMBIVAX HB	60
<i>propafenone hydrochloride er</i>	37	RECTIV	48
<i>proparacaine hcl</i>	63	REGONOL	16
<i>propranolol hcl</i>	38	REGANEX	44
<i>propranolol hcl er</i>	38	RELENZA DISKHALER	30
<i>propranolol hydrochloride</i>	38	RELISTOR	48

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
REMDESIVIR	62	<i>rivastigmine transdermal system</i>	11
REMICADE	59	<i>rizatriptan benzoate</i>	15
REMODULIN	67	<i>rizatriptan benzoate odt</i>	16
RENACIDIN	51	ROCKLATAN	63
RENFLEXIS	59	<i>roflumilast</i>	67
<i>repaglinide</i>	32	ROMIDEPSIN	20
REPATHA	39	<i>ropinirole er</i>	25
REPATHA PUSHTRONEX SYSTEM	39	<i>ropinirole hcl</i>	25
REPATHA SURECLICK	39	<i>ropinirole hydrochloride</i>	25
RESTASIS	63	<i>rosadan</i>	44
RESTASIS MULTIDOSE	63	<i>rosuvastatin calcium</i>	40
RETACRIT	35	ROTARIX	60
RETEVMO	20	ROTATEQ	60
RETROVIR IV INFUSION	29	<i>roweepra</i>	9
REVLIMID	17	ROZLYTREK	20
REXULTI	27	RUBRACA	22
REYATAZ	30	RUCONEST	56
REYVOW	15	<i>rufinamide</i>	11
REZLIDHIA	22	RUKOBIA	29
REZUROCK	59	RUXIENCE	24
RHOGAM ULTRA-FILTERED PLUS	57	RYBELSUS	32
RHOPHYLAC	57	RYBREVANT	24
RHOPRESSA	63	RYDAPT	20
RIABNI	24	RYLAZE	20
<i>ribavirin</i>	58	RYTARY	25
<i>ribavirin</i>	68	<i>sajazir</i>	56
RIDAURA	57	<i>salsalate</i>	1
<i>rifabutin</i>	16	SANCUSO	14
<i>rifampin</i>	16	SANDOSTATIN LAR DEPOT	56
<i>riluzole</i>	42	SANTYL	45
<i>rimantadine hydrochloride</i>	30	<i>sapropterin dihydrochloride</i>	50
RIMSO-50	51	SARCLISA	24
<i>ringers injection</i>	47	SAVELLA	42
<i>ringers irrigation</i>	62	SAVELLA TITRATION PACK	42
RINVOQ	57	SCSEMBLIX	20
<i>risedronate sodium</i>	61	<i>scopolamine</i>	13
<i>risedronate sodium dr</i>	61	SECUADO	27
RISPERDAL CONSTA	27	<i>selegiline hcl</i>	26
<i>risperidone</i>	27	<i>selenium sulfide</i>	44
<i>risperidone odt</i>	27	SELZENTRY	29
<i>ritonavir</i>	30	SEREVENT DISKUS	66
RITUXAN	24	SEROSTIM	53
RITUXAN HYCELA	24	<i>sertraline hcl</i>	12
<i>rivastigmine tartrate</i>	11	<i>sertraline hydrochloride</i>	12

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
<i>sevelamer carbonate</i>	47	SOTYLIZE	37
<i>sevelamer hydrochloride</i>	47	SOVALDI	28
<i>sharobel</i>	54	SPIRIVA HANDIHALER	66
SHINGRIX	60	SPIRIVA RESPIMAT	66
SIGNIFOR	56	<i>spironolactone</i>	40
SIGNIFOR LAR	56	<i>spironolactone/hydrochlorothiazide</i>	40
SIKLOS	18	SPRAVATO 56MG DOSE	12
<i>sildenafil</i>	67	SPRAVATO 84MG DOSE	12
SILDENAFIL CITRATE	67	<i>sprintec 28</i>	54
<i>silodosin</i>	51	SPRITAM	9
<i>silver sulfadiazine</i>	5	SPRYCEL	22
SIMBRINZA	63	<i>sps</i>	47
SIMULECT	57	<i>ssd</i>	5
<i>simvastatin</i>	40	STAMARIL	60
<i>sirolimus</i>	59	STAVUDINE	29
SIRTURO	16	STELARA	57
SIVEXTRO	5	<i>sterile water for irrigation</i>	62
SKYRIZI	57	STIMUFEND	35
SKYRIZI PEN	57	STIOLTO RESPIMAT	68
<i>sodium chloride</i>	47	STIVARGA	22
<i>sodium chloride 0.45%</i>	47	STRENSIQ	50
<i>sodium chloride 0.9%</i>	62	<i>streptomycin sulfate</i>	4
<i>sodium fluoride</i>	47	STRIBILD	28
SODIUM OXYBATE	68	STRIVERDI RESPIMAT	66
<i>sodium phenylacetate/sodium benzoate</i>	62	<i>subvenite</i>	9
<i>sodium phenylbutyrate</i>	50	<i>subvenite starter kit/blue</i>	9
<i>sodium polystyrene sulfonate</i>	47	<i>subvenite starter kit/green</i>	10
<i>sodium sulfacetamide</i>	8	<i>subvenite starter kit/orange</i>	10
SODIUM SULFATE/POTASSIUM	48	SUCRAID	50
SULFATE/MAGNESIUM SULFATE		<i>sucrafate</i>	49
SOFOSBUVIR/VELPATASVIR	28	<i>sulfacetamide sodium</i>	8
<i>solifenacin succinate</i>	50	<i>sulfacetamide sodium/prednisolone sodium</i>	64
SOLIRIS	57	<i>phosphate</i>	
SOLTAMOX	18	<i>sulfadiazine</i>	8
SOMATULINE DEPOT	56	<i>sulfamethoxazole/trimethoprim</i>	8
SOMAVERT	56	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sorafenib</i>	22	SULFAMYLON	6
<i>sorafenib tosylate</i>	22	<i>sulfasalazine</i>	60
<i>sorine</i>	37	<i>sulindac</i>	1
<i>sotalol hcl</i>	37	<i>sumatriptan</i>	16
<i>sotalol hcl (af)</i>	37	<i>sumatriptan succinate</i>	16
<i>sotalol hcl af</i>	37	SUMATRIPTAN SUCCINATE REFILL	16
<i>sotalol hydrochloride</i>	37	<i>sunitinib malate</i>	22
<i>sotalol hydrochloride (af)</i>	37	SUNLENCA	30

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
SUNOSI	68	TEFLARO	7
SUPRAX	7	<i>telmisartan</i>	36
SUPREP BOWEL PREP KIT	48	<i>telmisartan/hydrochlorothiazide</i>	36
SURE COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2"	62	<i>temazepam</i>	31
SYLVANT	57	TEMODAR	17
SYMDEKO	66	<i>temsirolimus</i>	23
SYMLINPEN 120	32	TENIVAC	60
SYMLINPEN 60	32	<i>tenofovir disoproxil fumarate</i>	29
SYMPAZAN	10	TEPMETKO	23
SYMPROIC	48	<i>terazosin hcl</i>	51
SYMTUZA	30	<i>terazosin hydrochloride</i>	51
SYNAGIS	57	<i>terbinafine hcl</i>	15
SYNAREL	56	<i>terbutaline sulfate</i>	66
SYNJARDY	32	<i>terconazole</i>	15
SYNJARDY XR	32	<i>teriflunomide</i>	43
SYNRIBO	20	TERIPARATIDE	61
SYNTHROID	55	<i>testosterone</i>	53
TABLOID	19	<i>testosterone cypionate</i>	53
TABRECTA	17	<i>testosterone enanthate</i>	53
<i>tacrolimus</i>	44	<i>testosterone pump</i>	53
<i>tacrolimus</i>	59	<i>tetrabenazine</i>	42
<i>tadalafil</i>	51	<i>tetracycline hydrochloride</i>	9
<i>tadalafil</i>	67	TEZSPIRE	68
TAFINLAR	22	THALOMID	17
<i>tafluprost</i>	64	THEO-24	67
TAGRISSE	22	<i>theophylline</i>	67
TAKHZYRO	56	<i>theophylline er</i>	67
TALTZ	57	THIOLA EC	51
TALVEY	20	<i>thioridazine hcl</i>	26
TALZENNA	20	<i>thiotepa</i>	17
<i>tamoxifen citrate</i>	18	<i>thiothixene</i>	26
<i>tamsulosin hydrochloride</i>	51	THYMOGLOBULIN	57
<i>tarina 24 fe</i>	54	THYROID	55
TASIGNA	23	<i>tiadylt er</i>	39
<i>tasimelteon</i>	68	<i>tiagabine hydrochloride</i>	10
<i>tazarotene</i>	44	TIBSOVO	23
<i>tazicef</i>	7	TICE BCG	20
TAZORAC	44	TICOVAC	60
<i>taztia xt</i>	39	<i>tigecycline</i>	6
TAZVERIK	20	<i>timolol maleate</i>	15
TDVAX	60	<i>timolol maleate</i>	64
TECENTRIQ	24	<i>timolol maleate ophthalmic gel forming</i>	64
TECVAYLI	20	<i>tinidazole</i>	25
		<i>tiopronin</i>	51

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
TIOTROPIUM BROMIDE	66	TREANDA	17
TIROSINT	55	TRECATOR	16
<i>tis-u-sol</i>	62	TRELEGY ELLIPTA	68
TIVDAK	24	TRELSTAR MIXJECT	56
TIVICAY	28	<i>treprostinil</i>	67
TIVICAY PD	28	TRESIBA	33
<i>tizanidine hcl</i>	27	TRESIBA FLEXTOUCH	33
<i>tizanidine hydrochloride</i>	27	<i>tretinoin</i>	24
TOBI PODHALER	66	<i>tretinoin</i>	44
<i>tobramycin</i>	5	<i>tretinoin microsphere</i>	44
<i>tobramycin</i>	66	<i>tretinoin microsphere pump</i>	44
<i>tobramycin sulfate</i>	4	<i>triamcinolone acetonide</i>	52
<i>tobramycin/dexamethasone</i>	64	<i>triamcinolone acetonide dental paste</i>	43
TODAYS HEALTH ORIGINAL PEN	63	<i>triamterene</i>	40
NEEDLES 29G X 1/2"		<i>triamterene/hydrochlorothiazide</i>	40
<i>tolcapone</i>	25	<i>triazolam</i>	31
<i>tolterodine tartrate</i>	50	<i>triderm</i>	52
<i>tolterodine tartrate er</i>	50	<i>trientine hydrochloride</i>	47
TOLVAPTAN	47	<i>trifluoperazine hcl</i>	26
<i>topiramate</i>	10	<i>trifluoperazine hydrochloride</i>	26
<i>topiramate er</i>	10	<i>trifluridine</i>	30
<i>toposar</i>	21	<i>trihexyphenidyl hydrochloride</i>	25
<i>topotecan hcl</i>	21	TRIJARDY XR	32
<i>topotecan hydrochloride</i>	21	TRIKAFTA	66
<i>toremifene citrate</i>	18	<i>trimethoprim</i>	6
TORISEL	23	<i>trimethoprim sulfate/polymyxin b sulfate</i>	63
<i>torseamide</i>	40	<i>trimipramine maleate</i>	13
TOUJEO MAX SOLOSTAR	33	TRINTELLIX	12
TOUJEO SOLOSTAR	33	TRISENOX	20
<i>tovet</i>	44	TRIUMEQ	29
TRADJENTA	32	TRIUMEQ PD	29
<i>tramadol hcl</i>	3	TRIZIVIR	29
<i>tramadol hcl er</i>	2	TRODELVY	24
<i>tramadol hydrochloride</i>	3	TROGARZO	30
<i>tramadol hydrochloride er</i>	2	TROPHAMINE	63
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>trospium chloride</i>	50
<i>trandolapril</i>	36	<i>trospium chloride er</i>	50
<i>trandolapril/verapamil hcl er</i>	36	TRULICITY	32
<i>tranexamic acid</i>	35	TRUMENBA	60
<i>tranylcypromine sulfate</i>	12	TRUSELTIQ	21
TRAVASOL	63	TRUXIMA	24
<i>travoprost</i>	64	TUDORZA PRESSAIR	66
TRAZIMERA	24	TUKYSA	21
<i>trazodone hydrochloride</i>	12	TURALIO	23

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
TWINRIX	60	<i>vasopressin + rfid</i>	53
TYBOST	30	<i>vasostrict</i>	53
TYPHIM VI	60	VAXELIS	60
TYSABRI	43	VECTIBIX	24
TYVASO	67	VEGZELMA	24
TYVASO DPI MAINTENANCE KIT	67	VEKLURY	63
TYVASO DPI TITRATION KIT	67	VELCADE	21
TYVASO REFILL	67	VELTASSA	47
TYVASO STARTER	67	VEMLIDY	28
UDENYCA	35	VENCLEXTA	23
ULTOMIRIS	57	VENCLEXTA STARTING PACK	23
<i>unithroid</i>	55	VENLAFAXINE BESYLATE ER	12
UPTRAVI	67	<i>venlafaxine hcl er</i>	12
UPTRAVI TITRATION PACK	67	<i>venlafaxine hydrochloride</i>	12
<i>ursodiol</i>	48	<i>venlafaxine hydrochloride er</i>	13
VABYSMO	63	VENTAVIS	67
<i>valacyclovir hcl</i>	30	<i>ventolin hfa</i>	66
<i>valacyclovir hydrochloride</i>	30	<i>verapamil hcl</i>	39
VALCHLOR	17	<i>verapamil hcl er</i>	39
<i>valganciclovir</i>	28	<i>verapamil hcl sr</i>	39
<i>valganciclovir hydrochloride</i>	28	<i>verapamil hydrochloride</i>	39
<i>valproate sodium</i>	10	<i>verapamil hydrochloride er</i>	39
<i>valproic acid</i>	10	VEREGEN	45
<i>valrubicin</i>	21	VERQUVO	41
<i>valsartan</i>	36	VERSACLOZ	27
<i>valsartan/hydrochlorothiazide</i>	36	VERZENIO	21
VALSTAR	21	VIBERZI	48
VALTOCO 10 MG DOSE	10	VIBRAMYCIN	9
VALTOCO 15 MG DOSE	10	<i>vigabatrin</i>	10
VALTOCO 20 MG DOSE	10	<i>vigadrone</i>	10
VALTOCO 5 MG DOSE	10	VIIBRYD STARTER PACK	13
<i>vancomycin</i>	6	<i>vilazodone hydrochloride</i>	13
<i>vancomycin hcl</i>	6	VIMIZIM	50
<i>vancomycin hydrochloride</i>	6	VIMPAT	11
<i>vancomycin hydrochloride/dextrose</i>	6	<i>vinblastine sulfate</i>	21
VANFLYTA	21	<i>vincasar pfs</i>	21
VAQTA	60	<i>vincristine sulfate</i>	21
VARENICLINE STARTING MONTH	4	<i>vinorelbine tartrate</i>	21
BOX		VIRACEPT	30
<i>varenicline tartrate</i>	4	VIREAD	29
VARIVAX	60	VISTOGARD	63
VARIZIG	60	VITRAKVI	21
VASCEPA	41	VIVITROL	4
<i>vasopressin</i>	53	VIZIMPRO	23

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Page #	Drug Name	Page #
VOCABRIA	28	YERVOY	24
VONJO	21	YF-VAX	60
<i>voriconazole</i>	15	YONDELIS	17
VOTRIENT	23	YONSA	17
VPRIV	50	YUVAFEM	54
VRAYLAR	27	<i>zafemy</i>	54
VUMERITY	43	<i>zafirlukast</i>	66
VYEPTI	15	ZALTRAP	21
<i>vylibra</i>	54	ZANOSAR	17
VYNDAMAX	40	ZEJULA	23
VYNDAQEL	40	ZELAPAR	26
VYXEOS	19	ZELBORAF	23
VYZULTA	64	ZEMAIRA	68
<i>warfarin sodium</i>	34	ZEMDRI	5
WELIREG	23	<i>zenatane</i>	44
WINRHO SDF	57	ZENPEP	50
<i>wixela inhub</i>	65	ZEPATIER	28
XALKORI	23	ZEPOSIA	43
XARELTO	34	ZEPOSIA 7-DAY STARTER PACK	43
XARELTO STARTER PACK	34	ZEPOSIA STARTER KIT	43
XATMEP	59	ZEPZELCA	17
XCOPRI	10	ZERBAXA	7
XELJANZ	58	<i>zidovudine</i>	29
XELJANZ XR	58	ZIEXTENZO	35
XELPROS	64	<i>ziprasidone hcl</i>	27
XEMBIFY	57	<i>ziprasidone mesylate</i>	27
XEOMIN	27	ZIRGAN	28
XERAVA	9	ZOLADEX	56
XERMELO	48	<i>zoledronic acid</i>	61
XGEVA	61	ZOLINZA	21
XIAFLEX	50	<i>zolmitriptan</i>	16
XIFAXAN	6	<i>zolmitriptan odt</i>	16
XIIDRA	63	<i>zolpidem tartrate</i>	68
XOFLUZA	30	ZONISADE	10
XOLAIR	68	<i>zonisamide</i>	10
XOSPATA	23	ZTALMY	42
XPOVIO	21	ZYDELIG	21
XPOVIO 60 MG TWICE WEEKLY	21	ZYKADIA	23
XPOVIO 80 MG TWICE WEEKLY	21	ZYNLONTA	24
XTANDI	17	ZYNYZ	24
<i>xulane</i>	54	ZYPREXA RELPREVV	27
XULTOPHY 100/3.6	33		
XURIDEN	50		
XYREM	68		

Formulary ID: 24437, 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. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711)。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 (877) 210-9167 (TTY: 711)。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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711) 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711)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 (877) 210-9167 (TTY: 711). 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 (877-210-9167) TTY: 711. 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 (877) 210-9167 (TTY: 711) 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 (877) 210-9167 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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 (877) 210-9167 (TTY: 711). 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、(877) 210-9167 (TTY: 711)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。

Form CMS-10802
(Expires 12/31/25)

Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

Qualified sign language interpreters.

Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as:

Qualified interpreters.

Information written in other languages.

If you need these services, contact Customer Service. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity), you can file a grievance with: FirstCarolinaCare Insurance Company, Customer Service, 3310 Fields South Drive, Champaign, Illinois 61822, telephone: (800) 481-1092, fax: (217) 902-9705, CustomerService@FirstCarolinaCare.com.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you.

You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact FirstCarolinaCare Member Services, at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).



**(855) 291-9336, TTY/TDD 711
[FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA)**

Last Updated 10/01/2023