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Tufts Medicare Preferred Access (PPO) 2024 Formulary (List of Covered Drugs)

Tufts Medicare Preferred PPO Plans

PLEASE READ: This document contains information about the drugs we cover in this plan

24517 Version 6

This formulary was updated on 09/01/2023. For more recent information or other questions, please contact Tufts Medicare Preferred Access Member Services at **1-866-623-0172** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

Tufts Medicare Preferred Access 2024 Formulary (List of Covered Drugs)

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 Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred Access.

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

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

What is the Tufts Medicare Preferred Access Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled *“How do I request an exception to the Tufts Medicare Preferred Access Formulary?”*
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *“How do I request an exception to the Tufts Medicare Preferred Access Formulary?”*

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

The enclosed formulary is current as of September 2023. To get updated information about the drugs covered by Tufts Medicare Preferred Access, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Tufts Medicare Preferred Access covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Tufts Medicare Preferred Access requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred Access before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred Access may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred Access limits the amount of the drug that Tufts Medicare Preferred Access will cover. For example, Tufts Medicare Preferred Access provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred Access 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, Tufts Medicare Preferred Access may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred Access will then cover Drug B.

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

You can ask Tufts Medicare Preferred Access 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 Tufts Medicare Preferred Access Formulary?”* on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Tufts Medicare Preferred Access does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred Access. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred Access.
- You can ask Tufts Medicare Preferred Access to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Tufts Medicare Preferred Access Formulary?

You can ask Tufts Medicare Preferred Access to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred Access limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or

when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred Access Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred Access prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred Access, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Tufts Medicare Preferred Access Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred Access. If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

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

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred Access has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred Access to make an exception to our coverage rules. See the section, "*How do I request an exception to the Tufts Medicare Preferred Access Formulary?*" on page V for information about how to request an exception.

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call Tufts Medicare Preferred Access Member Services at **1-866-623-0172** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30, or visit **www.thpmp.org**.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only:

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred Access for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred Access to make an exception to our coverage rules. See the section, "*How do I request an exception to the Tufts Medicare Preferred Access Formulary?*" on page V for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-844-265-1705**

Additional coverage

Diabetic Testing Supplies: Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

Part B Vaccines: Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs: Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral Anti-Cancer Drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Prescription Drug Benefits: Initial Coverage		Tufts Medicare Preferred Access		
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.		<ul style="list-style-type: none"> • There is no deductible for Tufts Medicare Preferred Access. • You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. • You may get your drugs at network retail pharmacies and mail order pharmacies. 		
Retail Cost Sharing—Preferred Pharmacy				
Tier	30-day supply	60-day supply	90-day supply	
Tier 1 (Preferred Generic)	\$0	\$0	\$0	
Tier 2 (Generic)	\$4	\$8	\$12	
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	
Tier 6 (Vaccines)	\$0	N/A	N/A	
Retail Cost Sharing—Non-Preferred Pharmacy				
Tier	30-day supply	60-day supply	90-day supply	
Tier 1 (Preferred Generic)	\$14	\$28	\$42	
Tier 2 (Generic)	\$19	\$38	\$57	
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	
Tier 6 (Vaccines)	\$0	N/A	N/A	
Mail Order Cost Sharing				
Tier	30-day supply	60-day supply	90-day supply	
Tier 1 (Preferred Generic)	\$0	\$0	\$0	
Tier 2 (Generic)	\$4	\$8	\$8	
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)	
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	
Tier 6 (Vaccines)	N/A	N/A	N/A	
		<p>If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>		

Prescription Drug Benefits: Coverage Gap	Tufts Medicare Preferred Access
	<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay \$35 for a 30-day supply of covered insulin and nothing for covered Tier 6 vaccine drugs obtained through a retail pharmacy, 25% of the plan’s cost for covered brand name drugs, and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>

Prescription Drug Benefits: Catastrophic Coverage	Tufts Medicare Preferred Access
	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.</p>

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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
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs</i>	3	
Antibacterials		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	HI
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	HI
<i>ampicillin-sulbactam</i>	4	HI
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE	5	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
AVYCAZ	5	NEDS; HI
<i>azithromycin tabs</i>	1	
<i>azithromycin pack, susr</i>	2	
<i>azithromycin inj 500mg</i>	2	HI
<i>aztreonam inj 1gm</i>	2	HI
<i>aztreonam inj 2gm</i>	5	NEDS; HI
BAXDELA TABS	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA; NEDS
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr, tabs</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	HI
<i>cefazolin inj 2gm, 3gm</i>	2	HI
<i>cefdinir</i>	2	
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	4	HI
<i>cefepime inj 1gm/50ml, 1gm, 2gm</i>	4	HI
<i>cefixime</i>	3	
<i>cefotetan inj 1gm, 2gm</i>	2	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>cefpodoxime proxetil susr</i>	3	
<i>cefpodoxime proxetil tabs 100mg</i>	2	
<i>cefpodoxime proxetil tabs 200mg</i>	3	
<i>cefprozil</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	HI
<i>cephalexin caps</i>	1	
<i>cephalexin susr, tabs</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	2	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	2	
<i>clarithromycin susr</i>	3	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hcl</i>	3	
<i>clindamycin phosphate/dextrose</i>	2	HI
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml</i>	2	HI
<i>colistimethate sodium inj</i>	5	NEDS; HI
DALVANCE	3	HI
<i>daptomycin</i>	5	HI
<i>demeclocycline hcl tabs</i>	4	
<i>dicloxacillin sodium</i>	3	
DIFICID	5	PA; NEDS
DOXY 100	3	HI
<i>doxycycline</i>	3	
<i>doxycycline hyclate dr thec 100mg, 150mg, 200mg, 50mg, 75mg</i>	3	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	2	
<i>doxycycline hyclate tabs</i>	2	
<i>doxycycline hyclate inj</i>	3	HI
<i>doxycycline monohydrate caps, tabs</i>	1	
<i>ertapenem</i>	4	HI
<i>erythromycin base tabs</i>	3	
<i>erythromycin dr</i>	3	
<i>erythromycin ethylsuccinate susr, tabs</i>	2	
<i>erythromycin cpep 250mg</i>	2	
FIRVANQ	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	HI
<i>gentamicin sulfate inj 40mg/ml</i>	4	HI
<i>imipenem/cilastatin</i>	2	HI
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin inj 25mg/ml</i>	2	HI
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	4	
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	2	HI
<i>meropenem</i>	4	HI
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxylene nl caps 100mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>naftillin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>neomycin sulfate tabs</i>	1	
NUZYRA TABS	5	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium</i>	5	NEDS; HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
SIVEXTRO TABS	5	NEDS
<i>streptomycin sulfate inj 1gm</i>	2	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	HI
TEFLARO	5	NEDS; HI
<i>tetracycline hydrochloride caps</i>	3	
TOBI PODHALER	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	HI
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps</i>	3	
<i>vancomycin hydrochloride oral solr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	HI
VIBRAMYCIN SYRP	4	
XENLETA TABS	5	NEDS
XIFAXAN TABS 200MG	4	
XIFAXAN TABS 550MG	5	PA; NEDS
ZERBAXA	5	NEDS; HI
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	HI
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	NEDS
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	3	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	3	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	3	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin inj 100mg</i>	3	
<i>micafungin inj 50mg</i>	5	NEDS
NOXAFIL PACK, SUSP	5	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	1	QL(42 EA per 42 days)
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
<i>voriconazole inj</i>	5	PA; NEDS
Antimycobacterials		
<i>dapsone tabs</i>	4	
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	2	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	4	
<i>rifabutin</i>	3	

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<i>rifampin inj</i>	2	
<i>rifampin caps</i>	3	
SIRTURO	5	PA; NEDS
TRECTOR	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	4	
<i>atovaquone susp</i>	5	NEDS
BENZNIDAZOLE	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	5	NEDS
<i>mefloquine hcl</i>	2	
<i>metronidazole caps 375mg</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	HI
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	3	
<i>paromomycin sulfate caps</i>	2	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps 324mg</i>	4	PA
SOLOSEC	4	
<i>tinidazole tabs</i>	2	
Antivirals		
<i>abacavir</i>	3	
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	4	PA
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	3	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>adefovir dipivoxil</i>	4	
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
BIKTARVY	5	NEDS
CIMDUO	5	NEDS
COMPLERA	5	NEDS
<i>darunavir</i>	5	NEDS
DELSTRIGO	3	
DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT	5	NEDS

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<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz caps</i>	3	
<i>efavirenz tabs</i>	4	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	4	
EPCLUSA	5	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	3	
<i>etravirine tabs 200mg</i>	5	NEDS
EVOTAZ	5	NEDS
<i>famciclovir tabs</i>	3	
<i>fosamprenavir calcium</i>	5	NEDS
FUZEON	5	NEDS
GENVOYA	5	NEDS
HARVONI PACK	5	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	5	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	4	
LEXIVA SUSP	3	
LIVTENCITY	5	PA; NEDS
<i>lopinavir/ritonavir soln</i>	3	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
MAVYRET	5	PA; NEDS; SP-Optum Specialty
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
NORVIR PACK, SOLN	3	
ODEFSEY	5	NEDS
<i>oseltamivir phosphate caps, susr</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	5	NEDS
PREVYMIS TABS	5	PA; NEDS
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	NEDS
RELENZA DISKHALER	3	
REYATAZ PACK	5	NEDS
<i>ribavirin caps</i>	2	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	2	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	NEDS
STRIBILD	5	NEDS
SUNLENCA TBPK	5	NEDS
SYMTUZA	5	NEDS
TEMIXYS	5	NEDS
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
TRIUMEQ	5	NEDS
TRIUMEQ PD	5	NEDS
TRIZIVIR	5	NEDS
<i>valacyclovir hcl tabs 1gm</i>	3	
<i>valacyclovir hydrochloride tabs 500mg</i>	2	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
VEMLIDY	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
VIREAD POWD	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
VOSEVI	5	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
XOFLUZA TBPK 20MG	3	QL(2 EA per 7 days)
<i>zidovudine</i>	2	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>trimethoprim tabs</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>promethazine hcl plain</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
Second Generation Antihistamines		
<i>desloratadine</i>	2	
<i>desloratadine odt</i>	4	
<i>levocetirizine dihydrochloride tabs</i>	2	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	5	PA NSO; NEDS; SP-Optum Specialty
ALECENSA	5	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	5	PA NSO; NEDS
AYVAKIT	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	5	PA NSO; NEDS
BESREMI	5	PA NSO; NEDS
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
<i>bortezomib inj 3.5mg/1.4ml</i>	5	NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO; NEDS
CABOMETYX	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	5	PA NSO; NEDS
CALQUENCE CAPS	5	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	3	PA BvD
<i>cyclophosphamide caps</i>	3	PA BvD; SP-Optum Specialty
DAURISMO	5	PA NSO; NEDS; SP-Optum Specialty
DROXIA	3	
EMCYT	3	
ERIVEDGE	5	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	5	PA NSO; NEDS
<i>flutamide</i>	2	
FOTIVDA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS
IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	5	PA NSO; NEDS
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	5	PA NSO; NEDS
MATULANE	5	NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate tabs</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
ORSERDU	5	PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO; NEDS
RETEVMO	5	PA NSO; NEDS; SP-Optum Specialty
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK	5	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

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RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX	5	PA NSO; NEDS; SP-Optum Specialty
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUSELTIQ	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS

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VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
VOTRIENT	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	5	PA NSO; NEDS
XALKORI	5	PA NSO; NEDS; SP-Optum Specialty
XATMEP	4	PA BvD
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
YONSA	5	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
FLEBOGAMMA DIF	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID	5	PA BvD; NEDS; HI
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMUNEX-C	5	PA BvD; NEDS; HI
OCTAGAM	5	PA BvD; NEDS; HI

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA	5	PA BvD; NEDS; HI
PRIVIGEN	5	PA BvD; NEDS; HI
Toxoids		
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML <i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
Vaccines		
ABRYSVO	6	
ACTHIB	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXIARO	6	
JYNNEOS	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	

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Drug Name	Drug Tier	Requirements/Limits
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
YF-VAX	6	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	3	QL(180 EA per 90 days)
ATROVENT HFA	3	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps</i>	1	
<i>dicyclomine hydrochloride tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
YUPELRI	5	PA BvD; NEDS
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	3	QL(60 EA per 30 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs</i>	3	
<i>cevimeline hydrochloride</i>	3	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	3	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>galantamine hydrobromide soln</i>	3	
<i>pilocarpine hydrochloride</i>	2	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs</i>	2	
<i>pyridostigmine bromide soln</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	3	
Skeletal Muscle Relaxants		
<i>baclofen tabs</i>	1	
<i>cyclobenzaprine hydrochloride tabs</i>	3	
<i>dantrolene sodium caps</i>	2	
<i>tizanidine hcl caps 4mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>ergoloid mesylates tabs</i>	2	
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	2	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
<i>droxidopa</i>	5	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(3 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD
<i>levalbuterol hcl nebu</i>	2	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	2	PA BvD
<i>midodrine hcl</i>	2	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>terbutaline sulfate tabs</i>	2	
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		

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<i>tranexamic acid</i>	2	
Antithrombotic Agents		
<i>anagrelide hydrochloride</i>	2	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	3	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>jantoven</i>	1	
<i>prasugrel</i>	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA	5	NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
TAVALISSE	5	QL(60 EA per 30 days); NEDS
Hematopoietic Agents		
DOPTELET	5	PA; NEDS; SP-Optum Specialty
NEULASTA	5	NEDS; SP-Optum Specialty
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty

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ZARXIO	5	NEDS; SP-Optum Specialty
ZIEXTENZO	5	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	2	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
<i>doxazosin mesylate tabs</i>	1	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	3	
<i>cholestyramine pack</i>	3	
<i>colesevelam hydrochloride tabs</i>	3	
<i>colesevelam hydrochloride pack</i>	4	
<i>colestipol hcl pack</i>	2	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibrate tabs 120mg, 40mg</i>	3	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>icosapent ethyl</i>	4	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NEDS
LIVALO	3	
<i>lovastatin tabs</i>	1	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs</i>	1	
VASCEPA	4	
beta-Adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	3	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	3	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
<i>sorine</i>	2	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	1	
<i>felodipine er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	2	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadyt er</i>	2	
<i>trandolapril/verapamil hcl er</i>	1	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24 200mg</i>	3	
<i>verapamil hydrochloride er tbc 180mg</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs 200mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
CAMZYOS	5	QL(30 EA per 30 days); PA; NEDS
CORLANOR	4	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	3	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
Hypotensive Agents		
<i>clonidine hcl ptwk</i>	3	
<i>clonidine hydrochloride er</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hydrochloride tabs</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	1	
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	3	
<i>eplerenone</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	1	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin lingual soln</i>	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>vardenafil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<i>vardenafil hydrochloride tabs</i>	2	QL(4 EA per 30 days); EC
VERQUVO	4	
Central Nervous System Agents		
Analgesics and Antipyretics		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL(4 EA per 28 days)
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	
<i>celecoxib caps 400mg</i>	3	
<i>codeine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diflunisal tabs 500mg</i>	3	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac er</i>	3	
<i>etodolac tabs</i>	2	
<i>etodolac caps</i>	3	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	3	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	3	QL(30 EA per 30 days)
<i>ibu</i>	1	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg, 50mg</i>	2	
LAZANDA SOLN 400MCG/ACT	5	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	5	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	5	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	2	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	QL(600 ML per 30 days)
<i>morphine sulfate er cp24</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 15mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 20mg/ml</i>	2	QL(180 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	2	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen sodium cr</i>	4	
<i>naproxen sodium er tb24 375mg</i>	4	
<i>naproxen sodium er tb24 500mg</i>	5	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen sodium tb24 750mg</i>	4	
<i>naproxen tbec</i>	2	
<i>naproxen susp</i>	3	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	2	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochlorideer</i>	2	QL(60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
SUBSYS	5	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	3	QL(30 EA per 30 days)
<i>tramadol hcl tabs</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs</i>	3	
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	3	
<i>methylphenidate hydrochloride er (la)</i>	3	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	3	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	3	
<i>methylphenidate hydrochloride er tb24, tbcr</i>	3	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>methylphenidate hydrochloride chew</i>	3	
<i>modafinil</i>	2	PA
SUNOSI	4	PA
VYVANSE	4	PA
Anticonvulsants		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine chew</i>	2	
<i>carbamazepine susp</i>	4	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	3	
<i>clonazepam tabs</i>	1	
DIACOMIT	5	PA NSO; NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	3	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	1	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide soln</i>	2	
<i>ethosuximide caps</i>	3	
<i>felbamate susp</i>	2	
<i>felbamate tabs</i>	3	
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>gabapentin caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide inj, oral soln</i>	4	
<i>lacosamide tabs 50mg</i>	3	QL(60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
<i>lamotrigine er</i>	3	
<i>lamotrigine odt</i>	3	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>methsuximide</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	3	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er cs24</i>	2	
<i>topiramate tabs</i>	1	
<i>topiramate cpsp</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS	5	NEDS
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
ZONISADE	4	
<i>zonisamide caps</i>	2	
ZTALMY	5	PA NSO; NEDS
Antimanic Agents		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Antimigraine Agents		
AIMOVIG	3	QL(1 ML per 30 days); PA
<i>almotriptan</i>	4	
<i>eletriptan hydrobromide</i>	3	
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
<i>frovatriptan succinate</i>	4	
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	2	
<i>rizatriptan benzoate odt</i>	2	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	
<i>sumatriptan soln</i>	3	
UBRELVY	4	PA
<i>zolmitriptan odt</i>	2	
<i>zolmitriptan tabs</i>	4	
<i>zolmitriptan soln 5mg</i>	3	
Antiparkinsonian Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	3	
<i>carbidopa tabs</i>	2	
EMSAM	5	ST NSO; NEDS
<i>entacapone</i>	2	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL(30 EA per 30 days)
ONGENTYS	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	4	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
RYTARY	4	
<i>selegiline hcl caps</i>	2	
<i>selegiline hcl tabs</i>	3	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam er</i>	2	
<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	3	
<i>bupirone hydrochloride tabs 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	3	
<i>clorazepate dipotassium tabs</i>	4	
DAYVIGO	4	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	2	
<i>diazepam soln, tabs</i>	2	
<i>estazolam</i>	2	
<i>eszopiclone</i>	3	
<i>flurazepam hcl</i>	2	
HETLIOZ LQ	5	PA; NEDS
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrpf</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
<i>zolpidem tartrate er</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tabs</i>	2	
<i>zolpidem tartrate subl</i>	3	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	2	
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
EXSERVAN	5	NEDS
<i>guanfacine er tb24 2mg</i>	3	QL(90 EA per 90 days)
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	3	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
NAMZARIC	3	
NOURIANZ	5	QL(30 EA per 30 days); NEDS
NUEDEXTA	3	PA
RADICAVA ORS	5	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA; NEDS; SP-Optum Specialty
RELYVRIO	5	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	3	
<i>sodium oxybate</i>	5	PA; NEDS
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Opiate Antagonists		
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naltrexone hcl tabs</i>	2	
VIVITROL	5	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	5	NEDS
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
ALENZIN TB24 174MG, 348MG	4	ST NSO
ALENZIN TB24 522MG	5	ST NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	3	ST NSO
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl)</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	3	
<i>clozapine odt</i>	2	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>desvenlafaxine er</i>	2	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	2	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	4	
FANAPT	4	ST NSO
FANAPT TITRATION PACK	4	ST NSO
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl soln</i>	3	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride soln</i>	3	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl conc, inj</i>	2	
<i>fluphenazine hcl tabs</i>	3	
<i>fluphenazine hydrochloride elix</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>loxapine</i>	2	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	2	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	2	
<i>paliperidone er</i>	4	
<i>paroxetine</i>	1	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
<i>perphenazine/amitriptyline</i>	3	
<i>perphenazine tabs</i>	2	
PERSERIS	5	NEDS
<i>phenelzine sulfate tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pimozide</i>	4	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	3	
<i>protriptyline hcl</i>	3	
<i>quetiapine fumarate er</i>	3	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	NEDS
<i>risperidone odt</i>	2	
<i>risperidone tabs</i>	1	
<i>risperidone soln</i>	2	
SECUADO	5	NEDS
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranlycypromine sulfate</i>	2	
<i>trazodone hydrochloride</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
<i>trimipramine maleate caps</i>	2	
TRINTELLIX	4	
<i>venlafaxine besylate er</i>	2	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	3	
VERSACLOZ	5	NEDS
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
AUSTEDO	5	PA; NEDS; SP-Optum Specialty
INGREZZA	5	PA; NEDS
<i>tetrabenazine</i>	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
Devices		
<i>Devices</i>		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	2	
<i>techlite pen needles 29g x 10mm</i>	2	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	2	
<i>trueplus pen needles 29gx12mm</i>	2	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	2	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid</i>	5	PA; NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
<i>lactulose pack</i>	3	
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
<i>Caloric Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
CLINISOL SF 15%	3	PA BvD
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
FREAMINE III INJ 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	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID	3	PA BvD
PLENAMINE	3	PA BvD
PREMASOL INJ 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	PA BvD
PROSOL	3	PA BvD
TRAVASOL INJ 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	PA BvD
TROPHAMINE INJ 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	PA BvD
Diuretics		
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide oral soln, tabs</i>	1	
<i>furosemide inj</i>	2	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
Ion-removing Agents		
AURYXIA	5	PA; NEDS
LOKELMA	3	
<i>sevelamer carbonate tabs</i>	3	
<i>sevelamer carbonate pack</i>	4	
<i>sevelamer hydrochloride</i>	4	
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
VELPHORO	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA	3	
Irrigating Solutions		
sodium chloride 0.9%	3	
Replacement Preparations		
calcium acetate caps	2	
dextrose 10%/nacl 0.45%	2	
dextrose 10%/nacl 0.2%	2	
dextrose 2.5%/nacl 0.45%	2	
dextrose 5%/nacl 0.2%	2	
dextrose 5%/nacl 0.3%	2	
dextrose 5%/nacl 0.33%	2	
dextrose 5%/nacl 0.45%	2	
dextrose 5%/nacl 0.9%	2	
dextrose/sodium chloride	2	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	2	
kcl 0.15%/d5w/nacl 0.2%	2	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	2	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	2	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	2	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	2	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
potassium chloride er	1	
potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	2	
potassium chloride pack, oral soln	1	
potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml	2	
sodium chloride 0.45%	2	
sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%	2	
Uricosuric Agents		
probenecid/colchicine	2	
probenecid tabs	2	
Enzymes		
Enzymes		
REVCOVI	5	NEDS
SUCRAID	5	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin</i>	4	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	1	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	2	
ZIRGAN	4	
Anti-inflammatory Agents		
ALREX	3	
<i>bromfenac</i>	3	
BROMSITE	4	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate soln</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	2	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	3	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorometholone susp</i>	2	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
FML	3	
FML FORTE	4	
<i>hydrocortisone/acetic acid</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ILEVRO	3	
INVELTYS	4	
<i>ketorolac tromethamine</i>	2	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	3	
MAXIDEX SUSP	4	
<i>mometasone furoate susp 50mcg/act</i>	3	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	2	
PRED MILD	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
ZYLET	3	
Antiallergic Agents		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln</i>	2	
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl ophthalmic soln</i>	3	
<i>olopatadine hcl nasal soln</i>	3	QL(91.5 GM per 90 days)
<i>olopatadine hydrochloride soln 0.2%</i>	3	
Antiglaucoma Agents		
<i>acetazolamide er</i>	3	
<i>acetazolamide tabs</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>bimatoprost soln</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	2	
<i>levobunolol hcl soln 0.5%</i>	1	
LUMIGAN	3	
<i>methazolamide tabs</i>	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>tafluprost</i>	3	
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	3	
CYSTARAN	3	
OXERVATE	5	PA; NEDS
Local Anesthetics		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
Mydriatics		
<i>atropine sulfate soln 1%</i>	2	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	5	NEDS
<i>balsalazide disodium</i>	3	
<i>mesalamine dr</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
Antidiarrhea Agents		
<i>loperamide hcl caps</i>	2	
XERMELO	5	PA; NEDS; SP-Optum Specialty
Antiemetics		
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hydrochloride tabs</i>	3	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt</i>	2	PA BvD
<i>scopolamine</i>	3	
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine tabs</i>	3	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>lansoprazole tbdd</i>	4	
<i>misoprostol tabs</i>	2	
<i>nizatidine soln</i>	2	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole/sodium bicarbonate caps</i>	4	
<i>omeprazole/sodium bicarbonate pack</i>	5	NEDS
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium dr tbec 20mg</i>	2	
<i>pantoprazole sodium tbec</i>	2	
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
Cathartics and Laxatives		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
Cholelitholytic Agents		
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol caps 200mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol tabs</i>	4	
Digestants		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
GI Drugs, Miscellaneous		
BYLVAY	5	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA; NEDS; SP-Optum Specialty
CHOLBAM	5	PA; NEDS
GATTEX	5	PA; NEDS
LINZESS	3	
LIVMARLI	5	PA; NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
RELISTOR	5	NEDS
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt</i>	2	
Gold Compounds		
Gold Compounds		
RIDAURA	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
<i>deferasirox pack</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	3	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	PA BvD
<i>dexamethasone 10-day dose pack</i>	2	
<i>dexamethasone 13-day dose pack</i>	2	
<i>dexamethasone 6-day dose pack</i>	2	
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
INTRAROSA	4	
MEDROL TABS 2MG	4	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	3	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	3	QL(63.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
Androgens		
AVEED	4	
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	3	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone soln</i>	4	
XYOSTED	4	
Antidiabetic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	

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OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	PA
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	3	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Contraceptives</i>		
<i>amethia</i>	2	
<i>apri</i>	2	
<i>ashlyna</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
<i>eluryng</i>	3	
<i>errin</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina</i>	2	
<i>finzala</i>	2	
<i>haloette</i>	3	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>marlissa</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>sharobel</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
<i>tyblume</i>	2	
<i>velivet</i>	2	
<i>vyfemla</i>	2	
<i>zovia 1/35</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>Estrogens and Antiestrogens</i>		
<i>amabelz</i>	2	
<i>anastrozole</i>	1	
COMBIPATCH	4	
DEPO-ESTRADIOL	3	
<i>dotti</i>	3	
ELESTRIN	4	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	3	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	3	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	2	
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	1	
MENEST	4	
MENOSTAR	4	
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol</i>	2	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS	4	
PREMPHASE	4	
PREMPRO	4	
<i>raloxifene hydrochloride</i>	2	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	5	PA NSO; NEDS
ORILISSA TABS 150MG	5	QL(30 EA per 30 days); PA; NEDS
ORILISSA TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	4	
TRELSTAR MIXJECT INJ 11.25MG	4	NEDS
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	2	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA; NEDS
NATPARA	5	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	5	PA; NEDS
TYMLOS	5	PA; NEDS
Pituitary		
CORTROPHIN	5	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
Progestins		
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
<i>octreotide acetate</i>	2	SP-Optum Specialty
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA; NEDS; SP-Optum Specialty

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NUTROPIN AQ NUSPIN 5	5	PA; NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG	5	PA; NEDS
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NEDS; SP-Optum Specialty
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
ZORBTIVE	5	PA; NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>niva thyroid</i>	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
<i>propylthiouracil tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT-SOL	4	
<i>unithroid</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	
Alcohol Deterrents		
<i>disulfiram tabs</i>	2	
Antidotes		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs</i>	2	
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs</i>	2	
<i>colchicine caps</i>	3	
<i>febuxostat</i>	3	ST
GLOPERBA	4	

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Drug Name	Drug Tier	Requirements/Limits
Antisense Oligonucleotides		
TEGSEDI	5	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
EVENITY	5	PA; NEDS
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	3	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium tabs</i>	2	
PROLIA	4	PA
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	3	
XGEVA	5	PA; NEDS
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	5	PA; NEDS
Disease-modifying Antirheumatic Drugs		
COSENTYX	5	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
KINERET	5	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	2	
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK	5	QL(110 EA per 365 days); PA; NEDS
OTEZLA TABS	5	QL(60 EA per 30 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty
EXTAVIA	5	NEDS; SP-Optum Specialty
<i>fingolimod</i>	5	NEDS
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	4	
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty
<i>Immunosuppressive Agents</i>		
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA INJ 200MG/ML	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified soln</i>	2	PA BvD
<i>cyclosporine modified caps</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	4	PA BvD
ENVARUSUS XR	4	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	2	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	2	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
PROGRAF PACK	4	PA BvD
<i>sirolimus soln, tabs</i>	3	PA BvD
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA BvD
<i>Kallikrein-Kinin System Inhibitors</i>		
BERINERT	5	PA; NEDS
CINRYZE	5	PA; NEDS
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	5	PA; NEDS
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	5	PA; NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA; NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
ENDARI	5	NEDS
EVRYSDI	5	PA; NEDS
FIRDAPSE	5	PA; NEDS
GALAFOLD	5	PA; NEDS
<i>levocarnitine tabs</i>	3	
<i>metyrosine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
ORFADIN SUSP	5	PA; NEDS
ORFADIN CAPS 20MG	5	PA; NEDS
REZUROCK	5	PA; NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
TYBOST	3	

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	5	PA; NEDS; SP-Optum Specialty
VYNDAMAX	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	5	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
Protective Agents		
MESNEX TABS	5	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	5	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA; NEDS; SP-Optum Specialty
FASENRA	5	PA; NEDS
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA; NEDS
NUCALA INJ 100MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
Antifibrotic Agents		
ESBRIET CAPS	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine/phenylephrine/codeine</i>	2	EC
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	5	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	5	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPk	5	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
<i>Mucolytic Agents</i>		
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
<i>Phosphodiesterase Type 4 Inhibitors</i>		
<i>roflumilast</i>	3	
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL	5	NEDS
PROLASTIN-C	5	PA; NEDS
XOLAIR INJ 150MG, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>Vasodilating Agents</i>		
ADEMPAS	5	PA; NEDS
<i>ambrisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	5	PA; NEDS
UPTRAVI TABS	5	PA; NEDS
VENTAVIS	5	PA; NEDS
<i>Skin and Mucous Membrane Agents</i>		
<i>Anti-inflammatory Agents</i>		
<i>kourzeq</i>	2	
<i>Cell Stimulants and Proliferants</i>		

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO GEL 0.06%	4	PA
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<i>acyclovir crea 5%</i>	3	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, susp</i>	2	
<i>ciclopirox sham</i>	4	
CLEOCIN	4	
<i>clindacin</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phosphate/benzoyl peroxide</i>	4	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	4	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>clotrimazole soln, troc</i>	2	
<i>clotrimazole crea</i>	3	
<i>econazole nitrate</i>	3	
<i>ery</i>	2	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3</i>	2	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin crea</i>	3	QL(180 GM per 30 days)
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride</i>	3	
NEUAC	4	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	4	QL(90 GM per 30 days)
<i>penciclovir</i>	4	
<i>permethrin</i>	3	
<i>rosadan</i>	2	
<i>selenium sulfide</i>	2	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>sulfacetamide sodium lotn 10%</i>	3	
SULFAMYLON	4	
<i>terconazole crea</i>	2	
<i>terconazole supp</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide lotn</i>	2	
<i>amcinonide crea</i>	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	4	
<i>budesonide foam 2mg</i>	3	
<i>calcipotriene/betamethasone dipropionate</i>	4	
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate gel, oint</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate crea</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	QL(236 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN	4	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
DESRX	4	
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	4	QL(300 ML per 30 days)
<i>diflorasone diacetate</i>	4	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluocinonide crea</i>	3	
<i>fluocinonide gel, oint, soln</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate lotn</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>nystatin/triamcinolone crea</i>	2	
<i>nystatin/triamcinolone oint</i>	3	
<i>oralone dental paste</i>	2	
<i>prednicarbate</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	4	QL(200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	2	
<i>triamcinolone acetonide crea, lotn</i>	2	
<i>triamcinolone acetonide aers</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	
UCERIS	4	
Antipruritics and Local Anesthetics		
<i>doxepin hydrochloride crea 5%</i>	4	QL(90 GM per 30 days)
<i>hydrocortisone acetate/pramoxine</i>	2	
<i>lidocaine hcl</i>	2	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	3	QL(60 GM per 30 days)
<i>lidocaine oint</i>	3	QL(100 GM per 30 days)
<i>lidocaine ptch</i>	3	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	3	QL(100 GM per 30 days)
Cell Stimulants and Proliferants		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP	4	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
Emollients, Demulcents, and Protectants		
<i>ammonium lactate lotn</i>	2	
<i>ammonium lactate crea</i>	3	
Skin and Mucous Membrane Agents, Misc		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene</i>	4	PA
<i>amnestem</i>	2	
<i>azelaic acid</i>	3	
AZELEX	4	
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS
<i>calcipotriene crea</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	3	
<i>claravis</i>	4	
CONDYLOX	4	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
<i>fluorouracil crea</i>	2	
<i>fluorouracil soln</i>	4	
HYFTOR	5	PA; NEDS
<i>imiquimod pump</i>	4	
<i>imiquimod crea 5%</i>	3	
<i>imiquimod crea 3.75%</i>	4	
<i>isotretinoin</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
KLISYRI	5	PA; NEDS
MYORISAN	4	
PANRETIN	5	NEDS
<i>pimecrolimus</i>	3	
<i>podofilox</i>	2	
RECTIV	4	QL(30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>tazarotene crea, gel</i>	3	PA
<i>tazarotene foam</i>	4	PA
TAZORAC	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>darifenacin hydrobromide er</i>	4	
<i>fesoterodine fumarate er</i>	4	
<i>flavoxate hcl</i>	2	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrup</i>	1	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>elixophyllin</i>	2	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline elix</i>	2	
Vitamins		
Multivitamin Preparations		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Vitamin B Complex		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
Vitamin D		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	2	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL(4 EA per 28 days); EC

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<i>abacavir sulfate/lamivudine</i>	6	ALOMIDE	39
<i>abacavir sulfate/lamivudine/zidovudine</i>	6	<i>alose tron hydrochloride</i>	40
ABELCET	5	ALPHAGAN P	39
ABILIFY ASIMTUFII	30	<i>alprazolam</i>	29
ABILIFY MAINTENA	30	<i>alprazolam er</i>	29
ABILIFY MYCITE	30	<i>alprazolam odt</i>	29
ABILIFY MYCITE MAINTENANCE KIT	30	ALREX	38
ABILIFY MYCITE STARTER KIT	30	ALUNBRIG	9
<i>abiraterone acetate</i>	9	<i>alyq</i>	22
ABRYSVO	15	<i>amabelz</i>	47
<i>acamprosate calcium dr</i>	30	<i>amantadine hcl</i>	28
<i>acarbose</i>	44	<i>ambrisentan</i>	54
<i>accutane</i>	58	<i>amcinonide</i>	56
<i>acebutolol hydrochloride</i>	20	<i>amethia</i>	45
<i>acetaminophen/codeine</i>	23	<i>amikacin sulfate</i>	2
<i>acetazolamide</i>	39	<i>amiloride hcl</i>	36
<i>acetazolamide er</i>	39	<i>amiloride/hydrochlorothiazide</i>	36
<i>acetic acid</i>	40	AMINOSYN II	35
<i>acetylcysteine</i>	49	AMINOSYN-PF 7%	35
<i>acitretin</i>	58	<i>amiodarone hydrochloride</i>	21
ACTHIB	15	<i>amitriptyline hcl</i>	30
ACTIMMUNE	51	<i>amitriptyline hydrochloride</i>	30
<i>acyclovir</i>	6	<i>amlodipine besylate</i>	20
<i>acyclovir</i>	55	<i>amlodipine besylate/atorvastatin calcium</i>	20
<i>acyclovir sodium</i>	6	<i>amlodipine besylate/benazepril hydrochloride</i>	20
ADACEL	15	<i>amlodipine besylate/valsartan</i>	20
<i>adapalene</i>	58	<i>amlodipine/olmesartan medoxomil</i>	20
<i>adefovir dipivoxil</i>	6	<i>ammonium lactate</i>	58
ADEMPAS	54	<i>amne steem</i>	58
AIMOVIG	28	<i>amoxapine</i>	30
<i>ala-cort</i>	56	<i>amoxicillin</i>	2
<i>albendazole</i>	2	<i>amoxicillin/clavulanate potassium</i>	2
<i>albuterol sulfate</i>	17	<i>amoxicillin/clavulanate potassium er</i>	2
<i>albuterol sulfate hfa</i>	17	<i>amphetamine/dextroamphetamine</i>	25
<i>alclometasone dipropionate</i>	56	<i>amphotericin b</i>	5
<i>alcohol prep pads</i>	34	<i>amphotericin b liposome</i>	5
ALECENSA	9	<i>ampicillin</i>	2
<i>alendronate sodium</i>	50	<i>ampicillin sodium</i>	2
<i>alfuzosin hcl er</i>	17	<i>ampicillin-sulbactam</i>	2
<i>aliskiren</i>	22	<i>anagrelide hydrochloride</i>	18
<i>allopurinol</i>	49	<i>anastrozole</i>	47
<i>almotriptan</i>	28	ANORO ELLIPTA	16
		APLENZIN	30
		<i>apraclonidine</i>	40

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<i>aprepitant</i>	40	<i>azithromycin</i>	2
<i>apri</i>	45	<i>aztreonam</i>	2
APTIOM	26	<i>bacitracin</i>	38
APTIVUS	6	<i>bacitracin/polymyxin b</i>	38
ARCALYST	52	<i>baclofen</i>	17
AREXVY	15	BAFIERTAM	51
<i>arformoterol tartrate</i>	17	<i>balsalazide disodium</i>	40
ARIKAYCE	2	BALVERSA	9
<i>aripiprazole</i>	31	<i>balziva</i>	45
<i>aripiprazole odt</i>	31	BAQSIMI ONE PACK	45
ARISTADA	31	BAQSIMI TWO PACK	45
ARISTADA INITIO	31	BAXDELA	2
<i>armodafinil</i>	25	BCG VACCINE	15
ARMOUR THYROID	49	<i>bd insulin syringe safetyglide/1ml/29g x</i>	34
<i>asenapine maleate sl</i>	31	<i>1/2"</i>	
<i>ashlyna</i>	45	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	34
<i>aspirin/dipyridamole er</i>	18	<i>5/16"</i>	
<i>atazanavir</i>	6	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	34
<i>atazanavir sulfate</i>	6	<i>12.7mm</i>	
<i>atenolol</i>	20	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	34
<i>atenolol/chlorthalidone</i>	20	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	34
<i>atomoxetine</i>	30	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	34
<i>atomoxetine hydrochloride</i>	30	<i>bd pen needle/original/ultra-fine/29g x</i>	34
<i>atorvastatin calcium</i>	19	<i>12.7mm</i>	
<i>atovaquone</i>	6	BELBUCA	23
<i>atovaquone/proguanil hcl</i>	6	BELSOMRA	29
<i>atropine sulfate</i>	40	<i>benazepril hcl</i>	22
ATROVENT HFA	16	<i>benazepril hcl/hydrochlorothiazide</i>	22
AUBAGIO	51	<i>benazepril hydrochloride</i>	22
AUGMENTIN	2	<i>benazepril</i>	22
AURYXIA	36	<i>hydrochloride/hydrochlorothiazide</i>	
AUSTEDO	33	BENLYSTA	51
AUVELITY	31	BENZNIDAZOLE	6
AVEED	43	<i>benzonatate</i>	53
<i>aviane</i>	45	<i>benztropine mesylate</i>	28
<i>avita</i>	58	<i>bepotastine besilate</i>	39
AVONEX	51	BERINERT	52
AVONEX PEN	51	BESIVANCE	38
AVYCAZ	2	BESREMI	9
AYVAKIT	9	<i>betaine anhydrous</i>	52
AZASITE	37	<i>betamethasone dipropionate</i>	56
<i>azathioprine</i>	51	<i>betamethasone dipropionate augmented</i>	56
<i>azelaic acid</i>	58	<i>betamethasone valerate</i>	56
<i>azelastine hcl</i>	39	BETASERON	51
<i>azelastine hydrochloride</i>	39	<i>betaxolol hcl</i>	20
AZELEX	58	<i>betaxolol hcl</i>	39

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<i>bethanechol chloride</i>	16	<i>bupropion hcl</i>	31
BETIMOL	39	<i>bupropion hydrochloride</i>	31
BETOPTIC-S	39	<i>bupropion hydrochloride er (sr)</i>	31
BEVESPI AEROSPHERE	16	<i>bupropion hydrochloride er (xl)</i>	31
<i>bexarotene</i>	9	<i>bupirone hcl</i>	29
<i>bexarotene</i>	58	<i>bupirone hydrochloride</i>	29
BEXSERO	15	<i>butorphanol tartrate</i>	23
<i>bicalutamide</i>	9	BYDUREON BCISE	44
BICILLIN C-R	2	BYETTA	44
BICILLIN L-A	2	BYLVAY	42
BIKTARVY	6	BYLVAY (PELLETS)	42
<i>bimatoprost</i>	39	<i>cabergoline</i>	28
<i>bismuth subcitrate</i>	41	CABLIVI	18
<i>pot/metronidazole/tetracycline hydrochloride</i>		CABOMETYX	9
<i>bisoprolol fumarate</i>	20	<i>calcipotriene</i>	58
<i>bisoprolol fumarate/hydrochlorothiazide</i>	20	<i>calcipotriene/betamethasone dipropionate</i>	56
BIVIGAM	14	<i>calcitonin salmon</i>	48
BOOSTRIX	15	<i>calcitonin-salmon</i>	48
<i>bortezomib</i>	9	<i>calcitriol</i>	58
<i>bosentan</i>	54	<i>calcitriol</i>	60
BOSULIF	9	<i>calcium acetate</i>	37
BRAFTOVI	9	CALQUENCE	9
BREO ELLIPTA	43	<i>camila</i>	45
BREYNA	43	CAMZYOS	21
BREZTRI AEROSPHERE	43	<i>candesartan cilexetil</i>	22
<i>briellyn</i>	45	<i>candesartan cilexetil/hydrochlorothiazide</i>	22
BRILINTA	18	CAPLYTA	31
<i>brimonidine tartrate</i>	40	CAPRELSA	9
<i>brimonidine tartrate/timolol maleate</i>	39	<i>captopril</i>	22
<i>brinzolamide</i>	40	<i>carbamazepine</i>	26
BRIVIACT	26	<i>carbamazepine er</i>	26
<i>bromfenac</i>	38	<i>carbidopa</i>	28
<i>bromocriptine mesylate</i>	28	<i>carbidopa/levodopa</i>	28
BROMSITE	38	<i>carbidopa/levodopa er</i>	28
BRONCHITOL	54	<i>carbidopa/levodopa odt</i>	28
BRUKINSA	9	<i>carbidopa/levodopa/entacapone</i>	28
<i>budesonide</i>	43	CARDURA XL	19
<i>budesonide</i>	56	<i>carglumic acid</i>	34
<i>budesonide er</i>	43	<i>carteolol hcl</i>	40
<i>budesonide/formoterol fumarate dihydrate</i>	43	<i>cartia xt</i>	20
<i>bumetanide</i>	36	<i>carvedilol</i>	20
<i>buprenorphine</i>	23	<i>carvedilol phosphate er</i>	20
<i>buprenorphine hcl</i>	23	<i>caspofungin acetate</i>	5
<i>buprenorphine hcl/naloxone hcl</i>	23	CAYSTON	2
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	23	<i>cefaclor</i>	2
		<i>cefadroxil</i>	2

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<i>cefazolin</i>	2	<i>claravis</i>	58
<i>cefazolin sodium</i>	2	<i>clarithromycin</i>	3
<i>cefdinir</i>	2	<i>clarithromycin er</i>	3
<i>cefepime</i>	2	CLENPIQ	41
<i>cefepime hydrochloride</i>	2	CLEOCIN	55
<i>cefepime/dextrose</i>	2	<i>clindacin</i>	55
<i>cefixime</i>	2	<i>clindacin etz pledgets</i>	55
<i>cefotetan</i>	2	<i>clindacin-p</i>	55
<i>cefoxitin sodium</i>	2	<i>clindamycin hcl</i>	3
<i>cefpodoxime proxetil</i>	2	<i>clindamycin hydrochloride</i>	3
<i>cefprozil</i>	2	<i>clindamycin palmitate hcl</i>	3
<i>ceftazidime</i>	3	<i>clindamycin phosphate</i>	3
<i>ceftriaxone sodium</i>	3	<i>clindamycin phosphate</i>	55
<i>cefuroxime axetil</i>	3	<i>clindamycin phosphate/benzoyl peroxide</i>	55
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate/dextrose</i>	3
<i>celecoxib</i>	23	<i>clindamycin/benzoyl peroxide</i>	55
CELONTIN	26	CLINIMIX 4.25%/DEXTROSE 10%	35
<i>cephalexin</i>	3	CLINIMIX 4.25%/DEXTROSE 5%	35
CERDELGA	52	CLINIMIX 5%/DEXTROSE 15%	35
<i>cevimeline hydrochloride</i>	16	CLINIMIX 5%/DEXTROSE 20%	35
CHEMET	42	CLINIMIX 6/5	35
<i>chlordiazepoxide/amitriptyline</i>	31	CLINIMIX 8/10	35
<i>chlorhexidine gluconate</i>	38	CLINIMIX E 2.75%/DEXTROSE 5%	35
<i>chloroquine phosphate</i>	6	CLINIMIX E 4.25%/DEXTROSE 10%	35
<i>chlorpromazine hcl</i>	31	CLINIMIX E 4.25%/DEXTROSE 5%	35
<i>chlorpromazine hydrochloride</i>	31	CLINIMIX E 5%/DEXTROSE 15%	35
<i>chlorthalidone</i>	36	CLINIMIX E 5%/DEXTROSE 20%	35
CHOLBAM	42	CLINIMIX E 8/10	35
<i>cholestyramine</i>	19	CLINISOL SF 15%	35
<i>cholestyramine light</i>	19	<i>clobazam</i>	26
<i>ciclopirox</i>	55	<i>clobetasol propionate</i>	56
<i>ciclopirox nail lacquer</i>	55	<i>clobetasol propionate e</i>	56
<i>ciclopirox olamine</i>	55	<i>clobetasol propionate emollient</i>	56
<i>cilostazol</i>	18	<i>clocortolone pivalate</i>	56
CIMDUO	6	<i>clodan</i>	56
<i>cimetidine</i>	41	<i>clomipramine hydrochloride</i>	31
<i>cinacalcet hydrochloride</i>	48	<i>clonazepam</i>	26
CINRYZE	52	<i>clonazepam odt</i>	26
<i>ciprofloxacin</i>	3	<i>clonidine hcl</i>	21
<i>ciprofloxacin</i>	38	<i>clonidine hydrochloride</i>	22
<i>ciprofloxacin hcl</i>	3	<i>clonidine hydrochloride er</i>	21
<i>ciprofloxacin hydrochloride</i>	3	<i>clopidogrel</i>	18
<i>ciprofloxacin hydrochloride</i>	38	<i>clorazepate dipotassium</i>	29
<i>ciprofloxacin i.v.-in d5w</i>	3	<i>clotrimazole</i>	55
<i>ciprofloxacin/dexamethasone</i>	38	<i>clotrimazole/betamethasone dipropionate</i>	55
<i>citalopram hydrobromide</i>	31	<i>clozapine</i>	31

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<i>clozapine odt</i>	31	<i>darunavir</i>	6
COARTEM	6	DAURISMO	10
<i>codeine sulfate</i>	23	DAYVIGO	29
<i>colchicine</i>	49	<i>deblitane</i>	45
<i>colesevelam hydrochloride</i>	19	<i>deferasirox</i>	42
<i>colestipol hcl</i>	19	<i>deferiprone</i>	42
<i>colistimethate sodium</i>	3	DELSTRIGO	6
COMBIPATCH	47	<i>demeclocycline hcl</i>	3
COMBIVENT RESPIMAT	17	DEPO-ESTRADIOL	47
COMETRIQ	10	DEPO-SUBQ PROVERA 104	48
COMPLERA	6	DESCOVY	6
CONDYLOX	58	<i>desipramine hydrochloride</i>	31
<i>constulose</i>	34	<i>desloratadine</i>	9
COPAXONE	51	<i>desloratadine odt</i>	9
COPIKTRA	10	<i>desmopressin acetate</i>	48
CORDRAN	57	<i>desogestrel/ethinyl estradiol</i>	45
CORLANOR	21	<i>desonide</i>	57
CORTROPHIN	48	<i>desoximetasone</i>	57
COSENTYX	50	DESRX	57
COSENTYX SENSOREADY PEN	50	<i>desvenlafaxine er</i>	31
COSENTYX UNOREADY	50	<i>dexamethasone</i>	43
COTELLIC	10	<i>dexamethasone 10-day dose pack</i>	43
CREON	42	<i>dexamethasone 13-day dose pack</i>	43
<i>cromolyn sodium</i>	39	<i>dexamethasone 6-day dose pack</i>	43
<i>cromolyn sodium</i>	53	<i>dexamethasone sodium phosphate</i>	38
<i>curity gauze pads 2"x2" 12 ply</i>	34	DEXLANSOPRAZOLE	41
<i>cyanocobalamin</i>	60	<i>dexmethylphenidate hcl</i>	25
<i>cyclobenzaprine hydrochloride</i>	17	<i>dexmethylphenidate hcl er</i>	25
<i>cyclophosphamide</i>	10	<i>dexmethylphenidate hydrochloride</i>	25
CYCLOSET	44	<i>dexmethylphenidate hydrochloride er</i>	25
<i>cyclosporine</i>	38	<i>dextroamphetamine sulfate</i>	26
<i>cyclosporine</i>	52	<i>dextroamphetamine sulfate er</i>	26
<i>cyclosporine modified</i>	52	<i>dextrose 10%/nacl 0.45%</i>	37
<i>cyproheptadine hcl</i>	9	<i>dextrose 10%</i>	35
<i>cyproheptadine hydrochloride</i>	9	<i>dextrose 10%/nacl 0.2%</i>	37
CYSTAGON	52	<i>dextrose 2.5%/nacl 0.45%</i>	37
CYSTARAN	40	<i>dextrose 5%</i>	35
<i>dabigatran etexilate</i>	18	<i>dextrose 5%/nacl 0.2%</i>	37
<i>dalfampridine er</i>	52	<i>dextrose 5%/nacl 0.3%</i>	37
DALVANCE	3	<i>dextrose 5%/nacl 0.33%</i>	37
<i>danazol</i>	43	<i>dextrose 5%/nacl 0.45%</i>	37
<i>dantrolene sodium</i>	17	<i>dextrose 5%/nacl 0.9%</i>	37
<i>dapsone</i>	5	<i>dextrose 50%</i>	35
DAPTACEL	15	<i>dextrose 70%</i>	35
<i>daptomycin</i>	3	<i>dextrose/sodium chloride</i>	37
<i>darifenacin hydrobromide er</i>	59	DIACOMIT	26

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<i>diazepam</i>	29	<i>dorzolamide hcl/timolol maleate</i>	40
<i>diazepam intensol</i>	29	<i>dorzolamide hydrochloride</i>	40
<i>diazepam rectal gel</i>	29	<i>dorzolamide hydrochloride/timolol maleate</i>	40
<i>diazoxide</i>	45	<i>pf</i>	
<i>dichlorphenamide</i>	50	<i>dotti</i>	47
<i>diclofenac epolamine</i>	23	DOVATO	6
<i>diclofenac potassium</i>	23	<i>doxazosin mesylate</i>	19
<i>diclofenac sodium</i>	38	<i>doxepin hcl</i>	31
<i>diclofenac sodium</i>	57	<i>doxepin hydrochloride</i>	31
<i>diclofenac sodium dr</i>	23	<i>doxepin hydrochloride</i>	58
<i>diclofenac sodium er</i>	23	<i>doxercalciferol</i>	60
<i>diclofenac sodium/misoprostol</i>	23	DOXY 100	3
<i>dicloxacillin sodium</i>	3	<i>doxycycline</i>	3
<i>dicyclomine hcl</i>	16	<i>doxycycline hyclate</i>	3
<i>dicyclomine hydrochloride</i>	16	<i>doxycycline hyclate dr</i>	3
DIFICID	3	<i>doxycycline monohydrate</i>	3
<i>diflorasone diacetate</i>	57	DRIZALMA SPRINKLE	31
<i>diflunisal</i>	23	<i>dronabinol</i>	40
<i>difluprednate</i>	38	<i>drospirenone/ethinyl estradiol</i>	45
<i>digitek</i>	21	DROXIA	10
<i>digox</i>	21	<i>droxidopa</i>	17
<i>digoxin</i>	21	<i>duloxetine hcl</i>	31
<i>dihydroergotamine mesylate</i>	17	<i>duloxetine hydrochloride</i>	31
DILANTIN	26	DUPIXENT	53
DILANTIN INFATABS	26	DUPIXENT	58
DILANTIN-125	26	<i>dutasteride</i>	49
<i>diltiazem hcl</i>	20	<i>dutasteride/tamsulosin hydrochloride</i>	49
<i>diltiazem hcl cd</i>	20	<i>econazole nitrate</i>	55
<i>diltiazem hcl er</i>	20	EDURANT	6
<i>diltiazem hydrochloride</i>	20	<i>efavirenz</i>	7
<i>diltiazem hydrochloride er</i>	20	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7
<i>dilt-xr</i>	20	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7
<i>dimethyl fumarate</i>	51	EGRIFTA SV	48
<i>dimethyl fumarate starterpack</i>	51	ELESTRIN	47
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	15	<i>eletriptan hydrobromide</i>	28
<i>dipyridamole</i>	23	ELIGARD	47
<i>disopyramide phosphate</i>	21	ELIQUIS	18
<i>disulfiram</i>	49	ELIQUIS STARTER PACK	18
<i>divalproex sodium</i>	26	<i>elixophyllin</i>	59
<i>divalproex sodium dr</i>	26	ELMIRON	52
<i>divalproex sodium er</i>	26	<i>eluryng</i>	45
<i>dofetilide</i>	21	EMCYT	10
<i>donepezil hcl</i>	16	EMGALITY	28
<i>donepezil hydrochloride</i>	16	EMSAM	28
DOPTELET	18		

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<i>emtricitabine</i>	7	<i>estradiol/norethindrone acetate</i>	47
<i>emtricitabine/tenofovir disoproxil</i>	7	ESTRING	47
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>eszopiclone</i>	29
EMTRIVA	7	<i>ethacrynic acid</i>	36
<i>enalapril maleate</i>	22	<i>ethambutol hydrochloride</i>	5
<i>enalapril maleate/hydrochlorothiazide</i>	22	<i>ethosuximide</i>	26
ENBREL	50	<i>etodolac</i>	24
ENBREL MINI	50	<i>etodolac er</i>	24
ENBREL SURECLICK	50	<i>etonogestrel/ethinyl estradiol</i>	45
ENDARI	52	<i>etravirine</i>	7
<i>endocet</i>	23	EUCRISA	57
ENGERIX-B	15	<i>euthyrox</i>	49
<i>enoxaparin sodium</i>	18	EVAMIST	47
<i>entacapone</i>	28	EVENITY	50
<i>entecavir</i>	7	<i>everolimus</i>	10
ENTRESTO	22	<i>everolimus</i>	52
<i>enulose</i>	34	EVOTAZ	7
ENVARUSUS XR	52	EVRYSDI	52
EPCLUSA	7	<i>exemestane</i>	47
EPIDIOLEX	26	EXKIVITY	10
<i>epinastine hcl</i>	39	EXSERVAN	30
<i>epinephrine</i>	17	EXTAVIA	51
<i>epitol</i>	26	<i>ezetimibe</i>	19
<i>eplerenone</i>	22	<i>ezetimibe/simvastatin</i>	19
EPRONTIA	26	<i>falmina</i>	46
EQUETRO	26	<i>famciclovir</i>	7
<i>ergoloid mesylates</i>	17	<i>famotidine</i>	41
ERIVEDGE	10	FANAPT	31
ERLEADA	10	FANAPT TITRATION PACK	31
<i>erlotinib hydrochloride</i>	10	FARXIGA	44
<i>errin</i>	45	FASENRA	53
<i>ertapenem</i>	3	FASENRA PEN	53
<i>ery</i>	55	<i>febuxostat</i>	49
<i>erythromycin</i>	3	<i>felbamate</i>	26
<i>erythromycin</i>	38	<i>felodipine er</i>	20
<i>erythromycin</i>	55	FEMRING	47
<i>erythromycin base</i>	3	<i>fenofibrate</i>	19
<i>erythromycin dr</i>	3	<i>fenofibrate micronized</i>	19
<i>erythromycin ethylsuccinate</i>	3	<i>fenofibric acid dr</i>	19
<i>erythromycin/benzoyl peroxide</i>	55	<i>fentanyl</i>	24
ESBRIET	53	<i>fentanyl citrate</i>	24
<i>escitalopram oxalate</i>	31	<i>fentanyl citrate oral transmucosal</i>	24
<i>esomeprazole magnesium</i>	41	<i>fesoterodine fumarate er</i>	59
<i>estazolam</i>	29	FETZIMA	31
<i>estradiol</i>	47	FETZIMA TITRATION PACK	31
<i>estradiol valerate</i>	47	<i>finasteride</i>	49

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<i> fingolimod</i>	51	FML FORTE	38
FINTEPLA	26	<i> folic acid</i>	60
<i> finzala</i>	46	<i> fondaparinux sodium</i>	18
FIRDAPSE	52	<i> formoterol fumarate</i>	17
FIRMAGON	47	FORTEO	48
FIRVANQ	3	<i> fosamprenavir calcium</i>	7
<i> flac</i>	38	<i> fosfomycin tromethamine</i>	8
FLAREX	38	<i> fosinopril sodium</i>	22
<i> flavoxate hcl</i>	59	<i> fosinopril sodium/hydrochlorothiazide</i>	22
FLEBOGAMMA DIF	14	FOTIVDA	10
<i> flecainide acetate</i>	21	FRAGMIN	18
FLOLIPID	19	FREAMINE III	35
FLOVENT DISKUS	43	<i> frovatriptan succinate</i>	28
<i> fluconazole</i>	5	<i> furosemide</i>	36
<i> fluconazole in sodium chloride</i>	5	FUZEON	7
<i> flucytosine</i>	5	<i> fyavolv</i>	47
<i> fludrocortisone acetate</i>	43	FYCOMPA	26
<i> flunisolide</i>	38	<i> gabapentin</i>	26
<i> fluocinolone acetonide</i>	38	GALAFOLD	52
<i> fluocinolone acetonide</i>	57	<i> galantamine hydrobromide</i>	16
<i> fluocinolone acetonide body</i>	57	<i> galantamine hydrobromide er</i>	16
<i> fluocinolone acetonide scalp</i>	57	GAMMAGARD LIQUID	14
<i> fluocinonide</i>	57	GAMMAKED	14
<i> fluocinonide emulsified base</i>	57	GAMMAPLEX	14
<i> fluorometholone</i>	38	GAMUNEX-C	14
<i> fluorouracil</i>	58	GARDASIL 9	15
<i> fluoxetine dr</i>	31	<i> gatifloxacin</i>	38
<i> fluoxetine hcl</i>	31	GATTEX	42
<i> fluoxetine hydrochloride</i>	31	<i> gauze pads 2"x2"</i>	34
<i> fluphenazine decanoate</i>	31	<i> gavilyte-c</i>	41
<i> fluphenazine hcl</i>	32	<i> gavilyte-g</i>	41
<i> fluphenazine hydrochloride</i>	32	<i> gavilyte-n/ flavor pack</i>	41
<i> flurazepam hcl</i>	29	GAVRETO	10
<i> flurbiprofen</i>	24	<i> gefitinib</i>	10
<i> flurbiprofen sodium</i>	38	<i> gemfibrozil</i>	19
<i> flutamide</i>	10	GEMTESA	59
<i> fluticasone propionate</i>	38	<i> generlac</i>	34
<i> fluticasone propionate</i>	57	GENGRAF	52
<i> fluticasone propionate hfa</i>	43	GENOTROPIN	48
<i> fluticasone propionate/salmeterol</i>	17	GENOTROPIN MINIQUICK	48
<i> fluticasone propionate/salmeterol diskus</i>	17	<i> gentak</i>	38
<i> fluvastatin</i>	19	<i> gentamicin sulfate</i>	3
<i> fluvastatin sodium er</i>	19	<i> gentamicin sulfate</i>	38
<i> fluvoxamine maleate</i>	32	<i> gentamicin sulfate</i>	55
<i> fluvoxamine maleate er</i>	32	<i> gentamicin sulfate/0.9% sodium chloride</i>	3
FML	38	GENVOYA	7

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GILOTRIF	10	HUMALOG JUNIOR KWIKPEN	44
GLEOSTINE	10	HUMALOG KWIKPEN	44
<i>glimepiride</i>	44	HUMALOG MIX 50/50	44
<i>glipizide</i>	44	HUMALOG MIX 50/50 KWIKPEN	44
<i>glipizide er</i>	44	HUMALOG MIX 75/25	44
<i>glipizide/metformin hydrochloride</i>	44	HUMALOG MIX 75/25 KWIKPEN	44
GLOPERBA	49	HUMIRA	50
GLUCAGEN HYPOKIT	45	HUMIRA PEDIATRIC CROHNS	50
GLUCAGON EMERGENCY KIT	45	DISEASE STARTER PACK	
GLUCAGON EMERGENCY KIT FOR	45	HUMIRA PEN	50
LOW BLOOD SUGAR		HUMIRA PEN-CD/UC/HS STARTER	50
<i>glyburide</i>	44	HUMIRA PEN-PEDIATRIC UC	50
<i>glyburide micronized</i>	44	STARTER PACK	
<i>glyburide/metformin hydrochloride</i>	44	HUMIRA PEN-PS/UV STARTER	50
<i>glycopyrrolate</i>	16	HUMULIN 70/30	44
GLYXAMBI	44	HUMULIN 70/30 KWIKPEN	44
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	34	HUMULIN N	44
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	34	HUMULIN N KWIKPEN	44
GOCOVRI	28	HUMULIN R	44
<i>granisetron hydrochloride</i>	41	HUMULIN R U-500 (CONCENTRATED)	44
<i>griseofulvin microsize</i>	5	HUMULIN R U-500 KWIKPEN	44
<i>griseofulvin ultramicrosize</i>	5	<i>hydralazine hcl</i>	22
<i>guanfacine er</i>	30	<i>hydralazine hydrochloride</i>	22
<i>guanfacine hydrochloride</i>	30	<i>hydrochlorothiazide</i>	36
GVOKE HYPOPEN 1-PACK	45	<i>hydrocodone bitartrate er</i>	24
GVOKE HYPOPEN 2-PACK	45	<i>hydrocodone bitartrate/acetaminophen</i>	24
GVOKE KIT	45	<i>hydrocodone bitartrate/homatropine</i>	53
GVOKE PFS	45	<i>methylbromide</i>	
GYNAZOLE-1	55	<i>hydrocodone polistirex/chlorpheniramine</i>	53
HAEGARDA	52	<i>polistirex</i>	
<i>halcinonide</i>	57	<i>hydrocodone/acetaminophen</i>	24
<i>halobetasol propionate</i>	57	<i>hydrocodone/ibuprofen</i>	24
<i>haloette</i>	46	<i>hydrocortisone</i>	43
<i>haloperidol</i>	32	<i>hydrocortisone</i>	57
<i>haloperidol decanoate</i>	32	<i>hydrocortisone acetate/pramoxine</i>	58
<i>haloperidol lactate</i>	32	<i>hydrocortisone butyrate</i>	57
HARVONI	7	<i>hydrocortisone valerate</i>	57
HAVRIX	15	<i>hydrocortisone/acetic acid</i>	38
<i>heparin sodium</i>	18	<i>hydromorphone hcl</i>	24
<i>heparin sodium/d5w</i>	18	<i>hydromorphone hcl er</i>	24
HEPATAMINE	35	<i>hydromorphone hydrochloride er</i>	24
HEPLISAV-B	15	<i>hydroxychloroquine sulfate</i>	6
HETLIOZ LQ	29	<i>hydroxyurea</i>	10
HIBERIX	15	<i>hydroxyzine hcl</i>	29
HORIZANT	27	<i>hydroxyzine hydrochloride</i>	29
HUMALOG	44	<i>hydroxyzine pamoate</i>	29

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HYFTOR	58	<i>irbesartan</i>	22
<i>ibandronate sodium</i>	50	<i>irbesartan/hydrochlorothiazide</i>	22
IBRANCE	10	IRESSA	11
<i>ibu</i>	24	ISENTRESS	7
<i>ibuprofen</i>	24	ISENTRESS HD	7
<i>icatibant acetate</i>	52	<i>isoniazid</i>	5
<i>iclevia</i>	46	<i>isosorbide dinitrate</i>	23
ICLUSIG	10	<i>isosorbide dinitrate/hydralazine</i>	23
<i>icosapent ethyl</i>	19	<i>hydrochloride</i>	
IDHIFA	10	<i>isosorbide mononitrate</i>	23
ILEVRO	39	<i>isosorbide mononitrate er</i>	23
<i>imatinib mesylate</i>	10	<i>isotonic gentamicin</i>	3
IMBRUVICA	10	<i>isotretinoin</i>	58
<i>imipenem/cilastatin</i>	3	<i>isradipine</i>	21
<i>imipramine hcl</i>	32	<i>itraconazole</i>	5
<i>imipramine hydrochloride</i>	32	<i>ivermectin</i>	2
<i>imipramine pamoate</i>	32	<i>ivermectin</i>	55
<i>imiquimod</i>	58	IXIARO	15
<i>imiquimod pump</i>	58	JAKAFI	11
IMOVAX RABIES (H.D.C.V.)	15	<i>jantoven</i>	18
IMPAVIDO	6	JANUMET	44
IMVEXXY MAINTENANCE PACK	47	JANUMET XR	44
IMVEXXY STARTER PACK	47	JANUVIA	44
INBRIJA	28	JARDIANCE	44
INCRELEX	48	JAYPIRCA	11
INCRUSE ELLIPTA	16	JENTADUETO	44
<i>indapamide</i>	36	JENTADUETO XR	44
<i>indomethacin</i>	24	<i>jinteli</i>	47
<i>indomethacin er</i>	24	JULUCA	7
INFANRIX	15	<i>junel 1.5/30</i>	46
INGREZZA	33	<i>junel 1/20</i>	46
INLYTA	10	<i>junel fe 1.5/30</i>	46
INQOVI	11	<i>junel fe 1/20</i>	46
INREBIC	11	<i>junel fe 24</i>	46
INTELENCE	7	JUXTAPID	19
INTRALIPID	35	JYNNEOS	15
INTRAROSA	43	KALYDECO	54
INTRON A	11	<i>kariva</i>	46
<i>introvale</i>	46	<i>kcl 0.075%/d5w/nacl 0.45%</i>	37
INVEGA HAFYERA	32	<i>kcl 0.15%/d5w/nacl 0.2%</i>	37
INVEGA SUSTENNA	32	<i>kcl 0.15%/d5w/nacl 0.45%</i>	37
INVEGA TRINZA	32	<i>kcl 0.15%/d5w/nacl 0.9%</i>	37
INVELTYS	39	<i>kcl 0.3%/d5w/nacl 0.45%</i>	37
IPOL INACTIVATED IPV	15	<i>kcl 0.3%/d5w/nacl 0.9%</i>	37
<i>ipratropium bromide</i>	16	<i>kelnor 1/35</i>	46
<i>ipratropium bromide/albuterol sulfate</i>	17	KERENDIA	22

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KESIMPTA	51	larin fe 1/20	46
<i>ketoconazole</i>	5	<i>latanoprost</i>	40
<i>ketoconazole</i>	55	LAZANDA	24
KETODAN	55	<i>leflunomide</i>	50
<i>ketoprofen</i>	24	<i>lenalidomide</i>	11
<i>ketoprofen er</i>	24	LENVIMA 10 MG DAILY DOSE	11
<i>ketorolac tromethamine</i>	39	LENVIMA 12MG DAILY DOSE	11
KINERET	50	LENVIMA 14 MG DAILY DOSE	11
KINRIX	15	LENVIMA 18 MG DAILY DOSE	11
KISQALI	11	LENVIMA 20 MG DAILY DOSE	11
KISQALI FEMARA 200 DOSE	47	LENVIMA 24 MG DAILY DOSE	11
KISQALI FEMARA 400 DOSE	47	LENVIMA 4 MG DAILY DOSE	11
KISQALI FEMARA 600 DOSE	47	LENVIMA 8 MG DAILY DOSE	11
KLISYRI	59	<i>lessina</i>	46
<i>klor-con</i>	37	<i>letrozole</i>	47
<i>klor-con 10</i>	37	<i>leucovorin calcium</i>	49
<i>klor-con 8</i>	37	LEUKERAN	11
<i>klor-con m10</i>	37	<i>leuprolide acetate</i>	47
<i>klor-con m15</i>	37	<i>levabuterol</i>	17
<i>klor-con m20</i>	37	<i>levabuterol hcl</i>	17
KORLYM	44	<i>levabuterol hydrochloride</i>	17
KOSELUGO	11	<i>levabuterol tartrate hfa</i>	17
<i>kourzeq</i>	54	LEVEMIR	44
KRAZATI	11	LEVEMIR FLEXPEN	44
KRISTALOSE	34	LEVEMIR FLEXTOUCH	44
KYNMOBI	28	<i>levetiracetam</i>	27
<i>labetalol hydrochloride</i>	20	<i>levetiracetam er</i>	27
<i>lacosamide</i>	27	<i>levobunolol hcl</i>	40
<i>lactulose</i>	34	<i>levocarnitine</i>	52
<i>lamivudine</i>	7	<i>levocetirizine dihydrochloride</i>	9
<i>lamivudine/zidovudine</i>	7	<i>levofloxacin</i>	4
<i>lamotrigine</i>	27	<i>levofloxacin</i>	38
<i>lamotrigine er</i>	27	<i>levofloxacin in d5w</i>	4
<i>lamotrigine odt</i>	27	<i>levonest</i>	46
<i>lamotrigine starter kit/blue</i>	27	<i>levonorgestrel and ethinyl estradiol</i>	46
<i>lamotrigine starter kit/green</i>	27	<i>levonorgestrel/ethinyl estradiol</i>	46
<i>lamotrigine starter kit/orange</i>	27	<i>levora 0.15/30-28</i>	46
<i>lamotrigine titration</i>	27	<i>levorphanol tartrate</i>	24
<i>lansoprazole</i>	41	<i>levo-t</i>	49
<i>lansoprazole/amoxicillin/clarithromycin</i>	41	<i>levothyroxine sodium</i>	49
LANTUS	44	<i>levoxyl</i>	49
LANTUS SOLOSTAR	44	LEXIVA	7
<i>lapatinib ditosylate</i>	11	<i>lidocaine</i>	58
<i>larin 1.5/30</i>	46	<i>lidocaine hcl</i>	58
<i>larin 1/20</i>	46	<i>lidocaine hydrochloride viscous</i>	40
<i>larin fe 1.5/30</i>	46	<i>lidocaine viscous</i>	40

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<i>lidocaine/prilocaine</i>	58	MAVYRET	7
<i>linezolid</i>	4	MAXIDEX	39
LINZESS	42	MAYZENT	51
<i>liothyronine sodium</i>	49	MAYZENT STARTER PACK	51
<i>lisinopril</i>	22	<i>meclizine hcl</i>	41
<i>lisinopril/hydrochlorothiazide</i>	22	<i>meclofenamate sodium</i>	24
<i>lithium carbonate</i>	28	MEDROL	43
<i>lithium carbonate er</i>	28	<i>medroxyprogesterone acetate</i>	48
LIVALO	19	<i>mefenamic acid</i>	24
LIVMARLI	42	<i>mefloquine hcl</i>	6
LIVTENCITY	7	<i>megestrol acetate</i>	48
LO LOESTRIN FE	46	MEKINIST	12
LOKELMA	36	MEKTOVI	12
LONHALA MAGNAIR REFILL KIT	16	<i>meloxicam</i>	24
LONHALA MAGNAIR STARTER KIT	16	<i>memantine hcl titration pak</i>	30
LONSURF	11	<i>memantine hydrochloride</i>	30
<i>loperamide hcl</i>	40	<i>memantine hydrochloride er</i>	30
<i>lopinavir/ritonavir</i>	7	MENACTRA	15
<i>lorazepam</i>	29	MENEST	47
<i>lorazepam intensol</i>	29	MENOSTAR	47
LORBRENA	11	MENQUADFI	15
<i>losartan potassium</i>	22	MENTAX	55
<i>losartan potassium/hydrochlorothiazide</i>	22	MENVEO	15
LOTEMAX	39	<i>mercaptopurine</i>	12
<i>loteprednol etabonate</i>	39	<i>meropenem</i>	4
<i>lovastatin</i>	19	<i>mesalamine</i>	40
<i>loxapine</i>	32	<i>mesalamine dr</i>	40
<i>lubiprostone</i>	42	<i>mesalamine er</i>	40
LUMAKRAS	11	MESNEX	53
LUMIGAN	40	<i>metformin hydrochloride</i>	44
LUPRON DEPOT (1-MONTH)	48	<i>metformin hydrochloride er</i>	44
LUPRON DEPOT (3-MONTH)	48	<i>methadone hcl</i>	24
LUPRON DEPOT (4-MONTH)	48	<i>methamphetamine hcl</i>	26
LUPRON DEPOT (6-MONTH)	48	<i>methazolamide</i>	40
<i>lurasidone hydrochloride</i>	32	<i>methenamine hippurate</i>	8
LYBALVI	32	<i>methimazole</i>	49
LYNPARZA	12	<i>methotrexate</i>	12
LYSODREN	12	<i>methotrexate sodium</i>	12
LYTGOBI	12	<i>methsuximide</i>	27
<i>magnesium sulfate</i>	27	<i>methylphenidate hydrochloride</i>	26
<i>malathion</i>	55	<i>methylphenidate hydrochloride cd</i>	26
<i>maraviroc</i>	7	<i>methylphenidate hydrochloride er</i>	26
<i>marlissa</i>	46	<i>methylphenidate hydrochloride er (la)</i>	26
MARPLAN	32	<i>methylprednisolone</i>	43
MATULANE	12	<i>methylprednisolone dose pack</i>	43
<i>matzim la</i>	21	<i>metoclopramide hcl</i>	42

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<i>metoclopramide hydrochloride</i>	42	<i>mupirocin</i>	55
<i>metoclopramide odt</i>	42	<i>mycophenolate mofetil</i>	52
<i>metolazone</i>	36	<i>mycophenolic acid dr</i>	52
<i>metoprolol succinate er</i>	20	MYFEMBREE	48
<i>metoprolol tartrate</i>	20	MYORISAN	59
<i>metoprolol/hydrochlorothiazide</i>	20	MYRBETRIQ	59
<i>metronidazole</i>	6	<i>nabumetone</i>	25
<i>metronidazole</i>	55	<i>nadolol</i>	20
<i>metronidazole vaginal</i>	55	<i>nafcillin sodium</i>	4
<i>metyrosine</i>	52	<i>naftifine hcl</i>	56
<i>mexiletine hcl</i>	21	<i>naftifine hydrochloride</i>	56
<i>mibelas 24 fe</i>	46	<i>naloxone hcl</i>	30
<i>micafungin</i>	5	<i>naloxone hydrochloride</i>	30
<i>miconazole 3</i>	55	<i>naltrexone hcl</i>	30
<i>microgestin 1.5/30</i>	46	NAMZARIC	30
<i>microgestin 1/20</i>	46	<i>naproxen</i>	25
<i>microgestin fe 1.5/30</i>	46	<i>naproxen sodium</i>	25
<i>microgestin fe 1/20</i>	46	<i>naproxen sodium cr</i>	25
<i>midodrine hcl</i>	17	<i>naproxen sodium er</i>	25
<i>miglitol</i>	44	<i>naratriptan hcl</i>	28
<i>miglustat</i>	52	NATACYN	38
MILLIPRED	43	<i>nateglinide</i>	44
<i>mimvey</i>	47	NATPARA	48
<i>minocycline hcl</i>	4	NAYZILAM	27
<i>minocycline hydrochloride</i>	4	<i>nebivolol hydrochloride</i>	20
<i>minoxidil</i>	22	<i>necon 0.5/35-28</i>	46
<i>mirtazapine</i>	32	<i>nefazodone hydrochloride</i>	32
<i>mirtazapine odt</i>	32	<i>neomycin sulfate</i>	4
<i>misoprostol</i>	41	<i>neomycin/bacitracin/polymyxin</i>	38
M-M-R II	15	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	39
<i>modafinil</i>	26	<i>one</i>	
<i>moexipril hcl</i>	22	<i>neomycin/polymyxin/dexamethasone</i>	39
<i>molindone hydrochloride</i>	32	<i>neomycin/polymyxin/gramicidin</i>	38
<i>mometasone furoate</i>	39	<i>neomycin/polymyxin/hc</i>	39
<i>mometasone furoate</i>	57	<i>neomycin/polymyxin/hydrocortisone</i>	39
<i>mondoxyne nl</i>	4	<i>neo-polycin</i>	38
<i>montelukast sodium</i>	53	<i>neo-polycin hc</i>	39
<i>morphine sulfate</i>	24	NERLYNX	12
<i>morphine sulfate er</i>	24	NEUAC	56
MOUNJARO	44	NEULASTA	18
MOVANTIK	42	NEUPRO	28
<i>moxifloxacin hydrochloride/sodium</i>	4	<i>nevirapine</i>	7
<i>hydrochloride</i>		<i>nevirapine er</i>	7
<i>moxifloxacin hydrochloride</i>	4	NEXLETOL	19
<i>moxifloxacin hydrochloride</i>	38	NEXLIZET	19
MULTAQ	21	<i>niacin</i>	60

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Drug Name	Page #	Drug Name	Page #
<i>niacin er</i>	19	NUPLAZID	32
<i>niacor</i>	60	NURTEC	28
<i>nicardipine hcl</i>	21	NUTRILIPID	36
NICOTROL INHALER	16	NUTROPIN AQ NUSPIN 10	48
NICOTROL NS	16	NUTROPIN AQ NUSPIN 20	48
<i>nifedipine</i>	21	NUTROPIN AQ NUSPIN 5	49
<i>nifedipine er</i>	21	NUVESSA	56
<i>nikki</i>	46	NUZYRA	4
<i>nilutamide</i>	12	<i>nyamyc</i>	56
<i>nimodipine</i>	21	NYMALIZE	21
NINLARO	12	<i>nystatin</i>	5
<i>nisoldipine er</i>	21	<i>nystatin</i>	56
<i>nitazoxanide</i>	6	<i>nystatin/triamcinolone</i>	57
<i>nitisinone</i>	52	<i>nystop</i>	56
NITRO-BID	23	OCTAGAM	14
<i>nitrofurantoin macrocrystals</i>	9	<i>octreotide acetate</i>	48
<i>nitrofurantoin monohydrate/macrocrystals</i>	9	ODEFSEY	7
<i>nitroglycerin</i>	23	ODOMZO	12
<i>nitroglycerin lingual</i>	23	OFEV	53
<i>nitroglycerin transdermal</i>	23	<i>ofloxacin</i>	4
<i>niva thyroid</i>	49	<i>ofloxacin</i>	38
<i>nizatidine</i>	41	<i>olanzapine</i>	32
NORDITROPIN FLEXPRO	48	<i>olanzapine odt</i>	32
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	46	<i>olanzapine/fluoxetine</i>	32
<i>norethindrone acetate</i>	48	<i>olmesartan medoxomil</i>	22
<i>norethindrone acetate/ethinyl estradiol</i>	47	<i>olmesartan</i>	21
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	46	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NORPACE CR	21	<i>olmesartan medoxomil/hydrochlorothiazide</i>	22
<i>nortrel 0.5/35 (28)</i>	46	<i>olopatadine hcl</i>	39
<i>nortrel 1/35</i>	46	<i>olopatadine hydrochloride</i>	39
<i>nortrel 7/7/7</i>	46	<i>omega-3-acid ethyl esters</i>	19
<i>nortriptyline hcl</i>	32	<i>omeprazole</i>	41
<i>nortriptyline hydrochloride</i>	32	<i>omeprazole dr</i>	41
NORVIR	7	<i>omeprazole/sodium bicarbonate</i>	41
NOURIANZ	30	OMNIPOD 5 G6 INTRO KIT (GEN 5)	34
NOXAFIL	5	OMNIPOD 5 G6 PODS (GEN 5)	34
<i>np thyroid 120</i>	49	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	34
<i>np thyroid 15</i>	49	OMNIPOD CLASSIC PODS (GEN 3)	34
<i>np thyroid 30</i>	49	OMNIPOD DASH INTRO KIT (GEN 4)	34
<i>np thyroid 60</i>	49	OMNIPOD DASH PDM KIT (GEN 4)	34
<i>np thyroid 90</i>	49	OMNIPOD DASH PODS (GEN 4)	34
NUBEQA	12	OMNIPOD GO 10 UNITS/DAY	34
NUCALA	53	OMNIPOD GO 15 UNITS/DAY	34
NUEDEXTA	30	OMNIPOD GO 20 UNITS/DAY	34
		OMNIPOD GO 25 UNITS/DAY	34

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OMNIPOD GO 30 UNITS/DAY	34	OZEMPIC	45
OMNIPOD GO 35 UNITS/DAY	34	<i>paliperidone er</i>	32
OMNIPOD GO 40 UNITS/DAY	34	PANRETIN	59
OMNITROPE	49	<i>pantoprazole sodium</i>	41
<i>ondansetron hcl</i>	41	<i>pantoprazole sodium dr</i>	41
<i>ondansetron hydrochloride</i>	41	PANZYGA	15
<i>ondansetron odt</i>	41	<i>paricalcitol</i>	60
ONGENTYS	28	<i>paromomycin sulfate</i>	6
ONUREG	12	<i>paroxetine</i>	32
OPSUMIT	54	<i>paroxetine hcl</i>	32
<i>oralone dental paste</i>	57	<i>paroxetine hcl er</i>	32
ORENCIA	50	<i>paroxetine hydrochloride</i>	32
ORENCIA CLICKJECT	50	PASER	5
ORENITRAM	54	PEDIARIX	15
ORENITRAM TITRATION KIT MONTH	54	PEDVAX HIB	15
1		<i>peg-3350/electrolytes</i>	41
ORENITRAM TITRATION KIT MONTH	54	<i>peg-3350/electrolytes/ascorbate</i>	41
2		<i>peg-3350/nacl/na bicarbonate/kcl</i>	41
ORENITRAM TITRATION KIT MONTH	54	<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	41
3		<i>ascorbate/ascorbic</i>	
ORFADIN	52	PEGASYS	8
ORGOVYX	48	PEMAZYRE	12
ORILISSA	48	<i>penciclovir</i>	56
ORKAMBI	54	<i>penicillamine</i>	42
ORSERDU	12	<i>penicillin g potassium</i>	4
<i>oseltamivir phosphate</i>	7	<i>penicillin g potassium in iso-osmotic</i>	4
OSMOPREP	41	<i>dextrose</i>	
OSPHENA	47	<i>penicillin g sodium</i>	4
OTEZLA	51	<i>penicillin v potassium</i>	4
<i>oxacillin sodium</i>	4	PENTACEL	15
<i>oxaprozin</i>	25	<i>pentamidine isethionate</i>	6
<i>oxazepam</i>	29	<i>pentoxifylline er</i>	19
OXBRYTA	18	<i>perindopril erbumine</i>	22
<i>oxcarbazepine</i>	27	<i>perio gard</i>	38
OXERVATE	40	<i>permethrin</i>	56
<i>oxiconazole nitrate</i>	56	<i>perphenazine</i>	32
<i>oxybutynin chloride</i>	59	<i>perphenazine/amitriptyline</i>	32
<i>oxybutynin chloride er</i>	59	PERSERIS	32
<i>oxycodone hcl er</i>	25	<i>phenelzine sulfate</i>	32
<i>oxycodone hydrochloride</i>	25	<i>phenobarbital</i>	29
<i>oxycodone hydrochloride er</i>	25	<i>phenoxybenzamine hydrochloride</i>	17
<i>oxycodone/acetaminophen</i>	25	<i>phenytoin</i>	27
OXYCONTIN	25	<i>phenytoin sodium extended</i>	27
<i>oxymorphone hydrochloride</i>	25	PIFELTRO	8
<i>oxymorphone hydrochloride er</i>	25	<i>pilocarpine hcl</i>	40
<i>oxymorphone hydrochloride er</i>	25	<i>pilocarpine hydrochloride</i>	16

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<i>pimecrolimus</i>	59	PREMARIN	47
<i>pimozide</i>	33	PREMASOL	36
<i>pindolol</i>	20	<i>premium lidocaine</i>	58
<i>pioglitazone hcl</i>	45	PREMPHASE	47
<i>pioglitazone hcl/metformin hcl</i>	45	PREMPRO	47
<i>pioglitazone hcl-glimepiride</i>	45	<i>prenatal</i>	60
<i>pioglitazone hydrochloride</i>	45	<i>prevalite</i>	19
<i>piperacillin sodium/tazobactam sodium</i>	4	PREVYMIS	8
PIQRAY 200MG DAILY DOSE	12	PREZCOBIX	8
PIQRAY 250MG DAILY DOSE	12	PREZISTA	8
PIQRAY 300MG DAILY DOSE	12	PRIFTIN	5
<i>pirfenidone</i>	53	<i>primaquine phosphate</i>	6
<i>piroxicam</i>	25	<i>primidone</i>	27
PLEGRIDY	51	PRIORIX	15
PLEGRIDY STARTER PACK	51	PRIVIGEN	15
PLENAMINE	36	PROAIR RESPICLICK	17
<i>podofilox</i>	59	<i>probenecid</i>	37
<i>polycin</i>	38	<i>probenecid/colchicine</i>	37
<i>polymyxin b sulfate/trimethoprim sulfate</i>	38	<i>prochlorperazine</i>	33
POMALYST	12	<i>prochlorperazine maleate</i>	33
<i>portia-28</i>	46	PROCRIT	18
<i>posaconazole</i>	5	<i>procto-med hc</i>	57
<i>posaconazole dr</i>	5	<i>procto-pak</i>	57
<i>potassium chloride</i>	37	<i>proctosol hc</i>	57
<i>potassium chloride er</i>	37	<i>proctozone-hc</i>	57
<i>potassium chloride/dextrose/sodium chloride</i>	37	<i>progesterone</i>	48
<i>potassium citrate er</i>	34	PROGRAF	52
PRALUENT	19	PROLASTIN-C	54
<i>pramipexole dihydrochloride</i>	29	PROLENSA	39
<i>pramipexole dihydrochloride er</i>	29	PROLIA	50
<i>prasugrel</i>	18	PROMACTA	18
<i>pravastatin sodium</i>	19	<i>promethazine hcl</i>	9
<i>praziquantel</i>	2	<i>promethazine hcl plain</i>	9
<i>prazosin hydrochloride</i>	19	<i>promethazine hydrochloride</i>	9
PRED MILD	39	<i>promethazine vc/codeine</i>	53
<i>prednicarbate</i>	57	<i>promethazine/codeine</i>	53
<i>prednisolone</i>	43	<i>promethazine/phenylephrine/codeine</i>	54
<i>prednisolone acetate</i>	39	<i>propafenone hcl</i>	21
<i>prednisolone sodium phosphate</i>	39	<i>propafenone hydrochloride er</i>	21
<i>prednisolone sodium phosphate</i>	43	<i>propranolol hcl</i>	20
<i>prednisolone sodium phosphate odt</i>	43	<i>propranolol hcl er</i>	20
<i>prednisone</i>	43	<i>propranolol hydrochloride</i>	20
<i>pregabalin</i>	27	<i>propranolol hydrochloride er</i>	20
<i>pregabalin er</i>	25	<i>propylthiouracil</i>	49
PREHEVBRIO	15	PROQUAD	15
		PROSOL	36

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<i>protriptyline hcl</i>	33	RESTASIS	39
PULMOZYME	54	RESTASIS MULTIDOSE	39
PURIXAN	12	RETACRIT	18
PYLERA	41	RETEVMO	12
<i>pyrazinamide</i>	5	RETIN-A MICRO	55
<i>pyridostigmine bromide</i>	16	RETIN-A MICRO PUMP	58
<i>pyridostigmine bromide er</i>	16	REVCIVI	37
<i>pyrimethamine</i>	6	REXULTI	33
PYRUKYND	18	REYATAZ	8
PYRUKYND TAPER PACK	18	REZLIDHIA	12
QINLOCK	12	REZUROCK	52
QUADRACEL	15	RHOPRESSA	40
<i>quetiapine fumarate</i>	33	<i>ribavirin</i>	8
<i>quetiapine fumarate er</i>	33	RIDAURA	42
<i>quinapril hcl</i>	22	<i>rifabutin</i>	5
<i>quinapril hydrochloride</i>	22	<i>rifampin</i>	6
<i>quinapril/hydrochlorothiazide</i>	22	<i>riluzole</i>	30
<i>quinidine gluconate cr</i>	21	<i>rimantadine hydrochloride</i>	8
<i>quinidine sulfate</i>	21	RINVOQ	51
<i>quinine sulfate</i>	6	<i>risedronate sodium</i>	50
QVAR REDIHALER	43	<i>risedronate sodium dr</i>	50
RABAVERT	15	RISPERDAL CONSTA	33
<i>rabeprazole sodium</i>	41	<i>risperidone</i>	33
RADICAVA ORS	30	<i>risperidone odt</i>	33
RADICAVA ORS STARTER KIT	30	<i>ritonavir</i>	8
<i>raloxifene hydrochloride</i>	47	<i>rivastigmine tartrate</i>	17
<i>ramelteon</i>	29	<i>rivastigmine transdermal system</i>	17
<i>ramipril</i>	22	<i>rizatriptan benzoate</i>	28
<i>ranolazine er</i>	21	<i>rizatriptan benzoate odt</i>	28
<i>rasagiline mesylate</i>	29	ROCKLATAN	40
RASUVO	51	<i>roflumilast</i>	54
RAYALDEE	60	<i>ropinirole er</i>	29
REBIF	51	<i>ropinirole hcl</i>	29
REBIF REBIDOSE	51	<i>ropinirole hydrochloride</i>	29
REBIF REBIDOSE TITRATION PACK	51	<i>rosadan</i>	56
REBIF TITRATION PACK	51	<i>rosuvastatin calcium</i>	19
RECOMBIVAX HB	15	ROTARIX	15
RECTIV	59	ROTATEQ	15
REGRANEX	59	<i>roweepira</i>	27
RELENZA DISKHALER	8	ROZLYTREK	12
RELISTOR	42	RUBRACA	12
RELYVRIO	30	<i>rufinamide</i>	27
<i>repaglinide</i>	45	RUKOBIA	8
REPATHA	19	RYBELSUS	45
REPATHA PUSHTRONEX SYSTEM	19	RYDAPT	13
REPATHA SURECLICK	19	RYTARY	29

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SAJAZIR	52	<i>sotalol hcl</i>	20
SANTYL	59	<i>sotalol hydrochloride (af)</i>	20
<i>sapropterin dihydrochloride</i>	52	SPIRIVA RESPIMAT	16
SAVELLA	30	<i>spironolactone</i>	22
SAVELLA TITRATION PACK	30	<i>spironolactone/hydrochlorothiazide</i>	22
SCSEMBLIX	13	SPRITAM	27
<i>scopolamine</i>	41	SPRYCEL	13
SECUADO	33	<i>sps</i>	36
<i>selegiline hcl</i>	29	<i>ssd</i>	56
<i>selenium sulfide</i>	56	STAMARIL	15
SELZENTRY	8	STELARA	59
SEREVENT DISKUS	17	STIOLTO RESPIMAT	16
SEROSTIM	49	STIVARGA	13
<i>sertraline hcl</i>	33	<i>streptomycin sulfate</i>	4
<i>sertraline hydrochloride</i>	33	STRIBILD	8
<i>sevelamer carbonate</i>	36	STRIVERDI RESPIMAT	17
<i>sevelamer hydrochloride</i>	36	SUBSYS	25
<i>sharobel</i>	46	<i>subvenite</i>	27
SHINGRIX	15	<i>subvenite starter kit/blue</i>	27
SIGNIFOR	48	<i>subvenite starter kit/green</i>	27
<i>sildenafil citrate</i>	23	<i>subvenite starter kit/orange</i>	27
<i>silodosin</i>	17	SUCRAID	37
<i>silver sulfadiazine</i>	56	<i>sucrafate</i>	41
SIMBRINZA	40	<i>sulfacetamide sodium</i>	38
<i>simvastatin</i>	20	<i>sulfacetamide sodium</i>	56
<i>sirolimus</i>	52	<i>sulfacetamide sodium/prednisolone sodium</i>	39
SIRTURO	6	<i>phosphate</i>	
SIVEXTRO	4	<i>sulfadiazine</i>	4
SKYRIZI	42	<i>sulfamethoxazole/trimethoprim</i>	4
SKYRIZI	59	<i>sulfamethoxazole/trimethoprim ds</i>	4
SKYRIZI PEN	59	SULFAMYLON	56
<i>sodium chloride</i>	37	<i>sulfasalazine</i>	4
<i>sodium chloride 0.45%</i>	37	<i>sulindac</i>	25
<i>sodium chloride 0.9%</i>	37	<i>sumatriptan</i>	28
<i>sodium oxybate</i>	30	<i>sumatriptan succinate</i>	28
<i>sodium phenylbutyrate</i>	34	<i>sunitinib malate</i>	13
<i>sodium polystyrene sulfonate</i>	36	SUNLENCA	8
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	41	SUNOSI	26
<i>solifenacin succinate</i>	59	SUPRAX	4
SOLOSEC	6	SYMDEKO	54
SOLTAMOX	47	SYMLINPEN 120	45
SOMAVERT	49	SYMLINPEN 60	45
<i>sorafenib</i>	13	SYMPAZAN	27
<i>sorafenib tosylate</i>	13	SYMTUZA	8
<i>sorine</i>	20	SYNAREL	48
		SYNJARDY	45

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SYNJARDY XR	45	<i>testosterone</i>	43
SYNRIBO	13	<i>testosterone cypionate</i>	43
SYNTHROID	49	<i>testosterone enanthate</i>	43
TABLOID	13	<i>testosterone pump</i>	43
TABRECTA	13	<i>tetrabenazine</i>	33
<i>tacrolimus</i>	52	<i>tetracycline hydrochloride</i>	4
<i>tacrolimus</i>	59	THALOMID	51
<i>tadalafil</i>	23	<i>theophylline</i>	60
TAFINLAR	13	<i>theophylline er</i>	59
<i>tafluprost</i>	40	THIOLA EC	52
TAGRISSE	13	<i>thioridazine hcl</i>	33
TALZENNA	13	<i>thiothixene</i>	33
<i>tamoxifen citrate</i>	47	THYQUIDITY	49
<i>tamsulosin hydrochloride</i>	17	THYROID	49
<i>tarina fe 1/20 eq</i>	46	<i>tiadylt er</i>	21
TASIGNA	13	<i>tiagabine hydrochloride</i>	27
<i>tasimelton</i>	29	TIBSOVO	13
TAVALISSE	18	TICOVAC	16
TAVNEOS	52	<i>timolol maleate</i>	20
<i>tazarotene</i>	59	<i>timolol maleate</i>	40
<i>tazicef</i>	4	<i>timolol maleate ophthalmic gel forming</i>	40
TAZORAC	59	<i>tinidazole</i>	6
<i>taztia xt</i>	21	TIROSINT-SOL	49
TAZVERIK	13	TIVICAY	8
<i>tdvax</i>	15	TIVICAY PD	8
<i>techlite insulin syringe u-100/0.5ml/30g x</i>	34	<i>tizanidine hcl</i>	17
<i>1/2"</i>		<i>tizanidine hydrochloride</i>	17
<i>techlite pen needles 29g x 10mm</i>	34	TOBI PODHALER	4
TEFLARO	4	TOBRADEX	39
TEGSEDI	50	TOBRADEX ST	39
TEKTURNA HCT	22	<i>tobramycin</i>	4
<i>telmisartan</i>	22	<i>tobramycin</i>	38
<i>telmisartan/amlodipine</i>	21	<i>tobramycin sulfate</i>	4
<i>telmisartan/hydrochlorothiazide</i>	22	<i>tobramycin/dexamethasone</i>	39
<i>temazepam</i>	29	<i>tolterodine tartrate</i>	59
TEMIXYS	8	<i>tolterodine tartrate er</i>	59
TENIVAC	15	<i>topiramate</i>	27
<i>tenofovir disoproxil fumarate</i>	8	<i>topiramate er</i>	27
TEPMETKO	13	<i>toremifene citrate</i>	47
<i>terazosin hcl</i>	19	<i>torse mide</i>	36
<i>terazosin hydrochloride</i>	19	TOUJEO MAX SOLOSTAR	45
<i>terbinafine hcl</i>	5	TOUJEO SOLOSTAR	45
<i>terbutaline sulfate</i>	17	TOVET	57
<i>terconazole</i>	56	TRACLEER	54
<i>teriflunomide</i>	51	TRADJENTA	45
<i>teriparatide</i>	48	<i>tramadol hcl</i>	25

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<i>tramadol hcl er</i>	25	<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	34
<i>tramadol hydrochloride</i>	25	<i>trueplus pen needles 29gx12mm</i>	34
<i>tramadol hydrochloride er</i>	25	TRULICITY	45
<i>tramadol hydrochloride/acetaminophen</i>	25	TRUMENBA	16
<i>trandolapril</i>	22	TRUSELTIQ	13
<i>trandolapril/verapamil hcl er</i>	21	TUKYSA	13
<i>tranexamic acid</i>	18	TURALIO	13
<i>tranylcypromine sulfate</i>	33	TWINRIX	16
TRAVASOL	36	<i>tyblume</i>	46
<i>travoprost</i>	40	TYBOST	52
<i>trazodone hydrochloride</i>	33	TYMLOS	48
TRECTOR	6	TYPHIM VI	16
TRELEGY ELLIPTA	43	UBRELVY	28
TRELSTAR MIXJECT	48	UCERIS	58
TRESIBA	45	UDENYCA	18
TRESIBA FLEXTOUCH	45	<i>unithroid</i>	49
<i>tretinoin</i>	13	UPTRAVI	54
<i>tretinoin</i>	58	UPTRAVI TITRATION PACK	54
<i>tretinoin microsphere</i>	58	<i>ursodiol</i>	41
TREXALL	13	<i>valacyclovir hcl</i>	8
<i>triamcinolone acetonide</i>	57	<i>valacyclovir hydrochloride</i>	8
<i>triamcinolone acetonide dental paste</i>	57	VALCHLOR	59
<i>triamterene/hydrochlorothiazide</i>	36	<i>valganciclovir</i>	8
TRIANEX	58	<i>valganciclovir hydrochloride</i>	8
<i>triazolam</i>	29	<i>valproic acid</i>	27
<i>triderm</i>	58	<i>valsartan</i>	22
<i>trientine hydrochloride</i>	42	<i>valsartan/hydrochlorothiazide</i>	22
<i>trifluoperazine hcl</i>	33	VALTOCO 10 MG DOSE	27
<i>trifluoperazine hydrochloride</i>	33	VALTOCO 15 MG DOSE	27
<i>trifluridine</i>	38	VALTOCO 20 MG DOSE	27
<i>trihexyphenidyl hcl</i>	29	VALTOCO 5 MG DOSE	27
<i>trihexyphenidyl hydrochloride</i>	29	<i>vancomycin hcl</i>	4
TRIKAFTA	54	<i>vancomycin hydrochloride</i>	4
<i>trimethoprim</i>	9	VAQTA	16
<i>trimipramine maleate</i>	33	<i>ildenafil hydrochloride</i>	23
TRINTELLIX	33	<i>ildenafil hydrochloride odt</i>	23
<i>tri-sprintec</i>	46	<i>varenicline starting month box</i>	16
TRITOCIN	58	<i>varenicline tartrate</i>	16
TRIUMEQ	8	VARIVAX	16
TRIUMEQ PD	8	VASCEPA	20
<i>trivora-28</i>	46	<i>velivet</i>	46
TRIZIVIR	8	VELPHORO	36
TROPHAMINE	36	VELTASSA	37
<i>tropium chloride</i>	59	VEMLIDY	8
<i>tropium chloride er</i>	59	VENCLEXTA	13

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Drug Name	Page #	Drug Name	Page #
VENCLEXTA STARTING PACK	13	XATMEP	14
<i>venlafaxine besylate er</i>	33	XCOPRI	28
<i>venlafaxine hcl er</i>	33	XELJANZ	51
<i>venlafaxine hydrochloride</i>	33	XELJANZ XR	51
<i>venlafaxine hydrochloride er</i>	33	XENLETA	5
VENTAVIS	54	XERMELO	40
<i>verapamil hcl</i>	21	XGEVA	50
<i>verapamil hcl er</i>	21	XIFAXAN	5
<i>verapamil hcl sr</i>	21	XIGDUO XR	45
<i>verapamil hydrochloride</i>	21	XOFLUZA	8
<i>verapamil hydrochloride er</i>	21	XOLAIR	54
VERQUVO	23	XOSPATA	14
VERSACLOZ	33	XPOVIO	14
VERZENIO	13	XPOVIO 100 MG ONCE WEEKLY	14
VIBRAMYCIN	5	XPOVIO 40 MG ONCE WEEKLY	14
VICTOZA	45	XPOVIO 40 MG TWICE WEEKLY	14
<i>vigabatrin</i>	27	XPOVIO 60 MG ONCE WEEKLY	14
<i>vigadrone</i>	27	XPOVIO 60 MG TWICE WEEKLY	14
VIIBRYD STARTER PACK	33	XPOVIO 80 MG ONCE WEEKLY	14
VIJOICE	53	XPOVIO 80 MG TWICE WEEKLY	14
<i>vilazodone hydrochloride</i>	33	XTANDI	14
VIRACEPT	8	XYOSTED	43
VIREAD	8	YF-VAX	16
<i>vitamin d</i>	60	YONSA	14
VITRAKVI	13	YUPELRI	16
VIVITROL	30	<i>yuvafem</i>	47
VIZIMPRO	14	<i>zafirlukast</i>	53
VONJO	14	<i>zaleplon</i>	29
<i>voriconazole</i>	5	ZARXIO	19
VOSEVI	8	ZEJULA	14
VOTRIENT	14	ZELBORAF	14
VOXZOGO	53	ZENATANE	59
VRAYLAR	33	ZENPEP	42
VUMERITY	51	ZERBAXA	5
<i>vyfemla</i>	46	<i>zidovudine</i>	8
VYNDAMAX	53	ZIEXTENZO	19
VYNDAQEL	53	<i>zileuton er</i>	53
VYVANSE	26	<i>ziprasidone hcl</i>	33
VYZULTA	40	<i>ziprasidone mesylate</i>	33
<i>warfarin sodium</i>	18	ZIRGAN	38
WELIREG	14	ZOLINZA	14
WINLEVI	59	<i>zolmitriptan</i>	28
<i>wixela inhub</i>	17	<i>zolmitriptan odt</i>	28
XALKORI	14	<i>zolpidem tartrate</i>	30
XARELTO	18	<i>zolpidem tartrate er</i>	29
XARELTO STARTER PACK	18	ZONISADE	28

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Drug Name	Page #
<i>zonisamide</i>	28
ZORBTIVE	49
ZOSYN	5
<i>zovia 1/35</i>	46
ZTALMY	28
ZYDELIG	14
ZYKADIA	14
ZYLET	39
ZYPREXA RELPREVV	33

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a Point32Health company

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Someone who speaks English 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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。

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This formulary was updated on 09/01/2023. For more recent information or other questions, please contact Tufts Medicare Preferred Access Member Services at **1-866-623-0172** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30, or visit **www.thpmp.org**.



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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-623-0172 (TTY: 711).