

2023 Comprehensive Formulary

BlueCross Total ValueSM (PPO)

Jan. 1, 2023 – Dec. 31, 2023

855-204-2744 | TTY 711

Seven Days a Week, 8 a.m. to 8 p.m.
(Oct. 1 to March 31)

Monday – Friday, 8 a.m. to 8 p.m.
(All Other Times)



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.*

12371TV-2023

BlueCross Total Value (PPO)

2023 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 00023377, Version Number 17

This formulary was updated on 11/01/2023 (effective 12/01/2023). For more recent information or other questions, please contact BlueCross Total Value at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.scbluesmedadvantage.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means BlueCross BlueShield of South Carolina. When it refers to “plan” or “our plan,” it means BlueCross Total Value.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2023 (effective 12/01/2023). For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BlueCross Total Value 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. BlueCross Total Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Total Value 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 BlueCross Total Value may add or remove drugs on the Drug List during the year, move them to different cost sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BlueCross Total Value Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30

days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the BlueCross Total Value Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 11/01/2023 (effective 12/01/2023). To get updated information about the drugs covered by BlueCross Total Value, please contact us. Our contact information appears on the front and back cover pages. We will update our printed formularies each month, and they will be available on www.scblymedadvantage.com.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page number 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 107. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

BlueCross Total Value 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:** BlueCross Total Value requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross Total Value before you fill your prescriptions. If you don't get approval, BlueCross Total Value may not cover the drug.
- **Quantity Limits:** For certain drugs, BlueCross Total Value limits the amount of the drug that BlueCross Total Value will cover. For example, BlueCross Total Value provides 30 tablets per 30 days for CABLIVI. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BlueCross Total Value 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, BlueCross Total Value may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Total Value 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 BlueCross Total Value to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the BlueCross Total Value's formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that BlueCross Total Value does not cover your drug, you have two options:

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

How do I request an exception to the BlueCross Total Value Formulary?

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

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

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

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

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

During a level-of-care change in which the member changes from one treatment setting to another, drugs may be prescribed that are not covered by the plan. If this happens, you and your doctor must use the plan's coverage determination request process. To prevent a gap in care when you are discharged, you may get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Medicare Part A stay. When you are admitted to or discharged from an LTC facility, you may not have access to the drugs you were previously given. You may, however, get a refill upon admission or discharge.

For more information

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

If you have questions about BlueCross Total Value, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

BlueCross Total Value’s Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueCross Total Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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

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

The information in the Drug Tier column tells you what tier each drug is in. The table below describes your share of the cost when you receive a covered Part D prescription drug for a 30-day or 90-day supply from a standard in-network retail pharmacy, or a 90-day supply through a standard mail-order pharmacy.

BlueCross Total Value \$25 Annual Deductible

Drug Tiers and Tier Names	30-Day Preferred Retail Supply	30-Day Standard Retail Supply	90-Day Preferred Retail Supply	90-Day Standard Retail Supply	90-Day Preferred Mail Order
Tier 1: Preferred Generic	\$0 copay	\$5 copay	\$0 Copay	\$15 copay	\$0 copay
Tier 2: Generic	\$10 copay	\$15 copay	\$30 copay	\$45 copay	\$0 copay
Tier 3: Preferred Brand	\$42 copay	\$47 copay	\$126 copay	\$141 copay	\$105 copay
Select Insulins	\$35 Copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
Tier 4: Non-Preferred Drug	\$100 copay	\$100 copay	\$300 copay	\$300 copay	\$250 copay
Tier 5: Specialty Tier	32% coinsurance	32% coinsurance	32% coinsurance	32% coinsurance	32% coinsurance
Tier 6: Select Care Drugs	\$0 Copay	\$5 Copay	\$0 Copay	\$15 Copay	\$0 Copay

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, deductibles and copayments/coinsurance may change on January 1 of each year.

2023 Dosage Abbreviation Key			
AEPB	Aerosol Powder-Breath Activated	NEBU	Nebulization Solution
AERO	Aerosol	OINT	Ointment
AERP	Aerosol, Powder	POWD	Powder
AERS	Aerosol, Solution	PTCH	Patch
CAPS	Capsule	PTTW	Patch Twice Weekly
CART	Cartridge	PTWK	Patch Weekly
CHEW	Tablet, chewable	SHAM	Shampoo
CONC	Concentrate	SOAJ	Solution Auto-Injector
CPCR	Capsule Extended Release	SOCT	Solution Cartridge
CPCW	Capsule Chewable	SOLG	Gel Forming Solution
CPDR	Capsule-Delayed Release	SOLN	Solution
CPEP	Capsule Delayed Release Particles	SOLR	Solution Reconstituted
CPPK	Capsule Therapy Pack	SOPN	Solution Pen-Injector
CPSP	Capsule Sprinkle	SOSY	Solution Prefilled Syringe
CP12	Capsule Extended Release 12 Hour	SRER	Reconstituted Susp that Releases Dose
CP24	Capsule Extended Release 24 Hour	SUBL	Tablet, Sublingual
CREA	Cream	SUPN	Suspension Pen-Injector
CSDR	Capsule Designed to Delay Release Until Specific Area of GI Tract	SUPP	Suppository
ELIX	Elixir	SUSP	Suspension
EMUL	Emulsion	SUSR	Suspension Reconstituted
ENEM	Enema	SYRP	Syrup
FILM	Film	TABS	Tablet
GEL	Gel	TB12	Tablet Extended Release 12 Hour
GRAN	Granules	TB24	Tablet Extended Release 24 Hour
INHA	Inhaler	TB3D	Tablet Disintegrating Soluble
INJ	Injectable	TB3E	Tablet Disintegrating Soluble ER
KIT	Kit	TDCR	Tablet Extended Release
LIQD	Liquid	TBDP	Tablet Dispersible
LOTN	Lotion	TBEC	Tablet Delayed Release
LOZG	Lozenge	TBPK	Tablet Therapy Pack
LPOP	Lozenge on a Handle	TBSO	Tablet Soluble
NDS	Non-Extended Day Supply	TROC	Troche

Drug Tiers

Every drug on the plan's Drug List is in one of five cost sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost sharing Tier 1: Preferred Generic – Tier 1 is the lowest tier and includes preferred generic drugs.
- Cost sharing Tier 2: Generic – Tier 2 includes generic drugs.
- Cost sharing Tier 3: Preferred Brand – Tier 3 includes preferred brand drugs and non-preferred generic drugs. You will find Select Insulins on this tier.
- Cost sharing Tier 4: Non-Preferred Drug – Tier 4 includes non-preferred brand drugs and non-preferred generic drugs.
- Cost sharing Tier 5: Specialty Tier – Tier 5 is the highest tier. It contains very high-cost brand and generic drugs that may require special handling and/or close monitoring.
- Cost-sharing Tier 6: Select Care Drugs - a limited number of generic drugs for high blood pressure, diabetes, high cholesterol and osteoporosis for which we offer a low or no copayment.

Requirements/Limits Key

B/D = Drug that may be covered under Medicare Part B or Medicare Part D, depending on the indication, where and how the drug was administered and by whom. The plan must first conduct a review to determine the correct coverage (B or D).

PA = Prior Authorization

QL = Quantity Limits

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

ST = Step Therapy

LA = Limited Access Drug. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-888-645-6025, 8 a.m. to 8 p.m. Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. TTY users should call 711.

SI = Select Insulins

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 200mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg</i>	2	
<i>diclofenac sodium dr tablet delayed release 50mg</i>	2	
<i>diclofenac sodium dr tablet delayed release 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diclofenac sodium solution 1.5%</i>	3	PA
<i>diflunisal tablet 500mg</i>	4	
<i>ec-naproxen tablet delayed release 375mg</i>	2	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule 200mg</i>	3	
<i>etodolac capsule 300mg</i>	3	
<i>etodolac tablet 400mg</i>	3	
<i>etodolac tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	2	
<i>flurbiprofen tablet 50mg</i>	2	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>ibu tablet 400mg</i>	1	
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	
<i>indomethacin capsule 25mg</i>	2	
<i>indomethacin capsule 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	

Formulary ID: 23377, Version: 17, Effective: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	3	
<i>piroxicam capsule 10mg</i>	3	
<i>piroxicam capsule 20mg</i>	3	
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 15mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 20mcg/hr</i>	4	QL(4 EA per 28 days); NDS
BUPRENORPHINE PATCH WEEKLY 5MCG/HR	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 25mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 50mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 10mg/5ml</i>	3	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg</i>	2	NDS
<i>methadone hcl tablet 5mg</i>	2	NDS
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>methadose sugar-free concentrate 10mg/ml</i>	3	NDS
<i>methadose concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 200mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 30mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 60mg</i>	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	2	NDS

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	NDS
<i>codeine sulfate tablet 60mg</i>	4	NDS
<i>endocet tablet 325mg; 10mg</i>	3	NDS
<i>endocet tablet 325mg; 2.5mg</i>	3	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 1mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg</i>	2	NDS
<i>hydromorphone hcl tablet 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	NDS
<i>lorcet hd tablet 325mg; 10mg</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>lorcet tablet 325mg; 5mg</i>	2	NDS
<i>morphine sulfate injection 10mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	2	NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	NDS

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate solution 20mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/ml</i>	3	NDS
<i>morphine sulfate tablet 15mg</i>	3	NDS
<i>morphine sulfate tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 15mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS
<i>tramadol hcl tablet 50mg</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS

Anesthetics

Local Anesthetics

<i>glydo prefilled syringe 2%</i>	2	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly prefilled syringe 2%</i>	2	QL(30 ML per 30 days); PA
<i>lidocaine hcl jelly prefilled syringe 2%</i>	2	QL(30 ML per 30 days); PA
<i>lidocaine hcl prefilled syringe 2%</i>	2	QL(30 ML per 30 days); PA
<i>lidocaine-prilocaine-cream base cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine-prilocaine-cream base cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	4	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	4	QL(150 GM per 30 days); PA

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg</i>	3	
<i>disulfiram tablet 500mg</i>	3	
<i>naltrexone hcl tablet 50mg</i>	2	
<i>VIVITROL INJECTION 380MG</i>	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 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	3	QL(90 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	3	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
NALOXONE HYDROCHLORIDE LIQUID 4MG/0.1ML	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
<i>varenicline starting month box tablet therapy pack 0</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 1mg</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml</i>	4	
<i>amikacin sulfate injection 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	2	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>neomycin sulfate tablet 500mg</i>	2	
<i>paromomycin sulfate capsule 250mg</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection 1.2gm/30ml</i>	3	
<i>tobramycin sulfate injection 1.2gm</i>	3	
<i>tobramycin sulfate injection 10mg/ml</i>	3	
<i>tobramycin sulfate injection 40mg/ml</i>	3	
<i>tobramycin sulfate injection 80mg/2ml</i>	3	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg</i>	2	
<i>clindamycin hydrochloride capsule 75mg</i>	2	
<i>clindamycin palmitate hcl solution reconstituted 75mg/5ml</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml</i>	3	
<i>clindamycin phosphate injection 600mg/4ml</i>	3	
<i>clindamycin phosphate injection 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium injection 150mg</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 350MG/50ML; 0.9%	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 500MG/50ML; 0.9%	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 700MG/100ML; 0.9%	4	
DAPTOMYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO CAPSULE 50MG	5	
KIMYRSA INJECTION 1200MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg</i>	2	
<i>metronidazole tablet 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg</i>	4	
<i>nitrofurantoin macrocrystals capsule 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
<i>tinidazole tablet 250mg</i>	3	
<i>tinidazole tablet 500mg</i>	3	
<i>trimethoprim tablet 100mg</i>	2	
<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</i>	3	
<i>vancomycin hydrochloride injection 250mg</i>	2	
<i>vancomycin hydrochloride injection 500mg</i>	3	
<i>vancomycin hydrochloride injection 750mg</i>	3	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
XENLETA TABLET 600MG	5	

Beta-lactam, Cephalosporins

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor capsule 250mg</i>	2	
<i>cefaclor capsule 500mg</i>	2	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml</i>	3	
<i>cefdinir suspension reconstituted 250mg/5ml</i>	3	
<i>cefepime hydrochloride injection 100gm</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	3	
<i>cefepime injection 1gm</i>	4	
CEFEPIME INJECTION 2GM/100ML	3	
<i>cefepime injection 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm</i>	2	
<i>cefotaxime sodium injection 2gm</i>	2	
<i>cefotaxime sodium injection 500mg</i>	2	
<i>cefotetan injection 1gm</i>	3	
<i>cefotetan injection 2gm</i>	3	
<i>cefoxitin sodium injection 10gm</i>	3	
<i>cefoxitin sodium injection 1gm</i>	3	
<i>cefoxitin sodium injection 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tablet 100mg</i>	4	
<i>cefpodoxime proxetil tablet 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml</i>	3	
<i>cefprozil suspension reconstituted 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg</i>	3	
<i>cefprozil tablet 500mg</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm</i>	3	
<i>ceftazidime injection 2gm</i>	3	
<i>ceftazidime injection 6gm</i>	3	
<i>ceftriaxone sodium injection 1gm</i>	3	
<i>ceftriaxone sodium injection 250mg</i>	3	
<i>ceftriaxone sodium injection 2gm</i>	3	
<i>ceftriaxone sodium injection 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg</i>	2	
<i>cefuroxime axetil tablet 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection 7.5gm</i>	3	
<i>cefuroxime sodium injection 750mg</i>	3	
<i>cephalexin capsule 250mg</i>	2	
<i>cephalexin capsule 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml</i>	2	
<i>cephalexin suspension reconstituted 250mg/5ml</i>	2	
FETROJA INJECTION 1GM	5	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 2gm</i>	3	
<i>tazicef injection 6gm</i>	3	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg</i>	2	
<i>amoxicillin capsule 500mg</i>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg</i>	2	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	2	
<i>amoxicillin tablet 875mg</i>	2	
<i>ampicillin sodium injection 1gm</i>	3	
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</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	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	
BICILLIN L-A INJECTION 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg</i>	2	
<i>dicloxacillin sodium capsule 500mg</i>	2	
<i>nafcillin sodium injection 10gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	2	
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg</i>	2	
<i>penicillin v potassium tablet 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>ertapenem injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg</i>	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem injection 1gm</i>	4	
<i>meropenem injection 500mg</i>	4	
Macrolides		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin packet 1gm</i>	2	
<i>azithromycin suspension reconstituted 100mg/5ml</i>	3	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 600mg</i>	3	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin suspension reconstituted 125mg/5ml</i>	4	
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg</i>	3	
<i>clarithromycin tablet 500mg</i>	3	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	
DIFICID TABLET 200MG	5	
<i>erythromycin dr tablet delayed release 250mg</i>	4	
<i>erythromycin dr tablet delayed release 333mg</i>	4	
<i>erythromycin dr tablet delayed release 500mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
BAXDELA TABLET 450MG	5	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	4	
<i>ciprofloxacin suspension reconstituted 5gm/100ml</i>	4	
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML	4	
CIPRO SUSPENSION RECONSTITUTED 5GM/100ML	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	4	
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg</i>	2	
<i>levofloxacin tablet 500mg</i>	2	
<i>levofloxacin tablet 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg</i>	4	
<i>ofloxacin tablet 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tablet 150mg</i>	4	
<i>demeclocycline hcl tablet 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	2	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	2	
<i>doxycycline monohydrate capsule 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg</i>	2	
<i>minocycline hydrochloride capsule 50mg</i>	2	
<i>mondoxyne nl capsule 100mg</i>	2	
<i>mondoxyne nl capsule 50mg</i>	2	
<i>morgidox 1x100mg capsule 100mg</i>	2	
<i>morgidox 2x100mg capsule 100mg</i>	2	
<i>okebo capsule 100mg</i>	2	
<i>tetracycline hydrochloride capsule 250mg</i>	4	
<i>tetracycline hydrochloride capsule 500mg</i>	4	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT SOLUTION 10MG/ML	5	PA
BRIVIACT TABLET 100MG	5	PA
BRIVIACT TABLET 10MG	5	PA
BRIVIACT TABLET 25MG	5	PA
BRIVIACT TABLET 50MG	5	PA
BRIVIACT TABLET 75MG	5	PA
EPIDIOLEX SOLUTION 100MG/ML	5	PA
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	5	
<i>felbamate tablet 400mg</i>	4	
<i>felbamate tablet 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 10MG	5	
FYCOMPA TABLET 12MG	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 4MG	5	
FYCOMPA TABLET 6MG	5	
FYCOMPA TABLET 8MG	5	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg</i>	2	
<i>lamotrigine tablet chewable 5mg</i>	2	
<i>lamotrigine tablet 100mg</i>	2	
<i>lamotrigine tablet 150mg</i>	2	
<i>lamotrigine tablet 200mg</i>	2	
<i>lamotrigine tablet 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg</i>	3	
<i>levetiracetam er tablet extended release 24 hour 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet 1000mg</i>	2	
<i>levetiracetam tablet 250mg</i>	2	
<i>levetiracetam tablet 500mg</i>	2	
<i>levetiracetam tablet 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>roweepra xr tablet extended release 24 hour 500mg</i>	3	
<i>roweepra xr tablet extended release 24 hour 750mg</i>	3	
<i>roweepra tablet 1000mg</i>	2	
<i>roweepra tablet 500mg</i>	2	
<i>roweepra tablet 750mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tablet 100mg</i>	2	
<i>subvenite tablet 150mg</i>	2	
<i>subvenite tablet 200mg</i>	2	
<i>subvenite tablet 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg</i>	3	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	2	
<i>topiramate tablet 200mg</i>	2	
<i>topiramate tablet 25mg</i>	2	
<i>topiramate tablet 50mg</i>	2	
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET 100MG	5	PA
XCOPRI TABLET 150MG	5	PA
XCOPRI TABLET 200MG	5	PA
XCOPRI TABLET 50MG	5	PA
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	4	
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg</i>	4	
<i>clobazam tablet 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 0.125mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 1mg</i>	1	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA
DIACOMIT CAPSULE 500MG	5	PA
DIACOMIT PACKET 250MG	5	PA
DIACOMIT PACKET 500MG	5	PA
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 250mg</i>	2	
<i>divalproex sodium dr tablet delayed release 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	
<i>divalproex sodium capsule delayed release sprinkle 125mg</i>	2	
<i>gabapentin capsule 100mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg</i>	4	
<i>phenobarbital tablet 15mg</i>	4	
<i>phenobarbital tablet 16.2mg</i>	4	
<i>phenobarbital tablet 30mg</i>	4	
<i>phenobarbital tablet 32.4mg</i>	4	
<i>phenobarbital tablet 60mg</i>	4	
<i>phenobarbital tablet 64.8mg</i>	4	
<i>phenobarbital tablet 97.2mg</i>	4	
<i>primidone tablet 125mg</i>	2	
<i>primidone tablet 250mg</i>	2	
<i>primidone tablet 50mg</i>	2	
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	5	
<i>tiagabine hydrochloride tablet 12mg</i>	4	
<i>tiagabine hydrochloride tablet 16mg</i>	4	
<i>tiagabine hydrochloride tablet 2mg</i>	4	
<i>tiagabine hydrochloride tablet 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA
<i>vigabatrin tablet 500mg</i>	5	PA
<i>vigadrone packet 500mg</i>	5	PA
<i>vigadrone tablet 500mg</i>	5	PA
Sodium Channel Agents		
APTIOM TABLET 200MG	5	
APTIOM TABLET 400MG	5	
APTIOM TABLET 600MG	5	
APTIOM TABLET 800MG	5	
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	3	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>epitol tablet 200mg</i>	3	
<i>lacosamide solution 10mg/ml</i>	3	
<i>lacosamide tablet 100mg</i>	4	
<i>lacosamide tablet 150mg</i>	4	
<i>lacosamide tablet 200mg</i>	4	
<i>lacosamide tablet 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg</i>	2	
<i>oxcarbazepine tablet 300mg</i>	2	
<i>oxcarbazepine tablet 600mg</i>	2	
PEGANONE TABLET 250MG	4	
<i>phenytoin sodium extended capsule 100mg</i>	2	
<i>phenytoin sodium extended capsule 200mg</i>	2	
<i>phenytoin sodium extended capsule 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	3	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE SUSPENSION 100MG/5ML	4	ST
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	
<i>zonisamide capsule 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet 1mg</i>	4	
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	4	QL(56 EA per 365 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg</i>	2	
<i>donepezil hcl tablet disintegrating 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	2	
DONEPEZIL HCL TABLET 23MG	4	
<i>donepezil hydrochloride tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 5mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg</i>	4	
<i>galantamine hydrobromide tablet 4mg</i>	4	
<i>galantamine hydrobromide tablet 8mg</i>	4	
<i>rivastigmine tartrate capsule 1.5mg</i>	2	
<i>rivastigmine tartrate capsule 3mg</i>	2	
<i>rivastigmine tartrate capsule 4.5mg</i>	2	
<i>rivastigmine tartrate capsule 6mg</i>	2	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 21mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 28mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 7mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg</i>	2	
<i>memantine hydrochloride tablet 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	4	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg</i>	2	QL(60 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 er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl tablet 25mg</i>	2	
<i>maprotiline hcl tablet 50mg</i>	2	
<i>maprotiline hcl tablet 75mg</i>	2	
<i>mirtazapine odt tablet disintegrating 15mg</i>	3	
<i>mirtazapine odt tablet disintegrating 30mg</i>	3	
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	
<i>mirtazapine tablet 15mg</i>	2	
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 45mg</i>	2	
<i>mirtazapine tablet 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR	5	QL(30 EA per 30 days); ST
EMSAM PATCH 24 HOUR 6MG/24HR	5	QL(30 EA per 30 days); ST
EMSAM PATCH 24 HOUR 9MG/24HR	5	QL(30 EA per 30 days); ST
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg</i>	1	
<i>citalopram hydrobromide tablet 20mg</i>	1	
<i>citalopram hydrobromide tablet 40mg</i>	1	
<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</i>	2	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg</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>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(60 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tablet 10mg</i>	2	
<i>escitalopram oxalate tablet 20mg</i>	2	
<i>escitalopram oxalate tablet 5mg</i>	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL(30 EA per 30 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL(30 EA per 30 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL(30 EA per 30 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL(30 EA per 30 days); ST
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution 20mg/5ml</i>	4	
<i>fluoxetine hydrochloride capsule 10mg</i>	1	
<i>fluoxetine hydrochloride capsule 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg</i>	2	
<i>fluvoxamine maleate tablet 25mg</i>	2	
<i>fluvoxamine maleate tablet 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg</i>	4	
<i>nefazodone hydrochloride tablet 150mg</i>	4	
<i>nefazodone hydrochloride tablet 200mg</i>	4	
<i>nefazodone hydrochloride tablet 250mg</i>	4	
<i>nefazodone hydrochloride tablet 50mg</i>	4	
<i>paroxetine hcl tablet 30mg</i>	2	
<i>paroxetine hcl tablet 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg</i>	2	
<i>paroxetine hydrochloride tablet 20mg</i>	2	
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 25mg</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg</i>	2	
<i>trazodone hydrochloride tablet 150mg</i>	2	
<i>trazodone hydrochloride tablet 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 20MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 5MG	4	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg</i>	2	
<i>venlafaxine hydrochloride tablet 25mg</i>	2	
<i>venlafaxine hydrochloride tablet 37.5mg</i>	2	
<i>venlafaxine hydrochloride tablet 50mg</i>	2	
<i>venlafaxine hydrochloride tablet 75mg</i>	2	
VIIBRYD STARTER PACK KIT 0	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride tablet 10mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg</i>	3	
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hcl tablet 25mg</i>	3	
<i>amitriptyline hcl tablet 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg</i>	3	
<i>amitriptyline hydrochloride tablet 50mg</i>	3	
<i>amoxapine tablet 100mg</i>	4	
<i>amoxapine tablet 150mg</i>	4	
<i>amoxapine tablet 25mg</i>	4	
<i>amoxapine tablet 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg</i>	4	
<i>clomipramine hydrochloride capsule 50mg</i>	4	
<i>clomipramine hydrochloride capsule 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg</i>	4	
<i>desipramine hydrochloride tablet 10mg</i>	4	
<i>desipramine hydrochloride tablet 150mg</i>	4	
<i>desipramine hydrochloride tablet 25mg</i>	4	
<i>desipramine hydrochloride tablet 50mg</i>	4	
<i>desipramine hydrochloride tablet 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg</i>	3	
<i>doxepin hydrochloride capsule 10mg</i>	3	
<i>doxepin hydrochloride capsule 150mg</i>	3	
<i>doxepin hydrochloride capsule 25mg</i>	3	
<i>doxepin hydrochloride capsule 50mg</i>	3	
<i>imipramine hcl tablet 25mg</i>	4	
<i>imipramine hcl tablet 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl capsule 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg</i>	2	
<i>nortriptyline hydrochloride capsule 50mg</i>	2	
<i>protriptyline hcl tablet 10mg</i>	4	
<i>protriptyline hcl tablet 5mg</i>	4	
<i>trimipramine maleate capsule 100mg</i>	4	
<i>trimipramine maleate capsule 25mg</i>	4	
<i>trimipramine maleate capsule 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg</i>	4	
<i>meclizine hcl tablet 25mg</i>	4	
<i>phenadoz suppository 12.5mg</i>	4	
<i>phenadoz suppository 25mg</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet 10mg</i>	2	
<i>prochlorperazine maleate tablet 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	3	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	4	
<i>promethazine hydrochloride tablet 25mg</i>	4	
<i>promethazine hydrochloride tablet 50mg</i>	4	
<i>promethegan suppository 12.5mg</i>	4	
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPSULE 300MG; 0.5MG	4	QL(2 EA per 30 days); B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	4	
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 2.5mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
ONDANSETRON HYDROCHLORIDE INJECTION 4MG/2ML	4	
<i>ondansetron hydrochloride tablet 4mg</i>	2	B/D

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride tablet 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET INJECTION 5MG/ML	4	B/D
AMBISOME INJECTION 50MG	5	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>caspofungin acetate injection 50mg</i>	5	
CASPOFUNGIN ACETATE INJECTION 70MG	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole troche 10mg</i>	3	
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%</i>	3	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml</i>	3	
<i>fluconazole suspension reconstituted 40mg/ml</i>	3	
<i>fluconazole tablet 100mg</i>	2	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 200mg</i>	2	
<i>fluconazole tablet 50mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg</i>	4	
<i>griseofulvin ultramicrosize tablet 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	5	
<i>ketoconazole cream 2%</i>	2	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	2	
<i>naftifine hydrochloride gel 1%</i>	4	
<i>naftifine hydrochloride gel 2%</i>	4	
NOXAFIL SUSPENSION 40MG/ML	5	PA
<i>nyamyc powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	3	
<i>nystop powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%</i>	3	
<i>terconazole cream 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	
<i>voriconazole tablet 200mg</i>	4	
<i>voriconazole tablet 50mg</i>	4	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg</i>	2	
<i>allopurinol tablet 300mg</i>	2	
COLCHICINE TABLET 0.6MG	4	
<i>febuxostat tablet 40mg</i>	4	
<i>febuxostat tablet 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	5	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
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 100MG/ML	5	QL(3 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
<i>timolol maleate tablet 10mg</i>	3	
<i>timolol maleate tablet 20mg</i>	3	
<i>timolol maleate tablet 5mg</i>	3	
UBRELVY TABLET 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABLET 50MG	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl tablet 1mg</i>	3	QL(9 EA per 30 days)
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act</i>	4	QL(12 EA per 30 days)
<i>sumatriptan solution 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan solution 2.5mg</i>	4	QL(18 EA per 30 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl tablet 125mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
<i>Antituberculars</i>		
CAPASTAT SULFATE INJECTION 1GM	5	
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg</i>	2	
<i>ethambutol hydrochloride tablet 400mg</i>	2	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	3	
<i>isoniazid tablet 100mg</i>	1	
<i>isoniazid tablet 300mg</i>	1	
<i>paser packet 4gm</i>	4	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg</i>	3	
<i>rifampin capsule 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	
TRECTOR TABLET 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide monohydrate injection 2gm/10ml</i>	5	
<i>cyclophosphamide capsule 25mg</i>	3	B/D
<i>cyclophosphamide capsule 50mg</i>	3	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	5	
<i>cyclophosphamide injection 500mg/ml</i>	5	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
<i>ifosfamide injection 3gm</i>	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
<i>thiotepa injection 100mg</i>	5	
VALCHLOR GEL 0.016%	5	PA
ZEPZELCA INJECTION 4MG	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	5	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 240MG	5	PA
ERLEADA TABLET 60MG	5	PA
<i>flutamide capsule 125mg</i>	3	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA
XTANDI CAPSULE 40MG	5	PA
XTANDI TABLET 40MG	5	PA
XTANDI TABLET 80MG	5	PA
Antiangiogenic Agents		
FOTIVDA CAPSULE 0.89MG	5	PA
FOTIVDA CAPSULE 1.34MG	5	PA
<i>lenalidomide capsule 10mg</i>	5	PA
<i>lenalidomide capsule 15mg</i>	5	PA
<i>lenalidomide capsule 2.5mg</i>	5	PA
<i>lenalidomide capsule 20mg</i>	5	PA
<i>lenalidomide capsule 25mg</i>	5	PA
<i>lenalidomide capsule 5mg</i>	5	PA
POMALYST CAPSULE 1MG	5	PA
POMALYST CAPSULE 2MG	5	PA
POMALYST CAPSULE 3MG	5	PA
POMALYST CAPSULE 4MG	5	PA
QINLOCK TABLET 50MG	5	PA
REVLIMID CAPSULE 10MG	5	PA
REVLIMID CAPSULE 15MG	5	PA
REVLIMID CAPSULE 2.5MG	5	PA
REVLIMID CAPSULE 20MG	5	PA
REVLIMID CAPSULE 25MG	5	PA
REVLIMID CAPSULE 5MG	5	PA
TABRECTA TABLET 150MG	5	QL(120 EA per 30 days); PA
TABRECTA TABLET 200MG	5	QL(120 EA per 30 days); PA
THALOMID CAPSULE 100MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPSULE 150MG	5	PA
THALOMID CAPSULE 200MG	5	PA
THALOMID CAPSULE 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg</i>	2	
<i>tamoxifen citrate tablet 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	
Antimetabolites		
DROXIA CAPSULE 200MG	4	
DROXIA CAPSULE 300MG	4	
DROXIA CAPSULE 400MG	4	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine tablet 50mg</i>	4	
<i>nelarabine injection 5mg/ml</i>	5	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG	5	PA
AKEEGA TABLET 500MG; 50MG	5	PA
BESREMI INJECTION 500MCG/ML	5	PA
COLUMVI INJECTION 10MG/10ML	5	PA
COLUMVI INJECTION 2.5MG/2.5ML	5	PA
EPKINLY INJECTION 48MG/0.8ML	5	PA
EPKINLY INJECTION 4MG/0.8ML	5	PA
GAVRETO CAPSULE 100MG	5	PA
IBRANCE TABLET 100MG	5	PA
IBRANCE TABLET 125MG	5	PA
IBRANCE TABLET 75MG	5	PA
IDHIFA TABLET 100MG	5	QL(30 EA per 30 days); PA
IDHIFA TABLET 50MG	5	QL(30 EA per 30 days); PA
INREBIC CAPSULE 100MG	5	PA
KIMMTRAK INJECTION 100MCG/0.5ML	5	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KRAZATI TABLET 200MG	5	PA
LONSURF TABLET 6.14MG; 15MG	5	PA
LONSURF TABLET 8.19MG; 20MG	5	PA
LUMAKRAS TABLET 120MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABLET 320MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA
NINLARO CAPSULE 2.3MG	5	PA
NINLARO CAPSULE 3MG	5	PA
NINLARO CAPSULE 4MG	5	PA
ONUREG TABLET 200MG	5	PA
ONUREG TABLET 300MG	5	PA
PEMAZYRE TABLET 13.5MG	5	QL(30 EA per 30 days); PA
PEMAZYRE TABLET 4.5MG	5	QL(30 EA per 30 days); PA
PEMAZYRE TABLET 9MG	5	QL(30 EA per 30 days); PA
PHEGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
PHEGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA
RETEVMO CAPSULE 40MG	5	PA
RETEVMO CAPSULE 80MG	5	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	PA
RYLAZE INJECTION 10MG/0.5ML	5	
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
SCEMBLIX TABLET 40MG	5	PA
SYNRIBO INJECTION 3.5MG	5	PA
TAZVERIK TABLET 200MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 0	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA
TUKYSA TABLET 150MG	5	PA
TUKYSA TABLET 50MG	5	PA
VANFLYTA TABLET 26.5MG	5	PA
VONJO CAPSULE 100MG	5	PA
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 50MG	5	PA
XPOVIO TABLET THERAPY PACK 60MG	5	PA
ZOLINZA CAPSULE 100MG	5	PA
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA
ORSERDU TABLET 345MG	5	PA
ORSERDU TABLET 86MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
Molecular Target Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2MG	5	PA
AFINITOR DISPERZ TABLET SOLUBLE 3MG	5	PA
AFINITOR DISPERZ TABLET SOLUBLE 5MG	5	PA
ALECENSA CAPSULE 150MG	5	PA
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 180MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 90MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABLET 100MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABLET 200MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABLET 25MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABLET 300MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABLET 50MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 3MG	5	PA
BALVERSA TABLET 4MG	5	PA
BALVERSA TABLET 5MG	5	PA
BOSULIF TABLET 100MG	5	PA
BOSULIF TABLET 400MG	5	PA
BOSULIF TABLET 500MG	5	PA
BRAFTOVI CAPSULE 50MG	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
CABOMETYX TABLET 20MG	5	PA
CABOMETYX TABLET 40MG	5	PA
CABOMETYX TABLET 60MG	5	PA
CALQUENCE CAPSULE 100MG	5	PA
CALQUENCE TABLET 100MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
COPIKTRA CAPSULE 15MG	5	PA
COPIKTRA CAPSULE 25MG	5	PA
COTELLIC TABLET 20MG	5	PA
DAURISMO TABLET 100MG	5	PA
DAURISMO TABLET 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	PA
<i>erlotinib hydrochloride tablet 100mg</i>	5	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	PA
<i>everolimus tablet soluble 2mg</i>	5	PA
<i>everolimus tablet soluble 3mg</i>	5	PA
<i>everolimus tablet soluble 5mg</i>	5	PA
<i>everolimus tablet 10mg</i>	5	QL(30 EA per 30 days); PA
<i>everolimus tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA
<i>everolimus tablet 5mg</i>	5	QL(30 EA per 30 days); PA
<i>everolimus tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY CAPSULE 40MG	5	PA
FARYDAK CAPSULE 10MG	5	
FARYDAK CAPSULE 15MG	5	
FARYDAK CAPSULE 20MG	5	
FYARRO INJECTION 100MG	5	PA
<i>gefitinib tablet 250mg</i>	5	PA
GILOTRIF TABLET 20MG	5	QL(30 EA per 30 days); PA
GILOTRIF TABLET 30MG	5	QL(30 EA per 30 days); PA
GILOTRIF TABLET 40MG	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG	5	PA
IBRANCE CAPSULE 125MG	5	PA
IBRANCE CAPSULE 75MG	5	PA
ICLUSIG TABLET 10MG	5	QL(30 EA per 30 days); PA
ICLUSIG TABLET 15MG	5	QL(30 EA per 30 days); PA
ICLUSIG TABLET 30MG	5	PA
ICLUSIG TABLET 45MG	5	PA
<i>imatinib mesylate tablet 100mg</i>	5	PA
<i>imatinib mesylate tablet 400mg</i>	5	PA
IMBRUVICA CAPSULE 140MG	5	PA
IMBRUVICA CAPSULE 70MG	5	PA
IMBRUVICA SUSPENSION 70MG/ML	5	PA
IMBRUVICA TABLET 140MG	5	PA
IMBRUVICA TABLET 280MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABLET 420MG	5	PA
IMBRUVICA TABLET 560MG	5	PA
INLYTA TABLET 1MG	5	PA
INLYTA TABLET 5MG	5	PA
INQOVI TABLET 100MG; 35MG	5	PA
IRESSA TABLET 250MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAKAFI TABLET 15MG	5	PA
JAKAFI TABLET 20MG	5	PA
JAKAFI TABLET 25MG	5	PA
JAKAFI TABLET 5MG	5	PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE 10MG	5	PA
KOSELUGO CAPSULE 25MG	5	PA
<i>lapatinib ditosylate tablet 250mg</i>	5	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LORBRENA TABLET 100MG	5	PA
LORBRENA TABLET 25MG	5	PA
LYNPARZA TABLET 100MG	5	PA
LYNPARZA TABLET 150MG	5	PA
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA
MEKINIST TABLET 0.5MG	5	PA
MEKINIST TABLET 2MG	5	PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPSULE 200MG	5	PA
OJJAARA TABLET 100MG	5	PA
OJJAARA TABLET 150MG	5	PA
OJJAARA TABLET 200MG	5	PA
<i>pazopanib hydrochloride tablet 200mg</i>	5	PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA
REZLIDHIA CAPSULE 150MG	5	PA
ROZLYTREK CAPSULE 100MG	5	PA
ROZLYTREK CAPSULE 200MG	5	PA
RUBRACA TABLET 200MG	5	PA
RUBRACA TABLET 250MG	5	PA
RUBRACA TABLET 300MG	5	PA
RYDAPT CAPSULE 25MG	5	PA
<i>sorafenib tosylate tablet 200mg</i>	5	PA
<i>sorafenib tablet 200mg</i>	5	PA
SPRYCEL TABLET 100MG	5	PA
SPRYCEL TABLET 140MG	5	PA
SPRYCEL TABLET 20MG	5	PA
SPRYCEL TABLET 50MG	5	PA
SPRYCEL TABLET 70MG	5	PA
SPRYCEL TABLET 80MG	5	PA
STIVARGA TABLET 40MG	5	PA
<i>sunitinib malate capsule 12.5mg</i>	5	PA
<i>sunitinib malate capsule 25mg</i>	5	PA
<i>sunitinib malate capsule 37.5mg</i>	5	PA
<i>sunitinib malate capsule 50mg</i>	5	PA
TAFINLAR CAPSULE 50MG	5	PA
TAFINLAR CAPSULE 75MG	5	PA
TAFINLAR TABLET SOLUBLE 10MG	5	PA
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA
TAGRISSO TABLET 80MG	5	PA
TALZENNA CAPSULE 0.1MG	5	PA
TALZENNA CAPSULE 0.25MG	5	PA
TALZENNA CAPSULE 0.35MG	5	PA
TALZENNA CAPSULE 0.5MG	5	PA
TALZENNA CAPSULE 0.75MG	5	PA
TALZENNA CAPSULE 1MG	5	PA
TASIGNA CAPSULE 150MG	5	PA
TASIGNA CAPSULE 200MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPSULE 50MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
TURALIO CAPSULE 125MG	5	PA
TURALIO CAPSULE 200MG	5	PA
UKONIQ TABLET 200MG	5	PA
VANFLYTA TABLET 17.7MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA
VENCLEXTA TABLET 100MG	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 50MG	5	PA
VERZENIO TABLET 100MG	5	PA
VERZENIO TABLET 150MG	5	PA
VERZENIO TABLET 200MG	5	PA
VERZENIO TABLET 50MG	5	PA
VITRAKVI CAPSULE 100MG	5	PA
VITRAKVI CAPSULE 25MG	5	PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG	5	PA
VIZIMPRO TABLET 30MG	5	PA
VIZIMPRO TABLET 45MG	5	PA
VOTRIENT TABLET 200MG	5	PA
WELIREG TABLET 40MG	5	PA
XALKORI CAPSULE 200MG	5	PA
XALKORI CAPSULE 250MG	5	PA
XOSPATA TABLET 40MG	5	PA
ZEJULA CAPSULE 100MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZEJULA TABLET 200MG	5	PA
ZEJULA TABLET 300MG	5	PA
ZELBORAF TABLET 240MG	5	PA
ZYDELIG TABLET 100MG	5	PA
ZYDELIG TABLET 150MG	5	PA
ZYKADIA CAPSULE 150MG	5	PA
ZYKADIA TABLET 150MG	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA INJECTION 40MG/10ML	5	PA
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA
JEMPERLI INJECTION 500MG/10ML	5	PA
KANJINTI INJECTION 150MG	5	PA
KANJINTI INJECTION 420MG	5	PA
MONJUVI INJECTION 200MG	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
MVASI INJECTION 100MG/4ML	5	PA
MVASI INJECTION 400MG/16ML	5	PA
POLIVY INJECTION 140MG	5	PA
POLIVY INJECTION 30MG	5	PA
RUXIENCE INJECTION 100MG/10ML	5	PA
RUXIENCE INJECTION 500MG/50ML	5	PA
RYBREVANT INJECTION 350MG/7ML	5	PA
SARCLISA INJECTION 100MG/5ML	5	PA
SARCLISA INJECTION 500MG/25ML	5	PA
TIVDAK INJECTION 40MG	5	PA
TRAZIMERA INJECTION 150MG	5	PA
TRAZIMERA INJECTION 420MG	5	PA
TRODELVY INJECTION 180MG	5	PA
ZIRABEV INJECTION 100MG/4ML	5	PA
ZIRABEV INJECTION 400MG/16ML	5	PA
ZYNLONTA INJECTION 10MG	5	PA
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
PANRETIN GEL 0.1%	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium injection 500mg</i>	4	
<i>leucovorin calcium tablet 10mg</i>	3	
<i>leucovorin calcium tablet 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	3	
<i>leucovorin calcium tablet 5mg</i>	3	
MESNEX TABLET 400MG	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	5	
<i>ivermectin tablet 3mg</i>	3	PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	3	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	3	
<i>atovaquone suspension 750mg/5ml</i>	4	
BENZNIDAZOLE TABLET 100MG	4	
BENZNIDAZOLE TABLET 12.5MG	4	
<i>chloroquine phosphate tablet 250mg</i>	3	
<i>chloroquine phosphate tablet 500mg</i>	3	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	3	
<i>pentamidine isethionate solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg</i>	2	
<i>benztropine mesylate tablet 1mg</i>	2	
<i>benztropine mesylate tablet 2mg</i>	2	
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg</i>	4	
<i>trihexyphenidyl hydrochloride tablet 5mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
KYNMOBI TITRATION KIT KIT 0	5	QL(20 EA per 365 days); PA
KYNMOBI FILM 10MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 15MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 20MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 25MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 30MG	5	QL(150 EA per 30 days); PA
NEUPRO PATCH 24 HOUR 1MG/24HR	4	
NEUPRO PATCH 24 HOUR 2MG/24HR	4	
NEUPRO PATCH 24 HOUR 3MG/24HR	4	
NEUPRO PATCH 24 HOUR 4MG/24HR	4	
NEUPRO PATCH 24 HOUR 6MG/24HR	4	
NEUPRO PATCH 24 HOUR 8MG/24HR	4	
<i>pramipexole dihydrochloride tablet 0.125mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.25mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.75mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride tablet 1.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 1mg</i>	2	
<i>ropinirole hcl tablet 0.5mg</i>	2	
<i>ropinirole hcl tablet 1mg</i>	2	
<i>ropinirole hcl tablet 2mg</i>	2	
<i>ropinirole hcl tablet 4mg</i>	2	
<i>ropinirole hcl tablet 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg</i>	2	
<i>ropinirole hydrochloride tablet 3mg</i>	2	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG	4	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25MG; 145MG	4	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75MG; 195MG	4	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet 0.5mg</i>	4	
<i>rasagiline mesylate tablet 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet 100mg</i>	4	
<i>chlorpromazine hcl tablet 10mg</i>	4	
<i>chlorpromazine hcl tablet 200mg</i>	4	
<i>chlorpromazine hcl tablet 25mg</i>	4	
<i>chlorpromazine hcl tablet 50mg</i>	4	
<i>chlorpromazine hydrochloride concentrate 100mg/ml</i>	4	
<i>chlorpromazine hydrochloride concentrate 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hydrochloride tablet 10mg</i>	4	
<i>chlorpromazine hydrochloride tablet 200mg</i>	4	
<i>chlorpromazine hydrochloride tablet 25mg</i>	4	
<i>chlorpromazine hydrochloride tablet 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hcl injection 2.5mg/ml</i>	4	
<i>fluphenazine hcl tablet 10mg</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hcl tablet 2.5mg</i>	4	
<i>fluphenazine hcl tablet 5mg</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	3	
<i>haloperidol decanoate injection 100mg/ml</i>	3	
<i>haloperidol decanoate injection 50mg/ml</i>	3	
<i>haloperidol decanoate injection 50mg/ml</i>	3	
<i>haloperidol lactate injection 5mg/ml</i>	3	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>loxapine capsule 10mg</i>	2	
<i>loxapine capsule 25mg</i>	2	
<i>loxapine capsule 50mg</i>	2	
<i>loxapine capsule 5mg</i>	2	
<i>molindone hydrochloride tablet 10mg</i>	4	
<i>molindone hydrochloride tablet 25mg</i>	4	
<i>molindone hydrochloride tablet 5mg</i>	4	
<i>perphenazine tablet 16mg</i>	4	
<i>perphenazine tablet 2mg</i>	3	
<i>perphenazine tablet 4mg</i>	3	
<i>perphenazine tablet 8mg</i>	4	
<i>pimozide tablet 1mg</i>	4	
<i>pimozide tablet 2mg</i>	4	
<i>thioridazine hcl tablet 100mg</i>	3	
<i>thioridazine hcl tablet 10mg</i>	3	
<i>thioridazine hcl tablet 25mg</i>	3	
<i>thioridazine hcl tablet 50mg</i>	3	
<i>thiothixene capsule 10mg</i>	3	
<i>thiothixene capsule 1mg</i>	3	
<i>thiothixene capsule 2mg</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene capsule 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hcl tablet 2mg</i>	3	
<i>trifluoperazine hcl tablet 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 15mg</i>	5	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>aripiprazole tablet 15mg</i>	2	QL(30 EA per 30 days)
<i>aripiprazole tablet 20mg</i>	2	QL(30 EA per 30 days)
<i>aripiprazole tablet 2mg</i>	2	QL(30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	2	QL(30 EA per 30 days)
<i>aripiprazole tablet 5mg</i>	2	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	
ARISTADA INJECTION 441MG/1.6ML	5	
ARISTADA INJECTION 662MG/2.4ML	5	
ARISTADA INJECTION 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 2.5mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG	5	QL(30 EA per 30 days); PA
CAPLYTA CAPSULE 21MG	5	QL(30 EA per 30 days); PA
CAPLYTA CAPSULE 42MG	5	QL(30 EA per 30 days); PA
FANAPT TITRATION PACK TABLET 0	4	QL(8 EA per 180 days); ST
FANAPT TABLET 10MG	5	QL(60 EA per 30 days); ST
FANAPT TABLET 12MG	5	QL(60 EA per 30 days); ST
FANAPT TABLET 1MG	5	QL(60 EA per 30 days); ST
FANAPT TABLET 2MG	5	QL(60 EA per 30 days); ST
FANAPT TABLET 4MG	5	QL(60 EA per 30 days); ST
FANAPT TABLET 6MG	5	QL(60 EA per 30 days); ST
FANAPT TABLET 8MG	5	QL(60 EA per 30 days); ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
LATUDA TABLET 120MG	5	QL(30 EA per 30 days)
LATUDA TABLET 20MG	5	QL(30 EA per 30 days)
LATUDA TABLET 40MG	5	QL(30 EA per 30 days)
LATUDA TABLET 60MG	5	QL(30 EA per 30 days)
LATUDA TABLET 80MG	5	QL(60 EA per 30 days)
<i>lurasidone hydrochloride tablet 120mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL(30 EA per 30 days); ST
LYBALVI TABLET 15MG; 10MG	5	QL(30 EA per 30 days); ST
LYBALVI TABLET 20MG; 10MG	5	QL(30 EA per 30 days); ST
LYBALVI TABLET 5MG; 10MG	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE 34MG	5	PA
NUPLAZID TABLET 10MG	5	PA
NUPLAZID TABLET 17MG	5	PA
<i>olanzapine odt tablet disintegrating 10mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 15mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 20mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 5mg</i>	3	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 15mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 20mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 7.5mg</i>	2	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 3mg</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)
<i>paliperidone er tablet extended release 24 hour 9mg</i>	4	QL(30 EA per 30 days)
PERSERIS INJECTION 120MG	5	
PERSERIS INJECTION 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</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 er tablet extended release 24 hour 300mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	2	QL(60 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 25mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG	5	QL(30 EA per 30 days)
REXULTI TABLET 0.5MG	5	QL(30 EA per 30 days)
REXULTI TABLET 1MG	5	QL(30 EA per 30 days)
REXULTI TABLET 2MG	5	QL(30 EA per 30 days)
REXULTI TABLET 3MG	5	QL(30 EA per 30 days)
REXULTI TABLET 4MG	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	3	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 2mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 3mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	4	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tablet 0.5mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tablet 1mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tablet 2mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tablet 3mg</i>	1	QL(60 EA per 30 days)
<i>risperidone tablet 4mg</i>	1	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL(30 EA per 30 days); ST
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL(30 EA per 30 days); ST
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK 0	4	QL(14 EA per 365 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE 3MG	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE 4.5MG	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE 6MG	5	QL(30 EA per 30 days); ST
<i>ziprasidone hcl capsule 20mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 40mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 60mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 300MG	5	
ZYPREXA RELPREVV INJECTION 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg</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 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 25mg</i>	2	QL(270 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg</i>	4	
<i>dantrolene sodium capsule 25mg</i>	4	
<i>dantrolene sodium capsule 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir injection 75mg/ml</i>	5	
<i>ganciclovir injection 500mg/10ml</i>	2	B/D
<i>ganciclovir injection 500mg</i>	2	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS INJECTION 240MG/12ML	5	
PREVYMIS INJECTION 480MG/24ML	5	
PREVYMIS TABLET 240MG	5	
PREVYMIS TABLET 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg</i>	4	QL(30 EA per 30 days)
<i>entecavir tablet 1mg</i>	4	QL(30 EA per 30 days)
EPIVIR HBV SOLUTION 5MG/ML	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY TABLET 25MG	5	
Anti-hepatitis C (HCV) Agents		

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir tablet 400mg; 100mg</i>	5	QL(84 EA per 365 days); PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INJECTION 600MG/3ML	5	
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL(30 EA per 30 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	
ISENTRESS PACKET 100MG	5	
ISENTRESS TABLET CHEWABLE 100MG	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET 400MG	5	
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG	5	
TIVICAY TABLET 50MG	5	
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL(30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABLET 25MG	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg</i>	4	
<i>efavirenz capsule 50mg</i>	4	
<i>efavirenz tablet 600mg</i>	4	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine suspension 50mg/5ml</i>	3	
<i>nevirapine tablet 200mg</i>	3	
PIFELTRO TABLET 100MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	4	
<i>abacavir tablet 300mg</i>	4	
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 200MG; 25MG	5	QL(30 EA per 30 days)
<i>didanosine capsule delayed release 200mg</i>	4	
<i>didanosine capsule delayed release 250mg</i>	4	
<i>didanosine capsule delayed release 400mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	2	
EMTRIVA SOLUTION 10MG/ML	4	
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg</i>	3	
<i>lamivudine tablet 300mg</i>	3	
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
<i>stavudine capsule 15mg</i>	4	
<i>stavudine capsule 20mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 40mg</i>	4	
TEMIXYS TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	4	
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 4GM	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG	5	
VIREAD TABLET 200MG	5	
VIREAD TABLET 250MG	5	
<i>zidovudine capsule 100mg</i>	3	
<i>zidovudine syrup 50mg/5ml</i>	3	
<i>zidovudine tablet 300mg</i>	3	
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg</i>	5	
<i>maraviroc tablet 300mg</i>	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
APTIVUS SOLUTION 100MG/ML	5	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	
<i>darunavir tablet 600mg</i>	4	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	4	
NORVIR SOLUTION 80MG/ML	4	
PREZCOBIX TABLET 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	
PREZISTA TABLET 150MG	4	
PREZISTA TABLET 600MG	5	
PREZISTA TABLET 75MG	4	
PREZISTA TABLET 800MG	5	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 250MG	5	
VIRACEPT TABLET 625MG	5	
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	2	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<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 capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
<i>rimantadine hydrochloride tablet 100mg</i>	3	
TAMIFLU CAPSULE 30MG	4	QL(168 EA per 365 days)
TAMIFLU CAPSULE 45MG	4	QL(84 EA per 365 days)
TAMIFLU CAPSULE 75MG	4	QL(110 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	4	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
Antitherpetic 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</i>	2	
<i>acyclovir tablet 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	3	
<i>famciclovir tablet 250mg</i>	3	
<i>famciclovir tablet 500mg</i>	3	
<i>valacyclovir hcl tablet 1gm</i>	3	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hcl tablet 30mg</i>	4	
<i>bupirone hydrochloride tablet 10mg</i>	1	
<i>bupirone hydrochloride tablet 5mg</i>	1	
<i>bupirone hydrochloride tablet 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule 100mg</i>	4	
<i>hydroxyzine pamoate capsule 25mg</i>	4	
<i>hydroxyzine pamoate capsule 50mg</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	1	QL(120 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tablet 1mg</i>	1	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL(150 EA per 30 days)
<i>clordiazepoxide hcl capsule 10mg</i>	2	QL(900 EA per 30 days)
<i>clordiazepoxide hcl capsule 5mg</i>	2	QL(120 EA per 30 days)
<i>clordiazepoxide hydrochloride capsule 25mg</i>	2	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	2	
<i>diazepam concentrate 5mg/ml</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	2	
<i>diazepam tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 0.5mg</i>	1	QL(90 EA per 30 days)
<i>lorazepam tablet 1mg</i>	1	QL(90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	1	QL(150 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg</i>	2	
<i>lithium carbonate er tablet extended release 450mg</i>	2	
<i>lithium carbonate capsule 150mg</i>	1	
<i>lithium carbonate capsule 300mg</i>	1	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet 100mg</i>	2	
<i>acarbose tablet 25mg</i>	2	
<i>acarbose tablet 50mg</i>	2	
CYCLOSET TABLET 0.8MG	4	
FARXIGA TABLET 10MG	3	
FARXIGA TABLET 5MG	3	
<i>glimepiride tablet 1mg</i>	6	
<i>glimepiride tablet 2mg</i>	6	
<i>glimepiride tablet 4mg</i>	6	
<i>glipizide er tablet extended release 24 hour 10mg</i>	6	
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	6	
<i>glipizide er tablet extended release 24 hour 5mg</i>	6	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide xl tablet extended release 24 hour 10mg</i>	6	
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	6	
<i>glipizide xl tablet extended release 24 hour 5mg</i>	6	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	6	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg</i>	6	
<i>glipizide/metformin hydrochloride tablet 5mg; 500mg</i>	6	
<i>glipizide tablet 10mg</i>	6	
<i>glipizide tablet 2.5mg</i>	6	
<i>glipizide tablet 5mg</i>	6	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	6	
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg</i>	6	
<i>glyburide/metformin hydrochloride tablet 5mg; 500mg</i>	6	
<i>glyburide tablet 1.25mg</i>	6	
<i>glyburide tablet 2.5mg</i>	6	
<i>glyburide tablet 5mg</i>	6	
GLYXAMBI TABLET 10MG; 5MG	3	
GLYXAMBI TABLET 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG	3	
JANUMET TABLET 500MG; 50MG	3	
JANUVIA TABLET 100MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 25MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 50MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	
JARDIANCE TABLET 25MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 500MG	3	
JENTADUETO TABLET 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	6	
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg</i>	6	
<i>metformin hydrochloride tablet 500mg</i>	6	
<i>metformin hydrochloride tablet 850mg</i>	6	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJECTION 10MG/0.5ML	3	QL(2 ML per 28 days); ST
MOUNJARO INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); ST
MOUNJARO INJECTION 15MG/0.5ML	3	QL(2 ML per 28 days); ST
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL(2 ML per 28 days); ST
MOUNJARO INJECTION 5MG/0.5ML	3	QL(2 ML per 28 days); ST
MOUNJARO INJECTION 7.5MG/0.5ML	3	QL(2 ML per 28 days); ST
<i>nateglinide tablet 120mg</i>	6	
<i>nateglinide tablet 60mg</i>	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); ST
OZEMPIC INJECTION 2MG/1.5ML	3	QL(3 ML per 28 days); ST
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); ST
OZEMPIC INJECTION 4MG/3ML	3	QL(3 ML per 28 days); ST
OZEMPIC INJECTION 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); ST
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	6	
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg</i>	6	
<i>pioglitazone hydrochloride tablet 30mg</i>	6	
<i>repaglinide tablet 0.5mg</i>	6	
<i>repaglinide tablet 1mg</i>	6	
<i>repaglinide tablet 2mg</i>	6	
RYBELSUS TABLET 14MG	3	QL(30 EA per 30 days); ST
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); ST
RYBELSUS TABLET 7MG	3	QL(30 EA per 30 days); ST
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	ST; SI
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	PA
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 500MG	3	
SYNJARDY TABLET 5MG; 1000MG	3	
SYNJARDY TABLET 5MG; 500MG	3	
<i>tolazamide tablet 250mg</i>	1	
<i>tolazamide tablet 500mg</i>	1	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	
TRULICITY INJECTION 0.75MG/0.5ML	3	QL(2 ML per 28 days); ST
TRULICITY INJECTION 1.5MG/0.5ML	3	QL(2 ML per 28 days); ST
TRULICITY INJECTION 3MG/0.5ML	3	QL(2 ML per 28 days); ST
TRULICITY INJECTION 4.5MG/0.5ML	3	QL(2 ML per 28 days); ST
VICTOZA INJECTION 18MG/3ML	3	QL(9 ML per 30 days); ST
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJECTION 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
Insulins		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	SI
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	SI
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	SI
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	SI

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	SI
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	SI
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	SI
HUMALOG INJECTION 100UNIT/ML	3	SI
HUMALOG INJECTION 100UNIT/ML	3	SI
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	SI
HUMULIN N INJECTION 100UNIT/ML	3	SI
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	SI
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	SI
HUMULIN R INJECTION 100UNIT/ML	3	SI
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	SI
LANTUS INJECTION 100UNIT/ML	3	SI
LEVEMIR FLEXPEN INJECTION 100UNIT/ML	3	SI
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	SI
LEVEMIR INJECTION 100UNIT/ML	3	SI
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	SI
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	SI
LYUMJEV INJECTION 100UNIT/ML	3	SI
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	SI
NOVOLIN N INJECTION 100UNIT/ML	3	SI
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	SI
NOVOLIN R INJECTION 100UNIT/ML	3	SI
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	SI
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	SI
NOVOLOG INJECTION 100UNIT/ML	3	SI
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	SI
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	SI
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	SI
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	SI
TRESIBA INJECTION 100UNIT/ML	3	SI

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	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 injection 100mg/ml</i>	4	
<i>enoxaparin sodium injection 120mg/0.8ml</i>	4	
<i>enoxaparin sodium injection 150mg/ml</i>	4	
<i>enoxaparin sodium injection 300mg/3ml</i>	4	
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	
<i>enoxaparin sodium injection 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 5mg/0.4ml</i>	5	
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 10000UNIT/ML	5	
FRAGMIN INJECTION 12500UNIT/0.5ML	5	
FRAGMIN INJECTION 15000UNIT/0.6ML	5	
FRAGMIN INJECTION 18000UNT/0.72ML	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 5000UNIT/0.2ML	5	
FRAGMIN INJECTION 7500UNIT/0.3ML	5	
FRAGMIN INJECTION 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	
<i>jantoven tablet 3mg</i>	1	
<i>jantoven tablet 4mg</i>	1	
<i>jantoven tablet 5mg</i>	1	
<i>jantoven tablet 6mg</i>	1	
<i>jantoven tablet 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg</i>	1	
<i>warfarin sodium tablet 1mg</i>	1	
<i>warfarin sodium tablet 2.5mg</i>	1	
<i>warfarin sodium tablet 2mg</i>	1	
<i>warfarin sodium tablet 3mg</i>	1	
<i>warfarin sodium tablet 4mg</i>	1	
<i>warfarin sodium tablet 5mg</i>	1	
<i>warfarin sodium tablet 6mg</i>	1	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tablet 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(60 EA per 30 days)
XARELTO TABLET 20MG	3	QL(30 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg</i>	3	
<i>anagrelide hydrochloride capsule 1mg</i>	3	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA
OXBRYTA TABLET SOLUBLE 300MG	5	QL(240 EA per 30 days); PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML	5	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA
PROCRIT INJECTION 3000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	PA
PROMACTA PACKET 25MG	5	PA
PROMACTA TABLET 12.5MG	5	PA
PROMACTA TABLET 25MG	5	PA
PROMACTA TABLET 50MG	5	PA
PROMACTA TABLET 75MG	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 20MG	5	QL(60 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML	4	PA
RETACRIT INJECTION 20000UNIT/2ML	4	PA
RETACRIT INJECTION 20000UNIT/ML	4	PA
RETACRIT INJECTION 2000UNIT/ML	4	PA
RETACRIT INJECTION 3000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
RETACRIT INJECTION 4000UNIT/ML	4	PA
ROLVEDON INJECTION 13.2MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE ER CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	
ASPIRIN/DIPYRIDAMOLE CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	
BRILINTA TABLET 60MG	3	
BRILINTA TABLET 90MG	3	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>prasugrel tablet 10mg</i>	2	
<i>prasugrel tablet 5mg</i>	2	
TAVALISSE TABLET 100MG	5	PA
TAVALISSE TABLET 150MG	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.2mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.3mg/24hr</i>	4	
<i>clonidine hydrochloride tablet 0.1mg</i>	1	
<i>clonidine hydrochloride tablet 0.2mg</i>	1	
<i>clonidine hydrochloride tablet 0.3mg</i>	1	
<i>droxidopa capsule 100mg</i>	5	PA
<i>droxidopa capsule 200mg</i>	5	PA
<i>droxidopa capsule 300mg</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg</i>	4	
<i>guanfacine hydrochloride tablet 2mg</i>	4	
<i>methyldopa tablet 250mg</i>	4	
<i>methyldopa tablet 500mg</i>	4	
<i>midodrine hcl tablet 10mg</i>	2	
<i>midodrine hcl tablet 2.5mg</i>	2	
<i>midodrine hcl tablet 5mg</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg</i>	2	
<i>prazosin hydrochloride capsule 2mg</i>	2	
<i>prazosin hydrochloride capsule 5mg</i>	2	
<i>terazosin hcl capsule 10mg</i>	2	
<i>terazosin hcl capsule 1mg</i>	2	
<i>terazosin hcl capsule 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	6	
<i>candesartan cilexetil tablet 32mg</i>	6	
<i>candesartan cilexetil tablet 4mg</i>	6	
<i>candesartan cilexetil tablet 8mg</i>	6	
<i>irbesartan tablet 150mg</i>	6	
<i>irbesartan tablet 300mg</i>	6	
<i>irbesartan tablet 75mg</i>	6	
<i>losartan potassium tablet 100mg</i>	6	
<i>losartan potassium tablet 25mg</i>	6	
<i>losartan potassium tablet 50mg</i>	6	
<i>olmesartan medoxomil tablet 20mg</i>	6	
<i>olmesartan medoxomil tablet 40mg</i>	6	
<i>olmesartan medoxomil tablet 5mg</i>	6	
<i>telmisartan tablet 20mg</i>	6	
<i>telmisartan tablet 40mg</i>	6	
<i>telmisartan tablet 80mg</i>	6	
<i>valsartan tablet 160mg</i>	6	
<i>valsartan tablet 320mg</i>	6	
<i>valsartan tablet 40mg</i>	6	
<i>valsartan tablet 80mg</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg</i>	6	
<i>benazepril hcl tablet 40mg</i>	6	
<i>benazepril hcl tablet 5mg</i>	6	
<i>benazepril hydrochloride tablet 20mg</i>	6	
<i>captopril tablet 100mg</i>	6	
<i>captopril tablet 12.5mg</i>	6	
<i>captopril tablet 25mg</i>	6	
<i>captopril tablet 50mg</i>	6	
<i>enalapril maleate tablet 10mg</i>	6	
<i>enalapril maleate tablet 2.5mg</i>	6	
<i>enalapril maleate tablet 20mg</i>	6	
<i>enalapril maleate tablet 5mg</i>	6	
<i>fosinopril sodium tablet 10mg</i>	6	
<i>fosinopril sodium tablet 20mg</i>	6	
<i>fosinopril sodium tablet 40mg</i>	6	
<i>lisinopril tablet 10mg</i>	6	
<i>lisinopril tablet 2.5mg</i>	6	
<i>lisinopril tablet 20mg</i>	6	
<i>lisinopril tablet 30mg</i>	6	
<i>lisinopril tablet 40mg</i>	6	
<i>lisinopril tablet 5mg</i>	6	
<i>moexipril hcl tablet 15mg</i>	6	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
 Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tablet 7.5mg</i>	2	
<i>perindopril erbumine tablet 2mg</i>	6	
<i>perindopril erbumine tablet 4mg</i>	6	
<i>perindopril erbumine tablet 8mg</i>	6	
<i>quinapril hcl tablet 20mg</i>	6	
<i>quinapril hcl tablet 40mg</i>	6	
<i>quinapril hydrochloride tablet 10mg</i>	6	
<i>quinapril hydrochloride tablet 20mg</i>	6	
<i>quinapril hydrochloride tablet 40mg</i>	6	
<i>quinapril hydrochloride tablet 5mg</i>	6	
<i>ramipril capsule 1.25mg</i>	6	
<i>ramipril capsule 10mg</i>	6	
<i>ramipril capsule 2.5mg</i>	6	
<i>ramipril capsule 5mg</i>	6	
<i>trandolapril tablet 1mg</i>	6	
<i>trandolapril tablet 2mg</i>	6	
<i>trandolapril tablet 4mg</i>	6	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 400mg</i>	4	
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg</i>	2	
<i>digoxin tablet 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	2	
<i>digox tablet 125mcg</i>	2	
<i>digox tablet 250mcg</i>	2	
<i>disopyramide phosphate capsule 100mg</i>	4	
<i>disopyramide phosphate capsule 150mg</i>	4	
<i>dofetilide capsule 125mcg</i>	4	
<i>dofetilide capsule 250mcg</i>	4	
<i>dofetilide capsule 500mcg</i>	4	
<i>flecainide acetate tablet 100mg</i>	2	
<i>flecainide acetate tablet 150mg</i>	2	
<i>flecainide acetate tablet 50mg</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hcl capsule 250mg</i>	4	
<i>pacerone tablet 100mg</i>	3	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 400mg</i>	3	
<i>propafenone hcl tablet 150mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tablet 225mg</i>	2	
<i>propafenone hcl tablet 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 325mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 425mg</i>	4	
<i>quinidine sulfate tablet 200mg</i>	2	
<i>quinidine sulfate tablet 300mg</i>	2	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 240mg</i>	2	
<i>sorine tablet 80mg</i>	2	
<i>sotalol hcl tablet 120mg</i>	2	
<i>sotalol hcl tablet 160mg</i>	2	
<i>sotalol hcl tablet 240mg</i>	2	
<i>sotalol hcl tablet 80mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg</i>	2	
<i>sotalol hydrochloride (af) tablet 160mg</i>	2	
<i>sotalol hydrochloride (af) tablet 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride capsule 200mg</i>	2	
<i>acebutolol hydrochloride capsule 400mg</i>	2	
<i>atenolol tablet 100mg</i>	1	
<i>atenolol tablet 25mg</i>	1	
<i>atenolol tablet 50mg</i>	1	
<i>betaxolol hcl tablet 10mg</i>	3	
<i>betaxolol hcl tablet 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg</i>	2	
<i>bisoprolol fumarate tablet 5mg</i>	2	
<i>carvedilol phosphate er capsule extended release 24 hour 10mg</i>	4	
<i>carvedilol phosphate er capsule extended release 24 hour 20mg</i>	4	
<i>carvedilol phosphate er capsule extended release 24 hour 40mg</i>	4	
<i>carvedilol phosphate er capsule extended release 24 hour 80mg</i>	4	
<i>carvedilol tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tablet 3.125mg</i>	1	
<i>carvedilol tablet 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg</i>	2	
<i>labetalol hydrochloride tablet 200mg</i>	2	
<i>labetalol hydrochloride tablet 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg</i>	1	
<i>metoprolol tartrate tablet 25mg</i>	1	
<i>metoprolol tartrate tablet 37.5mg</i>	1	
<i>metoprolol tartrate tablet 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg</i>	3	
<i>nadolol tablet 40mg</i>	3	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride tablet 10mg</i>	4	
<i>nebivolol hydrochloride tablet 2.5mg</i>	4	
<i>nebivolol hydrochloride tablet 20mg</i>	4	
<i>nebivolol hydrochloride tablet 5mg</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>pindolol tablet 10mg</i>	3	
<i>pindolol tablet 5mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg</i>	2	
<i>propranolol hydrochloride tablet 20mg</i>	2	
<i>propranolol hydrochloride tablet 60mg</i>	2	
<i>propranolol hydrochloride tablet 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg</i>	1	
<i>amlodipine besylate tablet 2.5mg</i>	1	
<i>amlodipine besylate tablet 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg</i>	2	
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	2	
<i>felodipine er tablet extended release 24 hour 5mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl capsule 20mg</i>	4	
<i>nicardipine hcl capsule 30mg</i>	4	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	
DILTIAZEM HCL CD CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 240mg</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 300mg</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 360mg</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg</i>	2	
<i>diltiazem hcl tablet 60mg</i>	2	
<i>diltiazem hcl tablet 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
DILTIAZEM HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
DILTIAZEM HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
DILTIAZEM HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg</i>	4	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg</i>	4	
<i>diltiazem hydrochloride er tablet extended release 24 hour 240mg</i>	4	
<i>diltiazem hydrochloride er tablet extended release 24 hour 300mg</i>	4	
<i>diltiazem hydrochloride er tablet extended release 24 hour 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la tablet extended release 24 hour 180mg</i>	4	
<i>matzim la tablet extended release 24 hour 240mg</i>	4	
<i>matzim la tablet extended release 24 hour 300mg</i>	4	
<i>matzim la tablet extended release 24 hour 360mg</i>	4	
<i>matzim la tablet extended release 24 hour 420mg</i>	4	
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 180mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 240mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 300mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er tablet extended release 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	3	
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	4	
<i>verapamil hcl tablet 40mg</i>	2	
<i>verapamil hcl tablet 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 125mg</i>	3	
<i>acetazolamide tablet 250mg</i>	3	
<i>aliskiren tablet 150mg</i>	6	
<i>aliskiren tablet 300mg</i>	6	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg</i>	6	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg</i>	6	
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	6	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg</i>	6	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg</i>	6	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg</i>	6	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg</i>	6	
<i>amlodipine besylate/valsartan tablet 10mg; 320mg</i>	6	
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	6	
<i>amlodipine besylate/valsartan tablet 5mg; 320mg</i>	6	
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	2	
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	2	
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg</i>	6	
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 12.5mg</i>	6	
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 25mg</i>	6	
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	6	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	6	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg</i>	6	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	
CAMZYOS CAPSULE 10MG	5	QL(30 EA per 30 days); PA
CAMZYOS CAPSULE 15MG	5	QL(30 EA per 30 days); PA
CAMZYOS CAPSULE 2.5MG	5	QL(30 EA per 30 days); PA
CAMZYOS CAPSULE 5MG	5	QL(30 EA per 30 days); PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	6	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg</i>	6	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>	6	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg</i>	6	
<i>captopril/hydrochlorothiazide tablet 25mg; 25mg</i>	6	
<i>captopril/hydrochlorothiazide tablet 50mg; 15mg</i>	6	
<i>captopril/hydrochlorothiazide tablet 50mg; 25mg</i>	6	
CORLANOR SOLUTION 5MG/5ML	4	QL(450 ML per 30 days); PA
CORLANOR TABLET 5MG	4	QL(60 EA per 30 days); PA
CORLANOR TABLET 7.5MG	4	QL(60 EA per 30 days); PA
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	6	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	6	
ENTRESTO TABLET 24MG; 26MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 97MG; 103MG	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	6	
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	6	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	6	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	6	
KERENDIA TABLET 10MG	4	QL(30 EA per 30 days); PA
KERENDIA TABLET 20MG	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	6	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	6	
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	6	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	6	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	6	
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	6	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	6	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg</i>	6	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg</i>	6	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	6	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	6	
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	6	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	2	
<i>ranolazine er tablet extended release 12 hour 500mg</i>	2	
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	6	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	6	
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	6	
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg</i>	6	
<i>trandolapril/verapamil hcl er tablet extended release 2mg; 180mg</i>	6	
<i>trandolapril/verapamil hcl er tablet extended release 2mg; 240mg</i>	6	
<i>trandolapril/verapamil hcl er tablet extended release 4mg; 240mg</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	6	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	6	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	6	
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	6	
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	6	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg</i>	2	
<i>bumetanide tablet 1mg</i>	2	
<i>bumetanide tablet 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	3	
<i>furosemide solution 10mg/ml</i>	2	
<i>furosemide solution 40mg/5ml</i>	2	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>toremide tablet 100mg</i>	2	
<i>toremide tablet 10mg</i>	2	
<i>toremide tablet 20mg</i>	2	
<i>toremide tablet 5mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tablet 100mg</i>	2	
<i>spironolactone tablet 25mg</i>	2	
<i>spironolactone tablet 50mg</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide tablet 250mg</i>	2	
<i>chlorothiazide tablet 500mg</i>	2	
<i>chlorthalidone tablet 25mg</i>	2	
<i>chlorthalidone tablet 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 25mg</i>	1	
<i>hydrochlorothiazide tablet 50mg</i>	1	
<i>indapamide tablet 1.25mg</i>	2	
<i>indapamide tablet 2.5mg</i>	2	
<i>metolazone tablet 10mg</i>	2	
<i>metolazone tablet 2.5mg</i>	2	
<i>metolazone tablet 5mg</i>	2	
Dyslipidemics, Fibrin Acid Derivatives		
<i>fenofibrate micronized capsule 134mg</i>	2	
<i>fenofibrate micronized capsule 200mg</i>	2	
<i>fenofibrate micronized capsule 67mg</i>	2	
<i>fenofibrate capsule 200mg</i>	2	
<i>fenofibrate capsule 67mg</i>	2	
<i>fenofibrate tablet 145mg</i>	2	
<i>fenofibrate tablet 160mg</i>	2	
<i>fenofibrate tablet 48mg</i>	2	
<i>fenofibrate tablet 54mg</i>	2	
<i>fenofibrin acid dr capsule delayed release 135mg</i>	3	
<i>fenofibrin acid dr capsule delayed release 45mg</i>	3	
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 10mg</i>	6	
<i>atorvastatin calcium tablet 20mg</i>	6	
<i>atorvastatin calcium tablet 40mg</i>	6	
<i>atorvastatin calcium tablet 80mg</i>	6	
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	4	
<i>fluvastatin capsule 20mg</i>	4	
<i>fluvastatin capsule 40mg</i>	4	
LIVALO TABLET 1MG	4	ST
LIVALO TABLET 2MG	4	ST
LIVALO TABLET 4MG	4	ST
<i>lovastatin tablet 10mg</i>	6	
<i>lovastatin tablet 20mg</i>	6	
<i>lovastatin tablet 40mg</i>	6	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium tablet 1mg</i>	4	
<i>pitavastatin calcium tablet 2mg</i>	4	
<i>pitavastatin calcium tablet 4mg</i>	4	
<i>pravastatin sodium tablet 10mg</i>	6	
<i>pravastatin sodium tablet 20mg</i>	6	
<i>pravastatin sodium tablet 40mg</i>	6	
<i>pravastatin sodium tablet 80mg</i>	6	
<i>rosuvastatin calcium tablet 10mg</i>	6	
<i>rosuvastatin calcium tablet 20mg</i>	6	
<i>rosuvastatin calcium tablet 40mg</i>	6	
<i>rosuvastatin calcium tablet 5mg</i>	6	
<i>simvastatin tablet 10mg</i>	6	
<i>simvastatin tablet 20mg</i>	6	
<i>simvastatin tablet 40mg</i>	6	
<i>simvastatin tablet 5mg</i>	6	
<i>simvastatin tablet 80mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colestipol hcl granules 5gm</i>	4	
<i>colestipol hcl packet 5gm</i>	4	
<i>colestipol hcl tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg</i>	6	
<i>ezetimibe/simvastatin tablet 10mg; 20mg</i>	6	
<i>ezetimibe/simvastatin tablet 10mg; 40mg</i>	6	
<i>ezetimibe/simvastatin tablet 10mg; 80mg</i>	6	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm</i>	4	
<i>icosapent ethyl capsule 1gm</i>	4	
JUXTAPID CAPSULE 10MG	5	QL(30 EA per 30 days); PA
JUXTAPID CAPSULE 20MG	5	QL(60 EA per 30 days); PA
JUXTAPID CAPSULE 30MG	5	QL(60 EA per 30 days); PA
JUXTAPID CAPSULE 40MG	5	QL(30 EA per 30 days); PA
JUXTAPID CAPSULE 5MG	5	QL(30 EA per 30 days); PA
JUXTAPID CAPSULE 60MG	5	QL(30 EA per 30 days); PA
<i>niacin er tablet extended release 1000mg</i>	3	
<i>niacin er tablet extended release 500mg</i>	3	
<i>niacin er tablet extended release 750mg</i>	3	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
PRALUENT INJECTION 150MG/ML	3	QL(2 ML per 28 days); PA
PRALUENT INJECTION 75MG/ML	3	QL(2 ML per 28 days); PA
<i>prevalite packet 4gm</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR CAPSULE EXTENDED RELEASE 40MG	4	
<i>isosorbide dinitrate tablet 10mg</i>	2	
<i>isosorbide dinitrate tablet 20mg</i>	2	
<i>isosorbide dinitrate tablet 30mg</i>	2	
<i>isosorbide dinitrate tablet 5mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg</i>	2	
<i>isosorbide mononitrate tablet 20mg</i>	2	
NITRO-BID OINTMENT 2%	4	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg</i>	2	
<i>nitroglycerin tablet sublingual 0.4mg</i>	2	
<i>nitroglycerin tablet sublingual 0.6mg</i>	2	
VERQUVO TABLET 10MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 5MG	3	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	2	
<i>hydralazine hydrochloride tablet 50mg</i>	2	
<i>minoxidil tablet 10mg</i>	2	
<i>minoxidil tablet 2.5mg</i>	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	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>	4	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>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 7.5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 30mg
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 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 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 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 18mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 40mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 60mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	4	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg</i>	4	
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hydrochloride tablet extended release 24 hour 4mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 18mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 27mg</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 er tablet extended release 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 72mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABLET 12MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 6MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 9MG	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 80MG	5	QL(30 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	5	PA
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	5	PA
RADICAVA ORS SUSPENSION 105MG/5ML	5	PA
RELYVRIO PACKET 3GM; 1GM	5	QL(60 EA per 30 days); PA
<i>riluzole tablet 50mg</i>	4	PA
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	5	PA
ZTALMY SUSPENSION 50MG/ML	5	PA
Fibromyalgia Agents		
<i>pregabalin capsule 100mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 150mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 200mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 225mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 25mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 50mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABLET 100MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 12.5MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 25MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/VIAL	5	QL(4 EA per 28 days); PA
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL(120 EA per 30 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	5	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg</i>	5	QL(60 EA per 30 days); PA
<i>dimethyl fumarate capsule delayed release 240mg</i>	5	QL(60 EA per 30 days); PA
<i> fingolimod capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.25MG	5	QL(30 EA per 30 days); PA
GILENYA CAPSULE 0.5MG	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
KESIMPTA INJECTION 20MG/0.4ML	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	5	QL(30 EA per 30 days); PA
MAYZENT TABLET 2MG	5	QL(30 EA per 30 days); PA
OCREVUS INJECTION 300MG/10ML	5	PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL(2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL(4 ML per 365 days); PA
PLEGRIDY INJECTION 125MCG/0.5ML	5	QL(1 ML per 28 days); PA
PLEGRIDY INJECTION 125MCG/0.5ML	5	QL(1 ML per 28 days); PA
PLEGRIDY INJECTION 125MCG/0.5ML	5	QL(1 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE INJECTION 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJECTION 0	5	QL(8.4 ML per 365 days); PA
REBIF INJECTION 22MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF INJECTION 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
TYSABRI INJECTION 300MG/15ML	5	PA
VUMERITY CAPSULE DELAYED RELEASE 231MG	5	QL(120 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL(14 EA per 365 days); PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
ZEPOSIA CAPSULE 0.92MG	5	QL(30 EA per 30 days); PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	3	
<i>paroex solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg</i>	4	
<i>pilocarpine hydrochloride tablet 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acitretin capsule 10mg</i>	4	
<i>acitretin capsule 17.5mg</i>	4	
<i>acitretin capsule 25mg</i>	4	
<i>amnestem capsule 10mg</i>	4	
<i>amnestem capsule 20mg</i>	4	
<i>amnestem capsule 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	
<i>claravis capsule 20mg</i>	4	
<i>claravis capsule 30mg</i>	4	
<i>claravis capsule 40mg</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	3	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg</i>	4	
<i>isotretinoin capsule 20mg</i>	4	
<i>isotretinoin capsule 30mg</i>	4	
<i>isotretinoin capsule 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>myorisan capsule 10mg</i>	4	
<i>myorisan capsule 20mg</i>	4	
<i>myorisan capsule 30mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>myorisan capsule 40mg</i>	4	
<i>rosadan cream 0.75%</i>	3	
<i>rosadan gel 0.75%</i>	3	
<i>tazarotene cream 0.1%</i>	4	
<i>tazarotene gel 0.05%</i>	4	
<i>tazarotene gel 0.1%</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg</i>	4	
<i>zenatane capsule 20mg</i>	4	
<i>zenatane capsule 30mg</i>	4	
<i>zenatane capsule 40mg</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
AMCINONIDE LOTION 0.1%	4	
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
CIBINQO TABLET 100MG	5	QL(30 EA per 30 days); PA
CIBINQO TABLET 200MG	5	QL(30 EA per 30 days); PA
CIBINQO TABLET 50MG	5	QL(30 EA per 30 days); PA
<i>clobetasol propionate e cream 0.05%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	3	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	3	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</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 OINTMENT 2%	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide solution 0.01%</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 0.05%</i>	3	
<i>fluocinonide ointment 0.05%</i>	3	
<i>fluocinonide solution 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	4	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
OPZELURA CREAM 1.5%	5	QL(240 GM per 30 days); PA
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%</i>	4	
<i>tacrolimus ointment 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%</i>	2	
<i>triamcinolone acetonide ointment 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.1%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</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 2%</i>	3	
<i>fluorouracil solution 5%</i>	4	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
PICATO GEL 0.015%	5	ST
PICATO GEL 0.05%	5	ST
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL OINTMENT 2%	4	
<i>ciclodan solution 8%</i>	2	PA
<i>ciclopirox nail lacquer solution 8%</i>	2	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate solution 1%</i>	3	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	4	B/D
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	4	B/D

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/nacl 0.45% injection 5%; 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9% injection 5%; 0.9%</i>	3	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con sprinkle capsule extended release 10meq</i>	2	
<i>klor-con sprinkle capsule extended release 8meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq</i>	2	
<i>potassium chloride er capsule extended release 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 8meq</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride solution 10%</i>	4	
<i>potassium chloride solution 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg</i>	4	
<i>potassium citrate er tablet extended release 15meq</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate er tablet extended release 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%</i>	3	
<i>sodium chloride injection 0.9%</i>	3	
XENPOZYME INJECTION 20MG	5	PA
XENPOZYME INJECTION 4MG	5	PA
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET CAPSULE 100MG	5	
<i>clovique capsule 250mg</i>	5	PA
<i>deferasirox packet 180mg</i>	5	PA
<i>deferasirox packet 360mg</i>	5	PA
<i>deferasirox packet 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	5	PA
<i>deferasirox tablet soluble 250mg</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	4	PA
<i>deferasirox tablet 180mg</i>	5	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferiprone tablet 1000mg</i>	5	PA
<i>deferiprone tablet 500mg</i>	5	PA
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
AURYXIA TABLET 210MG	5	PA
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>lanthanum carbonate tablet chewable 1000mg</i>	4	
<i>lanthanum carbonate tablet chewable 500mg</i>	4	
<i>lanthanum carbonate tablet chewable 750mg</i>	4	
<i>sevelamer carbonate packet 0.8gm</i>	5	
<i>sevelamer carbonate packet 2.4gm</i>	5	
<i>sevelamer carbonate tablet 800mg</i>	4	
VELPHORO TABLET CHEWABLE 500MG	5	
<i>Potassium Binders</i>		
<i>kionex suspension 15gm/60ml</i>	4	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	4	
<i>sodium polystyrene sulfonate suspension 30gm/120ml</i>	4	
<i>sodium polystyrene sulfonate suspension 50gm/200ml</i>	4	
<i>sps suspension 15gm/60ml</i>	3	
<i>veltassa packet 16.8gm</i>	5	
<i>veltassa packet 25.2gm</i>	5	
<i>veltassa packet 8.4gm</i>	5	
<i>Vitamins</i>		

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 290MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 72MCG	3	QL(30 EA per 30 days)
LUBIPROSTONE CAPSULE 24MCG	4	QL(60 EA per 30 days)
LUBIPROSTONE CAPSULE 8MCG	4	QL(60 EA per 30 days)
MOTEGRITY TABLET 1MG	3	QL(30 EA per 30 days)
MOTEGRITY TABLET 2MG	3	QL(30 EA per 30 days)
<i>polyethylene glycol 3350 packet 17gm</i>	2	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	2	
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA
<i>difenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hcl capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate solution 1mg/5ml</i>	4	PA
<i>glycopyrrolate tablet 1mg</i>	3	PA
<i>glycopyrrolate tablet 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
GATTEX INJECTION 5MG	5	PA
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm</i>	4	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection 5mg/ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>peg 3350/electrolytes solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
RECTIV OINTMENT 0.4%	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION	3	
1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML		
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
<i>trilyte solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>ursodiol tablet 250mg</i>	3	
<i>ursodiol tablet 500mg</i>	3	
XIFAXAN TABLET 200MG	5	PA
XIFAXAN TABLET 550MG	5	PA
ZORBTIVE INJECTION 8.8MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg</i>	2	
<i>famotidine tablet 40mg</i>	2	
<i>nizatidine solution 15mg/ml</i>	4	
Protectants		
<i>misoprostol tablet 100mcg</i>	3	
<i>misoprostol tablet 200mcg</i>	3	
<i>sucrafate suspension 1gm/10ml</i>	4	
<i>sucrafate tablet 1gm</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole capsule delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</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 INJECTION 2.9MG/5ML	5	PA
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG	5	PA
CHOLBAM CAPSULE 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG	4	
CYSTAGON CAPSULE 50MG	4	
ELAPRASE INJECTION 6MG/3ML	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG	5	PA
FABRAZYME INJECTION 5MG	5	PA
KANUMA INJECTION 20MG/10ML	5	PA
LUMIZYME INJECTION 50MG	5	PA
<i>miglustat capsule 100mg</i>	5	PA
NAGLAZYME INJECTION 1MG/ML	5	PA
<i>nitisinone capsule 10mg</i>	5	
<i>nitisinone capsule 20mg</i>	5	
<i>nitisinone capsule 2mg</i>	5	
<i>nitisinone capsule 5mg</i>	5	
ORFADIN CAPSULE 20MG	5	
ORFADIN SUSPENSION 4MG/ML	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride packet 100mg</i>	5	PA
<i>sapropterin dihydrochloride packet 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
STRENSIQ INJECTION 18MG/0.45ML	5	PA
STRENSIQ INJECTION 28MG/0.7ML	5	PA
STRENSIQ INJECTION 40MG/ML	5	PA
STRENSIQ INJECTION 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	
TEGSEDI INJECTION 284MG/1.5ML	5	PA
VIMIZIM INJECTION 5MG/5ML	5	PA
<i>yargesa capsule 100mg</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPSULE 50MG	5	QL(120 EA per 30 days); PA
ZOKINVY CAPSULE 75MG	5	QL(120 EA per 30 days); PA

Genitourinary Agents

Antispasmodics, Urinary

<i>flavoxate hcl tablet 100mg</i>	3	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 10mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er capsule extended release 24 hour 2mg</i>	3	
<i>tolterodine tartrate er capsule extended release 24 hour 4mg</i>	3	
<i>tolterodine tartrate tablet 1mg</i>	3	
<i>tolterodine tartrate tablet 2mg</i>	3	
<i>tropium chloride er capsule extended release 24 hour 60mg</i>	4	
<i>tropium chloride tablet 20mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg</i>	2	
<i>doxazosin mesylate tablet 2mg</i>	2	
<i>doxazosin mesylate tablet 4mg</i>	2	
<i>doxazosin mesylate tablet 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	2	
<i>silodosin capsule 4mg</i>	4	
<i>silodosin capsule 8mg</i>	4	
<i>tadalafil tablet 2.5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg</i>	2	
<i>bethanechol chloride tablet 25mg</i>	2	
<i>bethanechol chloride tablet 50mg</i>	2	
<i>bethanechol chloride tablet 5mg</i>	2	
<i>d-penamamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg</i>	2	
<i>dexamethasone tablet 0.75mg</i>	2	
<i>dexamethasone tablet 1.5mg</i>	2	
<i>dexamethasone tablet 1mg</i>	2	
<i>dexamethasone tablet 2mg</i>	2	
<i>dexamethasone tablet 4mg</i>	2	
<i>dexamethasone tablet 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg</i>	2	
<i>hydrocortisone tablet 20mg</i>	2	
<i>hydrocortisone tablet 5mg</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg</i>	2	
<i>methylprednisolone tablet 4mg</i>	2	
<i>methylprednisolone tablet 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 20mg/5ml</i>	4	
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	3	
<i>prednisolone sodium phosphate solution 5mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet 10mg</i>	2	
<i>prednisone tablet 1mg</i>	2	
<i>prednisone tablet 2.5mg</i>	1	
<i>prednisone tablet 20mg</i>	2	
<i>prednisone tablet 50mg</i>	2	
<i>prednisone tablet 5mg</i>	1	
<i>triamcinolone acetanide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection 4mcg/ml</i>	5	
<i>desmopressin acetate injection 4mcg/ml</i>	5	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 1.5mg/ml</i>	5	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA
SKYTROFA INJECTION 11MG	5	PA
SKYTROFA INJECTION 13.3MG	5	PA
SKYTROFA INJECTION 3.6MG	5	PA
SKYTROFA INJECTION 3MG	5	PA
SKYTROFA INJECTION 4.3MG	5	PA
SKYTROFA INJECTION 5.2MG	5	PA
SKYTROFA INJECTION 6.3MG	5	PA
SKYTROFA INJECTION 7.6MG	5	PA
SKYTROFA INJECTION 9.1MG	5	PA
STIMATE SOLUTION 1.5MG/ML	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABLET 300MG	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 TABLET 50MG	5	PA
<i>oxandrolone tablet 10mg</i>	4	QL(60 EA per 30 days); PA
<i>oxandrolone tablet 2.5mg</i>	3	QL(240 EA per 30 days); PA
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR	3	PA
ANDRODERM PATCH 24 HOUR 4MG/24HR	3	PA
<i>danazol capsule 100mg</i>	3	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	3	
<i>testosterone cypionate injection 100mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
TESTOSTERONE GEL 25MG/2.5GM	3	PA
TESTOSTERONE GEL 50MG/5GM	3	PA
<i>Estrogens</i>		
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 0; 0</i>	3	
<i>amabelz tablet 0.5mg; 0.1mg</i>	4	
<i>amabelz tablet 1mg; 0.5mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amethia lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	3	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aubra tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>bekyree tablet 0; 0</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
<i>chateal tablet 0.03mg; 0.15mg</i>	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	3	
<i>cyclafem 7/7/7 tablet 0; 0</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 0; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
DIVIGEL GEL 0.25MG/0.25GM	4	
DIVIGEL GEL 0.5MG/0.5GM	4	
DIVIGEL GEL 0.75MG/0.75GM	4	
DIVIGEL GEL 1.25MG/1.25GM	4	
DIVIGEL GEL 1MG/GM	4	
<i>dolishale tablet 20mcg; 90mcg</i>	3	
<i>dotti patch twice weekly 0.025mg/24hr</i>	4	
<i>dotti patch twice weekly 0.0375mg/24hr</i>	4	
<i>dotti patch twice weekly 0.05mg/24hr</i>	4	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.1MG/24HR	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>elinest tablet 30mcg; 0.3mg</i>	3	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg</i>	4	
<i>estradiol/norethindrone acetate tablet 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	2	
<i>estradiol gel 0.25mg/0.25gm</i>	4	
<i>estradiol gel 0.5mg/0.5gm</i>	4	
<i>estradiol gel 0.75mg/0.75gm</i>	4	
<i>estradiol gel 1.25mg/1.25gm</i>	4	
<i>estradiol gel 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.05mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.075mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr</i>	4	
<i>estradiol patch weekly 0.05mg/24hr</i>	4	
<i>estradiol patch weekly 0.06mg/24hr</i>	4	
<i>estradiol patch weekly 0.075mg/24hr</i>	4	
<i>estradiol patch weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 37.5mcg/24hr</i>	4	
<i>estradiol tablet 0.5mg</i>	2	
<i>estradiol tablet 1mg</i>	2	
<i>estradiol tablet 2mg</i>	2	
<i>estradiol tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>fayosim tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>femynor tablet 35mcg; 0.25mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	4	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	
<i>kimidess tablet 0; 0</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>larissia tablet 20mcg; 0.1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg</i>	3	
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lillow tablet 30mcg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>lopreeza tablet 0.5mg; 0.1mg</i>	4	
<i>lopreeza tablet 1mg; 0.5mg</i>	4	
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	
<i>lutra tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.0375mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.05mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.075mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
MENEST TABLET 0.3MG	4	
MENEST TABLET 0.625MG	4	
MENEST TABLET 1.25MG	4	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey lo tablet 0.5mg; 0.1mg</i>	4	
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>mono-lynyah tablet 35mcg; 0.25mg</i>	3	
<i>mononessa tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>necon 7/7/7 tablet 0; 0</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0</i>	3	
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 0; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 0; 0</i>	3	
<i>nymyo tablet 35mcg; 0.25mg</i>	3	
<i>orsythia tablet 20mcg; 0.1mg</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtreea tablet 0; 0</i>	3	
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	3	
<i>pirmella 7/7/7 tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG	4	
PREMARIN TABLET 0.45MG	4	
PREMARIN TABLET 0.625MG	4	
PREMARIN TABLET 0.9MG	4	
PREMARIN TABLET 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG	4	
PREMPRO TABLET 0.45MG; 1.5MG	4	
PREMPRO TABLET 0.625MG; 2.5MG	4	
PREMPRO TABLET 0.625MG; 5MG	4	
<i>previfem tablet 35mcg; 0.25mg</i>	3	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tarina fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri femynor tablet 0; 0</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-previfem tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trinessa tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zovia 1/35e tablet 35mcg; 1mg</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	QL(0.65 ML per 90 days)
<i>errin tablet 0.35mg</i>	3	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	
<i>jencycla tablet 0.35mg</i>	3	
<i>jolivette tablet 0.35mg</i>	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
MAKENA INJECTION 275MG/1.1ML	5	PA
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg</i>	1	
<i>medroxyprogesterone acetate tablet 2.5mg</i>	1	
<i>medroxyprogesterone acetate tablet 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tablet 20mg</i>	2	PA
<i>megestrol acetate tablet 40mg</i>	2	PA
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyda tablet 0.35mg</i>	3	
<i>norlyroc tablet 0.35mg</i>	3	
<i>progesterone capsule 100mg</i>	2	
<i>progesterone capsule 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	3	
<i>tulana tablet 0.35mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg</i>	4	
<i>euthyrox tablet 112mcg</i>	4	
<i>euthyrox tablet 125mcg</i>	4	
<i>euthyrox tablet 137mcg</i>	4	
<i>euthyrox tablet 150mcg</i>	4	
<i>euthyrox tablet 175mcg</i>	4	
<i>euthyrox tablet 200mcg</i>	4	
<i>euthyrox tablet 25mcg</i>	4	
<i>euthyrox tablet 50mcg</i>	4	
<i>euthyrox tablet 75mcg</i>	4	
<i>euthyrox tablet 88mcg</i>	4	
<i>levothyroxine sodium tablet 100mcg</i>	2	
<i>levothyroxine sodium tablet 112mcg</i>	2	
<i>levothyroxine sodium tablet 125mcg</i>	2	
<i>levothyroxine sodium tablet 137mcg</i>	2	
<i>levothyroxine sodium tablet 150mcg</i>	2	
<i>levothyroxine sodium tablet 175mcg</i>	2	
<i>levothyroxine sodium tablet 200mcg</i>	2	
<i>levothyroxine sodium tablet 25mcg</i>	2	
<i>levothyroxine sodium tablet 300mcg</i>	2	
<i>levothyroxine sodium tablet 50mcg</i>	2	
<i>levothyroxine sodium tablet 75mcg</i>	2	
<i>levothyroxine sodium tablet 88mcg</i>	2	
<i>levoxyl tablet 100mcg</i>	4	
<i>levoxyl tablet 112mcg</i>	4	
<i>levoxyl tablet 125mcg</i>	4	
<i>levoxyl tablet 137mcg</i>	4	
<i>levoxyl tablet 150mcg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tablet 175mcg</i>	4	
<i>levoxyl tablet 200mcg</i>	4	
<i>levoxyl tablet 25mcg</i>	4	
<i>levoxyl tablet 50mcg</i>	4	
<i>levoxyl tablet 75mcg</i>	4	
<i>levoxyl tablet 88mcg</i>	4	
<i>liothyronine sodium tablet 25mcg</i>	2	
<i>liothyronine sodium tablet 50mcg</i>	2	
<i>liothyronine sodium tablet 5mcg</i>	2	
<i>unithroid tablet 100mcg</i>	4	
<i>unithroid tablet 112mcg</i>	4	
<i>unithroid tablet 125mcg</i>	4	
<i>unithroid tablet 137mcg</i>	4	
<i>unithroid tablet 150mcg</i>	4	
<i>unithroid tablet 175mcg</i>	4	
<i>unithroid tablet 200mcg</i>	4	
<i>unithroid tablet 25mcg</i>	4	
<i>unithroid tablet 300mcg</i>	4	
<i>unithroid tablet 50mcg</i>	4	
<i>unithroid tablet 75mcg</i>	4	
<i>unithroid tablet 88mcg</i>	4	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABLET 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 15MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 30MG	5	QL(1 EA per 84 days); PA
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	5	QL(30 EA per 30 days); PA
<i>octreotide acetate injection 1000mcg/ml</i>	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection 100mcg/ml</i>	4	PA
<i>octreotide acetate injection 200mcg/ml</i>	4	PA
<i>octreotide acetate injection 500mcg/ml</i>	5	PA
<i>octreotide acetate injection 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	PA
ORLISSA TABLET 150MG	5	QL(30 EA per 30 days); PA
ORLISSA TABLET 200MG	5	QL(60 EA per 30 days); PA
SIGNIFOR LAR INJECTION 10MG	5	QL(1 EA per 28 days); PA
SIGNIFOR LAR INJECTION 20MG	5	QL(1 EA per 28 days); PA
SIGNIFOR LAR INJECTION 30MG	5	QL(1 EA per 28 days); PA
SIGNIFOR LAR INJECTION 40MG	5	QL(1 EA per 28 days); PA
SIGNIFOR LAR INJECTION 60MG	5	QL(1 EA per 28 days); PA
SIGNIFOR INJECTION 0.3MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.6MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	PA
SOMAVERT INJECTION 15MG	5	PA
SOMAVERT INJECTION 20MG	5	PA
SOMAVERT INJECTION 25MG	5	PA
SOMAVERT INJECTION 30MG	5	PA
SUPPRELIN LA INJECTION 50MG	5	QL(1 EA per 365 days); PA
SYNAREL SOLUTION 2MG/ML	5	
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
ZOLADEX INJECTION 3.6MG	4	QL(1 EA per 28 days); PA
ZOLADEX INJECTION 3.6MG	4	QL(1 EA per 28 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>sajazir injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV INJECTION 5GM/50ML	5	PA
BIVIGAM INJECTION 10%	5	PA
BIVIGAM INJECTION 5GM/50ML	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>carimune nanofiltered injection 12gm</i>	5	PA
<i>carimune nanofiltered injection 6gm</i>	5	PA
CUTAQUIG INJECTION 1.65GM/10ML	5	PA
CUTAQUIG INJECTION 1GM/6ML	5	PA
CUTAQUIG INJECTION 2GM/12ML	5	PA
CUTAQUIG INJECTION 3.3GM/20ML	5	PA
CUTAQUIG INJECTION 4GM/24ML	5	PA
CUTAQUIG INJECTION 8GM/48ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMMAKED INJECTION 10GM/100ML	5	PA
GAMMAKED INJECTION 1GM/10ML	5	PA
GAMMAKED INJECTION 20GM/200ML	5	PA
GAMMAKED INJECTION 5GM/50ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML	5	PA
GAMUNEX-C INJECTION 1GM/10ML	5	PA
GAMUNEX-C INJECTION 2.5GM/25ML	5	PA
GAMUNEX-C INJECTION 20GM/200ML	5	PA
GAMUNEX-C INJECTION 40GM/400ML	5	PA
GAMUNEX-C INJECTION 5GM/50ML	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA INJECTION 10GM/50ML	5	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML	5	PA
HYQVIA INJECTION 20GM/200ML; 1600UNIT/10ML	5	PA
HYQVIA INJECTION 30GM/300ML; 2400UNIT/15ML	5	PA
HYQVIA INJECTION 5GM/50ML; 400UNIT/2.5ML	5	PA
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM INJECTION 10GM/100ML	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJECTION 10GM/200ML	5	PA
OCTAGAM INJECTION 1GM/20ML	5	PA
OCTAGAM INJECTION 2.5GM/50ML	5	PA
OCTAGAM INJECTION 20GM/200ML	5	PA
OCTAGAM INJECTION 25GM/500ML	5	PA
OCTAGAM INJECTION 2GM/20ML	5	PA
OCTAGAM INJECTION 30GM/300ML	5	PA
OCTAGAM INJECTION 5GM/100ML	5	PA
OCTAGAM INJECTION 5GM/50ML	5	PA
PANZYGA INJECTION 10GM/100ML	5	PA
PANZYGA INJECTION 1GM/10ML	5	PA
PANZYGA INJECTION 2.5GM/25ML	5	PA
PANZYGA INJECTION 20GM/200ML	5	PA
PANZYGA INJECTION 30GM/300ML	5	PA
PANZYGA INJECTION 5GM/50ML	5	PA
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	
SYNAGIS INJECTION 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	PA
XEMBIFY INJECTION 10GM/50ML	5	PA
XEMBIFY INJECTION 1GM/5ML	5	PA
XEMBIFY INJECTION 2GM/10ML	5	PA
XEMBIFY INJECTION 4GM/20ML	5	PA
<i>Immunological Agents, Other</i>		
ADBRY INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
ARCALYST INJECTION 220MG	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 75MG/0.5ML	5	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 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
ENJAYMO INJECTION 1100MG/22ML	5	PA
ENTYVIO INJECTION 300MG	5	PA
ILUMYA INJECTION 100MG/ML	5	PA
LEMTRADA INJECTION 12MG/1.2ML	5	PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL(30 EA per 30 days); PA
SAPHNELO INJECTION 300MG/2ML	5	PA
SKYRIZI PEN INJECTION 150MG/ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	PA
SKYRIZI INJECTION 180MG/1.2ML	5	PA
SKYRIZI INJECTION 360MG/2.4ML	5	PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	5	PA
VYVGART INJECTION 400MG/20ML	5	PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL(30 EA per 30 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	PA
INTRON A INJECTION 10000000UNIT/ML	5	PA
INTRON A INJECTION 10000000UNIT	5	PA
INTRON A INJECTION 18000000UNIT	5	PA
INTRON A INJECTION 50000000UNIT	5	PA
INTRON A INJECTION 6000000UNIT/ML	5	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJECTION 180MCG/ML	5	PA
SYLATRON INJECTION 200MCG	5	PA
SYLATRON INJECTION 300MCG	5	PA
Immunosuppressants		
<i>azathioprine tablet 100mg</i>	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>azathioprine tablet 75mg</i>	4	B/D
BENLYSTA INJECTION 120MG	5	PA
BENLYSTA INJECTION 400MG	5	PA
CIMZIA STARTER KIT INJECTION 200MG/ML	5	PA
CIMZIA INJECTION 200MG/ML	5	PA
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified capsule 25mg</i>	4	B/D
<i>cyclosporine modified capsule 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg</i>	4	B/D
<i>cyclosporine capsule 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	5	PA
CYLTEZO INJECTION 10MG/0.2ML	5	PA
CYLTEZO INJECTION 20MG/0.4ML	5	PA
CYLTEZO INJECTION 40MG/0.8ML	5	PA
CYLTEZO INJECTION 40MG/0.8ML	5	PA
ENBREL MINI INJECTION 50MG/ML	5	PA
ENBREL SURECLICK INJECTION 50MG/ML	5	PA
ENBREL INJECTION 25MG/0.5ML	5	PA
ENBREL INJECTION 25MG/0.5ML	5	PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 50MG/ML	5	PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 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</i>	5	B/D
<i>everolimus tablet 0.75mg</i>	5	B/D
<i>everolimus tablet 1mg</i>	5	B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf capsule 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	PA
HUMIRA INJECTION 10MG/0.1ML	5	PA
HUMIRA INJECTION 10MG/0.2ML	5	PA
HUMIRA INJECTION 20MG/0.2ML	5	PA
HUMIRA INJECTION 20MG/0.4ML	5	PA
HUMIRA INJECTION 40MG/0.4ML	5	PA
HUMIRA INJECTION 40MG/0.8ML	5	PA
INFLECTRA INJECTION 100MG	5	PA
<i>infliximab injection 100mg</i>	5	PA
<i>leflunomide tablet 10mg</i>	2	
<i>leflunomide tablet 20mg</i>	2	
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
PROGRAF PACKET 0.2MG	4	B/D
PROGRAF PACKET 1MG	4	B/D
REMICADE INJECTION 100MG	5	PA
RENFLEXIS INJECTION 100MG	5	PA
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	5	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	5	B/D
<i>tacrolimus capsule 0.5mg</i>	4	B/D
<i>tacrolimus capsule 1mg</i>	4	B/D
<i>tacrolimus capsule 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	PA
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	5	PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	PA
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric injection</i> <i>25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENACTRA INJECTION 0	3	
<i>menquadfi injection 0</i>	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	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	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
<i>quadracel injection 15lfu/0.5ml; 48mcg/0.5ml; 0; 5lfu/0.5ml</i>	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
YF-VAX INJECTION 0	3	
ZOSTAVAX INJECTION 19400UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	4	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<i>Glucocorticoids</i>		
BUDESONIDE ER TABLET EXTENDED RELEASE 24 HOUR 9MG	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort enema 100mg/60ml</i>	4	
CORTIFOAM FOAM 10%	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL(120 EA per 30 days); PA
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution 70mg/75ml</i>	4	
<i>alendronate sodium tablet 10mg</i>	6	
<i>alendronate sodium tablet 35mg</i>	6	
<i>alendronate sodium tablet 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	4	
<i>cinacalcet hydrochloride tablet 60mg</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	5	
<i>doxercalciferol capsule 0.5mcg</i>	4	
<i>doxercalciferol capsule 1mcg</i>	4	
<i>doxercalciferol capsule 2.5mcg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	6	QL(1 EA per 28 days)
NATPARA INJECTION 100MCG	5	QL(2 EA per 28 days); PA
NATPARA INJECTION 25MCG	5	QL(2 EA per 28 days); PA
NATPARA INJECTION 50MCG	5	QL(2 EA per 28 days); PA
NATPARA INJECTION 75MCG	5	QL(2 EA per 28 days); PA
<i>paricalcitol capsule 1mcg</i>	3	
<i>paricalcitol capsule 2mcg</i>	3	
<i>paricalcitol capsule 4mcg</i>	4	
PROLIA INJECTION 60MG/ML	4	QL(2 ML per 365 days)
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	PA

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" PAD	3	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>easy comfort insulin syringe/0.3ml/31g x 1/2" miscellaneous</i>	2	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA
IGALMI FILM 180MCG	4	PA
KORSUVA INJECTION 65MCG/1.3ML	5	PA
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
<i>nutrilipid injection 20gm/100ml</i>	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OXLUMO INJECTION 94.5MG/0.5ML	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9% solution 0.9%</i>	2	
TAVNEOS CAPSULE 10MG	5	QL(180 EA per 30 days); PA
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 125MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 50MG	5	QL(28 EA per 28 days); PA
VISTOGARD PACKET 10GM	5	
VISTOGARD PACKET 10GM	5	
VOXZOGO INJECTION 0.4MG	5	QL(30 EA per 30 days); PA
VOXZOGO INJECTION 0.56MG	5	QL(30 EA per 30 days); PA
VOXZOGO INJECTION 1.2MG	5	QL(30 EA per 30 days); PA
VYJUVEK GEL 0	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	3	
COMBIGAN SOLUTION 0.2%; 0.5%	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	2	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
VABYSMO SOLUTION 6MG/0.05ML	5	PA
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl solution 0.05%</i>	3	
<i>bepotastine besilate solution 1.5%</i>	4	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl solution 0.05%</i>	3	
<i>olopatadine hcl solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentak ointment 0.3%</i>	2	
<i>gentamicin sulfate solution 0.3%</i>	2	
<i>levofloxacin solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	4	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatory		
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX SUSPENSION 0.1%	3	
<i>fluorometholone suspension 0.1%</i>	4	
<i>flurbiprofen sodium solution 0.03%</i>	2	
FML FORTE SUSPENSION 0.25%	3	
<i>ketorolac tromethamine solution 0.4%</i>	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
<i>loteprednol etabonate gel 0.5%</i>	4	QL(20 GM per 365 days)
<i>loteprednol etabonate suspension 0.5%</i>	4	
<i>prednisolone acetate suspension 1%</i>	3	
PROLENSA SOLUTION 0.07%	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%</i>	4	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.5%</i>	4	
<i>timolol maleate solution 0.25%</i>	1	
<i>timolol maleate solution 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine solution 0.5%</i>	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>methazolamide tablet 25mg</i>	4	
<i>methazolamide tablet 50mg</i>	4	
<i>pilocarpine hcl solution 1%</i>	3	
<i>pilocarpine hcl solution 2%</i>	3	
<i>pilocarpine hcl solution 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>flac oil 0.01%</i>	3	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	3	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(24 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(21.2 GM 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 solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg</i>	3	
<i>hydroxyzine hydrochloride tablet 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg</i>	2	
<i>montelukast sodium tablet chewable 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	2	
<i>zafirlukast tablet 10mg</i>	4	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tablet 20mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide solution 0.03%</i>	2	
<i>ipratropium bromide solution 0.06%</i>	2	
LONHALA MAGNAIR REFILL KIT SOLUTION 25MCG/ML	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
TIOTROPIUM BROMIDE CAPSULE 18MCG	3	QL(30 EA per 30 days)
YUPELRI SOLUTION 175MCG/3ML	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 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(13.4 GM per 30 days)
<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</i>	4	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate syrup 2mg/5ml</i>	4	
<i>epinephrine injection 0.15mg/0.15ml</i>	3	
EPINEPHRINE INJECTION 0.15MG/0.3ML	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to products manufactured by Impax or Lineage Therapeutics
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	QL(540 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 hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	QL(90 EA per 30 days); B/D
PROAIR HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(17 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tablet 2.5mg</i>	4	
<i>terbutaline sulfate tablet 5mg</i>	4	
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG	5	PA
KALYDECO PACKET 25MG	5	PA
KALYDECO PACKET 5.8MG	5	PA
KALYDECO PACKET 50MG	5	PA
KALYDECO PACKET 75MG	5	PA
KALYDECO TABLET 150MG	5	PA
ORKAMBI PACKET 125MG; 100MG	5	QL(56 EA per 28 days); PA
ORKAMBI PACKET 188MG; 150MG	5	QL(56 EA per 28 days); PA
ORKAMBI PACKET 94MG; 75MG	5	QL(56 EA per 28 days); PA
ORKAMBI TABLET 125MG; 100MG	5	QL(112 EA per 28 days); PA
ORKAMBI TABLET 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL(56 EA per 28 days); PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL(60 EA per 30 days); PA
TOBI PODHALER CAPSULE 28MG	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
TRIKAFTA TABLET THERAPY PACK 50MG; 0; 25MG	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		
DALIRESP TABLET 250MCG	4	PA
DALIRESP TABLET 500MCG	4	PA
<i>roflumilast tablet 250mcg</i>	4	PA
<i>roflumilast tablet 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 300mg</i>	4	
<i>theophylline er tablet extended release 12 hour 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg</i>	2	
<i>theophylline er tablet extended release 24 hour 600mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	5	QL(60 EA per 30 days); PA
AMBRISENTAN TABLET 10MG	5	QL(30 EA per 30 days); PA
AMBRISENTAN TABLET 5MG	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(60 EA per 30 days); PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG	5	PA
ORENITRAM TABLET EXTENDED RELEASE 1MG	5	PA
ORENITRAM TABLET EXTENDED RELEASE 2.5MG	5	PA
ORENITRAM TABLET EXTENDED RELEASE 5MG	5	PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(270 ML per 30 days); PA
VENTAVIS SOLUTION 20MCG/ML	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267MG	5	PA
OFEV CAPSULE 100MG	5	PA
OFEV CAPSULE 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
PIRFENIDONE TABLET 534MG	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 10%</i>	4	B/D
<i>acetylcysteine solution 20%</i>	4	B/D
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL(12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL(13.8 GM per 30 days)
TEZSPIRE INJECTION 210MG/1.91ML	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg</i>	3	
<i>cyclobenzaprine hydrochloride tablet 5mg</i>	3	
<i>methocarbamol tablet 500mg</i>	4	
<i>methocarbamol tablet 750mg</i>	4	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 15MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 20MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 5MG	3	QL(30 EA per 30 days)
ESZOPICLONE TABLET 1MG	4	QL(30 EA per 30 days)
ESZOPICLONE TABLET 2MG	4	QL(30 EA per 30 days)
ESZOPICLONE TABLET 3MG	4	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg</i>	2	QL(30 EA per 30 days)
<i>temazepam capsule 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 6.25mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 5mg</i>	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
ARMODAFINIL TABLET 150MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 200MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 50MG	4	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	3	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA
XYREM SOLUTION 500MG/ML	5	QL(540 ML per 30 days); PA

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
 Last Updated: November 2023

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
		<i>aliskiren</i>	58
		<i>allopurinol</i>	22
		<i>alosetron hydrochloride</i>	73
		ALPHAGAN P	99
		<i>alprazolam</i>	43
		<i>altavera</i>	79
		ALUNBRIG	27
		<i>alyacen 1/35</i>	79
		<i>alyacen 7/7/7</i>	79
		<i>alyq</i>	103
		<i>amabelz</i>	79
		<i>amantadine hcl</i>	43
		AMBISOME	21
		AMBRISENTAN	103
		AMCINONIDE	68
		<i>amethia</i>	80
		<i>amethia lo</i>	80
		<i>amethyst</i>	80
		<i>amikacin sulfate</i>	5
		<i>amiloride hcl</i>	60
		<i>amiloride/hydrochlorothiazide</i>	58
		AMINOSYN II	70
		AMINOSYN-PF	71
		<i>amiodarone hydrochloride</i>	53
		<i>amitriptyline hcl</i>	19
		<i>amitriptyline hydrochloride</i>	19
		<i>amlodipine besylate</i>	55
		<i>amlodipine besylate/benazepril hydrochloride</i>	58
		<i>amlodipine besylate/valsartan</i>	58
		<i>ammonium lactate</i>	68
		<i>amnesteem</i>	67
		<i>amoxapine</i>	19
		<i>amoxicillin</i>	8
		<i>amoxicillin/clavulanate potassium</i>	8
		<i>amoxicillin/clavulanate potassium er</i>	8
		<i>amphetamine/dextroamphetamine</i>	63
		<i>amphotericin b</i>	21
		<i>amphotericin b liposome</i>	21
		<i>ampicillin</i>	9
		<i>ampicillin sodium</i>	8
		<i>ampicillin/sulbactam</i>	9
		<i>ampicillin-sulbactam</i>	8
		ANADROL-50	79
		<i>anagrelide hydrochloride</i>	50
		<i>anastrozole</i>	27
<i>abacavir</i>	41		
<i>abacavir sulfate/lamivudine</i>	41		
<i>abacavir sulfate/lamivudine/zidovudine</i>	41		
ABELCET	21		
ABILIFY MAINTENA	36		
<i>abiraterone acetate</i>	24		
ABRYSVO	93		
<i>acamprosate calcium dr</i>	4		
<i>acarbose</i>	44		
<i>acebutolol hcl</i>	54		
<i>acebutolol hydrochloride</i>	54		
<i>acetaminophen/codeine</i>	2		
<i>acetazolamide</i>	58		
<i>acetazolamide er</i>	99		
<i>acetic acid</i>	100		
<i>acetic acid 0.25%</i>	77		
<i>acetylcysteine</i>	104		
<i>acitretin</i>	67		
ACTHIB	93		
ACTIMMUNE	90		
<i>acyclovir</i>	43		
<i>acyclovir</i>	70		
<i>acyclovir sodium</i>	43		
ADACEL	93		
ADBRY	89		
<i>adefovir dipivoxil</i>	39		
ADEMPAS	103		
AFINITOR DISPERZ	27		
<i>afirmelle</i>	79		
AIMOVIG	22		
AKEEGA	25		
AKYNZEO	20		
<i>ala-cort</i>	68		
<i>albendazole</i>	32		
<i>albuterol sulfate</i>	102		
<i>albuterol sulfate hfa</i>	102		
<i>alclometasone dipropionate</i>	68		
ALCOHOL PREP PADS	96		
ALDURAZYME	75		
ALECENSA	27		
<i>alendronate sodium</i>	95		
<i>alfuzosin hcl er</i>	77		
ALINIA	32		

Drug Name	Page #	Drug Name	Page #
ANDRODERM	79	<i>aurovela 1/20</i>	80
ANORO ELLIPTA	104	<i>aurovela fe 1.5/30</i>	80
<i>apraclonidine</i>	99	<i>aurovela fe 1/20</i>	80
<i>aprepitant</i>	20	AURYXIA	72
APRETUDE	40	AUSTEDO	65
APTIOM	14	AUVELITY	16
APTIVUS	42	<i>aviane</i>	80
ARCALYST	89	AVONEX	66
AREXVY	93	AVONEX PEN	66
<i>aripiprazole</i>	36	<i>ayuna</i>	80
<i>aripiprazole odt</i>	36	AYVAKIT	27
ARISTADA	36	<i>azathioprine</i>	91
ARISTADA INITIO	36	<i>azelaic acid</i>	67
ARMODAFINIL	106	<i>azelastine hcl</i>	98
ARNUITY ELLIPTA	100	<i>azelastine hcl</i>	101
ASCENIV	87	<i>azelastine hydrochloride</i>	101
<i>asenapine maleate sl</i>	36	<i>azithromycin</i>	9
<i>ashlyna</i>	80	<i>aztreonam</i>	5
ASMANEX HFA	100	<i>azurette</i>	80
ASMANEX TWISTHALER 120	100	<i>bacitracin</i>	98
METERED DOSES		<i>bacitracin/polymyxin b</i>	97
ASMANEX TWISTHALER 14 METERED	100	<i>baclofen</i>	39
DOSES		BACTROBAN NASAL	70
ASMANEX TWISTHALER 30 METERED	101	BAFIERTAM	66
DOSES		<i>balsalazide disodium</i>	95
ASMANEX TWISTHALER 60 METERED	101	BALVERSA	27
DOSES		<i>balziva</i>	80
ASMANEX TWISTHALER 7 METERED	101	BAQSIMI ONE PACK	47
DOSES		BAQSIMI TWO PACK	47
ASPIRIN/DIPYRIDAMOLE	51	BARACLUDGE	39
ASPIRIN/DIPYRIDAMOLE ER	51	BAXDELA	10
<i>atazanavir</i>	42	BCG VACCINE	93
<i>atazanavir sulfate</i>	42	BD INSULIN SYRINGE	96
<i>atenolol</i>	54	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol/chlorthalidone</i>	58	B-D INSULIN SYRINGE ULTRAFINE	96
<i>atomoxetine</i>	64	II/0.3ML/31G X 5/16"	
<i>atomoxetine hydrochloride</i>	64	BD INSULIN SYRINGE ULTRA-	96
<i>atorvastatin calcium</i>	61	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone</i>	32	BD INSULIN SYRINGE ULTRA-	96
<i>atovaquone/proguanil hcl</i>	32	FINE/1ML/31G X 8MM	
<i>atropine sulfate</i>	97	BD INSULIN SYRINGE/1ML/29G X	96
ATROVENT HFA	102	12.7MM	
<i>aubra</i>	80	BD PEN NEEDLE/ORIGINAL/ULTRA-	96
<i>aubra eq</i>	80	FINE/29G X 12.7MM	
AUGMENTIN	9	BD VEO INSULIN SYRINGE ULTRA-	96
<i>aurovela 1.5/30</i>	80	FINE/0.3ML/31G X 6MM	

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

Drug Name	Page #	Drug Name	Page #
<i>cartia xt</i>	56	<i>ciclopirox olamine</i>	70
<i>carvedilol</i>	54	<i>cidofovir</i>	39
<i>carvedilol phosphate er</i>	54	<i>cilostazol</i>	51
<i>caspofungin acetate</i>	21	CIMDUO	41
CAYSTON	103	CIMZIA	91
<i>cefaclor</i>	7	CIMZIA STARTER KIT	91
<i>cefadroxil</i>	7	<i>cinacalcet hydrochloride</i>	96
CEFAZOLIN	7	CINRYZE	87
<i>cefazolin sodium</i>	7	CIPRO	10
<i>cefdinir</i>	7	<i>ciprofloxacin</i>	10
<i>cefepime</i>	7	<i>ciprofloxacin</i>	100
<i>cefepime hydrochloride</i>	7	<i>ciprofloxacin hcl</i>	10
CEFEPIME/DEXTROSE	7	<i>ciprofloxacin hydrochloride</i>	10
<i>cefixime</i>	7	<i>ciprofloxacin hydrochloride</i>	99
<i>cefotaxime sodium</i>	7	<i>ciprofloxacin i.v.-in d5w</i>	10
<i>cefotetan</i>	7	<i>ciprofloxacin/dexamethasone</i>	100
<i>cefoxitin sodium</i>	7	<i>citalopram hydrobromide</i>	17
<i>cefpodoxime proxetil</i>	7	<i>claravis</i>	67
<i>cefprozil</i>	7	<i>clarithromycin</i>	10
<i>ceftazidime</i>	7	<i>clarithromycin er</i>	9
<i>ceftazidime/dextrose</i>	7	CLENPIQ	73
<i>ceftriaxone sodium</i>	7	CLIMARA PRO	80
<i>cefuroxime axetil</i>	7	<i>clindacin etz pledgets</i>	5
<i>cefuroxime sodium</i>	7	<i>clindamycin hcl</i>	5
<i>celecoxib</i>	1	<i>clindamycin hydrochloride</i>	5
CELONTIN	13	<i>clindamycin palmitate hcl</i>	5
<i>cephalexin</i>	8	<i>clindamycin phosphate</i>	6
CERDELGA	75	<i>clindamycin phosphate</i>	70
<i>chateal</i>	80	<i>clindamycin phosphate/benzoyl peroxide</i>	67
<i>chateal eq</i>	80	<i>clindamycin/benzoyl peroxide</i>	67
CHEMET	72	<i>clobazam</i>	13
<i>chlordiazepoxide hcl</i>	44	<i>clobetasol propionate</i>	68
<i>chlordiazepoxide hydrochloride</i>	44	<i>clobetasol propionate e</i>	68
<i>chlorhexidine gluconate</i>	67	<i>clomipramine hydrochloride</i>	19
<i>chloroquine phosphate</i>	32	<i>clonazepam</i>	13
<i>chlorothiazide</i>	61	<i>clonazepam odt</i>	13
<i>chlorpromazine hcl</i>	34	<i>clonidine hcl</i>	51
<i>chlorpromazine hydrochloride</i>	34	<i>clonidine hydrochloride</i>	51
<i>chlorthalidone</i>	61	<i>clopidogrel</i>	51
CHOLBAM	75	<i>clorazepate dipotassium</i>	44
<i>cholestyramine</i>	62	<i>clotrimazole</i>	21
<i>cholestyramine light</i>	62	<i>clotrimazole/betamethasone dipropionate</i>	69
CIBINQO	68	<i>clovique</i>	72
<i>ciclodan</i>	70	<i>clozapine</i>	39
<i>ciclopirox</i>	70	<i>clozapine odt</i>	39
<i>ciclopirox nail lacquer</i>	70	COARTEM	32

Drug Name	Page #	Drug Name	Page #
<i>codeine sulfate</i>	3	<i>dalfampridine er</i>	66
COLCHICINE	22	DALIRESP	103
<i>colestipol hcl</i>	62	<i>danazol</i>	79
<i>colistimethate sodium</i>	6	<i>dantrolene sodium</i>	39
<i>colocort</i>	95	DANYELZA	31
COLUMVI	25	<i>dapsone</i>	23
COMBIGAN	98	DAPTACEL	93
COMBIVENT RESPIMAT	104	DAPTOMYCIN	6
COMETRIQ	28	DAPTOMYCIN/SODIUM CHLORIDE	6
COMPLERA	40	<i>darunavir</i>	42
<i>compro</i>	20	DARZALEX FASPRO	31
<i>constulose</i>	73	<i>dasetta 1/35</i>	80
COPIKTRA	28	<i>dasetta 7/7/7</i>	80
CORLANOR	59	DAURISMO	28
CORTIFOAM	95	<i>daysee</i>	80
<i>cortisone acetate</i>	77	<i>deblitane</i>	84
COSENTYX	89	<i>deferasirox</i>	72
COSENTYX SENSOREADY PEN	89	<i>deferiprone</i>	72
COSENTYX UNOREADY	89	DELSTRIGO	40
COTELLIC	28	<i>delyla</i>	80
CREON	75	<i>demeclocycline hcl</i>	11
<i>cromolyn sodium</i>	75	<i>demeclocycline hydrochloride</i>	11
<i>cromolyn sodium</i>	98	DENGVAXIA	93
<i>cromolyn sodium</i>	103	DEPO-PROVERA	84
<i>cryselle-28</i>	80	DEPO-SUBQ PROVERA	104
CURITY GAUZE PADS 2"X2"	96	DESCOVY	41
CUTAQUIG	88	<i>desipramine hydrochloride</i>	19
CUVITRU	88	<i>desmopressin acetate</i>	78
<i>cyclafem 1/35</i>	80	<i>desogestrel/ethinyl estradiol</i>	80
<i>cyclafem 7/7/7</i>	80	<i>desonide</i>	68
<i>cyclobenzaprine hydrochloride</i>	105	<i>desoximetasone</i>	68
<i>cyclophosphamide</i>	23	<i>desvenlafaxine er</i>	17
<i>cyclophosphamide monohydrate</i>	23	<i>dexamethasone</i>	77
<i>cycloserine</i>	23	<i>dexamethasone sodium phosphate</i>	99
CYCLOSET	44	<i>dextroamphetamine sulfate</i>	64
<i>cyclosporine</i>	91	<i>dextroamphetamine sulfate er</i>	64
<i>cyclosporine</i>	98	<i>dextrose 5%</i>	71
<i>cyclosporine modified</i>	91	<i>dextrose 5%/nacl 0.45%</i>	71
CYLTEZO	91	<i>dextrose 5%/nacl 0.9%</i>	71
CYLTEZO STARTER PACKAGE FOR	91	DIACOMIT	13
CROHNS DISEASE/UC/HS		<i>diazepam</i>	44
CYLTEZO STARTER PACKAGE FOR	91	<i>diazepam intensol</i>	44
PSORIASIS		<i>diazepam rectal gel</i>	13
<i>cyproheptadine hydrochloride</i>	101	<i>diazoxide</i>	47
CYSTAGON	75	<i>diclofenac potassium</i>	1
CYSTARAN	98	<i>diclofenac sodium</i>	1

Drug Name	Page #	Drug Name	Page #
<i>diclofenac sodium</i>	69	<i>doxy 100</i>	11
<i>diclofenac sodium</i>	99	<i>doxycycline</i>	11
<i>diclofenac sodium dr</i>	1	<i>doxycycline hyclate</i>	11
<i>diclofenac sodium er</i>	1	<i>doxycycline hyclate</i>	67
<i>dicloxacillin sodium</i>	9	<i>doxycycline monohydrate</i>	11
<i>dicyclomine hydrochloride</i>	73	<i>d-penamamine</i>	77
<i>didanosine</i>	41	DRIZALMA SPRINKLE	17
DIFICID	10	<i>dronabinol</i>	20
<i>diflunisal</i>	1	DROXIA	25
<i>digitek</i>	53	<i>droxidopa</i>	51
<i>digox</i>	53	<i>duloxetine hydrochloride</i>	17
<i>digoxin</i>	53	DUPIXENT	89
<i>dihydroergotamine mesylate</i>	22	<i>dutasteride</i>	77
DILANTIN	14	<i>easy comfort insulin syringe/0.3ml/31g x</i>	97
DILATRATE SR	63	<i>1/2"</i>	
<i>diltiazem hcl</i>	56	<i>ec-naproxen</i>	1
DILTIAZEM HCL CD	56	<i>econazole nitrate</i>	21
<i>diltiazem hcl er</i>	56	EDURANT	40
<i>diltiazem hydrochloride</i>	57	<i>efavirenz</i>	40
<i>diltiazem hydrochloride er</i>	56	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	40
<i>dilt-xr</i>	56	<i>fumarate</i>	
<i>dimethyl fumarate</i>	66	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	40
<i>dimethyl fumarate starterpack</i>	66	<i>fumarate</i>	
<i>diphenhydramine hcl</i>	101	<i>effe-r-k</i>	71
<i>diphenoxylate hydrochloride/atropine</i>	73	ELAPRASE	75
<i>sulfate</i>		<i>elinest</i>	81
<i>diphtheria/tetanus toxoids adsorbed</i>	93	ELIQUIS	49
<i>pediatric</i>		ELIQUIS STARTER PACK	49
<i>disopyramide phosphate</i>	53	ELLA	97
<i>disulfiram</i>	4	ELMIRON	77
<i>divalproex sodium</i>	13	EMCYT	25
<i>divalproex sodium dr</i>	13	EMGALITY	22
<i>divalproex sodium er</i>	13	EMPAVELI	89
DIVIGEL	80	EMSAM	17
<i>dofetilide</i>	53	<i>emtricitabine</i>	41
<i>dolishale</i>	80	<i>emtricitabine/tenofovir disoproxil</i>	41
<i>donepezil hcl</i>	15	<i>emtricitabine/tenofovir disoproxil fumarate</i>	41
<i>donepezil hydrochloride</i>	15	EMTRIVA	41
<i>dorzolamide hcl/timolol maleate</i>	98	<i>enalapril maleate</i>	52
<i>dorzolamide hydrochloride</i>	100	<i>enalapril maleate/hydrochlorothiazide</i>	59
<i>dotti</i>	80	ENBREL	91
DOVATO	40	ENBREL MINI	91
<i>doxazosin mesylate</i>	77	ENBREL SURECLICK	91
<i>doxepin hcl</i>	19	<i>endocet</i>	3
<i>doxepin hydrochloride</i>	19	ENGERIX-B	93
<i>doxercalciferol</i>	96	ENJAYMO	90

Drug Name	Page #	Drug Name	Page #
<i>enoxaparin sodium</i>	49	<i>everolimus</i>	28
<i>enpresse-28</i>	81	<i>everolimus</i>	91
<i>entacapone</i>	33	EVOTAZ	42
<i>entecavir</i>	39	EVRYSDI	75
ENTRESTO	59	<i>exemestane</i>	27
ENTYVIO	90	EXKIVITY	28
<i>enulose</i>	73	<i>ezetimibe</i>	62
ENVARUSUS XR	91	<i>ezetimibe/simvastatin</i>	62
EPIDIOLEX	11	FABRAZYME	75
<i>epinastine hcl</i>	98	<i>falmina</i>	81
<i>epinephrine</i>	102	<i>famciclovir</i>	43
<i>epitol</i>	15	<i>famotidine</i>	74
EPIVIR HBV	39	FANAPT	36
EPKINLY	25	FANAPT TITRATION PACK	36
<i>eplerenone</i>	60	FARXIGA	44
<i>epoprostenol sodium</i>	104	FARYDAK	28
EPRONTIA	11	FASENRA	104
<i>ergoloid mesylates</i>	15	FASENRA PEN	104
<i>ergotamine tartrate/caffeine</i>	22	<i>fayosim</i>	81
ERIVEDGE	28	<i>febuxostat</i>	22
ERLEADA	24	<i>felbamate</i>	11
<i>erlotinib hydrochloride</i>	28	<i>felodipine er</i>	55
<i>errin</i>	84	<i>femynor</i>	81
<i>ertapenem</i>	9	<i>fenofibrate</i>	61
<i>ertapenem sodium</i>	9	<i>fenofibrate micronized</i>	61
<i>ery</i>	70	<i>fenofibric acid dr</i>	61
<i>erythromycin</i>	70	<i>fentanyl</i>	2
<i>erythromycin</i>	99	<i>fentanyl citrate oral transmucosal</i>	3
<i>erythromycin dr</i>	10	FETROJA	8
<i>erythromycin ethylsuccinate</i>	10	FETZIMA	18
<i>erythromycin/benzoyl peroxide</i>	67	FETZIMA TITRATION PACK	18
ESBRIET	104	FINACEA	67
<i>escitalopram oxalate</i>	17	<i>finasteride</i>	77
<i>esomeprazole magnesium</i>	74	<i>fingolimod</i>	66
<i>estarylla</i>	81	FINTEPLA	11
<i>estradiol</i>	81	FIRMAGON	86
<i>estradiol/norethindrone acetate</i>	81	<i>flac</i>	100
ESTRING	81	FLAREX	99
ESZOPICLONE	105	<i>flavoxate hcl</i>	76
<i>ethambutol hydrochloride</i>	23	<i>flecainide acetate</i>	53
<i>ethosuximide</i>	13	FLOVENT DISKUS	101
<i>ethynodiol diacetate/ethinyl estradiol</i>	81	FLOVENT HFA	101
<i>etodolac</i>	1	<i>fluconazole</i>	21
<i>etravirine</i>	40	<i>fluconazole in sodium chloride</i>	21
EUCRISA	68	<i>flucytosine</i>	21
<i>euthyrox</i>	85	<i>fludrocortisone acetate</i>	77

Drug Name	Page #	Drug Name	Page #
<i>fluocinolone acetonide</i>	68	<i>gavilyte-h</i>	74
<i>fluocinolone acetonide</i>	100	<i>gavilyte-n/flavor pack</i>	74
<i>fluocinolone acetonide ear drops</i>	100	GAVRETO	25
<i>fluocinonide</i>	69	<i>gefitinib</i>	28
<i>fluorometholone</i>	99	<i>gemfibrozil</i>	61
<i>fluorouracil</i>	69	<i>generlac</i>	73
<i>fluoxetine hcl</i>	18	<i>gengraf</i>	91
<i>fluoxetine hydrochloride</i>	18	GENOTROPIN	78
<i>fluphenazine decanoate</i>	35	GENOTROPIN MINIQUICK	78
<i>fluphenazine hcl</i>	35	<i>gentak</i>	99
<i>fluphenazine hydrochloride</i>	35	<i>gentamicin sulfate</i>	5
<i>flurbiprofen</i>	1	<i>gentamicin sulfate</i>	99
<i>flurbiprofen sodium</i>	99	<i>gentamicin sulfate pediatric</i>	5
<i>flutamide</i>	24	GENVOYA	40
<i>fluticasone propionate</i>	69	GILENYA	66
<i>fluticasone propionate</i>	101	GILOTRIF	28
<i>fluticasone propionate/salmeterol diskus</i>	104	<i>glatiramer acetate</i>	66
<i>fluvastatin</i>	61	GLEOSTINE	24
<i>fluvastatin sodium er</i>	61	<i>glimepiride</i>	44
<i>fluvoxamine maleate</i>	18	<i>glipizide</i>	45
FML FORTE	99	<i>glipizide er</i>	44
<i>fondaparinux sodium</i>	49	<i>glipizide xl</i>	45
<i>formoterol fumarate</i>	102	<i>glipizide/metformin hydrochloride</i>	45
FORTEO	96	GLUCAGEN HYPOKIT	47
<i>fosamprenavir calcium</i>	42	GLUCAGON EMERGENCY KIT	47
<i>fosinopril sodium</i>	52	GLUCAGON EMERGENCY KIT FOR	47
<i>fosinopril sodium/hydrochlorothiazide</i>	59	LOW BLOOD SUGAR	
FOTIVDA	24	<i>glyburide</i>	45
FRAGMIN	49	<i>glyburide/metformin hydrochloride</i>	45
<i>furosemide</i>	60	<i>glycopyrrolate</i>	73
FUZEON	42	<i>glydo</i>	4
FYARRO	28	GLYXAMBI	45
<i>fyavolv</i>	81	<i>griseofulvin microsize</i>	21
FYCOMPA	11	<i>griseofulvin ultramicrosize</i>	21
<i>gabapentin</i>	13	<i>guanfacine er</i>	64
<i>galantamine hydrobromide</i>	16	<i>guanfacine hydrochloride</i>	51
<i>galantamine hydrobromide er</i>	16	<i>guanfacine hydrochloride</i>	64
GAMASTAN	88	<i>guanidine hcl</i>	23
GAMMAKED	88	GVOKE HYPOPEN 1-PACK	47
GAMUNEX-C	88	GVOKE HYPOPEN 2-PACK	47
<i>ganciclovir</i>	39	GVOKE KIT	47
GARDASIL 9	93	GVOKE PFS	47
<i>gatifloxacin</i>	99	<i>hailey 1.5/30</i>	81
GATTEX	73	<i>hailey fe 1.5/30</i>	81
<i>gavilyte-c</i>	73	<i>hailey fe 1/20</i>	81
<i>gavilyte-g</i>	74	<i>halobetasol propionate</i>	69

Drug Name	Page #	Drug Name	Page #
<i>haloperidol</i>	35	<i>hydroxyurea</i>	25
<i>haloperidol decanoate</i>	35	<i>hydroxyzine hcl</i>	101
<i>haloperidol lactate</i>	35	<i>hydroxyzine hydrochloride</i>	101
HAVRIX	93	<i>hydroxyzine pamoate</i>	43
<i>heather</i>	84	HYPERHEP B	88
HEPAGAM B	88	HYQVIA	88
<i>heparin sodium</i>	49	<i>ibandronate sodium</i>	96
HEPLISAV-B	93	IBRANCE	25
HIBERIX	93	IBRANCE	28
HIZENTRA	88	<i>ibu</i>	1
HUMALOG	48	<i>ibuprofen</i>	1
HUMALOG JUNIOR KWIKPEN	47	<i>icatibant acetate</i>	87
HUMALOG KWIKPEN	47	<i>iclevia</i>	81
HUMALOG MIX 50/50	48	ICLUSIG	28
HUMALOG MIX 50/50 KWIKPEN	47	<i>icosapent ethyl</i>	62
HUMALOG MIX 75/25	48	IDHIFA	25
HUMALOG MIX 75/25 KWIKPEN	48	<i>ifosfamide</i>	24
HUMIRA	92	IGALMI	97
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	92	ILUMYA	90
HUMIRA PEN	92	<i>imatinib mesylate</i>	28
HUMIRA PEN-CD/UC/HS STARTER HUMIRA PEN-PEDIATRIC UC STARTER PACK	92	IMBRUVICA	28
HUMIRA PEN-PS/UV STARTER	92	<i>imipenem/cilastatin</i>	9
HUMULIN 70/30	48	<i>imipramine hcl</i>	19
HUMULIN 70/30 KWIKPEN	48	<i>imipramine hydrochloride</i>	19
HUMULIN N	48	<i>imiquimod</i>	69
HUMULIN N KWIKPEN	48	IMOVAX RABIES (H.D.C.V.)	93
HUMULIN R	48	IMPAVIDO	6
HUMULIN R U-500 (CONCENTRATED)	48	INBRIJA	34
HUMULIN R U-500 KWIKPEN	48	<i>incassia</i>	84
<i>hydralazine hcl</i>	63	INCRELEX	78
<i>hydralazine hydrochloride</i>	63	INCRUSE ELLIPTA	102
<i>hydrochlorothiazide</i>	61	<i>indapamide</i>	61
<i>hydrocodone bitartrate/acetaminophen</i>	3	<i>indomethacin</i>	1
<i>hydrocodone/acetaminophen</i>	3	<i>indomethacin er</i>	1
<i>hydrocortisone</i>	69	INFANRIX	93
<i>hydrocortisone</i>	77	INFLECTRA	92
<i>hydrocortisone</i>	95	<i>infliximab</i>	92
<i>hydrocortisone valerate</i>	69	INGREZZA	65
<i>hydrocortisone/acetic acid</i>	100	INLYTA	29
<i>hydromorphone hcl</i>	3	INQOVI	29
<i>hydromorphone hydrochloride</i>	3	INREBIC	25
<i>hydromorphone hydrochloride dosette</i>	3	INTELENCE	40
<i>hydroxychloroquine sulfate</i>	32	INTRON A	90
		<i>introvale</i>	81
		INVEGA HAFYERA	36
		INVEGA SUSTENNA	36

Drug Name	Page #	Drug Name	Page #
INVEGA TRINZA	37	<i>kelnor 1/50</i>	82
INVIRASE	42	KERENDIA	59
IPOL INACTIVATED IPV	93	KESIMPTA	66
<i>ipratropium bromide</i>	102	<i>ketoconazole</i>	21
<i>ipratropium bromide/albuterol sulfate</i>	105	<i>ketorolac tromethamine</i>	1
<i>irbesartan</i>	52	<i>ketorolac tromethamine</i>	99
<i>irbesartan/hydrochlorothiazide</i>	59	<i>kimidess</i>	82
IRESSA	29	KIMMTRAK	25
ISENTRESS	40	KIMYRSA	6
ISENTRESS HD	40	KINRIX	94
ISONIAZID	23	<i>kionex</i>	72
<i>isosorbide dinitrate</i>	63	KISQALI	29
<i>isosorbide mononitrate</i>	63	KISQALI FEMARA 200 DOSE	25
<i>isosorbide mononitrate er</i>	63	KISQALI FEMARA 400 DOSE	25
<i>isotretinoin</i>	67	KISQALI FEMARA 600 DOSE	25
<i>itraconazole</i>	21	KLISYRI	69
<i>ivermectin</i>	32	<i>klor-con</i>	71
IXIARO	94	<i>klor-con 10</i>	71
<i>jaimiess</i>	81	<i>klor-con 8</i>	71
JAKAFI	29	<i>klor-con m10</i>	71
<i>jantoven</i>	49	<i>klor-con m15</i>	71
JANUMET	45	<i>klor-con m20</i>	71
JANUMET XR	45	<i>klor-con sprinkle</i>	71
JANUVIA	45	<i>klor-con/ef</i>	71
JARDIANCE	45	KORLYM	79
JAYPIRCA	29	KORSUVA	97
JEMPERLI	31	KOSELUGO	29
<i>jencycla</i>	84	KRAZATI	25
JENTADUETO	45	<i>kurvelo</i>	82
JENTADUETO XR	45	KYNMOBI	33
<i>jinteli</i>	81	KYNMOBI TITRATION KIT	33
<i>jolessa</i>	81	<i>labetalol hydrochloride</i>	55
<i>jolivette</i>	84	<i>lacosamide</i>	15
JUBLIA	21	<i>lactulose</i>	73
JULUCA	40	LAGEVRIO	97
<i>junel 1.5/30</i>	81	<i>lamivudine</i>	39
<i>junel 1/20</i>	81	<i>lamivudine</i>	41
<i>junel fe 1.5/30</i>	82	<i>lamivudine/zidovudine</i>	41
<i>junel fe 1/20</i>	82	<i>lamotrigine</i>	12
JUXTAPID	62	<i>lamotrigine starter kit/blue</i>	12
JYNNEOS	94	<i>lamotrigine starter kit/green</i>	12
KALYDECO	103	<i>lamotrigine starter kit/orange</i>	12
KANJINTI	31	<i>lamotrigine titration</i>	12
KANUMA	75	<i>lanreotide acetate</i>	86
<i>kariva</i>	82	<i>lansoprazole</i>	74
<i>kelnor 1/35</i>	82	<i>lanthanum carbonate</i>	72

Drug Name	Page #	Drug Name	Page #
LANTUS	48	LEXIVA	42
LANTUS SOLOSTAR	48	lidocaine	4
lapatinib ditosylate	29	lidocaine hcl	4
larin 1.5/30	82	lidocaine hcl jelly	4
larin 1/20	82	lidocaine hydrochloride viscous	67
larin fe 1.5/30	82	lidocaine viscous	67
larin fe 1/20	82	lidocaine/prilocaine	4
larissia	82	lidocaine-prilocaine-cream base	4
latanoprost	100	lillow	82
LATUDA	37	linezolid	6
leflunomide	92	LINZESS	73
LEMTRADA	90	liothyronine sodium	86
lenalidomide	24	lisinopril	52
LENVIMA 10 MG DAILY DOSE	29	lisinopril/hydrochlorothiazide	59
LENVIMA 12MG DAILY DOSE	29	lithium	44
LENVIMA 14 MG DAILY DOSE	29	lithium carbonate	44
LENVIMA 18 MG DAILY DOSE	29	lithium carbonate er	44
LENVIMA 20 MG DAILY DOSE	29	LIVALO	61
LENVIMA 24 MG DAILY DOSE	29	LIVMARLI	97
LENVIMA 4 MG DAILY DOSE	29	LIVTENCITY	39
LENVIMA 8 MG DAILY DOSE	29	lojaimiess	82
lessina	82	LONHALA MAGNAIR REFILL KIT	102
letrozole	27	LONSURF	25
leucovorin calcium	32	loperamide hcl	73
LEUKERAN	24	lopinavir/ritonavir	42
leuprolide acetate	86	lopreeza	82
levalbuterol	102	lorazepam	44
levalbuterol hcl	102	lorazepam intensol	44
levalbuterol hydrochloride	102	LORBRENA	29
levalbuterol tartrate hfa	102	lorcet	3
LEVEMIR	48	lorcet hd	3
LEVEMIR FLEXPEN	48	lorcet plus	3
LEVEMIR FLEXTOUCH	48	losartan potassium	52
levetiracetam	12	losartan potassium/hydrochlorothiazide	59
levetiracetam er	12	LOTEMAX SM	99
levobunolol hcl	99	loteprednol etabonate	99
levocetirizine dihydrochloride	101	lovastatin	61
levofloxacin	10	low-ogestrel	82
levofloxacin	99	loxapine	35
levofloxacin in d5w	10	LUBIPROSTONE	73
levonest	82	LUMAKRAS	25
levonorgestrel and ethinyl estradiol	82	LUMIGAN	100
levonorgestrel/ethinyl estradiol	82	LUMIZYME	75
levora 0.15/30-28	82	LUPRON DEPOT (1-MONTH)	86
levothyroxine sodium	85	LUPRON DEPOT (3-MONTH)	86
levoxyl	85	LUPRON DEPOT (4-MONTH)	86

Drug Name	Page #	Drug Name	Page #
LUPRON DEPOT (6-MONTH)	86	MESNEX	32
LUPRON DEPOT-PED (1-MONTH)	86	<i>metformin hydrochloride</i>	45
LUPRON DEPOT-PED (3-MONTH)	86	<i>metformin hydrochloride er</i>	45
LUPRON DEPOT-PED (6-MONTH)	79	<i>methadone hcl</i>	2
<i>lurasidone hydrochloride</i>	37	<i>methadone hydrochloride</i>	2
<i>lutra</i>	82	<i>methadone hydrochloride intensol</i>	2
LYBALVI	37	<i>methadose</i>	2
<i>lyleq</i>	84	<i>methadose sugar-free</i>	2
<i>lyllana</i>	82	<i>methazolamide</i>	100
LYNPARZA	29	<i>methenamine hippurate</i>	6
LYSODREN	86	<i>methimazole</i>	87
LYTGOBI	26	<i>methocarbamol</i>	105
LYUMJEV	48	<i>methotrexate</i>	92
LYUMJEV KWIKPEN	48	<i>methotrexate sodium</i>	92
<i>lyza</i>	84	<i>methsuximide</i>	13
<i>magnesium sulfate</i>	71	<i>methyl dopa</i>	51
MAKENA	84	<i>methylphenidate hydrochloride</i>	65
<i>malathion</i>	70	<i>methylphenidate hydrochloride er</i>	65
<i>maprotiline hcl</i>	17	<i>methylprednisolone</i>	78
<i>maraviroc</i>	42	<i>methylprednisolone dose pack</i>	78
<i>marlissa</i>	82	<i>metoclopramide hcl</i>	74
MARPLAN	17	<i>metoclopramide hydrochloride</i>	74
MATULANE	24	<i>metolazone</i>	61
<i>matzim la</i>	57	<i>metoprolol succinate er</i>	55
MAVYRET	40	<i>metoprolol tartrate</i>	55
MAYZENT	66	<i>metronidazole</i>	6
MAYZENT STARTER PACK	66	<i>metronidazole</i>	67
<i>meclizine hcl</i>	20	<i>metronidazole vaginal</i>	6
<i>medroxyprogesterone acetate</i>	84	<i>metyrosine</i>	59
<i>mefloquine hcl</i>	33	<i>mexiletine hcl</i>	53
<i>megestrol acetate</i>	84	<i>microgestin 1.5/30</i>	82
MEKINIST	29	<i>microgestin 1/20</i>	82
MEKTOVI	29	<i>microgestin fe 1.5/30</i>	82
<i>meloxicam</i>	1	<i>microgestin fe 1/20</i>	82
<i>memantine hcl titration pak</i>	16	<i>midodrine hcl</i>	51
<i>memantine hydrochloride</i>	16	<i>mifepristone</i>	79
<i>memantine hydrochloride er</i>	16	<i>miglustat</i>	75
MENACTRA	94	<i>mili</i>	82
MENEST	82	<i>mimvey</i>	83
<i>menquadfi</i>	94	<i>mimvey lo</i>	83
MENVEO	94	<i>minocycline hcl</i>	11
<i>mercaptapurine</i>	25	<i>minocycline hydrochloride</i>	11
<i>meropenem</i>	9	<i>minoxidil</i>	63
<i>mesalamine</i>	95	<i>mirtazapine</i>	17
<i>mesalamine dr</i>	95	<i>mirtazapine odt</i>	17
<i>mesalamine er</i>	95	<i>misoprostol</i>	74

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

Drug Name	Page #	Drug Name	Page #
M-M-R II	94	nebivolol hydrochloride	55
modafinil	106	necon 0.5/35-28	83
moexipril hcl	52	necon 7/7/7	83
molindone hydrochloride	35	nefazodone hydrochloride	18
mometasone furoate	69	nelarabine	25
mometasone furoate	101	neomycin sulfate	5
mondoxyne nl	11	neomycin/bacitracin/polymyxin	98
MONJUVI	31	neomycin/polymyxin/bacitracin/hydrocortisone	98
mono-linyah	83	neomycin/polymyxin/dexamethasone	98
mononessa	83	neomycin/polymyxin/gramicidin	98
montelukast sodium	101	neomycin/polymyxin/hc	100
morgidox 1x100mg	11	neomycin/polymyxin/hydrocortisone	100
morgidox 2x100mg	11	neo-polycin	98
morphine sulfate	3	neo-polycin hc	98
morphine sulfate er	2	NERLYNX	29
MOTEGRITY	73	NEULASTA	50
MOUNJARO	46	NEULASTA ONPRO KIT	50
moxifloxacin hydrochloride/sodium hydrochloride	10	NEUPRO	33
moxifloxacin hydrochloride	10	nevirapine	41
moxifloxacin hydrochloride	99	nevirapine er	40
mupirocin	70	niacin er	62
MVASI	32	nicardipine hcl	56
mycophenolate mofetil	92	NICOTROL NS	5
mycophenolic acid dr	92	nifedipine er	56
MYFEMBREE	86	nilutamide	24
myorisan	67	nimodipine	56
MYRBETRIQ	76	NINLARO	26
NABI-HB	88	nitazoxanide	33
nabumetone	1	nitisinone	75
nadolol	55	NITRO-BID	63
nafacillin sodium	9	nitrofurantoin macrocrystals	6
naftifine hydrochloride	21	nitrofurantoin monohydrate	6
NAGLAZYME	75	nitrofurantoin monohydrate/macrocrystals	6
naloxone hcl	5	nitroglycerin	63
naloxone hydrochloride	5	nitroglycerin transdermal	63
naltrexone hcl	4	nizatidine	74
NAMZARIC	15	nora-be	85
naproxen	1	norethindrone	85
naproxen sodium	1	norethindrone acetate	85
naratriptan hcl	22	norethindrone acetate/ethinyl estradiol	83
NATACYN	99	norethindrone acetate/ethinyl estradiol/ferrous fumarate	83
nateglinide	46	norgestimate/ethinyl estradiol	83
NATPARA	96	norlyda	85
NAYZILAM	12	norlyroc	85
nebivolol	55		

Drug Name	Page #	Drug Name	Page #
<i>nortrel 0.5/35 (28)</i>	83	<i>olmesartan medoxomil/hydrochlorothiazide</i>	59
<i>nortrel 1/35</i>	83	<i>olopatadine hcl</i>	98
<i>nortrel 7/7/7</i>	83	<i>olopatadine hydrochloride</i>	98
<i>nortriptyline hcl</i>	19	<i>omega-3-acid ethyl esters</i>	62
<i>nortriptyline hydrochloride</i>	20	<i>omeprazole</i>	74
NORVIR	42	<i>omeprazole dr</i>	74
NOVOLIN 70/30	48	OMNIPOD 5 G6 INTRO KIT (GEN 5)	97
NOVOLIN 70/30 FLEXPEN	48	OMNIPOD 5 G6 PODS (GEN 5)	97
NOVOLIN N	48	OMNIPOD CLASSIC PDM STARTER	97
NOVOLIN N FLEXPEN	48	KIT (GEN 3)	
NOVOLIN R	48	OMNIPOD CLASSIC PODS (GEN 3)	97
NOVOLIN R FLEXPEN	48	OMNIPOD DASH INTRO KIT (GEN 4)	97
NOVOLOG	48	OMNIPOD DASH PDM KIT (GEN 4)	97
NOVOLOG FLEXPEN	48	OMNIPOD DASH PODS (GEN 4)	97
NOVOLOG MIX 70/30	48	OMNIPOD GO 10 UNITS/DAY	97
NOVOLOG MIX 70/30 PREFILLED	48	OMNIPOD GO 15 UNITS/DAY	97
FLEXPEN		OMNIPOD GO 20 UNITS/DAY	97
NOVOLOG PENFILL	48	OMNIPOD GO 25 UNITS/DAY	97
NOXAFIL	21	OMNIPOD GO 30 UNITS/DAY	97
NUBEQA	24	OMNIPOD GO 35 UNITS/DAY	97
NUCALA	105	OMNIPOD GO 40 UNITS/DAY	97
NUEDEXTA	65	<i>ondansetron hcl</i>	20
NUPLAZID	37	<i>ondansetron hydrochloride</i>	20
<i>nutrilipid</i>	97	<i>ondansetron odt</i>	21
<i>nyamyc</i>	21	ONUREG	26
<i>nylia 1/35</i>	83	OPDUALAG	27
<i>nylia 7/7/7</i>	83	OPSUMIT	104
NYMALIZE	56	OPZELURA	69
<i>nymyo</i>	83	<i>oralone dental paste</i>	67
<i>nystatin</i>	21	ORENITRAM	104
<i>nystatin/triamcinolone</i>	69	ORENITRAM TITRATION KIT MONTH	104
<i>nystop</i>	21		1
OCREVUS	66	ORENITRAM TITRATION KIT MONTH	104
OCTAGAM	88		2
<i>octreotide acetate</i>	86	ORENITRAM TITRATION KIT MONTH	104
ODEFSEY	41		3
ODOMZO	30	ORFADIN	75
OFEV	104	ORGOVYX	87
<i>ofloxacin</i>	10	ORLISSA	87
<i>ofloxacin</i>	99	ORKAMBI	103
<i>ofloxacin</i>	100	<i>orphenadrine citrate er</i>	105
OJJAARA	30	ORSERDU	27
<i>okebo</i>	11	<i>orsythia</i>	83
<i>olanzapine</i>	37	<i>oseltamivir phosphate</i>	43
<i>olanzapine odt</i>	37	OSMOLEX ER	33
<i>olmesartan medoxomil</i>	52	OSPHENA	85

Formulary ID: 23377, Version: 17, Effective Date: 12/01/2023
Last Updated: November 2023

Drug Name	Page #	Drug Name	Page #
OTEZLA	70	<i>phenelzine sulfate</i>	17
OTEZLA	90	<i>phenobarbital</i>	14
<i>oxandrolone</i>	79	<i>phenytoin</i>	15
<i>oxaprozin</i>	2	<i>phenytoin sodium extended</i>	15
OXBRYTA	50	PHESGO	26
<i>oxcarbazepine</i>	15	<i>philith</i>	83
OXLUMO	97	PICATO	70
<i>oxybutynin chloride</i>	76	PIFELTRO	41
<i>oxybutynin chloride er</i>	76	<i>pilocarpine hcl</i>	100
<i>oxycodone hydrochloride</i>	4	<i>pilocarpine hydrochloride</i>	67
<i>oxycodone/acetaminophen</i>	4	<i>pimozide</i>	35
OZEMPIC	46	<i>pimtrea</i>	83
<i>pacerone</i>	53	<i>pindolol</i>	55
<i>paliperidone er</i>	37	<i>pioglitazone hcl</i>	46
PANRETIN	32	<i>pioglitazone hcl/metformin hcl</i>	46
<i>pantoprazole sodium</i>	75	<i>pioglitazone hydrochloride</i>	46
<i>pantoprazole sodium dr</i>	75	<i>piperacillin sodium/tazobactam sodium</i>	9
PANZYGA	89	PIQRAY 200MG DAILY DOSE	30
<i>paricalcitol</i>	96	PIQRAY 250MG DAILY DOSE	30
<i>paroex</i>	67	PIQRAY 300MG DAILY DOSE	30
<i>paromomycin sulfate</i>	5	<i>pirfenidone</i>	104
<i>paroxetine hcl</i>	18	<i>pirmella 1/35</i>	83
<i>paroxetine hydrochloride</i>	18	<i>pirmella 7/7/7</i>	83
<i>paser</i>	23	<i>piroxicam</i>	2
PAXLOVID	97	<i>pitavastatin calcium</i>	62
<i>pazopanib hydrochloride</i>	30	PLEGRIDY	66
PEDIARIX	94	PLEGRIDY STARTER PACK	66
PEDVAX HIB	94	PLENAMINE	71
<i>peg 3350/electrolytes</i>	74	<i>podofilox</i>	70
<i>peg-3350/electrolytes</i>	74	POLIVY	32
<i>peg-3350/nacl/na bicarbonate/kcl</i>	74	<i>polycin</i>	98
PEGANONE	15	<i>polyethylene glycol 3350</i>	73
PEGASYS	90	<i>polymyxin b sulfate/trimethoprim sulfate</i>	98
PEGASYS PROCLICK	90	POMALYST	24
PEMAZYRE	26	<i>portia-28</i>	83
<i>penicillamine</i>	77	<i>posaconazole</i>	22
<i>penicillin g sodium</i>	9	<i>posaconazole dr</i>	21
<i>penicillin v potassium</i>	9	<i>potassium chloride</i>	71
PENTACEL	94	<i>potassium chloride er</i>	71
<i>pentamidine isethionate</i>	33	<i>potassium chloride sr</i>	71
<i>pentoxifylline er</i>	59	<i>potassium citrate er</i>	71
<i>perindopril erbumine</i>	53	PRALUENT	62
<i>permethrin</i>	70	<i>pramipexole dihydrochloride</i>	33
<i>perphenazine</i>	35	<i>prasugrel</i>	51
PERSERIS	37	<i>pravastatin sodium</i>	62
<i>phenadoz</i>	20	<i>praziquantel</i>	32

Drug Name	Page #	Drug Name	Page #
<i>prazosin hydrochloride</i>	51	<i>propranolol hcl er</i>	55
<i>prednisolone</i>	78	<i>propranolol hydrochloride</i>	55
<i>prednisolone acetate</i>	99	<i>propranolol hydrochloride er</i>	55
<i>prednisolone sodium phosphate</i>	78	<i>propylthiouracil</i>	87
<i>prednisone</i>	78	PROQUAD	94
<i>pregabalin</i>	65	<i>protriptyline hcl</i>	20
PREHEVBRIO	94	PULMOZYME	103
PREMARIN	83	PURIXAN	25
<i>premium lidocaine</i>	4	<i>pyrazinamide</i>	23
PREMPHASE	83	<i>pyridostigmine bromide</i>	23
PREMPRO	83	<i>pyrimethamine</i>	33
<i>prenatal</i>	73	PYRUKYND	50
<i>prevalite</i>	62	PYRUKYND TAPER PACK	50
<i>previfem</i>	83	QINLOCK	24
PREVYMIS	39	QUADRACEL	94
PREZCOBIX	42	<i>quetiapine fumarate</i>	38
PREZISTA	42	<i>quetiapine fumarate er</i>	37
PRIFTIN	23	<i>quinapril hcl</i>	53
<i>primaquine phosphate</i>	33	<i>quinapril hydrochloride</i>	53
<i>primidone</i>	14	<i>quinapril/hydrochlorothiazide</i>	59
PRIORIX	94	<i>quinidine sulfate</i>	54
PRIVIGEN	89	<i>quinine sulfate</i>	33
PROAIR HFA	102	RABAVERT	94
PROAIR RESPICLICK	102	<i>rabeprazole sodium</i>	75
<i>probenecid</i>	22	RADICAVA ORS	65
<i>probenecid/colchicine</i>	22	RADICAVA ORS STARTER KIT	65
<i>prochlorperazine</i>	20	<i>raloxifene hydrochloride</i>	85
<i>prochlorperazine edisylate</i>	20	<i>ramelteon</i>	105
<i>prochlorperazine maleate</i>	20	<i>ramipril</i>	53
PROCRIT	50	<i>ranolazine er</i>	60
<i>procto-med hc</i>	95	<i>rasagiline mesylate</i>	34
<i>proctosol hc</i>	95	RAYALDEE	96
<i>proctozone-hc</i>	95	REBIF	66
<i>progesterone</i>	85	REBIF REBIDOSE	66
PROGRAF	92	REBIF REBIDOSE TITRATION PACK	66
PROLASTIN-C	75	REBIF TITRATION PACK	66
PROLENSA	99	RECOMBIVAX HB	94
PROLIA	96	RECTIV	74
PROMACTA	50	RELISTOR	73
<i>promethazine hcl</i>	20	RELYVRIO	65
<i>promethazine hcl plain</i>	20	REMICADE	92
<i>promethazine hydrochloride</i>	20	RENFLXIS	92
<i>promethegan</i>	20	<i>repaglinide</i>	46
<i>propafenone hcl</i>	53	REPATHA	63
<i>propafenone hydrochloride er</i>	54	REPATHA PUSHTRONEX SYSTEM	63
<i>propranolol hcl</i>	55	REPATHA SURECLICK	63

Drug Name	Page #	Drug Name	Page #
RESTASIS	98	RYBELSUS	46
RESTASIS MULTIDOSE	98	RYBREVANT	32
RETACRIT	50	RYDAPT	30
RETEVMO	26	RYLAZE	26
RETROVIR IV INFUSION	41	RYTARY	34
REVCOVI	75	<i>sajazir</i>	87
REVLIMID	24	SANDIMMUNE	93
REXULTI	38	SANTYL	70
REYATAZ	43	SAPHNELO	90
REZLIDHIA	30	<i>sapropterin dihydrochloride</i>	76
REZUROCK	92	SARCLISA	32
RHOPRESSA	100	SAVELLA	66
<i>ribavirin</i>	40	SAVELLA TITRATION PACK	65
<i>rifabutin</i>	23	SCEMBLIX	26
<i>rifampin</i>	23	<i>scopolamine</i>	20
<i>riluzole</i>	65	SECUADO	38
<i>rimantadine hydrochloride</i>	43	<i>selegiline hcl</i>	34
RINVOQ	90	<i>selenium sulfide</i>	69
<i>risedronate sodium</i>	96	SELZENTRY	42
<i>risedronate sodium dr</i>	96	SEREVENT DISKUS	102
RISPERDAL CONSTA	38	<i>sertraline hcl</i>	18
<i>risperidone</i>	38	<i>sertraline hydrochloride</i>	18
<i>risperidone odt</i>	38	<i>setlakin</i>	83
<i>ritonavir</i>	43	<i>sevelamer carbonate</i>	72
<i>rivastigmine tartrate</i>	16	SFROWASA	95
<i>rivastigmine transdermal system</i>	16	<i>sharobel</i>	85
<i>rivelsa</i>	83	SHINGRIX	94
<i>rizatriptan benzoate</i>	22	SIGNIFOR	87
<i>rizatriptan benzoate odt</i>	22	SIGNIFOR LAR	87
ROCKLATAN	98	<i>sildenafil citrate</i>	104
<i>roflumilast</i>	103	<i>silodosin</i>	77
ROLVEDON	50	<i>silver sulfadiazine</i>	70
ROMIDEPSIN	26	SIMBRINZA	98
<i>ropinirole hcl</i>	34	<i>simliya</i>	83
<i>ropinirole hydrochloride</i>	34	<i>simpesse</i>	84
<i>rosadan</i>	68	<i>simvastatin</i>	62
<i>rosuvastatin calcium</i>	62	<i>sirolimus</i>	93
ROTARIX	94	SIRTURO	23
ROTATEQ	94	SKYCLARYS	97
<i>roweepra</i>	12	SKYRIZI	90
<i>roweepra xr</i>	12	SKYRIZI PEN	90
ROZLYTREK	30	SKYTROFA	79
RUBRACA	30	<i>sodium chloride</i>	72
<i>rufinamide</i>	15	<i>sodium chloride 0.45%</i>	72
RUKOBIA	42	<i>sodium chloride 0.9%</i>	97
RUXIENCE	32	<i>sodium oxybate</i>	106

Drug Name	Page #	Drug Name	Page #
<i>sodium phenylbutyrate</i>	76	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	98
<i>sodium polystyrene sulfonate</i>	72	<i>sulfadiazine</i>	10
<i>sodium polystyrene sulfonate</i>	72	<i>sulfamethoxazole/trimethoprim</i>	10
SODIUM SULFATE/POTASSIUM	74	<i>sulfamethoxazole/trimethoprim ds</i>	10
SULFATE/MAGNESIUM SULFATE		<i>sulfasalazine</i>	95
<i>sofosbuvir/velpatasvir</i>	40	<i>sulindac</i>	2
<i>solifenacin succinate</i>	76	<i>sumatriptan</i>	23
SOLQUA 100/33	46	<i>sumatriptan succinate</i>	22
SOLTAMOX	25	<i>sunitinib malate</i>	30
SOMATULINE DEPOT	87	SUNLENCA	42
SOMAVERT	87	SUPPRELIN LA	87
<i>sorafenib</i>	30	SUPREP BOWEL PREP KIT	74
<i>sorafenib tosylate</i>	30	SYLATRON	91
<i>sorine</i>	54	SYMBICORT	105
<i>sotalol hcl</i>	54	SYMDEKO	103
<i>sotalol hydrochloride</i>	54	SYMLINPEN 120	46
<i>sotalol hydrochloride (af)</i>	54	SYMLINPEN 60	46
SPIRIVA HANDIHALER	102	SYMPAZAN	14
SPIRIVA RESPIMAT	102	SYMTUZA	43
<i>spironolactone</i>	61	SYNAGIS	89
<i>spironolactone/hydrochlorothiazide</i>	60	SYNAREL	87
SPRAVATO 56MG DOSE	17	SYNJARDY	46
SPRAVATO 84MG DOSE	17	SYNJARDY XR	46
<i>sprintec 28</i>	84	SYNRIBO	26
SPRITAM	12	TABLOID	25
SPRYCEL	30	TABRECTA	24
<i>sps</i>	72	<i>tacrolimus</i>	69
<i>sronyx</i>	84	<i>tacrolimus</i>	93
<i>ssd</i>	70	<i>tadalafil</i>	77
STAMARIL	94	<i>tadalafil</i>	104
<i>stavudine</i>	41	TAFINLAR	30
STELARA	90	TAGRISSO	30
STIMATE	79	TALZENNA	30
STIOLTO RESPIMAT	105	TAMIFLU	43
STIVARGA	30	<i>tamoxifen citrate</i>	25
STRENSIQ	76	<i>tamsulosin hydrochloride</i>	77
<i>streptomycin sulfate</i>	5	<i>tarina fe 1/20</i>	84
STRIBILD	40	<i>tarina fe 1/20 eq</i>	84
<i>subvenite</i>	12	TARPEYO	95
<i>subvenite starter kit/blue</i>	12	TASIGNA	30
<i>subvenite starter kit/green</i>	12	TAVALISSE	51
<i>subvenite starter kit/orange</i>	12	TAVNEOS	97
SUCRAID	76	<i>tazarotene</i>	68
<i>sucrafate</i>	74	<i>tazicef</i>	8
<i>sulfacetamide sodium</i>	99	<i>taztia xt</i>	57

Drug Name	Page #	Drug Name	Page #
TAZVERIK	26	TOBRADEX	98
TDVAX	94	TOBRADEX ST	98
TEFLARO	8	<i>tobramycin</i>	99
TEGSEDI	76	<i>tobramycin</i>	103
<i>telmisartan</i>	52	<i>tobramycin sulfate</i>	5
<i>telmisartan/hydrochlorothiazide</i>	60	<i>tobramycin/dexamethasone</i>	98
<i>temazepam</i>	105	<i>tolazamide</i>	46
TEMIXYS	41	<i>tolterodine tartrate</i>	77
TENIVAC	94	<i>tolterodine tartrate er</i>	77
<i>tenofovir disoproxil fumarate</i>	41	<i>topiramate</i>	12
TEPMETKO	31	<i>toremifene citrate</i>	25
<i>terazosin hcl</i>	51	<i>torsemid</i>	60
<i>terazosin hydrochloride</i>	51	TOUJEO MAX SOLOSTAR	48
<i>terbinafine hcl</i>	22	TOUJEO SOLOSTAR	48
<i>terbutaline sulfate</i>	103	TRADJENTA	46
<i>terconazole</i>	22	<i>tramadol hcl</i>	4
TERIPARATIDE	96	<i>tramadol hydrochloride/acetaminophen</i>	4
TESTOSTERONE	79	<i>trandolapril</i>	53
<i>testosterone cypionate</i>	79	<i>trandolapril/verapamil hcl er</i>	60
<i>testosterone enanthate</i>	79	<i>tranexamic acid</i>	51
TESTOSTERONE PUMP	79	<i>tranylcypromine sulfate</i>	17
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	94	TRAZIMERA	32
<i>tetrabenazine</i>	65	<i>trazodone hydrochloride</i>	18
<i>tetracycline hydrochloride</i>	11	TRECATOR	23
TEZSPIRE	105	TRELEGY ELLIPTA	105
THALOMID	24	TRELSTAR MIXJECT	87
<i>theophylline er</i>	103	TRESIBA	48
<i>thioridazine hcl</i>	35	TRESIBA FLEXTOUCH	48
<i>thiotepa</i>	24	<i>tretinoin</i>	32
<i>thiothixene</i>	35	<i>tretinoin</i>	68
<i>tiadylt er</i>	57	<i>tri femynor</i>	84
<i>tiagabine hydrochloride</i>	14	<i>triamcinolone acetonide</i>	69
TIBSOVO	31	<i>triamcinolone acetonide</i>	78
TICOVAC	94	<i>triamcinolone acetonide dental paste</i>	67
<i>timolol maleate</i>	22	<i>triamterene/hydrochlorothiazide</i>	60
<i>timolol maleate</i>	99	<i>triderm</i>	69
<i>timolol maleate ophthalmic gel forming</i>	99	<i>trientine hydrochloride</i>	72
<i>tinidazole</i>	6	<i>tri-estarylla</i>	84
TIOTROPIUM BROMIDE	102	<i>trifluoperazine hcl</i>	36
TIVDAK	32	<i>trifluoperazine hydrochloride</i>	36
TIVICAY	40	<i>trifluridine</i>	99
TIVICAY PD	40	<i>trihexyphenidyl hcl</i>	33
<i>tizanidine hcl</i>	39	<i>trihexyphenidyl hydrochloride</i>	33
<i>tizanidine hydrochloride</i>	39	TRIJDY XR	46
TOBI PODHALER	103	TRIKAFTA	103
		<i>tri-linyah</i>	84

Drug Name	Page #	Drug Name	Page #
<i>trilyte</i>	74	VALTOCO 15 MG DOSE	14
<i>trimethoprim</i>	6	VALTOCO 20 MG DOSE	14
<i>tri-mili</i>	84	VALTOCO 5 MG DOSE	14
<i>trimipramine maleate</i>	20	<i>vancomycin hydrochloride</i>	6
<i>trinessa</i>	84	VANFLYTA	26
TRINTELLIX	18	VANFLYTA	31
<i>tri-nymyo</i>	84	VAQTA	95
<i>tri-previfem</i>	84	<i>varenicline starting month box</i>	5
TRIPTODUR	87	<i>varenicline tartrate</i>	5
<i>tri-sprintec</i>	84	VARIVAX	95
TRIUMEQ	41	VARIZIG	89
TRIUMEQ PD	41	VAXELIS	95
<i>trivora-28</i>	84	VELPHORO	72
<i>tri-vylibra</i>	84	<i>veltassa</i>	72
TRIZIVIR	41	VEMLIDY	39
TRODELVY	32	VENCLEXTA	31
TROGARZO	42	VENCLEXTA STARTING PACK	31
<i>trospium chloride</i>	77	VENLAFAXINE BESYLATE ER	18
<i>trospium chloride er</i>	77	<i>venlafaxine hcl er</i>	18
TRULICITY	47	<i>venlafaxine hydrochloride</i>	19
TRUMENBA	94	<i>venlafaxine hydrochloride er</i>	19
TRUSELTIQ	26	VENTAVIS	104
TUKYSA	26	<i>verapamil hcl</i>	58
<i>tulana</i>	85	<i>verapamil hcl er</i>	57
TURALIO	31	<i>verapamil hcl sr</i>	58
TWINRIX	94	<i>verapamil hydrochloride</i>	58
TYBOST	42	<i>verapamil hydrochloride er</i>	58
TYMLOS	96	VERQUVO	63
TYPHIM VI	95	VERSACLOZ	39
TYSABRI	66	VERZENIO	31
UBRELVY	22	V-GO 20	97
UDENYCA	50	V-GO 30	97
UKONIQ	31	V-GO 40	97
<i>unithroid</i>	86	VICTOZA	47
<i>urea</i>	70	VIDEX EC	41
<i>ursodiol</i>	74	VIDEX PEDIATRIC	41
VABYSMO	98	<i>vienna</i>	84
<i>valacyclovir hcl</i>	43	<i>vigabatrin</i>	14
<i>valacyclovir hydrochloride</i>	43	<i>vigadrone</i>	14
VALCHLOR	24	VIIBRYD STARTER PACK	19
<i>valganciclovir</i>	39	VIJOICE	97
<i>valganciclovir hydrochloride</i>	39	<i>vilazodone hydrochloride</i>	19
<i>valproic acid</i>	44	VIMIZIM	76
<i>valsartan</i>	52	<i>viorele</i>	84
<i>valsartan/hydrochlorothiazide</i>	60	VIRACEPT	43
VALTOCO 10 MG DOSE	14	VIREAD	42

Drug Name	Page #	Drug Name	Page #
VISTOGARD	97	XPOVIO 40 MG ONCE WEEKLY	26
VITRAKVI	31	XPOVIO 40 MG TWICE WEEKLY	26
VIVITROL	4	XPOVIO 60 MG ONCE WEEKLY	26
VIZIMPRO	31	XPOVIO 60 MG TWICE WEEKLY	26
VOCABRIA	40	XPOVIO 80 MG ONCE WEEKLY	26
<i>volnea</i>	84	XPOVIO 80 MG TWICE WEEKLY	27
VONJO	26	XTAMPZA ER	2
VOQUEZNA DUAL PAK	6	XTANDI	24
VOQUEZNA TRIPLE PAK	6	XYREM	106
<i>voriconazole</i>	22	<i>yargesa</i>	76
VOSEVI	40	YF-VAX	95
VOTRIENT	31	YUFLYMA 1-PEN KIT	93
VOXZOGO	97	YUFLYMA 2-PEN KIT	93
VRAYLAR	38	YUFLYMA 2-SYRINGE KIT	93
VUMERITY	66	YUPELRI	102
<i>vyfemla</i>	84	<i>yuvafem</i>	84
VYJUVEK	97	<i>zafirlukast</i>	101
<i>vylibra</i>	84	<i>zaleplon</i>	105
VYNDAMAX	60	ZARXIO	50
VYVGART	90	ZEJULA	31
VYVGART HYTRULO	90	ZELBORAF	31
VYZULTA	100	<i>zenatane</i>	68
<i>warfarin sodium</i>	49	ZENPEP	76
WELIREG	31	ZEPOSIA	67
<i>wera</i>	84	ZEPOSIA 7-DAY STARTER PACK	66
<i>wixela inhub</i>	105	ZEPOSIA STARTER KIT	67
XALKORI	31	ZEPZELCA	24
XARELTO	50	<i>zidovudine</i>	42
XARELTO STARTER PACK	50	<i>ziprasidone hcl</i>	38
XATMEP	93	<i>ziprasidone mesylate</i>	38
XCOPRI	12	ZIRABEV	32
XELJANZ	90	ZIRGAN	99
XELJANZ XR	90	ZOKINVY	76
XEMBIFY	89	ZOLADEX	87
XENLETA	6	ZOLINZA	27
XENPOZYME	72	<i>zolmitriptan</i>	23
XERMELO	73	<i>zolpidem tartrate</i>	106
XGEVA	96	<i>zolpidem tartrate er</i>	106
XIFAXAN	74	ZONISADE	15
XIGDUO XR	47	<i>zonisamide</i>	15
XIIDRA	98	ZORBTIVE	74
XOFLUZA	43	ZOSTAVAX	95
XOLAIR	90	<i>zovia 1/35</i>	84
XOSPATA	31	<i>zovia 1/35e</i>	84
XPOVIO	27	ZTALMY	65
XPOVIO 100 MG ONCE WEEKLY	26	ZYDELIG	31

Drug Name	Page #
ZYKADIA	31
ZYLET	98
ZYNLONTA	32
ZYPREXA RELPREVV	38

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-855-204-2744]. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-396-0183. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-396-0188。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-725-1516。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-389-4839. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-396-0190. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-389-4838 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-396-0191. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-396-0187 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-389-4840. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-396-0189 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-844-725-1519] पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-396-0184. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-396-0182. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-398-6232. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-396-0186. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-396-0185 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 11/01/2023 (effective 12/01/2023). For more recent information or other questions, please contact BlueCross Total Value at 1-855-204-2744, or, for TTY users 711, 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated telephone system handles calls received after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m. Eastern Time, seven days a week. Or visit www.sdbluesmedadvantage.com.



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross Blue Shield Association.*