

PERS Gold Medicare Part D Prescription Drug Plan (PDP)**Your 2024 Comprehensive Formulary** (list of covered drugs)

Sponsored by CalPERS, administered by Optum Rx®

Effective September 1, 2024

**Please read: this document contains information about the drugs we cover in this plan.**

This comprehensive formulary was updated on July 30, 2024, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-855-505-8106
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com/calpers

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.**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 Optum Rx. When it refers to "plan" or "our plan," it means PERS Gold Medicare Part D Prescription Drug Plan.

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

What is the Comprehensive Formulary?

A formulary is a list of covered drugs selected by PERS Gold Medicare Part D Prescription Drug Plan in consultation with Optum Rx and a team of healthcare providers. It represents the prescription therapies believed to be a necessary part of a quality treatment program. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Optum Rx network pharmacy, and other plan rules are followed.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2024 formulary that is covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except when a new, less-expensive generic drug becomes available, or when new adverse information about the safety or effectiveness of a drug is released.

If we make a negative change to our formulary (i.e. add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, when applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug. If the Food and Drug Administration (FDA) 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.

The enclosed formulary is current as of September 1, 2024. To get updated information about covered drugs, please contact Optum Rx Member Services. You may also visit our website at optumrx.com/calpers where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab). Our contact information is shown on the front and back cover pages.

How do I use the formulary?

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

- **Medical Condition**

The formulary begins on page 7. 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 7. 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 113. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs, preferred brand-name drugs, and non-preferred brand-name drugs.

Drug Tier	Helpful Tips
Tier 1	Mostly generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-cost (and some Specialty) drugs are those that cost \$950 or more for up to a 30-day maximum supply. These types of drugs are labeled in the formulary as “NDS” under the Requirements/Limits column.

Please refer to your *Evidence of Coverage* for more information.

What are generic drugs?

Our plan 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 (PA) You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.

Quantity Limits (QL) For certain drugs, there is a limit on the amount of the drug we will cover.

Step Therapy (ST) In some cases, it is required that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

To find out if your drug has any additional requirements or limits, look in the formulary that begins on page 7. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx Member Services. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx 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 formulary?” on page 4 for additional information.

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. Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

If your drug is not covered, you have two options:

- You can ask Member Services for a list of similar drugs that are covered. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered.
- You can ask Optum Rx to make an exception and cover your drug. See below for information about how to request an exception.

CalPERS offers supplemental coverage on **some** prescription drugs not normally covered under Medicare Part D. Please contact Optum Rx for any questions regarding your supplemental coverage. Our contact information is shown on the front and back cover pages.

How do I request an exception to the formulary?

You can ask Optum Rx 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, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If 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, we may limit 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.

Note: If we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan’s formulary, or if 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 Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

Generally, we must make our decision within 72 hours of getting your doctor’s (or other 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).

Should I 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 (or other prescriber) to decide if you should switch to an appropriate drug that we cover or request a formulary exception. While you talk to your doctor (or other prescriber) 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 not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you get a formulary exception.

If you are a current enrollee with a level-of-care change and you need a drug that is not on our formulary, or if your ability to get your drugs is limited, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx. Our contact information, along with the date we last updated the formulary, is shown 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. You may also visit medicare.gov.

Formulary

The formulary below provides information about your covered drugs. If you have trouble finding your drug in the list, turn to the Index that begins on page 113.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., *atenolol*). The abbreviations in the “Requirements/Limits” column tell you if there are any special requirements for coverage of your drug

Requirements/Limits	Helpful Tips
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 Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
ST	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
CAMBIA	3	
<i>cataflam</i>	3	NDS
CELEBREX	3	QL(60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
COXANTO	3	PA; NDS
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium packet</i>	1	
<i>diclofenac potassium capsule</i>	1	NDS
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	1	NDS
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL(1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	1	PA; NDS
DICLONA	3	NDS
<i>diflunisal tablet 500mg</i>	1	
DUEXIS	3	QL(90 EA per 30 days); PA; NDS
<i>ec-naproxen tablet delayed release 500mg</i>	1	
ELYXYB	3	QL(19.2 ML per 30 days); PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL(60 EA per 30 days); PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	1	NDS
<i>ibuprofen/famotidine</i>	1	QL(90 EA per 30 days); PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	3	
<i>indocin suppository</i>	3	
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	
<i>ketorolac tromethamine nasal solution 15.75mg/spray</i>	1	QL(5 EA per 30 days); NDS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL(20 EA per 30 days)
<i>klofensaid ii</i>	1	PA
LICART	3	QL(30 EA per 30 days); PA
<i>lodine tablet 400mg</i>	3	
<i>lofena</i>	3	NDS
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION	3	NDS
<i>naproxen dr tablet delayed release 375mg</i>	1	
<i>naproxen sodium cr</i>	1	
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	1	QL(60 EA per 30 days); PA; NDS
<i>naproxen tablet delayed release 500mg</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	3	NDS
<i>oxaprozin tablet</i>	1	
PENNSAID SOLUTION	3	PA; NDS
<i>piroxicam capsule</i>	1	
<i>profeno</i>	1	
<i>relafen</i>	3	NDS
<i>relafen ds</i>	3	NDS
SPRIX	3	QL(5 EA per 30 days); NDS
<i>sulindac tablet</i>	1	
VIMOVO	3	QL(60 EA per 30 days); PA; NDS
VIVLODEX	3	NDS
VOLTAREN GEL	3	QL(1000 GM per 30 days)
ZIPSOR	3	NDS
<i>Opioid Analgesics, Long-acting</i>		
BELBUCA	3	QL(60 EA per 30 days); NDS
<i>buprenorphine</i>	1	QL(4 EA per 28 days); NDS
<i>buprenorphine buccal</i>	1	QL(60 EA per 30 days); NDS
BUTRANS	3	QL(4 EA per 28 days); NDS
CONZIP	3	PA; NDS
DOLOPHINE TABLET	3	NDS
DURAGESIC	3	NDS
<i>fentanyl</i>	1	NDS
<i>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	NDS
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent</i>	1	ST; NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
HYSINGLA ER	3	ST; NDS
INFUMORPH 200	3	B/D; NDS

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Drug Name	Drug Tier	Requirements/Limits
INFUMORPH 500	3	B/D; NDS
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	NDS
<i>levorphanol tartrate tablet</i>	1	NDS
<i>methadone hcl injection, oral solution, tablet</i>	1	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>methadose sugar-free</i>	1	NDS
<i>methadose concentrate 10mg/ml</i>	1	NDS
<i>mitigo</i>	1	B/D; NDS
<i>morphine sulfate er capsule extended release 24 hour, tablet extended release</i>	1	NDS
MS CONTIN TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	3	NDS
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent 15mg, 30mg, 40mg, 60mg, 80mg</i>	1	ST; NDS
<i>oxycodone hydrochloride er</i>	1	ST; NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE- DETERRENT	3	ST; NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hcl er capsule extended release 24 hour</i>	1	PA; NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR	3	ST; NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/caffeine/dihydrocodeine tablet</i>	1	NDS
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL(300 EA per 30 days); NDS
<i>acetaminophen/codeine</i>	1	NDS
ACTIQ	3	PA; NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
<i>benzhydrocodone/acetaminophen</i>	1	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
<i>codeine sulfate tablet</i>	1	NDS
DEMEROL INJECTION 100MG/ML, 25MG/ML, 50MG/ML, 75MG/ML	3	PA; NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
<i>duramorph</i>	1	NDS
DVORAH	1	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal</i>	1	PA; NDS
<i>fentanyl citrate tablet</i>	1	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 25mcg/0.5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA; NDS
<i>fioricet/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	3	NDS
FIORINAL/CODEINE #3	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride dosette</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
IBUDONE TABLET 10MG; 200MG	3	NDS
<i>ibudone tablet 5mg; 200mg</i>	1	NDS
LAZANDA SOLUTION 100MCG/ACT, 400MCG/ACT	3	PA; NDS
<i>lorcet</i>	1	NDS
<i>lorcet hd</i>	1	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	NDS
<i>lortab elixir 300mg/15ml; 10mg/15ml</i>	3	NDS
<i>lortab tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA; NDS
<i>meperidine hcl tablet 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate suppository, tablet</i>	1	NDS
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D; NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	1	NDS
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	NDS
<i>nalocet</i>	3	NDS
NORCO	3	NDS
NUCYNTA	3	NDS
OPANA TABLET	3	NDS
OXAYDO	3	NDS
<i>oxycodone and acetaminophen</i>	1	NDS
<i>oxycodone hcl capsule</i>	1	NDS
<i>oxycodone hydrochloride/acetaminophen</i>	1	NDS
<i>oxycodone hydrochloride capsule, concentrate, solution, tablet</i>	1	NDS
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 2.5mg, 300mg; 5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
<i>percocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	NDS
PRIMLEV	1	NDS
<i>prolate</i>	3	NDS
QDOLO	3	NDS
<i>reprexain tablet 10mg; 200mg</i>	1	NDS
ROXICODONE TABLET	3	NDS
SEGLENTIS	3	QL(120 EA per 30 days); ST; NDS
SUBSYS	3	PA; NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride solution, tablet</i>	1	NDS
<i>trezix capsule 320.5mg; 30mg; 16mg</i>	3	QL(300 EA per 30 days); NDS
TYLENOL/CODEINE #3	3	NDS
TYLENOL/CODEINE #4	3	NDS
ULTRACET	3	NDS
ULTRAM	3	NDS
<i>vicodin es tablet 300mg; 7.5mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	1	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<i>vicodin tablet 300mg; 5mg</i>	1	NDS
<i>xylon</i>	1	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine and tetracaine cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine hcl jelly</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL(30 ML per 30 days); PA
<i>lidocaine hydrochloride solution</i>	1	QL(250 ML per 30 days); PA
<i>lidocaine-prilocaine-cream base cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine/tetracaine cream 7%; 7%</i>	1	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	1	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	1	PA
LIDOCAN	3	PA
LIDODERM	3	PA
LIDOTRAL SOLUTION	3	PA
PLIAGLIS CREAM	3	QL(30 GM per 30 days); PA
<i>premium lidocaine</i>	1	QL(150 GM per 30 days); PA
QUTENZA	3	QL(4 EA per 90 days); PA; NDS
SYNERA	3	
<i>tridacaine</i>	1	PA
<i>tridacaine ii</i>	1	PA
<i>tridacaine iii</i>	1	PA
ZTLIDO	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	3	NDS
<i>Opioid Dependence</i>		
BRIXADI	3	NDS
BUPRENEX INJECTION 0.3MG/ML	3	NDS
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
LUCEMYRA	3	QL(224 EA per 14 days); NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL(90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL(180 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL(30 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL(360 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL(60 EA per 30 days); ST
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL(90 EA per 30 days); ST
Opioid Reversal Agents		
KLOXXADO	3	ST
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	
ZIMHI	3	ST
Smoking Cessation Agents		
<i>buproban</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	2	QL(504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABLET THERAPY PACK	2	QL(504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	2	QL(504 EA per 365 days)
NICOTROL INHALER	3	QL(2688 EA per 365 days)
NICOTROL NS	2	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL(504 EA per 365 days)
ZYBAN	3	QL(60 EA per 30 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	3	PA; NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate external ointment 0.1%</i>	1	
<i>humatin</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	1	
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZEMDRI	3	NDS
<i>Antibacterials, Other</i>		
AEMCOLO	3	PA
<i>aztreonam</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	1	NDS
COLY-MYCIN M	3	NDS
CUBICIN	3	NDS
CUBICIN RF	3	NDS
DALVANCE	3	NDS
<i>daptomycin</i>	1	NDS
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 500MG/50ML; 0.9%	1	
<i>daptomycin/sodium chloride injection 1000mg/100ml; 0.9%, 350mg/50ml; 0.9%, 700mg/100ml; 0.9%</i>	1	
FURADANTIN	3	NDS
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
LIKMEZ	3	PA
<i>lincomycin hcl injection</i>	1	
<i>linezolid suspension reconstituted</i>	1	QL(1800 ML per 28 days); NDS
<i>linezolid tablet</i>	1	QL(56 EA per 28 days)
<i>linezolid injection 600mg/300ml</i>	1	
<i>linezolid injection 600mg/300ml; 0.9%</i>	1	NDS
<i>methenamine hippurate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
<i>nitrofurantoin suspension</i>	1	NDS
ORBACTIV	3	NDS
PRIMSOL	3	
SIVEXTRO	3	QL(6 EA per 30 days); NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SYNERCID INJECTION 350MG; 150MG	3	NDS
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	3	
VANCOCIN CAPSULE 125MG	3	QL(120 EA per 30 days); NDS
VANCOCIN CAPSULE 250MG	3	QL(240 EA per 30 days); NDS
<i>vancomycin hcl injection 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL(240 EA per 30 days)
<i>vancomycin hydrochloride oral solution reconstituted</i>	1	
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	1	
VIBATIV INJECTION 750MG	3	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XACDURO	3	NDS
XENLETA	3	NDS
ZYVOX SUSPENSION RECONSTITUTED	3	QL(1800 ML per 28 days); NDS
ZYVOX TABLET	3	QL(56 EA per 28 days); NDS
ZYVOX INJECTION 200MG/100ML	3	NDS
<i>Beta-lactam, Cephalosporins</i>		
AVYCAZ	3	NDS
<i>cefaclor capsule</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm, 3gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
FETROJA	3	NDS
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML, 250MG/5ML; 62.5MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
<i>naficillin</i>	1	NDS
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	1	
<i>penicillin g sodium</i>	1	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<i>Carbapenems</i>		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride</i>	1	
MERREM INJECTION 1GM	3	
RECARBRIO	3	NDS
VABOMERE	3	
<i>Macrolides</i>		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
DIFICID	3	NDS
ERYPED 400	3	NDS
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	1	NDS
Quinolones		
BAXDELA	3	NDS
CIPRO SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	1	
DORYX MPC TABLET DELAYED RELEASE 60MG	3	NDS
DORYX TABLET DELAYED RELEASE 200MG	3	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	3	NDS
MINOCIN INJECTION	3	NDS
MINOCIN CAPSULE 50MG	3	NDS
<i>minocycline hcl capsule 75mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxyne nl capsule 100mg, 50mg</i>	1	
<i>morgidox 1x100mg capsule</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg capsule</i>	1	
NUZYRA	3	NDS
<i>okebo capsule 100mg</i>	1	
SEYSARA	3	NDS
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	3	NDS
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	3	PA; NDS
ELEPSIA XR	3	NDS
EPIDIOLEX	3	PA; NDS
EPRONTIA	3	
<i>felbamate tablet</i>	1	
<i>felbamate suspension</i>	1	NDS
FELBATOL	3	NDS
FINTEPLA	3	PA; NDS
FYCOMPA SUSPENSION	3	
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	NDS
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 500MG	3	
KEPPRA XR TABLET EXTENDED RELEASE 24 HOUR 750MG	3	NDS
KEPPRA INJECTION, ORAL SOLUTION	3	NDS
KEPPRA TABLET 500MG	3	
KEPPRA TABLET 1000MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 5MG	3	
LAMICTAL CHEWABLE DISPERSIBLE TABLET CHEWABLE 25MG	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING	3	
LAMICTAL ODT KIT	3	NDS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	NDS
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET	3	NDS
<i>lamotrigine er</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	
<i>levetiracetam injection 500mg/5ml</i>	1	
NAYZILAM	3	QL(10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	3	NDS
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	3	NDS
<i>topiramate er capsule extended release 24 hour 100mg</i>	1	
<i>topiramate er capsule extended release 24 hour 200mg</i>	1	NDS
<i>topiramate er capsule er 24 hour sprinkle</i>	1	
<i>topiramate capsule sprinkle, tablet</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	3	PA; NDS
XCOPRI TABLET 100MG, 150MG, 50MG	3	PA
XCOPRI TABLET 200MG, 25MG	3	PA; NDS
<i>Calcium Channel Modifying Agents</i>		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	3	PA; NDS
<i>diazepam rectal gel</i>	1	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium capsule delayed release sprinkle</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin solution</i>	1	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL(180 EA per 30 days)
GABITRIL TABLET 12MG, 16MG, 2MG	3	
GABITRIL TABLET 4MG	3	NDS
KLONOPIN TABLET 2MG	3	QL(300 EA per 30 days)
KLONOPIN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days)
LIBERVANT	3	QL(10 EA per 30 days)
MYSOLINE TABLET	3	NDS
NEURONTIN SOLUTION	3	QL(2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL(270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL(360 EA per 30 days)
NEURONTIN TABLET 800MG	3	QL(150 EA per 30 days); NDS
NEURONTIN TABLET 600MG	3	QL(180 EA per 30 days); NDS
ONFI SUSPENSION	3	NDS
ONFI TABLET 10MG, 20MG	3	NDS
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>primidone tablet</i>	1	
SABRIL	3	PA; NDS
SYMPAZAN FILM 5MG	3	
SYMPAZAN FILM 10MG, 20MG	3	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); NDS
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); NDS
<i>vigabatrin</i>	1	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone</i>	1	PA; NDS
<i>vigpoder</i>	1	PA; NDS
<i>Sodium Channel Agents</i>		
APTIOM	3	NDS
BANZEL	3	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
<i>dilantin capsule 30mg</i>	3	
<i>epitol</i>	1	
<i>lacosamide</i>	1	
<i>oxcarbazepine</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
<i>phenytek</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	1	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	1	NDS
TRILEPTAL SUSPENSION	3	
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION, ORAL SOLUTION	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
ZONEGRAN CAPSULE 100MG, 25MG	3	NDS
ZONISADE	3	ST
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	1	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL(56 EA per 365 days); ST
<i>Cholinesterase Inhibitors</i>		
ADLARITY	3	ST
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	
NAMENDA XR	3	QL(30 EA per 30 days)
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	3	QL(30 EA per 30 days); ST; NDS
AUVELITY	3	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL(30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL(90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
SPRAVATO 56MG DOSE	3	PA; NDS
SPRAVATO 84MG DOSE	3	PA; NDS
SYMBYAX CAPSULE 50MG; 12MG, 50MG; 6MG	3	QL(30 EA per 30 days)
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL(90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL(60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL(90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL(30 EA per 30 days); NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL(90 EA per 30 days); NDS
ZURZUVAE CAPSULE 30MG	3	QL(14 EA per 14 days); PA; NDS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL(28 EA per 14 days); PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	QL(30 EA per 30 days); ST; NDS
MARPLAN	3	
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
BRISDELLE	3	QL(30 EA per 30 days)
<i>citalopram hydrobromide solution, tablet</i>	1	
<i>citalopram hydrobromide capsule</i>	1	ST
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL(60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL(90 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL(120 EA per 30 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	1	QL(30 EA per 30 days); ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL(90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	3	QL(56 EA per 365 days); ST
<i>fluoxetine hydrochloride capsule, solution, tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL(60 EA per 30 days)
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days); ST
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL(30 EA per 30 days); ST
<i>nefazodone hydrochloride</i>	1	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL(30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	3	NDS
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride capsule</i>	1	ST
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
<i>venlafaxine besylate er</i>	1	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VIIBRYD STARTER PACK	3	QL(60 EA per 365 days)
VIIBRYD TABLET	3	QL(30 EA per 30 days)
<i>vilazodone hydrochloride</i>	1	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	NDS
<i>clomipramine hcl capsule</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	3	NDS
<i>protriptyline hcl</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
TOFRANIL TABLET	3	NDS
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	1	
DICLEGIS	3	QL(120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL(120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 25mg</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
TIGAN CAPSULE 300MG	3	B/D
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL(2 EA per 30 days); B/D
ALOXI INJECTION 0.25MG/5ML	3	NDS
ANZEMET TABLET 50MG	3	QL(5 EA per 30 days); B/D
ANZEMET TABLET 100MG	3	QL(5 EA per 30 days); B/D; NDS
APONVIE	3	
<i>aprepitant capsule 40mg</i>	1	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	1	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	1	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	1	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	1	QL(60 EA per 30 days); PA
EMEND TRIPACK	3	QL(6 EA per 30 days); B/D
EMEND SUSPENSION RECONSTITUTED	3	QL(6 EA per 30 days); B/D
EMEND CAPSULE 40MG	3	QL(1 EA per 30 days); B/D
EMEND CAPSULE 125MG	3	QL(2 EA per 30 days); B/D
EMEND CAPSULE 80MG	3	QL(8 EA per 30 days); B/D
<i>granisetron hydrochloride tablet</i>	1	QL(30 EA per 30 days); B/D
MARINOL CAPSULE 2.5MG	3	QL(60 EA per 30 days); PA
MARINOL CAPSULE 10MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
<i>ondansetron hcl solution</i>	1	QL(450 ML per 30 days); B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL(14 EA per 28 days); B/D

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	3	QL(2 EA per 30 days); NDS
SUSTOL	3	QL(1.2 ML per 30 days); NDS
SYNDROS	3	QL(120 ML per 30 days); PA; NDS
VARUBI TABLET THERAPY PACK	3	QL(4 EA per 28 days); B/D
ZOFRAN TABLET 4MG, 8MG	3	B/D; NDS
ZUPLENZ FILM 4MG	3	B/D
ZUPLENZ FILM 8MG	3	B/D; NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	3	B/D; NDS
<i>amphotericin b liposome</i>	1	B/D; NDS
<i>amphotericin b injection</i>	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
<i>casposfungin acetate injection 70mg</i>	1	
<i>casposfungin acetate injection 50mg</i>	1	NDS
<i>clotrimazole cream, troche</i>	1	
CRESEMBA INJECTION	3	NDS
CRESEMBA CAPSULE	3	PA; NDS
DIFLUCAN TABLET 200MG	3	NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	3	NDS
ERTACZO	3	NDS
EXTINA	3	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	PA
<i>itraconazole solution</i>	1	PA; NDS
JUBLIA	3	NDS
KERYDIN	3	PA
<i>ketoconazole shampoo, tablet</i>	1	
<i>ketoconazole cream</i>	1	QL(90 GM per 30 days)
<i>klayesta</i>	1	QL(120 GM per 30 days)
<i>micafungin/sodium chloride</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>micafungin injection 100mg</i>	1	
<i>micafungin injection 50mg</i>	1	NDS
MYCAMINE	3	NDS
<i>naftifine hydrochloride gel 1%</i>	1	
NOXAFIL	3	PA; NDS
<i>nyamyc</i>	1	QL(120 GM per 30 days)
<i>nyata powder</i>	1	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL(120 GM per 30 days)
<i>nystop</i>	1	QL(120 GM per 30 days)
ORAVIG	3	NDS
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
OXISTAT CREAM	3	QL(90 GM per 30 days)
<i>posaconazole</i>	1	PA; NDS
<i>posaconazole dr</i>	1	PA; NDS
REZZAYO	3	NDS
SPORANOX PULSEPAK	3	PA; NDS
SPORANOX CAPSULE, SOLUTION	3	PA; NDS
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL(84 EA per 180 days)
<i>terconazole cream</i>	1	
TOLSURA	3	PA; NDS
VFEND IV	3	PA; NDS
VFEND SUSPENSION RECONSTITUTED	3	NDS
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	1	NDS
<i>voriconazole injection</i>	1	PA; NDS
<i>zazole cream 0.8%</i>	1	
<i>zazole suppository</i>	1	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine capsule</i>	1	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	3	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Ergot Alkaloids</i>		
<i>cafergot tablet</i>	3	QL(24 EA per 28 days)
D.H.E. 45	3	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate injection</i>	1	QL(24 ML per 28 days); PA; NDS
<i>dihydroergotamine mesylate nasal solution</i>	1	QL(8 ML per 30 days); PA
<i>ergomar</i>	3	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
<i>migergot</i>	3	QL(20 EA per 28 days); NDS
MIGRANAL	3	QL(8 ML per 30 days); PA; NDS
TRUDHESA	3	QL(12 ML per 28 days); PA
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(2 ML per 28 days); PA
AJOVY	3	QL(4.5 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA
NURTEC	3	QL(18 EA per 30 days); PA; NDS
QULIPTA	3	QL(30 EA per 30 days); PA; NDS
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	3	QL(16 EA per 30 days); PA; NDS
VYEPTI	3	QL(3 ML per 84 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL(12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL(12 EA per 30 days)
AMERGE	3	QL(9 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL(12 EA per 30 days)
FROVA	3	QL(12 EA per 30 days)
<i>frovatriptan succinate</i>	1	QL(12 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL(5 ML per 30 days); NDS
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL(5 ML per 30 days)
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	3	QL(5 ML per 30 days); NDS
IMITREX NASAL SOLUTION	3	QL(12 EA per 30 days)
IMITREX INJECTION	3	QL(5 ML per 30 days); NDS
IMITREX TABLET	3	QL(9 EA per 30 days)
MAXALT-MLT	3	QL(18 EA per 30 days)
MAXALT TABLET 10MG	3	QL(18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL(9 EA per 30 days)
ONZETRA XSAIL	3	QL(16 EA per 30 days)
RELPAX	3	QL(12 EA per 30 days)
REYVOW TABLET 50MG	3	QL(4 EA per 30 days); PA
REYVOW TABLET 100MG	3	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	1	QL(18 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate odt</i>	1	QL(18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL(9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL(9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL(12 EA per 30 days)
TOSYMRA	3	QL(12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	3	QL(9 EA per 30 days); NDS
ZEMBRACE SYMTOUCH	3	QL(8 ML per 30 days); NDS
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL(9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL(12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL(12 EA per 30 days)
ZOMIG ZMT TABLET DISINTEGRATING 2.5MG	3	QL(12 EA per 30 days); NDS
ZOMIG ZMT TABLET DISINTEGRATING 5MG	3	QL(9 EA per 30 days); NDS
<i>zomig tablet</i>	3	QL(12 EA per 30 days); NDS
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	1	
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
MYCOBUTIN	3	NDS
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE	3	NDS
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection, syrup, tablet</i>	1	
<i>paser</i>	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	3	NDS
<i>rifampin capsule, injection</i>	1	
SIRTURO	3	NDS
TRECTOR	3	
Antineoplastics		

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Alkylating Agents</i>		
BELRAPZO	3	NDS
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	3	NDS
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	1	NDS
BENDEKA	3	NDS
BICNU	3	NDS
<i>busulfan</i>	1	NDS
BUSULFEX	3	NDS
<i>carmustine</i>	1	NDS
<i>cisplatin injection 100mg/100ml</i>	1	
<i>cisplatin injection 50mg</i>	1	NDS
<i>cyclophosphamide monohydrate injection</i>	1	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D
<i>cyclophosphamide injection 1000mg/10ml, 1gm/2ml, 1gm/5ml, 1gm, 2000mg/20ml, 2gm/10ml, 2gm, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 500mg</i>	1	NDS
EVOMELA	3	NDS
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	
<i>ifosfamide injection 3gm</i>	1	
LEUKERAN	3	NDS
MATULANE	3	NDS
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	1	NDS
PEPAXTO	3	NDS
TEMODAR INJECTION	3	NDS
TEPADINA	3	NDS
<i>thiotepa injection 100mg, 15mg</i>	1	NDS
TREANDA INJECTION 100MG, 25MG	3	NDS
VALCHLOR	3	PA; NDS
VIVIMUSTA	3	NDS
YONDELIS	3	NDS
ZANOSAR	3	NDS
ZEPZELCA	3	PA; NDS
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	1	PA
<i>abiraterone acetate tablet 500mg</i>	1	PA; NDS
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA	3	PA; NDS
<i>eulexin</i>	3	NDS
<i>flutamide</i>	1	
NILANDRON TABLET 150MG	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide</i>	1	NDS
NUBEQA	3	PA; NDS
XTANDI	3	PA; NDS
YONSA	3	PA; NDS
ZYTIGA	3	PA; NDS
<i>Antiangiogenic Agents</i>		
FOTIVDA	3	PA; NDS
<i>lenalidomide</i>	1	PA; NDS
POMALYST	3	PA; NDS
QINLOCK	3	PA; NDS
REVLIMID	3	PA; NDS
TABRECTA	3	QL(120 EA per 30 days); PA; NDS
THALOMID	3	PA; NDS
<i>Antiestrogens/Modifiers</i>		
EMCYT	3	NDS
FARESTON	3	NDS
FASLODEX INJECTION 250MG/5ML	3	NDS
<i>fulvestrant</i>	1	NDS
SOLTAMOX	3	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	1	NDS
<i>Antimetabolites</i>		
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
ALIMTA	3	NDS
ARRANON	3	NDS
<i>cladribine</i>	1	B/D; NDS
<i>clofarabine</i>	1	NDS
CLOLAR	3	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	
<i>floxuridine injection</i>	1	B/D; NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	PA; NDS
<i>gemcitabine hydrochloride injection 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	1	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	3	NDS
<i>mercaptopurine tablet</i>	1	
<i>nelarabine</i>	1	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
NIPENT	3	NDS
<i>pemetrexed disodium</i>	1	NDS
<i>pemetrexed injection 1gm/40ml, 850mg/34ml</i>	1	
<i>pemetrexed injection 1000mg, 100mg/4ml, 100mg, 1gm/40ml, 500mg/20ml, 500mg, 750mg</i>	1	NDS
PEMFEXY	3	NDS
PEMRYDI RTU	3	NDS
<i>pralatrexate</i>	1	PA; NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA; NDS
TABLOID	3	
VYXEOS	3	PA; NDS
<i>Antineoplastics, Other</i>		
ABRAXANE	3	NDS
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	1	B/D
ADSTILADRIN	3	PA; NDS
AKEEGA	3	PA; NDS
ANKTIVA	3	PA; NDS
<i>arsenic trioxide</i>	1	NDS
ASPARLAS	3	NDS
<i>azacitidine</i>	1	NDS
BESREMI	3	PA; NDS
<i>bleomycin sulfate</i>	1	B/D
<i>bortezomib injection 1mg, 2.5mg, 3.5mg/1.4ml</i>	1	PA
<i>bortezomib injection 3.5mg</i>	1	PA; NDS
COLUMVI	3	PA; NDS
COSMEGEN	3	NDS
DACOGEN	3	PA; NDS
<i>dactinomycin</i>	1	NDS
<i>decitabine</i>	1	PA; NDS
<i>docetaxel injection 20mg/2ml</i>	1	NDS
DOXIL	3	NDS
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENCEN INJECTION 50MG/25ML	3	
ELREXFIO	3	PA; NDS
ELZONRIS	3	PA; NDS
EPKINLY	3	PA; NDS
<i>eribulin mesylate</i>	1	PA; NDS
ERWINASE	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ERWINAZE	3	NDS
ETHYOL	3	NDS
<i>fludarabine phosphate injection 50mg/2ml, 50mg</i>	1	NDS
FUSILEV	3	NDS
GAVRETO	3	PA; NDS
HALAVEN	3	PA; NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA; NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
<i>idarubicin hcl</i>	1	NDS
IDHIFA	3	QL(30 EA per 30 days); PA; NDS
IMDELLTRA	3	PA; NDS
INREBIC	3	PA; NDS
ISTODAX	3	PA; NDS
IWILFIN	3	PA; NDS
IXEMPRA KIT	3	NDS
JEVTANA	3	PA; NDS
KIMMTRAK	3	PA; NDS
KISQALI FEMARA 200 DOSE	3	PA; NDS
KISQALI FEMARA 400 DOSE	3	PA; NDS
KISQALI FEMARA 600 DOSE	3	PA; NDS
KRAZATI	3	PA; NDS
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	1	NDS
LONSURF	3	PA; NDS
LUMAKRAS	3	PA; NDS
LUNSUMIO	3	PA; NDS
LYTGOBI	3	PA; NDS
MARQIBO	3	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	NDS
<i>mutamycin</i>	1	NDS
NINLARO	3	PA; NDS
OGSIVEO	3	PA; NDS
ONCASPAR	3	NDS
ONUREG	3	PA; NDS
ORSERDU	3	PA; NDS
<i>paclitaxel protein-bound particles</i>	1	NDS
PEMAZYRE	3	QL(30 EA per 30 days); PA; NDS
PHEGO	3	PA; NDS
PHOTOFRIN	3	NDS
PROLEUKIN	3	NDS
RETEVMO	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>romidepsin</i>	1	PA; NDS
RYLAZE	3	NDS
SCSEMBLIX TABLET 40MG	3	PA; NDS
SCSEMBLIX TABLET 100MG	3	QL(120 EA per 30 days); PA; NDS
SCSEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
SYNRIBO	3	NDS
TALVEY	3	PA; NDS
TAXOTERE INJECTION 20MG/ML, 80MG/4ML	3	NDS
TAZVERIK	3	PA; NDS
TECVAYLI	3	PA; NDS
<i>teniposide</i>	1	NDS
TICE BCG	3	
TRISENOX	3	NDS
TRUSELTIQ	3	PA; NDS
TUKYSA	3	PA; NDS
<i>valrubicin</i>	1	NDS
VALSTAR	3	NDS
VELCADE	3	PA; NDS
VIDAZA	3	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate injection 1mg/ml</i>	1	B/D
VONJO	3	PA; NDS
XPOVIO	3	PA; NDS
XPOVIO 100 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 40 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 40 MG TWICE WEEKLY	3	PA; NDS
XPOVIO 60 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 60 MG TWICE WEEKLY	3	PA; NDS
XPOVIO 80 MG ONCE WEEKLY	3	PA; NDS
XPOVIO 80 MG TWICE WEEKLY	3	PA; NDS
ZALTRAP	3	PA; NDS
ZOLINZA	3	PA; NDS
<i>Antineoplastics</i>		
OPDUALAG	3	PA; NDS
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
ARIMIDEX	3	
AROMASIN	3	NDS
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>Enzyme Inhibitors</i>		

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
KYPROLIS	3	PA; NDS
ONIVYDE	3	NDS
<i>topotecan hcl injection 4mg</i>	1	NDS
<i>Molecular Target Inhibitors</i>		
AFINITOR	3	QL(30 EA per 30 days); PA; NDS
AFINITOR DISPERZ	3	PA; NDS
ALECENSA	3	PA; NDS
ALIQOPA	3	PA; NDS
ALUNBRIG TABLET THERAPY PACK	3	QL(60 EA per 365 days); PA; NDS
ALUNBRIG TABLET 30MG	3	QL(120 EA per 30 days); PA; NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL(30 EA per 30 days); PA; NDS
AYVAKIT	3	QL(30 EA per 30 days); PA; NDS
BALVERSA	3	PA; NDS
BELEODAQ	3	PA; NDS
BOSULIF	3	PA; NDS
BRAFTOVI CAPSULE 75MG	3	PA; NDS
BRUKINSA	3	PA; NDS
CABOMETYX	3	PA; NDS
CALQUENCE	3	PA; NDS
CAPRELSA TABLET 300MG	3	PA; NDS
CAPRELSA TABLET 100MG	3	QL(60 EA per 30 days); PA; NDS
COMETRIQ	3	PA; NDS
COPIKTRA	3	PA; NDS
COTELLIC	3	PA; NDS
DAURISMO	3	PA; NDS
ERIVEDGE	3	PA; NDS
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	1	PA
<i>erlotinib hydrochloride tablet 150mg</i>	1	PA; NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	1	PA; NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA; NDS
EXKIVITY	3	NDS
FARYDAK	3	NDS
FRUZAQLA	3	PA; NDS
FYARRO	3	PA; NDS
<i>gefitinib</i>	1	PA; NDS
GILOTRIF	3	QL(30 EA per 30 days); PA; NDS
GLEEVEC TABLET	3	PA; NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA; NDS
ICLUSIG TABLET 30MG, 45MG	3	PA; NDS
ICLUSIG TABLET 10MG, 15MG	3	QL(30 EA per 30 days); PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	3	PA; NDS
INLYTA	3	PA; NDS
INQOVI	3	PA; NDS
IRESSA	3	PA; NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	3	PA; NDS
JAKAFI TABLET 10MG	3	QL(60 EA per 30 days); PA; NDS
JAYPIRCA TABLET 100MG	3	PA; NDS
JAYPIRCA TABLET 50MG	3	QL(30 EA per 30 days); PA; NDS
KISQALI	3	PA; NDS
KOSELUGO	3	PA; NDS
<i>lapatinib ditosylate</i>	1	PA; NDS
LENVIMA 10 MG DAILY DOSE	3	PA; NDS
LENVIMA 12MG DAILY DOSE	3	PA; NDS
LENVIMA 14 MG DAILY DOSE	3	PA; NDS
LENVIMA 18 MG DAILY DOSE	3	PA; NDS
LENVIMA 20 MG DAILY DOSE	3	PA; NDS
LENVIMA 24 MG DAILY DOSE	3	PA; NDS
LENVIMA 4 MG DAILY DOSE	3	PA; NDS
LENVIMA 8 MG DAILY DOSE	3	PA; NDS
LORBRENA	3	PA; NDS
LYNPARZA TABLET	3	PA; NDS
MEKINIST	3	PA; NDS
MEKTOVI	3	PA; NDS
NERLYNX	3	QL(180 EA per 30 days); PA; NDS
NEXAVAR	3	PA; NDS
ODOMZO	3	PA; NDS
OJEMDA	3	PA; NDS
OJJAARA	3	PA; NDS
<i>pazopanib hydrochloride</i>	1	PA; NDS
PIQRAY 200MG DAILY DOSE	3	PA; NDS
PIQRAY 250MG DAILY DOSE	3	PA; NDS
PIQRAY 300MG DAILY DOSE	3	PA; NDS
REZLIDHIA	3	PA; NDS
ROZLYTREK	3	PA; NDS
RUBRACA	3	PA; NDS
RYDAPT	3	PA; NDS
RYTELO	3	PA; NDS
<i>sorafenib</i>	1	PA; NDS
<i>sorafenib tosylate</i>	1	PA; NDS
SPRYCEL	3	PA; NDS
STIVARGA	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate</i>	1	PA; NDS
SUTENT	3	PA; NDS
TAFINLAR	3	PA; NDS
TAGRISSE TABLET 80MG	3	PA; NDS
TAGRISSE TABLET 40MG	3	QL(30 EA per 30 days); PA; NDS
TALZENNA	3	PA; NDS
TARCEVA	3	PA; NDS
TASIGNA	3	PA; NDS
<i>temsirolimus</i>	1	NDS
TEPMETKO	3	PA; NDS
TIBSOVO	3	PA; NDS
TORISEL	3	NDS
<i>torpenz</i>	1	QL(30 EA per 30 days); PA; NDS
TRUQAP	3	PA; NDS
TURALIO	3	PA; NDS
TYKERB	3	PA; NDS
VANFLYTA	3	PA; NDS
VENCLEXTA STARTING PACK	3	PA; NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA; NDS
VERZENIO	3	PA; NDS
VITRAKVI	3	PA; NDS
VIZIMPRO	3	PA; NDS
VOTRIENT	3	PA; NDS
WELIREG	3	PA; NDS
XALKORI	3	PA; NDS
XOSPATA	3	PA; NDS
ZEJULA CAPSULE	3	PA; NDS
ZEJULA TABLET 200MG, 300MG	3	PA; NDS
ZEJULA TABLET 100MG	3	QL(30 EA per 30 days); PA; NDS
ZELBORAF	3	PA; NDS
ZYDELIG	3	PA; NDS
ZYKADIA TABLET	3	PA; NDS
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	3	PA; NDS
ALYMSYS	3	PA; NDS
ARZERRA	3	PA; NDS
AVASTIN	3	PA; NDS
BAVENCIO	3	PA; NDS
BESPOUSA	3	PA; NDS
BLINCYTO	3	PA; NDS
CYRAMZA	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
DANYELZA	3	PA; NDS
DARZALEX	3	PA; NDS
DARZALEX FASPRO	3	PA; NDS
ELAHERE	3	PA; NDS
EMPLICITI	3	PA; NDS
ENHERTU	3	PA; NDS
ERBITUX	3	PA; NDS
GAZYVA	3	PA; NDS
HERCEPTIN HYLECTA	3	PA; NDS
HERCEPTIN INJECTION 150MG	3	PA; NDS
HERZUMA	3	PA; NDS
IMFINZI	3	PA; NDS
IMJUDO	3	PA; NDS
JEMPERLI	3	PA; NDS
KADCYLA	3	PA; NDS
KANJINTI	3	PA; NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA; NDS
LIBTAYO	3	PA; NDS
LOQTORZI	3	PA; NDS
LUMOXITI	3	PA; NDS
MARGENZA	3	PA; NDS
MONJUVI	3	PA; NDS
MVASI	3	PA; NDS
MYLOTARG	3	PA; NDS
OGIVRI	3	PA; NDS
ONTRUZANT	3	PA; NDS
OPDIVO	3	PA; NDS
PADCEV	3	PA; NDS
PERJETA	3	PA; NDS
POLIVY	3	PA; NDS
PORTRAZZA	3	PA; NDS
POTELIGEO	3	PA; NDS
RIABNI	3	PA; NDS
RITUXAN	3	PA
RITUXAN HYCELA	3	PA; NDS
RUXIENCE	3	PA; NDS
RYBREVANT	3	PA; NDS
SARCLISA	3	PA; NDS
TECENTRIQ	3	PA; NDS
TIVDAK	3	PA; NDS
TRAZIMERA	3	PA; NDS
TRODELVY	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA	3	PA
UNITUXIN	3	NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
VEGZELMA	3	PA; NDS
YERVOY	3	PA; NDS
ZEVALIN Y-90	3	NDS
ZIRABEV	3	PA; NDS
ZYNLONTA	3	PA; NDS
ZYNYZ	3	PA; NDS
Retinoids		
<i>bexarotene</i>	1	PA; NDS
PANRETIN	3	NDS
TARGRETIN	3	PA; NDS
<i>tretinoin capsule 10mg</i>	1	NDS
Treatment Adjuncts		
<i>dexrazoxane</i>	1	NDS
ELITEK	3	NDS
KHAPZORY	3	NDS
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	
MESNEX TABLET	3	NDS
TOTECT	3	NDS
VORAXAZE	3	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	1	NDS
ALBENZA	3	NDS
<i>emverm</i>	3	
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
STROMECTOL TABLET 3MG	3	PA
Antiprotozoals		
ALINIA	3	NDS
<i>artesunate</i>	1	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	PA; NDS
<i>hydroxychloroquine sulfate tablet 100mg, 200mg, 300mg</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON SUSPENSION	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT	3	B/D
<i>nitazoxanide</i>	1	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	PA; NDS
QUALAQUIN	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	1	
COGENTIN INJECTION	3	NDS
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
GOCOVRI	3	PA; NDS
NOURIANZ	3	PA; NDS
ONGENTYS	3	ST
OSMOLEX ER	3	PA
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	NDS
STALEVO 200	3	NDS
TASMAR TABLET 100MG	3	QL(180 EA per 30 days); NDS
<i>tolcapone</i>	1	QL(180 EA per 30 days); NDS
<i>Dopamine Agonists</i>		
APOKYN INJECTION 30MG/3ML	3	QL(90 ML per 30 days); PA; NDS
<i>apomorphine hydrochloride injection</i>	1	QL(90 ML per 30 days); PA; NDS
<i>bromocriptine mesylate capsule, tablet</i>	1	
KYNMOBI	3	QL(150 EA per 30 days); PA; NDS
KYNMOBI TITRATION KIT	3	QL(20 EA per 365 days); PA; NDS
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG	3	NDS
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
DHIVY	3	ST
DUOPA	3	PA; NDS
INBRIJA	3	PA; NDS
LODOSYN	3	NDS
RYTARY	3	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
AZILECT	3	
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	3	QL(30 EA per 30 days); ST; NDS
ZELAPAR	3	NDS
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate, injection</i>	1	
<i>fluphenazine hcl tablet 1mg</i>	1	
<i>fluphenazine hydrochloride elixir</i>	1	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	
<i>haloperidol decanoate injection</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
<i>2nd Generation/Atypical</i>		
ABILIFY MAINTENA	3	NDS
ABILIFY MYCITE	3	QL(30 EA per 30 days); ST; NDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL(30 EA per 30 days); ST; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	3	QL(60 EA per 365 days); ST; NDS
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	3	ST; NDS
ABILIFY TABLET	3	QL(30 EA per 30 days); NDS
<i>aripiprazole odt</i>	1	QL(60 EA per 30 days); NDS
<i>aripiprazole tablet</i>	1	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL(750 ML per 30 days)
ARISTADA	3	NDS
ARISTADA INITIO	3	NDS
<i>asenapine maleate sl</i>	1	QL(60 EA per 30 days)
CAPLYTA	3	QL(30 EA per 30 days); PA; NDS
FANAPT TITRATION PACK	3	QL(8 EA per 180 days); ST
FANAPT TABLET 4MG	3	QL(60 EA per 30 days); ST
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	3	QL(60 EA per 30 days); ST; NDS
GEODON INJECTION	3	QL(60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL(60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL(60 EA per 30 days); NDS
INVEGA HAFYERA	3	ST; NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NDS
INVEGA TRINZA	3	NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL(30 EA per 30 days)
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL(60 EA per 30 days)
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL(30 EA per 30 days); NDS
LATUDA TABLET 80MG	3	QL(60 EA per 30 days); NDS
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	3	QL(30 EA per 30 days); ST; NDS
NUPLAZID CAPSULE	3	PA; NDS
NUPLAZID TABLET 10MG	3	PA; NDS
<i>olanzapine odt</i>	1	QL(30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL(60 EA per 30 days)
PERSERIS	3	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL(60 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	1	QL(90 EA per 30 days)
REXULTI	3	QL(30 EA per 30 days); NDS
RISPERDAL CONSTA INJECTION 12.5MG	3	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	3	NDS
RISPERDAL SOLUTION	3	QL(240 ML per 30 days); NDS
RISPERDAL TABLET 0.25MG, 0.5MG, 1MG, 4MG	3	QL(60 EA per 30 days)
RISPERDAL TABLET 2MG, 3MG	3	QL(60 EA per 30 days); NDS
RISPERIDONE ER INJECTION 12.5MG	1	
RISPERIDONE ER INJECTION 25MG, 37.5MG, 50MG	1	NDS
<i>risperidone odt</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	1	QL(240 ML per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
SAPHRIS	3	QL(60 EA per 30 days)
SECUADO	3	QL(30 EA per 30 days); ST; NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL(60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL(90 EA per 30 days)
SEROQUEL TABLET 300MG, 400MG	3	QL(60 EA per 30 days)
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL(90 EA per 30 days)
UZEDY	3	ST; NDS
VRAYLAR CAPSULE THERAPY PACK	3	QL(14 EA per 365 days)
VRAYLAR CAPSULE	3	QL(30 EA per 30 days); NDS
<i>ziprasidone hcl</i>	1	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL(30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL(30 EA per 30 days); NDS
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL(30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	3	QL(30 EA per 30 days); NDS
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL(120 EA per 30 days); NDS
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL(90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL(120 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tablet 50mg</i>	1	QL(180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL(270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL(120 EA per 30 days)
CLOZARIL TABLET 50MG	3	QL(180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL(270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL(270 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 200MG	3	QL(120 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 150MG	3	QL(180 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 25MG	3	QL(270 EA per 30 days)
FAZACLO TABLET DISINTEGRATING 100MG	3	QL(270 EA per 30 days); NDS
FAZACLO TABLET DISINTEGRATING 12.5MG	3	QL(90 EA per 30 days)
VERSACLOZ	3	QL(540 ML per 30 days); NDS
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet</i>	1	
<i>baclofen oral solution, suspension</i>	1	ST; NDS
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	1	B/D; NDS
BOTOX	3	PA
DANTRIUM IV	3	NDS
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	1	NDS
DYSPORT	3	PA
FLEQSUVY	3	ST; NDS
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D; NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D; NDS
LYVISPAH PACKET 20MG	3	QL(120 EA per 30 days); ST
LYVISPAH PACKET 5MG	3	QL(270 EA per 30 days); ST
LYVISPAH PACKET 10MG	3	QL(90 EA per 30 days); ST
MYOBLOC	3	PA
OZOBAX	3	ST; NDS
OZOBAX DS	3	ST; NDS
<i>revonto</i>	1	NDS
SOHONOS CAPSULE 5MG	3	QL(112 EA per 28 days); PA; NDS
SOHONOS CAPSULE 2.5MG	3	QL(224 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1.5MG	3	QL(364 EA per 28 days); PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SOHONOS CAPSULE 10MG	3	QL(56 EA per 28 days); PA; NDS
SOHONOS CAPSULE 1MG	3	QL(560 EA per 28 days); PA; NDS
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN	3	PA
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	1	NDS
CYTOVENE INJECTION	3	B/D; NDS
<i>foscarnet sodium injection 6000mg/250ml</i>	1	B/D; NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D; NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	3	NDS
PREVYMIS	3	NDS
VALCYTE	3	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NDS
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABLET	3	QL(30 EA per 30 days); NDS
BARACLUDE SOLUTION	3	QL(600 ML per 30 days)
<i>entecavir</i>	1	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
HEPSERA	3	NDS
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	3	NDS
<i>Anti-hepatitis C (HCV) Agents</i>		
EPCLUSA PACKET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA PACKET 150MG; 37.5MG	3	QL(84 EA per 365 days); PA; NDS
EPCLUSA TABLET 200MG; 50MG	3	QL(168 EA per 365 days); PA; NDS
EPCLUSA TABLET 400MG; 100MG	3	QL(84 EA per 365 days); PA; NDS
HARVONI PACKET 33.75MG; 150MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI PACKET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
HARVONI TABLET 90MG; 400MG	3	QL(168 EA per 365 days); PA; NDS
HARVONI TABLET 45MG; 200MG	3	QL(336 EA per 365 days); PA; NDS
<i>ledipasvir/sofosbuvir</i>	1	QL(168 EA per 365 days); PA; NDS
MAVYRET TABLET	3	QL(336 EA per 365 days); PA; NDS
MAVYRET PACKET	3	QL(560 EA per 365 days); PA; NDS
<i>moderiba tablet</i>	1	
<i>ribasphere capsule</i>	1	
<i>ribasphere tablet 200mg</i>	1	
<i>ribavirin tablet 200mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>sofosbuvir/velpatasvir</i>	1	QL(84 EA per 365 days); PA; NDS
SOVALDI TABLET	3	QL(336 EA per 365 days); PA; NDS
SOVALDI PACKET 150MG	3	QL(168 EA per 365 days); PA; NDS
SOVALDI PACKET 200MG	3	QL(336 EA per 365 days); PA; NDS
VIEKIRA PAK	3	QL(672 EA per 365 days); PA; NDS
VOSEVI	3	QL(84 EA per 365 days); PA; NDS
ZEPATIER	3	QL(112 EA per 365 days); PA; NDS
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	3	
BIKTARVY	3	QL(30 EA per 30 days)
CABENUVA	3	
DOVATO	3	QL(30 EA per 30 days)
GENVOYA	3	QL(30 EA per 30 days)
ISENTRESS HD	3	
ISENTRESS PACKET, TABLET	3	
ISENTRESS TABLET CHEWABLE 25MG	2	
ISENTRESS TABLET CHEWABLE 100MG	3	
JULUCA	3	QL(30 EA per 30 days)
STRIBILD	3	QL(30 EA per 30 days)
TIVICAY	3	
TIVICAY PD	3	
VOCABRIA	3	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
ATRIPLA	3	QL(30 EA per 30 days)
COMPLERA	3	QL(30 EA per 30 days)
DELSTRIGO	3	QL(30 EA per 30 days)
EDURANT	3	
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
<i>etravirine</i>	1	
INTELENCE	3	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	3	
SUSTIVA TABLET	3	
SUSTIVA CAPSULE 200MG	3	
SYMFI	3	QL(30 EA per 30 days)
SYMFI LO	3	QL(30 EA per 30 days)
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE TABLET	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
CIMDUO	3	QL(30 EA per 30 days)
COMBIVIR	3	QL(60 EA per 30 days)
DESCOVY	3	QL(30 EA per 30 days)
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	1	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	QL(30 EA per 30 days)
EMTRIVA SOLUTION	3	
EPZICOM	3	QL(30 EA per 30 days)
<i>lamivudine/zidovudine</i>	1	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	
<i>lamivudine tablet 150mg, 300mg</i>	1	
ODEFSEY	3	QL(30 EA per 30 days)
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	1	
TEMIXYS	3	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	3	QL(30 EA per 30 days)
TRIUMEQ PD	3	QL(180 EA per 30 days)
TRIZIVIR	3	QL(60 EA per 30 days)
TRUVADA	3	QL(30 EA per 30 days)
VIREAD	3	
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	3	
<i>maraviroc</i>	1	
RUKOBIA	3	
SELZENTRY	3	
SUNLENCA	3	
TROGARZO	3	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	3	
<i>atazanavir</i>	1	
<i>atazanavir sulfate capsule 300mg</i>	1	
<i>darunavir</i>	1	
EVOTAZ	3	QL(30 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium</i>	1	
INVIRASE TABLET	3	
KALETRA SOLUTION	3	
KALETRA TABLET 200MG; 50MG	3	
LEXIVA	3	
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	3	QL(30 EA per 30 days)
PREZISTA SUSPENSION	3	
PREZISTA TABLET 150MG, 600MG, 75MG, 800MG	3	
REYATAZ	3	
<i>ritonavir</i>	1	
SYMTUZA	3	QL(30 EA per 30 days)
VIRACEPT	3	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL(1080 ML per 365 days)
RAPIVAB	3	NDS
RELENZA DISKHALER	3	QL(240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
TAMIFLU CAPSULE 75MG	3	QL(110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL(84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	2	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	2	QL(4 EA per 365 days)
Antihherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
SITAVIG	3	QL(2 EA per 30 days)
<i>valacyclovir hydrochloride</i>	1	QL(120 EA per 30 days)
VALTREX	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate capsule</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL(150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL(30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL(90 EA per 30 days)
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
ATIVAN INJECTION	3	NDS
ATIVAN TABLET 2MG	3	QL(150 EA per 30 days); NDS
ATIVAN TABLET 0.5MG, 1MG	3	QL(90 EA per 30 days); NDS
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL(120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL(900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL(720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate 5mg/ml</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam oral solution 5mg/5ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	1	
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL(150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL(30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL(90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL(120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL(360 EA per 30 days)
VALIUM TABLET 10MG	3	QL(120 EA per 30 days)
VALIUM TABLET 5MG	3	QL(240 EA per 30 days)
VALIUM TABLET 2MG	3	QL(300 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL(150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL(30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL(90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL(120 EA per 30 days)
XANAX TABLET 2MG	3	QL(150 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
DEPAKENE SOLUTION	3	NDS
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
<i>valproic acid capsule, solution</i>	1	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL(6 ML per 28 days); PA
ADLYXIN STARTER PACK	3	QL(12 ML per 365 days); PA
<i>alogliptin</i>	1	QL(30 EA per 30 days); ST
<i>alogliptin/metformin hcl</i>	1	ST
<i>alogliptin/metformin hydrochloride</i>	1	ST
<i>alogliptin/pioglitazone</i>	1	ST
BRENZAVVY	3	ST
BYDUREON BCISE	3	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	3	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(4.8 ML per 28 days); PA
CYCLOSET	3	
FARXIGA	2	
FORTAMET	3	NDS
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	PA
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	PA; NDS
<i>glyburide/metformin hydrochloride</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INPEFA	3	ST
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL(30 EA per 30 days)
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	1	PA; NDS
<i>miglitol</i>	1	
MOUNJARO	2	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
NESINA	3	QL(30 EA per 30 days); ST
ONGLYZA	3	QL(30 EA per 30 days); ST
OSENI	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
PRANDIN TABLET 2MG	3	NDS
QTERN	3	ST
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	2	QL(60 EA per 365 days); PA
<i>saxagliptin hydrochloride</i>	1	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	1	ST
SEGLUROMET	3	ST
SOLIQUA 100/33	2	
STEGLATRO	3	ST

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
STEGLUJAN	3	ST
SYMLINPEN 120	3	PA; NDS
SYMLINPEN 60	3	PA; NDS
SYNJARDY	2	
SYNJARDY XR	2	
<i>tolbutamide</i>	1	
TRADJENTA	2	QL(30 EA per 30 days)
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
ZEGALOGUE	3	ST
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	
GLUCAGEN HYPOKIT	3	ST
<i>glucagon emergency kit</i>	1	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 0, 12UNIT, 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0	3	PA; NDS
BASAGLAR KWIKPEN	3	ST
BASAGLAR TEMPO PEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
<i>insulin lispro</i>	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	1	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ARIXTRA INJECTION 2.5MG/0.5ML	3	
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	3	NDS
CEPROTIN	3	NDS
<i>dabigatran etexilate</i>	1	QL(60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NDS
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML	3	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NDS
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 120MG/0.8ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML	3	
LOVENOX INJECTION 100MG/ML, 150MG/ML, 300MG/3ML, 80MG/0.8ML	3	NDS
TISSEEL KIT	3	NDS
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL(102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(600 ML per 30 days); NDS
XARELTO TABLET 10MG, 20MG	2	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
ADAKVEO	3	PA; NDS
ALVAIZ	3	PA; NDS
<i>anagrelide hydrochloride</i>	1	
APHEXDA	3	NDS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	3	PA; NDS
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJECTION 20000UNIT/ML	3	PA; NDS
FABHALTA	3	QL(60 EA per 30 days); PA; NDS
FULPHILA	3	PA; NDS
FYLNETRA	3	PA; NDS
GRANIX	3	ST; NDS
LEUKINE INJECTION 250MCG	3	PA; NDS
MOZOBIL	3	NDS
MULPLETA	3	PA; NDS
NEULASTA	3	PA; NDS
NEULASTA ONPRO KIT	3	PA; NDS
NEUPOGEN	3	ST; NDS
NIVESTYM	3	ST; NDS
NPLATE	3	PA; NDS
NYVEPRIA	3	PA; NDS
OXBRYTA TABLET SOLUBLE	3	QL(240 EA per 30 days); PA; NDS
OXBRYTA TABLET 500MG	3	QL(150 EA per 30 days); PA; NDS
OXBRYTA TABLET 300MG	3	QL(240 EA per 30 days); PA; NDS
<i>plerixafor</i>	1	NDS
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 40000UNIT/ML	3	PA; NDS
PROMACTA	3	PA; NDS
PYRUKYND TAPER PACK	3	QL(30 EA per 30 days); PA; NDS
PYRUKYND TABLET 50MG	3	QL(120 EA per 30 days); PA; NDS
PYRUKYND TABLET 20MG, 5MG	3	QL(60 EA per 30 days); PA; NDS
REBLOZYL	3	PA; NDS
RELEUKO	3	ST; NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA; NDS
ROLVEDON	3	PA; NDS
STIMUFEND	3	PA; NDS
UDENYCA	3	PA; NDS
UDENYCA ONBODY	3	PA; NDS
VAFSEO TABLET 300MG	3	QL(60 EA per 30 days); PA; NDS
VAFSEO TABLET 150MG	3	QL(90 EA per 30 days); PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
XOLREMDI	3	QL(120 EA per 30 days); PA; NDS
ZARXIO	3	NDS
ZIEXTENZO	3	PA; NDS
Hemostasis Agents		
AMICAR SOLUTION, TABLET	3	NDS
<i>aminocaproic acid solution, tablet</i>	1	NDS
<i>tranexamic acid tablet</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
<i>aspirin/omeprazole</i>	1	QL(30 EA per 30 days)
BRILINTA	2	
CABLIVI	3	QL(30 EA per 30 days); PA; NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	3	PA; NDS
<i>eptifibatid injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	1	NDS
INTEGRILIN	3	NDS
KENGREAL	3	NDS
<i>prasugrel hydrochloride</i>	1	
TAVALISSE	3	PA; NDS
YOSPRALA	3	QL(30 EA per 30 days)
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hydrochloride er</i>	1	ST
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	1	PA; NDS
<i>guanfacine hydrochloride</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR	3	ST
NORTHERA	3	PA; NDS
Alpha-adrenergic Blocking Agents		
DIBENZYLINE	3	PA; NDS
<i>phenoxybenzamine hydrochloride</i>	1	PA; NDS
<i>prazosin hydrochloride capsule</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
<i>valsartan solution</i>	1	ST; NDS
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
EPANED SOLUTION	3	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	3	NDS
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	1	
BETAPACE AF TABLET 120MG, 160MG	3	
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
<i>digitek tablet 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin solution</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine sulfate tablet</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG	3	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 425MG	3	NDS
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
<i>sotalol hydrochloride injection</i>	1	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	1	
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	3	NDS
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 60MG, 80MG	3	
INDERAL LA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 160MG	3	NDS
INDERAL XL	3	
INNOPRAN XL	3	
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>afeditab cr</i>	1	
<i>amlodipine besylate tablet</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
CLEVIPREX	3	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>levamlodipine</i>	1	ST
<i>nicardipine hcl capsule</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	3	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 180MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 240MG, 300MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er tablet extended release</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYO SPRINKLE	3	QL(60 EA per 30 days); ST
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	3	QL(30 EA per 30 days); PA; NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CONSENSI	3	QL(30 EA per 30 days); NDS
CORLANOR SOLUTION	3	QL(450 ML per 30 days); PA
CORLANOR TABLET	3	QL(60 EA per 30 days); PA
DEFITELIO	3	NDS
DEMSER	3	PA; NDS
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	2	QL(240 EA per 30 days)
ENTRESTO TABLET	2	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	1	
EVKEEZA	3	PA; NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>ivabradine hydrochloride</i>	1	QL(60 EA per 30 days); PA
KERENDIA	3	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	3	NDS
<i>metyrosine</i>	1	PA; NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>vecamyl</i>	3	NDS
VYNDAMAX	3	QL(30 EA per 30 days); PA; NDS
<i>Diuretics, Loop</i>		
<i>bumetanide injection, tablet</i>	1	
EDECIN TABLET 25MG	3	NDS
<i>ethacrynate sodium</i>	1	NDS
<i>ethacrynic acid tablet</i>	1	
FUROSCIX	3	PA
<i>furosemide injection, oral solution, tablet</i>	1	
SOAANZ	3	ST
SODIUM EDECIN	3	NDS
<i>toremide tablet</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 120mg, 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
FENOGLIDE TABLET 120MG	3	
<i>gemfibrozil tablet</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
SIMVASTATIN SUSPENSION	3	ST
<i>simvastatin tablet</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPSULE 10MG, 5MG	3	QL(30 EA per 30 days); PA; NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL(60 EA per 30 days); PA; NDS
LEQVIO	3	QL(3 ML per 180 days); PA
<i>lovaza</i>	3	
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL(2 ML per 28 days); PA
<i>prevalite</i>	1	
REPATHA	2	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	2	QL(7 ML per 28 days); PA
REPATHA SURECLICK	2	QL(3 ML per 28 days); PA
<i>rosuvastatin/ezetimibe</i>	1	ST
ROSZET	3	ST
VASCEPA	2	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR	3	
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitro-bid</i>	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin lingual aerosol solution</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin solution 0.4mg/spray</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	1	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>adderall</i>	3	QL(90 EA per 30 days)
ADDERALL XR	3	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet</i>	1	QL(90 EA per 30 days)
DESOXYN	3	QL(150 EA per 30 days); PA; NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL(120 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL(180 EA per 30 days); NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5MG	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 2.5mg, 7.5mg</i>	1	QL(240 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANA VEL XR TABLET CHEWABLE EXTENDED RELEASE	3	QL(30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL(150 EA per 30 days); PA
XELSTRYM	3	QL(30 EA per 30 days)
<i>zenzedi tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>zenzedi tablet 2.5mg, 7.5mg</i>	3	QL(240 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>zenzedi tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR	3	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL(60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL(30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL(60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL(60 EA per 30 days)
FOCALIN	3	QL(60 EA per 30 days)
FOCALIN XR	3	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	1	
METADATE CD CAPSULE EXTENDED RELEASE 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	3	QL(30 EA per 30 days)
<i>metadate er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hcl sr</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL(30 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL(90 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 18MG, 27MG, 45MG, 54MG, 63MG	3	QL(30 EA per 30 days)
RELEXXII TABLET EXTENDED RELEASE 36MG	3	QL(60 EA per 30 days)
<i>relexxii tablet extended release 72mg</i>	3	QL(30 EA per 30 days)
RITALIN	3	QL(90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL(30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL(60 EA per 30 days)
Central Nervous System, Other		
<i>allzital</i>	3	
AUSTEDO	3	QL(120 EA per 30 days); PA; NDS
<i>bupap tablet 300mg; 50mg</i>	3	
<i>butalbital/acetaminophen tablet</i>	1	
<i>butalbital/acetaminophen capsule</i>	1	NDS
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	1	NDS
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
DAYBUE	3	QL(3600 ML per 30 days); PA; NDS
DURACLON INJECTION 100MCG/ML	3	B/D
<i>edaravone</i>	1	PA; NDS
EXSERVAN	3	PA; NDS
FIORINAL CAPSULE	3	
FIRDAPSE	3	QL(300 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	3	QL(56 EA per 365 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE SPRINKLE 0; 40MG	3	QL(60 EA per 30 days); PA; NDS
INGREZZA CAPSULE 60MG, 80MG	3	QL(30 EA per 30 days); PA; NDS
INGREZZA CAPSULE 40MG	3	QL(60 EA per 30 days); PA; NDS
<i>marten-tab</i>	1	
NUEDEXTA	3	PA; NDS
PRIALT	3	B/D; NDS
QALSODY	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
QUVIVIQ	3	QL(30 EA per 30 days); PA
RADICAVA	3	PA; NDS
RADICAVA ORS	3	PA; NDS
RADICAVA ORS STARTER KIT	3	PA; NDS
RELYVRIO	3	QL(60 EA per 30 days); PA; NDS
RILUTEK	3	NDS
<i>riluzole</i>	1	
TEGLUTIK	3	PA; NDS
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine</i>	1	PA
TIGLUTIK	3	PA; NDS
VANATOL LQ	1	NDS
VANATOL S	1	NDS
<i>vtol lq</i>	3	NDS
XENAZINE	3	PA; NDS
ZTALMY	3	PA; NDS
<i>Fibromyalgia Agents</i>		
LYRICA SOLUTION	3	QL(900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL(60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL(90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	1	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL(90 EA per 30 days)
<i>pregabalin solution</i>	1	QL(900 ML per 30 days)
SAVELLA	2	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AMPYRA	3	QL(60 EA per 30 days); PA
AUBAGIO TABLET 14MG	3	QL(30 EA per 30 days); PA
AUBAGIO TABLET 7MG	3	QL(60 EA per 30 days); PA
AVONEX PEN	3	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	3	QL(4 EA per 28 days); PA
BAFIERTAM	3	QL(120 EA per 30 days); PA
BETASERON	3	QL(15 EA per 30 days); PA
BRIUMVI	3	PA
COPAXONE INJECTION 40MG/ML	3	QL(12 ML per 28 days); PA
COPAXONE INJECTION 20MG/ML	3	QL(30 ML per 30 days); PA
<i>dalfampridine er</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	1	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	1	QL(120 EA per 365 days); PA
EXTAVIA	3	QL(15 EA per 30 days); PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i> fingolimod hydrochloride</i>	1	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.5MG	3	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.25MG	3	QL(60 EA per 30 days); PA
<i> glatiramer acetate injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA
<i> glatiramer acetate injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA
<i> glatopa injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA
<i> glatopa injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA
KESIMPTA	3	QL(0.4 ML per 28 days); PA
MAVENCLAD	3	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	3	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA
<i> mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	3	PA
PLEGRIDY	3	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK INJECTION 0	3	QL(2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJECTION 0	3	QL(4 ML per 365 days); PA
PONVORY	3	QL(30 EA per 30 days); PA
PONVORY 14-DAY STARTER PACK	3	QL(28 EA per 365 days); PA
REBIF	3	QL(6 ML per 28 days); PA
REBIF REBIDOSE	3	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	3	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	3	QL(8.4 ML per 365 days); PA
TASCENSO ODT	3	QL(30 EA per 30 days); PA
TECFIDERA	3	QL(60 EA per 30 days); PA
TECFIDERA STARTER PACK	3	QL(120 EA per 365 days); PA
<i> teriflunomide tablet 14mg</i>	1	QL(30 EA per 30 days); PA
<i> teriflunomide tablet 7mg</i>	1	QL(60 EA per 30 days); PA
TYSABRI	3	PA
VUMERITY	3	QL(120 EA per 30 days); PA
ZEPOSIA	3	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	3	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE	3	NDS
<i>kourzeq</i>	1	
<i>lidocaine hcl solution 4%</i>	1	
<i>lidocaine hydrochloride viscous</i>	1	
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ABSORICA	3	NDS
ABSORICA LD	3	NDS
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
<i>adapalene/benzoyl peroxide pad</i>	1	NDS
<i>adapalene pad</i>	1	
<i>adapalene solution</i>	1	NDS
<i>amnesteem</i>	1	
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	
<i>benzoyl peroxide forte- hc</i>	1	NDS
<i>benzoyl peroxide- hc</i>	1	
<i>brimonidine tartrate gel 0.33%</i>	1	PA
<i>claravis</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
FINACEA FOAM	2	QL(50 GM per 30 days)
<i>isotretinoin capsule</i>	1	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	
NORITATE	3	NDS
RETIN-A	3	PA
RETIN-A MICRO	3	PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO PUMP	3	PA
<i>rosadan</i>	1	
SORIATANE CAPSULE 10MG, 25MG	3	NDS
<i>tazarotene cream, gel</i>	1	
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
<i>apexicon e</i>	3	NDS
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
CIBINQO	3	QL(30 EA per 30 days); PA; NDS
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CLOBEX LOTION, SHAMPOO	3	
CORDRAN TAPE	3	
CORDRAN LOTION	3	
CORDRAN CREAM 0.05%	3	
CORDRAN OINTMENT 0.05%	3	
<i>cormax scalp application</i>	1	
CUTIVATE LOTION	3	NDS
<i>desonide cream</i>	1	
<i>desonide ointment</i>	1	QL(120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<i>doxepin hydrochloride cream 5%</i>	1	QL(90 GM per 30 days); PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide topical</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	QL(120 GM per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel, ointment, solution</i>	1	
<i>flurandrenolide ointment</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone 1% in absorbase</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone butyrate lotion</i>	1	
<i>hydrocortisone in absorbase</i>	1	QL(100 GM per 30 days)
<i>hydrocortisone valerate cream</i>	1	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	
<i>hydrocortisone ointment 1%</i>	1	QL(100 GM per 30 days)
HYFTOR	3	PA; NDS
IMPOYZ	3	NDS
KENALOG AEROSOL SOLUTION	3	
LEXETTE	3	NDS
LOCOID LOTION	3	
<i>lokara</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OLUX-E	3	
OPZELURA	3	QL(240 GM per 30 days); PA; NDS
PANDEL	3	NDS
PRUDOXIN	3	QL(90 GM per 30 days); PA
<i>selenium sulfide</i>	1	
SERNIVO	3	
SPEVIGO INJECTION 450MG/7.5ML	3	QL(300 ML per 84 days); PA; NDS
SPEVIGO INJECTION 150MG/ML	3	QL(4 ML per 28 days); PA; NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
<i>topicort cream</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm cream 0.1%</i>	1	
ULTRAVATE LOTION	3	
VANOS	3	QL(120 GM per 30 days); NDS
VERDESO	3	NDS
ZONALON	3	QL(90 GM per 30 days); PA
ZORYVE CREAM 0.15%	3	PA
<i>Dermatological Agents, Other</i>		

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
<i>calcipotriene foam</i>	1	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
<i>calcitrene</i>	3	QL(120 GM per 30 days)
CARAC	3	NDS
<i>clotrimazole/betamethasone dipropionate cream</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL(300 GM per 30 days); ST
DOVONEX CREAM	3	QL(120 GM per 30 days); NDS
DUOBRII	3	PA; NDS
EFUDEX CREAM	3	QL(40 GM per 30 days)
ENSTILAR	3	QL(420 GM per 28 days); NDS
FILSUVEZ	3	PA; NDS
FLUROPLEX CREAM	3	NDS
<i>fluorouracil cream 0.5%</i>	1	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>hydrocortisone acetate/pramoxine hydrochloride suppository</i>	1	NDS
<i>imiquimod pump</i>	1	NDS
<i>imiquimod cream 5%</i>	1	
<i>imiquimod cream 3.75%</i>	1	NDS
KLISYRI	3	ST; NDS
<i>methoxsalen capsule</i>	1	NDS
<i>neo-synalar</i>	3	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide ointment</i>	1	
OTEZLA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
OXSORALEN ULTRA	3	NDS
<i>podofilox solution</i>	1	
RADIAURA	3	NDS
REGRANEX	3	PA; NDS
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SOFDRA	3	QL(40.2 ML per 30 days); PA
SORILUX	3	
SOTYKTU	3	QL(30 EA per 30 days); PA; NDS
<i>ssd</i>	1	
TACLONEX	3	QL(400 GM per 30 days); NDS
<i>urea lotion 40%</i>	1	
VECTICAL	3	
VEREGEN	3	NDS
VTAMA	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
WINLEVI	3	PA
WYNZORA	3	QL(420 GM per 28 days); NDS
XERESE	3	NDS
ZORYVE CREAM 0.3%	3	PA
ZYCLARA	3	NDS
ZYCLARA PUMP	3	NDS
<i>Dermatological Agents</i>		
UVADEX	3	NDS
<i>Pediculicides/Scabicides</i>		
<i>ivermectin cream 1%</i>	1	QL(45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
SOOLANTRA	3	QL(45 GM per 30 days)
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	
ACZONE GEL 5%	3	
<i>benzoyl peroxide gel 6.5%</i>	1	NDS
CENTANY OINTMENT	3	QL(110 GM per 30 days)
<i>ciclodan cream</i>	1	
<i>ciclodan solution</i>	1	PA
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
CLEOCIN-T LOTION	3	QL(75 ML per 30 days)
CLINDAGEL	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL(60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
DENAVIR	3	
EPSOLAY	3	PA
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pad 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin cream</i>	1	
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days)
PENLAC NAIL LACQUER	3	PA; NDS
SULFAMYLON PACKET 5%	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX OINTMENT	3	
ZOVIRAX CREAM	3	QL(5 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU	3	NDS
<i>carglumic acid</i>	1	NDS
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

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
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
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>effer-k tablet effervescent 25meq</i>	1	
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
<i>k-sol solution 10%</i>	1	
KABIVEN	3	B/D
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate injection 50%</i>	1	
PERIKABIVEN	3	B/D; NDS
<i>plenamine</i>	1	B/D
POKONZA	3	NDS
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	
<i>potassium citrate er</i>	1	
<i>premasol injection 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	
SYNTHAMIN 17	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
XENPOZYME	3	PA; NDS
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	3	NDS
<i>clovique</i>	1	PA; NDS
CUPRIMINE CAPSULE 250MG	3	PA; NDS
CUVRIOR	3	PA; NDS
<i>deferasirox packet</i>	1	PA; NDS
<i>deferasirox tablet soluble 125mg</i>	1	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	1	PA; NDS
<i>deferasirox tablet 90mg</i>	1	PA
<i>deferasirox tablet 180mg, 360mg</i>	1	PA; NDS
<i>deferiprone</i>	1	PA; NDS
DEPEN TITRATABS	3	NDS
EXJADE	3	PA; NDS
FERRIPROX	3	PA; NDS
FERRIPROX TWICE-A-DAY	3	PA; NDS
JADENU	3	PA; NDS
JADENU SPRINKLE	3	PA; NDS
JYNARQUE TABLET	3	QL(120 EA per 30 days); PA; NDS
JYNARQUE TABLET THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
<i>kionex powder 0</i>	1	
<i>penicillamine capsule 250mg</i>	1	PA; NDS
SAMSCA TABLET 15MG	3	QL(30 EA per 30 days); PA; NDS
SAMSCA TABLET 30MG	3	QL(60 EA per 30 days); PA; NDS
<i>sodium polystyrene sulfonate</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SYPRINE	3	PA; NDS
<i>tolvaptan tablet 15mg</i>	1	QL(30 EA per 30 days); PA; NDS
<i>tolvaptan tablet 30mg</i>	1	QL(60 EA per 30 days); PA; NDS
<i>trientine hydrochloride</i>	1	PA; NDS
XPHOZAH	3	QL(60 EA per 30 days); PA; NDS
<i>Phosphate Binders</i>		
AURYXIA	3	PA; NDS
<i>calcium acetate capsule</i>	1	
FOSRENOL PACKET	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
<i>lanthanum carbonate</i>	1	
RENAGEL TABLET 800MG	3	
REVELA	3	NDS
<i>sevelamer carbonate</i>	1	
VELPHORO	3	NDS
<i>Potassium Binders</i>		
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA	3	QL(90 EA per 30 days)
<i>sps</i>	1	
VELTASSA	3	
<i>Vitamins</i>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
AMITIZA	2	QL(60 EA per 30 days)
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	3	QL(60 EA per 30 days); PA; NDS
<i>lactulose solution 10gm/15ml</i>	1	
LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	1	QL(60 EA per 30 days)
MOTEGRITY	2	QL(30 EA per 30 days)
<i>polyethylene glycol 3350 packet 17gm</i>	1	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	1	
RELISTOR TABLET	3	QL(90 EA per 30 days); ST; NDS
RELISTOR INJECTION 8MG/0.4ML	3	QL(12 ML per 30 days); ST; NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL(18 ML per 30 days); ST; NDS
SYMPROIC	3	QL(30 EA per 30 days); ST

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRULANCE	3	QL(30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	1	PA; NDS
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>loperamide hcl capsule</i>	1	
LOTROXEX	3	PA; NDS
MYTESI	3	QL(60 EA per 30 days)
VIBERZI	3	QL(60 EA per 30 days); PA; NDS
XERMELO	3	QL(90 EA per 30 days); PA; NDS
Antispasmodics, Gastrointestinal		
<i>belladonna/opium</i>	1	NDS
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
<i>glycate</i>	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
LIBRAX	3	
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
Gastrointestinal Agents, Other		
ACTIGALL	3	
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
<i>calcium disodium versenate</i>	1	NDS
<i>chenodal</i>	3	PA; NDS
CLENPIQ	2	
<i>edetate calcium disodium injection</i>	1	NDS
GATTEX	3	PA; NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	3	ST; NDS
<i>helidac therapy</i>	3	
IQIRVO	3	QL(30 EA per 30 days); PA; NDS
<i>metoclopramide hcl solution</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>metoclopramide odt</i>	1	
MYALEPT	3	PA; NDS
<i>nitroglycerin ointment 0.4%</i>	1	
OICALIVA	3	QL(30 EA per 30 days); PA; NDS
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PYLERA	3	NDS
RECTIV	3	
<i>reltone</i>	3	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
<i>trilyte</i>	1	
<i>ursodiol capsule 200mg, 400mg</i>	1	NDS
<i>ursodiol tablet</i>	1	
VOQUEZNA TABLET 10MG	3	QL(30 EA per 30 days); PA
VOQUEZNA TABLET 20MG	3	QL(60 EA per 30 days); PA
VOWST	3	PA; NDS
XIFAXAN TABLET 200MG	3	PA
XIFAXAN TABLET 550MG	3	PA; NDS
ZELNORM TABLET 6MG	3	QL(60 EA per 30 days); PA
ZINPLAVA	3	NDS
ZORBTIVE	3	PA; NDS
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine</i>	1	
<i>pepcid tablet 40mg</i>	3	
<i>Protectants</i>		
<i>misoprostol</i>	1	
<i>sucrafate suspension, tablet</i>	1	
<i>Proton Pump Inhibitors</i>		
ACIPHEX	3	QL(60 EA per 30 days)
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10MG	3	QL(60 EA per 30 days)
DEXILANT	2	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	1	QL(30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL(60 EA per 30 days)
KONVOMEF	3	QL(600 ML per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole capsule delayed release</i>	1	QL(60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL(60 EA per 30 days)
OMEPPPI	3	QL(30 EA per 30 days); NDS
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule</i>	1	QL(30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	1	QL(30 EA per 30 days); NDS
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL(60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE	3	QL(60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium dr sprinkle</i>	1	QL(60 EA per 30 days)
ZEGERID	3	QL(30 EA per 30 days); NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ADZYNMA	3	PA; NDS
ALDURAZYME	3	PA; NDS
AMONDYS 45	3	PA; NDS
AMVUTTRA	3	QL(0.5 ML per 90 days); PA; NDS
ARALAST NP INJECTION 500MG	3	PA
ARALAST NP INJECTION 1000MG	3	PA; NDS
<i>betaine anhydrous</i>	1	NDS
BUPHENYL	3	NDS
CERDELGA	3	PA; NDS
CEREZYME	3	PA; NDS
CHOLBAM	3	PA; NDS
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	3	PA; NDS
CYSTADANE	3	NDS
CYSTAGON	3	
<i>dichlorphenamide</i>	1	QL(120 EA per 30 days); PA; NDS
ELAPRASE	3	PA; NDS
ELELYSO	3	PA; NDS
ELFABRIO	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ENDARI	3	PA; NDS
EVRYSDI	3	QL(240 ML per 30 days); PA; NDS
EXONDYS 51	3	PA; NDS
FABRAZYME	3	PA; NDS
GALAFOLD	3	QL(14 EA per 28 days); PA; NDS
GASTROCROM	3	NDS
GLASSIA	3	PA; NDS
<i>javygtor</i>	3	PA; NDS
KANUMA	3	PA; NDS
KEVEYIS	3	QL(120 EA per 30 days); PA; NDS
KUVAN	3	PA; NDS
<i>l-glutamine</i>	1	PA; NDS
LAMZEDE	3	PA; NDS
LUMIZYME	3	PA; NDS
MEPSEVII	3	PA; NDS
<i>miglustat</i>	1	PA; NDS
NAGLAZYME	3	PA; NDS
NEXVIAZYME	3	PA; NDS
<i>nitisinone</i>	1	NDS
NITYR	3	NDS
OLPRUVA	3	PA; NDS
ONPATTRO	3	PA; NDS
OPFOLDA	3	QL(8 EA per 28 days); PA
ORFADIN	3	NDS
ORMALVI	3	QL(120 EA per 30 days); PA; NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL(28 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 20MG/ML	3	QL(56 ML per 28 days); PA; NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	QL(8 ML per 28 days); PA; NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	3	ST; NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	3	ST; NDS
PHEBURANE	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
POMBILITI	3	PA; NDS
PROCYSBI	3	PA; NDS
PROLASTIN-C	3	PA; NDS
RAVICTI	3	PA; NDS
REVCOVI	3	PA; NDS
<i>sapropterin dihydrochloride</i>	1	PA; NDS
<i>sodium phenylbutyrate powder, tablet</i>	1	NDS
SPINRAZA	3	PA; NDS
STRENSIQ	3	PA; NDS
SUCRAID	3	PA; NDS
TEGSEDI	3	PA; NDS
VILTEPSO	3	PA; NDS
VIMIZIM	3	PA; NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST; NDS
VPRIV	3	PA; NDS
VYNDAQEL	3	QL(120 EA per 30 days); PA; NDS
VYONDYS 53	3	PA; NDS
WAINUA	3	QL(0.8 ML per 28 days); PA; NDS
XIAFLEX	3	PA; NDS
XURIDEN	3	QL(120 EA per 30 days); PA; NDS
<i>yargesa</i>	1	PA; NDS
ZAVESCA	3	PA; NDS
ZEMAIRA	3	PA; NDS
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE PUMP	3	
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride solution</i>	1	
<i>oxybutynin chloride tablet 5mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	
CIALIS TABLET 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<i>doxazosin mesylate</i>	1	
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride capsule</i>	1	
ENTADFI	3	QL(30 EA per 30 days); ST
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	3	
LITHOSTAT	3	
<i>penicillamine tablet 250mg</i>	1	NDS
THIOLA	3	NDS
THIOLA EC	3	NDS
<i>tiopronin</i>	1	NDS
<i>tiopronin dr</i>	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
ACTHAR	3	PA
ACTHAR GEL	3	PA
AGAMREE	3	QL(225 ML per 30 days); PA; NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
<i>baycadron</i>	1	
<i>cortisone acetate tablet 25mg</i>	1	
CORTROPHIN	3	PA
<i>deflazacort</i>	1	PA; NDS
<i>deltasone tablet 20mg</i>	1	
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA	3	PA; NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL(28 EA per 28 days); PA
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
RAYOS	3	PA; NDS
<i>triamcinolone acetonide injection 10mg/ml</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	1	PA
DDAVP NASAL SOLUTION	3	
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	1	NDS
<i>desmopressin acetate nasal solution 0.01%</i>	1	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	1	NDS
EGRIFTA SV	3	QL(30 EA per 30 days); PA; NDS
EGRIFTA INJECTION 2MG	3	QL(30 EA per 30 days); PA; NDS
FENSOLVI	3	QL(1 EA per 168 days); PA; NDS
GENOTROPIN	3	PA; NDS
GENOTROPIN MINIQUICK	3	PA; NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA; NDS
INCRELEX	3	PA; NDS
LUPRON DEPOT-PED (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
NGENLA	3	PA; NDS
NORDITROPIN FLEXPRO	3	PA; NDS
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	3	PA; NDS
NUTROPIN AQ NUSPIN 20	3	PA; NDS
NUTROPIN AQ NUSPIN 5	3	PA; NDS
OMNITROPE	3	PA; NDS
PREGNYL	3	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SAIZEN CLICK.EASY	3	PA; NDS
SAIZENPREP RECONSTITUTIONKIT	3	PA; NDS
SEROSTIM	3	PA; NDS
SKYTROFA	3	PA; NDS
SOGROYA	3	PA; NDS
STIMATE SOLUTION	3	NDS
ZOMACTON	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	1	NDS
HEMABATE	3	NDS
KORLYM	3	QL(120 EA per 30 days); PA; NDS
<i>mifepristone tablet 200mg</i>	1	
<i>mifepristone tablet 300mg</i>	1	QL(120 EA per 30 days); PA; NDS
PROSTIN E2	3	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
ANDROGEL	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED	3	PA
<i>danazol capsule</i>	1	
<i>depo-testosterone injection 100mg/ml, 200mg/ml</i>	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA; NDS
KYZATREX	3	PA
<i>methitest</i>	3	PA
<i>methyltestosterone capsule</i>	1	PA; NDS
NATESTO	3	PA
TESTIM	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
<i>testosterone pump</i>	1	PA
<i>testosterone topical solution</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
VOGELXO	3	PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
VOGELXO PUMP	3	PA
XYOSTED	3	PA
Estrogens		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL(91 EA per 91 days)
<i>amethia lo</i>	1	QL(91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL(1 EA per 360 days)
<i>ashlyna</i>	1	QL(91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	QL(91 EA per 91 days)
<i>camrese lo</i>	1	QL(91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL(91 EA per 91 days)
<i>delyla</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL(91 EA per 91 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	1	
<i>fyavolv</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL(91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL(91 EA per 91 days)
<i>jevantage lo</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL(91 EA per 91 days)
<i>joyeaux</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lomedica 24 fe</i>	1	
<i>lopreeza</i>	1	
LOSEASONIQUE	3	QL(91 EA per 91 days)
<i>low-ogestrel</i>	1	
<i>lutura</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
<i>menest</i>	3	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>necon 1/35</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
QUARTETTE	3	QL(91 EA per 91 days)
<i>quasense</i>	1	QL(91 EA per 91 days)
<i>rivelsa</i>	1	QL(91 EA per 91 days)
SEASONIQUE	3	QL(91 EA per 91 days)
<i>setlakin</i>	1	QL(91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL(91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvafem</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL(1 ML per 90 days)
DEPO-SUBQ PROVERA 104	3	QL(0.65 ML per 90 days)
<i>emzahh</i>	1	
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate injection 250mg/ml</i>	1	NDS
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	1	PA; NDS
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
MAKENA	3	NDS
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL(1 ML per 90 days)
MEGACE ES	3	PA; NDS
<i>megestrol acetate suspension, tablet</i>	1	PA
<i>nora-be</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	1	PA
<i>clomiphene citrate tablet</i>	1	PA
OSPHEA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium capsule, tablet</i>	1	
<i>levothyroxine sodium injection</i>	1	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	1	NDS
SYNTHROID TABLET	1	
TRIOSTAT	3	NDS
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	3	PA; NDS
LYSODREN	3	NDS
RECORLEV	3	QL(240 EA per 30 days); PA; NDS
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	3	NDS
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	3	QL(1 EA per 112 days); PA
ELIGARD INJECTION 45MG	3	QL(1 EA per 168 days); PA
ELIGARD INJECTION 7.5MG	3	QL(1 EA per 28 days); PA
ELIGARD INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
FIRMAGON INJECTION 80MG	3	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	3	QL(4 EA per 365 days); PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide acetate</i>	1	PA; NDS
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; NDS
<i>leuprolide acetate injection 22.5mg</i>	1	QL(1 EA per 84 days); PA
LUPANETA PACK	3	NDS
LUPRON DEPOT (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
LUPRON DEPOT (4-MONTH)	3	QL(1 EA per 112 days); PA; NDS
LUPRON DEPOT (6-MONTH)	3	QL(1 EA per 168 days); PA; NDS
LUPRON DEPOT-PED (1-MONTH)	3	QL(1 EA per 28 days); PA; NDS
LUPRON DEPOT-PED (3-MONTH)	3	QL(1 EA per 84 days); PA; NDS
MYCAPSSA	3	PA; NDS
MYFEMBREE	3	QL(30 EA per 30 days); PA; NDS
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 500mcg/ml</i>	1	PA; NDS
ORGOVYX	3	PA; NDS
ORIAHNN	3	QL(56 EA per 28 days); PA; NDS
ORILISSA TABLET 150MG	3	QL(30 EA per 30 days); PA; NDS
ORILISSA TABLET 200MG	3	QL(60 EA per 30 days); PA; NDS
SANDOSTATIN LAR DEPOT	3	PA; NDS
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	3	PA; NDS
SIGNIFOR	3	QL(60 ML per 30 days); PA; NDS
SIGNIFOR LAR	3	QL(1 EA per 28 days); PA; NDS
SOMATULINE DEPOT	3	PA; NDS
SOMAVERT	3	PA; NDS
SUPPRELIN LA	3	QL(1 EA per 365 days); PA; NDS
SYNAREL	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL(1 EA per 28 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL(1 EA per 84 days); PA
TRIPTODUR	3	QL(1 EA per 168 days); PA; NDS
VANTAS	3	NDS
ZOLADEX INJECTION 3.6MG	3	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 10.8MG	3	QL(1 EA per 84 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
CINRYZE	3	PA; NDS
FIRAZYR	3	PA; NDS
HAEGARDA	3	PA; NDS
<i>icatibant acetate</i>	1	PA; NDS
KALBITOR	3	PA; NDS
RUCONEST	3	PA; NDS
<i>sajazir</i>	1	PA; NDS
TAKHZYRO	3	PA; NDS
<i>Immunoglobulins</i>		
ALYGLO	3	PA; NDS
ASCENIV	3	PA; NDS
ATGAM	3	NDS
BEYFORTUS	3	
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA; NDS
CUTAQUIG	3	PA; NDS
CUVITRU	3	PA; NDS
CYTOGAM INJECTION 50MG/ML	3	PA; NDS
FLEBOGAMMA DIF	3	PA; NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	3	PA; NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA; NDS
GAMMAKED	3	PA; NDS
GAMMAPLEX	3	PA; NDS
GAMUNEX-C	3	PA; NDS
HEPAGAM B INJECTION 312UNIT/ML	3	B/D; NDS
HIZENTRA	3	PA; NDS
HYPERHEP B	3	B/D
HYQVIA	3	PA; NDS
NABI-HB INJECTION 312UNIT/ML	3	B/D; NDS
OCTAGAM	3	PA; NDS
PANZYGA	3	PA; NDS
PRIVIGEN	3	PA; NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	NDS
THYMOGLOBULIN	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA; NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY	3	PA; NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	3	PA
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA
ADBRY INJECTION 150MG/ML	3	QL(4 ML per 28 days); PA; NDS
ADBRY INJECTION 300MG/2ML	3	QL(6 ML per 28 days); PA; NDS
ARCALYST	3	PA; NDS
BENLYSTA INJECTION 200MG/ML	3	PA; NDS
BIMZELX	3	QL(2 ML per 28 days); PA; NDS
COSENTYX SENSOREADY PEN	3	QL(10 ML per 28 days); PA; NDS
COSENTYX UNOREADY	3	QL(10 ML per 28 days); PA; NDS
COSENTYX INJECTION 125MG/5ML	3	PA; NDS
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	3	QL(10 ML per 28 days); PA; NDS
DUPIXENT INJECTION 100MG/0.67ML	3	QL(1.34 ML per 28 days); PA; NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL(4.56 ML per 28 days); PA; NDS
DUPIXENT INJECTION 300MG/2ML	3	QL(8 ML per 28 days); PA; NDS
EMPAVELI	3	PA; NDS
ENJAYMO	3	PA; NDS
ENSPRYNG	3	PA; NDS
ENTYVIO INJECTION 300MG	3	PA; NDS
GAMIFANT	3	PA; NDS
ILARIS INJECTION 150MG/ML	3	QL(2 ML per 28 days); PA; NDS
ILUMYA	3	QL(1 ML per 28 days); PA; NDS
JOENJA	3	QL(60 EA per 30 days); PA; NDS
KEVZARA	3	QL(2.28 ML per 28 days); PA
KINERET	3	PA
LEMTRADA	3	PA
LITFULO	3	QL(30 EA per 30 days); PA; NDS
OMVOH INJECTION 300MG/15ML	3	PA; NDS
OMVOH INJECTION 100MG/ML	3	QL(2 ML per 28 days); PA; NDS
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS
PIASKY	3	PA; NDS
RIDAURA	3	NDS
RINVOQ	3	QL(30 EA per 30 days); PA
RINVOQ LQ	3	QL(360 ML per 30 days); PA
RYSTIGGO INJECTION 280MG/2ML	3	PA; NDS
SAPHNELO	3	PA; NDS
SILIQ	3	QL(7.5 ML per 28 days); PA; NDS
SIMULECT	3	NDS
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJECTION 150MG/ML	3	QL(1 ML per 28 days); PA; NDS
SKYRIZI INJECTION 180MG/1.2ML	3	QL(1.2 ML per 56 days); PA; NDS
SKYRIZI INJECTION 360MG/2.4ML	3	QL(2.4 ML per 56 days); PA; NDS
SOLIRIS	3	PA; NDS
STELARA INJECTION 130MG/26ML	3	PA; NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	3	QL(3 ML per 84 days); PA; NDS
SYLVANT	3	PA; NDS
TALTZ INJECTION 80MG/ML	3	QL(4 ML per 28 days); PA; NDS
TEPEZZA	3	PA; NDS
TREMFYA	3	QL(2 ML per 56 days); PA; NDS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA
TYENNE INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA
ULTOMIRIS	3	PA; NDS
VELSIPITY	3	QL(30 EA per 30 days); PA; NDS
VEOPOZ	3	PA; NDS
VYVGART	3	PA; NDS
VYVGART HYTRULO	3	PA; NDS
XELJANZ XR	3	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	3	QL(300 ML per 30 days); PA
XELJANZ TABLET	3	QL(60 EA per 30 days); PA
XOLAIR	3	PA; NDS
ZILBRYSQ	3	PA; NDS
<i>Immunostimulants</i>		
ACTIMMUNE	3	PA; NDS
INTRON A	3	PA; NDS
INTRON A W/DILUENT INJECTION 10MU	3	PA; NDS
PEG-INTRON REDIPEN INJECTION 50MCG/0.5ML	3	PA; NDS
PEGASYS	3	PA; NDS
PEGINTRON INJECTION 50MCG/0.5ML	3	PA; NDS
<i>Immunosuppressants</i>		
ARAVA TABLET 10MG, 20MG	3	
ASTAGRAF XL	3	B/D
AVSOLA	3	PA
<i>azasan</i>	3	B/D
<i>azathioprine injection, tablet</i>	1	B/D
BENLYSTA INJECTION 120MG, 400MG	3	PA; NDS
CELLCEPT	3	B/D
CELLCEPT INTRAVENOUS	3	B/D
CIMZIA STARTER KIT	3	QL(6 EA per 365 days); PA
CIMZIA INJECTION 200MG	3	QL(1 EA per 28 days); PA
CIMZIA INJECTION 200MG/ML	3	QL(2 EA per 28 days); PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D
<i>cyclosporine injection 50mg/ml</i>	1	NDS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	3	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	3	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	3	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	3	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA
ENBREL MINI	3	QL(8 ML per 28 days); PA
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	3	PA
ENBREL INJECTION 25MG/0.5ML	3	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA
ENVARUSUS XR	3	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D
<i>gengraf</i>	1	B/D
<i>hecoria capsule 0.5mg, 1mg</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	3	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	3	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	3	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	3	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	3	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	3	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	3	QL(4 EA per 28 days); PA; Abbvie labeled products only

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
IMURAN TABLET	3	B/D
INFLECTRA	3	PA
<i>infliximab</i>	1	PA
JYLAMVO	3	
<i>leflunomide</i>	1	
LUPKYNIS	3	QL(180 EA per 30 days); PA; NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, injection, suspension reconstituted, tablet</i>	1	B/D
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC	3	B/D
MYHIBBIN	3	B/D
NEORAL	3	B/D
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL(1.6 ML per 28 days); PA
PROGRAF CAPSULE, PACKET	3	B/D
RAPAMUNE	3	B/D
RASUVO INJECTION 7.5MG/0.15ML	3	QL(0.6 ML per 28 days); PA
RASUVO INJECTION 10MG/0.2ML	3	QL(0.8 ML per 28 days); PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL(1 ML per 28 days); PA
RASUVO INJECTION 15MG/0.3ML	3	QL(1.2 ML per 28 days); PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL(1.4 ML per 28 days); PA
RASUVO INJECTION 20MG/0.4ML	3	QL(1.6 ML per 28 days); PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL(1.8 ML per 28 days); PA
RASUVO INJECTION 25MG/0.5ML	3	QL(2 ML per 28 days); PA
RASUVO INJECTION 30MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL(1.2 ML per 28 days); PA
REDITREX INJECTION 10MG/0.4ML	3	QL(1.6 ML per 28 days); PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
REDITREX INJECTION 15MG/0.6ML	3	QL(2.4 ML per 28 days); PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA
REDITREX INJECTION 20MG/0.8ML	3	QL(3.2 ML per 28 days); PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL(3.6 ML per 28 days); PA
REDITREX INJECTION 25MG/ML	3	QL(4 ML per 28 days); PA
REMICADE	3	PA
RENFLEXIS	3	PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
REZUROCK	3	QL(60 EA per 30 days); PA; NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	3	NDS
SANDIMMUNE CAPSULE 100MG, 25MG	3	B/D
SIMPONI ARIA	3	PA
SIMPONI INJECTION 50MG/0.5ML	3	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA
<i>sirolimus solution, tablet</i>	1	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	3	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	3	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	3	QL(3 EA per 28 days); PA
ZORTRESS	3	B/D
<i>Vaccines</i>		
ABRYSVO	2	
ACTHIB INJECTION 0	2	
ADACEL	2	
AREXVY	2	
<i>bcg vaccine injection 50mg</i>	1	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGERIX-B	2	B/D
GARDASIL 9	2	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
MRESVIA	3	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	
STAMARIL	2	
TDVAX	2	
TENIVAC	2	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXELIS	2	
YF-VAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA SUPPOSITORY 1000MG	3	NDS
COLAZAL	3	NDS
DIPENTUM	3	NDS
LIALDA	3	
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er capsule extended release 24 hour</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ROWASA KIT	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
Glucocorticoids		
<i>budesonide er</i>	1	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
<i>colocort</i>	1	
CORTIFOAM FOAM	3	
ENTOCORT EC	3	NDS
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	3	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	3	QL(120 EA per 30 days); PA; NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	3	QL(1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL(4 EA per 28 days)
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
AELVIA	3	QL(4 EA per 28 days)
BINOSTO	3	QL(4 EA per 28 days)
BONIVA TABLET 150MG	3	QL(1 EA per 28 days)
<i>calcitonin salmon injection</i>	1	NDS
<i>calcitonin-salmon solution</i>	1	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride</i>	1	
<i>doxercalciferol capsule</i>	1	
EVENITY	3	QL(2.34 ML per 28 days); PA; NDS
FORTEO INJECTION 600MCG/2.4ML	3	PA; NDS
FOSAMAX PLUS D	3	QL(4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL(4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL(1 EA per 28 days)
MIACALCIN INJECTION	3	NDS
NATPARA	3	QL(2 EA per 28 days); PA; NDS
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL(2 ML per 365 days)
RAYALDEE	3	NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium dr</i>	1	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	
<i>risedronate sodium tablet 150mg</i>	1	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL(4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
<i>teriparatide</i>	1	PA; NDS
TYMLOS	3	PA; NDS
XGEVA	3	PA; NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ACETADOTE	3	NDS
<i>alcohol prep pads</i>	2	
AMMONUL	3	NDS
AUGTYRO	3	PA; NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	3	PA; NDS
CURITY GAUZE PADS 2"X2" 12 PLY	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	1	B/D; NDS
DESFERAL INJECTION 500MG	3	B/D; NDS
DOJOLVI	3	PA; NDS
DUVYZAT	3	QL(360 ML per 30 days); PA; NDS
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL(200 EA per 30 days)
ELLA	2	
FILSPARI	3	QL(30 EA per 30 days); PA; NDS
<i>fomepizole injection 1.5gm/1.5ml</i>	1	NDS
GIVLAARI	3	PA; NDS
IGALMI	3	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KORSUVA	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
LAGEVRIO	2	QL(40 EA per 5 days)
LIVMARLI SOLUTION 9.5MG/ML	3	QL(90 ML per 30 days); PA; NDS
LODOCO	3	PA
<i>methergine tablet</i>	1	QL(56 EA per 365 days); NDS
<i>methylergonovine maleate tablet</i>	1	QL(56 EA per 365 days); NDS
METOPIRONE	3	NDS
NULIBRY	3	PA; NDS
NUTRILIPID	3	B/D
ODACTRA	3	QL(30 EA per 30 days); PA
OMEGAVEN	3	B/D; NDS
OMNIPOD 10 PACK	2	QL(30 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	2	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	2	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	2	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	2	QL(10 EA per 30 days)
ORLADEYO	3	QL(30 EA per 30 days); PA; NDS
<i>orlistat capsule</i>	1	PA
OXLUMO	3	PA; NDS
PALFORZIA INITIAL DOSE ESCALATION	3	PA; NDS
PALFORZIA LEVEL 1	3	PA; NDS
PALFORZIA LEVEL 10	3	PA; NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	PA; NDS
PALFORZIA LEVEL 11 (TITRATION)	3	PA; NDS
PALFORZIA LEVEL 2	3	PA; NDS
PALFORZIA LEVEL 3	3	PA; NDS
PALFORZIA LEVEL 4	3	PA; NDS
PALFORZIA LEVEL 5	3	PA; NDS
PALFORZIA LEVEL 6	3	PA; NDS
PALFORZIA LEVEL 7	3	PA; NDS
PALFORZIA LEVEL 8	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA LEVEL 9	3	PA; NDS
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days); (300mg-100mg Pak); \$0 Copay
PEDMARK	3	NDS
<i>remdesivir injection 150mg</i>	1	NDS
<i>remdesivir injection 100mg</i>	1	QL(4 EA per 3 days); NDS
RIVFLOZA INJECTION 128MG/0.8ML	3	QL(0.8 ML per 28 days); PA; NDS
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL(1 ML per 28 days); PA; NDS
SKYCLARYS	3	QL(90 EA per 30 days); PA; NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	1	NDS
TACHOSIL	3	NDS
TAVNEOS	3	QL(180 EA per 30 days); PA; NDS
THYROGEN INJECTION 0.9MG	3	PA; NDS
TYRVAYA	3	QL(8.4 ML per 30 days)
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VEKLURY INJECTION 100MG	3	QL(4 EA per 3 days); NDS
VEKLURY INJECTION 100MG/20ML	3	QL(80 ML per 3 days); NDS
VIJOICE PACKET	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NDS
VIJOICE TABLET THERAPY PACK 0	3	QL(56 EA per 28 days); PA; NDS
VISTOGARD	3	NDS
VOXZOGO	3	QL(30 EA per 30 days); PA; NDS
VYJUVEK	3	PA; NDS
XENICAL	3	PA
ZOKINVY	3	QL(120 EA per 30 days); PA; NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	3	PA; NDS
<i>brimonidine tartrate/timolol maleate</i>	1	
BYOOVIZ	3	PA; NDS
CEQUA	3	PA
CIMERLI SOLUTION 0.3MG/0.05ML	3	PA
CIMERLI SOLUTION 0.5MG/0.05ML	3	PA; NDS
COMBIGAN	2	
<i>cyclosporine emulsion 0.05%</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS	3	QL(20 ML per 28 days); NDS
CYSTARAN	3	QL(60 ML per 28 days); NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
EYLEA	3	PA; NDS
<i>klarity-c drops</i>	1	QL(120 ML per 30 days); PA; NDS
LUCENTIS	3	PA; NDS
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
OXERVATE	3	QL(56 ML per 28 days); PA; NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL(2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	3	PA; NDS
SYFOVRE	3	PA; NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VABYSMO	3	PA; NDS
VERKAZIA	3	QL(120 EA per 30 days); PA; NDS
VEVYE	3	PA; NDS
VISUDYNE	3	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
<i>Ophthalmic Anti-Infectives</i>		

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

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<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic ointment 0.3%</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>ilotycin</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
ZIRGAN	3	
<i>Ophthalmic Anti-inflammatories</i>		
ACUVAIL	3	ST
<i>bromfenac sodium solution 0.07%</i>	1	QL(12 ML per 365 days)
<i>bromfenac sodium solution 0.075%</i>	1	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	3	NDS
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL(4 ML per 30 days)
ILUVIEN	3	NDS
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL(20 GM per 365 days)
LOTEMAX OINTMENT	3	QL(14 GM per 365 days)
LOTEMAX GEL	3	QL(20 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL(20 GM per 365 days)
NEVANAC	3	QL(4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL(12 ML per 365 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
RETISERT	3	NDS
XIPERE	3	PA; NDS
YUTIQ	3	NDS
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLUTION 0.1%	2	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 0.1%, 0.15%, 0.2%</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL(2.5 ML per 25 days)
VUITY	3	QL(7.5 ML per 28 days); PA
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	3	NDS
IDOSE TR	3	ST; NDS
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL(2.5 ML per 25 days)
TRAVATAN Z	3	QL(2.5 ML per 25 days)
<i>travoprost</i>	1	QL(2.5 ML per 25 days)
VYZULTA	3	QL(5 ML per 25 days)
XELPROS	3	QL(2.5 ML per 25 days); ST
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>ciprofloxacin solution 0.2%</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
ARMONAIR DIGIHALER	3	QL(1 EA per 30 days); ST
ARNUITY ELLIPTA	2	QL(30 EA per 30 days)
ASMANEX HFA	3	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	2	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	1	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL(34 GM per 30 days)
NASONEX	3	QL(34 GM per 30 days)
PULMICORT	3	QL(120 ML per 30 days); B/D
PULMICORT FLEXHALER	3	QL(2 EA per 30 days); ST
QVAR REDIHALER	2	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride</i>	1	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL(23 GM per 30 days)
<i>carbinoxamine maleate tablet 6mg</i>	1	
<i>clemastine fumarate syrup</i>	1	
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
DYMISTA	3	QL(23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL(30.5 GM per 30 days)
PATANASE	3	QL(30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST; NDS
ZYFLO	3	ST; NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(25.8 GM per 30 days)
DUAKLIR PRESSAIR	3	QL(2 EA per 30 days); ST; NDS
INCRUSE ELLIPTA	2	QL(30 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	3	QL(60 ML per 30 days); NDS
LONHALA MAGNAIR STARTER KIT	3	QL(60 ML per 30 days); NDS
SPIRIVA HANDIHALER	2	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	1	QL(30 EA per 30 days)
TUDORZA PRESSAIR	3	QL(1 EA per 30 days); ST
YUPELRI	3	QL(90 ML per 30 days); B/D; NDS
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL(48 GM per 30 days)
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	1	QL(120 ML per 30 days); PA
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL(2 EA per 30 days); ST
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST
BROVANA	3	QL(120 ML per 30 days); PA; NDS
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>formoterol fumarate nebulization solution</i>	1	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL(270 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	1	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL(90 EA per 30 days); B/D
PERFOROMIST	3	QL(120 ML per 30 days); B/D
PROAIR DIGIHALER	3	QL(2 EA per 30 days)
PROAIR HFA	3	QL(17 GM per 30 days)
PROVENTIL HFA	3	QL(13.4 GM per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection, tablet</i>	1	
VENTOLIN HFA	3	QL(48 GM per 30 days); ST
XOPENEX CONCENTRATE	3	QL(90 EA per 30 days); B/D
XOPENEX HFA	3	QL(30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL(270 ML per 30 days); B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL(540 ML per 30 days); B/D
<i>Cystic Fibrosis Agents</i>		
BETHKIS	3	B/D; NDS
CAYSTON	3	PA; NDS
KALYDECO	3	PA; NDS
KITABIS PAK	3	B/D; NDS
ORKAMBI TABLET	3	QL(112 EA per 28 days); PA; NDS
ORKAMBI PACKET	3	QL(56 EA per 28 days); PA; NDS
PULMOZYME	3	PA; NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL(56 EA per 28 days); PA; NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL(60 EA per 30 days); PA; NDS
TOBI	3	B/D; NDS
TOBI PODHALER	3	QL(224 EA per 56 days); NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	1	B/D; NDS
TRIKAFTA THERAPY PACK	3	QL(56 EA per 28 days); PA; NDS
TRIKAFTA TABLET THERAPY PACK	3	QL(84 EA per 28 days); PA; NDS
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D; NDS
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP	3	PA
OHTUVAYRE	3	QL(150 ML per 30 days); PA; NDS
<i>roflumilast</i>	1	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
<i>Pulmonary Antihypertensives</i>		
ADCIRCA	3	QL(60 EA per 30 days); PA; NDS
ADEMPAS	3	QL(90 EA per 30 days); PA; NDS
<i>alyq</i>	1	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	1	QL(30 EA per 30 days); PA; NDS
<i>bosentan</i>	1	QL(60 EA per 30 days); PA; NDS
<i>epoprostenol sodium</i>	1	PA; NDS
FLOLAN	3	PA; NDS
LETAIRIS	3	QL(30 EA per 30 days); PA; NDS
LIQREV	3	PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT	3	QL(30 EA per 30 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 1	3	QL(336 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 2	3	QL(672 EA per 365 days); PA; NDS
ORENITRAM TITRATION KIT MONTH 3	3	QL(504 EA per 365 days); PA; NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA; NDS
REMODULIN	3	PA; NDS
REVATIO INJECTION, SUSPENSION RECONSTITUTED	3	PA; NDS
REVATIO TABLET	3	QL(90 EA per 30 days); PA; NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA
<i>sildenafil citrate tablet</i>	1	QL(90 EA per 30 days); PA
<i>sildenafil injection</i>	1	PA; NDS
<i>tadalafil tablet 20mg</i>	1	QL(60 EA per 30 days); PA
TADLIQ	3	QL(300 ML per 30 days); PA; NDS
TRACLEER TABLET SOLUBLE	3	QL(112 EA per 28 days); PA; NDS
TRACLEER TABLET	3	QL(60 EA per 30 days); PA; NDS
<i>treprostinil</i>	1	PA; NDS
TYVASO	3	QL(87 ML per 30 days); PA; NDS
TYVASO DPI INSTITUTIONAL KIT	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL(112 EA per 28 days); PA; NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL(224 EA per 28 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(392 EA per 365 days); PA; NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL(504 EA per 365 days); PA; NDS
TYVASO REFILL KIT	3	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER KIT	3	QL(87 ML per 30 days); PA; NDS
UPTRAVI TITRATION PACK	3	QL(400 EA per 365 days); PA; NDS
UPTRAVI INJECTION	3	PA; NDS
UPTRAVI TABLET	3	QL(60 EA per 30 days); PA; NDS
VELETRI	3	PA; NDS
VENTAVIS	3	QL(270 ML per 30 days); PA; NDS
WINREVAIR	3	QL(1 EA per 21 days); PA; NDS
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET	3	PA; NDS
OFEV	3	PA; NDS
<i>pirfenidone</i>	1	PA; NDS
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	2	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
AIRDUO DIGIHALER 232/14	3	QL(1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL(1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL(1 EA per 30 days)
ANORO ELLIPTA	2	QL(60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL(10.7 GM per 30 days)
BREO ELLIPTA	2	QL(60 EA per 30 days)
BRONCHITOL	3	QL(560 EA per 28 days); PA; NDS
CINQAIR	3	PA; NDS
COMBIVENT RESPIMAT	2	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL(17.6 GM per 30 days); PA
FASENRA PEN	3	PA; NDS
FASENRA INJECTION 10MG/0.5ML	3	PA
FASENRA INJECTION 30MG/ML	3	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(1 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	3	QL(0.4 ML per 28 days); PA; NDS
NUCALA INJECTION 100MG	3	QL(3 EA per 28 days); PA; NDS
NUCALA INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
<i>ribavirin solution reconstituted 6gm</i>	1	NDS
STIOLTO RESPIMAT	3	QL(24 GM per 30 days); ST
TEZSPIRE	3	QL(1.91 ML per 28 days); PA; NDS
TRELEGY ELLIPTA	2	QL(60 EA per 30 days)
VIRAZOLE	3	NDS
<i>wixela inhub</i>	1	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	3	NDS
<i>carisoprodol/aspirin/codeine</i>	1	PA; NDS
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	1	NDS
<i>cyclobenzaprine hydrochloride er</i>	1	
<i>cyclobenzaprine hydrochloride tablet</i>	1	

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fexmid</i>	3	
<i>lorzone</i>	3	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	1	NDS
<i>norgesic forte</i>	3	NDS
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate/aspirin/caffeine</i>	1	NDS
ORPHENGESIC FORTE	3	NDS
ROBAXIN-750	3	
ROBAXIN INJECTION 1000MG/10ML	3	NDS
SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	3	PA; NDS
<i>vanadom</i>	3	PA; NDS
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN	3	QL(30 EA per 30 days)
AMBIEN CR	3	QL(30 EA per 30 days)
BELSOMRA	2	QL(30 EA per 30 days)
DAYVIGO	3	QL(30 EA per 30 days); PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL(30 EA per 30 days)
<i>estazolam</i>	1	QL(30 EA per 30 days)
<i>eszopiclone</i>	1	QL(30 EA per 30 days)
HETLIOZ	3	QL(30 EA per 30 days); PA; NDS
HETLIOZ LQ	3	QL(158 ML per 30 days); PA; NDS
LUNESTA	3	QL(30 EA per 30 days)
<i>ramelteon</i>	1	QL(30 EA per 30 days)
RESTORIL	3	QL(30 EA per 30 days)
ROZEREM	3	QL(30 EA per 30 days)
SILENOR	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	QL(30 EA per 30 days); PA; NDS
<i>temazepam</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL(30 EA per 30 days)
<i>zolpidem tartrate capsule, tablet</i>	1	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	1	QL(60 EA per 30 days); PA
LUMRYZ	3	QL(30 EA per 30 days); PA; NDS
<i>modafinil tablet</i>	1	QL(30 EA per 30 days); PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL(30 EA per 30 days); PA

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TABLET 50MG	3	QL(60 EA per 30 days); PA
PROVIGIL	3	QL(30 EA per 30 days); PA; NDS
<i>sodium oxybate</i>	1	QL(540 ML per 30 days); PA; NDS
SUNOSI	3	QL(30 EA per 30 days); PA
WAKIX	3	QL(60 EA per 30 days); PA; NDS
XYREM	3	QL(540 ML per 30 days); PA; NDS
XYWAV	3	QL(540 ML per 30 days); PA; NDS

Formulary ID: 24047, Version: 15, Effective Date: 09/01/2024
Last Updated: July 2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	47	<i>acyclovir sodium</i>	48
<i>abacavir sulfate/lamivudine</i>	47	ACZONE	72
<i>abacavir sulfate/lamivudine/zidovudine</i>	47	ADACEL	97
ABELCET	26	ADAKVEO	54
ABILIFY	42	<i>adapalene</i>	68
ABILIFY MAINTENA	41	<i>adapalene/benzoyl peroxide</i>	68
ABILIFY MYCITE	41	ADBRY	93
ABILIFY MYCITE MAINTENANCE KIT	41	ADCETRIS	37
ABILIFY MYCITE STARTER KIT	42	ADCIRCA	108
<i>abiraterone acetate</i>	30	<i>adderall</i>	63
ABRAXANE	32	ADDERALL XR	63
ABRYSVO	97	<i>adefovir dipivoxil</i>	45
ABSORICA	68	ADEMPAS	108
ABSORICA LD	68	ADLARITY	21
<i>acamprosate calcium dr</i>	12	ADLYXIN	50
<i>acarbose</i>	50	ADLYXIN STARTER PACK	50
<i>accutane</i>	68	ADMELOG	52
<i>acebutolol hcl</i>	58	ADMELOG SOLOSTAR	52
<i>acebutolol hydrochloride</i>	58	ADRENALIN	59
ACETADOTE	100	<i>adriamycin</i>	32
<i>acetaminophen/caffeine/dihydrocodeine</i>	9	<i>adrucil</i>	31
<i>acetaminophen/codeine</i>	9	ADSTILADRIN	32
<i>acetazolamide</i>	59	ADVAIR DISKUS	109
<i>acetazolamide er</i>	105	ADVAIR HFA	109
<i>acetazolamide sodium</i>	59	ADZYNMA	79
<i>acetic acid</i>	105	AEMCOLO	14
<i>acetic acid 0.25%</i>	82	<i>afeditab cr</i>	58
<i>acetylcysteine</i>	109	AFINITOR	35
ACIPHEX	78	AFINITOR DISPERZ	35
ACIPHEX SPRINKLE	78	<i>afirmelle</i>	85
<i>acitretin</i>	68	AFREZZA	52
ACTEMRA	92	AGAMREE	82
ACTEMRA ACTPEN	92	AIMOVIG	28
ACTHAR	82	AIRDUO DIGIHALER 113/14	109
ACTHAR GEL	82	AIRDUO DIGIHALER 232/14	110
ACTHIB	97	AIRDUO DIGIHALER 55/14	110
ACTIGALL	77	AIRDUO RESPICLICK 113/14	110
ACTIMMUNE	94	AIRDUO RESPICLICK 232/14	110
ACTIQ	9	AIRDUO RESPICLICK 55/14	110
ACTONEL	99	AJOVY	28
ACUVAIL	104	AKEEGA	32
<i>acyclovir</i>	48	AKYNZEO	25
<i>acyclovir</i>	72	<i>ala-cort</i>	69
		<i>albendazole</i>	39
		ALBENZA	39
		<i>albuterol sulfate</i>	107
		<i>albuterol sulfate er</i>	107

Drug Name	Page #	Drug Name	Page #
<i>albuterol sulfate hfa</i>	107	AMICAR	56
<i>alclometasone dipropionate</i>	69	<i>amikacin sulfate</i>	13
<i>alcohol prep pads</i>	100	<i>amiloride hcl</i>	61
ALDURAZYME	79	<i>amiloride/hydrochlorothiazide</i>	60
ALECENSA	35	<i>aminocaproic acid</i>	56
<i>alendronate sodium</i>	99	AMINOSYN II	73
<i>alfuzosin hcl er</i>	82	AMINOSYN-PF	73
ALIMTA	31	AMINOSYN-PF 7%	73
ALINIA	39	<i>amiodarone hydrochloride</i>	57
ALIQOPA	35	AMITIZA	76
<i>aliskiren</i>	59	<i>amitriptyline hcl</i>	24
ALKINDI SPRINKLE	82	<i>amitriptyline hydrochloride</i>	24
<i>allopurinol</i>	27	<i>amlodipine besylate</i>	58
<i>allzital</i>	65	<i>amlodipine besylate/benazepril</i>	60
<i>almotriptan</i>	28	<i>amlodipine besylate/hydrochloride</i>	
<i>almotriptan malate</i>	28	<i>amlodipine besylate/valsartan</i>	60
<i>alogliptin</i>	50	<i>amlodipine/olmesartan medoxomil</i>	60
<i>alogliptin/metformin hcl</i>	50	<i>ammonium lactate</i>	69
<i>alogliptin/metformin hydrochloride</i>	50	AMMONUL	100
<i>alogliptin/pioglitazone</i>	50	<i>amnesteem</i>	68
<i>alosetron hydrochloride</i>	77	AMONDYS 45	79
ALOXI	25	<i>amoxapine</i>	24
ALPHAGAN P	105	<i>amoxicillin</i>	16
<i>alprazolam</i>	49	<i>amoxicillin/clavulanate potassium</i>	16
<i>alprazolam er</i>	49	<i>amoxicillin/clavulanate potassium er</i>	16
<i>alprazolam odt</i>	49	<i>amphetamine/dextroamphetamine</i>	63
<i>alprazolam xr</i>	49	<i>amphotericin b</i>	26
<i>altavera</i>	85	<i>amphotericin b liposome</i>	26
ALTOPREV	61	<i>ampicillin</i>	16
ALUNBRIG	35	<i>ampicillin sodium</i>	16
ALVAIZ	54	<i>ampicillin/sulbactam</i>	16
<i>alyacen 1/35</i>	85	<i>ampicillin-sulbactam</i>	16
<i>alyacen 7/7/7</i>	85	AMPYRA	66
ALYGLO	92	AMRIX	110
ALYMSYS	37	AMVUTTRA	79
<i>alyq</i>	108	ANAFRANIL	24
<i>amabelz</i>	85	<i>anagrelide hydrochloride</i>	54
<i>amantadine hcl</i>	48	<i>anastrozole</i>	34
AMBIEN	111	ANCOBON	26
AMBIEN CR	111	ANDRODERM	84
AMBISOME	26	ANDROGEL	84
<i>ambrisentan</i>	108	ANDROGEL PUMP	84
<i>amcinonide</i>	69	ANKTIVA	32
AMERGE	28	ANNOVERA	85
<i>amethia</i>	85	ANORO ELLIPTA	110
<i>amethia lo</i>	85	ANZEMET	25
<i>amethyst</i>	85	APADAZ	9

Drug Name	Page #	Drug Name	Page #
<i>apexicon e</i>	69	ASMANEX TWISTHALER 30 METERED	106
APHEXDA	54	DOSES	
APLENZIN	22	ASMANEX TWISTHALER 60 METERED	106
APOKYN	40	DOSES	
<i>apomorphine hydrochloride</i>	40	ASMANEX TWISTHALER 7 METERED	106
APONVIE	25	DOSES	
<i>apraclonidine</i>	105	ASPARLAS	32
<i>aprepitant</i>	25	<i>aspirin/dipyridamole</i>	56
APRETUDE	46	<i>aspirin/dipyridamole er</i>	56
APTENSIO XR	64	<i>aspirin/omeprazole</i>	56
APTIOM	21	ASPRUZYO SPRINKLE	60
APTIVUS	47	ASTAGRAF XL	94
ARALAST NP	79	<i>atazanavir</i>	47
ARANESP ALBUMIN FREE	54	<i>atazanavir sulfate</i>	47
ARAVA	94	ATELVIA	99
ARCALYST	93	<i>atenolol</i>	58
ARESTIN	67	<i>atenolol/chlorthalidone</i>	60
AREXVY	97	ATGAM	92
<i>arformoterol tartrate</i>	107	ATIVAN	49
<i>argatroban</i>	53	<i>atomoxetine</i>	64
<i>argatroban/sodium chloride</i>	53	<i>atomoxetine hydrochloride</i>	64
ARIKAYCE	13	ATORVALIQ	61
ARIMIDEX	34	<i>atorvastatin calcium</i>	61
<i>aripiprazole</i>	42	<i>atovaquone</i>	39
<i>aripiprazole odt</i>	42	<i>atovaquone/proguanil hcl</i>	39
ARISTADA	42	ATRALIN	68
ARISTADA INITIO	42	ATRIPLA	46
ARIXTRA	54	<i>atropine sulfate</i>	102
<i>armodafinil</i>	111	ATROVENT HFA	106
ARMONAIR DIGIHALER	106	AUBAGIO	66
ARNUITY ELLIPTA	106	<i>aubra</i>	85
AROMASIN	34	<i>aubra eq</i>	85
ARRANON	31	AUGMENTIN	16
<i>arsenic trioxide</i>	32	AUGTYRO	100
<i>artesanate</i>	39	<i>aurovela 1.5/30</i>	85
ARZERRA	37	<i>aurovela 1/20</i>	85
ASACOL HD	98	<i>aurovela 24 fe</i>	85
ASCENIV	92	<i>aurovela fe 1.5/30</i>	85
<i>ascomp/codeine</i>	9	<i>aurovela fe 1/20</i>	85
<i>asenapine maleate sl</i>	42	AURYXIA	76
<i>ashlyna</i>	85	AUSTEDO	65
ASMANEX HFA	106	AUVELITY	22
ASMANEX TWISTHALER 120	106	AUVI-Q	107
METERED DOSES		AVASTIN	37
ASMANEX TWISTHALER 14 METERED	106	AVEED	84
DOSES		<i>aviane</i>	85
		AVITA	68

Drug Name	Page #	Drug Name	Page #
AVONEX	66	BELBUCA	8
AVONEX PEN	66	BELEODAQ	35
AVSOLA	94	<i>belladonna/opium</i>	77
AVYCAZ	15	BELRAPZO	30
<i>ayuna</i>	85	BELSOMRA	111
AYVAKIT	35	<i>benazepril hcl</i>	57
<i>azacitidine</i>	32	<i>benazepril hydrochloride</i>	57
<i>azasan</i>	94	<i>benazepril hydrochloride/hydrochlorothiazide</i>	60
<i>azathioprine</i>	94	BENDAMUSTINE HYDROCHLORIDE	30
<i>azelaic acid</i>	68	BENDEKA	30
<i>azelastine hcl</i>	103	BENLYSTA	93
<i>azelastine hcl</i>	106	BENLYSTA	94
<i>azelastine hydrochloride</i>	106	<i>benzhydrocodone/acetaminophen</i>	9
<i>azelastine hydrochloride/fluticasone propionate</i>	106	<i>benznidazole</i>	39
AZILECT	41	<i>benzoyl peroxide forte- hc</i>	68
<i>azithromycin</i>	16	<i>benzoyl peroxide</i>	72
<i>aztreonam</i>	14	<i>benzoyl peroxide- hc</i>	68
<i>azurette</i>	85	<i>benztropine mesylate</i>	40
<i>bacitracin</i>	104	BEOVU	102
<i>bacitracin/polymyxin b</i>	102	<i>bepotastine besilate</i>	103
<i>baclofen</i>	44	BEPREVE	103
BAFIERTAM	66	BERINERT	91
<i>balsalazide disodium</i>	98	BESIVANCE	104
BALVERSA	35	BESPONSA	37
<i>balziva</i>	85	BESREMI	32
BANZEL	21	<i>betaine anhydrous</i>	79
BAQSIMI ONE PACK	52	<i>betamethasone dipropionate</i>	69
BAQSIMI TWO PACK	52	<i>betamethasone dipropionate augmented</i>	69
BARACLUDGE	45	<i>betamethasone valerate</i>	69
BASAGLAR KWIKPEN	52	BETAPACE	57
BASAGLAR TEMPO PEN	52	BETAPACE AF	57
BAVENCIO	37	BETASERON	66
BAXDELA	17	<i>betaxolol hcl</i>	58
<i>baycadron</i>	82	<i>betaxolol hcl</i>	105
<i>bcg vaccine</i>	97	<i>bethanechol chloride</i>	82
BD INSULIN SYRINGE	100	BETHKIS	108
SAFETYGLIDE/1ML/29G X 1/2"		BEVESPI AEROSPHERE	110
B-D INSULIN SYRINGE ULTRAFINE	100	<i>bexarotene</i>	39
II/0.3ML/31G X 5/16"		BEXSERO	97
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 12.7MM	100	BEYFORTUS	92
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 8MM	100	<i>bicalutamide</i>	30
BD PEN NEEDLE/ORIGINAL/ULTRAFINE/29G X 12.7MM	100	BICILLIN L-A	16
<i>bekyree</i>	85	BICNU	30
		BIKTARVY	46
		<i>bimatoprost</i>	105
		BIMZELX	93

Drug Name	Page #	Drug Name	Page #
BINOSTO	99	<i>buprenorphine hcl/naloxone hcl</i>	12
<i>bismuth subcitrate</i>	77	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	12
<i>pot/metronidazole/tetracycline hydrochloride</i>		<i>buprobam</i>	13
<i>bisoprolol fumarate</i>	58	<i>bupropion hcl</i>	22
<i>bisoprolol fumarate/hydrochlorothiazide</i>	60	<i>bupropion hydrochloride</i>	22
BIVIGAM	92	<i>bupropion hydrochloride er (sr)</i>	13
<i>bleomycin sulfate</i>	32	<i>bupropion hydrochloride er (sr)</i>	22
BLINCYTO	37	<i>bupropion hydrochloride er (xl)</i>	22
<i>blisovi 24 fe</i>	85	<i>bupirone hcl</i>	48
<i>blisovi fe 1.5/30</i>	85	<i>bupirone hydrochloride</i>	48
<i>blisovi fe 1/20</i>	85	<i>busulfan</i>	30
BONIVA	99	BUSULFEX	30
BOOSTRIX	97	<i>butalbital/acetaminophen</i>	65
<i>bortezomib</i>	32	<i>butalbital/acetaminophen/caffeine/codeine</i>	9
<i>bosentan</i>	108	<i>butalbital/aspirin/caffeine</i>	65
BOSULIF	35	<i>butalbital/aspirin/caffeine/codeine</i>	9
BOTOX	44	<i>butorphanol tartrate</i>	9
BRAFTOVI	35	BUTRANS	8
BRENZAVVY	50	BYDUREON BCISE	50
BREO ELLIPTA	110	BYETTA	50
BREZTRI AEROSPHERE	106	BYLVAY	77
<i>briellyn</i>	85	BYLVAY (PELLETS)	77
BRILINTA	56	BYNFEZIA PEN	90
<i>brimonidine tartrate</i>	68	BYOOVIZ	102
<i>brimonidine tartrate</i>	105	CABENUVA	46
<i>brimonidine tartrate/timolol maleate</i>	102	<i>cabergoline</i>	90
<i>brinzolamide</i>	105	CABLIVI	56
BRISDELLE	23	CABOMETYX	35
BRIUMVI	66	<i>cafergot</i>	28
BRIVIACT	18	<i>caffeine citrate</i>	65
BRIXADI	12	<i>calcipotriene</i>	71
<i>bromfenac sodium</i>	104	<i>calcipotriene/betamethasone dipropionate</i>	71
<i>bromocriptine mesylate</i>	40	<i>calcitonin salmon</i>	99
BROMSITE	104	<i>calcitonin-salmon</i>	99
BRONCHITOL	110	<i>calcitrene</i>	71
BROVANA	107	<i>calcitriol</i>	99
BRUKINSA	35	<i>calcium acetate</i>	76
<i>budesonide</i>	99	<i>calcium disodium versenate</i>	77
<i>budesonide</i>	106	CALQUENCE	35
<i>budesonide er</i>	99	CAMBIA	7
<i>bumetanide</i>	61	<i>camila</i>	89
<i>bupap</i>	65	<i>camrese</i>	85
BUPHENYL	79	<i>camrese lo</i>	85
BUPRENEX	12	CAMZYOS	60
<i>buprenorphine</i>	8	CANASA	98
<i>buprenorphine buccal</i>	8	CANCIDAS	26
<i>buprenorphine hcl</i>	12		

Drug Name	Page #	Drug Name	Page #
<i>candesartan cilexetil</i>	56	<i>ceftriaxone sodium</i>	15
<i>candesartan cilexetil/hydrochlorothiazide</i>	60	<i>cefuroxime axetil</i>	15
CAPASTAT SULFATE	29	<i>cefuroxime sodium</i>	16
CAPLYTA	42	CELEBREX	7
CAPRELSA	35	<i>celecoxib</i>	7
<i>captopril</i>	57	CELLCEPT	94
<i>captopril/hydrochlorothiazide</i>	60	CELLCEPT INTRAVENOUS	94
CARAC	71	CELONTIN	19
CARBAGLU	73	CENTANY	72
<i>carbamazepine</i>	21	<i>cephalexin</i>	16
<i>carbamazepine er</i>	21	CEPROTIN	54
<i>carbidopa</i>	41	CEQUA	102
<i>carbidopa/levodopa</i>	41	CERDELGA	79
<i>carbidopa/levodopa er</i>	41	CEREZYME	79
<i>carbidopa/levodopa odt</i>	41	CHANTIX	13
<i>carbidopa/levodopa/entacapone</i>	40	CHANTIX CONTINUING MONTH PAK	13
<i>carbinoxamine maleate</i>	106	CHANTIX STARTING MONTH PAK	13
<i>carboprost tromethamine</i>	84	<i>chateal</i>	85
CARDIZEM	59	<i>chateal eq</i>	85
CARDIZEM CD	59	CHEMET	75
<i>carglumic acid</i>	73	<i>chenodal</i>	77
<i>carisoprodol</i>	110	<i>chlordiazepoxide hcl</i>	49
<i>carisoprodol/aspirin/codeine</i>	110	<i>chlordiazepoxide hydrochloride</i>	49
<i>carmustine</i>	30	<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	77
<i>carteolol hcl</i>	105	<i>chlordiazepoxide/amitriptyline</i>	22
<i>cartia xt</i>	59	<i>chlorhexidine gluconate</i>	68
<i>carvedilol</i>	58	<i>chlorhexidine gluconate oral rinse</i>	68
<i>carvedilol phosphate er</i>	58	<i>chloroquine phosphate</i>	39
CASODEX	30	<i>chlorpromazine hcl</i>	41
<i>casprofungin acetate</i>	26	<i>chlorpromazine hydrochloride</i>	41
<i>cataflam</i>	7	<i>chlorthalidone</i>	61
CAYSTON	108	<i>chlorzoxazone</i>	110
<i>cefaclor</i>	15	CHOLBAM	79
<i>cefadroxil</i>	15	<i>cholestyramine light</i>	62
<i>cefazolin</i>	15	<i>chorionic gonadotropin</i>	83
<i>cefazolin sodium</i>	15	CIALIS	82
<i>cefdinir</i>	15	CIBINQO	69
<i>cefepime</i>	15	<i>ciclodan</i>	72
<i>cefepime hydrochloride</i>	15	<i>ciclopirox</i>	72
<i>cefepime/dextrose</i>	15	<i>ciclopirox nail lacquer</i>	72
<i>cefixime</i>	15	<i>ciclopirox olamine</i>	72
<i>cefotaxime sodium</i>	15	<i>cidofovir</i>	45
<i>cefotetan</i>	15	<i>cilostazol</i>	56
<i>cefoxitin sodium</i>	15	CIMDUO	47
<i>cefpodoxime proxetil</i>	15	CIMERLI	102
<i>cefprozil</i>	15	CIMZIA	94
<i>ceftazidime</i>	15		

Drug Name	Page #	Drug Name	Page #
CIMZIA STARTER KIT	94	<i>clobazam</i>	19
<i>cinacalcet hydrochloride</i>	99	<i>clobetasol propionate</i>	69
CINQAIR	110	<i>clobetasol propionate e</i>	69
CINRYZE	92	CLOBEX	69
CIPRO	17	<i>clofarabine</i>	31
<i>ciprofloxacin</i>	17	CLOLAR	31
<i>ciprofloxacin</i>	105	<i>clomid</i>	90
<i>ciprofloxacin hcl</i>	17	<i>clomiphene citrate</i>	90
<i>ciprofloxacin hydrochloride</i>	17	<i>clomipramine hcl</i>	24
<i>ciprofloxacin hydrochloride</i>	104	<i>clomipramine hydrochloride</i>	24
<i>ciprofloxacin i.v.-in d5w</i>	17	<i>clonazepam</i>	20
<i>ciprofloxacin/dexamethasone</i>	105	<i>clonazepam odt</i>	19
<i>cisplatin</i>	30	<i>clonidine</i>	56
<i>citalopram hydrobromide</i>	23	<i>clonidine hydrochloride</i>	56
<i>cladribine</i>	31	<i>clonidine hydrochloride</i>	65
<i>claravis</i>	68	<i>clonidine hydrochloride er</i>	56
<i>clarithromycin</i>	16	<i>clopidogrel</i>	56
<i>clarithromycin er</i>	16	<i>clorazepate dipotassium</i>	49
<i>clemastine fumarate</i>	106	<i>clotrimazole</i>	26
CLENPIQ	77	<i>clotrimazole/betamethasone dipropionate</i>	71
CLEOCIN-T	72	<i>clovique</i>	75
CLEVIPREX	59	<i>clozapine</i>	43
CLIMARA PRO	85	<i>clozapine odt</i>	43
<i>clindacin etz pledgets</i>	14	CLOZARIL	44
CLINDAGEL	72	COARTEM	39
<i>clindamycin hcl</i>	14	<i>codeine sulfate</i>	10
<i>clindamycin hydrochloride</i>	14	COGENTIN	40
<i>clindamycin palmitate hydrochloride</i>	14	COLAZAL	98
<i>clindamycin phosphate</i>	14	<i>colchicine</i>	27
<i>clindamycin phosphate</i>	72	<i>colesevelam hydrochloride</i>	62
<i>clindamycin phosphate/benzoyl peroxide</i>	68	<i>colestipol hcl</i>	62
CLINIMIX 4.25%/DEXTROSE 10%	73	<i>colistimethate sodium</i>	14
CLINIMIX 4.25%/DEXTROSE 5%	73	<i>colocort</i>	99
CLINIMIX 5%/DEXTROSE 15%	73	COLUMVI	32
CLINIMIX 5%/DEXTROSE 20%	73	COLY-MYCIN M	14
CLINIMIX 6/5	73	COMBIGAN	102
CLINIMIX 8/10	73	COMBIVENT RESPIMAT	110
CLINIMIX 8/14	73	COMBIVIR	47
CLINIMIX E 2.75%/DEXTROSE 5%	73	COMETRIQ	35
CLINIMIX E 4.25%/DEXTROSE 10%	74	COMPLERA	46
CLINIMIX E 4.25%/DEXTROSE 5%	74	<i>compro</i>	25
CLINIMIX E 5%/DEXTROSE 15%	74	COMTAN	40
CLINIMIX E 5%/DEXTROSE 20%	74	CONCERTA	64
CLINIMIX E 8/10	74	CONJUPRI	59
CLINIMIX E 8/14	74	CONSENSI	60
<i>clinisol sf 15%</i>	74	<i>constulose</i>	76
CLINOLIPID	100	CONZIP	8

Drug Name	Page #	Drug Name	Page #
COPAXONE	66	CYLTEZO STARTER PACKAGE FOR	95
COPIKTRA	35	CROHNS DISEASE/UC/HS	
CORDRAN	69	CYLTEZO STARTER PACKAGE FOR	95
CORDRAN TAPE	69	PSORIASIS	
CORLANOR	60	CYLTEZO STARTER PACKAGE FOR	95
<i>cormax scalp application</i>	69	PSORIASIS/UVEITIS	
CORTIFOAM	99	CYMBALTA	23
<i>cortisone acetate</i>	82	<i>cyproheptadine hcl</i>	106
CORTROPHIN	82	<i>cyproheptadine hydrochloride</i>	106
COSELA	100	CYRAMZA	37
COSENTYX	93	<i>cyred</i>	85
COSENTYX SENSOREADY PEN	93	CYSTADANE	79
COSENTYX UNOREADY	93	CYSTADROPS	103
COSMEGEN	32	CYSTAGON	79
COTELLIC	35	CYSTARAN	103
COTEMPLA XR-ODT	64	<i>cytarabine</i>	31
COXANTO	7	<i>cytarabine aqueous</i>	31
CREON	79	CYTOGAM	92
CRESEMBA	26	CYTOVENE	45
CRINONE	89	D.H.E. 45	28
<i>cromolyn sodium</i>	79	<i>dabigatran etexilate</i>	54
<i>cromolyn sodium</i>	103	DACOGEN	32
<i>cromolyn sodium</i>	108	<i>dactinomycin</i>	32
<i>cryselle-28</i>	85	<i>dalfampridine er</i>	66
CRYSVITA	79	DALIRESP	108
CUBICIN	14	DALVANCE	14
CUBICIN RF	14	<i>danazol</i>	84
CUPRIMINE	75	DANTRIUM IV	44
CURITY GAUZE PADS 2"X2" 12 PLY	100	<i>dantrolene sodium</i>	44
CUTAQUIG	92	DANYELZA	38
CUTIVATE	69	<i>dapsone</i>	29
CUVITRU	92	<i>dapsone</i>	72
CUVPOSA	77	DAPTACEL	97
CUVRIOR	75	<i>daptomycin</i>	14
<i>cyclafem 1/35</i>	85	DAPTOMYCIN/SODIUM CHLORIDE	14
<i>cyclafem 7/7/7</i>	85	DARAPRIM	39
<i>cyclobenzaprine hydrochloride</i>	110	<i>darifenacin hydrobromide er</i>	81
<i>cyclobenzaprine hydrochloride er</i>	110	DARTISLA ODT	77
<i>cyclophosphamide</i>	30	<i>darunavir</i>	47
<i>cyclophosphamide monohydrate</i>	30	DARZALEX	38
<i>cycloserine</i>	29	DARZALEX FASPRO	38
CYCLOSET	50	<i>dasetta 1/35</i>	85
<i>cyclosporine</i>	95	<i>dasetta 7/7/7</i>	85
<i>cyclosporine</i>	102	DAURISMO	35
<i>cyclosporine modified</i>	95	DAYBUE	65
CYLTEZO	95	<i>daysee</i>	85
		DAYVIGO	111

Drug Name	Page #	Drug Name	Page #
DDAVP	83	DIACOMIT	20
<i>deblitane</i>	89	<i>diazepam</i>	20
<i>decitabine</i>	32	<i>diazepam</i>	49
<i>deferasirox</i>	75	<i>diazepam intensol</i>	49
<i>deferiprone</i>	75	<i>diazepam rectal gel</i>	20
<i>deferroxamine mesylate</i>	100	<i>diazoxide</i>	52
DEFITELIO	60	DIBENZYLINE	56
<i>deflazacort</i>	82	<i>dichlorphenamide</i>	79
DELSTRIGO	46	DICLEGIS	25
<i>deltasone</i>	82	<i>diclofenac epolamine</i>	7
<i>delyla</i>	85	<i>diclofenac potassium</i>	7
<i>demeclocycline hcl</i>	17	<i>diclofenac sodium</i>	7
DEMEROL	10	<i>diclofenac sodium</i>	71
DEMSER	60	<i>diclofenac sodium</i>	104
DENAVIR	72	<i>diclofenac sodium dr</i>	7
DENGVAXIA	97	<i>diclofenac sodium er</i>	7
DEPAKENE	50	DICLONA	7
DEPEN TITRATABS	75	<i>dicloxacillin sodium</i>	16
DEPO-PROVERA CONTRACEPTIVE	89	<i>dicyclomine hcl</i>	77
DEPO-SUBQ PROVERA 104	89	<i>dicyclomine hydrochloride</i>	77
<i>depo-testosterone</i>	84	DIFICID	17
DESCOVY	47	DIFLUCAN	26
DESFERAL	100	<i>diflunisal</i>	7
<i>desipramine hydrochloride</i>	24	<i>difluprednate</i>	104
<i>desmopressin acetate</i>	83	<i>digitek</i>	57
<i>desogestrel/ethinyl estradiol</i>	86	<i>digox</i>	57
<i>desonide</i>	69	<i>digoxin</i>	57
<i>desoximetasone</i>	69	<i>dihydroergotamine mesylate</i>	28
DESOXYN	63	<i>dilantin</i>	21
<i>desvenlafaxine er</i>	23	DILATRATE SR	62
<i>dexamethasone</i>	82	DILAUDID	10
<i>dexamethasone sodium phosphate</i>	104	<i>diltiazem hcl</i>	59
DEXEDRINE	63	<i>diltiazem hcl cd</i>	59
DEXILANT	78	<i>diltiazem hcl er</i>	59
<i>dexlansoprazole</i>	78	<i>diltiazem hydrochloride</i>	59
<i>dexmethylphenidate hcl</i>	64	<i>diltiazem hydrochloride er</i>	59
<i>dexmethylphenidate hcl er</i>	64	<i>dilt-xr</i>	59
<i>dexmethylphenidate hydrochloride</i>	64	<i>dimethyl fumarate</i>	66
<i>dexmethylphenidate hydrochloride er</i>	64	<i>dimethyl fumarate starterpack</i>	66
<i>dexrazoxane</i>	39	DIPENTUM	98
<i>dextroamphetamine sulfate</i>	63	<i>diphenhydramine hcl</i>	106
<i>dextroamphetamine sulfate er</i>	63	<i>diphenoxylate hydrochloride/atropine</i>	77
<i>dextrose 5%</i>	74	<i>sulfate</i>	
<i>dextrose 5%/sodium chloride 0.45%</i>	74	<i>diphtheria/tetanus toxoids adsorbed</i>	97
<i>dextrose 5%/sodium chloride 0.9%</i>	74	<i>pediatric</i>	
DEXYCU	104	<i>disopyramide phosphate</i>	57
DHIVY	41	<i>disulfiram</i>	12

Drug Name	Page #	Drug Name	Page #
<i>divalproex sodium</i>	20	DUAKLIR PRESSAIR	106
<i>divalproex sodium dr</i>	20	DUEXIS	7
<i>divalproex sodium er</i>	20	DULERA	110
DIVIGEL	86	<i>duloxetine hcl</i>	23
<i>dobutamine hcl</i>	60	<i>duloxetine hydrochloride</i>	23
<i>dobutamine hcl/d5w</i>	60	DUOBRII	71
<i>dobutamine hydrochloride/dextrose 5%</i>	60	DUOPA	41
<i>docetaxel</i>	32	DUPIXENT	93
<i>dofetilide</i>	57	DURACLON	65
DOJOLVI	100	DURAGESIC	8
<i>dolishale</i>	86	<i>duramorph</i>	10
DOLOPHINE	8	DURYSTA	105
<i>donepezil hcl</i>	21	<i>dutasteride</i>	82
<i>donepezil hydrochloride</i>	21	<i>dutasteride/tamsulosin hydrochloride</i>	82
<i>donepezil hydrochloride odt</i>	21	DUVYZAT	100
<i>dopamine hydrochloride</i>	60	DVORAH	10
<i>dopamine hydrochloride/dextrose</i>	60	DYANAVEL XR	63
<i>dopamine/d5w</i>	60	DYMISTA	106
DOPTELET	56	DYSPOST	44
DORYX	17	EASY COMFORT INSULIN	100
DORYX MPC	17	SYRINGE/0.3ML/31G X 1/2"	
<i>dorzolamide hcl/timolol maleate</i>	103	EASY TOUCH SAFETY PEN	100
<i>dorzolamide hydrochloride</i>	105	NEEDLES/30G X 1/4"	
<i>dotti</i>	86	<i>ec-naproxen</i>	7
DOVATO	46	<i>econazole nitrate</i>	26
DOVONEX	71	<i>edaravone</i>	65
<i>doxazosin mesylate</i>	82	EDARBI	57
<i>doxepin hcl</i>	24	EDARBYCLOR	60
<i>doxepin hydrochloride</i>	24	EDECLIN	61
<i>doxepin hydrochloride</i>	69	<i>edetate calcium disodium</i>	77
<i>doxepin hydrochloride</i>	111	EDURANT	46
<i>doxercalciferol</i>	99	<i>efavirenz</i>	46
DOXIL	32	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	46
<i>doxorubicin hcl</i>	32	<i>fumarate</i>	
<i>doxorubicin hydrochloride</i>	32	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	46
<i>doxorubicin hydrochloride liposomal</i>	32	<i>fumarate</i>	
<i>doxy 100</i>	17	<i>effer-k</i>	74
<i>doxycycline</i>	17	EFUDEX	71
<i>doxycycline hyclate</i>	17	EGRIFTA	83
<i>doxycycline hyclate</i>	68	EGRIFTA SV	83
<i>doxycycline monohydrate</i>	17	ELAHERE	38
<i>doxylamine succinate/pyridoxine</i>	25	ELAPRASE	79
<i>hydrochloride</i>		ELELYSO	79
DRIZALMA SPRINKLE	23	ELEPSIA XR	18
<i>dronabinol</i>	25	<i>eletriptan hydrobromide</i>	28
DROXIA	31	ELFABRIO	79
<i>droxidopa</i>	56	ELIGARD	90

Drug Name	Page #	Drug Name	Page #
<i>elinest</i>	86	EPANED	57
ELIQUIS	54	EPCLUSA	45
ELIQUIS STARTER PACK	54	EPIDIOLEX	18
ELITEK	39	<i>epinastine hcl</i>	103
ELLA	100	<i>epinephrine</i>	60
ELLENCE	32	<i>epinephrine</i>	107
ELMIRON	82	EPIPEN 2-PAK	107
ELREXFIO	32	EPIPEN-JR 2-PAK	107
ELYXYB	7	<i>epitol</i>	21
ELZONRIS	32	EPIVIR HBV	45
EMCYT	31	EPKINLY	32
EMEND	25	<i>eplerenone</i>	61
EMEND TRIPACK	25	EPOGEN	55
EMFLAZA	83	<i>epoprostenol sodium</i>	108
EMGALITY	28	EPRONTIA	18
EMPAVELI	93	EPSOLAY	72
EMPLICITI	38	<i>eptifibatide</i>	56
EMSAM	23	EPZICOM	47
<i>emtricitabine</i>	47	ERAXIS	26
<i>emtricitabine/tenofovir disoproxil</i>	47	ERBITUX	38
<i>emtricitabine/tenofovir disoproxil fumarate</i>	47	<i>ergoloid mesylates</i>	21
EMTRIVA	47	<i>ergomar</i>	28
<i>emverm</i>	39	<i>ergotamine tartrate/caffeine</i>	28
<i>emzahh</i>	89	<i>eribulin mesylate</i>	32
<i>enalapril maleate</i>	57	ERIVEDGE	35
<i>enalapril maleate/hydrochlorothiazide</i>	60	ERLEADA	30
ENBREL	95	<i>erlotinib hydrochloride</i>	35
ENBREL MINI	95	<i>errin</i>	89
ENBREL SURECLICK	95	ERTACZO	26
ENDARI	80	<i>ertapenem</i>	16
<i>endocet</i>	10	<i>ertapenem sodium</i>	16
ENDOMETRIN	89	ERWINASE	32
ENGERIX-B	97	ERWINAZE	33
ENHERTU	38	<i>ery</i>	72
ENJAYMO	93	ERYPED 400	17
<i>enoxaparin sodium</i>	54	<i>erythromycin</i>	72
<i>enpresse-28</i>	86	<i>erythromycin</i>	104
ENSPRYNG	93	<i>erythromycin dr</i>	17
ENSTILAR	71	<i>erythromycin ethylsuccinate</i>	17
<i>entacapone</i>	40	<i>erythromycin/benzoyl peroxide</i>	68
ENTADFI	82	ESBRIET	109
<i>entecavir</i>	45	<i>escitalopram oxalate</i>	23
ENTOCORT EC	99	<i>esomeprazole magnesium</i>	78
ENTRESTO	60	<i>estarylla</i>	86
ENTYVIO	93	<i>estazolam</i>	111
<i>enulose</i>	76	<i>estradiol</i>	86
ENVARUSUS XR	95	<i>estradiol/norethindrone acetate</i>	86

Drug Name	Page #	Drug Name	Page #
ESTRING	86	<i>febuxostat</i>	27
<i>eszopiclone</i>	111	<i>felbamate</i>	18
<i>ethacrynate sodium</i>	61	FELBATOL	18
<i>ethacrynic acid</i>	61	<i>felodipine er</i>	59
<i>ethambutol hydrochloride</i>	29	FEMRING	86
<i>ethosuximide</i>	19	<i>femynor</i>	86
<i>ethynodiol diacetate/ethinyl estradiol</i>	86	<i>fenofibrate</i>	61
ETHYOL	33	<i>fenofibrate micronized</i>	61
<i>etodolac</i>	7	<i>fenofibric acid dr</i>	61
ETOPOPHOS	35	FENOGLIDE	61
<i>etravirine</i>	46	FENSOLVI	83
EUCRISA	69	<i>fentanyl</i>	8
<i>eulexin</i>	30	<i>fentanyl citrate</i>	10
<i>euthyrox</i>	90	<i>fentanyl citrate oral transmucosal</i>	10
EVENITY	99	FENTORA	10
<i>everolimus</i>	35	FERRIPROX	75
<i>everolimus</i>	95	FERRIPROX TWICE-A-DAY	75
EVKEEZA	60	<i>fesoterodine fumarate er</i>	81
EVOMELA	30	FETROJA	16
EVOTAZ	47	FETZIMA	23
EVRYSDI	80	FETZIMA TITRATION PACK	23
<i>exemestane</i>	34	<i>fexmid</i>	111
EXJADE	75	FIASP	52
EXKIVITY	35	FIASP FLEXTOUCH	52
EXONDYS 51	80	FIASP PENFILL	52
EXSERVAN	65	FILSPARI	100
EXTAVIA	66	FILSUVEZ	71
EXTINA	26	FINACEA	68
EYLEA	103	<i>finasteride</i>	82
EZALLOR SPRINKLE	62	<i>fingolimod hydrochloride</i>	67
<i>ezetimibe</i>	62	FINTEPLA	18
<i>ezetimibe/simvastatin</i>	62	<i>fioricet/codeine</i>	10
FABHALTA	55	FIORINAL	65
FABRAZYME	80	FIORINAL/CODEINE #3	10
<i>falmina</i>	86	FIRAZYR	92
<i>famciclovir</i>	48	FIRDAPSE	65
<i>famotidine</i>	78	FIRMAGON	90
FANAPT	42	<i>flac</i>	105
FANAPT TITRATION PACK	42	FLAREX	104
FARESTON	31	<i>flavoxate hcl</i>	81
FARXIGA	50	FLEBOGAMMA DIF	92
FARYDAK	35	<i>flecainide acetate</i>	57
FASENRA	110	FLECTOR	7
FASENRA PEN	110	FLEQSUVY	44
FASLODEX	31	FLOLAN	108
<i>fayosim</i>	86	FLOLIPID	62
FAZACLO	44	<i>floxuridine</i>	31

Drug Name	Page #	Drug Name	Page #
<i>fluconazole</i>	26	<i>foscarnet sodium</i>	45
<i>fluconazole in sodium chloride</i>	26	FOSCAVIR	45
<i>flucytosine</i>	26	<i>fosinopril sodium</i>	57
<i>fludarabine phosphate</i>	33	<i>fosinopril sodium/hydrochlorothiazide</i>	60
<i>fludrocortisone acetate</i>	83	FOSRENOL	76
<i>flunisolide</i>	106	FOTIVDA	31
<i>fluocinolone acetonide</i>	69	FRAGMIN	54
<i>fluocinolone acetonide</i>	105	FREAMINE III	74
<i>fluocinolone acetonide body</i>	69	FROVA	28
<i>fluocinolone acetonide ear drops</i>	105	<i>frovatriptan succinate</i>	28
<i>fluocinolone acetonide scalp</i>	69	FRUZAQLA	35
<i>fluocinolone acetonide topical</i>	69	FULPHILA	55
<i>fluocinonide</i>	69	<i>fulvestrant</i>	31
<i>fluorometholone</i>	104	FURADANTIN	14
FLUOROPLEX	71	FUROSCIX	61
<i>fluorouracil</i>	31	<i>furosemide</i>	61
<i>fluorouracil</i>	71	FUSILEV	33
<i>fluoxetine hydrochloride</i>	23	FUZEON	47
<i>fluphenazine decanoate</i>	41	FYARRO	35
<i>fluphenazine hcl</i>	41	<i>fyavolv</i>	86
<i>fluphenazine hydrochloride</i>	41	FYCOMPA	18
<i>flurandrenolide</i>	70	FYLNETRA	55
<i>flurbiprofen</i>	7	<i>gabapentin</i>	20
<i>flurbiprofen sodium</i>	104	GABITRIL	20
<i>flutamide</i>	30	GABLOFEN	44
<i>fluticasone propionate</i>	70	GALAFOLD	80
<i>fluticasone propionate</i>	106	<i>galantamine hydrobromide</i>	21
<i>fluticasone propionate/salmeterol</i>	110	<i>galantamine hydrobromide er</i>	21
<i>fluticasone propionate/salmeterol diskus</i>	110	GAMASTAN	92
<i>fluvastatin</i>	62	GAMIFANT	93
<i>fluvastatin sodium er</i>	62	GAMMAGARD LIQUID	92
<i>fluvoxamine maleate</i>	23	GAMMAGARD S/D IGA LESS THAN	92
<i>fluvoxamine maleate er</i>	23	1MCG/ML	
FML	104	GAMMAKED	92
FML FORTE	104	GAMMAPLEX	92
FOCALIN	64	GAMUNEX-C	92
FOCALIN XR	64	<i>ganciclovir</i>	45
FOLOTYN	31	GARDASIL 9	97
<i>fomepizole</i>	100	GASTROCROM	80
<i>fondaparinux sodium</i>	54	<i>gatifloxacin</i>	104
<i>formoterol fumarate</i>	107	GATTEX	77
FORTAMET	50	<i>gavilyte-c</i>	77
FORTEO	99	<i>gavilyte-g</i>	77
FORTESTA	84	<i>gavilyte-h</i>	77
FOSAMAX	99	<i>gavilyte-n/flavor pack</i>	77
FOSAMAX PLUS D	99	GAVRETO	33
<i>fosamprenavir calcium</i>	48	GAZYVA	38

Drug Name	Page #	Drug Name	Page #
<i>gefitinib</i>	35	<i>granisetron hydrochloride</i>	25
GELNIQUE PUMP	81	GRANIX	55
<i>gemcitabine hydrochloride</i>	31	<i>griseofulvin microsize</i>	26
<i>gemfibrozil</i>	61	<i>griseofulvin ultramicrosize</i>	26
GEMTESA	81	<i>guanfacine hydrochloride</i>	56
<i>generlac</i>	76	<i>guanfacine hydrochloride er</i>	64
<i>gengraf</i>	95	GUANIDINE HCL	29
GENOTROPIN	83	GVOKE HYPOPEN 1-PACK	52
GENOTROPIN MINIQUICK	83	GVOKE HYPOPEN 2-PACK	52
<i>gentak</i>	104	GVOKE KIT	52
<i>gentamicin sulfate</i>	13	GVOKE PFS	52
<i>gentamicin sulfate</i>	104	HAEGARDA	92
<i>gentamicin sulfate pediatric</i>	13	<i>hailey 1.5/30</i>	86
GENVOYA	46	<i>hailey 24 fe</i>	86
GEODON	42	HALAVEN	33
<i>gildagia</i>	86	<i>halobetasol propionate</i>	70
<i>gildess 1.5/30</i>	86	<i>haloperidol</i>	41
<i>gildess 1/20</i>	86	<i>haloperidol decanoate</i>	41
<i>gildess 24 fe</i>	86	<i>haloperidol lactate</i>	41
<i>gildess fe 1.5/30</i>	86	HARVONI	45
<i>gildess fe 1/20</i>	86	HAVRIX	97
GILENYA	67	<i>heather</i>	89
GILOTRIF	35	<i>hecoria</i>	95
GIMOTI	77	<i>helidac therapy</i>	77
GIVLAARI	100	HEMABATE	84
GLASSIA	80	HEMANGEOL	58
<i>glatiramer acetate</i>	67	HEPAGAM B	92
<i>glatopa</i>	67	<i>heparin sodium</i>	54
GLEEVEC	35	<i>heparin sodium/dextrose</i>	54
GLEOSTINE	30	HEPLISAV-B	97
<i>glimepiride</i>	50	HEPSERA	45
<i>glipizide</i>	50	HERCEPTIN	38
<i>glipizide er</i>	50	HERCEPTIN HYLECTA	38
<i>glipizide xl</i>	50	HERZUMA	38
<i>glipizide/metformin hydrochloride</i>	50	HETLIOZ	111
GLOPERBA	27	HETLIOZ LQ	111
GLUCAGEN HYPOKIT	52	HIBERIX	97
<i>glucagon emergency kit</i>	52	HIZENTRA	92
<i>glucagon emergency kit for low blood sugar</i>	52	HUMALOG	52
GLUMETZA	50	HUMALOG JUNIOR KWIKPEN	52
<i>glyburide</i>	51	HUMALOG KWIKPEN	52
<i>glyburide/metformin hydrochloride</i>	50	HUMALOG MIX 50/50	52
<i>glycate</i>	77	HUMALOG MIX 50/50 KWIKPEN	52
<i>glycopyrrolate</i>	77	HUMALOG MIX 75/25	52
<i>glydo</i>	12	HUMALOG MIX 75/25 KWIKPEN	52
GLYXAMBI	51	<i>humatin</i>	13
GOCOVRI	40	HUMATROPE	83

Drug Name	Page #	Drug Name	Page #
HUMIRA	95	<i>ibandronate sodium</i>	99
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	95	IBRANCE	33
HUMIRA PEN	95	IBRANCE	35
HUMIRA PEN-CD/UC/HS STARTER	95	IBSRELA	76
HUMIRA PEN-PEDIATRIC UC STARTER PACK	95	<i>ibu</i>	7
HUMIRA PEN-PS/UV STARTER	95	IBUDONE	10
HUMULIN 70/30	52	<i>ibuprofen</i>	7
HUMULIN 70/30 KWIKPEN	52	<i>ibuprofen lysine</i>	7
HUMULIN N	53	<i>ibuprofen/famotidine</i>	7
HUMULIN N KWIKPEN	53	<i>icatibant acetate</i>	92
HUMULIN R	53	<i>iclevia</i>	86
HUMULIN R U-500 (CONCENTRATED)	53	ICLUSIG	35
HUMULIN R U-500 KWIKPEN	53	<i>icosapent ethyl</i>	62
HYCAMTIN	35	IDAMYCIN PFS	33
<i>hydralazine hcl</i>	63	<i>idarubicin hcl</i>	33
<i>hydralazine hydrochloride</i>	63	IDHIFA	33
<i>hydrochlorothiazide</i>	61	IDOSE TR	105
<i>hydrocodone bitartrate er</i>	8	<i>ifosfamide</i>	30
<i>hydrocodone bitartrate/acetaminophen</i>	10	IGALMI	100
<i>hydrocodone/acetaminophen</i>	10	ILARIS	93
<i>hydrocodone/ibuprofen</i>	10	ILEVRO	104
<i>hydrocortisone</i>	70	<i>ilotycin</i>	104
<i>hydrocortisone</i>	83	ILUMYA	93
<i>hydrocortisone</i>	99	ILUVIEN	104
<i>hydrocortisone 1% in absorbase</i>	70	<i>imatinib mesylate</i>	36
<i>hydrocortisone acetate/pramoxine</i>	71	IMBRUVICA	36
<i>hydrochloride</i>		IMDELLTRA	33
<i>hydrocortisone butyrate</i>	70	IMFINZI	38
<i>hydrocortisone in absorbase</i>	70	<i>imipenem/cilastatin</i>	16
<i>hydrocortisone valerate</i>	70	<i>imipramine hcl</i>	24
<i>hydromorphone hcl</i>	10	<i>imipramine hydrochloride</i>	24
<i>hydromorphone hcl er</i>	8	<i>imiquimod</i>	71
<i>hydromorphone hydrochloride</i>	10	<i>imiquimod pump</i>	71
<i>hydromorphone hydrochloride dosette</i>	10	IMITREX	28
<i>hydromorphone hydrochloride er</i>	8	IMITREX STATDOSE REFILL	28
<i>hydroxychloroquine sulfate</i>	39	IMITREX STATDOSE SYSTEM	28
<i>hydroxyprogesterone caproate</i>	89	IMJUDO	38
<i>hydroxyurea</i>	31	IMOVAX RABIES (H.D.C.V.)	97
<i>hydroxyzine hcl</i>	106	IMPAVIDO	14
<i>hydroxyzine hydrochloride</i>	106	IMPOYZ	70
<i>hydroxyzine pamoate</i>	49	IMURAN	96
HYFTOR	70	IMVEXXY MAINTENANCE PACK	86
HYPERHEP B	92	IMVEXXY STARTER PACK	86
HYQVIA	92	INBRIJA	41
HYSINGLA ER	8	<i>incassia</i>	89
		INCRELEX	83
		INCRUSE ELLIPTA	106

Drug Name	Page #	Drug Name	Page #
<i>indapamide</i>	61	<i>isosorbide dinitrate/hydralazine</i>	60
INDERAL LA	58	<i>hydrochloride</i>	
INDERAL XL	58	<i>isosorbide mononitrate</i>	62
INDOCIN	7	<i>isosorbide mononitrate er</i>	62
<i>indomethacin</i>	7	<i>isotretinoin</i>	68
<i>indomethacin er</i>	7	<i>isradipine</i>	59
INFANRIX	97	ISTODAX	33
INFLECTRA	96	ISTURISA	90
<i>infliximab</i>	96	<i>itraconazole</i>	26
INFUGEM	31	<i>ivabradine hydrochloride</i>	60
INFUMORPH 200	8	<i>ivermectin</i>	39
INFUMORPH 500	9	<i>ivermectin</i>	72
INGREZZA	65	IWILFIN	33
INLYTA	36	IXCHIQ	97
INNOPRAN XL	58	IXEMPRA KIT	33
INPEFA	51	IXIARO	97
INQOVI	36	JADENU	75
INREBIC	33	JADENU SPRINKLE	75
<i>insulin lispro</i>	53	JAKAFI	36
INTEGRILIN	56	<i>jantoven</i>	54
INTELENCE	46	JANUMET	51
INTRALIPID	100	JANUMET XR	51
INTRAROSA	83	JANUVIA	51
INTRON A	94	JARDIANCE	51
INTRON A W/DILUENT	94	JATENZO	84
<i>introvale</i>	86	<i>javygtor</i>	80
INVEGA	42	JAYPIRCA	36
INVEGA HAFYERA	42	JEMPERLI	38
INVEGA SUSTENNA	42	<i>jencycla</i>	89
INVEGA TRINZA	42	JENTADUETO	51
INVIRASE	48	JENTADUETO XR	51
INVOKAMET	51	<i>jevantique lo</i>	86
INVOKAMET XR	51	JEVTANA	33
INVOKANA	51	<i>jinteli</i>	86
IPOL INACTIVATED IPV	97	JOENJA	93
<i>ipratropium bromide</i>	107	<i>jolessa</i>	86
<i>ipratropium bromide/albuterol sulfate</i>	110	<i>jolivette</i>	89
IQIRVO	77	<i>joyeaux</i>	86
<i>irbesartan</i>	57	JUBLIA	26
<i>irbesartan/hydrochlorothiazide</i>	60	JULUCA	46
IRESSA	36	<i>junel 1.5/30</i>	86
ISENTRESS	46	<i>junel 1/20</i>	86
ISENTRESS HD	46	<i>junel fe 1.5/30</i>	86
<i>isoniazid</i>	29	<i>junel fe 1/20</i>	86
ISORDIL TITRADOSE	62	<i>junel fe 24</i>	86
<i>isosorbide dinitrate</i>	62	JUXTAPID	62
		JYLAMVO	96

Drug Name	Page #	Drug Name	Page #
JYNARQUE	75	<i>klofensaid ii</i>	7
JYNNEOS	97	KLONOPIN	20
KABIVEN	74	<i>klor-con 10</i>	74
KADCYLA	38	<i>klor-con 8</i>	74
KADIAN	9	<i>klor-con m10</i>	74
KALBITOR	92	<i>klor-con m15</i>	74
KALETRA	48	<i>klor-con m20</i>	74
<i>kalliga</i>	86	<i>klor-con sprinkle</i>	74
KALYDECO	108	<i>klor-con/ef</i>	74
KANJINTI	38	KLOXXADO	13
KANUMA	80	KOMBIGLYZE XR	51
<i>kariva</i>	87	KONVOMEF	78
KAZANO	51	KORLYM	84
<i>kelnor 1/35</i>	87	KORSUVA	100
<i>kelnor 1/50</i>	87	KOSELUGO	36
KENALOG	70	<i>kourzeq</i>	68
KENGREAL	56	KRAZATI	33
KEPIVANCE	68	KRYSTEXXA	27
KEPPRA	18	<i>k-sol</i>	74
KEPPRA XR	18	<i>kurvelo</i>	87
KERENDIA	60	KUVAN	80
KERYDIN	26	KYNMOBI	40
KESIMPTA	67	KYNMOBI TITRATION KIT	40
<i>ketoconazole</i>	26	KYPROLIS	35
<i>ketoprofen</i>	7	KYZATREX	84
<i>ketorolac tromethamine</i>	7	<i>labetalol hydrochloride</i>	58
<i>ketorolac tromethamine</i>	104	<i>lacosamide</i>	21
KEVEYIS	80	<i>lactulose</i>	76
KEVZARA	93	LAGEVRIO	101
KEYTRUDA	38	LAMICTAL	18
KHAPZORY	39	LAMICTAL CHEWABLE DISPERSIBLE	18
KHEDEZLA	23	LAMICTAL ODT	18
<i>kimidess</i>	87	LAMICTAL STARTER/TAKING	18
KIMMTRAK	33	CARBAMAZEPINE/NOT TAKING	
KIMYRSA	14	VALPROATE	
KINERET	93	LAMICTAL XR	18
KINRIX	97	<i>lamivudine</i>	45
<i>kionex</i>	75	<i>lamivudine</i>	47
<i>kionex</i>	76	<i>lamivudine/zidovudine</i>	47
KISQALI	36	<i>lamotrigine</i>	19
KISQALI FEMARA 200 DOSE	33	<i>lamotrigine er</i>	18
KISQALI FEMARA 400 DOSE	33	<i>lamotrigine odt</i>	19
KISQALI FEMARA 600 DOSE	33	<i>lamotrigine starter kit/blue</i>	19
KITABIS PAK	108	<i>lamotrigine starter kit/green</i>	19
<i>klarity-c drops</i>	103	<i>lamotrigine starter kit/orange</i>	19
<i>klayesta</i>	26	<i>lamotrigine titration</i>	19
KLISYRI	71	LAMZEDE	80

Drug Name	Page #	Drug Name	Page #
<i>lanreotide acetate</i>	91	<i>levocetirizine dihydrochloride</i>	106
<i>lansoprazole</i>	79	<i>levofloxacin</i>	17
<i>lanthanum carbonate</i>	76	<i>levofloxacin</i>	104
LANTUS	53	<i>levofloxacin in d5w</i>	17
LANTUS SOLOSTAR	53	<i>levoleucovorin</i>	33
<i>lapatinib ditosylate</i>	36	<i>levonest</i>	87
<i>larin 1.5/30</i>	87	<i>levonorgestrel and ethinyl estradiol</i>	87
<i>larin 1/20</i>	87	<i>levonorgestrel/ethinyl estradiol</i>	87
<i>larin 24 fe</i>	87	<i>levora 0.15/30-28</i>	87
<i>larin fe 1.5/30</i>	87	<i>levorphanol tartrate</i>	9
<i>larin fe 1/20</i>	87	<i>levo-t</i>	90
<i>larissia</i>	87	<i>levothyroxine sodium</i>	90
<i>latanoprost</i>	105	<i>levoxyl</i>	90
LATUDA	42	LEXETTE	70
LAZANDA	10	LEXIVA	48
<i>ledipasvir/sofosbuvir</i>	45	<i>l-glutamine</i>	80
<i>leflunomide</i>	96	LIALDA	98
LEMTRADA	93	LIBERVANT	20
<i>lenalidomide</i>	31	LIBRAX	77
LENVIMA 10 MG DAILY DOSE	36	LIBTAYO	38
LENVIMA 12MG DAILY DOSE	36	LICART	7
LENVIMA 14 MG DAILY DOSE	36	<i>lidocaine</i>	12
LENVIMA 18 MG DAILY DOSE	36	<i>lidocaine and tetracaine cream</i>	12
LENVIMA 20 MG DAILY DOSE	36	<i>lidocaine hcl</i>	12
LENVIMA 24 MG DAILY DOSE	36	<i>lidocaine hcl</i>	57
LENVIMA 4 MG DAILY DOSE	36	<i>lidocaine hcl</i>	68
LENVIMA 8 MG DAILY DOSE	36	<i>lidocaine hcl jelly</i>	12
LEQVIO	62	<i>lidocaine hydrochloride</i>	12
<i>lessina</i>	87	<i>lidocaine hydrochloride viscous</i>	68
LETAIRIS	108	<i>lidocaine viscous</i>	68
<i>letrozole</i>	34	<i>lidocaine/prilocaine</i>	12
<i>leucovorin calcium</i>	33	<i>lidocaine/tetracaine</i>	12
<i>leucovorin calcium</i>	39	<i>lidocaine-prilocaine-cream base</i>	12
LEUKERAN	30	LIDOCAN	12
LEUKINE	55	LIDODERM	12
<i>leuprolide acetate</i>	91	LIDOTRAL	12
<i>levabuterol</i>	107	LIKMEZ	14
<i>levabuterol hcl</i>	107	<i>lillow</i>	87
<i>levabuterol hydrochloride</i>	107	<i>lincomycin hcl</i>	14
<i>levabuterol tartrate hfa</i>	107	<i>linezolid</i>	14
<i>levamlodipine</i>	59	LINZESS	76
LEVEMIR	53	LIORESAL INTRATHECAL	44
LEVEMIR FLEXPEN	53	<i>liothyronine sodium</i>	90
LEVEMIR FLEXTOUCH	53	LIQREV	108
<i>levetiracetam</i>	19	<i>lisinopril</i>	57
<i>levetiracetam er</i>	19	<i>lisinopril/hydrochlorothiazide</i>	60
<i>levobunolol hcl</i>	105	LITFULO	93

Drug Name	Page #	Drug Name	Page #
<i>lithium</i>	50	LUCEMYRA	12
<i>lithium carbonate</i>	50	LUCENTIS	103
<i>lithium carbonate er</i>	50	LUMAKRAS	33
LITHOBID	50	LUMIGAN	105
LITHOSTAT	82	LUMIZYME	80
LIVALO	62	LUMOXITI	38
LIVMARLI	101	LUMRYZ	111
LIVTENCITY	45	LUNESTA	111
LOCOID	70	LUNSUMIO	33
<i>lodine</i>	7	LUPANETA PACK	91
LODOCO	101	LUPKYNIS	96
LODOSYN	41	LUPRON DEPOT (1-MONTH)	91
<i>lofena</i>	7	LUPRON DEPOT (3-MONTH)	91
<i>lokara</i>	70	LUPRON DEPOT (4-MONTH)	91
LOKELMA	76	LUPRON DEPOT (6-MONTH)	91
<i>lomedina 24 fe</i>	87	LUPRON DEPOT-PED (1-MONTH)	91
LONHALA MAGNAIR REFILL KIT	107	LUPRON DEPOT-PED (3-MONTH)	91
LONHALA MAGNAIR STARTER KIT	107	LUPRON DEPOT-PED (6-MONTH)	83
LONSURF	33	<i>lurasidone hydrochloride</i>	42
<i>loperamide hcl</i>	77	<i>luteria</i>	87
<i>lopinavir/ritonavir</i>	48	LYBALVI	42
<i>lopreeza</i>	87	<i>lyleq</i>	89
LOQTORZI	38	<i>lyllana</i>	87
<i>lorazepam</i>	49	LYMEPAK	17
<i>lorazepam intensol</i>	49	LYNPARZA	36
LORBRENA	36	LYRICA	66
<i>lorcet</i>	10	LYSODREN	90
<i>lorcet hd</i>	10	LYTGOBI	33
<i>lorcet plus</i>	10	LYUMJEV	53
LOREEV XR	49	LYUMJEV KWIKPEN	53
<i>lortab</i>	10	LYVISPAH	44
<i>lorzone</i>	111	<i>lyza</i>	89
<i>losartan potassium</i>	57	<i>mafenide acetate</i>	72
<i>losartan potassium/hydrochlorothiazide</i>	60	<i>magnesium sulfate</i>	74
LOSEASONIQUE	87	MAKENA	89
LOTEMAX	104	<i>malathion</i>	72
LOTEMAX SM	104	<i>maprotiline hcl</i>	22
<i>loteprednol etabonate</i>	104	<i>maraviroc</i>	47
LOTRONEX	77	MARGENZA	38
<i>lovastatin</i>	62	MARINOL	25
<i>lovaza</i>	62	<i>marlissa</i>	87
LOVENOX	54	MARPLAN	23
<i>low-ogestrel</i>	87	MARQIBO	33
<i>loxapine</i>	41	<i>marten-tab</i>	65
<i>loxapine succinate</i>	41	MATULANE	30
<i>lo-zumandimine</i>	87	<i>matzim la</i>	59
<i>lubiprostone</i>	76	MAVENCLAD	67

Drug Name	Page #	Drug Name	Page #
MAVYRET	45	<i>methimazole</i>	91
MAXALT	28	<i>methitest</i>	84
MAXALT-MLT	28	<i>methocarbamol</i>	111
MAYZENT	67	<i>methotrexate</i>	96
MAYZENT STARTER PACK	67	<i>methotrexate sodium</i>	96
<i>meclizine hcl</i>	25	<i>methoxsalen</i>	71
<i>meclizine hydrochloride</i>	25	<i>methsuximide</i>	19
<i>medroxyprogesterone acetate</i>	89	<i>methyl dopa</i>	56
<i>mefloquine hcl</i>	39	<i>methylergonovine maleate</i>	101
MEGACE ES	89	<i>methylphenidate hcl sr</i>	64
<i>megestrol acetate</i>	89	<i>methylphenidate hydrochloride</i>	65
MEKINIST	36	<i>methylphenidate hydrochloride cd</i>	64
MEKTOVI	36	<i>methylphenidate hydrochloride er</i>	64
<i>meloxicam</i>	7	<i>methylphenidate hydrochloride er (la)</i>	64
<i>memantine hcl titration pak</i>	22	<i>methylprednisolone</i>	83
<i>memantine hydrochloride</i>	22	<i>methylprednisolone dose pack</i>	83
<i>memantine hydrochloride er</i>	22	<i>methylprednisolone sodium succinate</i>	83
MENACTRA	98	<i>methyltestosterone</i>	84
<i>menest</i>	87	<i>metoclopramide hcl</i>	77
MENQUADFI	98	<i>metoclopramide hydrochloride</i>	78
MENVEO	98	<i>metoclopramide odt</i>	78
<i>mepiridine hcl</i>	10	<i>metolazone</i>	61
MEPRON	39	METOPIRONA	101
MEPSEVII	80	<i>metoprolol succinate er</i>	58
<i>mercaptapurine</i>	31	METOPROLOL SUCCINATE	60
<i>meropenem</i>	16	ER/HYDROCHLOROTHIAZIDE	
<i>meropenem/sodium chloride</i>	16	<i>metoprolol tartrate</i>	58
MERREM	16	<i>metronidazole</i>	14
<i>mesalamine</i>	98	<i>metronidazole</i>	68
<i>mesalamine dr</i>	98	<i>metronidazole vaginal</i>	14
<i>mesalamine er</i>	98	<i>metirosine</i>	60
MESNEX	39	<i>mexiletine hcl</i>	57
MESTINON	29	MIACALCIN	99
MESTINON TIMESPAN	29	<i>mibelas 24 fe</i>	87
METADATE CD	64	<i>micafungin</i>	27
<i>metadate er</i>	64	<i>micafungin/sodium chloride</i>	26
<i>metformin hydrochloride</i>	51	<i>microgestin 1.5/30</i>	87
<i>metformin hydrochloride er</i>	51	<i>microgestin 1/20</i>	87
<i>methadone hcl</i>	9	<i>microgestin 24 fe</i>	87
<i>methadone hydrochloride</i>	9	<i>microgestin fe 1.5/30</i>	87
<i>methadone hydrochloride intensol</i>	9	<i>microgestin fe 1/20</i>	87
<i>methadose</i>	9	<i>midazolam hcl</i>	49
<i>methadose sugar-free</i>	9	<i>midodrine hcl</i>	56
<i>methamphetamine hcl</i>	63	<i>mifepristone</i>	84
<i>methazolamide</i>	105	<i>migergot</i>	28
<i>methenamine hippurate</i>	14	<i>miglitol</i>	51
<i>methergine</i>	101	<i>miglustat</i>	80

Drug Name	Page #	Drug Name	Page #
MIGRANAL	28	<i>mupirocin calcium</i>	72
<i>mili</i>	87	<i>mutamycin</i>	33
<i>milrinone lactate</i>	60	MVASI	38
<i>milrinone lactate in dextrose</i>	60	MYALEPT	78
<i>mimvey</i>	87	MYCAMINE	27
<i>mimvey lo</i>	87	MYCAPSSA	91
MINOCIN	17	MYCOBUTIN	29
<i>minocycline hcl</i>	17	<i>mycophenolate mofetil</i>	96
<i>minocycline hydrochloride</i>	18	<i>mycophenolic acid dr</i>	96
<i>minoxidil</i>	63	MYFEMBREE	91
<i>mirtazapine</i>	22	MYFORTIC	96
<i>mirtazapine odt</i>	22	MYHIBBIN	96
MIRVASO	68	MYLOTARG	38
<i>misoprostol</i>	78	MYOBLOC	44
<i>mitigo</i>	9	<i>myorisan</i>	68
<i>mitomycin</i>	33	MYRBETRIQ	81
<i>mitoxantrone hcl</i>	67	MYSOLINE	20
M-M-R II	98	MYTESI	77
<i>modafinil</i>	111	<i>myzilra</i>	87
<i>moderiba</i>	45	NABI-HB	92
<i>moexipril hcl</i>	57	<i>nabumetone</i>	7
<i>molindone hydrochloride</i>	41	<i>nadolol</i>	58
<i>mometasone furoate</i>	70	<i>nafcillin</i>	16
<i>mometasone furoate</i>	106	<i>nafcillin sodium</i>	16
<i>mondoxyne nl</i>	18	<i>naftifine hydrochloride</i>	27
MONJUVI	38	NAGLAZYME	80
<i>mono-lynyah</i>	87	<i>nalbuphine hcl</i>	11
<i>mononessa</i>	87	<i>nalocet</i>	11
<i>montelukast sodium</i>	106	<i>naloxone hcl</i>	13
<i>morgidox 1x100mg</i>	18	<i>naloxone hydrochloride</i>	13
<i>morgidox 1x50mg</i>	18	<i>naltrexone hcl</i>	12
<i>morgidox 2x100mg</i>	18	NAMENDA XR	22
<i>morphine sulfate</i>	11	NAMZARIC	21
<i>morphine sulfate er</i>	9	NAPRELAN	8
<i>morphine sulfate/sodium chloride</i>	10	NAPROSYN	8
MOTTEGRITY	76	<i>naproxen</i>	8
MOUNJARO	51	<i>naproxen dr</i>	8
<i>moxifloxacin hydrochloride/sodium</i>	17	<i>naproxen sodium</i>	8
<i>hydrochloride</i>		<i>naproxen sodium cr</i>	8
<i>moxifloxacin hydrochloride</i>	17	<i>naproxen sodium er</i>	8
<i>moxifloxacin hydrochloride</i>	104	<i>naproxen/esomeprazole magnesium</i>	8
MOZOBIL	55	<i>naratriptan hcl</i>	28
MRESVIA	98	NASONEX	106
MS CONTIN	9	NATACYN	104
MULPLETA	55	<i>nateglinide</i>	51
MULTAQ	57	NATESTO	84
<i>mupirocin</i>	72	NATPARA	99

Drug Name	Page #	Drug Name	Page #
NAYZILAM	19	NILANDRON	30
<i>nebivolol</i>	58	<i>nilutamide</i>	31
<i>nebivolol hydrochloride</i>	58	<i>nimodipine</i>	59
NEBUPENT	40	NINLARO	33
<i>necon 0.5/35-28</i>	87	NIPENT	32
<i>necon 1/35</i>	88	<i>nitazoxanide</i>	40
<i>necon 7/7/7</i>	88	<i>nitisinone</i>	80
<i>nefazodone hydrochloride</i>	23	<i>nitro-bid</i>	63
<i>nelarabine</i>	31	NITRO-DUR	63
<i>neomycin sulfate</i>	13	<i>nitrofurantoin</i>	14
<i>neomycin/bacitracin/polymyxin</i>	103	<i>nitrofurantoin macrocrystals</i>	14
<i>neomycin/polymyxin/bacitracin</i>	103	<i>nitrofurantoin monohydrate</i>	14
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	103	<i>nitrofurantoin monohydrate/macrocrystals</i>	14
<i>one</i>		<i>nitroglycerin</i>	63
<i>neomycin/polymyxin/dexamethasone</i>	103	<i>nitroglycerin</i>	78
<i>neomycin/polymyxin/gramicidin</i>	103	<i>nitroglycerin lingual</i>	63
<i>neomycin/polymyxin/hc</i>	105	<i>nitroglycerin transdermal</i>	63
<i>neomycin/polymyxin/hydrocortisone</i>	105	NITYR	80
<i>neo-polycin</i>	103	NIVESTYM	55
<i>neo-polycin hc</i>	103	<i>nizatidine</i>	78
NEOPROFEN	8	<i>nora-be</i>	89
NEORAL	96	NORCO	11
<i>neo-synalar</i>	71	NORDITROPIN FLEXPRO	83
NERLYNX	36	<i>norethindrone</i>	90
NESINA	51	<i>norethindrone acetate</i>	90
NEULASTA	55	<i>norethindrone acetate/ethinyl estradiol</i>	88
NEULASTA ONPRO KIT	55	<i>norethindrone acetate/ethinyl</i>	88
NEUPOGEN	55	<i>estradiol/ferrous fumarate</i>	
NEUPRO	40	<i>norgesic forte</i>	111
NEURONTIN	20	<i>norgestimate/ethinyl estradiol</i>	88
NEVANAC	104	NORITATE	68
<i>nevirapine</i>	46	NORLIQVA	59
<i>nevirapine er</i>	46	<i>norlyda</i>	90
NEXAVAR	36	<i>norlyroc</i>	90
NEXICLON XR	56	NORTHERA	56
NEXIUM	79	<i>nortrel 0.5/35 (28)</i>	88
NEXLETOL	62	<i>nortrel 1/35</i>	88
NEXLIZET	62	<i>nortrel 7/7/7</i>	88
NEXTERONE	57	<i>nortriptyline hcl</i>	24
NEXVIAZYME	80	<i>nortriptyline hydrochloride</i>	24
NGENLA	83	NORVIR	48
<i>niacin er</i>	62	NOURIANZ	40
<i>nicardipine hcl</i>	59	NOVAREL	83
NICOTROL INHALER	13	NOVOLIN 70/30	53
NICOTROL NS	13	NOVOLIN 70/30 FLEXPEN	53
<i>nifedical xl</i>	59	NOVOLIN 70/30 FLEXPEN RELION	53
<i>nifedipine er</i>	59	NOVOLIN 70/30 RELION	53

Drug Name	Page #	Drug Name	Page #
NOVOLIN N	53	OCREVUS	67
NOVOLIN N FLEXPEN	53	OCTAGAM	92
NOVOLIN N FLEXPEN RELION	53	<i>octreotide acetate</i>	91
NOVOLIN N RELION	53	ODACTRA	101
NOVOLIN R	53	ODEFSEY	47
NOVOLIN R FLEXPEN	53	ODOMZO	36
NOVOLIN R FLEXPEN RELION	53	OFEV	109
NOVOLIN R RELION	53	<i>ofloxacin</i>	17
NOVOLOG	53	<i>ofloxacin</i>	104
NOVOLOG FLEXPEN	53	<i>ofloxacin</i>	105
NOVOLOG FLEXPEN RELION	53	OGIVRI	38
NOVOLOG MIX 70/30	53	OGSIVEO	33
NOVOLOG MIX 70/30 PREFILLED	53	OHTUVAYRE	108
FLEXPEN		OJEMDA	36
NOVOLOG MIX 70/30 PREFILLED	53	OJJAARA	36
FLEXPEN RELION		<i>okebo</i>	18
NOVOLOG MIX 70/30 RELION	53	<i>olanzapine</i>	42
NOVOLOG PENFILL	53	<i>olanzapine odt</i>	42
NOVOLOG RELION	53	<i>olanzapine/fluoxetine</i>	22
NOXAFIL	27	<i>olmesartan medoxomil</i>	57
NPLATE	55	<i>olmesartan medoxomil/hydrochlorothiazide</i>	60
NUBEQA	31	<i>olopatadine hcl</i>	103
NUCALA	110	<i>olopatadine hcl</i>	106
NUCYNTA	11	<i>olopatadine hydrochloride</i>	103
NUCYNTA ER	9	OLPRUVA	80
NUEDEXTA	65	OLUX-E	70
NULIBRY	101	<i>omega-3-acid ethyl esters</i>	62
NULOJIX	96	OMEGAVEN	101
NUPLAZID	42	OMEPEPI	79
NURTEC	28	<i>omeprazole</i>	79
NUTRILIPID	101	<i>omeprazole dr</i>	79
NUTROPIN AQ NUSPIN 10	83	<i>omeprazole/sodium bicarbonate</i>	79
NUTROPIN AQ NUSPIN 20	83	OMNIPOD 10 PACK	101
NUTROPIN AQ NUSPIN 5	83	OMNIPOD 5 G6 INTRO KIT (GEN 5)	101
NUVIGIL	111	OMNIPOD 5 G6 PODS (GEN 5)	101
NUZYRA	18	OMNIPOD 5 G7 INTRO KIT (GEN 5)	101
<i>nyamyc</i>	27	OMNIPOD 5 G7 PODS (GEN 5)	101
<i>nyata</i>	27	OMNIPOD CLASSIC PDM STARTER	101
<i>nylia 1/35</i>	88	KIT (GEN 3)	
<i>nylia 7/7/7</i>	88	OMNIPOD CLASSIC PODS (GEN 3)	101
NYMALIZE	59	OMNIPOD DASH INTRO KIT (GEN 4)	101
<i>nystatin</i>	27	OMNIPOD DASH PDM KIT (GEN 4)	101
<i>nystatin/triamcinolone</i>	71	OMNIPOD DASH PODS (GEN 4)	101
<i>nystatin/triamcinolone acetonide</i>	71	OMNIPOD GO 10 UNITS/DAY	101
<i>nystop</i>	27	OMNIPOD GO 15 UNITS/DAY	101
NYVEPRIA	55	OMNIPOD GO 20 UNITS/DAY	101
OICALIVA	78	OMNIPOD GO 25 UNITS/DAY	101

Drug Name	Page #	Drug Name	Page #
OMNIPOD GO 30 UNITS/DAY	101	ORSERDU	33
OMNIPOD GO 35 UNITS/DAY	101	<i>orsythia</i>	88
OMNIPOD GO 40 UNITS/DAY	101	ORTIKOS	99
OMNITROPE	83	<i>oseltamivir phosphate</i>	48
OMVOH	93	OSENI	51
ONCASPAR	33	OSMOLEX ER	40
<i>ondansetron hcl</i>	25	OSPHENA	90
<i>ondansetron hydrochloride</i>	26	OTEZLA	71
<i>ondansetron odt</i>	26	OTEZLA	93
ONFI	20	OTREXUP	96
ONGENTYS	40	<i>oxacillin sodium</i>	16
ONGLYZA	51	<i>oxaliplatin</i>	30
ONIVYDE	35	<i>oxaprozin</i>	8
ONPATTRO	80	OXAYDO	11
ONTRUZANT	38	<i>oxazepam</i>	49
ONUREG	33	OXBRYTA	55
ONZETRA XSAIL	28	<i>oxcarbazepine</i>	21
OPANA	11	OXERVATE	103
OPDIVO	38	<i>oxiconazole nitrate</i>	27
OPDUALAG	34	OXISTAT	27
OPFOLDA	80	OXLUMO	101
OPSUMIT	109	OXSORALEN ULTRA	71
OPZELURA	70	OXTELLAR XR	21
<i>oralone dental paste</i>	68	<i>oxybutynin chloride</i>	81
ORAVIG	27	<i>oxybutynin chloride er</i>	81
ORBACTIV	14	<i>oxycodone and acetaminophen</i>	11
ORENCIA	93	<i>oxycodone hcl</i>	11
ORENCIA	96	<i>oxycodone hcl er</i>	9
ORENCIA CLICKJECT	93	<i>oxycodone hydrochloride</i>	11
ORENITRAM	109	<i>oxycodone hydrochloride er</i>	9
ORENITRAM TITRATION KIT MONTH	109	<i>oxycodone hydrochloride/acetaminophen</i>	11
1		<i>oxycodone/acetaminophen</i>	11
ORENITRAM TITRATION KIT MONTH	109	<i>oxycodone/aspirin</i>	11
2		OXYCONTIN	9
ORENITRAM TITRATION KIT MONTH	109	<i>oxymorphone hydrochloride</i>	11
3		<i>oxymorphone hydrochloride er</i>	9
ORFADIN	80	<i>oxymorphone hydrochlorideer</i>	9
ORGOVYX	91	OZEMPIC	51
ORIAHNN	91	OZOBAX	44
ORILISSA	91	OZOBAX DS	44
ORKAMBI	108	<i>pacerone</i>	57
ORLADEYO	101	<i>paclitaxel protein-bound particles</i>	33
<i>orlistat</i>	101	PADCEV	38
ORMALVI	80	PALFORZIA INITIAL DOSE	101
<i>orphenadrine citrate er</i>	111	ESCALATION	
<i>orphenadrine citrate/aspirin/caffeine</i>	111	PALFORZIA LEVEL 1	101
ORPHENGESIC FORTE	111	PALFORZIA LEVEL 10	101

Drug Name	Page #	Drug Name	Page #
PALFORZIA LEVEL 11	101	<i>penicillamine</i>	75
(MAINTENANCE)		<i>penicillamine</i>	82
PALFORZIA LEVEL 11 (TITRATION)	101	<i>penicillin g sodium</i>	16
PALFORZIA LEVEL 2	101	<i>penicillin v potassium</i>	16
PALFORZIA LEVEL 3	101	PENLAC NAIL LACQUER	72
PALFORZIA LEVEL 4	101	PENNSAID	8
PALFORZIA LEVEL 5	101	PENTACEL	98
PALFORZIA LEVEL 6	101	<i>pentamidine isethionate</i>	40
PALFORZIA LEVEL 7	101	<i>pentazocine/naloxone hcl</i>	11
PALFORZIA LEVEL 8	101	<i>pentoxifylline er</i>	61
PALFORZIA LEVEL 9	102	PEPAXTO	30
<i>paliperidone er</i>	42	<i>pepcid</i>	78
<i>palonosetron hydrochloride</i>	26	<i>percocet</i>	11
PALYNZIQ	80	PERFOROMIST	107
PAMELOR	24	PERIKABIVEN	74
PANCREAZE	80	<i>perindopril erbumine</i>	57
PANDEL	70	<i>periogard</i>	68
PANRETIN	39	PERJETA	38
<i>pantoprazole sodium</i>	79	<i>permethrin</i>	72
PANZYGA	92	<i>perphenazine</i>	41
<i>paricalcitol</i>	99	<i>perphenazine/amitriptyline</i>	22
PARNATE	23	PERSERIS	42
<i>paroex</i>	68	PERTZYE	80
<i>paromomycin sulfate</i>	13	PHEBURANE	80
<i>paroxetine</i>	23	<i>phenadoz</i>	25
<i>paroxetine hcl</i>	23	<i>phenelzine sulfate</i>	23
<i>paroxetine hcl er</i>	23	<i>phenobarbital</i>	20
<i>paroxetine hydrochloride</i>	24	<i>phenobarbital sodium</i>	20
<i>paser</i>	29	<i>phenoxybenzamine hydrochloride</i>	56
PATANASE	106	<i>phenytek</i>	21
PAXLOVID	102	<i>phenytoin</i>	21
<i>pazopanib hydrochloride</i>	36	<i>phenytoin infatabs</i>	21
PEDIARIX	98	<i>phenytoin sodium extended</i>	21
PEDMARK	102	PHESGO	33
PEDVAX HIB	98	<i>philith</i>	88
<i>peg 3350/electrolytes</i>	78	PHOTOFRIN	33
<i>peg-3350/electrolytes</i>	78	PIASKY	93
<i>peg-3350/nacl/na bicarbonate/kcl</i>	78	PIFELTRO	46
PEGASYS	94	<i>pilocarpine hcl</i>	105
PEGINTRON	94	<i>pilocarpine hydrochloride</i>	68
PEG-INTRON REDIPEN	94	<i>pimtrea</i>	88
PEMAZYRE	33	<i>pindolol</i>	58
<i>pemetrexed</i>	32	<i>pioglitazone hcl</i>	51
<i>pemetrexed disodium</i>	32	<i>pioglitazone hcl/metformin hcl</i>	51
PEMFEXY	32	<i>pioglitazone hydrochloride</i>	51
PEMRYDI RTU	32	<i>piperacillin sodium/tazobactam sodium</i>	16
PENBRAYA	98	PIQRAY 200MG DAILY DOSE	36

Drug Name	Page #	Drug Name	Page #
PIQRAY 250MG DAILY DOSE	36	PREGNYL W/DILUENT BENZYL	83
PIQRAY 300MG DAILY DOSE	36	ALCOHOL/NACL	
<i>pirfenidone</i>	109	PREHEVBRIO	98
<i>pirmella 1/35</i>	88	PREMARIN	88
<i>pirmella 7/7/7</i>	88	<i>premasol</i>	74
<i>piroxicam</i>	8	<i>premium lidocaine</i>	12
<i>pitavastatin calcium</i>	62	PREMPHASE	88
PLEGRIDY	67	PREMPRO	88
PLEGRIDY STARTER PACK	67	<i>prenatal</i>	76
<i>plenamine</i>	74	PREVACID	79
<i>plerixafor</i>	55	<i>prevalite</i>	62
PLIAGLIS	12	<i>previfem</i>	88
<i>podofilox</i>	71	PREVYMIS	45
POKONZA	74	PREZCOBIX	48
POLIVY	38	PREZISTA	48
<i>polycin</i>	103	PRIALT	65
<i>polyethylene glycol 3350</i>	76	PRIFTIN	29
<i>polymyxin b sulfate/trimethoprim sulfate</i>	103	<i>primaquine phosphate</i>	40
POMALYST	31	<i>primidone</i>	20
POMBILITI	81	PRIMLEV	11
PONVORY	67	PRIMSOL	14
PONVORY 14-DAY STARTER PACK	67	PRIORIX	98
<i>portia-28</i>	88	PRISTIQ	24
PORTRAZZA	38	PRIVIGEN	92
<i>posaconazole</i>	27	PROAIR DIGIHALER	107
<i>posaconazole dr</i>	27	PROAIR HFA	107
<i>potassium chloride er</i>	74	<i>probenecid</i>	27
<i>potassium chloride sr</i>	74	<i>probenecid/colchicine</i>	27
<i>potassium citrate er</i>	74	PROCALAMINE	74
POTELIGEO	38	<i>prochlorperazine</i>	25
<i>pralatrexate</i>	32	<i>prochlorperazine edisylate</i>	25
PRALUENT	62	<i>prochlorperazine maleate</i>	25
<i>pramipexole dihydrochloride</i>	40	PROCRIT	55
<i>pramipexole dihydrochloride er</i>	40	<i>procto-med hc</i>	99
PRANDIN	51	<i>proctosol hc</i>	99
<i>prasugrel hydrochloride</i>	56	<i>proctozone-hc</i>	99
<i>pravastatin sodium</i>	62	PROCYSBI	81
<i>praziquantel</i>	39	<i>profeno</i>	8
<i>prazosin hydrochloride</i>	56	<i>progesterone</i>	90
PRED MILD	104	PROGRAF	96
<i>prednisolone</i>	83	PROLASTIN-C	81
<i>prednisolone acetate</i>	104	<i>prolate</i>	11
<i>prednisolone sodium phosphate</i>	83	PROLENSA	104
<i>prednisone</i>	83	PROLEUKIN	33
<i>pregabalin</i>	66	PROLIA	99
PREGNYL	83	PROMACTA	55
		<i>promethazine hcl</i>	25

Drug Name	Page #	Drug Name	Page #
<i>promethazine hydrochloride</i>	25	QVAR REDIHALER	106
<i>promethegan</i>	25	RABAVERT	98
<i>propafenone hcl</i>	57	<i>rabeprazole sodium</i>	79
<i>propafenone hydrochloride er</i>	57	<i>rabeprazole sodium dr sprinkle</i>	79
<i>propranolol hcl</i>	58	RADIAURA	71
<i>propranolol hcl er</i>	58	RADICAVA	66
<i>propranolol hydrochloride</i>	58	RADICAVA ORS	66
<i>propranolol hydrochloride er</i>	58	RADICAVA ORS STARTER KIT	66
<i>propylthiouracil</i>	91	<i>raloxifene hydrochloride</i>	90
PROQUAD	98	<i>ramelteon</i>	111
PROSOL	74	<i>ramipril</i>	57
PROSTIN E2	84	<i>ranolazine er</i>	61
PROTONIX	79	RAPAMUNE	96
<i>protriptyline hcl</i>	24	RAPIVAB	48
PROVENTIL HFA	107	<i>rasagiline mesylate</i>	41
PROVIGIL	112	RASUVO	96
PROZAC	24	RAVICTI	81
PRUDOXIN	70	RAYALDEE	99
PULMICORT	106	RAYOS	83
PULMICORT FLEXHALER	106	REBIF	67
PULMOZYME	108	REBIF REBIDOSE	67
PURIXAN	32	REBIF REBIDOSE TITRATION PACK	67
PYLERA	78	REBIF TITRATION PACK	67
<i>pyrazinamide</i>	29	REBLOZYL	55
<i>pyridostigmine bromide</i>	29	RECARBRIO	16
<i>pyrimethamine</i>	40	RECOMBIVAX HB	98
PYRUKYND	55	RECORLEV	90
PYRUKYND TAPER PACK	55	RECTIV	78
QALSODY	65	REDITREX	96
QBRELIS	57	REGRANEX	71
QDOLO	11	<i>relafen</i>	8
QINLOCK	31	<i>relafen ds</i>	8
QTERN	51	RELENZA DISKHALER	48
QUADRACEL	98	RELEUKO	55
QUALAQUIN	40	RELEXXII	65
QUARTETTE	88	RELISTOR	76
<i>quasense</i>	88	RELPAK	28
QUDEXY XR	19	<i>reltone</i>	78
<i>quetiapine fumarate</i>	43	RELYVRIO	66
<i>quetiapine fumarate er</i>	42	<i>remdesivir</i>	102
<i>quinapril hydrochloride</i>	57	REMICADE	96
<i>quinapril/hydrochlorothiazide</i>	61	REMODULIN	109
<i>quinidine sulfate</i>	57	RENAGEL	76
<i>quinine sulfate</i>	40	RENFLEXIS	96
QULIPTA	28	REVELA	76
QUTENZA	12	<i>repaglinide</i>	51
QUVIVIQ	66	REPATHA	62

Drug Name	Page #	Drug Name	Page #
REPATHA PUSHTRONEX SYSTEM	62	<i>ritonavir</i>	48
REPATHA SURECLICK	62	RITUXAN	38
<i>reprexain</i>	11	RITUXAN HYCELA	38
REQUIP XL	40	<i>rivastigmine tartrate</i>	21
RESTASIS	103	<i>rivastigmine transdermal system</i>	22
RESTASIS MULTIDOSE	103	<i>rivelsa</i>	88
RESTORIL	111	RIVFLOZA	102
RETACRIT	55	<i>rizatriptan benzoate</i>	28
RETEVMO	33	<i>rizatriptan benzoate odt</i>	29
RETIN-A	68	ROBAXIN	111
RETIN-A MICRO	68	ROBAXIN-750	111
RETIN-A MICRO PUMP	69	ROBINUL	77
RETISERT	105	ROBINUL FORTE	77
RETROVIR IV INFUSION	47	ROCKLATAN	103
REVATIO	109	<i>roflumilast</i>	108
REVCIVI	81	ROLVEDON	55
REVLIMID	31	<i>romidepsin</i>	34
<i>revonto</i>	44	<i>ropinirole er</i>	40
REXULTI	43	<i>ropinirole hcl</i>	40
REYATAZ	48	<i>ropinirole hydrochloride</i>	40
REYVOW	28	<i>rosadan</i>	69
REZLIDHIA	36	<i>rosuvastatin calcium</i>	62
REZUROCK	97	<i>rosuvastatin/ezetimibe</i>	62
REZZAYO	27	ROSZET	62
RHOPRESSA	105	ROTARIX	98
RIABNI	38	ROTATEQ	98
<i>ribasphere</i>	45	ROWASA	99
<i>ribavirin</i>	45	<i>roweepra</i>	19
<i>ribavirin</i>	110	<i>roweepra xr</i>	19
RIDAURA	93	ROXICODONE	11
<i>rifabutin</i>	29	ROZEREM	111
RIFADIN	29	ROZLYTREK	36
<i>rifampin</i>	29	RUBRACA	36
RILUTEK	66	RUCONEST	92
<i>riluzole</i>	66	<i>rufinamide</i>	21
<i>rimantadine hydrochloride</i>	48	RUKOBIA	47
RINVOQ	93	RUXIENCE	38
RINVOQ LQ	93	RYBELSUS	51
<i>risedronate sodium</i>	100	RYBREVANT	38
<i>risedronate sodium dr</i>	100	RYDAPT	36
RISPERDAL	43	RYLAZE	34
RISPERDAL CONSTA	43	RYSTIGGO	93
<i>risperidone</i>	43	RYTARY	41
RISPERIDONE ER	43	RYTELO	36
<i>risperidone odt</i>	43	RYTHMOL SR	58
RITALIN	65	SABRIL	20
RITALIN LA	65	SAIZEN	83

Drug Name	Page #	Drug Name	Page #
SAIZEN CLICK.EASY	84	SILIQ	93
SAIZENPREP RECONSTITUTIONKIT	84	<i>silodosin</i>	82
<i>sajazir</i>	92	<i>silver sulfadiazine</i>	71
SAMSCA	75	SIMBRINZA	103
SANCUSO	26	<i>simliya</i>	88
SANDIMMUNE	97	<i>simpesse</i>	88
SANDOSTATIN	91	SIMPONI	97
SANDOSTATIN LAR DEPOT	91	SIMPONI ARIA	97
SANTYL	71	SIMULECT	93
SAPHNELO	93	SIMVASTATIN	62
SAPHRIS	43	<i>sirolimus</i>	97
<i>sapropterin dihydrochloride</i>	81	SIRTURO	29
SARCLISA	38	SITAVIG	48
SAVELLA	66	SIVEXTRO	14
SAVELLA TITRATION PACK	66	SKYCLARYS	102
<i>saxagliptin hydrochloride</i>	51	SKYLA	90
<i>saxagliptin hydrochloride/metformin</i>	51	SKYRIZI	93
<i>hydrochloride er</i>		SKYRIZI PEN	93
SCSEMBLIX	34	SKYTROFA	84
<i>scopolamine</i>	25	SMOFLIPID	102
SEASONIQUE	88	SOAANZ	61
SECUADO	43	<i>sodium bicarbonate</i>	75
SEGLENTIS	11	<i>sodium bicarbonate/dextrose</i>	74
SEGLUROMET	51	<i>sodium chloride</i>	75
<i>selegiline hcl</i>	41	<i>sodium chloride 0.45%</i>	75
<i>selenium sulfide</i>	70	<i>sodium chloride 0.9%</i>	102
SELZENTRY	47	SODIUM EDECRIN	61
SENSIPAR	100	<i>sodium oxybate</i>	112
SEREVENT DISKUS	108	<i>sodium phenylacetate/sodium benzoate</i>	102
SERNIVO	70	<i>sodium phenylbutyrate</i>	81
SEROQUEL	43	<i>sodium polystyrene sulfonate</i>	75
SEROQUEL XR	43	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	78
SEROSTIM	84	SOFDRA	71
<i>sertraline hcl</i>	24	<i>sofosbuvir/velpatasvir</i>	46
<i>sertraline hydrochloride</i>	24	SOGROYA	84
<i>setlakin</i>	88	SOHONOS	44
<i>sevelamer carbonate</i>	76	<i>solifenacin succinate</i>	82
SEYSARA	18	SOLIQUA 100/33	51
SFROWASA	99	SOLIRIS	94
<i>sharobel</i>	90	SOLTAMOX	31
SHINGRIX	98	SOMA	111
SIGNIFOR	91	SOMATULINE DEPOT	91
SIGNIFOR LAR	91	SOMAVERT	91
SIKLOS	32	SOOLANTRA	72
<i>sildenafil</i>	109	<i>sorafenib</i>	36
<i>sildenafil citrate</i>	109	<i>sorafenib tosylate</i>	36
SILENOR	111		

Drug Name	Page #	Drug Name	Page #
SORIATANE	69	SUBOXONE	13
SORILUX	71	SUBSYS	11
<i>sorine</i>	58	<i>subvenite</i>	19
<i>sotalol hcl</i>	58	<i>subvenite starter kit/blue</i>	19
<i>sotalol hcl (af)</i>	58	<i>subvenite starter kit/green</i>	19
<i>sotalol hydrochloride</i>	58	<i>subvenite starter kit/orange</i>	19
<i>sotalol hydrochloride (af)</i>	58	SUCRAID	81
<i>sotalol hydrochloride af</i>	58	<i>sucrafate</i>	78
SOTYKTU	71	<i>sulconazole nitrate</i>	27
SOVALDI	46	<i>sulfacetamide sodium</i>	104
SPEVIGO	70	<i>sulfacetamide sodium/prednisolone sodium</i>	103
SPINRAZA	81	<i>phosphate</i>	
SPIRIVA HANDIHALER	107	<i>sulfadiazine</i>	17
SPIRIVA RESPIMAT	107	<i>sulfamethoxazole/trimethoprim</i>	17
<i>spironolactone</i>	61	<i>sulfamethoxazole/trimethoprim ds</i>	17
<i>spironolactone/hydrochlorothiazide</i>	61	SULFAMYLON	72
SPORANOX	27	<i>sulfasalazine</i>	99
SPORANOX PULSEPAK	27	<i>sulfatrim pediatric</i>	17
SPRAVATO 56MG DOSE	22	<i>sulindac</i>	8
SPRAVATO 84MG DOSE	22	<i>sumatriptan</i>	29
<i>sprintec 28</i>	88	<i>sumatriptan succinate</i>	29
SPRITAM	19	<i>sumatriptan succinate refill</i>	29
SPRIX	8	<i>sumatriptan/naproxen sodium</i>	29
SPRYCEL	36	<i>sunitinib malate</i>	37
<i>sps</i>	76	SUNLENCA	47
<i>sronyx</i>	88	SUNOSI	112
<i>ssd</i>	71	SUPPRELIN LA	91
STALEVO 100	40	SUPREP BOWEL PREP KIT	78
STALEVO 125	40	SUSTIVA	46
STALEVO 150	40	SUSTOL	26
STALEVO 200	40	SUSVIMO	103
STAMARIL	98	SUTAB	78
<i>stavudine</i>	47	SUTENT	37
STEGLATRO	51	SYFOVRE	103
STEGLUJAN	52	SYLVANT	94
STELARA	94	SYMBYAX	22
STIMATE	84	SYMDEKO	108
STIMUFEND	55	SYMFI	46
STIOLTO RESPIMAT	110	SYMFI LO	46
STIVARGA	36	SYMLINPEN 120	52
STRATTERA	65	SYMLINPEN 60	52
STRENSIQ	81	SYMPAZAN	20
<i>streptomycin sulfate</i>	13	SYMPROIC	76
STRIBILD	46	SYMTUZA	48
STRIVERDI RESPIMAT	108	SYNAGIS	92
STROMECTOL	39	SYNAREL	91
SUBLOCADE	13	SYNDROS	26

Drug Name	Page #	Drug Name	Page #
SYNERA	12	TECFIDERA	67
SYNERCID	15	TECFIDERA STARTER PACK	67
SYNJARDY	52	TECVAYLI	34
SYNJARDY XR	52	TEFLARO	16
SYNRIBO	34	TEGLUTIK	66
SYNTHAMIN 17	75	TEGSEDI	81
SYNTHROID	90	<i>telmisartan</i>	57
SYPRINE	76	<i>telmisartan/amlodipine</i>	61
TABLOID	32	<i>telmisartan/hydrochlorothiazide</i>	61
TABRECTA	31	<i>temazepam</i>	111
TACHOSIL	102	TEMIXYS	47
TACLONEX	71	TEMODAR	30
<i>tacrolimus</i>	70	<i>temsirolimus</i>	37
<i>tacrolimus</i>	97	<i>tencon</i>	66
<i>tadalafil</i>	82	<i>teniposide</i>	34
<i>tadalafil</i>	109	TENIVAC	98
TADLIQ	109	<i>tenofovir disoproxil fumarate</i>	47
TAFINLAR	37	TEPADINA	30
TAGRISSO	37	TEPEZZA	94
TAKHZYRO	92	TEPMETKO	37
TALTZ	94	<i>terazosin hcl</i>	56
TALVEY	34	<i>terazosin hydrochloride</i>	56
TALZENNA	37	<i>terbinafine hcl</i>	27
TAMIFLU	48	<i>terbutaline sulfate</i>	108
<i>tamoxifen citrate</i>	31	<i>terconazole</i>	27
<i>tamsulosin hydrochloride</i>	82	<i>triflunomide</i>	67
TARCEVA	37	<i>teriparatide</i>	100
TARGRETIN	39	TESTIM	84
<i>tarina 24 fe</i>	88	<i>testosterone</i>	84
<i>tarina fe 1/20</i>	88	<i>testosterone cypionate</i>	84
<i>tarina fe 1/20 eq</i>	88	<i>testosterone enanthate</i>	84
TARPEYO	99	<i>testosterone pump</i>	84
TASCENSO ODT	67	<i>testosterone topical solution</i>	84
TASIGNA	37	<i>tetanus/diphtheria toxoids-adsorbed adult</i>	98
<i>tasimelteon</i>	111	<i>tetrabenazine</i>	66
TASMAR	40	<i>tetracycline hydrochloride</i>	18
<i>tavaborole</i>	27	TEZSPIRE	110
TAVALISSE	56	THALOMID	31
TAVNEOS	102	<i>theophylline er</i>	108
TAXOTERE	34	THIOLA	82
<i>taysofy</i>	88	THIOLA EC	82
<i>tazarotene</i>	69	<i>thioridazine hcl</i>	41
<i>tazicef</i>	16	<i>thiotepa</i>	30
<i>taztia xt</i>	59	<i>thiothixene</i>	41
TAZVERIK	34	THYMOGLOBULIN	92
TDVAX	98	THYROGEN	102
TECENTRIQ	38	<i>tiadylt er</i>	59

Drug Name	Page #	Drug Name	Page #
<i>tiagabine hydrochloride</i>	20	TOUJEO SOLOSTAR	53
TIBSOVO	37	TOVIAZ	82
TICE BCG	34	TRACLEER	109
TICOVAC	98	TRADJENTA	52
TIGAN	25	<i>tramadol hcl er</i>	9
<i>tigecycline</i>	15	<i>tramadol hydrochloride</i>	11
TIGLUTIK	66	<i>tramadol hydrochloride er</i>	9
<i>timolol maleate</i>	28	<i>tramadol hydrochloride/acetaminophen</i>	11
<i>timolol maleate</i>	105	<i>trandolapril</i>	57
<i>tinidazole</i>	15	<i>trandolapril/verapamil hcl er</i>	61
<i>tiopronin</i>	82	<i>tranexamic acid</i>	56
<i>tiopronin dr</i>	82	TRANXENE T	49
<i>tiotropium bromide</i>	107	<i>tranylcypromine sulfate</i>	23
TISSEEL	54	TRAVASOL	75
TIVDAK	38	TRAVATAN Z	105
TIVICAY	46	<i>travoprost</i>	105
TIVICAY PD	46	TRAZIMERA	38
<i>tizanidine hcl</i>	45	<i>trazodone hydrochloride</i>	24
<i>tizanidine hydrochloride</i>	45	TREANDA	30
TOBI	108	TRECTOR	29
TOBI PODHALER	108	TRELEGY ELLIPTA	110
TOBRADEX	103	TRELSTAR MIXJECT	91
TOBRADEX ST	103	TREMFYA	94
<i>tobramycin</i>	104	<i>treprostinil</i>	109
<i>tobramycin</i>	108	TRESIBA	53
<i>tobramycin sulfate</i>	13	TRESIBA FLEXTOUCH	53
<i>tobramycin/dexamethasone</i>	103	<i>tretinoin</i>	39
TOFRANIL	25	<i>tretinoin</i>	69
<i>tolbutamide</i>	52	<i>tretinoin microsphere</i>	69
<i>tolcapone</i>	40	<i>tretinoin microsphere pump</i>	69
TOLSURA	27	TREXIMET	29
<i>tolterodine tartrate</i>	82	<i>trezix</i>	11
<i>tolterodine tartrate er</i>	82	<i>tri femynor</i>	88
<i>tolvaptan</i>	76	<i>triamcinolone acetonide</i>	70
TOPAMAX	19	<i>triamcinolone acetonide</i>	83
TOPAMAX SPRINKLE	19	<i>triamcinolone acetonide dental paste</i>	68
<i>topicort</i>	70	<i>triamterene/hydrochlorothiazide</i>	61
<i>topiramate</i>	19	<i>tridacaine</i>	12
<i>topiramate er</i>	19	<i>tridacaine ii</i>	12
<i>topotecan hcl</i>	35	<i>tridacaine iii</i>	12
<i>toremifene citrate</i>	31	<i>triderm</i>	70
TORISEL	37	<i>trientine hydrochloride</i>	76
<i>torpenz</i>	37	<i>tri-estarylla</i>	88
<i>torseamide</i>	61	<i>trifluoperazine hcl</i>	41
TOSYMRA	29	<i>trifluoperazine hydrochloride</i>	41
TOTECT	39	<i>trifluridine</i>	104
TOUJEO MAX SOLOSTAR	53	<i>trihexyphenidyl hcl</i>	40

Drug Name	Page #	Drug Name	Page #
<i>trihexyphenidyl hydrochloride</i>	40	TYGACIL	15
TRIJARDY XR	52	TYKERB	37
TRIKAFTA	108	TYLENOL/CODEINE #3	11
TRILEPTAL	21	TYLENOL/CODEINE #4	11
<i>tri-linyah</i>	88	TYMLOS	100
<i>tri-lo-mili</i>	88	TYPHIM VI	98
<i>trilyte</i>	78	TYRVAYA	102
<i>trimethobenzamide hydrochloride</i>	25	TYSABRI	67
<i>trimethoprim</i>	15	TYVASO	109
<i>tri-mili</i>	88	TYVASO DPI INSTITUTIONAL KIT	109
<i>trimipramine maleate</i>	25	TYVASO DPI MAINTENANCE KIT	109
<i>trinessa</i>	89	TYVASO DPI TITRATION KIT	109
<i>trinessa lo</i>	89	TYVASO REFILL KIT	109
TRINTELLIX	24	TYVASO STARTER KIT	109
TRIOSTAT	90	UBRELVY	28
<i>tri-previfem</i>	88	UCERIS	99
TRIPTODUR	91	UDENYCA	55
TRISENOX	34	UDENYCA ONBODY	55
<i>tri-sprintec</i>	89	ULTOMIRIS	94
TRIUMEQ	47	ULTRACET	11
TRIUMEQ PD	47	ULTRAM	11
<i>trivora-28</i>	89	ULTRAVATE	70
<i>tri-vylibra</i>	89	<i>unithroid</i>	90
TRIZIVIR	47	UNITUXIN	39
TRODELVY	38	UPTRAVI	109
TROGARZO	47	UPTRAVI TITRATION PACK	109
TROKENDI XR	19	<i>urea</i>	71
TROPHAMINE	75	<i>ursodiol</i>	78
<i>tropium chloride</i>	82	UVADEX	72
<i>tropium chloride er</i>	82	UZEDY	43
TRUDHESA	28	VABOMERE	16
TRULANCE	77	VABYSMO	103
TRULICITY	52	VAFSEO	55
TRUMENBA	98	<i>valacyclovir hydrochloride</i>	48
TRUQAP	37	VALCHLOR	30
TRUSELTIQ	34	VALCYTE	45
TRUVADA	47	<i>valganciclovir</i>	45
TRUXIMA	39	<i>valganciclovir hydrochloride</i>	45
TUDORZA PRESSAIR	107	VALIUM	49
TUKYSA	34	<i>valproic acid</i>	50
<i>tulana</i>	90	<i>valrubicin</i>	34
TURALIO	37	<i>valsartan</i>	57
<i>turqoz</i>	89	<i>valsartan/hydrochlorothiazide</i>	61
TWINRIX	98	VALSTAR	34
<i>tyblume</i>	89	VALTOCO 10 MG DOSE	20
TYBOST	47	VALTOCO 15 MG DOSE	20
TYENNE	94	VALTOCO 20 MG DOSE	20

Drug Name	Page #	Drug Name	Page #
VALTOCO 5 MG DOSE	20	VEREGEN	71
VALTREX	48	VERKAZIA	103
<i>vanadom</i>	111	VERQUVO	63
VANATOL LQ	66	VERSACLOZ	44
VANATOL S	66	VERZENIO	37
VANCOCIN	15	<i>vestura</i>	89
<i>vancomycin hcl</i>	15	VEVYE	103
<i>vancomycin hydrochloride</i>	15	VFEND	27
VANFLYTA	37	VFEND IV	27
VANOS	70	V-GO 20	102
VANTAS	91	V-GO 30	102
VAQTA	98	V-GO 40	102
<i>varenicline starting month box</i>	13	VIBATIV	15
<i>varenicline tartrate</i>	13	VIBERZI	77
VARIVAX	98	<i>vicodin</i>	12
VARIZIG	92	<i>vicodin es</i>	11
VARUBI	26	<i>vicodin hp</i>	11
VASCEPA	62	VIDAZA	34
VASOTEC	57	VIEKIRA PAK	46
VAXELIS	98	<i>vienva</i>	89
<i>vecamyl</i>	61	<i>vigabatrin</i>	20
VECTIBIX	39	<i>vigadrone</i>	21
VECTICAL	71	<i>vigpoder</i>	21
VEGZELMA	39	VIIBRYD	24
VEKLURY	102	VIIBRYD STARTER PACK	24
VELCADE	34	VIJOICE	102
VELETRI	109	<i>vilazodone hydrochloride</i>	24
VELPHORO	76	VILTEPSO	81
VELSIPITY	94	VIMIZIM	81
VELTASSA	76	VIMOVO	8
VEMLIDY	45	VIMPAT	21
VENCLEXTA	37	<i>vinblastine sulfate</i>	34
VENCLEXTA STARTING PACK	37	<i>vincasar pfs</i>	34
<i>venlafaxine besylate er</i>	24	<i>vincristine sulfate</i>	34
<i>venlafaxine hcl</i>	24	VIOKACE	81
<i>venlafaxine hcl er</i>	24	<i>viorele</i>	89
<i>venlafaxine hydrochloride</i>	24	VIRACEPT	48
<i>venlafaxine hydrochloride er</i>	24	VIRAMUNE	47
VENTAVIS	109	VIRAMUNE XR	46
VENTOLIN HFA	108	VIRAZOLE	110
VEOPOZ	94	VIREAD	47
<i>verapamil hcl</i>	59	VISTOGARD	102
<i>verapamil hcl er</i>	59	VISUDYNE	103
<i>verapamil hcl sr</i>	59	VITRAKVI	37
<i>verapamil hydrochloride</i>	59	VIVIMUSTA	30
<i>verapamil hydrochloride er</i>	59	VIVITROL	12
VERDESO	70	VIVJOA	27

Drug Name	Page #	Drug Name	Page #
VIVLODEX	8	XALKORI	37
VIZIMPRO	37	XANAX	50
VOCABRIA	46	XANAX XR	50
VOGELXO	84	XARELTO	54
VOGELXO PUMP	85	XARELTO STARTER PACK	54
VOLTAREN	8	XATMEP	97
VONJO	34	XCOPRI	19
VOQUEZNA	78	XELJANZ	94
VOQUEZNA DUAL PAK	15	XELJANZ XR	94
VOQUEZNA TRIPLE PAK	15	XELPROS	105
VORAXAZE	39	XELSTRYM	63
<i>voriconazole</i>	27	XEMBIFY	92
VOSEVI	46	XENAZINE	66
VOTRIENT	37	XENICAL	102
VOWST	78	XENLETA	15
VOXZOGO	102	XENPOZYME	75
VPRIV	81	XEOMIN	45
VRAYLAR	43	XERAVA	18
VTAMA	71	XERESE	72
<i>vtol lq</i>	66	XERMELO	77
VUITY	105	XGEVA	100
VUMERITY	67	XIAFLEX	81
VYEPTI	28	XIFAXAN	78
<i>vyfemla</i>	89	XIGDUO XR	52
VYJUVEK	102	XIIDRA	103
<i>vylibra</i>	89	XIPERE	105
VYNDAMAX	61	XOFLUZA	48
VYNDAQEL	81	XOLAIR	94
VYONDYS 53	81	XOLREMDI	56
VYVGART	94	XOPENEX	108
VYVGART HYTRULO	94	XOPENEX CONCENTRATE	108
VYXEOS	32	XOPENEX HFA	108
VYZULTA	105	XOSPATA	37
WAINUA	81	XPHOZAH	76
WAKIX	112	XPOVIO	34
<i>warfarin sodium</i>	54	XPOVIO 100 MG ONCE WEEKLY	34
WELIREG	37	XPOVIO 40 MG ONCE WEEKLY	34
WELLBUTRIN SR	22	XPOVIO 40 MG TWICE WEEKLY	34
WELLBUTRIN XL	22	XPOVIO 60 MG ONCE WEEKLY	34
<i>wera</i>	89	XPOVIO 60 MG TWICE WEEKLY	34
WINLEVI	72	XPOVIO 80 MG ONCE WEEKLY	34
WINREVAIR	109	XPOVIO 80 MG TWICE WEEKLY	34
WINRHOSDF	92	XTAMPZA ER	9
<i>wixela inhub</i>	110	XTANDI	31
WYNZORA	72	XULTOPHY 100/3.6	52
XACDURO	15	XURIDEN	81
XADAGO	41	<i>xylon</i>	12

Drug Name	Page #	Drug Name	Page #
XYOSTED	85	ZILBRYSQ	94
XYREM	112	<i>zileuton er</i>	106
XYWAV	112	ZIMHI	13
<i>yargesa</i>	81	ZINPLAVA	78
YERVOY	39	<i>ziprasidone hcl</i>	43
YF-VAX	98	<i>ziprasidone mesylate</i>	43
YONDELIS	30	ZIPSOR	8
YONSA	31	ZIRABEV	39
YOSPRALA	56	ZIRGAN	104
YUFLYMA 1-PEN KIT	97	ZOFRAN	26
YUFLYMA 2-PEN KIT	97	ZOHYDRO ER	9
YUFLYMA 2-SYRINGE KIT	97	ZOKINVY	102
YUFLYMA CD/UC/HS STARTER	97	ZOLADEX	91
YUPELRI	107	<i>zoledronic acid</i>	100
YUTIQ	105	ZOLINZA	34
<i>yuvafem</i>	89	<i>zolmitriptan</i>	29
<i>zafirlukast</i>	106	<i>zolmitriptan odt</i>	29
<i>zaleplon</i>	111	<i>zolpidem tartrate</i>	111
ZALTRAP	34	<i>zolpidem tartrate er</i>	111
ZANOSAR	30	ZOMACTON	84
ZARXIO	56	<i>zomig</i>	29
ZAVESCA	81	ZOMIG ZMT	29
<i>zazole</i>	27	ZONALON	70
ZEGALOGUE	52	ZONEGRAN	21
ZEGERID	79	ZONISADE	21
ZEJULA	37	<i>zonisamide</i>	21
ZELAPAR	41	ZORBTIVE	78
ZELBORAF	37	ZORTRESS	97
ZELNORM	78	ZORYVE	70
ZEMAIRA	81	ZORYVE	72
ZEMBRACE SYMTOUCH	29	<i>zovia 1/35</i>	89
ZEMDRI	14	<i>zovia 1/35e</i>	89
ZEMPLAR	100	<i>zovia 1/50e</i>	89
<i>zenatane</i>	69	ZOVIRAX	73
<i>zenchent</i>	89	ZTALMY	66
<i>zenchent fe</i>	89	ZTLIDO	12
ZENPEP	81	ZUBSOLV	13
<i>zenzedi</i>	63	ZUPLENZ	26
ZEPATIER	46	ZURZUVAE	22
ZEPOSIA	67	ZYBAN	13
ZEPOSIA 7-DAY STARTER PACK	67	ZYCLARA	72
ZEPOSIA STARTER KIT	67	ZYCLARA PUMP	72
ZEPZELCA	30	ZYDELIG	37
ZERBAXA	16	ZYFLO	106
ZEVALIN Y-90	39	ZYKADIA	37
<i>zidovudine</i>	47	ZYLET	103
ZIEXTENZO	56	ZYNLONTA	39

Drug Name	Page #
ZYNYZ	39
ZYPITAMAG	62
ZYPREXA	43
ZYPREXA RELPREVV	43
ZYPREXA ZYDIS	43
ZYTIGA	31
ZYVOX	15



Nondiscrimination notice and access to communication services

Optum Rx and its family of affiliated Optum companies do not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format, such as large print, or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week.

If you believe we have failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can send a complaint to:

Optum Rx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

Phone: **1-800-562-6223 (TTY 711)**
Fax: 1-855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card (TTY 711). Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Department of Health and Human Services online, by phone, or by mail:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at:
<https://www.hhs.gov/ocr/complaints/index.html>

Phone: Toll-free **1-800-368-1019**, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-505-8106. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-505-8106. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-505-8106。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-505-8106。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-505-8106. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-505-8106. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-505-8106 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-505-8106. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-505-8106 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-505-8106. 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 . سيقوم شخص ما يتحدث العربية 1-855-505-8106 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-505-8106 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-505-8106. 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 1-855-505-8106. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-505-8106. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-505-8106. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-855-505-8106 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on July 30, 2024, and is a complete list of drugs covered by our plan.

For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): 1-855-505-8106
TTY users: 711
Hours of operation: 24 hours a day, 7 days a week
Website: optumrx.com/calpers



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