

## State Health Plan PPO Medicare Prescription Drug Plan (PDP) Your 2024 Comprehensive Formulary

Administered by Optum Rx®

Effective January 1, 2024



**Please read: this document contains information about the drugs we cover in this plan.** This comprehensive formulary was updated on September 5, 2023, and is a complete list of drugs covered by our plan. For more recent information or if you have questions, please contact:

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### Optum Rx Member Services

**Phone (toll-free):** 1-866-635-5941  
**TTY users:** 711  
**Hours of operation:** 24 hours a day, 7 days a week  
**Website:** [Optumrx.com](https://www.optumrx.com)

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**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 State Health Plan PPO Medicare 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 State Health Plan PPO in consultation with Optum Rx and a team of healthcare providers, which 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 60-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 January 1, 2024. To get updated information about covered drugs, please contact Optum Rx. You may also visit our website at [Optumrx.com](http://Optumrx.com) 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 111. 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	Most 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 (or 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 and will not be dispensed in more than a 30-day supply.

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:

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<b>Prior Authorization (PA)</b>	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.
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<b>Quantity Limits (QL)</b>	For certain drugs, there is a limit on the amount of the drug we will cover.
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<b>Step Therapy (ST)</b>	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.
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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. 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 Optum Rx 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 2 options:

- You can ask Optum Rx 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.

State Health Plan PPO offers supplemental coverage (also called WRAP coverage) on **some** prescription drugs not normally covered under Medicare Part D. Please contact Optum Rx for any questions regarding your supplemental coverage.

### **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).

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary, or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor (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 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.

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## **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), TTY 1-877-486-2048, 24 hours a day, 7 days a week. You may also visit [medicare.gov](http://medicare.gov).

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## 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 111.

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>B/D</b>	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
<b>NDS</b>	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
<b>PA</b>	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.
<b>QL</b>	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
<b>ST</b>	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
<b>Analgesics</b>		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
CAMBIA	3	
CATAFLAM	3	NDS
CELEBREX	3	QL(60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL(60 EA per 30 days)
<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>	3	
<i>diclofenac sodium er</i>	3	
<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
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 SUPPOSITORY, SUSPENSION	3	
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	
KETOROLAC TROMETHAMINE NASAL SOLUTION 15.75MG/SPRAY	3	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
LODINE TABLET 400MG	3	
LOFENA	3	NDS
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	

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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 500MG	3	NDS
NAPROSYN SUSPENSION	3	NDS
<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</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	3	NDS
<i>oxaprozin</i>	1	
PENNSAID SOLUTION	3	PA; NDS
<i>piroxicam capsule</i>	1	
<i>profeno</i>	1	
RELAFEN	3	NDS
RELAFEN DS	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
<b><i>Opioid Analgesics, Long-acting</i></b>		
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>	3	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
INFUMORPH 500	3	B/D; NDS
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	NDS

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Last Updated: September 2023

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Drug Name	Drug Tier	Requirements/Limits
<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
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 15MG, 30MG, 40MG, 60MG, 80MG	3	ST; NDS
OXYCODONE HYDROCHLORIDE ER	3	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 hydrochlorideer</i>	1	NDS
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	PA; NDS
<i>tramadol hcl er capsule extended release 24 hour 150mg</i>	3	PA; NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hydrochloride er</i>	1	NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR	3	ST; NDS
<b><i>Opioid Analgesics, Short-acting</i></b>		
<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
BENZHYDROCODONE/ACETAMINOPHEN	3	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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Drug Name	Drug Tier	Requirements/Limits
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	3	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
FENTANYL CITRATE TABLET	3	PA; NDS
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D; NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA; NDS
FIORICET/CODEINE CAPSULE 300MG; 50MG; 40MG; 30MG	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
LORTAB ELIXIR 300MG/15ML; 10MG/15ML	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
<i>morphine sulfate oral solution, suppository, tablet</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<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>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	NDS
NALOCET	3	NDS
NORCO	3	NDS
NUCYNTA	3	NDS
OPANA TABLET	3	NDS
OXAYDO	3	NDS
OXYCODONE AND ACETAMINOPHEN	3	NDS
<i>oxycodone hcl capsule</i>	1	NDS
<i>oxycodone hydrochloride</i>	1	NDS
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLUTION 300MG/5ML; 10MG/5ML	3	NDS
<i>oxycodone hydrochloride/acetaminophen solution 325mg/5ml; 5mg/5ml</i>	1	NDS
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 2.5MG, 300MG; 5MG	3	NDS
<i>oxycodone/acetaminophen tablet 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
PERCOCET TABLET 325MG; 10MG, 325MG; 2.5MG, 325MG; 5MG, 325MG; 7.5MG	3	NDS
PRIMLEV	3	NDS
PROLATE	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 hcl tablet</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
TRAMADOL HYDROCHLORIDE SOLUTION	3	NDS
<i>tramadol hydrochloride tablet 100mg</i>	1	NDS
TREZIX CAPSULE 320.5MG; 30MG; 16MG	3	QL(300 EA per 30 days); NDS
TYLENOL/CODEINE #3	3	NDS
TYLENOL/CODEINE #4	3	NDS
ULTRACET	3	NDS
ULTRAM	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>vicodin es tablet 300mg; 7.5mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	1	NDS
<i>vicodin tablet 300mg; 5mg</i>	1	NDS
<i>xylon</i>	1	NDS
<b>Anesthetics</b>		
<b><i>Local Anesthetics</i></b>		
<i>glydo</i>	1	QL(30 ML per 30 days); PA
LIDOCAINE AND TETRACAINE CREAM	3	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 hcl external solution 4%</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
LIDOCAINE/TETRACAINE CREAM 7%; 7%	3	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
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	
ZTLIDO	3	QL(90 EA per 30 days); PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b><i>Alcohol Deterrents/Anti-craving</i></b>		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	3	NDS
<b><i>Opioid Dependence</i></b>		
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
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL(60 EA per 30 days)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
<b><i>Opioid Reversal Agents</i></b>		
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
<b><i>Smoking Cessation Agents</i></b>		
<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 PAK	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)
<b>Antibacterials</b>		
<b><i>Aminoglycosides</i></b>		
<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	
HUMATIN	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	
ZEMDRI	3	NDS
<b><i>Antibacterials, Other</i></b>		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
AEMCOLO	3	PA
<i>aztreonam</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 150mg, 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hcl</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	3	
FURADANTIN	3	NDS
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
<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>	3	
<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	
NITROFURANTOIN SUSPENSION 50MG/5ML	3	NDS
<i>nitrofurantoin suspension 25mg/5ml</i>	1	NDS
ORBACTIV	3	NDS
PRIMSOL	3	
SIVEXTRO	3	QL(6 EA per 30 days); NDS
SYNERCID INJECTION 350MG; 150MG	3	NDS
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	3	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
<b><i>Beta-lactam, Cephalosporins</i></b>		
AVYCAZ	3	NDS
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm</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	
<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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
ZERBAXA	3	NDS
<b>Beta-lactam, Penicillins</b>		
<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 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	
NAFCILLIN	3	NDS
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	1	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 10gm</i>	3	
<i>penicillin g sodium</i>	1	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	
<b>Carbapenems</b>		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%	3	
<i>meropenem/sodium chloride injection 500mg; 0.9%</i>	3	
MERREM INJECTION 1GM	3	
RECARBRIO	3	NDS
VABOMERE	3	
<b>Macrolides</b>		
<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	
DIFICID	3	NDS
ERYPED 400	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	1	NDS
<b>Quinolones</b>		
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	
<b>Sulfonamides</b>		
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
<b>Tetracyclines</b>		
<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	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	
<i>mondoxyne nl capsule 100mg, 50mg</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<b>Anticonvulsants</b>		
<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	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	3	PA; NDS
<b><i>Calcium Channel Modifying Agents</i></b>		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
<b><i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i></b>		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL(300 EA per 30 days)
<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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
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
<i>vigadrone</i>	1	PA; NDS
<b><i>Sodium Channel Agents</i></b>		
APTIOM	3	NDS
BANZEL	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	1	
<i>lacosamide injection, tablet</i>	1	
<i>lacosamide oral solution</i>	3	
<i>oxcarbazepine</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
<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	
<b>Antidementia Agents</b>		
<b><i>Antidementia Agents, Other</i></b>		
<i>ergoloid mesylates tablet</i>	3	
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
<b><i>Cholinesterase Inhibitors</i></b>		
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	
<i>rivastigmine transdermal system</i>	1	
<b><i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i></b>		
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR	3	QL(30 EA per 30 days)
<b>Antidepressants</b>		
<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
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
BRISDELLE	3	QL(30 EA per 30 days)
CITALOPRAM HYDROBROMIDE CAPSULE	3	ST
<i>citalopram hydrobromide solution, tablet</i>	1	
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)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL(120 EA per 30 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL(30 EA per 30 days); ST
<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 25mg, 50mg</i>	1	QL(30 EA per 30 days)
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 hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution</i>	1	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride 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>	3	
<i>paroxetine</i>	1	QL(30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>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 25mg, 50mg</i>	1	
SERTRALINE HYDROCHLORIDE CAPSULE	3	ST
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER	3	ST
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	
<i>venlafaxine hydrochloride er tablet extended release 24 hour</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)
<b>Tricyclics</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	3	NDS
<i>protriptyline hcl</i>	1	
TOFRANIL TABLET	3	NDS
<i>trimipramine maleate capsule</i>	1	
<b>Antiemetics</b>		
<b><i>Antiemetics, Other</i></b>		
<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
<b><i>Emetogenic Therapy Adjuncts</i></b>		
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
<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 30 days); B/D
ZOFRAN TABLET 4MG, 8MG	3	B/D; NDS
ZUPLENZ FILM 4MG	3	B/D
ZUPLENZ FILM 8MG	3	B/D; NDS
<b>Antifungals</b>		
<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>caspofungin 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>ketconazole shampoo, tablet</i>	1	
<i>ketconazole cream</i>	1	QL(90 GM per 30 days)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<b>Antigout Agents</b>		
<b><i>Antigout Agents</i></b>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
COLCHICINE CAPSULE	2	
<i>colchicine tablet 0.6mg</i>	2	
<i>febuxostat</i>	1	
GLOPERBA	3	ST
KRYSTEXXA	3	PA; NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
<b>Antimigraine Agents</b>		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<b><i>Ergot Alkaloids</i></b>		
CAFERGOT TABLET	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
ERGOMAR	3	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL(24 EA per 28 days)
MIGERGOT	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
<b><i>Prophylactic</i></b>		
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
<b><i>Serotonin (5-HT) Receptor Agonist</i></b>		
<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: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
ZOMIG TABLET	3	QL(12 EA per 30 days); NDS
ZOMIG SOLUTION 5MG	3	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b><i>Parasympathomimetics</i></b>		
GUANIDINE HCL	3	
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
<i>pyridostigmine bromide solution</i>	1	
<i>pyridostigmine bromide tablet 60mg</i>	1	
<b>Antimycobacterials</b>		
<b><i>Antimycobacterials, Other</i></b>		
<i>dapsone tablet 100mg, 25mg</i>	1	
MYCOBUTIN	3	NDS
<i>rifabutin</i>	1	
<b><i>Antituberculars</i></b>		
CAPASTAT SULFATE	3	NDS
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrup, tablet</i>	1	
<i>isoniazid injection</i>	3	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	3	NDS
<i>rifampin capsule, injection</i>	1	
SIRTURO	3	NDS
TRECTOR	3	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastics</b>		
<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
CISPLATIN INJECTION 50MG	3	NDS
CYCLOPHOSPHAMIDE MONOHYDRATE INJECTION	3	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML, 2GM/10ML, 500MG/2.5ML	3	NDS
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	1	NDS
<i>cyclophosphamide injection 500mg/ml</i>	3	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
EULEXIN	3	NDS
<i>flutamide</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
NILANDRON TABLET 150MG	3	NDS
<i>nilutamide</i>	1	NDS
NUBEQA	3	PA; NDS
XTANDI	3	PA; NDS
YONSA	3	PA; NDS
ZYTIGA	3	PA; NDS
<b><i>Antiangiogenic Agents</i></b>		
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
<b><i>Antiestrogens/Modifiers</i></b>		
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
<b><i>Antimetabolites</i></b>		
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>nelarabine</i>	1	NDS
NIPENT	3	NDS
<i>pemetrexed disodium</i>	1	NDS
PEMETREXED INJECTION 1GM/40ML, 850MG/34ML	3	
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	3	NDS
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	1	NDS
PEMFEXY	3	NDS
PRALATREXATE	3	PA; NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA; NDS
TABLOID	3	
VYXEOS	3	PA; NDS
<b><i>Antineoplastics, Other</i></b>		
ABRAXANE	3	NDS
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	1	B/D
ADSTILADRIN	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
BORTEZOMIB INJECTION 3.5MG	3	PA; NDS
<i>bortezomib injection 1mg, 2.5mg</i>	1	PA
<i>bortezomib injection 3.5mg</i>	1	PA; NDS
<i>bortezomib injection 3.5mg/1.4ml</i>	3	PA
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
ERWINASE	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
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
INREBIC	3	PA; NDS
ISTODAX (OVERFILL)	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
ONCASPAR	3	NDS
ONUREG	3	PA; NDS
ORSERDU	3	PA; NDS
PACLITAXEL PROTEIN-BOUND PARTICLES	3	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
ROMIDEPSIN INJECTION 27.5MG/5.5ML	3	PA; NDS
<i>romidepsin injection 10mg</i>	1	PA; NDS
RYLAZE	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABLET 40MG	3	PA; NDS
SCEMBLIX TABLET 20MG	3	QL(60 EA per 30 days); PA; NDS
SYNRIBO	3	PA; 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</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
<b><i>Antineoplastics</i></b>		
OPDUALAG	3	PA; NDS
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tablet</i>	1	
ARIMIDEX	3	
AROMASIN	3	NDS
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<b><i>Enzyme Inhibitors</i></b>		
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
KYPROLIS	3	PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
ONIVYDE	3	NDS
<i>topotecan hcl injection 4mg</i>	1	NDS
<b><i>Molecular Target Inhibitors</i></b>		
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	PA; NDS
FARYDAK	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
<i>imatinib mesylate</i>	1	PA
IMBRUVICA	3	PA; NDS
INLYTA	3	PA; NDS
INQOVI	3	PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>sorafenib</i>	1	PA; NDS
<i>sorafenib tosylate</i>	1	PA; NDS
SPRYCEL	3	PA; NDS
STIVARGA	3	PA; NDS
<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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus</i>	1	NDS
TEPMETKO	3	PA; NDS
TIBSOVO	3	PA; NDS
TORISEL	3	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
<b><i>Monoclonal Antibody/Antibody-Drug Conjugate</i></b>		
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
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
LUMOXITI	3	PA; NDS
MARGENZA	3	PA; NDS
MONJUVI	3	PA; NDS
MVASI	3	PA; NDS
MYLOTARG	3	PA; NDS
OGIVRI INJECTION 1.1%; 420MG, 150MG	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; NDS
RITUXAN HYCELA	3	PA; NDS
RUXIENCE	3	PA; NDS
RYBREVAANT	3	PA; NDS
SARCLISA	3	PA; NDS
TECENTRIQ	3	PA; NDS
TIVDAK	3	PA; NDS
TRAZIMERA	3	PA; NDS
TRODELVY	3	PA; NDS
TRUXIMA	3	PA; NDS
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
<b>Retinoids</b>		
<i>bexarotene</i>	1	PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
PANRETIN	3	NDS
TARGRETIN	3	PA; NDS
<i>tretinoin capsule 10mg</i>	1	NDS
<b><i>Treatment Adjuncts</i></b>		
<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
<b>Antiparasitics</b>		
<b><i>Anthelmintics</i></b>		
<i>albendazole tablet</i>	1	NDS
ALBENZA	3	NDS
EMVERM	3	
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
STROMECTOL TABLET 3MG	3	PA
<b><i>Antiprotozoals</i></b>		
ALINIA	3	NDS
ARTESUNATE	3	NDS
<i>atovaquone</i>	1	
<i>atovaquone/proguanil hcl</i>	1	
BENZNIDAZOLE	2	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	PA; NDS
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON SUSPENSION	3	NDS
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
<b>Antiparkinson Agents</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate tablet</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
COGENTIN INJECTION	3	NDS
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<b><i>Antiparkinson Agents, Other</i></b>		
<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
<b><i>Dopamine Agonists</i></b>		
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>	3	
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	
<b><i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i></b>		
<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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<b><i>Monoamine Oxidase B (MAO-B) Inhibitors</i></b>		
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
<b>Antipsychotics</b>		
<b><i>1st Generation/Typical</i></b>		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate, injection, tablet</i>	1	
<i>fluphenazine hydrochloride elixir</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	
<b><i>2nd Generation/Atypical</i></b>		
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
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABLET 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)
<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
<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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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); ST
VRAYLAR CAPSULE	3	QL(30 EA per 30 days); ST; 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
<b>Treatment-Resistant</b>		
<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)
<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
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
BACLOFEN ORAL SOLUTION, SUSPENSION	3	ST; NDS
<i>baclofen tablet</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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; NDS
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
<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
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
<b>Antivirals</b>		
<b><i>Anti-cytomegalovirus (CMV) Agents</i></b>		
<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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-hepatitis B (HBV) Agents</b>		
<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
<b>Anti-hepatitis C (HCV) Agents</b>		
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
LEDIPASVIR/SOFOSBUVIR	3	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	
SOFOSBUVIR/VELPATASVIR	3	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
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
APRETUDE	3	NDS
BIKTARVY	3	QL(30 EA per 30 days); NDS
CABENUVA	3	NDS
DOVATO	3	QL(30 EA per 30 days); NDS
GENVOYA	3	QL(30 EA per 30 days); NDS
ISENTRESS HD	3	NDS
ISENTRESS PACKET, TABLET	3	NDS
ISENTRESS TABLET CHEWABLE 25MG	2	
ISENTRESS TABLET CHEWABLE 100MG	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
JULUCA	3	QL(30 EA per 30 days); NDS
STRIBILD	3	QL(30 EA per 30 days); NDS
TIVICAY PD	3	
TIVICAY TABLET 10MG	3	
TIVICAY TABLET 25MG, 50MG	3	NDS
VOCABRIA	3	NDS
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
ATRIPLA	3	QL(30 EA per 30 days); NDS
COMPLERA	3	QL(30 EA per 30 days); NDS
DELSTRIGO	3	QL(30 EA per 30 days); NDS
EDURANT	3	NDS
<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); NDS
<i>etravirine tablet 100mg</i>	1	
<i>etravirine tablet 200mg</i>	1	NDS
INTELENCE TABLET 100MG, 25MG	3	
INTELENCE TABLET 200MG	3	NDS
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	3	NDS
SUSTIVA TABLET	3	NDS
SUSTIVA CAPSULE 200MG	3	NDS
SYMFI	3	QL(30 EA per 30 days); NDS
SYMFI LO	3	QL(30 EA per 30 days); NDS
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	NDS
VIRAMUNE TABLET	3	NDS
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<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); NDS
CIMDUO	3	QL(30 EA per 30 days); NDS
COMBIVIR	3	QL(60 EA per 30 days); NDS
DESCOVY	3	QL(30 EA per 30 days); NDS
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	1	QL(30 EA per 30 days); NDS
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	1	QL(30 EA per 30 days)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	1	QL(30 EA per 30 days); NDS
EMTRIVA SOLUTION	3	
EPZICOM	3	QL(30 EA per 30 days); NDS
<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); NDS
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	3	
TEMIXYS	3	QL(30 EA per 30 days); NDS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	3	QL(30 EA per 30 days); NDS
TRIUMEQ PD	3	QL(180 EA per 30 days); NDS
TRIZIVIR	3	QL(60 EA per 30 days); NDS
TRUVADA	3	QL(30 EA per 30 days); NDS
VIREAD	3	NDS
<i>zidovudine</i>	1	
<b><i>Anti-HIV Agents, Other</i></b>		
FUZEON	3	NDS
<i>maraviroc</i>	1	NDS
RUKOBIA	3	NDS
SELZENTRY SOLUTION	3	NDS
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 150MG, 300MG, 75MG	3	NDS
SUNLENCA	3	NDS
TROGARZO	3	NDS
TYBOST	3	
<b><i>Anti-HIV Agents, Protease Inhibitors (PI)</i></b>		
APTIVUS	3	NDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate capsule 300mg</i>	1	
<i>darunavir</i>	1	NDS
EVOTAZ	3	QL(30 EA per 30 days); NDS
<i>fosamprenavir calcium</i>	1	NDS
INVIRASE TABLET	3	NDS
KALETRA SOLUTION	3	NDS
KALETRA TABLET 200MG; 50MG	3	NDS
LEXIVA SUSPENSION	3	
LEXIVA TABLET	3	NDS
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, SOLUTION	3	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX	3	QL(30 EA per 30 days); NDS
PREZISTA SUSPENSION	3	NDS
PREZISTA TABLET 150MG, 75MG	3	
PREZISTA TABLET 600MG, 800MG	3	NDS
REYATAZ	3	NDS
<i>ritonavir</i>	1	
SYMTUZA	3	QL(30 EA per 30 days); NDS
VIRACEPT	3	NDS
<b>Anti-influenza Agents</b>		
<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)
<b>Antiherpetic Agents</b>		
<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 hcl tablet 1gm</i>	1	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	1	QL(120 EA per 30 days)
VALTREX	3	QL(120 EA per 30 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>bupirone hcl tablet 15mg, 30mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
<b>Benzodiazepines</b>		
<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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL(120 EA per 30 days)
XANAX TABLET 2MG	3	QL(150 EA per 30 days)
<b>Bipolar Agents</b>		
<i>Mood Stabilizers</i>		
DEPAKENE SOLUTION	3	NDS
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
<i>valproic acid capsule, solution</i>	1	
<b>Blood Glucose Regulators</b>		
<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
ALOGLIPTIN	3	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	3	ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	ST
ALOGLIPTIN/PIOGLITAZONE	3	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	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
INVOKAMET	3	ST
INVOKAMET XR	3	ST
INVOKANA	3	ST
JANUMET	2	
JANUMET XR	2	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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 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, 5.5MG/ML; 14MG/ML; 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>	3	QL(30 EA per 30 days); ST
SAXAGLIPTIN HYDROCHLORIDE/METFORMIN HYDROCHLORIDE ER	3	ST
SEGLUROMET	3	ST
SOLIQUA 100/33	2	PA
STEGLATRO	3	ST
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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR	2	
TRULICITY	2	QL(2 ML per 28 days); PA
XIGDUO XR	2	
XULTOPHY 100/3.6	3	
ZEGALOGUE	3	ST
<b><i>Glycemic Agents</i></b>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	
GLUCAGEN HYPOKIT	3	ST
GLUCAGON EMERGENCY KIT	2	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<b><i>Insulins</i></b>		
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	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
INSULIN LISPRO	2	
LANTUS	2	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	
<b>Blood Products and Modifiers</b>		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	1	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	NDS
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>	3	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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
<b><i>Blood Products and Modifiers, Other</i></b>		
ADAKVEO	3	PA; NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	3	PA
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
FULPHILA	3	PA; NDS
FYLNETRA	3	PA; NDS
GRANIX	3	ST; NDS
LEUKINE INJECTION 250MCG	3	PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
MOZOBIL	3	QL(38.4 ML per 365 days); PA; 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
PLERIXAFOR	3	QL(38.4 ML per 365 days); PA; 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
ZARXIO	3	NDS
ZIEXTENZO	3	PA; NDS
<b>Hemostasis Agents</b>		
AMICAR SOLUTION, TABLET	3	NDS
<i>aminocaproic acid solution, tablet</i>	1	NDS
<i>tranexamic acid tablet</i>	1	
<b>Platelet Modifying Agents</b>		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
ASPIRIN/OMEPRAZOLE	3	QL(30 EA per 30 days)
BRILINTA	2	
CABLIVI	3	QL(30 EA per 30 days); PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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</i>	1	
TAVALISSE	3	PA; NDS
YOSPRALA	3	QL(30 EA per 30 days)
<b>Cardiovascular Agents</b>		
<b><i>Alpha-adrenergic Agonists</i></b>		
CLONIDINE ER	3	ST
<i>clonidine hcl patch weekly</i>	1	
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	1	PA; NDS
<i>guanfacine hydrochloride tablet 1mg, 2mg</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
<b><i>Alpha-adrenergic Blocking Agents</i></b>		
DIBENZYLIN	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	
<b><i>Angiotensin II Receptor Antagonists</i></b>		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	3	ST; NDS
<i>valsartan tablet</i>	1	
<b><i>Angiotensin-converting Enzyme (ACE) Inhibitors</i></b>		
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	
<i>quinapril hcl tablet 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	3	NDS
<b>Antiarrhythmics</b>		
<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	
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	
SOTALOL HYDROCHLORIDE INJECTION	3	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl capsule 400mg</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 hydrochloride</i>	1	
<i>nebivolol tablet 10mg, 20mg, 5mg</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	
<b><i>Calcium Channel Blocking Agents, Dihydropyridines</i></b>		
<i>afeditab cr</i>	1	
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	3	NDS
CONJUPRI	3	ST
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
LEVAMLODIPINE	3	ST
<i>nicardipine hcl capsule</i>	3	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 6MG/ML	3	NDS
<b><i>Calcium Channel Blocking Agents, Nondihydropyridines</i></b>		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024  
Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	
<b>Cardiovascular Agents, Other</b>		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<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 hcl/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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	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	
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	
<i>pentoxifylline er</i>	3	
<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	
VECAMYL	3	NDS
VYNDAMAX	3	QL(30 EA per 30 days); PA; NDS
<b><i>Diuretics, Loop</i></b>		
<i>bumetanide injection, tablet</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	
<b><i>Diuretics, Potassium-sparing</i></b>		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
<b><i>Diuretics, Thiazide</i></b>		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
<b><i>Dyslipidemics, Fibric Acid Derivatives</i></b>		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
FENOGLIDE TABLET 120MG	3	
<i>gemfibrozil tablet</i>	1	
<b><i>Dyslipidemics, HMG CoA Reductase Inhibitors</i></b>		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST
ATORVALIQ	3	ST
<i>atorvastatin calcium</i>	1	
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>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
SIMVASTATIN SUSPENSION	3	ST
<i>simvastatin tablet</i>	1	
ZYPITAMAG TABLET 2MG, 4MG	3	ST
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
EZETIMIBE/ROSUVASTATIN	3	ST
<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
LOVAZA	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
ROSZET	3	ST
VASCEPA	2	
<b><i>Vasodilators, Direct-acting Arterial/Venous</i></b>		
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	
NITRO-BID	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	2	QL(30 EA per 30 days); PA
<b><i>Vasodilators, Direct-acting Arterial</i></b>		
<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>	3	
<b>Central Nervous System Agents</b>		
<b><i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i></b>		
ADDERALL	3	QL(90 EA per 30 days)
ADDERALL XR	3	QL(60 EA per 30 days)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine 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 30mg</i>	1	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL(90 EA per 30 days)
DYANAVEL 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)
ZENZEDI TABLET 10MG	3	QL(180 EA per 30 days)
ZENZEDI TABLET 2.5MG, 7.5MG	3	QL(240 EA per 30 days)
ZENZEDI TABLET 30MG	3	QL(60 EA per 30 days)
ZENZEDI TABLET 15MG, 20MG, 5MG	3	QL(90 EA per 30 days)
<b><i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i></b>		
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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 er</i>	1	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	1	
<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, 27mg, 54mg</i>	1	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	1	QL(60 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)
<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	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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<b>Central Nervous System, Other</b>		
ALLZITAL	3	
AUSTEDO	3	QL(120 EA per 30 days); PA; NDS
BUPAP TABLET 300MG; 50MG	3	
BUTALBITAL/ACETAMINOPHEN CAPSULE	3	NDS
<i>butalbital/acetaminophen tablet</i>	1	
<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
EXSERVAN	3	PA; NDS
FIORINAL CAPSULE	3	
FIRDAPSE	3	QL(240 EA per 30 days); PA; NDS
INGREZZA CAPSULE THERAPY PACK	3	QL(56 EA per 365 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
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	PA; NDS
<i>riluzole</i>	1	PA
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine</i>	1	PA
TIGLUTIK	3	PA; NDS
VANATOL LQ	3	NDS
VANATOL S	3	NDS
VTOL LQ	3	NDS
XENAZINE	3	PA; NDS
ZTALMY	3	PA; NDS
<b>Fibromyalgia Agents</b>		
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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin capsule 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)
<b>Multiple Sclerosis Agents</b>		
AMPYRA	3	QL(60 EA per 30 days); PA; NDS
AUBAGIO	3	QL(30 EA per 30 days); PA; NDS
AVONEX PEN	3	QL(4 EA per 28 days); PA; NDS
AVONEX INJECTION 30MCG/0.5ML	3	QL(4 EA per 28 days); PA; NDS
BAFIERTAM	3	QL(120 EA per 30 days); PA; NDS
BETASERON	3	QL(15 EA per 30 days); PA; NDS
BRIUMVI	3	PA; NDS
COPAXONE INJECTION 40MG/ML	3	QL(12 ML per 28 days); PA; NDS
COPAXONE INJECTION 20MG/ML	3	QL(30 ML per 30 days); PA; NDS
<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; NDS
EXTAVIA	3	QL(15 EA per 30 days); PA; NDS
<i>fingolimod</i>	1	QL(30 EA per 30 days); PA; NDS
GILENYA	3	QL(30 EA per 30 days); PA; NDS
<i>glatiramer acetate injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA; NDS
<i>glatiramer acetate injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA; NDS
<i>glatopa injection 40mg/ml</i>	1	QL(12 ML per 28 days); PA; NDS
<i>glatopa injection 20mg/ml</i>	1	QL(30 ML per 30 days); PA; NDS
KESIMPTA	3	QL(0.4 ML per 28 days); PA; NDS
MAVENCLAD	3	PA; NDS
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; NDS
MAYZENT TABLET 0.25MG	3	QL(120 EA per 30 days); PA; NDS
MAYZENT TABLET 1MG, 2MG	3	QL(30 EA per 30 days); PA; NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	3	QL(40 ML per 365 days); PA; NDS
PLEGRIDY	3	QL(1 ML per 28 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL(2 ML per 365 days); PA; NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL(4 ML per 365 days); PA; NDS
PONVORY	3	QL(30 EA per 30 days); PA; NDS
PONVORY 14-DAY STARTER PACK	3	QL(28 EA per 365 days); PA; NDS
REBIF	3	QL(6 ML per 28 days); PA; NDS
REBIF REBIDOSE	3	QL(6 ML per 28 days); PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK	3	QL(8.4 ML per 365 days); PA; NDS
REBIF TITRATION PACK	3	QL(8.4 ML per 365 days); PA; NDS
TASCENSO ODT	3	QL(30 EA per 30 days); PA; NDS
TECFIDERA	3	QL(60 EA per 30 days); PA; NDS
TECFIDERA STARTER PACK	3	QL(120 EA per 365 days); PA; NDS
<i>teriflunomide</i>	1	QL(30 EA per 30 days); PA
TYSABRI	3	PA; NDS
VUMERITY	3	QL(120 EA per 30 days); PA; NDS
ZEPOSIA	3	QL(30 EA per 30 days); PA; NDS
ZEPOSIA 7-DAY STARTER PACK	3	QL(14 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(56 EA per 365 days); PA; NDS
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	3	QL(74 EA per 365 days); PA; NDS
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
ARESTIN	3	NDS
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	
KEPIVANCE	3	NDS
<i>lidocaine hcl mouth/throat 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	
<b>Dermatological Agents</b>		
<i>Acne and Rosacea Agents</i>		
ABSORICA	3	NDS
ABSORICA LD	3	NDS
<i>accutane</i>	1	
<i>acitretin</i>	1	
ADAPALENE/BENZOYL PEROXIDE PAD	3	NDS
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
ADAPALENE PAD	3	
ADAPALENE SOLUTION	3	NDS
<i>amnesteem</i>	1	
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	
BENZOLYL PEROXIDE FORTE- HC	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide- hc</i>	3	
<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
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	
<b><i>Dermatitis and Pruitus Agents</i></b>		
<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	
APEXICON E	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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>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 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)
<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	3	QL(300 ML per 84 days); PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
TOPICORT CREAM	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
<b><i>Dermatological Agents, Other</i></b>		
<i>calcipotriene/betamethasone dipropionate</i>	1	QL(400 GM per 30 days)
CALCIPOTRIENE FOAM	3	
<i>calcipotriene cream, ointment</i>	1	QL(120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days)
CALCITRENE	3	QL(120 GM per 30 days)
CARAC	3	NDS
<i>clotrimazole/betamethasone dipropionate cream</i>	1	
<i>diclofenac sodium gel 3%</i>	3	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
FLUROPLEX CREAM	3	NDS
FLUOROURACIL CREAM 0.5%	3	NDS
<i>fluorouracil cream 5%</i>	1	QL(40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPPOSITORY	3	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
NEO-SYNALAR	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</i>	1	
RADIAURA	3	NDS
REGRANEX	3	PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
SANTYL	3	
<i>silver sulfadiazine</i>	1	
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
WINLEVI	3	PA
WYNZORA	3	QL(420 GM per 28 days); NDS
XERESE	3	NDS
ZORYVE	3	PA
ZYCLARA	3	NDS
ZYCLARA PUMP	3	NDS
<b><i>Dermatological Agents</i></b>		
UVADEX	3	NDS
<b><i>Pediculicides/Scabicides</i></b>		
<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)
<b><i>Topical Anti-infectives</i></b>		
<i>acyclovir cream 5%</i>	1	QL(5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	
ACZONE GEL 5%	3	
BENZOYL PEROXIDE GEL 6.5%	3	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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 ointment</i>	1	QL(110 GM per 30 days)
PENLAC NAIL LACQUER	3	PA; NDS
SULFAMYLON PACKET 5%	3	NDS
ZOVIRAX OINTMENT	3	
ZOVIRAX CREAM	3	QL(5 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024  
Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
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%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>effe-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
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	
<i>potassium citrate er</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024  
Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<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
<b><i>Electrolyte/Mineral/Metal Modifiers</i></b>		
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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 powder 0</i>	1	
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
<b>Phosphate Binders</b>		
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>	3	
RENAGEL TABLET 800MG	3	
REVELA	3	NDS
<i>sevelamer carbonate</i>	1	
VELPHORO	3	NDS
<b>Potassium Binders</b>		
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	
<i>sps</i>	1	
VELTASSA	3	
<b>Vitamins</b>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	3	
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
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</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
LINZESS	2	QL(30 EA per 30 days)
<i>lubiprostone</i>	2	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
TRULANCE	3	QL(30 EA per 30 days)
<b>Anti-Diarrheal Agents</b>		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	PA
<i>alosetron hydrochloride tablet 1mg</i>	1	PA; NDS
<i>difenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	1	
LOTRONEX	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
<b>Antispasmodics, Gastrointestinal</b>		
<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	
GLYCATE	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
<b>Gastrointestinal Agents, Other</b>		
ACTIGALL	3	
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
BYLVAY	3	PA; NDS
BYLVAY (PELLETS)	3	PA; NDS
CALCIUM DISODIUM VERSENATE	3	NDS
CHENODAL	3	PA; NDS
CLENPIQ	2	
EDETATE CALCIUM DISODIUM INJECTION	3	NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
HELIDAC THERAPY	3	
<i>metoclopramide hcl solution</i>	1	
<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
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	
RELTONE	3	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
SUTAB	2	
<i>trilyte</i>	1	
URSODIOL CAPSULE 200MG, 400MG	3	NDS
<i>ursodiol tablet</i>	1	
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
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine</i>	1	
PEPCID TABLET 40MG	3	
<b><i>Protectants</i></b>		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
<b><i>Proton Pump Inhibitors</i></b>		
ACIPHEX	3	QL(60 EA per 30 days)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
<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)
OMEPEPI	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 packet</i>	1	QL(30 EA per 30 days); NDS
<i>omeprazole/sodium bicarbonate capsule</i>	3	QL(30 EA per 30 days)
<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)
RABEPRAZOLE SODIUM DR SPRINKLE	3	QL(60 EA per 30 days)
ZEGERID	3	QL(30 EA per 30 days); NDS
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
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 120000UNIT; 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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>dichlorphenamide</i>	1	QL(120 EA per 30 days); PA; NDS
ELAPRASE	3	PA; NDS
ELELYSO	3	PA; NDS
ELFABRIO	3	PA; NDS
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
JAVYGTOR	3	PA; NDS
KANUMA	3	PA; NDS
KEVEYIS	3	QL(120 EA per 30 days); PA; NDS
KUVAN	3	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
ORFADIN	3	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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
PHEBURANE	3	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
XIAFLEX	3	PA; NDS
XURIDEN	3	QL(120 EA per 30 days); 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, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
<b>Genitourinary Agents</b>		
<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, syrup</i>	1	
<i>oxybutynin chloride tablet 5mg</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er</i>	1	
TOVIAZ	3	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<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	
<b><i>Genitourinary Agents, Other</i></b>		
<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
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b><i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i></b>		
ACTHAR	3	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; 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	
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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN	3	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
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5MG/ML	3	NDS
<i>desmopressin acetate nasal solution 0.01%, 0.1mg/ml</i>	1	
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	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 W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	3	PA; NDS
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
ZOMACTON	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<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</i>	1	
PROSTIN E2	3	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<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	
DEPO-TESTOSTERONE INJECTION 100MG/ML, 200MG/ML	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA; NDS
KYZATREX	3	PA
METHITEST	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 gel 1.62%</i>	1	PA
<i>testosterone pump gel 1%</i>	2	PA
<i>testosterone topical solution</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 40.5mg/2.5gm</i>	1	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	2	PA
<i>testosterone solution</i>	1	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol cream, gel, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
<b>ESTRING</b>	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)
<b>FEMRING</b>	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)
<b>IMVEXXY MAINTENANCE PACK</b>	2	PA
<b>IMVEXXY STARTER PACK</b>	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>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	
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
MENEST	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	
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<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>tyblume</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<b><i>Progestins</i></b>		
<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)
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
HYDROXYPROGESTERONE CAPROATE INJECTION 1.25GM/5ML	3	PA; NDS
<i>hydroxyprogesterone caproate injection 250mg/ml</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	PA; 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	
<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	
<b><i>Selective Estrogen Receptor Modifying Agents</i></b>		
<i>clomid</i>	1	PA

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate tablet</i>	1	PA
OSPHENA	2	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levo-t</i>	3	
<i>levothyroxine sodium 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>	3	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	1	NDS
SYNTHROID TABLET	3	
TRIOSTAT	3	NDS
<i>unithroid</i>	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	3	PA; NDS
LYSODREN	3	NDS
RECORLEV	3	QL(240 EA per 30 days); PA; NDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	3	PA; 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
LANREOTIDE ACETATE	3	PA; NDS
LEUPROLIDE ACETATE INJECTION 22.5MG	3	QL(1 EA per 84 days); PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; NDS
LUPANETA PACK KIT 3.75MG; 5MG	3	QL(1 EA per 28 days); PA; NDS
LUPANETA PACK KIT 11.25MG; 5MG	3	QL(1 EA per 84 days); PA; 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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
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	QL(1 EA per 365 days); PA; 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
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
BERINERT	3	PA; NDS
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>		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	PA; 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; NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA; NDS
ACTEMRA INJECTION 162MG/0.9ML	3	QL(3.6 ML per 28 days); PA; NDS
ADBRY	3	QL(4 ML per 28 days); PA; NDS
ARCALYST	3	PA; NDS
BENLYSTA INJECTION 200MG/ML	3	PA; NDS
COSENTYX	3	QL(10 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
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
EMPAVELI	3	PA; NDS
ENJAYMO	3	PA; NDS
ENSPRYNG	3	PA; NDS
ENTYVIO	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; NDS
KINERET	3	PA; NDS
LEMTRADA	3	PA; NDS
LITFULO	3	QL(30 EA per 30 days); PA; NDS
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NDS
ORENCIA INJECTION 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NDS
ORENCIA INJECTION 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NDS
ORENCIA INJECTION 125MG/ML	3	QL(4 ML per 28 days); PA; NDS
OTEZLA TABLET THERAPY PACK 0	3	QL(110 EA per 365 days); PA; NDS
RIDAURA	3	NDS
RINVOQ	3	QL(30 EA per 30 days); PA; NDS
RYSTIGGO	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
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	3	QL(4 ML per 28 days); PA; NDS
TEPEZZA	3	PA; NDS
TREMFYA	3	QL(2 ML per 56 days); PA; NDS
ULTOMIRIS	3	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; NDS
XELJANZ SOLUTION	3	QL(300 ML per 30 days); PA; NDS
XELJANZ TABLET	3	QL(60 EA per 30 days); PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
XOLAIR	3	PA; NDS
<b><i>Immunostimulants</i></b>		
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
<b><i>Immunosuppressants</i></b>		
ARAVA TABLET 10MG, 20MG	3	NDS
ASTAGRAF XL	3	B/D
AVSOLA	3	PA; NDS
AZASAN	3	B/D
<i>azathioprine tablet</i>	1	B/D
<i>azathioprine injection</i>	1	B/D; NDS
BENLYSTA INJECTION 120MG, 400MG	3	PA; NDS
CELLCEPT	3	B/D; NDS
CELLCEPT INTRAVENOUS	3	B/D; NDS
CIMZIA STARTER KIT	3	QL(6 EA per 365 days); PA; NDS
CIMZIA INJECTION 200MG	3	QL(1 EA per 28 days); PA; NDS
CIMZIA INJECTION 200MG/ML	3	QL(2 EA per 28 days); PA; NDS
<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; NDS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	3	QL(6 EA per 28 days); PA; NDS
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	3	QL(2 EA per 28 days); PA; NDS
CYLTEZO INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
ENBREL MINI	3	QL(8 ML per 28 days); PA; NDS
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NDS
ENBREL INJECTION 25MG	3	PA; NDS
ENBREL INJECTION 25MG/0.5ML	3	QL(4 ML per 28 days); PA; NDS
ENBREL INJECTION 50MG/ML	3	QL(8 ML per 28 days); PA; NDS
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	3	B/D; NDS
<i>everolimus tablet 0.25mg</i>	1	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	1	B/D; NDS
<i>gengraf</i>	1	B/D
<i>hecoria capsule 0.5mg, 1mg</i>	1	B/D

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	3	QL(2 EA per 28 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	3	QL(4 EA per 365 days); PA; NDS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	3	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
HUMIRA PEN-PS/UV STARTER INJECTION 0	3	QL(6 EA per 365 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NDS
HUMIRA PEN INJECTION 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NDS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	3	QL(2 EA per 28 days); PA; NDS
HUMIRA INJECTION 40MG/0.4ML	3	QL(4 EA per 28 days); PA; NDS
IMURAN TABLET	3	B/D
INFLECTRA	3	PA; NDS
INFLIXIMAB	3	PA; NDS
<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 tablet</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, tablet</i>	1	B/D
<i>mycophenolate mofetil injection, suspension reconstituted</i>	1	B/D; NDS
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	3	B/D; NDS
NEORAL	3	B/D
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA; NDS
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 PACKET	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAPSULE 5MG	3	B/D; NDS
RAPAMUNE SOLUTION	3	B/D; NDS
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	3	B/D; NDS
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; NDS
RENFLEXIS	3	PA; NDS
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; NDS
SIMPONI INJECTION 50MG/0.5ML	3	QL(0.5 ML per 28 days); PA; NDS
SIMPONI INJECTION 100MG/ML	3	QL(3 ML per 28 days); PA; NDS
<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	3	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-PEN KIT	3	QL(6 EA per 28 days); PA; NDS
YUFLYMA 2-SYRINGE KIT	3	QL(6 EA per 28 days); PA; NDS
ZORTRESS	3	B/D; NDS
<b>Vaccines</b>		
ABRYSVO	2	
ACTHIB INJECTION 0	2	
ADACEL	2	
AREXVY	2	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
BCG VACCINE INJECTION 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENGVAXIA	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	
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	
IXIARO	2	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	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	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXELIS	2	
YF-VAX	2	
<b>Inflammatory Bowel Disease Agents</b>		
<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	
ROWASA KIT	3	NDS
SFROWASA	3	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
<i>Glucocorticoids</i>		
<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
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
ATEL VIA	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	
EVENTY	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
<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
TERIPARATIDE	3	PA; NDS
TYMLOS	3	PA; NDS
XGEVA	3	PA; NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ACETADOTE	3	NDS
ALCOHOL PREP PADS	2	
AMMONUL	3	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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
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
LAGEVRIO	2	QL(40 EA per 5 days)
LIVMARLI	3	QL(90 ML per 30 days); PA; NDS
<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 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
ORLISTAT CAPSULE	3	PA

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
PALFORZIA LEVEL 9	3	PA; NDS
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL(30 EA per 5 days)
PEDMARK	3	NDS
REMEDESIVIR INJECTION 150MG	3	NDS
REMEDESIVIR INJECTION 100MG	3	QL(4 EA per 3 days); 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); PA
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 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
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	1	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin/polymyxin b</i>	1	
BEOVU	3	PA; NDS
<i>brimonidine tartrate/timolol maleate</i>	2	
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	
CYCLOSPORINE IN KLARITY	3	QL(120 ML per 30 days); PA; NDS
<i>cyclosporine emulsion 0.05%</i>	2	
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
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
VISUDYNE	3	NDS
XIIDRA	3	QL(60 EA per 30 days)
ZYLET	3	
<b><i>Ophthalmic Anti-allergy Agents</i></b>		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<b><i>Ophthalmic Anti-Infectives</i></b>		
<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	
<b><i>Ophthalmic Anti-inflammatories</i></b>		
ACUVAIL	3	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)

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
RETISERT	3	NDS
XIPERE	3	PA; NDS
YUTIQ	3	NDS
<b><i>Ophthalmic Beta-Adrenergic Blocking Agents</i></b>		
<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	
<b><i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i></b>		
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLUTION 0.1%	2	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate solution 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
<b><i>Ophthalmic Prostaglandin and Prostanoid Analogs</i></b>		
<i>bimatoprost</i>	1	QL(5 ML per 30 days)
DURYSTA	3	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
<b>Otic Agents</b>		
<b><i>Otic Agents</i></b>		
<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	

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b><i>Anti-inflammatories, Inhaled Corticosteroids</i></b>		
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	3	QL(21.2 GM per 30 days); ST
<b><i>Antihistamines</i></b>		
<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>	3	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)
<b><i>Antileukotrienes</i></b>		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
ZYFLO	3	ST; NDS
<b>Bronchodilators, Anticholinergic</b>		
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)
<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>	2	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
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	3	
<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>	3	
<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
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	2	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>formoterol fumarate nebulization solution</i>	3	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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
SEREVENT DISKUS	2	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL(4 GM per 30 days)
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate tablet</i>	3	
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
<b><i>Cystic Fibrosis Agents</i></b>		
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
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D; NDS
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>		
DALIRESP	3	PA
<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	
<b><i>Pulmonary Antihypertensives</i></b>		
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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
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 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	3	QL(87 ML per 30 days); PA; NDS
TYVASO STARTER	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
<b><i>Pulmonary Fibrosis Agents</i></b>		
ESBRIET	3	PA; NDS
OFEV	3	PA; NDS
<i>pirfenidone</i>	1	PA; NDS
<b><i>Respiratory Tract Agents, Other</i></b>		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL(60 EA per 30 days)
ADVAIR HFA	3	QL(24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL(1 EA per 30 days)
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	3	PA; NDS
FASENRA PEN	3	PA; NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(60 EA per 30 days)
FLUTICASONE PROPIONATE/SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ACT	3	QL(1 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)
<b>Skeletal Muscle Relaxants</b>		
<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

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride er</i>	1	
<i>cyclobenzaprine hydrochloride tablet</i>	1	
FEXMID	3	
LORZONE	3	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>methocarbamol tablet 500mg, 750mg</i>	1	
<i>methocarbamol tablet 1000mg</i>	1	NDS
NORGESIC FORTE	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
VANADOM	3	PA; NDS
<b>Sleep Disorder Agents</b>		
<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>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
LUMRYZ	3	QL(30 EA per 30 days); PA; NDS

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>modafinil</i>	1	QL(30 EA per 30 days); PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL(30 EA per 30 days); PA
NUVIGIL TABLET 50MG	3	QL(60 EA per 30 days); PA
PROVIGIL	3	QL(30 EA per 30 days); PA; NDS
SODIUM OXYBATE	3	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: 6, Effective Date: 01/01/2024  
Last Updated: September 2023

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



# Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	46	<i>acyclovir sodium</i>	48
<i>abacavir sulfate/lamivudine</i>	46	ACZONE	71
<i>abacavir sulfate/lamivudine/zidovudine</i>	46	ADACEL	95
ABELCET	26	ADAKVEO	54
ABILIFY	41	ADAPALENE	67
ABILIFY MAINTENA	41	ADAPALENE/BENZOYL PEROXIDE	67
ABILIFY MYCITE	41	ADBRY	91
ABILIFY MYCITE MAINTENANCE KIT	41	ADCETRIS	37
ABILIFY MYCITE STARTER KIT	41	ADCIRCA	106
<i>abiraterone acetate</i>	30	ADDERALL	62
ABRAXANE	32	ADDERALL XR	62
ABRYSVO	95	<i>adefovir dipivoxil</i>	45
ABSORICA	67	ADEMPAS	106
ABSORICA LD	67	ADLARITY	21
<i>acamprosate calcium dr</i>	12	ADLYXIN	50
<i>acarbose</i>	50	ADLYXIN STARTER PACK	50
<i>accutane</i>	67	ADMELOG	52
<i>acebutolol hcl</i>	57	ADMELOG SOLOSTAR	52
<i>acebutolol hydrochloride</i>	58	ADRENALIN	59
ACETADOTE	98	<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	108
<i>acetazolamide er</i>	103	ADVAIR HFA	108
<i>acetazolamide sodium</i>	59	AEMCOLO	14
<i>acetic acid</i>	103	<i>afeditab cr</i>	58
<i>acetic acid 0.25%</i>	81	AFINITOR	35
<i>acetylcysteine</i>	108	AFINITOR DISPERZ	35
ACIPHEX	77	<i>afirmelle</i>	83
ACIPHEX SPRINKLE	78	AFREZZA	52
<i>acitretin</i>	67	AIMOVIG	28
ACTEMRA	91	AIRDUO DIGIHALER 113/14	108
ACTEMRA ACTPEN	91	AIRDUO DIGIHALER 232/14	108
ACTHAR	81	AIRDUO DIGIHALER 55/14	108
ACTHIB	95	AIRDUO RESPICLICK 113/14	108
ACTIGALL	76	AIRDUO RESPICLICK 232/14	108
ACTIMMUNE	93	AIRDUO RESPICLICK 55/14	108
ACTIQ	9	AJOVY	28
ACTONEL	97	AKYNZEO	25
ACUVAIL	102	<i>ala-cort</i>	68
<i>acyclovir</i>	48	<i>albendazole</i>	39
<i>acyclovir</i>	71	ALBENZA	39
		<i>albuterol sulfate</i>	105
		<i>albuterol sulfate er</i>	105
		<i>albuterol sulfate hfa</i>	105
		<i>alclometasone dipropionate</i>	68

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
ALCOHOL PREP PADS	98	<i>amiloride hcl</i>	61
ALDURAZYME	78	<i>amiloride/hydrochlorothiazide</i>	59
ALECENSA	35	<i>aminocaproic acid</i>	55
<i>alendronate sodium</i>	97	AMINOSYN II	72
<i>alfuzosin hcl er</i>	81	AMINOSYN-PF	72
ALIMTA	31	AMINOSYN-PF 7%	72
ALINIA	39	<i>amiodarone hydrochloride</i>	57
ALIQOPA	35	AMITIZA	75
<i>aliskiren</i>	59	<i>amitriptyline hcl</i>	24
ALKINDI SPRINKLE	81	<i>amitriptyline hydrochloride</i>	24
<i>allopurinol</i>	27	<i>amlodipine besylate</i>	58
ALLZITAL	65	<i>amlodipine besylate/benazepril</i>	59
<i>almotriptan</i>	28	<i>hydrochloride</i>	
<i>almotriptan malate</i>	28	<i>amlodipine besylate/valsartan</i>	59
ALOGLIPTIN	50	<i>amlodipine/olmesartan medoxomil</i>	59
ALOGLIPTIN/METFORMIN HCL	50	<i>ammonium lactate</i>	68
ALOGLIPTIN/METFORMIN	50	AMMONUL	98
HYDROCHLORIDE		<i>amnesteem</i>	67
ALOGLIPTIN/PIOGLITAZONE	50	AMONDYS 45	78
<i>alosetron hydrochloride</i>	76	<i>amoxapine</i>	24
ALOXI	25	<i>amoxicillin</i>	16
ALPHAGAN P	103	<i>amoxicillin/clavulanate potassium</i>	16
<i>alprazolam</i>	49	<i>amoxicillin/clavulanate potassium er</i>	16
<i>alprazolam er</i>	48	<i>amphetamine/dextroamphetamine</i>	63
<i>alprazolam odt</i>	49	<i>amphotericin b</i>	26
<i>alprazolam xr</i>	49	<i>amphotericin b liposome</i>	26
<i>altavera</i>	83	<i>ampicillin</i>	16
ALTOPREV	61	<i>ampicillin sodium</i>	16
ALUNBRIG	35	<i>ampicillin-sulbactam</i>	16
<i>alyacen 1/35</i>	84	AMPYRA	66
<i>alyacen 7/7/7</i>	84	AMRIX	108
ALYMSYS	37	AMVUTTRA	78
<i>alyq</i>	106	ANAFRANIL	24
<i>amabelz</i>	84	<i>anagrelide hydrochloride</i>	54
<i>amantadine hcl</i>	48	<i>anastrozole</i>	34
AMBIEN	109	ANCOBON	26
AMBIEN CR	109	ANDRODERM	83
AMBISOME	26	ANDROGEL	83
<i>ambrisentan</i>	107	ANDROGEL PUMP	83
<i>amcinonide</i>	68	ANNOVERA	84
AMERGE	28	ANORO ELLIPTA	108
<i>amethia</i>	84	ANZEMET	25
<i>amethia lo</i>	84	APADAZ	9
<i>amethyst</i>	84	APEXICON E	68
AMICAR	55	APLENZIN	22
<i>amikacin sulfate</i>	13	APOKYN	40

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>apomorphine hydrochloride</i>	40	ASMANEX TWISTHALER 7 METERED	104
APONVIE	25	DOSES	
<i>apraclonidine</i>	103	ASPARLAS	32
<i>aprepitant</i>	25	<i>aspirin/dipyridamole</i>	55
APRETUDE	45	<i>aspirin/dipyridamole er</i>	55
APTENSIO XR	63	ASPIRIN/OMEPRAZOLE	55
APTIOM	20	ASPRUZYO SPRINKLE	59
APTIVUS	47	ASTAGRAF XL	93
ARALAST NP	78	<i>atazanavir</i>	47
ARANESP ALBUMIN FREE	54	<i>atazanavir sulfate</i>	47
ARAVA	93	ATELVIA	98
ARCALYST	91	<i>atenolol</i>	58
ARESTIN	67	<i>atenolol/chlorthalidone</i>	59
AREXVY	95	ATGAM	91
<i>arformoterol tartrate</i>	105	ATIVAN	49
<i>argatroban</i>	53	<i>atomoxetine</i>	63
<i>argatroban/sodium chloride</i>	53	<i>atomoxetine hydrochloride</i>	63
ARIKAYCE	13	ATORVALIQ	61
ARIMIDEX	34	<i>atorvastatin calcium</i>	61
<i>aripiprazole</i>	41	<i>atovaquone</i>	39
<i>aripiprazole odt</i>	41	<i>atovaquone/proguanil hcl</i>	39
ARISTADA	41	ATRALIN	67
ARISTADA INITIO	41	ATRIPLA	46
ARIXTRA	53	<i>atropine sulfate</i>	100
<i>armodafinil</i>	109	ATROVENT HFA	105
ARMONAIR DIGIHALER	104	AUBAGIO	66
ARNUITY ELLIPTA	104	<i>aubra</i>	84
AROMASIN	34	<i>aubra eq</i>	84
ARRANON	31	AUGMENTIN	16
<i>arsenic trioxide</i>	32	<i>aurovela 1.5/30</i>	84
ARTESUNATE	39	<i>aurovela 1/20</i>	84
ARZERRA	37	<i>aurovela 24 fe</i>	84
ASACOL HD	97	<i>aurovela fe 1.5/30</i>	84
ASCENIV	91	<i>aurovela fe 1/20</i>	84
<i>ascomp/codeine</i>	9	AURYXIA	75
<i>asenapine maleate sl</i>	41	AUSTEDO	65
<i>ashlyna</i>	84	AUVELITY	22
ASMANEX HFA	104	AUVI-Q	105
ASMANEX TWISTHALER 120	104	AVASTIN	37
METERED DOSES		AVEED	83
ASMANEX TWISTHALER 14 METERED	104	<i>aviane</i>	84
DOSES		AVITA	67
ASMANEX TWISTHALER 30 METERED	104	AVONEX	66
DOSES		AVONEX PEN	66
ASMANEX TWISTHALER 60 METERED	104	AVSOLA	93
DOSES		AVYCAZ	15

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>ayuna</i>	84	BELRAPZO	30
AYVAKIT	35	BELSOMRA	109
<i>azacitidine</i>	32	<i>benazepril hcl</i>	56
AZASAN	93	<i>benazepril hcl/hydrochlorothiazide</i>	59
<i>azathioprine</i>	93	<i>benazepril hydrochloride</i>	56
<i>azelaic acid</i>	67	BENDAMUSTINE HYDROCHLORIDE	30
<i>azelastine hcl</i>	102	BENDEKA	30
<i>azelastine hcl</i>	104	BENLYSTA	91
<i>azelastine hydrochloride</i>	104	BENLYSTA	93
<i>azelastine hydrochloride/fluticasone propionate</i>	104	BENZHYDROCODONE/ACETAMINOPH EN	9
AZILECT	41	BENZNIDAZOLE	39
<i>azithromycin</i>	16	BENZOLYL PEROXIDE FORTE- HC	67
<i>aztreonam</i>	14	BENZOYL PEROXIDE	71
<i>azurette</i>	84	<i>benzoyl peroxide- hc</i>	68
<i>bacitracin</i>	102	<i>benztropine mesylate</i>	39
<i>bacitracin/polymyxin b</i>	101	BEOVU	101
BACLOFEN	43	<i>bepotastine besilate</i>	102
BAFIERTAM	66	BEPREVE	102
<i>balsalazide disodium</i>	97	BERINERT	90
BALVERSA	35	BESIVANCE	102
<i>balziva</i>	84	BESPONSA	37
BANZEL	20	BESREMI	32
BAQSIMI ONE PACK	52	<i>betaine anhydrous</i>	78
BAQSIMI TWO PACK	52	<i>betamethasone dipropionate</i>	68
BARACLUDGE	45	<i>betamethasone dipropionate augmented</i>	68
BASAGLAR KWIKPEN	52	<i>betamethasone valerate</i>	68
BASAGLAR TEMPO PEN	52	BETAPACE	57
BAVENCIO	37	BETAPACE AF	57
BAXDELA	17	BETASERON	66
<i>baycadron</i>	81	<i>betaxolol hcl</i>	58
BCG VACCINE	96	<i>betaxolol hcl</i>	103
BD INSULIN SYRINGE	98	<i>bethanechol chloride</i>	81
SAFETYGLIDE/1ML/29G X 1/2"		BETHKIS	106
B-D INSULIN SYRINGE ULTRAFINE	98	BEVESPI AEROSPHERE	108
II/0.3ML/31G X 5/16"		<i>bexarotene</i>	38
BD INSULIN SYRINGE ULTRA-	98	BEXSERO	96
FINE/0.5ML/30G X 12.7MM		BEYFORTUS	91
BD INSULIN SYRINGE ULTRA-	98	<i>bicalutamide</i>	30
FINE/1ML/31G X 8MM		BICILLIN L-A	16
BD PEN NEEDLE/ORIGINAL/ULTRA-	98	BICNU	30
FINE/29G X 12.7MM		BIKTARVY	45
<i>bekyree</i>	84	<i>bimatoprost</i>	103
BELBUCA	8	BINOSTO	98
BELEODAQ	35	<i>bismuth subcitrate</i>	76
<i>belladonna/opium</i>	76	<i>pot/metronidazole/tetracycline hydrochlo</i>	

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>bisoprolol fumarate</i>	58	<i>buproban</i>	13
<i>bisoprolol fumarate/hydrochlorothiazide</i>	59	<i>bupropion hcl</i>	22
BIVIGAM	91	<i>bupropion hydrochloride</i>	22
<i>bleomycin sulfate</i>	32	<i>bupropion hydrochloride er (sr)</i>	13
BLINCYTO	37	<i>bupropion hydrochloride er (sr)</i>	22
<i>blisovi 24 fe</i>	84	<i>bupropion hydrochloride er (xl)</i>	22
<i>blisovi fe 1.5/30</i>	84	<i>buspironone hcl</i>	48
<i>blisovi fe 1/20</i>	84	<i>buspironone hydrochloride</i>	48
BONIVA	98	<i>busulfan</i>	30
BOOSTRIX	96	BUSULFEX	30
BORTEZOMIB	32	BUTALBITAL/ACETAMINOPHEN	65
<i>bosentan</i>	107	<i>butalbital/acetaminophen/caffeine/codeine</i>	9
BOSULIF	35	<i>butalbital/aspirin/caffeine</i>	65
BOTOX	44	<i>butalbital/aspirin/caffeine/codeine</i>	9
BRAFTOVI	35	<i>butorphanol tartrate</i>	9
BRENZAVVY	50	BUTRANS	8
BREO ELLIPTA	108	BYDUREON BCISE	50
BREZTRI AEROSPHERE	104	BYETTA	50
<i>briellyn</i>	84	BYLVAY	76
BRILINTA	55	BYLVAY (PELLETS)	76
<i>brimonidine tartrate</i>	68	BYNFEZIA PEN	89
<i>brimonidine tartrate</i>	103	BYOOVIZ	101
<i>brimonidine tartrate/timolol maleate</i>	101	CABENUVA	45
<i>brinzolamide</i>	103	<i>cabergoline</i>	89
BRISDELLE	23	CABLIVI	55
BRIUMVI	66	CABOMETYX	35
BRIVIACT	18	CAFERGOT	28
BRIXADI	12	<i>caffeine citrate</i>	65
<i>bromocriptine mesylate</i>	40	CALCIPOTRIENE	70
BROMSITE	102	<i>calcipotriene/betamethasone dipropionate</i>	70
BRONCHITOL	108	<i>calcitonin salmon</i>	98
BROVANA	105	<i>calcitonin-salmon</i>	98
BRUKINSA	35	CALCITRENE	70
<i>budesonide</i>	97	<i>calcitriol</i>	98
<i>budesonide</i>	104	<i>calcium acetate</i>	75
<i>budesonide er</i>	97	CALCIUM DISODIUM VERSENATE	76
<i>bumetanide</i>	60	CALQUENCE	35
BUPAP	65	CAMBIA	7
BUPHENYL	78	<i>camila</i>	88
BUPRENEX	12	<i>camrese</i>	84
<i>buprenorphine</i>	8	<i>camrese lo</i>	84
<i>buprenorphine buccal</i>	8	CAMZYOS	59
<i>buprenorphine hcl</i>	12	CANASA	97
<i>buprenorphine hcl/naloxone hcl</i>	12	CANCIDAS	26
<i>buprenorphine hydrochloride/naloxone</i>	12	<i>candesartan cilexetil</i>	56
<i>hydrochloride</i>		<i>candesartan cilexetil/hydrochlorothiazide</i>	59

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
CAPASTAT SULFATE	29	<i>cefuroxime axetil</i>	15
CAPLYTA	41	<i>cefuroxime sodium</i>	15
CAPRELSA	35	CELEBREX	7
<i>captopril</i>	56	<i>celecoxib</i>	7
<i>captopril/hydrochlorothiazide</i>	59	CELLCEPT	93
CARAC	70	CELLCEPT INTRAVENOUS	93
CARBAGLU	72	CELONTIN	19
<i>carbamazepine</i>	21	CENTANY	71
<i>carbamazepine er</i>	21	<i>cephalexin</i>	15
<i>carbidopa</i>	40	CEPROTIN	53
<i>carbidopa/levodopa</i>	40	CEQUA	101
<i>carbidopa/levodopa er</i>	40	CERDELGA	78
<i>carbidopa/levodopa odt</i>	40	CEREZYME	78
<i>carbidopa/levodopa/entacapone</i>	40	CHANTIX	13
<i>carbinoxamine maleate</i>	104	CHANTIX CONTINUING MONTH PAK	13
<i>carboprost tromethamine</i>	83	CHANTIX STARTING MONTH PAK	13
CARDIZEM	59	<i>chateal</i>	84
CARDIZEM CD	59	<i>chateal eq</i>	84
<i>carglumic acid</i>	73	CHEMET	74
<i>carisoprodol</i>	108	CHENODAL	76
<i>carisoprodol/aspirin/codeine</i>	108	<i>chlordiazepoxide hcl</i>	49
<i>carmustine</i>	30	<i>chlordiazepoxide hydrochloride</i>	49
<i>carteolol hcl</i>	103	<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	76
<i>cartia xt</i>	59	<i>chlordiazepoxide/amitriptyline</i>	22
<i>carvedilol</i>	58	<i>chlorhexidine gluconate</i>	67
<i>carvedilol phosphate er</i>	58	<i>chlorhexidine gluconate oral rinse</i>	67
CASODEX	30	<i>chloroquine phosphate</i>	39
<i>casprofungin acetate</i>	26	<i>chlorpromazine hcl</i>	41
CATAFLAM	7	<i>chlorpromazine hydrochloride</i>	41
CAYSTON	106	<i>chlorthalidone</i>	61
<i>cefaclor</i>	15	<i>chlorzoxazone</i>	108
<i>cefadroxil</i>	15	CHOLBAM	78
<i>cefazolin</i>	15	<i>cholestyramine light</i>	61
<i>cefazolin sodium</i>	15	CHORIONIC GONADOTROPIN	82
<i>cefdinir</i>	15	CIALIS	81
<i>cefepime</i>	15	CIBINQO	68
<i>cefepime hydrochloride</i>	15	<i>ciclodan</i>	71
<i>cefepime/dextrose</i>	15	<i>ciclopirox</i>	71
<i>cefixime</i>	15	<i>ciclopirox nail lacquer</i>	71
<i>cefotaxime sodium</i>	15	<i>ciclopirox olamine</i>	71
<i>cefotetan</i>	15	<i>cidofovir</i>	44
<i>cefoxitin sodium</i>	15	<i>cilostazol</i>	56
<i>cefpodoxime proxetil</i>	15	CIMDUO	46
<i>cefprozil</i>	15	CIMERLI	101
<i>ceftazidime</i>	15	CIMZIA	93
<i>ceftriaxone sodium</i>	15		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
CIMZIA STARTER KIT	93	CLINOLIPID	99
<i>cinacalcet hydrochloride</i>	98	<i>clobazam</i>	19
CINQAIR	108	<i>clobetasol propionate</i>	68
CINRYZE	90	<i>clobetasol propionate e</i>	68
CIPRO	17	CLOBEX	68
<i>ciprofloxacin</i>	17	<i>clofarabine</i>	31
<i>ciprofloxacin</i>	103	CLOLAR	31
<i>ciprofloxacin hcl</i>	17	<i>clomid</i>	88
<i>ciprofloxacin hydrochloride</i>	17	<i>clomiphene citrate</i>	89
<i>ciprofloxacin hydrochloride</i>	102	<i>clomipramine hcl</i>	24
<i>ciprofloxacin i.v.-in d5w</i>	17	<i>clomipramine hydrochloride</i>	24
<i>ciprofloxacin/dexamethasone</i>	103	<i>clonazepam</i>	19
CISPLATIN	30	<i>clonazepam odt</i>	19
CITALOPRAM HYDROBROMIDE	23	CLONIDINE ER	56
<i>cladribine</i>	31	<i>clonidine hcl</i>	56
<i>claravis</i>	68	<i>clonidine hydrochloride</i>	56
<i>clarithromycin</i>	16	<i>clonidine hydrochloride</i>	65
<i>clarithromycin er</i>	16	<i>clopidogrel</i>	56
<i>clemastine fumarate</i>	104	<i>clorazepate dipotassium</i>	49
CLENPIQ	76	<i>clotrimazole</i>	26
CLEOCIN-T	71	<i>clotrimazole/betamethasone dipropionate</i>	70
CLEVIPREX	58	<i>clovique</i>	74
CLIMARA PRO	84	<i>clozapine</i>	43
<i>clindacin etz pledgets</i>	14	<i>clozapine odt</i>	43
CLINDAGEL	71	CLOZARIL	43
<i>clindamycin hcl</i>	14	COARTEM	39
<i>clindamycin hydrochloride</i>	14	<i>codeine sulfate</i>	9
<i>clindamycin palmitate hcl</i>	14	COGENTIN	40
<i>clindamycin phosphate</i>	14	COLAZAL	97
<i>clindamycin phosphate</i>	71	COLCHICINE	27
<i>clindamycin phosphate/benzoyl peroxide</i>	68	<i>colesevelam hydrochloride</i>	61
CLINIMIX 4.25%/DEXTROSE 10%	73	<i>colestipol hcl</i>	62
CLINIMIX 4.25%/DEXTROSE 5%	73	<i>colistimethate sodium</i>	14
CLINIMIX 5%/DEXTROSE 15%	73	<i>colocort</i>	97
CLINIMIX 5%/DEXTROSE 20%	73	COLUMVI	32
CLINIMIX 6/5	73	COLY-MYCIN M	14
CLINIMIX 8/10	73	COMBIGAN	101
CLINIMIX 8/14	73	COMBIVENT RESPIMAT	108
CLINIMIX E 2.75%/DEXTROSE 5%	73	COMBIVIR	46
CLINIMIX E 4.25%/DEXTROSE 10%	73	COMETRIQ	35
CLINIMIX E 4.25%/DEXTROSE 5%	73	COMPLERA	46
CLINIMIX E 5%/DEXTROSE 15%	73	<i>compro</i>	25
CLINIMIX E 5%/DEXTROSE 20%	73	COMTAN	40
CLINIMIX E 8/10	73	CONCERTA	63
CLINIMIX E 8/14	73	CONJUPRI	58
<i>clinisol sf 15%</i>	73	CONSENSI	59



<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>constulose</i>	75	CYCLOSPORINE IN KLARITY	101
CONZIP	8	<i>cyclosporine modified</i>	93
COPAXONE	66	CYLTEZO	93
COPIKTRA	35	CYLTEZO STARTER PACKAGE FOR	93
CORDRAN	68	CROHNS DISEASE/UC/HS	
CORDRAN TAPE	68	CYLTEZO STARTER PACKAGE FOR	93
CORLANOR	60	PSORIASIS	
<i>cormax scalp application</i>	68	CYMBALTA	23
CORTIFOAM	97	<i>cyproheptadine hcl</i>	104
<i>cortisone acetate</i>	81	<i>cyproheptadine hydrochloride</i>	104
CORTROPHIN	81	CYRAMZA	37
COSELA	99	<i>cyred</i>	84
COSENTYX	91	CYSTADANE	78
COSENTYX SENSOREADY PEN	91	CYSTADROPS	101
COSENTYX UNOREADY	91	CYSTAGON	78
COSMEGEN	32	CYSTARAN	101
COTELLIC	35	<i>cytarabine</i>	31
COTEMPLA XR-ODT	63	<i>cytarabine aqueous</i>	31
CREON	78	CYTOGAM	91
CRESEMBA	26	CYTOVENE	44
CRINONE	88	D.H.E. 45	28
<i>cromolyn sodium</i>	78	<i>dabigatran etexilate</i>	53
<i>cromolyn sodium</i>	102	DACOGEN	32
<i>cromolyn sodium</i>	106	<i>dactinomycin</i>	32
<i>cryselle-28</i>	84	<i>dalfampridine er</i>	66
CRYSVITA	78	DALIRESP	106
CUBICIN	14	DALVANCE	14
CUBICIN RF	14	<i>danazol</i>	83
CUPRIMINE	74	DANTRIUM IV	44
CURITY GAUZE PADS 2"X2" 12 PLY	99	<i>dantrolene sodium</i>	44
CUTAQUIG	91	DANYELZA	37
CUTIVATE	68	<i>dapsone</i>	29
CUVITRU	91	<i>dapsone</i>	71
CUVPOSA	76	DAPTACEL	96
CUVRIOR	74	<i>daptomycin</i>	14
<i>cyclafem 1/35</i>	84	DAPTOMYCIN/SODIUM CHLORIDE	14
<i>cyclafem 7/7/7</i>	84	DARAPRIM	39
<i>cyclobenzaprine hydrochloride</i>	109	<i>darifenacin hydrobromide er</i>	80
<i>cyclobenzaprine hydrochloride er</i>	109	DARTISLA ODT	76
<i>cyclophosphamide</i>	30	<i>darunavir</i>	47
CYCLOPHOSPHAMIDE	30	DARZALEX	37
MONOHYDRATE		DARZALEX FASPRO	37
<i>cycloserine</i>	29	<i>dasetta 1/35</i>	84
CYCLOSET	50	<i>dasetta 7/7/7</i>	84
<i>cyclosporine</i>	93	DAURISMO	35
<i>cyclosporine</i>	101	DAYBUE	65

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>daysee</i>	84	DEXYCU	102
DAYVIGO	109	DHIVY	40
DDAVP	82	DIACOMIT	20
<i>deblitane</i>	88	<i>diazepam</i>	20
<i>decitabine</i>	32	<i>diazepam</i>	49
<i>deferasirox</i>	74	<i>diazepam intensol</i>	49
<i>deferiprone</i>	74	<i>diazepam rectal gel</i>	20
<i>deferoxamine mesylate</i>	99	<i>diazoxide</i>	52
DEFITELIO	60	DIBENZYLINE	56
DELSTRIGO	46	<i>dichlorphenamide</i>	79
<i>deltasone</i>	81	DICLEGIS	25
<i>delyla</i>	84	<i>diclofenac epolamine</i>	7
<i>demeclocycline hcl</i>	17	<i>diclofenac potassium</i>	7
DEMEROL	10	<i>diclofenac sodium</i>	7
DEMSER	60	<i>diclofenac sodium</i>	70
DENAVIR	71	<i>diclofenac sodium</i>	102
DENGVAXIA	96	<i>diclofenac sodium dr</i>	7
DEPAKENE	50	<i>diclofenac sodium er</i>	7
DEPEN TITRATABS	74	DICLONA	7
DEPO-PROVERA CONTRACEPTIVE	88	<i>dicloxacillin sodium</i>	16
DEPO-SUBQ PROVERA 104	88	<i>dicyclomine hcl</i>	76
DEPO-TESTOSTERONE	83	<i>dicyclomine hydrochloride</i>	76
DESCOVY	46	DIFICID	16
DESFERAL	99	DIFLUCAN	26
<i>desipramine hydrochloride</i>	24	<i>diflunisal</i>	7
<i>desmopressin acetate</i>	82	<i>difluprednate</i>	102
<i>desogestrel/ethinyl estradiol</i>	84	<i>digitek</i>	57
<i>desonide</i>	69	<i>digox</i>	57
<i>desoximetasone</i>	69	<i>digoxin</i>	57
DESOXYN	63	<i>dihydroergotamine mesylate</i>	28
DESVENLAFAXINE ER	23	DILANTIN	21
<i>dexamethasone</i>	81	DILATRATE SR	62
<i>dexamethasone sodium phosphate</i>	102	DILAUDID	10
DEXEDRINE	63	<i>diltiazem hcl</i>	59
DEXILANT	78	<i>diltiazem hcl cd</i>	59
<i>dexlansoprazole</i>	78	<i>diltiazem hcl er</i>	59
<i>dexmethylphenidate hcl</i>	63	<i>diltiazem hydrochloride</i>	59
<i>dexmethylphenidate hcl er</i>	63	<i>diltiazem hydrochloride er</i>	59
<i>dexmethylphenidate hydrochloride</i>	64	<i>dilt-xr</i>	59
<i>dexmethylphenidate hydrochloride er</i>	64	<i>dimethyl fumarate</i>	66
<i>dexrazoxane</i>	39	<i>dimethyl fumarate starterpack</i>	66
<i>dextroamphetamine sulfate</i>	63	DIPENTUM	97
<i>dextroamphetamine sulfate er</i>	63	<i>diphenhydramine hcl</i>	104
<i>dextrose 5%</i>	73	<i>diphenoxylate hydrochloride/atropine</i>	76
<i>dextrose 5%/nacl 0.45%</i>	73	<i>sulfate</i>	
<i>dextrose 5%/nacl 0.9%</i>	73		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
DIPHtheria/TETANUS TOXOIDS	96	<i>doxylamine succinate/pyridoxine hydrochloride</i>	25
ADSORBED PEDIATRIC		DRIZALMA SPRINKLE	23
<i>disopyramide phosphate</i>	57	<i>dronabinol</i>	25
<i>disulfiram</i>	12	DROXIA	31
<i>divalproex sodium</i>	20	<i>droxidopa</i>	56
<i>divalproex sodium dr</i>	20	DUAKLIR PRESSAIR	105
<i>divalproex sodium er</i>	20	DUEXIS	7
DIVIGEL	84	DULERA	108
<i>dobutamine hcl</i>	60	<i>duloxetine hcl</i>	23
<i>dobutamine hcl/d5w</i>	60	<i>duloxetine hydrochloride</i>	23
<i>dobutamine hydrochloride/dextrose 5%</i>	60	DUOBRII	70
<i>docetaxel</i>	32	DUOPA	40
<i>dofetilide</i>	57	DUPIXENT	91
DOJOLVI	99	DURACLON	65
<i>dolishale</i>	84	DURAGESIC	8
DOLOPHINE	8	<i>duramorph</i>	10
<i>donepezil hcl</i>	21	DURYSTA	103
<i>donepezil hydrochloride</i>	21	<i>dutasteride</i>	81
<i>donepezil hydrochloride odt</i>	21	<i>dutasteride/tamsulosin hydrochloride</i>	81
<i>dopamine hydrochloride</i>	60	DVORAH	10
<i>dopamine hydrochloride/dextrose</i>	60	DYANAVEL XR	63
<i>dopamine/d5w</i>	60	DYMISTA	104
DOPTELET	56	DYSPORT	44
DORYX	17	EASY COMFORT INSULIN	99
DORYX MPC	17	SYRINGE/0.3ML/31G X 1/2"	
<i>dorzolamide hcl/timolol maleate</i>	101	EASY TOUCH SAFETY PEN	99
<i>dorzolamide hydrochloride</i>	103	NEEDLES/30G X 1/4"	
<i>dotti</i>	84	<i>econazole nitrate</i>	26
DOVATO	45	EDARBI	56
DOVONEX	70	EDARBYCLOR	60
<i>doxazosin mesylate</i>	81	EDECIN	61
<i>doxepin hcl</i>	24	EDETATE CALCIUM DISODIUM	76
<i>doxepin hydrochloride</i>	24	EDURANT	46
<i>doxepin hydrochloride</i>	69	<i>efavirenz</i>	46
<i>doxepin hydrochloride</i>	109	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	46
<i>doxercalciferol</i>	98	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	46
DOXIL	32	<i>effe-k</i>	73
<i>doxorubicin hcl</i>	32	EFUDEX	70
<i>doxorubicin hydrochloride</i>	32	EGRIFTA	82
<i>doxorubicin hydrochloride liposomal</i>	32	EGRIFTA SV	82
<i>doxy 100</i>	17	ELAHERE	37
<i>doxycycline</i>	17	ELAPRASE	79
<i>doxycycline hyclate</i>	17	ELELYSO	79
<i>doxycycline hyclate</i>	67		
<i>doxycycline monohydrate</i>	17		

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
ELEPSIA XR	18	ENTRESTO	60
<i>eletriptan hydrobromide</i>	28	ENTYVIO	92
ELFABRIO	79	<i>enulose</i>	75
ELIGARD	89	ENVARBUS XR	93
<i>elinst</i>	85	EPANED	56
ELIQUIS	53	EPCLUSA	45
ELIQUIS STARTER PACK	53	EPIDIOLEX	18
ELITEK	39	<i>epinastine hcl</i>	102
ELLA	99	<i>epinephrine</i>	60
ELLENCE	32	EPINEPHRINE	105
ELMIRON	81	EPIPEN 2-PAK	105
ELREXFIO	32	EPIPEN-JR 2-PAK	105
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	54
EMFLAZA	81	<i>epoprostenol sodium</i>	107
EMGALITY	28	EPRONTIA	18
EMPAVELI	92	EPSOLAY	71
EMPLICITI	37	<i>eptifibatide</i>	56
EMSAM	22	EPZICOM	47
<i>emtricitabine</i>	46	ERAXIS	26
<i>emtricitabine/tenofovir disoproxil</i>	46	ERBITUX	37
<i>emtricitabine/tenofovir disoproxil fumarate</i>	46	<i>ergoloid mesylates</i>	21
EMTRIVA	47	ERGOMAR	28
EMVERM	39	<i>ergotamine tartrate/caffeine</i>	28
<i>enalapril maleate</i>	56	ERIVEDGE	35
<i>enalapril maleate/hydrochlorothiazide</i>	60	ERLEADA	30
ENBREL	93	<i>erlotinib hydrochloride</i>	35
ENBREL MINI	93	<i>errin</i>	88
ENBREL SURECLICK	93	ERTACZO	26
ENDARI	79	<i>ertapenem</i>	16
<i>endocet</i>	10	<i>ertapenem sodium</i>	16
ENDOMETRIN	88	ERWINASE	32
ENGERIX-B	96	ERWINAZE	33
ENHERTU	37	<i>ery</i>	72
ENJAYMO	92	ERYPED 400	16
<i>enoxaparin sodium</i>	54	<i>erythromycin</i>	72
<i>enpresse-28</i>	85	<i>erythromycin</i>	102
ENSPRYNG	92	<i>erythromycin dr</i>	17
ENSTILAR	70	<i>erythromycin ethylsuccinate</i>	17
<i>entacapone</i>	40	<i>erythromycin/benzoyl peroxide</i>	68
ENTADFI	81	ESBRIET	107
<i>entecavir</i>	45	<i>escitalopram oxalate</i>	23
ENTOCORT EC	97	<i>esomeprazole magnesium</i>	78

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>estarylla</i>	85	FASENRA	108
<i>estazolam</i>	109	FASENRA PEN	108
<i>estradiol</i>	85	FASLODEX	31
<i>estradiol/norethindrone acetate</i>	85	<i>fayosim</i>	85
ESTRING	85	FAZACLO	43
<i>eszopiclone</i>	109	<i>febuxostat</i>	27
<i>ethacrynate sodium</i>	61	<i>felbamate</i>	18
<i>ethacrynic acid</i>	61	FELBATOL	18
<i>ethambutol hydrochloride</i>	29	<i>felodipine er</i>	58
<i>ethosuximide</i>	19	FEMRING	85
<i>ethynodiol diacetate/ethinyl estradiol</i>	85	<i>femynor</i>	85
ETHYOL	33	<i>fenofibrate</i>	61
<i>etodolac</i>	7	<i>fenofibrate micronized</i>	61
ETOPOPHOS	34	<i>fenofibric acid dr</i>	61
<i>etravirine</i>	46	FENOGLIDE	61
EUCRISA	69	FENSOLVI	82
EULEXIN	30	<i>fentanyl</i>	8
<i>euthyrox</i>	89	FENTANYL CITRATE	10
EVENITY	98	<i>fentanyl citrate oral transmucosal</i>	10
<i>everolimus</i>	35	FENTORA	10
<i>everolimus</i>	93	FERRIPROX	74
EVKEEZA	60	FERRIPROX TWICE-A-DAY	74
EVOMELA	30	<i>fesoterodine fumarate er</i>	80
EVOTAZ	47	FETROJA	15
EVRYSDI	79	FETZIMA	23
<i>exemestane</i>	34	FETZIMA TITRATION PACK	23
EXJADE	74	FEXMID	109
EXKIVITY	35	FIASP	52
EXONDYS 51	79	FIASP FLEXTOUCH	52
EXSERVAN	65	FIASP PENFILL	52
EXTAVIA	66	FILSPARI	99
EXTINA	26	FINACEA	68
EYLEA	101	<i>finasteride</i>	81
EZALLOR SPRINKLE	61	<i>fingolimod</i>	66
<i>ezetimibe</i>	62	FINTEPLA	18
EZETIMIBE/ROSUVASTATIN	62	FIORICET/CODEINE	10
<i>ezetimibe/simvastatin</i>	62	FIORINAL	65
FABRAZYME	79	FIORINAL/CODEINE #3	10
<i>falmina</i>	85	FIRAZYR	90
<i>famciclovir</i>	48	FIRDAPSE	65
<i>famotidine</i>	77	FIRMAGON	89
FANAPT	41	<i>flac</i>	103
FANAPT TITRATION PACK	41	FLAREX	102
FARESTON	31	<i>flavoxate hcl</i>	80
FARXIGA	50	FLEBOGAMMA DIF	91
FARYDAK	35	<i>flecainide acetate</i>	57

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
FLECTOR	7	<i>formoterol fumarate</i>	105
FLEQSUVY	44	FORTAMET	50
FLOLAN	107	FORTEO	98
FLOLIPID	61	FORTESTA	83
<i>floxuridine</i>	31	FOSAMAX	98
<i>fluconazole</i>	26	FOSAMAX PLUS D	98
<i>fluconazole in sodium chloride</i>	26	<i>fosamprenavir calcium</i>	47
<i>flucytosine</i>	26	<i>foscarnet sodium</i>	44
<i>fludarabine phosphate</i>	33	FOSCAVIR	44
<i>fludrocortisone acetate</i>	81	<i>fosinopril sodium</i>	57
<i>flunisolide</i>	104	<i>fosinopril sodium/hydrochlorothiazide</i>	60
<i>fluocinolone acetonide</i>	69	FOSRENOL	75
<i>fluocinolone acetonide</i>	103	FOTIVDA	31
<i>fluocinolone acetonide body</i>	69	FRAGMIN	54
<i>fluocinolone acetonide ear drops</i>	103	FREAMINE III	73
<i>fluocinolone acetonide scalp</i>	69	FROVA	28
<i>fluocinonide</i>	69	<i>frovatriptan succinate</i>	28
<i>fluorometholone</i>	102	FULPHILA	54
FLUOROPLEX	70	<i>fulvestrant</i>	31
<i>fluorouracil</i>	31	FURADANTIN	14
FLUOROURACIL	70	FUROSCIX	61
<i>fluoxetine hcl</i>	23	<i>furosemide</i>	61
<i>fluoxetine hydrochloride</i>	23	FUSILEV	33
<i>fluphenazine decanoate</i>	41	FUZEON	47
<i>fluphenazine hcl</i>	41	FYARRO	35
<i>fluphenazine hydrochloride</i>	41	<i>fyavolv</i>	85
<i>flurandrenolide</i>	69	FYCOMPA	18
<i>flurbiprofen</i>	7	FYLNETRA	54
<i>flurbiprofen sodium</i>	102	<i>gabapentin</i>	20
<i>flutamide</i>	30	GABITRIL	20
<i>fluticasone propionate</i>	69	GABLOFEN	44
<i>fluticasone propionate</i>	104	GALAFOLD	79
FLUTICASONE	108	<i>galantamine hydrobromide</i>	21
PROPIONATE/SALMETEROL		<i>galantamine hydrobromide er</i>	21
<i>fluticasone propionate/salmeterol diskus</i>	108	GAMASTAN	91
<i>fluvastatin</i>	61	GAMIFANT	92
<i>fluvastatin sodium er</i>	61	GAMMAGARD LIQUID	91
<i>fluvoxamine maleate</i>	23	GAMMAGARD S/D IGA LESS THAN	91
<i>fluvoxamine maleate er</i>	23	1MCG/ML	
FML	102	GAMMAKED	91
FML FORTE	102	GAMMAPLEX	91
FOCALIN	64	GAMUNEX-C	91
FOCALIN XR	64	<i>ganciclovir</i>	44
FOLOTYN	31	GARDASIL 9	96
<i>fomepizole</i>	99	GASTROCROM	79
<i>fondaparinux sodium</i>	54	<i>gatifloxacin</i>	102

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
GATTEX	77	GLUMETZA	50
<i>gavilyte-c</i>	77	<i>glyburide</i>	50
<i>gavilyte-g</i>	77	<i>glyburide/metformin hydrochloride</i>	50
<i>gavilyte-h</i>	77	GLYCATE	76
<i>gavilyte-n/fluor pack</i>	77	<i>glycopyrrolate</i>	76
GAVRETO	33	<i>glydo</i>	12
GAZYVA	37	GLYXAMBI	50
<i>gefitinib</i>	35	GOCOVRI	40
GELNIQUE PUMP	80	<i>granisetron hydrochloride</i>	25
<i>gemcitabine hydrochloride</i>	31	GRANIX	54
<i>gemfibrozil</i>	61	<i>griseofulvin microsize</i>	26
GEMTESA	80	<i>griseofulvin ultramicrosize</i>	26
<i>generlac</i>	75	<i>guanfacine er</i>	64
<i>engraf</i>	93	<i>guanfacine hydrochloride</i>	56
GENOTROPIN	82	<i>guanfacine hydrochloride</i>	64
GENOTROPIN MINIQUICK	82	GUANIDINE HCL	29
<i>gentak</i>	102	GVOKE HYOPEN 1-PACK	52
<i>gentamicin sulfate</i>	13	GVOKE HYOPEN 2-PACK	52
<i>gentamicin sulfate</i>	102	GVOKE KIT	52
<i>gentamicin sulfate pediatric</i>	13	GVOKE PFS	52
GENVOYA	45	HAEGARDA	90
GEODON	42	<i>hailey 1.5/30</i>	85
<i>gildagia</i>	85	<i>hailey 24 fe</i>	85
<i>gildess 1.5/30</i>	85	HALAVEN	33
<i>gildess 1/20</i>	85	<i>halobetasol propionate</i>	69
<i>gildess 24 fe</i>	85	<i>haloperidol</i>	41
<i>gildess fe 1.5/30</i>	85	<i>haloperidol decanoate</i>	41
<i>gildess fe 1/20</i>	85	<i>haloperidol lactate</i>	41
GILENYA	66	HARVONI	45
GILOTRIF	35	HAVRIX	96
GIMOTI	77	<i>heather</i>	88
GIVLAARI	99	<i>hecoria</i>	93
GLASSIA	79	HELIDAC THERAPY	77
<i>glatiramer acetate</i>	66	HEMABATE	83
<i>glatopa</i>	66	HEMANGEOL	58
GLEEVEC	35	HEPAGAM B	91
GLEOSTINE	30	<i>heparin sodium</i>	54
<i>glimepiride</i>	50	<i>heparin sodium/dextrose</i>	54
<i>glipizide</i>	50	HEPLISAV-B	96
<i>glipizide er</i>	50	HEPSERA	45
<i>glipizide xl</i>	50	HERCEPTIN	37
<i>glipizide/metformin hydrochloride</i>	50	HERCEPTIN HYLECTA	37
GLOPERBA	27	HERZUMA	38
GLUCAGEN HYPOKIT	52	HETLIOZ	109
GLUCAGON EMERGENCY KIT	52	HETLIOZ LQ	109
<i>glucagon emergency kit for low blood sugar</i>	52	HIBERIX	96

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023



<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
HIZENTRA	91	<i>hydromorphone hydrochloride dosette</i>	10
HUMALOG	52	<i>hydromorphone hydrochloride er</i>	8
HUMALOG JUNIOR KWIKPEN	52	<i>hydroxychloroquine sulfate</i>	39
HUMALOG KWIKPEN	52	HYDROXYPROGESTERONE	88
HUMALOG MIX 50/50	52	CAPROATE	
HUMALOG MIX 50/50 KWIKPEN	52	<i>hydroxyurea</i>	31
HUMALOG MIX 75/25	52	<i>hydroxyzine hcl</i>	104
HUMALOG MIX 75/25 KWIKPEN	52	<i>hydroxyzine hydrochloride</i>	104
HUMATIN	13	<i>hydroxyzine pamoate</i>	48
HUMATROPE	82	HYFTOR	69
HUMIRA	94	HYPERHEP B	91
HUMIRA PEDIATRIC CROHNS	94	HYQVIA	91
DISEASE STARTER PACK		HYSINGLA ER	8
HUMIRA PEN	94	<i>ibandronate sodium</i>	98
HUMIRA PEN-CD/UC/HS STARTER	94	IBRANCE	33
HUMIRA PEN-PEDIATRIC UC	94	IBRANCE	35
STARTER PACK		IBSRELA	75
HUMIRA PEN-PS/UV STARTER	94	<i>ibu</i>	7
HUMULIN 70/30	52	IBUDONE	10
HUMULIN 70/30 KWIKPEN	52	<i>ibuprofen</i>	7
HUMULIN N	52	<i>ibuprofen lysine</i>	7
HUMULIN N KWIKPEN	52	<i>ibuprofen/famotidine</i>	7
HUMULIN R	52	<i>icatibant acetate</i>	90
HUMULIN R U-500 (CONCENTRATED)	52	<i>iclevia</i>	85
HUMULIN R U-500 KWIKPEN	52	ICLUSIG	35
HYCAMTIN	34	<i>icosapent ethyl</i>	62
<i>hydralazine hcl</i>	62	IDAMYCIN PFS	33
<i>hydralazine hydrochloride</i>	62	<i>idarubicin hcl</i>	33
<i>hydrochlorothiazide</i>	61	IDHIFA	33
<i>hydrocodone bitartrate er</i>	8	<i>ifosfamide</i>	30
<i>hydrocodone bitartrate/acetaminophen</i>	10	IGALMI	99
<i>hydrocodone/acetaminophen</i>	10	ILARIS	92
<i>hydrocodone/ibuprofen</i>	10	ILEVRO	102
<i>hydrocortisone</i>	69	<i>ilotycin</i>	102
<i>hydrocortisone</i>	81	ILUMYA	92
<i>hydrocortisone</i>	97	ILUVIEN	102
<i>hydrocortisone 1% in absorbase</i>	69	<i>imatinib mesylate</i>	35
HYDROCORTISONE	70	IMBRUVICA	35
ACETATE/PRAMOXINE		IMFINZI	38
HYDROCHLORIDE		<i>imipenem/cilastatin</i>	16
<i>hydrocortisone butyrate</i>	69	<i>imipramine hcl</i>	24
<i>hydrocortisone in absorbase</i>	69	<i>imipramine hydrochloride</i>	24
<i>hydrocortisone valerate</i>	69	<i>imiquimod</i>	70
<i>hydromorphone hcl</i>	10	<i>imiquimod pump</i>	70
<i>hydromorphone hcl er</i>	8	IMITREX	28
<i>hydromorphone hydrochloride</i>	10	IMITREX STATDOSE REFILL	28

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
IMITREX STATDOSE SYSTEM	28	<i>ipratropium bromide</i>	105
IMJUDO	38	<i>ipratropium bromide/albuterol sulfate</i>	108
IMOVAX RABIES (H.D.C.V.)	96	<i>irbesartan</i>	56
IMPAVIDO	14	<i>irbesartan/hydrochlorothiazide</i>	60
IMPOYZ	69	IRESSA	36
IMURAN	94	ISENTRESS	45
IMVEXXY MAINTENANCE PACK	85	ISENTRESS HD	45
IMVEXXY STARTER PACK	85	<i>isoniazid</i>	29
INBRIJA	40	ISORDIL TITRADOSE	62
<i>incassia</i>	88	<i>isosorbide dinitrate</i>	62
INCRELEX	82	<i>isosorbide dinitrate/hydralazine</i>	60
INCRUSE ELLIPTA	105	<i>hydrochloride</i>	
<i>indapamide</i>	61	<i>isosorbide mononitrate</i>	62
INDERAL LA	58	<i>isosorbide mononitrate er</i>	62
INDERAL XL	58	<i>isotretinoin</i>	68
INDOCIN	7	<i>isradipine</i>	58
<i>indomethacin</i>	7	ISTODAX (OVERFILL)	33
<i>indomethacin er</i>	7	ISTURISA	89
INFANRIX	96	<i>itraconazole</i>	26
INFLECTRA	94	<i>ivermectin</i>	39
INFLIXIMAB	94	<i>ivermectin</i>	71
INFUGEM	31	IXEMPRA KIT	33
INFUMORPH 200	8	IXIARO	96
INFUMORPH 500	8	JADENU	75
INGREZZA	65	JADENU SPRINKLE	75
INLYTA	35	JAKAFI	36
INNOPRAN XL	58	<i>jantoven</i>	54
INQOVI	35	JANUMET	50
INREBIC	33	JANUMET XR	50
INSULIN LISPRO	52	JANUVIA	51
INTEGRILIN	56	JARDIANCE	51
INTELENCE	46	JATENZO	83
INTRALIPID	99	JAVYGTOR	79
INTRAROSA	81	JAYPIRCA	36
INTRON A	93	JEMPERLI	38
INTRON A W/DILUENT	93	<i>jencycla</i>	88
<i>introvale</i>	85	JENTADUETO	51
INVEGA	42	JENTADUETO XR	51
INVEGA HAFYERA	42	<i>jevantique lo</i>	85
INVEGA SUSTENNA	42	JEVTANA	33
INVEGA TRINZA	42	<i>jinteli</i>	85
INVIRASE	47	JOENJA	92
INVOKAMET	50	<i>jolessa</i>	85
INVOKAMET XR	50	<i>jolivette</i>	88
INVOKANA	50	JUBLIA	26
IPOL INACTIVATED IPV	96	JULUCA	46

Drug Name	Page #	Drug Name	Page #
<i>junel 1.5/30</i>	85	KISQALI FEMARA 200 DOSE	33
<i>junel 1/20</i>	85	KISQALI FEMARA 400 DOSE	33
<i>junel fe 1.5/30</i>	85	KISQALI FEMARA 600 DOSE	33
<i>junel fe 1/20</i>	85	KITABIS PAK	106
<i>junel fe 24</i>	85	KLISYRI	70
JUXTAPID	62	<i>klofensaid ii</i>	7
JYNARQUE	75	KLONOPIN	20
JYNNEOS	96	<i>klor-con 10</i>	73
KABIVEN	73	<i>klor-con 8</i>	73
KADCYLA	38	<i>klor-con m10</i>	73
KADIAN	8	<i>klor-con m15</i>	73
KALBITOR	90	<i>klor-con m20</i>	73
KALETRA	47	<i>klor-con sprinkle</i>	73
<i>kalliga</i>	85	<i>klor-con/ef</i>	73
KALYDECO	106	KLOXXADO	13
KANJINTI	38	KOMBIGLYZE XR	51
KANUMA	79	KONVOMEPE	78
<i>kariva</i>	85	KORLYM	83
KAZANO	51	KORSUVA	99
<i>kelnor 1/35</i>	85	KOSELUGO	36
<i>kelnor 1/50</i>	85	KRAZATI	33
KENALOG	69	KRYSTEXXA	27
KENGREAL	56	<i>k-sol</i>	73
KEPIVANCE	67	<i>kurvelo</i>	85
KEPPRA	18	KUVAN	79
KEPPRA XR	18	KYNMOBI	40
KERENDIA	60	KYNMOBI TITRATION KIT	40
KERYDIN	26	KYPROLIS	34
KESIMPTA	66	KYZATREX	83
<i>ketoconazole</i>	26	<i>labetalol hydrochloride</i>	58
<i>ketoprofen</i>	7	<i>lacosamide</i>	21
KETOROLAC TROMETHAMINE	7	<i>lactulose</i>	75
<i>ketorolac tromethamine</i>	102	LAGEVRIO	99
KEVEYIS	79	LAMICTAL	18
KEVZARA	92	LAMICTAL CHEWABLE DISPERSIBLE	18
KEYTRUDA	38	LAMICTAL ODT	18
KHAPZORY	39	LAMICTAL STARTER/TAKING	18
KHEDEZLA	23	CARBAMAZEPINE/NOT TAKING	
<i>kimidess</i>	85	VALPROATE	
KIMMTRAK	33	LAMICTAL XR	18
KIMYRSA	14	<i>lamivudine</i>	45
KINERET	92	<i>lamivudine</i>	47
KINRIX	96	<i>lamivudine/zidovudine</i>	47
<i>kionex</i>	75	<i>lamotrigine</i>	19
<i>kionex</i>	75	<i>lamotrigine er</i>	18
KISQALI	36	<i>lamotrigine odt</i>	18

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>lamotrigine starter kit/blue</i>	18	LEVEMIR	53
<i>lamotrigine starter kit/green</i>	19	LEVEMIR FLEXPEN	53
<i>lamotrigine starter kit/orange</i>	19	LEVEMIR FLEXTOUCH	53
<i>lamotrigine titration</i>	19	<i>levetiracetam</i>	19
LAMZEDE	79	<i>levetiracetam er</i>	19
LANREOTIDE ACETATE	89	<i>levobunolol hcl</i>	103
<i>lansoprazole</i>	78	<i>levocetirizine dihydrochloride</i>	104
<i>lanthanum carbonate</i>	75	<i>levofloxacin</i>	17
LANTUS	52	<i>levofloxacin</i>	102
LANTUS SOLOSTAR	53	<i>levofloxacin in d5w</i>	17
<i>lapatinib ditosylate</i>	36	<i>levoleucovorin</i>	33
<i>larin 1.5/30</i>	85	<i>levonest</i>	86
<i>larin 1/20</i>	85	<i>levonorgestrel and ethinyl estradiol</i>	86
<i>larin 24 fe</i>	85	<i>levonorgestrel/ethinyl estradiol</i>	86
<i>larin fe 1.5/30</i>	86	<i>levora 0.15/30-28</i>	86
<i>larin fe 1/20</i>	86	<i>levorphanol tartrate</i>	9
<i>larissia</i>	86	<i>levo-t</i>	89
<i>latanoprost</i>	103	<i>levothyroxine sodium</i>	89
LATUDA	42	<i>levoxyl</i>	89
LAZANDA	10	LEXETTE	69
LEDIPASVIR/SOFOSBUVIR	45	LEXIVA	47
<i>leflunomide</i>	94	LIALDA	97
LEMTRADA	92	LIBRAX	76
<i>lenalidomide</i>	31	LIBTAYO	38
LENVIMA 10 MG DAILY DOSE	36	LICART	7
LENVIMA 12MG DAILY DOSE	36	<i>lidocaine</i>	12
LENVIMA 14 MG DAILY DOSE	36	LIDOCAINE AND TETRACAINE	12
LENVIMA 18 MG DAILY DOSE	36	CREAM	
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>	67
LENVIMA 8 MG DAILY DOSE	36	<i>lidocaine hcl jelly</i>	12
LEQVIO	62	<i>lidocaine hydrochloride viscous</i>	67
<i>lessina</i>	86	<i>lidocaine viscous</i>	67
LETAIRIS	107	<i>lidocaine/prilocaine</i>	12
<i>letrozole</i>	34	LIDOCAINE/TETRACAINE	12
<i>leucovorin calcium</i>	33	<i>lidocaine-prilocaine-cream base</i>	12
<i>leucovorin calcium</i>	39	LIDOCAN	12
LEUKERAN	30	LIDODERM	12
LEUKINE	54	<i>lillow</i>	86
LEUPROLIDE ACETATE	89	<i>lincomycin hcl</i>	14
<i>levalbuterol</i>	106	<i>linezolid</i>	14
<i>levalbuterol hcl</i>	105	LINZESS	76
<i>levalbuterol hydrochloride</i>	105	LIORESAL INTRATHECAL	44
<i>levalbuterol tartrate hfa</i>	106	<i>liothyronine sodium</i>	89
LEVAMLODIPINE	58	LIQREV	107

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>lisinopril</i>	57	<i>lubiprostone</i>	76
<i>lisinopril/hydrochlorothiazide</i>	60	LUCEMYRA	12
LITFULO	92	LUCENTIS	101
<i>lithium carbonate</i>	50	LUMAKRAS	33
<i>lithium carbonate er</i>	50	LUMIGAN	103
LITHOBID	50	LUMIZYME	79
LITHOSTAT	81	LUMOXITI	38
LIVALO	61	LUMRYZ	109
LIVMARLI	99	LUNESTA	109
LIVTENCITY	44	LUNSUMIO	33
LOCOID	69	LUPANETA PACK	89
LODINE	7	LUPKYNIS	94
LODOSYN	40	LUPRON DEPOT (1-MONTH)	89
LOFENA	7	LUPRON DEPOT (3-MONTH)	89
<i>lokara</i>	69	LUPRON DEPOT (4-MONTH)	89
LOKELMA	75	LUPRON DEPOT (6-MONTH)	89
<i>lomedina 24 fe</i>	86	LUPRON DEPOT-PED	82
LONHALA MAGNAIR REFILL KIT	105	LUPRON DEPOT-PED (1-MONTH)	89
LONHALA MAGNAIR STARTER KIT	105	LUPRON DEPOT-PED (3-MONTH)	90
LONSURF	33	<i>lurasidone hydrochloride</i>	42
<i>loperamide hcl</i>	76	<i>lutera</i>	86
<i>lopinavir/ritonavir</i>	47	LYBALVI	42
<i>lopreeza</i>	86	<i>lyleq</i>	88
<i>lorazepam</i>	49	<i>lyllana</i>	86
<i>lorazepam intensol</i>	49	LYMEPAK	17
LORBRENA	36	LYNPARZA	36
<i>lorcet</i>	10	LYRICA	65
<i>lorcet hd</i>	10	LYSODREN	89
<i>lorcet plus</i>	10	LYTGOBI	33
LOREEV XR	49	LYUMJEV	53
LORTAB	10	LYUMJEV KWIKPEN	53
LORZONE	109	LYVISPAH	44
<i>losartan potassium</i>	56	<i>lyza</i>	88
<i>losartan potassium/hydrochlorothiazide</i>	60	<i>mafenide acetate</i>	72
LOSEASONIQUE	86	<i>magnesium sulfate</i>	73
LOTEMAX	102	MAKENA	88
LOTEMAX SM	102	<i>malathion</i>	71
<i>loteprednol etabonate</i>	103	<i>maprotiline hcl</i>	22
LOTRONEX	76	<i>maraviroc</i>	47
<i>lovastatin</i>	61	MARGENZA	38
LOVAZA	62	MARINOL	25
LOVENOX	54	<i>marlissa</i>	86
<i>low-ogestrel</i>	86	MARPLAN	22
<i>loxapine</i>	41	MARQIBO	33
<i>loxapine succinate</i>	41	<i>marten-tab</i>	65
<i>lo-zumandimine</i>	86	MATULANE	30

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>matzim la</i>	59	<i>methenamine hippurate</i>	14
MAVENCLAD	66	<i>methergine</i>	99
MAVYRET	45	<i>methimazole</i>	90
MAXALT	28	METHITEST	83
MAXALT-MLT	28	<i>methocarbamol</i>	109
MAYZENT	66	<i>methotrexate</i>	94
MAYZENT STARTER PACK	66	<i>methotrexate sodium</i>	94
<i>meclizine hcl</i>	25	<i>methoxsalen</i>	70
<i>meclizine hydrochloride</i>	25	<i>methsuximide</i>	19
<i>medroxyprogesterone acetate</i>	88	<i>methyl dopa</i>	56
<i>mefloquine hcl</i>	39	<i>methylergonovine maleate</i>	99
MEGACE ES	88	<i>methylphenidate hcl sr</i>	64
<i>megestrol acetate</i>	88	<i>methylphenidate hydrochloride</i>	64
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>	21	<i>methylprednisolone</i>	82
<i>memantine hydrochloride</i>	21	<i>methylprednisolone dose pack</i>	81
<i>memantine hydrochloride er</i>	21	<i>methylprednisolone sodium succinate</i>	81
MENACTRA	96	<i>methyltestosterone</i>	83
MENEST	86	<i>metoclopramide hcl</i>	77
MENQUADFI	96	<i>metoclopramide hydrochloride</i>	77
MENVEO	96	<i>metoclopramide odt</i>	77
<i>meperidine hcl</i>	10	<i>metolazone</i>	61
MEPRON	39	METOPIRONE	99
MEPSEVII	79	<i>metoprolol succinate er</i>	58
<i>mercaptapurine</i>	31	METOPROLOL SUCCINATE	60
<i>meropenem</i>	16	ER/HYDROCHLOROTHIAZIDE	
MEROPENEM/SODIUM CHLORIDE	16	<i>metoprolol tartrate</i>	58
MERREM	16	<i>metronidazole</i>	14
<i>mesalamine</i>	97	<i>metronidazole</i>	68
<i>mesalamine dr</i>	97	<i>metronidazole vaginal</i>	14
<i>mesalamine er</i>	97	<i>metyrosine</i>	60
MESNEX	39	<i>mexiletine hcl</i>	57
MESTINON	29	MIACALCIN	98
MESTINON TIMESPAN	29	<i>mibelas 24 fe</i>	86
<i>metadate er</i>	64	<i>micafungin</i>	27
<i>metformin hydrochloride</i>	51	<i>microgestin 1.5/30</i>	86
<i>metformin hydrochloride er</i>	51	<i>microgestin 1/20</i>	86
<i>methadone hcl</i>	9	<i>microgestin 24 fe</i>	86
<i>methadone hydrochloride</i>	9	<i>microgestin fe 1.5/30</i>	86
<i>methadone hydrochloride intensol</i>	9	<i>microgestin fe 1/20</i>	86
<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>	83
<i>methazolamide</i>	103	MIGERGOT	28

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>miglitol</i>	51	MULTAQ	57
<i>miglustat</i>	79	<i>mupirocin</i>	72
MIGRANAL	28	<i>mupirocin calcium</i>	72
<i>mili</i>	86	<i>mutamycin</i>	33
<i>milrinone lactate</i>	60	MVASI	38
<i>milrinone lactate in dextrose</i>	60	MYALEPT	77
<i>mimvey</i>	86	MYCAMINE	27
<i>mimvey lo</i>	86	MYCAPSSA	90
MINOCIN	17	MYCOBUTIN	29
<i>minocycline hcl</i>	17	<i>mycophenolate mofetil</i>	94
<i>minocycline hydrochloride</i>	17	<i>mycophenolic acid dr</i>	94
<i>minoxidil</i>	62	MYFEMBREE	90
<i>mirtazapine</i>	22	MYFORTIC	94
<i>mirtazapine odt</i>	22	MYLOTARG	38
MIRVASO	68	MYOBLOC	44
<i>misoprostol</i>	77	<i>myorisan</i>	68
<i>mitigo</i>	9	MYRBETRIQ	80
<i>mitomycin</i>	33	MYSOLINE	20
<i>mitoxantrone hcl</i>	66	MYTESI	76
M-M-R II	96	<i>myzilra</i>	86
<i>modafinil</i>	110	NABI-HB	91
<i>moderiba</i>	45	<i>nabumetone</i>	7
<i>moexipril hcl</i>	57	<i>nadolol</i>	58
<i>molindone hydrochloride</i>	41	NAFCILLIN	16
<i>mometasone furoate</i>	69	<i>nafcillin sodium</i>	16
<i>mometasone furoate</i>	104	<i>naftifine hydrochloride</i>	27
<i>mondoxyne nl</i>	17	NAGLAZYME	79
MONJUVI	38	<i>nalbuphine hcl</i>	11
<i>mono-linyah</i>	86	NALOCET	11
<i>mononessa</i>	86	<i>naloxone hcl</i>	13
<i>montelukast sodium</i>	104	<i>naloxone hydrochloride</i>	13
<i>morgidox 1x100mg</i>	18	<i>naltrexone hcl</i>	12
<i>morgidox 1x50mg</i>	18	NAMENDA XR	22
<i>morgidox 2x100mg</i>	18	NAMZARIC	21
<i>morphine sulfate</i>	10	NAPRELAN	7
<i>morphine sulfate er</i>	9	NAPROSYN	8
<i>morphine sulfate/sodium chloride</i>	10	<i>naproxen</i>	8
MOTEGRITY	76	<i>naproxen sodium</i>	8
MOUNJARO	51	<i>naproxen sodium cr</i>	8
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	17	<i>naproxen sodium er</i>	8
<i>moxifloxacin hydrochloride</i>	17	<i>naproxen/esomeprazole magnesium</i>	8
<i>moxifloxacin hydrochloride</i>	102	<i>naratriptan hcl</i>	28
MOZOBIL	55	NASONEX	104
MS CONTIN	9	NATACYN	102
MULPLETA	55	<i>nateglinide</i>	51
		NATESTO	83

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
NATPARA	98	<i>nifedical xl</i>	58
NAYZILAM	19	<i>nifedipine er</i>	58
<i>nebivolol</i>	58	NILANDRON	31
<i>nebivolol hydrochloride</i>	58	<i>nilutamide</i>	31
NEBUPENT	39	<i>nimodipine</i>	58
<i>necon 0.5/35-28</i>	86	NINLARO	33
<i>necon 1/35</i>	86	NIPENT	32
<i>necon 7/7/7</i>	86	<i>nitazoxanide</i>	39
<i>nefazodone hydrochloride</i>	23	<i>nitisinone</i>	79
<i>nelarabine</i>	32	NITRO-BID	62
<i>neomycin sulfate</i>	13	NITRO-DUR	62
<i>neomycin/bacitracin/polymyxin</i>	101	NITROFURANTOIN	14
<i>neomycin/polymyxin/bacitracin</i>	101	<i>nitrofurantoin macrocrystals</i>	14
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	101	<i>nitrofurantoin monohydrate</i>	14
<i>neomycin/polymyxin/dexamethasone</i>	101	<i>nitrofurantoin monohydrate/macrocrystals</i>	14
<i>neomycin/polymyxin/gramicidin</i>	101	<i>nitroglycerin</i>	62
<i>neomycin/polymyxin/hc</i>	104	<i>nitroglycerin lingual</i>	62
<i>neomycin/polymyxin/hydrocortisone</i>	104	<i>nitroglycerin transdermal</i>	62
<i>neo-polycin</i>	101	NITYR	79
<i>neo-polycin hc</i>	101	NIVESTYM	55
NEOPROFEN	8	<i>nizatidine</i>	77
NEORAL	94	<i>nora-be</i>	88
NEO-SYNALAR	70	NORCO	11
NERLYNX	36	NORDITROPIN FLEXPRO	82
NESINA	51	<i>norethindrone</i>	88
NEULASTA	55	<i>norethindrone acetate</i>	88
NEULASTA ONPRO KIT	55	<i>norethindrone acetate/ethinyl estradiol</i>	86
NEUPOGEN	55	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	86
NEUPRO	40	NORGESIC FORTE	109
NEURONTIN	20	<i>norgestimate/ethinyl estradiol</i>	86
NEVANAC	103	NORITATE	68
<i>nevirapine</i>	46	NORLIQVA	58
<i>nevirapine er</i>	46	<i>norlyda</i>	88
NEXAVAR	36	<i>norlyroc</i>	88
NEXICLON XR	56	NORTHERA	56
NEXIUM	78	<i>nortrel 0.5/35 (28)</i>	86
NEXLETOL	62	<i>nortrel 1/35</i>	86
NEXLIZET	62	<i>nortrel 7/7/7</i>	87
NEXTERONE	57	<i>nortriptyline hcl</i>	24
NEXVIAZYME	79	<i>nortriptyline hydrochloride</i>	25
NGENLA	82	NORVIR	47
<i>niacin er</i>	62	NOURIANZ	40
<i>nicardipine hcl</i>	58	NOVAREL	82
NICOTROL INHALER	13	NOVOLIN 70/30	53
NICOTROL NS	13	NOVOLIN 70/30 FLEXPEN	53

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023



<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
NOVOLIN 70/30 FLEXPEN RELION	53	<i>nystop</i>	27
NOVOLIN 70/30 RELION	53	NYVEPRIA	55
NOVOLIN N	53	OCALIVA	77
NOVOLIN N FLEXPEN	53	OCREVUS	66
NOVOLIN N FLEXPEN RELION	53	OCTAGAM	91
NOVOLIN N RELION	53	<i>octreotide acetate</i>	90
NOVOLIN R	53	ODACTRA	99
NOVOLIN R FLEXPEN	53	ODEFSEY	47
NOVOLIN R FLEXPEN RELION	53	ODOMZO	36
NOVOLIN R RELION	53	OFEV	107
NOVOLOG	53	<i>ofloxacin</i>	17
NOVOLOG FLEXPEN	53	<i>ofloxacin</i>	102
NOVOLOG FLEXPEN RELION	53	<i>ofloxacin</i>	104
NOVOLOG MIX 70/30	53	OGIVRI	38
NOVOLOG MIX 70/30 PREFILLED	53	<i>okebo</i>	18
FLEXPEN		<i>olanzapine</i>	42
NOVOLOG MIX 70/30 PREFILLED	53	<i>olanzapine odt</i>	42
FLEXPEN RELION		<i>olanzapine/fluoxetine</i>	22
NOVOLOG MIX 70/30 RELION	53	<i>olmesartan medoxomil</i>	56
NOVOLOG PENFILL	53	<i>olmesartan medoxomil/hydrochlorothiazide</i>	60
NOVOLOG RELION	53	<i>olopatadine hcl</i>	102
NOXAFIL	27	<i>olopatadine hcl</i>	104
NPLATE	55	<i>olopatadine hydrochloride</i>	102
NUBEQA	31	OLPRUVA	79
NUCALA	108	OLUX-E	69
NUCYNTA	11	<i>omega-3-acid ethyl esters</i>	62
NUCYNTA ER	9	OMEGAVEN	99
NUEDEXTA	65	OMEPPPI	78
NULIBRY	99	<i>omeprazole</i>	78
NULOJIX	94	<i>omeprazole dr</i>	78
NUPLAZID	42	<i>omeprazole/sodium bicarbonate</i>	78
NURTEC	28	OMNIPOD 10 PACK	99
NUTRILIPID	99	OMNIPOD 5 G6 INTRO KIT (GEN 5)	99
NUTROPIN AQ NUSPIN 10	82	OMNIPOD 5 G6 PODS (GEN 5)	99
NUTROPIN AQ NUSPIN 20	82	OMNIPOD CLASSIC PDM STARTER	99
NUTROPIN AQ NUSPIN 5	82	KIT (GEN 3)	
NUVIGIL	110	OMNIPOD CLASSIC PODS (GEN 3)	99
NUZYRA	18	OMNIPOD DASH INTRO KIT (GEN 4)	99
<i>nyamyc</i>	27	OMNIPOD DASH PDM KIT (GEN 4)	99
<i>nyata</i>	27	OMNIPOD DASH PODS (GEN 4)	99
<i>nylia 1/35</i>	87	OMNIPOD GO 10 UNITS/DAY	99
<i>nylia 7/7/7</i>	87	OMNIPOD GO 15 UNITS/DAY	99
NYMALIZE	58	OMNIPOD GO 20 UNITS/DAY	99
<i>nystatin</i>	27	OMNIPOD GO 25 UNITS/DAY	99
<i>nystatin/triamcinolone</i>	70	OMNIPOD GO 30 UNITS/DAY	99
<i>nystatin/triamcinolone acetonide</i>	70	OMNIPOD GO 35 UNITS/DAY	99

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

Drug Name	Page #	Drug Name	Page #
OMNIPOD GO 40 UNITS/DAY	99	OSENI	51
OMNITROPE	82	OSMOLEX ER	40
ONCASPAR	33	OSPHENA	89
<i>ondansetron hcl</i>	26	OTEZLA	70
<i>ondansetron hydrochloride</i>	26	OTEZLA	92
<i>ondansetron odt</i>	26	OTREXUP	94
ONFI	20	OXACILLIN SODIUM	16
ONGENTYS	40	<i>oxaliplatin</i>	30
ONGLYZA	51	<i>oxaprozin</i>	8
ONIVYDE	35	OXAYDO	11
ONPATTRO	79	<i>oxazepam</i>	49
ONTRUZANT	38	OXBRYTA	55
ONUREG	33	<i>oxcarbazepine</i>	21
ONZETRA XSAIL	28	OXERVATE	101
OPANA	11	<i>oxiconazole nitrate</i>	27
OPDIVO	38	OXISTAT	27
OPDUALAG	34	OXLUMO	100
OPSUMIT	107	OXSORALEN ULTRA	70
OPZELURA	69	OXTELLAR XR	21
<i>oralone dental paste</i>	67	<i>oxybutynin chloride</i>	80
ORAVIG	27	<i>oxybutynin chloride er</i>	80
ORBACTIV	14	OXYCODONE AND ACETAMINOPHEN	11
ORENCIA	92	<i>oxycodone hcl</i>	11
ORENCIA	94	OXYCODONE HCL ER	9
ORENCIA CLICKJECT	92	<i>oxycodone hydrochloride</i>	11
ORENITRAM	107	OXYCODONE HYDROCHLORIDE ER	9
ORENITRAM TITRATION KIT MONTH	107	OXYCODONE	11
1		HYDROCHLORIDE/ACETAMINOPHEN	
ORENITRAM TITRATION KIT MONTH	107	OXYCODONE/ACETAMINOPHEN	11
2		<i>oxycodone/aspirin</i>	11
ORENITRAM TITRATION KIT MONTH	107	OXYCONTIN	9
3		<i>oxymorphone hydrochloride</i>	11
ORFADIN	79	<i>oxymorphone hydrochloride er</i>	9
ORGOVYX	90	<i>oxymorphone hydrochlorideer</i>	9
ORIAHNN	90	OZEMPIC	51
ORILISSA	90	OZOBAX	44
ORKAMBI	106	<i>pacerone</i>	57
ORLADEYO	99	PACLITAXEL PROTEIN-BOUND	33
ORLISTAT	99	PARTICLES	
<i>orphenadrine citrate er</i>	109	PADCEV	38
<i>orphenadrine citrate/aspirin/caffeine</i>	109	PALFORZIA INITIAL DOSE	100
ORPHENGESIC FORTE	109	ESCALATION	
ORSERDU	33	PALFORZIA LEVEL 1	100
<i>orsythia</i>	87	PALFORZIA LEVEL 10	100
ORTIKOS	97	PALFORZIA LEVEL 11	100
<i>oseltamivir phosphate</i>	48	(MAINTENANCE)	

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
PALFORZIA LEVEL 11 (TITRATION)	100	PENLAC NAIL LACQUER	72
PALFORZIA LEVEL 2	100	PENNSAID	8
PALFORZIA LEVEL 3	100	PENTACEL	96
PALFORZIA LEVEL 4	100	<i>pentamidine isethionate</i>	39
PALFORZIA LEVEL 5	100	<i>pentazocine/naloxone hcl</i>	11
PALFORZIA LEVEL 6	100	<i>pentoxifylline er</i>	60
PALFORZIA LEVEL 7	100	PEPAXTO	30
PALFORZIA LEVEL 8	100	PEPCID	77
PALFORZIA LEVEL 9	100	PERCOCET	11
<i>paliperidone er</i>	42	PERFOROMIST	106
<i>palonosetron hydrochloride</i>	26	PERIKABIVEN	73
PALYNZIQ	79	<i>perindopril erbumine</i>	57
PAMELOR	25	<i>periogard</i>	67
PANCREAZE	79	PERJETA	38
PANDEL	69	<i>permethrin</i>	71
PANRETIN	39	<i>perphenazine</i>	41
<i>pantoprazole sodium</i>	78	<i>perphenazine/amitriptyline</i>	22
PANZYGA	91	PERSERIS	42
<i>paricalcitol</i>	98	PERTZYE	79
PARNATE	22	PHEBURANE	80
<i>paroex</i>	67	<i>phenadoz</i>	25
<i>paromomycin sulfate</i>	13	<i>phenelzine sulfate</i>	22
<i>paroxetine</i>	23	<i>phenobarbital</i>	20
<i>paroxetine hcl</i>	23	<i>phenobarbital sodium</i>	20
<i>paroxetine hcl er</i>	23	<i>phenoxybenzamine hydrochloride</i>	56
<i>paroxetine hydrochloride</i>	23	<i>phenytoin</i>	21
PASER	29	<i>phenytoin infatabs</i>	21
PATANASE	104	<i>phenytoin sodium extended</i>	21
PAXLOVID	100	PHESGO	33
PEDIARIX	96	<i>philith</i>	87
PEDMARK	100	PHOTOFRIN	33
PEDVAX HIB	96	PIFELTRO	46
<i>peg 3350/electrolytes</i>	77	<i>pilocarpine hcl</i>	103
<i>peg-3350/electrolytes</i>	77	<i>pilocarpine hydrochloride</i>	67
<i>peg-3350/nacl/na bicarbonate/kcl</i>	77	<i>pimtrea</i>	87
PEGASYS	93	<i>pindolol</i>	58
PEGINTRON	93	<i>pioglitazone hcl</i>	51
PEG-INTRON REDIPEN	93	<i>pioglitazone hcl/metformin hcl</i>	51
PEMAZYRE	33	<i>pioglitazone hydrochloride</i>	51
PEMETREXED	32	<i>piperacillin sodium/tazobactam sodium</i>	16
<i>pemetrexed disodium</i>	32	PIQRAY 200MG DAILY DOSE	36
PEMFEXY	32	PIQRAY 250MG DAILY DOSE	36
<i>penicillamine</i>	75	PIQRAY 300MG DAILY DOSE	36
<i>penicillamine</i>	81	<i>pirfenidone</i>	107
<i>penicillin g sodium</i>	16	<i>pirmella 1/35</i>	87
<i>penicillin v potassium</i>	16	<i>pirmella 7/7/7</i>	87

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>piroxicam</i>	8	PREVACID	78
PLEGRIDY	66	<i>prevalite</i>	62
PLEGRIDY STARTER PACK	66	<i>previfem</i>	87
<i>plenamine</i>	73	PREVYMIS	44
PLERIXAFOR	55	PREZCOBIX	48
PLIAGLIS	12	PREZISTA	48
<i>podofilox</i>	70	PRIALT	65
POLIVY	38	PRIFTIN	29
<i>polycin</i>	101	<i>primaquine phosphate</i>	39
<i>polyethylene glycol 3350</i>	76	<i>primidone</i>	20
<i>polymyxin b sulfate/trimethoprim sulfate</i>	101	PRIMLEV	11
POMALYST	31	PRIMSOL	14
PONVORY	66	PRIORIX	96
PONVORY 14-DAY STARTER PACK	66	PRISTIQ	24
<i>portia-28</i>	87	PRIVIGEN	91
PORTRAZZA	38	PROAIR DIGIHALER	106
<i>posaconazole</i>	27	PROAIR HFA	106
<i>posaconazole dr</i>	27	<i>probenecid</i>	27
<i>potassium chloride er</i>	73	<i>probenecid/colchicine</i>	27
<i>potassium chloride sr</i>	73	PROCALAMINE	74
<i>potassium citrate er</i>	73	<i>prochlorperazine</i>	25
POTELIGEO	38	<i>prochlorperazine edisylate</i>	25
PRALATREXATE	32	<i>prochlorperazine maleate</i>	25
PRALUENT	62	PROCRIPT	55
<i>pramipexole dihydrochloride</i>	40	<i>procto-med hc</i>	97
<i>pramipexole dihydrochloride er</i>	40	<i>proctosol hc</i>	97
PRANDIN	51	<i>proctozone-hc</i>	97
<i>prasugrel</i>	56	PROCYSBI	80
<i>pravastatin sodium</i>	61	<i>profeno</i>	8
<i>praziquantel</i>	39	<i>progesterone</i>	88
<i>prazosin hydrochloride</i>	56	PROGRAF	94
PRED MILD	103	PROLASTIN-C	80
<i>prednisolone</i>	82	PROLATE	11
<i>prednisolone acetate</i>	103	PROLENSA	103
<i>prednisolone sodium phosphate</i>	82	PROLEUKIN	33
<i>prednisone</i>	82	PROLIA	98
<i>pregabalin</i>	65	PROMACTA	55
PREGNYL W/DILUENT BENZYL	82	<i>promethazine hcl</i>	25
ALCOHOL/NACL		<i>promethazine hydrochloride</i>	25
PREHEVBRIO	96	<i>promethegan</i>	25
PREMARIN	87	<i>propafenone hcl</i>	57
PREMASOL	74	<i>propafenone hydrochloride er</i>	57
<i>premium lidocaine</i>	12	<i>propranolol hcl</i>	58
PREMPHASE	87	<i>propranolol hcl er</i>	58
PREMPRO	87	<i>propranolol hydrochloride</i>	58
<i>prenatal</i>	75	<i>propranolol hydrochloride er</i>	58

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>propylthiouracil</i>	90	RADICAVA	65
PROQUAD	96	RADICAVA ORS	65
PROSOL	74	RADICAVA ORS STARTER KIT	65
PROSTIN E2	83	<i>raloxifene hydrochloride</i>	89
PROTONIX	78	<i>ramelteon</i>	109
<i>protriptyline hcl</i>	25	<i>ramipril</i>	57
PROVENTIL HFA	106	<i>ranolazine er</i>	60
PROVIGIL	110	RAPAMUNE	95
PROZAC	24	RAPIVAB	48
PRUDOXIN	69	<i>rasagiline mesylate</i>	41
PULMICORT	104	RASUVO	95
PULMICORT FLEXHALER	104	RAVICTI	80
PULMOZYME	106	RAYALDEE	98
PURIXAN	32	RAYOS	82
PYLERA	77	REBIF	66
<i>pyrazinamide</i>	29	REBIF REBIDOSE	66
<i>pyridostigmine bromide</i>	29	REBIF REBIDOSE TITRATION PACK	67
<i>pyrimethamine</i>	39	REBIF TITRATION PACK	67
PYRUKYND	55	REBLOZYL	55
PYRUKYND TAPER PACK	55	RECARBRIO	16
QALSODY	65	RECOMBIVAX HB	96
QBRELIS	57	RECORLEV	89
QDOLO	11	RECTIV	77
QINLOCK	31	REDITREX	95
QTERN	51	REGRANEX	70
QUADRACEL	96	RELAFEN	8
QUALAQUIN	39	RELAFEN DS	8
QUARTETTE	87	RELENZA DISKHALER	48
<i>quasense</i>	87	RELEUKO	55
QUDEXY XR	19	RELEXXII	64
<i>quetiapine fumarate</i>	42	RELISTOR	76
<i>quetiapine fumarate er</i>	42	RELPAK	28
<i>quinapril hcl</i>	57	RELTONE	77
<i>quinapril hydrochloride</i>	57	RELYVRIO	65
<i>quinapril/hydrochlorothiazide</i>	60	REMDESIVIR	100
<i>quinidine sulfate</i>	57	REMICADE	95
<i>quinine sulfate</i>	39	REMODULIN	107
QULIPTA	28	RENAGEL	75
QUTENZA	12	RENFLEXIS	95
QUVIVIQ	65	REVELA	75
QVAR REDIHALER	104	<i>repaglinide</i>	51
RABAVERT	96	REPATHA	62
<i>rabeprazole sodium</i>	78	REPATHA PUSHTRONEX SYSTEM	62
RABEPRAZOLE SODIUM DR	78	REPATHA SURECLICK	62
SPRINKLE		<i>reprexain</i>	11
RADIAURA	70	REQUIP XL	40

Drug Name	Page #	Drug Name	Page #
RESTASIS	101	<i>rivelsa</i>	87
RESTASIS MULTIDOSE	101	<i>rizatriptan benzoate</i>	28
RESTORIL	109	<i>rizatriptan benzoate odt</i>	29
RETACRIT	55	ROBAXIN	109
RETEVMO	33	ROBAXIN-750	109
RETIN-A	68	ROBINUL	76
RETIN-A MICRO	68	ROBINUL FORTE	76
RETIN-A MICRO PUMP	68	ROCKLATAN	101
RETISERT	103	<i>roflumilast</i>	106
RETROVIR IV INFUSION	47	ROLVEDON	55
REVATIO	107	ROMIDEPSIN	33
REVCOVI	80	<i>ropinirole er</i>	40
REVLIMID	31	<i>ropinirole hcl</i>	40
<i>revonto</i>	44	<i>ropinirole hydrochloride</i>	40
REXULTI	42	<i>rosadan</i>	68
REYATAZ	48	<i>rosuvastatin calcium</i>	61
REYVOW	28	ROSZET	62
REZLIDHIA	36	ROTARIX	96
REZUROCK	95	ROTATEQ	96
REZZAYO	27	ROWASA	97
RHOPRESSA	103	<i>roweepra</i>	19
RIABNI	38	<i>roweepra xr</i>	19
<i>ribasphere</i>	45	ROXICODONE	11
<i>ribavirin</i>	45	ROZEREM	109
<i>ribavirin</i>	108	ROZLYTREK	36
RIDAURA	92	RUBRACA	36
<i>rifabutin</i>	29	RUCONEST	90
RIFADIN	29	<i>rufinamide</i>	21
<i>rifampin</i>	29	RUKOBIA	47
RILUTEK	65	RUXIENCE	38
<i>riluzole</i>	65	RYBELSUS	51
<i>rimantadine hydrochloride</i>	48	RYBREVANT	38
RINVOQ	92	RYDAPT	36
<i>risedronate sodium</i>	98	RYLAZE	33
<i>risedronate sodium dr</i>	98	RYSTIGGO	92
RISPERDAL	42	RYTARY	40
RISPERDAL CONSTA	42	RYTHMOL SR	57
<i>risperidone</i>	42	SABRIL	20
<i>risperidone odt</i>	42	SAIZEN	82
RITALIN	64	SAIZEN CLICK.EASY	82
RITALIN LA	64	SAIZENPREP RECONSTITUTIONKIT	82
<i>ritonavir</i>	48	<i>sajazir</i>	90
RITUXAN	38	SAMSCA	75
RITUXAN HYCELA	38	SANCUSO	26
<i>rivastigmine tartrate</i>	21	SANDIMMUNE	95
<i>rivastigmine transdermal system</i>	21	SANDOSTATIN	90

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
SANDOSTATIN LAR DEPOT	90	<i>simpesse</i>	87
SANTYL	71	SIMPONI	95
SAPHNELO	92	SIMPONI ARIA	95
SAPHRIS	42	SIMULECT	92
<i>sapropterin dihydrochloride</i>	80	SIMVASTATIN	61
SARCLISA	38	<i>sirolimus</i>	95
SAVELLA	66	SIRTURO	29
SAVELLA TITRATION PACK	66	SITAVIG	48
<i>saxagliptin hydrochloride</i>	51	SIVEXTRO	14
SAXAGLIPTIN	51	SKYCLARYS	100
HYDROCHLORIDE/METFORMIN		SKYLA	88
HYDROCHLORIDE ER		SKYRIZI	92
SCSEMBLIX	34	SKYRIZI PEN	92
<i>scopolamine</i>	25	SKYTROFA	82
SEASONIQUE	87	SMOFLIPID	100
SECUADO	43	SOAANZ	61
SEGLENTIS	11	<i>sodium bicarbonate</i>	74
SEGLUROMET	51	<i>sodium bicarbonate/dextrose</i>	74
<i>selegiline hcl</i>	41	<i>sodium chloride</i>	74
<i>selenium sulfide</i>	69	<i>sodium chloride 0.45%</i>	74
SELZENTRY	47	<i>sodium chloride 0.9%</i>	100
SENSIPAR	98	SODIUM EDECRIN	61
SEREVENT DISKUS	106	SODIUM OXYBATE	110
SERNIVO	69	<i>sodium phenylacetate/sodium benzoate</i>	100
SEROQUEL	43	<i>sodium phenylbutyrate</i>	80
SEROQUEL XR	43	<i>sodium polystyrene sulfonate</i>	75
SEROSTIM	82	<i>sodium polystyrene sulfonate</i>	75
<i>sertraline hcl</i>	24	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	77
SERTRALINE HYDROCHLORIDE	24		
<i>setlakin</i>	87	SOFOSBUVIR/VELPATASVIR	45
<i>sevelamer carbonate</i>	75	SOGROYA	82
SEYSARA	18	SOHONOS	44
SFROWASA	97	<i>solifenacin succinate</i>	80
<i>sharobel</i>	88	SOLQUA 100/33	51
SHINGRIX	96	SOLIRIS	92
SIGNIFOR	90	SOLTAMOX	31
SIGNIFOR LAR	90	SOMA	109
SIKLOS	32	SOMATULINE DEPOT	90
<i>sildenafil</i>	107	SOMAVERT	90
<i>sildenafil citrate</i>	107	SOOLANTRA	71
SILENOR	109	<i>sorafenib</i>	36
SILIQ	92	<i>sorafenib tosylate</i>	36
<i>silodosin</i>	81	SORIATANE	68
<i>silver sulfadiazine</i>	71	SORILUX	71
SIMBRINZA	101	<i>sorine</i>	57
<i>simliya</i>	87	<i>sotalol hcl</i>	57

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>sotalol hcl (af)</i>	57	<i>subvenite starter kit/blue</i>	19
SOTALOL HYDROCHLORIDE	57	<i>subvenite starter kit/green</i>	19
<i>sotalol hydrochloride (af)</i>	57	<i>subvenite starter kit/orange</i>	19
<i>sotalol hydrochloride af</i>	57	SUCRAID	80
SOTYKTU	71	<i>sucralfate</i>	77
SOVALDI	45	<i>sulconazole nitrate</i>	27
SPEVIGO	69	<i>sulfacetamide sodium</i>	102
SPINRAZA	80	<i>sulfacetamide sodium/prednisolone sodium</i>	101
SPIRIVA HANDIHALER	105	<i>phosphate</i>	
SPIRIVA RESPIMAT	105	<i>sulfadiazine</i>	17
<i>spironolactone</i>	61	<i>sulfamethoxazole/trimethoprim</i>	17
<i>spironolactone/hydrochlorothiazide</i>	60	<i>sulfamethoxazole/trimethoprim ds</i>	17
SPORANOX	27	SULFAMYLON	72
SPORANOX PULSEPAK	27	<i>sulfasalazine</i>	97
SPRAVATO 56MG DOSE	22	<i>sulfatrim pediatric</i>	17
SPRAVATO 84MG DOSE	22	<i>sulindac</i>	8
<i>sprintec 28</i>	87	<i>sumatriptan</i>	29
SPRITAM	19	<i>sumatriptan succinate</i>	29
SPRIX	8	<i>sumatriptan succinate refill</i>	29
SPRYCEL	36	<i>sumatriptan/naproxen sodium</i>	29
<i>sps</i>	75	<i>sunitinib malate</i>	36
<i>sronyx</i>	87	SUNLENCA	47
<i>ssd</i>	71	SUNOSI	110
STALEVO 100	40	SUPPRELIN LA	90
STALEVO 125	40	SUPREP BOWEL PREP KIT	77
STALEVO 150	40	SUSTIVA	46
STALEVO 200	40	SUSTOL	26
STAMARIL	96	SUSVIMO	101
<i>stavudine</i>	47	SUTAB	77
STEGLATRO	51	SUTENT	36
STEGLUJAN	51	SYFOVRE	101
STELARA	92	SYLVANT	92
STIMATE	82	SYMBYAX	22
STIMUFEND	55	SYMDEKO	106
STIOLTO RESPIMAT	108	SYMFI	46
STIVARGA	36	SYMFI LO	46
STRATTERA	64	SYMLINPEN 120	51
STRENSIQ	80	SYMLINPEN 60	51
<i>streptomycin sulfate</i>	13	SYMPAZAN	20
STRIBILD	46	SYMPROIC	76
STRIVERDI RESPIMAT	106	SYMTUZA	48
STROMECTOL	39	SYNAGIS	91
SUBLOCADE	12	SYNAREL	90
SUBOXONE	12	SYNDROS	26
SUBSYS	11	SYNERA	12
<i>subvenite</i>	19	SYNERCID	14



<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
SYNJARDY	51	TECVAYLI	34
SYNJARDY XR	51	TEFLARO	15
SYNRIBO	34	TEGSEDI	80
SYNTHAMIN 17	74	<i>telmisartan</i>	56
SYNTHROID	89	<i>telmisartan/amlodipine</i>	60
SYPRINE	75	<i>telmisartan/hydrochlorothiazide</i>	60
TABLOID	32	<i>temazepam</i>	109
TABRECTA	31	TEMIXYS	47
TACHOSIL	100	TEMODAR	30
TACLONEX	71	<i>temsirolimus</i>	37
<i>tacrolimus</i>	70	<i>tencon</i>	65
<i>tacrolimus</i>	95	<i>teniposide</i>	34
<i>tadalafil</i>	81	TENIVAC	96
<i>tadalafil</i>	107	<i>tenofovir disoproxil fumarate</i>	47
TADLIQ	107	TEPADINA	30
TAFINLAR	36	TEPEZZA	92
TAGRISSE	36	TEPMETKO	37
TAKHZYRO	90	<i>terazosin hcl</i>	56
TALTZ	92	<i>terazosin hydrochloride</i>	56
TALVEY	34	<i>terbinafine hcl</i>	27
TALZENNA	36	<i>terbutaline sulfate</i>	106
TAMIFLU	48	<i>terconazole</i>	27
<i>tamoxifen citrate</i>	31	<i>teriflunomide</i>	67
<i>tamsulosin hydrochloride</i>	81	TERIPARATIDE	98
TARCEVA	36	TESTIM	83
TARGRETIN	39	<i>testosterone</i>	83
<i>tarina 24 fe</i>	87	<i>testosterone cypionate</i>	83
<i>tarina fe 1/20</i>	87	<i>testosterone enanthate</i>	83
<i>tarina fe 1/20 eq</i>	87	<i>testosterone pump</i>	83
TARPEYO	97	<i>testosterone topical solution</i>	83
TASCENSO ODT	67	TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	96
TASIGNA	36	<i>tetrabenazine</i>	65
<i>tasimelteon</i>	109	<i>tetracycline hydrochloride</i>	18
TASMAR	40	TEZSPIRE	108
<i>tavaborole</i>	27	THALOMID	31
TAVALISSE	56	<i>theophylline er</i>	106
TAVNEOS	100	THIOLA	81
TAXOTERE	34	THIOLA EC	81
<i>tazarotene</i>	68	<i>thioridazine hcl</i>	41
<i>tazicef</i>	15	<i>thiotepa</i>	30
<i>taztia xt</i>	59	<i>thiothixene</i>	41
TAZVERIK	34	THYMOGLOBULIN	91
TDVAX	96	THYROGEN	100
TECENTRIQ	38	<i>tiadylt er</i>	59
TECFIDERA	67	<i>tiagabine hydrochloride</i>	20
TECFIDERA STARTER PACK	67		

Formulary ID: 24047, Version: 6, Effective Date: 01/01/2024

Last Updated: September 2023

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
TIBSOVO	37	TRACLEER	107
TICE BCG	34	TRADJENTA	51
TICOVAC	96	<i>tramadol hcl</i>	11
TIGAN	25	TRAMADOL HCL ER	9
<i>tigecycline</i>	14	TRAMADOL HYDROCHLORIDE	11
TIGLUTIK	65	<i>tramadol hydrochloride er</i>	9
<i>timolol maleate</i>	28	<i>tramadol hydrochloride/acetaminophen</i>	11
<i>timolol maleate</i>	103	<i>trandolapril</i>	57
<i>tinidazole</i>	14	<i>trandolapril/verapamil hcl er</i>	60
<i>tiopronin</i>	81	<i>tranexamic acid</i>	55
<i>tiotropium bromide</i>	105	TRANXENE T	49
TISSEEL	54	<i>tranylcypramine sulfate</i>	22
TIVDAK	38	TRAVASOL	74
TIVICAY	46	TRAVATAN Z	103
TIVICAY PD	46	<i>travoprost</i>	103
<i>tizanidine hcl</i>	44	TRAZIMERA	38
<i>tizanidine hydrochloride</i>	44	<i>trazodone hydrochloride</i>	24
TOBI	106	TREANDA	30
TOBI PODHALER	106	TRECATOR	29
TOBRADEX	101	TRELEGY ELLIPTA	108
TOBRADEX ST	101	TRELSTAR MIXJECT	90
<i>tobramycin</i>	102	TREMFYA	92
<i>tobramycin</i>	106	<i>treprostinil</i>	107
<i>tobramycin sulfate</i>	13	TRESIBA	53
<i>tobramycin/dexamethasone</i>	101	TRESIBA FLEXTOUCH	53
TOFRANIL	25	<i>tretinoin</i>	39
<i>tolbutamide</i>	51	<i>tretinoin</i>	68
<i>tolcapone</i>	40	<i>tretinoin microsphere</i>	68
TOLSURA	27	<i>tretinoin microsphere pump</i>	68
<i>tolterodine tartrate</i>	80	TREXIMET	29
<i>tolterodine tartrate er</i>	81	TREZIX	11
<i>tolvaptan</i>	75	<i>tri femynor</i>	87
TOPAMAX	19	<i>triamcinolone acetonide</i>	70
TOPAMAX SPRINKLE	19	<i>triamcinolone acetonide</i>	82
TOPICORT	70	<i>triamcinolone acetonide dental paste</i>	67
<i>topiramate</i>	19	<i>triamterene/hydrochlorothiazide</i>	60
<i>topiramate er</i>	19	<i>triderm</i>	70
<i>topotecan hcl</i>	35	<i>trientine hydrochloride</i>	75
<i>toremifene citrate</i>	31	<i>tri-estarylla</i>	87
TORISEL	37	<i>trifluoperazine hcl</i>	41
<i>torseamide</i>	61	<i>trifluoperazine hydrochloride</i>	41
TOSYMRA	29	<i>trifluridine</i>	102
TOTECT	39	<i>trihexyphenidyl hcl</i>	40
TOUJEO MAX SOLOSTAR	53	<i>trihexyphenidyl hydrochloride</i>	40
TOUJEO SOLOSTAR	53	TRIJARDY XR	52
TOVIAZ	81	TRIKAFTA	106

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
TRILEPTAL	21	TYPHIM VI	97
<i>tri-linyah</i>	87	TYRVAYA	100
<i>tri-lo-mili</i>	87	TYSABRI	67
<i>trilyte</i>	77	TYVASO	107
<i>trimethobenzamide hydrochloride</i>	25	TYVASO DPI MAINTENANCE KIT	107
<i>trimethoprim</i>	14	TYVASO DPI TITRATION KIT	107
<i>tri-mili</i>	87	TYVASO REFILL	107
<i>trimipramine maleate</i>	25	TYVASO STARTER	107
<i>trinessa</i>	87	UBRELVY	28
<i>trinessa lo</i>	87	UCERIS	97
TRINTELLIX	24	UDENYCA	55
TRIOSTAT	89	ULTOMIRIS	92
<i>tri-previfem</i>	87	ULTRACET	11
TRIPTODUR	90	ULTRAM	11
TRISENOX	34	ULTRAVATE	70
<i>tri-sprintec</i>	87	<i>unithroid</i>	89
TRIUMEQ	47	UNITUXIN	38
TRIUMEQ PD	47	UPTRAVI	107
<i>trivora-28</i>	87	UPTRAVI TITRATION PACK	107
<i>tri-vylibra</i>	87	<i>urea</i>	71
TRIZIVIR	47	URSODIOL	77
TRODELVY	38	UVADEX	71
TROGARZO	47	UZEDY	43
TROKENDI XR	19	VABOMERE	16
TROPHAMINE	74	VABYSMO	101
<i>trospium chloride</i>	81	<i>valacyclovir hcl</i>	48
<i>trospium chloride er</i>	81	<i>valacyclovir hydrochloride</i>	48
TRUDHESA	28	VALCHLOR	30
TRULANCE	76	VALCYTE	44
TRULICITY	52	<i>valganciclovir</i>	44
TRUMENBA	97	<i>valganciclovir hydrochloride</i>	44
TRUSELTIQ	34	VALIUM	49
TRUVADA	47	<i>valproic acid</i>	50
TRUXIMA	38	<i>valrubicin</i>	34
TUDORZA PRESSAIR	105	VALSARTAN	56
TUKYSA	34	<i>valsartan/hydrochlorothiazide</i>	60
<i>tulana</i>	88	VALSTAR	34
TURALIO	37	VALTOCO 10 MG DOSE	20
TWINRIX	97	VALTOCO 15 MG DOSE	20
<i>tyblume</i>	87	VALTOCO 20 MG DOSE	20
TYBOST	47	VALTOCO 5 MG DOSE	20
TYGACIL	14	VALTRESX	48
TYKERB	37	VANADOM	109
TYLENOL/CODEINE #3	11	VANATOL LQ	65
TYLENOL/CODEINE #4	11	VANATOL S	65
TYMLOS	98	VANCOCIN	15

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>vancomycin hcl</i>	15	VFEND	27
<i>vancomycin hydrochloride</i>	15	VFEND IV	27
VANFLYTA	37	V-GO 20	100
VANOS	70	V-GO 30	100
VANTAS	90	V-GO 40	100
VAQTA	97	VIBATIV	15
<i>varenicline starting month box</i>	13	VIBERZI	76
<i>varenicline tartrate</i>	13	<i>vicodin</i>	12
VARIVAX	97	<i>vicodin es</i>	12
VARIZIG	91	<i>vicodin hp</i>	12
VARUBI	26	VIDAZA	34
VASCEPA	62	VIEKIRA PAK	45
VASOTEC	57	<i>vienna</i>	87
VAXELIS	97	<i>vigabatrin</i>	20
VECAMYL	60	<i>vigadrone</i>	20
VECTIBIX	38	VIIBRYD	24
VECTICAL	71	VIIBRYD STARTER PACK	24
VEGZELMA	38	VIJOICE	100
VEKLURY	100	<i>vilazodone hydrochloride</i>	24
VELCADE	34	VILTEPSO	80
VELETRI	107	VIMIZIM	80
VELPHORO	75	VIMOVO	8
VELTASSA	75	VIMPAT	21
VEMLIDY	45	<i>vinblastine sulfate</i>	34
VENCLEXTA	37	<i>vincasar pfs</i>	34
VENCLEXTA STARTING PACK	37	<i>vincristine sulfate</i>	34
VENLAFAXINE BESYLATE ER	24	VIOKACE	80
<i>venlafaxine hcl</i>	24	<i>viorele</i>	87
<i>venlafaxine hcl er</i>	24	VIRACEPT	48
<i>venlafaxine hydrochloride</i>	24	VIRAMUNE	46
<i>venlafaxine hydrochloride er</i>	24	VIRAMUNE XR	46
VENTAVIS	107	VIRAZOLE	108
VENTOLIN HFA	106	VIREAD	47
VEOPOZ	92	VISTOGARD	100
<i>verapamil hcl</i>	59	VISUDYNE	101
<i>verapamil hcl er</i>	59	VITRAKVI	37
<i>verapamil hcl sr</i>	59	VIVIMUSTA	30
<i>verapamil hydrochloride</i>	59	VIVITROL	12
<i>verapamil hydrochloride er</i>	59	VIVJOA	27
VERDESO	70	VIVLODEX	8
VEREGEN	71	VIZIMPRO	37
VERKAZIA	101	VOCABRIA	46
VERQUVO	62	VOGELXO	83
VERSACLOZ	43	VOGELXO PUMP	83
VERZENIO	37	VOLTAREN	8
<i>vestura</i>	87	VONJO	34

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
VOQUEZNA DUAL PAK	15	XELPROS	103
VOQUEZNA TRIPLE PAK	15	XELSTRYM	63
VORAXAZE	39	XEMBIFY	91
<i>voriconazole</i>	27	XENAZINE	65
VOSEVI	45	XENICAL	100
VOTRIENT	37	XENLETA	15
VOWST	77	XENPOZYME	74
VOXZOGO	100	XEOMIN	44
VPRIV	80	XERAVA	18
VRAYLAR	43	XERESE	71
VTAMA	71	XERMELO	76
VTOL LQ	65	XGEVA	98
VUITY	103	XIAFLEX	80
VUMERITY	67	XIFAXAN	77
VYEPTI	28	XIGDUO XR	52
<i>vyfemla</i>	88	XIIDRA	101
VYJUVEK	100	XIPERE	103
<i>vylibra</i>	88	XOFLUZA	48
VYNDAMAX	60	XOLAIR	93
VYNDAQEL	80	XOPENEX	106
VYONDYS 53	80	XOPENEX CONCENTRATE	106
VYVGART	92	XOPENEX HFA	106
VYVGART HYTRULO	92	XOSPATA	37
VYXEOS	32	XPOVIO	34
VYZULTA	103	XPOVIO 100 MG ONCE WEEKLY	34
WAKIX	110	XPOVIO 40 MG ONCE WEEKLY	34
<i>warfarin sodium</i>	54	XPOVIO 40 MG TWICE WEEKLY	34
WELIREG	37	XPOVIO 60 MG ONCE WEEKLY	34
WELLBUTRIN SR	22	XPOVIO 60 MG TWICE WEEKLY	34
WELLBUTRIN XL	22	XPOVIO 80 MG ONCE WEEKLY	34
<i>wera</i>	88	XPOVIO 80 MG TWICE WEEKLY	34
WINLEVI	71	XTAMPZA ER	9
WINRHO SDF	91	XTANDI	31
<i>wixela inhub</i>	108	XULTOPHY 100/3.6	52
WYNZORA	71	XURIDEN	80
XACDURO	15	<i>xylon</i>	12
XADAGO	41	XYOSTED	83
XALKORI	37	XYREM	110
XANAX	50	XYWAV	110
XANAX XR	49	YERVOY	38
XARELTO	54	YF-VAX	97
XARELTO STARTER PACK	54	YONDELIS	30
XATMEP	95	YONSA	31
XCOPRI	19	YOSPRALA	56
XELJANZ	92	YUFLYMA 1-PEN KIT	95
XELJANZ XR	92	YUFLYMA 2-PEN KIT	95

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
YUFLYMA 2-SYRINGE KIT	95	ZOLADEX	90
YUPELRI	105	<i>zoledronic acid</i>	98
YUTIQ	103	ZOLINZA	34
<i>yuvafem</i>	88	<i>zolmitriptan</i>	29
<i>zafirlukast</i>	104	<i>zolmitriptan odt</i>	29
<i>zaleplon</i>	109	<i>zolpidem tartrate</i>	109
ZALTRAP	34	<i>zolpidem tartrate er</i>	109
ZANOSAR	30	ZOMACTON	83
ZARXIO	55	ZOMIG	29
ZAVESCA	80	ZOMIG ZMT	29
<i>zazole</i>	27	ZONALON	70
ZEGALOGUE	52	ZONEGRAN	21
ZEGERID	78	ZONISADE	21
ZEJULA	37	<i>zonisamide</i>	21
ZELAPAR	41	ZORBTIVE	77
ZELBORAF	37	ZORTRESS	95
ZELNORM	77	ZORYVE	71
ZEMAIRA	80	<i>zovia 1/35</i>	88
ZEMBRACE SYMTOUCH	29	<i>zovia 1/35e</i>	88
ZEMDRI	13	<i>zovia 1/50e</i>	88
ZEMPLAR	98	ZOVIRAX	72
<i>zenatane</i>	68	ZTALMY	65
<i>zenchent</i>	88	ZTLIDO	12
<i>zenchent fe</i>	88	ZUBSOLV	13
ZENPEP	80	ZUPLENZ	26
ZENZEDI	63	ZYBAN	13
ZEPATIER	45	ZYCLARA	71
ZEPOSIA	67	ZYCLARA PUMP	71
ZEPOSIA 7-DAY STARTER PACK	67	ZYDELIG	37
ZEPOSIA STARTER KIT	67	ZYFLO	105
ZEPZELCA	30	ZYKADIA	37
ZERBAXA	16	ZYLET	101
ZEVALIN Y-90	38	ZYNLONTA	38
<i>zidovudine</i>	47	ZYNYZ	38
ZIEXTENZO	55	ZYPITAMAG	61
<i>zileuton er</i>	104	ZYPREXA	43
ZIMHI	13	ZYPREXA RELPREVV	43
ZINPLAVA	77	ZYPREXA ZYDIS	43
<i>ziprasidone hcl</i>	43	ZYTIGA	31
<i>ziprasidone mesylate</i>	43	ZYVOX	15
ZIPSOR	8		
ZIRABEV	38		
ZIRGAN	102		
ZOFRAN	26		
ZOHYDRO ER	9		
ZOKINVY	100		



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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 1-866-635-5941. 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 1-866-635-5941. 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 1-866-635-5941。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 1-866-635-5941。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 panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-635-5941. 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 1-866-635-5941. 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 1-866-635-5941 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 1-866-635-5941. 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 1-866-635-5941 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 1-866-635-5941. 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 1-866-635-5941 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 1-866-635-5941 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 1-866-635-5941. 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 1-866-635-5941. 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 1-866-635-5941. 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 1-866-635-5941. 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、1-866-635-5941 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 September 5, 2023, and is a complete list of drugs covered by our plan.

For a complete listing or other questions, please contact:

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**Optum Rx Member Services**

**Phone (toll-free):** 1-866-635-5941  
**TTY users:** 711  
**Hours of operation:** 24 hours a day, 7 days a week  
**Website:** [optumrx.com](https://optumrx.com)

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**Optum Rx<sup>®</sup>** [optumrx.com](https://optumrx.com)

Optum Rx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum<sup>®</sup> company — a leading provider of integrated health services. Learn more at [optumrx.com](https://optumrx.com).

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***State Health Plan PPO  
Comprehensive Formulary***