



Clear Spring
Health

Clear Spring Health Essential Plan (PPO)

2024 Formulary

(List of Covered Drugs)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00024486, Version Number 9

This formulary was updated on 03/01/2024. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at www.clearspringhealthcare.com. We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

Important Message About What You Pay for Vaccines | Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Clear Spring Health. When it refers to “plan” or “our plan,” it means Clear Spring Health Essential (PPO).

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Clear Spring Health Essential (PPO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a plan 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 the Medicare rules in making these changes.

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

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

information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Essential (PPO) 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, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - 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 Clear Spring Health Essential (PPO) 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 April 2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

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, “Miscellaneous Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on

page 60. The Index provides an alphabetical list of all 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?

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

Are there any restrictions on my coverage?

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

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

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

You can ask our plan 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 our plan formulary?” below 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. For more information, 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 learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the Clear Spring Health's Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception.

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

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

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

you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception. For more information

For more information

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

If you have questions about our plan, 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 day a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 60.

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., *simvastatin*).

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

B/D: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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

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

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.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

ST NSO: Step Therapy for New Starts Only. The Step Therapy restriction only applies if you are a new member or have not taken this drug before.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release XTAMPZA ER</i>	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>mondoxylene nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA NSO
<i>vigadrone</i>	5	PA NSO
<i>vigpoder</i>	5	PA NSO
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>casposfungin acetate injection 70mg</i>	4	
<i>casposfungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
THALOMID	5	PA NSO

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
AKEEGA	5	PA NSO
BESREMI	5	PA NSO
COLUMVI	5	PA NSO
EPKINLY	5	PA NSO
GAVRETO	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
INREBIC	5	PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
KRAZATI	5	PA NSO
LONSURF	5	PA NSO
LUMAKRAS	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONUREG	5	PA NSO
ORSERDU	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PHEGO	5	PA NSO
RETEVMO	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SYNRIBO	5	PA NSO
TAZVERIK	5	PA NSO
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
VONJO	5	PA NSO

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LYNPARZA TABLET	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSO TABLET 80MG	5	PA NSO

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TRAZIMERA	5	PA NSO
Retinoids		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI	5	QL(150 EA per 30 days); PA
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate, injection</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TABLET 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
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	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
MULTAQ	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate tablet</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	PA
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod</i>	5	QL(30 EA per 30 days); PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
KEPIVANCE	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ALA-CORT CREAM 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
Proton Pump Inhibitors		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
DEXILANT	4	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol gel, patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA NSO
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(60 EA per 30 days); PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
LANREOTIDE ACETATE	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL(4 ML per 28 days); PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
INTRON A	5	PA NSO
PEGASYS	5	PA
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
YUFLYMA INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA NSO
LAGEVRIO	3	QL(40 EA per 5 days)
NUTRILIPID	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	4	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
		ALINIA	17
		<i>aliskiren</i>	30
		<i>allopurinol</i>	12
		<i>alosetron hydrochloride</i>	39
		ALPHAGAN P	55
		<i>alprazolam</i>	23
		<i>altavera</i>	42
		ALUNBRIG	15
		<i>alyacen 1/35</i>	42
		<i>alyacen 7/7/7</i>	42
		<i>alyq</i>	58
		<i>amabelz</i>	42
		<i>amantadine hcl</i>	23
		<i>ambrisentan</i>	58
		<i>amethia</i>	42
		<i>amethia lo</i>	42
		<i>amethyst</i>	42
		<i>amikacin sulfate</i>	3
		<i>amiloride hcl</i>	31
		<i>amiloride/hydrochlorothiazide</i>	30
		AMINOSYN II	37
		AMINOSYN-PF	37
		<i>amiodarone hydrochloride</i>	28
		<i>amitriptyline hcl</i>	10
		<i>amitriptyline hydrochloride</i>	10
		<i>amlodipine besylate</i>	29
		<i>amlodipine besylate/benazepril hydrochloride</i>	30
		<i>amlodipine besylate/valsartan</i>	30
		<i>amlodipine/olmesartan medoxomil</i>	30
		<i>ammonium lactate</i>	35
		<i>amnesteem</i>	34
		<i>amoxapine</i>	10
		<i>amoxicillin</i>	5
		<i>amoxicillin/clavulanate potassium</i>	4
		<i>amoxicillin/clavulanate potassium er</i>	4
		<i>amphetamine/dextroamphetamine</i>	32
		<i>amphotericin b</i>	11
		<i>amphotericin b liposome</i>	11
		<i>ampicillin</i>	5
		<i>ampicillin sodium</i>	5
		<i>ampicillin/sulbactam</i>	5
		<i>ampicillin-sulbactam</i>	5
		<i>anagrelide hydrochloride</i>	27
		<i>anastrozole</i>	15
<i>abacavir</i>	22		
<i>abacavir sulfate/lamivudine</i>	22		
<i>abacavir sulfate/lamivudine/zidovudine</i>	22		
ABELCET	11		
ABILIFY MAINTENA	19		
<i>abiraterone acetate</i>	13		
ABRYSVO	51		
<i>acamprosate calcium dr</i>	2		
<i>acarbose</i>	24		
ACCUTANE	34		
<i>acebutolol hcl</i>	29		
<i>acebutolol hydrochloride</i>	29		
<i>acetaminophen/codeine</i>	1		
<i>acetazolamide</i>	30		
<i>acetazolamide er</i>	55		
<i>acetic acid</i>	56		
<i>acetic acid 0.25%</i>	41		
<i>acitretin</i>	34		
ACTHIB	51		
ACTIMMUNE	49		
<i>acyclovir</i>	23		
<i>acyclovir</i>	36		
<i>acyclovir sodium</i>	23		
ADACEL	51		
ADBRY	48		
<i>adefovir dipivoxil</i>	21		
ADEMPAS	58		
ADTHYZA	47		
<i>afirmelle</i>	42		
AIMOVIG	12		
AKEEGA	14		
ALA-CORT	35		
<i>albendazole</i>	17		
<i>albuterol sulfate</i>	57		
<i>albuterol sulfate er</i>	57		
<i>albuterol sulfate hfa</i>	57		
<i>alclometasone dipropionate</i>	35		
ALCOHOL PREP PADS	53		
ALDURAZYME	40		
ALECENSA	15		
<i>alendronate sodium</i>	53		
<i>alfuzosin hcl er</i>	41		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
 Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
ANORO ELLIPTA	58	<i>aurovela 1.5/30</i>	43
<i>aprepitant</i>	11	<i>aurovela 1/20</i>	43
APRETUDE	21	<i>aurovela fe 1.5/30</i>	43
APTIOM	8	<i>aurovela fe 1/20</i>	43
APTIVUS	23	AUSTEDO	33
AREXVY	51	AUVELITY	9
<i>arformoterol tartrate</i>	57	<i>aviane</i>	43
<i>aripiprazole</i>	19	AVONEX	33
<i>aripiprazole odt</i>	19	AVONEX PEN	33
ARISTADA	19	<i>ayuna</i>	43
ARISTADA INITIO	19	AYVAKIT	15
<i>armodafinil</i>	59	<i>azathioprine</i>	49
ARMOUR THYROID	47	<i>azelaic acid</i>	34
ARNUIITY ELLIPTA	56	<i>azelastine hcl</i>	55
ASCENIV	48	<i>azelastine hcl</i>	56
<i>asenapine maleate sl</i>	19	<i>azelastine hydrochloride</i>	56
<i>ashlyna</i>	42	<i>azithromycin</i>	5
ASMANEX HFA	56	<i>aztreonam</i>	3
ASMANEX TWISTHALER 120	56	<i>azurette</i>	43
METERED DOSES		<i>bacitracin</i>	55
ASMANEX TWISTHALER 14 METERED	56	<i>bacitracin/polymyxin b</i>	54
DOSES		<i>baclofen</i>	20
ASMANEX TWISTHALER 30 METERED	56	BACTROBAN NASAL	36
DOSES		BAFIERTAM	33
ASMANEX TWISTHALER 60 METERED	56	<i>balsalazide disodium</i>	52
DOSES		BALVERSA	15
ASMANEX TWISTHALER 7 METERED	56	<i>balziva</i>	43
DOSES		BAQSIMI ONE PACK	25
<i>aspirin/dipyridamole</i>	27	BAQSIMI TWO PACK	25
<i>aspirin/dipyridamole er</i>	27	BARACLUDGE	21
ASTAGRAF XL	49	<i>bcg vaccine</i>	51
<i>atazanavir</i>	23	BD INSULIN SYRINGE	53
<i>atazanavir sulfate</i>	23	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol</i>	29	B-D INSULIN SYRINGE ULTRAFINE	53
<i>atenolol/chlorthalidone</i>	30	II/0.3ML/31G X 5/16"	
<i>atomoxetine</i>	33	BD INSULIN SYRINGE ULTRA-	53
<i>atomoxetine hydrochloride</i>	33	FINE/0.5ML/30G X 12.7MM	
<i>atorvastatin calcium</i>	31	BD INSULIN SYRINGE ULTRA-	53
<i>atovaquone</i>	18	FINE/1ML/31G X 8MM	
<i>atovaquone/proguanil hcl</i>	18	BD PEN NEEDLE/ORIGINAL/ULTRA-	53
<i>atropine sulfate</i>	54	FINE/29G X 12.7MM	
ATROVENT HFA	57	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	53
<i>aubra eq</i>	43	<i>6mm</i>	
AUGMENTIN	5	<i>bekyree</i>	43
AUGTYRO	53	BELSOMRA	59

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>benazepril hcl</i>	28	<i>bumetanide</i>	31
<i>benazepril hydrochloride</i>	28	<i>buprenorphine</i>	1
<i>benazepril hydrochloride/hydrochlorothiazide</i>	30	<i>buprenorphine hcl</i>	2
BENLYSTA	48	<i>buprenorphine hcl/naloxone hcl</i>	2
<i>benznidazole</i>	18	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	2
<i>benztropine mesylate</i>	18	<i>bupropion hcl</i>	9
BESIVANCE	55	<i>bupropion hydrochloride</i>	9
BESREMI	14	<i>bupropion hydrochloride er (sr)</i>	3
<i>betaine anhydrous</i>	40	<i>bupropion hydrochloride er (sr)</i>	9
<i>betamethasone dipropionate</i>	35	<i>bupropion hydrochloride er (xl)</i>	9
<i>betamethasone dipropionate augmented</i>	35	<i>bupirone hcl</i>	23
<i>betamethasone valerate</i>	35	<i>bupirone hydrochloride</i>	23
BETASERON	33	<i>butalbital/acetaminophen/caffeine</i>	33
<i>betaxolol hcl</i>	29	BYDUREON BCISE	24
<i>betaxolol hcl</i>	55	BYETTA	24
<i>bethanechol chloride</i>	41	CABENUVA	21
<i>bexarotene</i>	17	<i>cabergoline</i>	47
BEXSERO	51	CABLIVI	27
<i>bicalutamide</i>	13	CABOMETYX	15
BICILLIN L-A	5	<i>calcipotriene</i>	36
BIKTARVY	21	<i>calcitonin-salmon</i>	53
<i>bisoprolol fumarate</i>	29	<i>calcitriol</i>	53
<i>bisoprolol fumarate/hydrochlorothiazide</i>	30	<i>calcium acetate</i>	38
BIVIGAM	48	CALQUENCE	15
<i>blisovi fe 1.5/30</i>	43	<i>camila</i>	46
<i>blisovi fe 1/20</i>	43	<i>camrese</i>	43
BOOSTRIX	51	<i>camrese lo</i>	43
BOSULIF	15	<i>candesartan cilexetil</i>	28
BRAFTOVI	15	<i>candesartan cilexetil/hydrochlorothiazide</i>	30
BREO ELLIPTA	58	CAPLYTA	19
BREZTRI AEROSPHERE	56	CAPRELSA	15
<i>briellyn</i>	43	<i>captopril</i>	28
BRILINTA	27	<i>captopril/hydrochlorothiazide</i>	30
BRIMONIDINE TARTRATE	56	<i>carbamazepine</i>	8
<i>brimonidine tartrate/timolol maleate</i>	54	<i>carbamazepine er</i>	8
<i>brinzolamide</i>	56	<i>carbidopa</i>	18
BRIVIACT	6	<i>carbidopa/levodopa</i>	18
<i>bromfenac sodium</i>	55	<i>carbidopa/levodopa er</i>	18
<i>bromocriptine mesylate</i>	18	<i>carbidopa/levodopa odt</i>	18
BRONCHITOL	58	<i>carglumic acid</i>	37
BRUKINSA	15	<i>carteolol hcl</i>	55
<i>budesonide</i>	52	<i>cartia xt</i>	29
<i>budesonide</i>	56	<i>carvedilol</i>	29
<i>budesonide er</i>	52	<i>casprofungin acetate</i>	11

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
CAYSTON	57	<i>ciprofloxacin</i>	56
<i>cefaclor</i>	4	<i>ciprofloxacin hcl</i>	6
<i>cefadroxil</i>	4	<i>ciprofloxacin hydrochloride</i>	6
CEFAZOLIN	4	<i>ciprofloxacin hydrochloride</i>	55
<i>cefazolin sodium</i>	4	<i>ciprofloxacin i.v.-in d5w</i>	6
<i>cefdinir</i>	4	<i>ciprofloxacin/dexamethasone</i>	56
<i>cefepime</i>	4	<i>cisplatin</i>	13
<i>cefepime hydrochloride</i>	4	<i>citalopram hydrobromide</i>	9
<i>cefixime</i>	4	<i>claravis</i>	34
<i>cefotaxime sodium</i>	4	<i>clarithromycin</i>	5
<i>cefotetan</i>	4	<i>clarithromycin er</i>	5
<i>cefoxitin sodium</i>	4	CLENPIQ	39
<i>cefpodoxime proxetil</i>	4	CLIMARA PRO	43
<i>cefprozil</i>	4	<i>clindacin etz pledgets</i>	3
<i>ceftazidime</i>	4	<i>clindamycin hcl</i>	3
<i>ceftazidime/dextrose</i>	4	<i>clindamycin hydrochloride</i>	3
<i>ceftriaxone sodium</i>	4	<i>clindamycin palmitate hydrochloride</i>	3
<i>cefuroxime axetil</i>	4	<i>clindamycin phosphate</i>	3
<i>cefuroxime sodium</i>	4	<i>clindamycin phosphate</i>	36
<i>celecoxib</i>	1	<i>clobazam</i>	7
<i>cephalexin</i>	4	<i>clobetasol propionate</i>	35
CERDELGA	40	<i>clobetasol propionate e</i>	35
<i>chateal</i>	43	<i>clomipramine hydrochloride</i>	10
<i>chateal eq</i>	43	<i>clonazepam</i>	7
CHEMET	38	<i>clonazepam odt</i>	7
<i>chlorhexidine gluconate</i>	34	<i>clonidine hcl</i>	28
<i>chloroquine phosphate</i>	18	<i>clonidine hydrochloride</i>	28
<i>chlorothiazide</i>	31	<i>clopidogrel</i>	27
<i>chlorpromazine hcl</i>	18	<i>clorazepate dipotassium</i>	24
<i>chlorpromazine hydrochloride</i>	18	<i>clotrimazole</i>	11
<i>chlorthalidone</i>	31	<i>clotrimazole/betamethasone dipropionate</i>	36
CHOLBAM	40	CLOVIQUE	38
<i>cholestyramine</i>	31	<i>clozapine</i>	20
<i>cholestyramine light</i>	31	<i>clozapine odt</i>	20
<i>ciclodan</i>	36	COARTEM	18
<i>ciclopirox</i>	36	<i>colchicine</i>	12
<i>ciclopirox nail lacquer</i>	36	<i>colesevelam hydrochloride</i>	31
<i>ciclopirox olamine</i>	36	<i>colestipol hcl</i>	31
<i>cidofovir</i>	21	<i>colistimethate sodium</i>	3
<i>cilostazol</i>	27	<i>colocort</i>	52
CIMDUO	22	COLUMVI	14
<i>cinacalcet hydrochloride</i>	53	COMBIGAN	54
CINRYZE	48	COMBIVENT RESPIMAT	58
CIPRO	6	COMETRIQ	15
<i>ciprofloxacin</i>	6	COMPLERA	21

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>compro</i>	11	<i>daysee</i>	43
<i>constulose</i>	38	<i>deblitane</i>	46
COPIKTRA	15	<i>deferasirox</i>	38
CORLANOR	30	DELSTRIGO	21
<i>cortisone acetate</i>	41	<i>delyla</i>	43
COSENTYX	49	<i>demeclocycline hcl</i>	6
COSENTYX SENSOREADY PEN	48	<i>demeclocycline hydrochloride</i>	6
COSENTYX UNOREADY	48	DENGVAXIA	51
COTELLIC	15	DEPO-PROVERA	46
CREON	40	DEPO-SUBQ PROVERA 104	46
<i>cromolyn sodium</i>	40	DESCOVY	22
<i>cromolyn sodium</i>	55	<i>desipramine hydrochloride</i>	10
<i>cromolyn sodium</i>	58	<i>desmopressin acetate</i>	42
<i>cryselle-28</i>	43	<i>desogestrel/ethinyl estradiol</i>	43
CURITY GAUZE PADS 2"X2" 12 PLY	53	<i>desonide</i>	35
CUTAQUIG	48	<i>desoximetasone</i>	35
CUVITRU	48	<i>desvenlafaxine er</i>	9
<i>cyclafem 1/35</i>	43	<i>dexamethasone</i>	41
<i>cyclafem 7/7/7</i>	43	<i>dexamethasone sodium phosphate</i>	55
<i>cyclobenzaprine hydrochloride</i>	59	DEXILANT	40
<i>cyclophosphamide</i>	13	<i>dexlansoprazole</i>	40
<i>cycloserine</i>	13	<i>dextroamphetamine sulfate</i>	33
<i>cyclosporine</i>	49	<i>dextroamphetamine sulfate er</i>	32
<i>cyclosporine</i>	54	<i>dextrose 5%</i>	37
<i>cyclosporine modified</i>	49	<i>dextrose 5%/nacl 0.45%</i>	37
CYLTEZO	49	<i>dextrose 5%/nacl 0.9%</i>	37
CYLTEZO STARTER PACKAGE FOR	49	DIACOMIT	7
CROHNS DISEASE/UC/HS		<i>diazepam</i>	24
CYLTEZO STARTER PACKAGE FOR	49	<i>diazepam intensol</i>	24
PSORIASIS		<i>diazepam rectal gel</i>	7
<i>cyproheptadine hydrochloride</i>	56	<i>diazoxide</i>	25
CYSTAGON	40	<i>diclofenac potassium</i>	1
CYSTARAN	54	<i>diclofenac sodium</i>	1
<i>dalfampridine er</i>	33	<i>diclofenac sodium</i>	36
<i>danazol</i>	42	<i>diclofenac sodium</i>	55
<i>dantrolene sodium</i>	20	<i>diclofenac sodium dr</i>	1
<i>dapsone</i>	13	<i>diclofenac sodium er</i>	1
DAPTACEL	51	<i>dicloxacillin sodium</i>	5
<i>daptomycin</i>	3	<i>dicyclomine hcl</i>	39
DAPTOMYCIN/SODIUM CHLORIDE	3	<i>dicyclomine hydrochloride</i>	39
<i>darunavir</i>	23	DIFICID	5
DARZALEX FASPRO	17	<i>diflunisal</i>	1
<i>dasetta 1/35</i>	43	<i>digitek</i>	28
<i>dasetta 7/7/7</i>	43	<i>digox</i>	28
DAURISMO	15	<i>digoxin</i>	28

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>dihydroergotamine mesylate</i>	12	<i>dutasteride</i>	41
DILANTIN	8	<i>dutasteride/tamsulosin hydrochloride</i>	41
<i>diltiazem hcl</i>	30	EASY COMFORT INSULIN	53
<i>diltiazem hcl cd</i>	29	SYRINGE/0.3ML/31G X 1/2"	
<i>diltiazem hcl er</i>	29	<i>ec-naproxen</i>	1
<i>diltiazem hydrochloride</i>	30	<i>econazole nitrate</i>	11
<i>diltiazem hydrochloride er</i>	30	EDARBI	28
<i>dilt-xr</i>	29	EDARBYCLOR	30
<i>dimethyl fumarate</i>	33	EDURANT	21
<i>dimethyl fumarate starterpack</i>	33	<i>efavirenz</i>	21
<i>diphenhydramine hcl</i>	56	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	21
<i>diphenhydramine hydrochloride</i>	56		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	39	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	21
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	51	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	21
<i>disulfiram</i>	2	<i>effe-r-k</i>	37
<i>divalproex sodium</i>	7	ELAPRASE	40
<i>divalproex sodium dr</i>	7	<i>elinest</i>	43
<i>divalproex sodium er</i>	7	ELIQUIS	26
<i>dofetilide</i>	28	ELIQUIS STARTER PACK	26
<i>dolishale</i>	43	ELLA	53
<i>donepezil hcl</i>	8	ELMIRON	41
<i>donepezil hydrochloride</i>	9	<i>eluryng</i>	43
DOPTELET	27	EMCYT	14
<i>dorzolamide hcl/timolol maleate</i>	54	EMGALITY	12
<i>dorzolamide hydrochloride</i>	56	EMPAVELI	49
DOTTI	43	EMSAM	9
DOVATO	21	<i>emtricitabine</i>	22
<i>doxazosin mesylate</i>	41	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>doxepin hcl</i>	10	<i>emtricitabine/tenofovir disoproxil fumarate</i>	22
<i>doxepin hydrochloride</i>	10	EMTRIVA	22
<i>doxy 100</i>	6	<i>enalapril maleate</i>	28
<i>doxycycline</i>	6	<i>enalapril maleate/hydrochlorothiazide</i>	30
<i>doxycycline hyclate</i>	6	ENBREL	50
<i>doxycycline hyclate</i>	34	ENBREL MINI	49
<i>doxycycline monohydrate</i>	6	ENBREL SURECLICK	50
<i>d-penamamine</i>	41	ENDARI	40
DRIZALMA SPRINKLE	9	<i>endocet</i>	1
<i>dronabinol</i>	11	ENGERIX-B	51
DROXIA	14	<i>enilloring</i>	43
<i>droxidopa</i>	28	ENJAYMO	49
DULERA	58	<i>enoxaparin sodium</i>	26
<i>duloxetine hydrochloride</i>	10	<i>enpresse-28</i>	43
DUPIXENT	49	<i>entacapone</i>	18
		<i>entecavir</i>	21
		ENTRESTO	30

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>enulose</i>	38	<i>ezetimibe</i>	31
ENVARUS XR	50	<i>ezetimibe/simvastatin</i>	31
EPIDIOLEX	6	FABRAZYME	40
<i>epinephrine</i>	30	<i>falmina</i>	43
<i>epinephrine</i>	57	<i>famciclovir</i>	23
<i>epitol</i>	8	<i>famotidine</i>	39
EPKINLY	14	FANAPT	19
<i>eplerenone</i>	31	FANAPT TITRATION PACK	19
<i>epoprostenol sodium</i>	58	FARXIGA	24
EPRONTIA	6	FARYDAK	15
<i>ergoloid mesylates</i>	8	FASENRA	58
<i>ergotamine tartrate/caffeine</i>	12	FASENRA PEN	58
ERIVEDGE	15	<i>fayosim</i>	43
ERLEADA	13	<i>febuxostat</i>	12
<i>erlotinib hydrochloride</i>	15	<i>felbamate</i>	6
<i>errin</i>	46	<i>felodipine er</i>	29
<i>ertapenem</i>	5	<i>femynor</i>	43
<i>ertapenem sodium</i>	5	<i>fenofibrate</i>	31
<i>ery</i>	36	<i>fenofibrate micronized</i>	31
<i>erythromycin</i>	36	<i>fenofibric acid dr</i>	31
<i>erythromycin</i>	55	<i>fentanyl</i>	1
<i>erythromycin dr</i>	5	<i>fentanyl citrate oral transmucosal</i>	1
<i>erythromycin ethylsuccinate</i>	5	FETZIMA	10
<i>erythromycin/benzoyl peroxide</i>	34	FETZIMA TITRATION PACK	10
<i>escitalopram oxalate</i>	10	FINACEA	34
<i>esomeprazole magnesium</i>	40	<i>finasteride</i>	41
<i>estarylla</i>	43	<i>fingolimod</i>	33
<i>estradiol</i>	43	FINTEPLA	6
<i>estradiol/norethindrone acetate</i>	43	FIRMAGON	47
ESTRING	43	FLAREX	55
<i>eszopiclone</i>	59	<i>flecainide acetate</i>	28
<i>ethambutol hydrochloride</i>	13	<i>fluconazole</i>	11
<i>ethosuximide</i>	7	<i>fluconazole in dextrose</i>	11
<i>ethynodiol diacetate/ethinyl estradiol</i>	43	<i>fluconazole in sodium chloride</i>	11
<i>etodolac</i>	1	<i>flucytosine</i>	11
<i>etonogestrel/ethinyl estradiol</i>	43	<i>fludrocortisone acetate</i>	41
<i>etravirine</i>	21	<i>flunisolide</i>	56
EUCRISA	35	<i>fluocinolone acetonide</i>	35
EUTHYROX	47	<i>fluocinolone acetonide body</i>	35
<i>everolimus</i>	15	<i>fluocinolone acetonide scalp</i>	35
<i>everolimus</i>	50	<i>fluocinolone acetonide topical</i>	35
EVOTAZ	23	<i>fluocinonide</i>	35
EVRYSOI	40	<i>fluorometholone</i>	55
<i>exemestane</i>	15	<i>fluorouracil</i>	36
EXKIVITY	15	<i>fluoxetine hydrochloride</i>	10

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>fluphenazine decanoate</i>	19	<i>gengraf</i>	50
<i>fluphenazine hcl</i>	19	GENOTROPIN	42
<i>fluphenazine hydrochloride</i>	19	GENOTROPIN MINIQUICK	42
<i>flurbiprofen</i>	1	<i>gentak</i>	55
<i>flurbiprofen sodium</i>	55	<i>gentamicin sulfate</i>	3
<i>flutamide</i>	13	<i>gentamicin sulfate</i>	55
<i>fluticasone propionate</i>	35	<i>gentamicin sulfate pediatric</i>	3
<i>fluticasone propionate</i>	56	GENVOYA	21
<i>fluticasone propionate/salmeterol</i>	58	GILOTRIF	15
<i>fluticasone propionate/salmeterol diskus</i>	58	<i>glatiramer acetate</i>	34
<i>fluvastatin</i>	31	GLEOSTINE	13
<i>fluvastatin sodium er</i>	31	<i>glimepiride</i>	24
<i>fluvoxamine maleate</i>	10	<i>glipizide</i>	24
<i>fondaparinux sodium</i>	26	<i>glipizide er</i>	24
<i>formoterol fumarate</i>	57	<i>glipizide xl</i>	24
FORTEO	53	<i>glipizide/metformin hydrochloride</i>	24
<i>fosamprenavir calcium</i>	23	GLUCAGEN HYPOKIT	25
<i>fosinopril sodium</i>	28	<i>glucagon emergency kit</i>	25
<i>fosinopril sodium/hydrochlorothiazide</i>	30	GLUCAGON EMERGENCY KIT FOR	25
FOTIVDA	13	LOW BLOOD SUGAR	
FRAGMIN	27	<i>glyburide</i>	24
FRUZAQLA	15	<i>glyburide/metformin hydrochloride</i>	24
<i>furosemide</i>	31	<i>glycopyrrolate</i>	39
FUZEON	22	GLYXAMBI	24
FYAVOLV	43	<i>griseofulvin microsize</i>	11
FYCOMPA	6	<i>griseofulvin ultramicrosize</i>	11
<i>gabapentin</i>	7	<i>guanfacine er</i>	33
<i>galantamine hydrobromide</i>	9	<i>guanfacine hydrochloride</i>	28
<i>galantamine hydrobromide er</i>	9	<i>guanfacine hydrochloride</i>	33
GAMASTAN	48	GUANIDINE HCL	12
GAMMAKED	48	GVOKE HYPOPEN 1-PACK	25
GAMUNEX-C	48	GVOKE HYPOPEN 2-PACK	25
<i>ganciclovir</i>	21	GVOKE KIT	25
GARDASIL 9	51	GVOKE PFS	25
<i>gatifloxacin</i>	55	<i>hailey 1.5/30</i>	43
<i>gavilyte-c</i>	39	<i>hailey fe 1.5/30</i>	44
<i>gavilyte-g</i>	39	<i>hailey fe 1/20</i>	44
<i>gavilyte-h</i>	39	<i>halobetasol propionate</i>	35
<i>gavilyte-n/flavor pack</i>	39	<i>haloette</i>	44
GAVRETO	14	<i>haloperidol</i>	19
<i>gefitinib</i>	15	<i>haloperidol decanoate</i>	19
GELNIQUE PUMP	41	<i>haloperidol lactate</i>	19
<i>gemfibrozil</i>	31	HAVRIX	51
GEMTESA	41	<i>heather</i>	46
<i>generlac</i>	38	HEPAGAM B	48

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>heparin sodium</i>	27	HYPERHEP B	48
HEPLISAV-B	51	<i>ibandronate sodium</i>	53
HIBERIX	51	IBRANCE	14
HIZENTRA	48	IBRANCE	15
HUMALOG	25	<i>ibu</i>	1
HUMALOG JUNIOR KWIKPEN	25	<i>ibuprofen</i>	1
HUMALOG KWIKPEN	25	<i>icatibant acetate</i>	48
HUMALOG MIX 50/50	25	<i>iclevia</i>	44
HUMALOG MIX 50/50 KWIKPEN	25	ICLUSIG	16
HUMALOG MIX 75/25	25	<i>icosapent ethyl</i>	32
HUMALOG MIX 75/25 KWIKPEN	25	IDHIFA	14
HUMATIN	3	IGALMI	53
HUMIRA	50	ILARIS	49
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	50	ILEVRO	55
HUMIRA PEN	50	<i>imatinib mesylate</i>	16
HUMIRA PEN-CD/UC/HS STARTER	50	IMBRUVICA	16
HUMIRA PEN-PEDIATRIC UC STARTER PACK	50	<i>imipenem/cilastatin</i>	5
HUMIRA PEN-PS/UV STARTER	50	<i>imipramine hcl</i>	10
HUMULIN 70/30	25	<i>imipramine hydrochloride</i>	10
HUMULIN 70/30 KWIKPEN	25	<i>imiquimod</i>	36
HUMULIN N	25	IMOVAX RABIES (H.D.C.V.)	51
HUMULIN N KWIKPEN	25	IMPAVIDO	3
HUMULIN R	26	INBRIJA	18
HUMULIN R U-500 (CONCENTRATED)	26	<i>incassia</i>	46
HUMULIN R U-500 KWIKPEN	26	INCRELEX	42
<i>hydralazine hcl</i>	32	INCRUSE ELLIPTA	57
<i>hydralazine hydrochloride</i>	32	<i>indapamide</i>	31
<i>hydrochlorothiazide</i>	31	<i>indomethacin</i>	1
<i>hydrocodone bitartrate/acetaminophen</i>	2	<i>indomethacin er</i>	1
<i>hydrocodone/acetaminophen</i>	2	INFANRIX	51
<i>hydrocortisone</i>	35	INFLECTRA	50
<i>hydrocortisone</i>	42	INFLIXIMAB	50
<i>hydrocortisone</i>	52	INGREZZA	33
<i>hydrocortisone valerate</i>	35	INLYTA	16
<i>hydrocortisone/acetic acid</i>	56	INQOVI	16
<i>hydromorphone hcl</i>	2	INREBIC	14
<i>hydromorphone hydrochloride</i>	2	<i>insulin lispro</i>	26
<i>hydromorphone hydrochloride dosette</i>	2	INTELENCE	22
<i>hydroxychloroquine sulfate</i>	18	INTRON A	49
<i>hydroxyurea</i>	14	<i>introvale</i>	44
<i>hydroxyzine hcl</i>	56	INVEGA HAFYERA	19
<i>hydroxyzine hydrochloride</i>	56	INVEGA SUSTENNA	19
<i>hydroxyzine pamoate</i>	23	INVEGA TRINZA	19
		INVIRASE	23
		IPOL INACTIVATED IPV	51

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>ipratropium bromide</i>	57	KANUMA	40
<i>ipratropium bromide/albuterol sulfate</i>	58	<i>kariva</i>	44
<i>irbesartan</i>	28	<i>kelnor 1/35</i>	44
<i>irbesartan/hydrochlorothiazide</i>	30	<i>kelnor 1/50</i>	44
ISENTRESS	21	KEPIVANCE	34
ISENTRESS HD	21	KERENDIA	30
ISONIAZID	13	KESIMPTA	34
<i>isosorbide dinitrate</i>	32	<i>ketoconazole</i>	11
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	30	<i>ketorolac tromethamine</i>	1
<i>isosorbide mononitrate</i>	32	<i>ketorolac tromethamine</i>	55
<i>isosorbide mononitrate er</i>	32	<i>kimidess</i>	44
<i>isotretinoin</i>	34	KINERET	49
<i>isradipine</i>	29	KINRIX	51
ISTURISA	47	<i>kionex</i>	38
<i>itraconazole</i>	11	KISQALI	16
<i>ivermectin</i>	17	KISQALI FEMARA 200 DOSE	14
IWILFIN	14	KISQALI FEMARA 400 DOSE	14
IXCHIQ	51	KISQALI FEMARA 600 DOSE	14
IXIARO	51	<i>klayesta</i>	12
<i>jaimiess</i>	44	KLISYRI	36
JAKAFI	16	<i>klor-con</i>	37
<i>jantoven</i>	27	<i>klor-con 10</i>	37
JANUMET	24	<i>klor-con 8</i>	37
JANUMET XR	24	<i>klor-con m10</i>	37
JANUVIA	24	<i>klor-con m15</i>	37
JARDIANCE	24	<i>klor-con m20</i>	37
JAVYGTOR	40	<i>klor-con sprinkle</i>	37
JAYPIRCA	16	<i>klor-con/ef</i>	37
<i>jencycla</i>	46	KORLYM	42
JENTADUETO	24	KOSELUGO	16
JENTADUETO XR	24	<i>kourzeq</i>	34
<i>jinteli</i>	44	KRAZATI	14
<i>jolessa</i>	44	<i>kurvelo</i>	44
<i>jolivet</i>	46	KYNMOBI	18
JUBLIA	11	KYNMOBI TITRATION KIT	18
JULUCA	21	<i>labetalol hydrochloride</i>	29
<i>junel 1.5/30</i>	44	<i>lacosamide</i>	8
<i>junel 1/20</i>	44	<i>lactulose</i>	38
<i>junel fe 1.5/30</i>	44	LAGEVRIO	53
<i>junel fe 1/20</i>	44	<i>lamivudine</i>	21
JYLAMVO	50	<i>lamivudine</i>	22
JYNNEOS	51	<i>lamivudine/zidovudine</i>	22
KALYDECO	57	<i>lamotrigine</i>	7
KANJINTI	17	<i>lamotrigine er</i>	7
		<i>lamotrigine odt</i>	7

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>lamotrigine starter kit/blue</i>	7	<i>levonorgestrel and ethinyl estradiol</i>	44
<i>lamotrigine starter kit/green</i>	7	<i>levonorgestrel/ethinyl estradiol</i>	44
<i>lamotrigine starter kit/orange</i>	7	<i>levora 0.15/30-28</i>	44
<i>lamotrigine titration</i>	7	LEVO-T	47
LANREOTIDE ACETATE	47	<i>levothyroxine sodium</i>	47
<i>lansoprazole</i>	40	LEVOXYL	47
LANTUS	26	LEXIVA	23
LANTUS SOLOSTAR	26	<i>lidocaine</i>	2
<i>lapatinib ditosylate</i>	16	<i>lidocaine hydrochloride viscous</i>	34
<i>larin 1.5/30</i>	44	<i>lidocaine viscous</i>	34
<i>larin 1/20</i>	44	<i>lidocaine/prilocaine</i>	2
<i>larin fe 1.5/30</i>	44	<i>lidocaine-prilocaine-cream base</i>	2
<i>larin fe 1/20</i>	44	<i>lillow</i>	44
<i>larissia</i>	44	<i>linezolid</i>	3
<i>latanoprost</i>	56	LINZESS	38
<i>leflunomide</i>	50	<i>liothyronine sodium</i>	47
<i>lenalidomide</i>	13	<i>lisinopril</i>	28
LENVIMA 10 MG DAILY DOSE	16	<i>lisinopril/hydrochlorothiazide</i>	30
LENVIMA 12MG DAILY DOSE	16	<i>lithium</i>	24
LENVIMA 14 MG DAILY DOSE	16	<i>lithium carbonate</i>	24
LENVIMA 18 MG DAILY DOSE	16	<i>lithium carbonate er</i>	24
LENVIMA 20 MG DAILY DOSE	16	LIVALO	31
LENVIMA 24 MG DAILY DOSE	16	LIVTENCITY	21
LENVIMA 4 MG DAILY DOSE	16	<i>lojaimiess</i>	44
LENVIMA 8 MG DAILY DOSE	16	LONHALA MAGNAIR REFILL KIT	57
<i>lessina</i>	44	LONSURF	14
<i>letrozole</i>	15	<i>loperamide hcl</i>	39
<i>leucovorin calcium</i>	17	<i>lopinavir/ritonavir</i>	23
LEUKERAN	13	<i>lopreeza</i>	44
<i>leuprolide acetate</i>	47	LOQTORZI	17
<i>levalbuterol</i>	57	<i>lorazepam</i>	24
<i>levalbuterol hcl</i>	57	<i>lorazepam intensol</i>	24
<i>levalbuterol hydrochloride</i>	57	LORBRENA	16
<i>levalbuterol tartrate hfa</i>	57	<i>lorcet</i>	2
LEVEMIR	26	<i>lorcet hd</i>	2
LEVEMIR FLEXPEN	26	<i>lorcet plus</i>	2
LEVEMIR FLEXTOUCH	26	<i>losartan potassium</i>	28
<i>levetiracetam</i>	7	<i>losartan potassium/hydrochlorothiazide</i>	30
<i>levetiracetam er</i>	7	LOTEMAX SM	55
<i>levobunolol hcl</i>	55	<i>lovastatin</i>	31
<i>levocetirizine dihydrochloride</i>	56	<i>low-ogestrel</i>	44
<i>levofloxacin</i>	6	<i>loxapine</i>	19
<i>levofloxacin</i>	55	<i>lubiprostone</i>	38
<i>levofloxacin in d5w</i>	6	LUMAKRAS	14
<i>levonest</i>	44	LUMIGAN	56

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
LUMIZYME	40	<i>meropenem</i>	5
LUPRON DEPOT (1-MONTH)	47	<i>mesalamine</i>	52
LUPRON DEPOT (3-MONTH)	47	<i>mesalamine dr</i>	52
LUPRON DEPOT (4-MONTH)	47	<i>mesalamine er</i>	52
LUPRON DEPOT (6-MONTH)	47	MESNEX	17
LUPRON DEPOT-PED (1-MONTH)	47	<i>metformin hydrochloride</i>	24
LUPRON DEPOT-PED (3-MONTH)	47	<i>metformin hydrochloride er</i>	24
LUPRON DEPOT-PED (6-MONTH)	42	<i>methadone hcl</i>	1
<i>lurasidone hydrochloride</i>	19	<i>methadone hydrochloride</i>	1
<i>lutra</i>	44	<i>methadone hydrochloride intensol</i>	1
LYBALVI	19	<i>methazolamide</i>	56
<i>lyleq</i>	46	<i>methenamine hippurate</i>	3
<i>lyllana</i>	44	<i>methimazole</i>	48
LYNPARZA	16	<i>methocarbamol</i>	59
LYSODREN	47	<i>methotrexate</i>	50
LYTGOBI	14	<i>methotrexate sodium</i>	50
LYUMJEV	26	<i>methsuximide</i>	7
LYUMJEV KWIKPEN	26	<i>methyl dopa</i>	28
<i>lyza</i>	46	<i>methylphenidate hydrochloride</i>	33
<i>magnesium sulfate</i>	37	<i>methylphenidate hydrochloride er</i>	33
<i>malathion</i>	36	<i>methylprednisolone</i>	42
<i>maprotiline hcl</i>	9	<i>methylprednisolone dose pack</i>	42
<i>maraviroc</i>	22	<i>metoclopramide hcl</i>	39
<i>marlissa</i>	44	<i>metoclopramide hydrochloride</i>	39
MARPLAN	9	<i>metolazone</i>	31
MATULANE	13	<i>metoprolol succinate er</i>	29
<i>matzim la</i>	30	<i>metoprolol tartrate</i>	29
MAVYRET	21	<i>metronidazole</i>	4
MAYZENT	34	<i>metronidazole</i>	35
MAYZENT STARTER PACK	34	<i>metronidazole vaginal</i>	4
<i>meclizine hcl</i>	11	<i>metyrosine</i>	30
<i>medroxyprogesterone acetate</i>	46	<i>mexiletine hcl</i>	28
<i>mefloquine hcl</i>	18	<i>microgestin 1.5/30</i>	44
<i>megestrol acetate</i>	46	<i>microgestin 1/20</i>	44
MEKINIST	16	<i>microgestin fe 1.5/30</i>	44
MEKTOVI	16	<i>microgestin fe 1/20</i>	44
<i>meloxicam</i>	1	<i>midodrine hcl</i>	28
<i>memantine hcl titration pak</i>	9	<i>mifepristone</i>	42
<i>memantine hydrochloride</i>	9	<i>miglustat</i>	40
<i>memantine hydrochloride er</i>	9	<i>mili</i>	44
MENACTRA	51	<i>mimvey</i>	44
MENEST	44	<i>mimvey lo</i>	45
MENQUADFI	51	<i>minocycline hcl</i>	6
MENVEO	51	<i>minocycline hydrochloride</i>	6
<i>mercaptopurine</i>	14	<i>minoxidil</i>	32

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>mirtazapine</i>	9	<i>nebivolol hydrochloride</i>	29
<i>mirtazapine odt</i>	9	<i>necon 0.5/35-28</i>	45
<i>misoprostol</i>	39	<i>necon 7/7/7</i>	45
M-M-R II	51	<i>nefazodone hydrochloride</i>	10
<i>modafinil</i>	59	<i>neomycin sulfate</i>	3
<i>moexipril hcl</i>	28	<i>neomycin/bacitracin/polymyxin</i>	54
<i>molindone hydrochloride</i>	19	<i>neomycin/polymyxin/bacitracin</i>	54
<i>mometasone furoate</i>	36	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	54
<i>mometasone furoate</i>	56	<i>neomycin/polymyxin/dexamethasone</i>	54
<i>mondoxyne nl</i>	6	<i>neomycin/polymyxin/gramicidin</i>	54
<i>mono-lynyah</i>	45	<i>neomycin/polymyxin/hc</i>	56
<i>mononessa</i>	45	<i>neomycin/polymyxin/hydrocortisone</i>	56
<i>montelukast sodium</i>	57	<i>neo-polycin</i>	54
<i>morgidox 1x100mg</i>	6	<i>neo-polycin hc</i>	54
<i>morgidox 2x100mg</i>	6	NERLYNX	16
<i>morphine sulfate</i>	2	NEULASTA	27
<i>morphine sulfate er</i>	1	NEULASTA ONPRO KIT	27
MOTEGRITY	38	NEUPRO	18
MOUNJARO	25	<i>nevirapine</i>	22
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	6	<i>nevirapine er</i>	22
<i>moxifloxacin hydrochloride</i>	6	NEXLETOL	32
<i>moxifloxacin hydrochloride</i>	55	NEXLIZET	32
MULTAQ	29	<i>niacin er</i>	32
<i>mupirocin</i>	36	NICOTROL NS	3
<i>mycophenolate mofetil</i>	50	<i>nifedipine er</i>	29
<i>mycophenolic acid dr</i>	50	<i>nilutamide</i>	13
<i>myorisan</i>	35	<i>nimodipine</i>	29
MYRBETRIQ	41	NINLARO	14
NABI-HB	48	<i>nitazoxanide</i>	18
<i>nabumetone</i>	1	<i>nitisinone</i>	40
<i>nadolol</i>	29	NITRO-BID	32
<i>nafcillin sodium</i>	5	<i>nitrofurantoin macrocrystals</i>	4
NAGLAZYME	40	<i>nitrofurantoin monohydrate</i>	4
<i>naloxone hcl</i>	3	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
<i>naloxone hydrochloride</i>	3	<i>nitroglycerin</i>	32
<i>naltrexone hcl</i>	2	<i>nitroglycerin</i>	39
NAMZARIC	8	<i>nitroglycerin transdermal</i>	32
<i>naproxen</i>	1	NIVA THYROID	47
<i>naproxen sodium</i>	1	<i>nizatidine</i>	39
<i>naratriptan hcl</i>	12	<i>nora-be</i>	46
NATACYN	55	<i>norethindrone</i>	46
<i>nateglinide</i>	25	<i>norethindrone acetate</i>	46
NAYZILAM	7	<i>norethindrone acetate/ethinyl estradiol</i>	45
<i>nebivolol</i>	29		

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>norethindrone acetate/ethinyl</i>	45	<i>nyamyc</i>	12
<i>estradiol/ferrous fumarate</i>		<i>nylia 1/35</i>	45
<i>norgestimate/ethinyl estradiol</i>	45	<i>nylia 7/7/7</i>	45
<i>norlyda</i>	46	NYMALIZE	29
<i>norlyroc</i>	46	<i>nymyo</i>	45
<i>nortrel 0.5/35 (28)</i>	45	<i>nystatin</i>	12
<i>nortrel 1/35</i>	45	<i>nystatin/triamcinolone</i>	36
<i>nortrel 7/7/7</i>	45	<i>nystop</i>	12
<i>nortriptyline hcl</i>	10	OCREVUS	34
<i>nortriptyline hydrochloride</i>	10	<i>octreotide acetate</i>	48
NORVIR	23	ODEFSEY	22
NOVOLIN 70/30	26	ODOMZO	16
NOVOLIN 70/30 FLEXPEN	26	OFEV	58
NOVOLIN 70/30 FLEXPEN RELION	26	<i>ofloxacin</i>	55
NOVOLIN 70/30 RELION	26	<i>ofloxacin</i>	56
NOVOLIN N	26	OGSIVEO	14
NOVOLIN N FLEXPEN	26	OJJAARA	16
NOVOLIN N FLEXPEN RELION	26	<i>olanzapine</i>	19
NOVOLIN N RELION	26	<i>olanzapine odt</i>	19
NOVOLIN R	26	<i>olmesartan medoxomil</i>	28
NOVOLIN R FLEXPEN	26	<i>olmesartan medoxomil/hydrochlorothiazide</i>	30
NOVOLIN R FLEXPEN RELION	26	<i>olopatadine hcl</i>	55
NOVOLIN R RELION	26	<i>olopatadine hydrochloride</i>	55
NOVOLOG	26	<i>omega-3-acid ethyl esters</i>	32
NOVOLOG FLEXPEN	26	<i>omeprazole</i>	40
NOVOLOG FLEXPEN RELION	26	<i>omeprazole dr</i>	40
NOVOLOG MIX 70/30	26	OMNIPOD 5 G6 INTRO KIT (GEN 5)	53
NOVOLOG MIX 70/30 PREFILLED	26	OMNIPOD 5 G6 PODS (GEN 5)	53
FLEXPEN		OMNIPOD 5 G7 INTRO KIT (GEN 5)	53
NOVOLOG MIX 70/30 PREFILLED	26	OMNIPOD 5 G7 PODS (GEN 5)	53
FLEXPEN RELION		OMNIPOD CLASSIC PDM STARTER	53
NOVOLOG MIX 70/30 RELION	26	KIT (GEN 3)	
NOVOLOG PENFILL	26	OMNIPOD CLASSIC PODS (GEN 3)	53
NOVOLOG RELION	26	OMNIPOD DASH INTRO KIT (GEN 4)	53
<i>np thyroid 120</i>	47	OMNIPOD DASH PDM KIT (GEN 4)	54
<i>np thyroid 15</i>	47	OMNIPOD DASH PODS (GEN 4)	54
<i>np thyroid 30</i>	47	<i>ondansetron hcl</i>	11
<i>np thyroid 60</i>	47	<i>ondansetron hydrochloride</i>	11
<i>np thyroid 90</i>	47	<i>ondansetron odt</i>	11
NUBEQA	13	ONUREG	14
NUCALA	58	OPDUALAG	15
NUEDEXTA	33	OPSUMIT	58
NUPLAZID	19	<i>oralone dental paste</i>	34
NURTEC	12	ORENCIA	49
NUTRILIPID	53	ORENCIA	50

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
ORENCIA CLICKJECT	49	peg-3350/nacl/na bicarbonate/kcl	39
ORENITRAM	58	PEGANONE	8
ORENITRAM TITRATION KIT MONTH	58	PEGASYS	49
1		pegylax	38
ORENITRAM TITRATION KIT MONTH	58	PEMAZYRE	14
2		PENBRAYA	51
ORENITRAM TITRATION KIT MONTH	58	penicillamine	41
3		penicillin g sodium	5
ORGOVYX	48	penicillin v potassium	5
ORKAMBI	57	PENTACEL	51
orphenadrine citrate er	59	pentamidine isethionate	18
ORSERDU	14	pentoxifylline er	30
orsythia	45	perindopril erbumine	28
oseltamivir phosphate	23	permethrin	36
OSMOLEX ER	18	perphenazine	19
OSPHENA	46	PERSERIS	20
OTEZLA	36	phenadoz	11
OTEZLA	49	phenelzine sulfate	9
oxacillin sodium	5	phenobarbital	8
oxaprozin	1	PHENYTEK	8
OXBRYTA	27	phenytoin	8
oxcarbazepine	8	phenytoin infatabs	8
OXLUMO	54	phenytoin sodium extended	8
oxybutynin chloride	41	PHESGO	14
oxybutynin chloride er	41	philith	45
oxycodone hydrochloride	2	PIFELTRO	22
oxycodone/acetaminophen	2	pilocarpine hcl	56
OZEMPIC	25	pilocarpine hydrochloride	34
PACERONE	29	pimozide	19
paliperidone er	20	pimtrea	45
PANRETIN	17	pindolol	29
pantoprazole sodium	40	pioglitazone hcl	25
PANZYGA	48	pioglitazone hcl/metformin hcl	25
paricalcitol	53	pioglitazone hydrochloride	25
paroex	34	piperacillin sodium/tazobactam sodium	5
paromomycin sulfate	3	PIQRAY 200MG DAILY DOSE	16
paroxetine hcl	10	PIQRAY 250MG DAILY DOSE	16
paroxetine hydrochloride	10	PIQRAY 300MG DAILY DOSE	16
PASER	13	pirfenidone	58
PAXLOVID	54	pirmella 1/35	45
pazopanib hydrochloride	16	pirmella 7/7/7	45
PEDIARIX	51	piroxicam	1
PEDVAX HIB	51	pitavastatin calcium	31
peg 3350/electrolytes	39	PLENAMINE	37
peg-3350/electrolytes	39	podofilox	36

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>polycin</i>	54	<i>proctosol hc</i>	52
<i>polymyxin b sulfate/trimethoprim sulfate</i>	54	<i>proctozone-hc</i>	52
POMALYST	13	<i>progesterone</i>	46
<i>portia-28</i>	45	PROGRAF	50
<i>posaconazole</i>	12	PROLASTIN-C	40
<i>posaconazole dr</i>	12	PROLENSA	55
<i>potassium chloride</i>	38	PROLIA	53
<i>potassium chloride er</i>	37	PROMACTA	27
<i>potassium chloride sr</i>	38	<i>promethazine hcl</i>	11
<i>potassium citrate er</i>	38	<i>promethazine hydrochloride</i>	11
PRALUENT	32	<i>promethazine hydrochloride plain</i>	11
<i>pramipexole dihydrochloride</i>	18	<i>promethegan</i>	11
<i>prasugrel</i>	28	<i>propafenone hcl</i>	29
<i>pravastatin sodium</i>	31	<i>propafenone hydrochloride er</i>	29
<i>praziquantel</i>	17	<i>propranolol hcl</i>	29
<i>prazosin hydrochloride</i>	28	<i>propranolol hcl er</i>	29
<i>prednisolone</i>	42	<i>propranolol hydrochloride</i>	29
<i>prednisolone acetate</i>	55	<i>propranolol hydrochloride er</i>	29
<i>prednisolone sodium phosphate</i>	42	<i>propylthiouracil</i>	48
<i>prednisone</i>	42	PROQUAD	52
<i>pregabalin</i>	33	<i>protriptyline hcl</i>	10
PREHEVBRIO	52	PULMOZYME	57
PREMARIN	45	PURIXAN	14
<i>premium lidocaine</i>	2	<i>pyrazinamide</i>	13
PREMPHASE	45	<i>pyridostigmine bromide</i>	13
PREMPRO	45	<i>pyrimethamine</i>	18
<i>prenatal</i>	38	PYRUKYND	27
<i>prevalite</i>	32	PYRUKYND TAPER PACK	27
<i>previfem</i>	45	QINLOCK	13
PREVYMIS	21	QUADRACEL	52
PREZCOBIX	23	<i>quetiapine fumarate</i>	20
PREZISTA	23	<i>quetiapine fumarate er</i>	20
PRIFTIN	13	<i>quinapril hydrochloride</i>	28
<i>primaquine phosphate</i>	18	<i>quinapril/hydrochlorothiazide</i>	30
<i>primidone</i>	8	<i>quinidine sulfate</i>	29
PRIORIX	52	<i>quinine sulfate</i>	18
PRIVIGEN	48	QULIPTA	12
PROAIR RESPICLICK	57	RABAVERT	52
<i>probenecid</i>	12	<i>rabeprazole sodium</i>	40
<i>probenecid/colchicine</i>	12	<i>raloxifene hydrochloride</i>	46
<i>prochlorperazine</i>	11	<i>ramelteon</i>	59
<i>prochlorperazine edisylate</i>	11	<i>ramipril</i>	28
<i>prochlorperazine maleate</i>	11	<i>ranolazine er</i>	30
PROCRIPT	27	<i>rasagiline mesylate</i>	18
<i>procto-med hc</i>	52	RAYALDEE	53

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
REBETOL	21	<i>roflumilast</i>	58
REBIF	34	ROLVEDON	27
REBIF REBIDOSE	34	<i>ropinirole er</i>	18
REBIF REBIDOSE TITRATION PACK	34	<i>ropinirole hcl</i>	18
REBIF TITRATION PACK	34	<i>ropinirole hydrochloride</i>	18
RECOMBIVAX HB	52	<i>rosadan</i>	35
RECTIV	39	<i>rosuvastatin calcium</i>	31
RELENZA DISKHALER	23	ROTARIX	52
RELISTOR	38	ROTATEQ	52
REMICADE	50	<i>roweepra</i>	7
RENFLEXIS	50	<i>roweepra xr</i>	7
<i>repaglinide</i>	25	ROZLYTREK	16
REPATHA	32	RUBRACA	16
REPATHA PUSHTRONEX SYSTEM	32	<i>rufinamide</i>	8
REPATHA SURECLICK	32	RUKOBIA	22
RESTASIS	54	RUXIENCE	17
RESTASIS MULTIDOSE	54	RYBELSUS	25
RETACRIT	27	RYDAPT	16
RETEVMO	14	RYTARY	18
RETROVIR IV INFUSION	22	<i>sajazir</i>	48
REVCOVI	40	SANDIMMUNE	51
REVLIMID	13	SANTYL	36
REXULTI	20	SAPHNELO	49
REYATAZ	23	<i>sapropterin dihydrochloride</i>	40
REZLIDHIA	16	SAVELLA	33
REZUROCK	51	SAVELLA TITRATION PACK	33
RHOPRESSA	56	SCEMBLIX	14
<i>ribavirin</i>	21	<i>scopolamine</i>	11
<i>rifabutin</i>	13	SECUADO	20
<i>rifampin</i>	13	<i>selegiline hcl</i>	18
<i>riluzole</i>	33	<i>selenium sulfide</i>	36
RINVOQ	49	SELZENTRY	22
<i>risedronate sodium</i>	53	SEREVENT DISKUS	57
<i>risedronate sodium dr</i>	53	<i>sertraline hcl</i>	10
RISPERDAL CONSTA	20	<i>sertraline hydrochloride</i>	10
<i>risperidone</i>	20	<i>setlakin</i>	45
<i>risperidone er</i>	20	<i>sevelamer carbonate</i>	38
<i>risperidone odt</i>	20	SFROWASA	52
<i>ritonavir</i>	23	<i>sharobel</i>	46
<i>rivastigmine tartrate</i>	9	SHINGRIX	52
<i>rivastigmine transdermal system</i>	9	SIGNIFOR	48
<i>rivelsa</i>	45	SIGNIFOR LAR	48
<i>rizatriptan benzoate</i>	12	<i>sildenafil citrate</i>	58
<i>rizatriptan benzoate odt</i>	12	<i>silodosin</i>	41
ROCKLATAN	54	<i>silver sulfadiazine</i>	36

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
SIMBRINZA	54	STIVARGA	16
<i>simliya</i>	45	STRENSIQ	40
<i>simpesse</i>	45	<i>streptomycin sulfate</i>	3
<i>simvastatin</i>	31	STRIBILD	21
<i>sirolimus</i>	51	<i>subvenite</i>	7
SIRTURO	13	<i>subvenite starter kit/blue</i>	7
SKYCLARYS	54	<i>subvenite starter kit/green</i>	7
SKYRIZI	49	<i>subvenite starter kit/orange</i>	7
SKYRIZI PEN	49	SUCRAID	40
<i>sodium chloride</i>	38	<i>sucrafate</i>	39
<i>sodium chloride 0.45%</i>	38	<i>sulfacetamide sodium</i>	55
<i>sodium chloride 0.9%</i>	54	<i>sulfacetamide sodium/prednisolone sodium</i>	54
<i>sodium oxybate</i>	59	<i>phosphate</i>	
<i>sodium phenylbutyrate</i>	40	<i>sulfadiazine</i>	6
<i>sodium polystyrene sulfonate</i>	38	<i>sulfamethoxazole/trimethoprim</i>	6
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	39	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>sofosbuvir/velpatasvir</i>	21	<i>sulfasalazine</i>	52
<i>solifenacin succinate</i>	41	<i>sulindac</i>	1
SOLQUA 100/33	25	<i>sumatriptan</i>	12
SOLTAMOX	14	<i>sumatriptan succinate</i>	12
SOMATULINE DEPOT	48	<i>sunitinib malate</i>	16
SOMAVERT	48	SUNLENCA	22
<i>sorafenib</i>	16	SUTAB	39
<i>sorafenib tosylate</i>	16	SYMPAZAN	8
<i>sorine</i>	29	SYMTUZA	23
<i>sotalol hcl</i>	29	SYNAGIS	48
<i>sotalol hydrochloride</i>	29	SYNJARDY	25
<i>sotalol hydrochloride (af)</i>	29	SYNJARDY XR	25
SPIRIVA HANDIHALER	57	SYNRIBO	14
SPIRIVA RESPIMAT	57	SYNTHROID	47
<i>spironolactone</i>	31	TABLOID	14
<i>spironolactone/hydrochlorothiazide</i>	30	TABRECTA	13
SPRAVATO 56MG DOSE	9	<i>tacrolimus</i>	36
SPRAVATO 84MG DOSE	9	<i>tacrolimus</i>	51
<i>sprintec 28</i>	45	<i>tadalafil</i>	41
SPRITAM	7	<i>tadalafil</i>	58
SPRYCEL	16	TAFINLAR	16
<i>sps</i>	38	TAGRISSO	16
<i>sronyx</i>	45	TALZENNA	17
<i>ssd</i>	36	<i>tamoxifen citrate</i>	14
STAMARIL	52	<i>tamsulosin hydrochloride</i>	41
<i>stavudine</i>	22	<i>tarina fe 1/20</i>	45
STELARA	49	<i>tarina fe 1/20 eq</i>	45
STIOLTO RESPIMAT	58	TASIGNA	17
		<i>tazarotene</i>	35

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
TAZICEF	4	<i>tizanidine hcl</i>	20
<i>taztia xt</i>	30	<i>tizanidine hydrochloride</i>	20
TAZVERIK	14	TOBI PODHALER	57
TDVAX	52	TOBRADEX	54
TEFLARO	4	TOBRADEX ST	54
TEGSEDI	40	<i>tobramycin</i>	55
<i>telmisartan</i>	28	<i>tobramycin</i>	58
<i>telmisartan/hydrochlorothiazide</i>	31	<i>tobramycin sulfate</i>	3
<i>temazepam</i>	59	<i>tobramycin/dexamethasone</i>	54
TEMIXYS	22	<i>tolazamide</i>	25
TENIVAC	52	<i>tolterodine tartrate</i>	41
<i>tenofovir disoproxil fumarate</i>	22	<i>tolterodine tartrate er</i>	41
TEPMETKO	17	<i>topiramate</i>	7
<i>terazosin hcl</i>	28	<i>toremifene citrate</i>	14
<i>terazosin hydrochloride</i>	28	<i>torseamide</i>	31
<i>terbinafine hcl</i>	12	TOUJEO MAX SOLOSTAR	26
<i>terconazole</i>	12	TOUJEO SOLOSTAR	26
<i>teriparatide</i>	53	TRADJENTA	25
<i>testosterone</i>	42	<i>tramadol hydrochloride</i>	2
<i>testosterone cypionate</i>	42	<i>tramadol hydrochloride/acetaminophen</i>	2
<i>testosterone enanthate</i>	42	<i>trandolapril</i>	28
<i>testosterone pump</i>	42	<i>trandolapril/verapamil hcl er</i>	31
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	52	<i>tranexamic acid</i>	27
<i>tetrabenazine</i>	33	<i>tranylcpromine sulfate</i>	9
<i>tetracycline hydrochloride</i>	6	TRAZIMERA	17
THALOMID	13	<i>trazodone hydrochloride</i>	10
<i>theophylline er</i>	58	TRECTOR	13
<i>thioridazine hcl</i>	19	TRELEGY ELLIPTA	59
<i>thiothixene</i>	19	TRELSTAR MIXJECT	48
THYROID	47	TRESIBA	26
THYROLAR-1	47	TRESIBA FLEXTOUCH	26
THYROLAR-1/2	47	<i>tretinoin</i>	17
THYROLAR-1/4	47	<i>tretinoin</i>	35
THYROLAR-2	47	<i>tri femynor</i>	45
THYROLAR-3	47	<i>triamcinolone acetonide</i>	36
<i>tiadylt er</i>	30	<i>triamcinolone acetonide</i>	42
<i>tiagabine hydrochloride</i>	8	<i>triamcinolone acetonide dental paste</i>	34
TIBSOVO	17	<i>triamterene/hydrochlorothiazide</i>	31
TICOVAC	52	<i>triderm</i>	36
<i>timolol maleate</i>	55	<i>trientine hydrochloride</i>	38
<i>tinidazole</i>	4	<i>tri-estarylla</i>	45
<i>tiotropium bromide</i>	57	<i>trifluoperazine hcl</i>	19
TIVICAY	21	<i>trifluoperazine hydrochloride</i>	19
TIVICAY PD	21	<i>trifluridine</i>	55
		<i>trihexyphenidyl hydrochloride</i>	18

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
TRIJARDY XR	25	<i>valganciclovir</i>	21
TRIKAFTA	58	<i>valganciclovir hydrochloride</i>	21
<i>tri-lynyah</i>	45	<i>valproic acid</i>	24
<i>trilyte</i>	39	<i>valsartan</i>	28
<i>trimethoprim</i>	4	<i>valsartan/hydrochlorothiazide</i>	31
<i>tri-mili</i>	45	VALTOCO 10 MG DOSE	8
<i>trimipramine maleate</i>	10	VALTOCO 15 MG DOSE	8
<i>trinessa</i>	46	VALTOCO 20 MG DOSE	8
TRINTELLIX	10	VALTOCO 5 MG DOSE	8
<i>tri-nymyo</i>	45	<i>vancomycin hcl</i>	4
<i>tri-previfem</i>	45	<i>vancomycin hydrochloride</i>	4
TRIPTODUR	48	VANFLYTA	17
<i>tri-sprintec</i>	46	VAQTA	52
TRIUMEQ	22	<i>varenicline starting month box</i>	3
TRIUMEQ PD	22	<i>varenicline tartrate</i>	3
<i>trivora-28</i>	46	VARIVAX	52
<i>tri-vylibra</i>	46	VARIZIG	48
TRIZIVIR	22	VAXELIS	52
TROGARZO	23	VELPHORO	38
<i>tropium chloride</i>	41	VELTASSA	38
<i>tropium chloride er</i>	41	VENCLEXTA	17
TRULICITY	25	VENCLEXTA STARTING PACK	17
TRUMENBA	52	<i>venlafaxine hydrochloride</i>	10
TRUQAP	17	<i>venlafaxine hydrochloride er</i>	10
TRUSELTIQ	14	VENTAVIS	58
TUKYSA	14	VEOPOZ	49
<i>tulana</i>	46	<i>verapamil hcl</i>	30
TURALIO	17	<i>verapamil hcl er</i>	30
<i>turqoz</i>	46	<i>verapamil hcl sr</i>	30
TWINRIX	52	<i>verapamil hydrochloride</i>	30
TYBOST	23	<i>verapamil hydrochloride er</i>	30
TYMLOS	53	VERQUVO	32
TYPHIM VI	52	VERSACLOZ	20
TYRVAYA	54	VERZENIO	17
TYSABRI	34	V-GO 20	54
UBRELVY	12	V-GO 30	54
UDENYCA	27	V-GO 40	54
UDENYCA ONBODY	27	<i>vicodin hp</i>	2
<i>ulticare micro pen needles/32g x 5/32"</i>	54	VIDEX EC	22
<i>unifine pentips 32gx6mm</i>	54	VIDEX PEDIATRIC	22
UNITHROID	47	<i>vienva</i>	46
<i>urea</i>	36	<i>vigabatrin</i>	8
<i>ursodiol</i>	39	<i>vigadrone</i>	8
<i>valacyclovir hydrochloride</i>	23	<i>vigpoder</i>	8
VALCHLOR	13	VIIBRYD STARTER PACK	10

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>vilazodone hydrochloride</i>	10	XPOVIO 100 MG ONCE WEEKLY	15
VIMIZIM	40	XPOVIO 40 MG ONCE WEEKLY	15
<i>viorele</i>	46	XPOVIO 40 MG TWICE WEEKLY	15
VIRACEPT	23	XPOVIO 60 MG ONCE WEEKLY	15
VIREAD	22	XPOVIO 60 MG TWICE WEEKLY	15
VISTOGARD	54	XPOVIO 80 MG ONCE WEEKLY	15
VITRAKVI	17	XPOVIO 80 MG TWICE WEEKLY	15
VIVITROL	2	XTAMPZA ER	1
VIZIMPRO	17	XTANDI	13
VOCABRIA	21	<i>yargesa</i>	40
<i>volnea</i>	46	YF-VAX	52
VONJO	14	YUFLYMA	51
<i>voriconazole</i>	12	YUFLYMA 1-PEN KIT	51
VOSEVI	21	YUFLYMA 2-PEN KIT	51
VOTRIENT	17	YUFLYMA 2-SYRINGE KIT	51
VOWST	39	YUFLYMA CD/UC/HS STARTER	51
VRAYLAR	20	YUPELRI	57
VUMERITY	34	<i>yuvafem</i>	46
<i>vyfemla</i>	46	<i>zafirlukast</i>	57
VYJUVEK	54	<i>zaleplon</i>	59
<i>vylibra</i>	46	ZARXIO	27
VYNDAMAX	31	ZEJULA	17
VYVGART HYTRULO	49	ZELBORAF	17
VYZULTA	56	<i>zenatane</i>	35
<i>warfarin sodium</i>	27	ZENPEP	41
WELIREG	17	ZEPOSIA	34
<i>wera</i>	46	ZEPOSIA 7-DAY STARTER PACK	34
<i>wixela inhub</i>	59	ZEPOSIA STARTER KIT	34
XALKORI	17	<i>zidovudine</i>	22
XARELTO	27	<i>ziprasidone hcl</i>	20
XARELTO STARTER PACK	27	<i>ziprasidone mesylate</i>	20
XATMEP	51	ZIRGAN	55
XCOPRI	7	ZOKINVY	41
XELJANZ	49	ZOLINZA	15
XELJANZ XR	49	<i>zolmitriptan</i>	12
XEMBIFY	48	<i>zolpidem tartrate</i>	59
XERMELO	39	<i>zolpidem tartrate er</i>	59
XGEVA	53	ZONISADE	8
XIFAXAN	39	<i>zonisamide</i>	8
XIGDUO XR	25	<i>zovia 1/35</i>	46
XIIDRA	54	<i>zovia 1/35e</i>	46
XOFLUZA	23	ZTALMY	33
XOLAIR	49	ZURZUVAE	9
XOSPATA	17	ZYDELIG	17
XPOVIO	15	ZYKADIA	17

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Page #
ZYLET	55
ZYPREXA RELPREVV	20

Formulary ID: 24486, Version: 9, Effective Date: 04/01/2024
Last Updated: March 2024

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