



South Carolina

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

BlueCross SecureSM (HMO) & BlueCross TotalSM (PPO)

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00024209, Version Number 18

This formulary was updated on 11/01/2024 (effective 12/01/2024). For more recent information or other questions, please contact BlueCross Secure & BlueCross Total 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.

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2024 (effective 12/01/2024). For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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 titled “How do I request an exception to the BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total Formulary?”

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

The enclosed formulary is current as of 11/01/2024 (effective 12/01/2024). To get updated information about the drugs covered by BlueCross Secure & BlueCross Total, 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.SCBluesMedAdvantage.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 109. 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 Secure & BlueCross Total 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 Secure & BlueCross Total requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BlueCross

Secure & BlueCross Total before you fill your prescriptions. If you don't get approval, BlueCross Secure & BlueCross Total may not cover the drug.

- **Quantity Limits:** For certain drugs, BlueCross Secure & BlueCross Total limits the amount of the drug that BlueCross Secure & BlueCross Total will cover. For example, BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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 Secure & BlueCross Total may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total 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 Secure & BlueCross Total'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 Secure & BlueCross Total 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 Secure & BlueCross Total. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BlueCross Secure & BlueCross Total.
- You can ask BlueCross Secure & BlueCross Total 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 Secure & BlueCross Total Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to cover a formulary drug at a lower cost sharing level, unless the drug is on the specialty tier. 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 Secure & BlueCross Total 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, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 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 Secure & BlueCross Total prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BlueCross Secure & BlueCross Total, 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 Secure & BlueCross Total's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by BlueCross Secure & BlueCross Total. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

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 Secure & BlueCross Total 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 Secure \$500 Annual Deductible on Tiers 3,4 and 5 only.

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 Standard 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
Tier 3: Covered 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	25% coinsurance	25% coinsurance	Not Covered	Not Covered	Not Covered
Tier 6: Select Care Drugs	\$0 copay	\$5 copay	\$0 copay	\$15 copay	\$0 copay

BlueCross Total \$0 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 Standard 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
Tier 3: Covered 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	33% coinsurance	33% coinsurance	Not Covered	Not Covered	Not Covered

Tier 6: Select Care Drugs	\$0 Copay	\$5 Copay	\$0 Copay	\$15 Copay	\$0 Copay
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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.

2024 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

ST NSO	Step Therapy for New Starts Only	PA NSO	Prior Authorization for New Starts Only
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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 can find Covered 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 – Tier 6 includes 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.

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>diflunisal tablet 500mg</i>	3	
<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 dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet delayed release 500mg</i>	4	

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Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<i>buprenorphine patch weekly 5mcg/hr</i>	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>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
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	NDS

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

Drug Name	Drug Tier	Requirements/Limits
<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; 2.5mg</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 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 4mg/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 10mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	2	NDS
<i>morphine sulfate solution 100mg/5ml</i>	3	NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	NDS

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate solution 20mg/5ml</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>	2	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream 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>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	3	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)
<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)
Opioid Reversal Agents		

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
<i>varenicline starting month 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)
<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>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN CAPSULE 250MG	5	
<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>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg</i>	2	
<i>clindamycin hydrochloride capsule 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<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 600mg/4ml</i>	3	
<i>clindamycin phosphate injection 900mg/6ml</i>	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab 1%</i>	3	
<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	
<i>daptomycin injection 350mg</i>	5	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO CAPSULE 50MG	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>	1	
<i>metronidazole tablet 500mg</i>	1	
<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 hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM	3	
<i>vancomycin hydrochloride injection 1gm</i>	3	
<i>vancomycin hydrochloride injection 250mg</i>	3	
VANCOMYCIN HYDROCHLORIDE INJECTION 2GM	3	
<i>vancomycin hydrochloride injection 500mg</i>	3	
<i>vancomycin hydrochloride injection 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg</i>	2	
<i>cefaclor capsule 500mg</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml</i>	4	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	4	
<i>cefaclor suspension reconstituted 375mg/5ml</i>	4	
<i>cefadroxil capsule 500mg</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
CEFAZOLIN INJECTION 3GM	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	
<i>cefepime injection 1gm/50ml</i>	4	
<i>cefepime injection 1gm</i>	4	
<i>cefepime injection 2gm/100ml</i>	4	
<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>	3	
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	3	
<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 10gm</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>	3	
<i>cefuroxime sodium injection 7.5gm</i>	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection 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	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 2gm</i>	3	
TAZICEF INJECTION 6GM	3	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
<i>Beta-lactam, Penicillins</i>		
<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>	1	
<i>amoxicillin capsule 500mg</i>	1	
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	1	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	1	
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	1	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	1	
<i>amoxicillin tablet chewable 125mg</i>	2	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	1	
<i>amoxicillin tablet 875mg</i>	1	
<i>ampicillin sodium injection 10gm</i>	3	
<i>ampicillin sodium injection 125mg</i>	3	
<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: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>oxacillin sodium injection 10gm</i>	4	
<i>oxacillin sodium injection 1gm</i>	4	
<i>oxacillin 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 2gm</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>	1	
<i>azithromycin tablet 250mg</i>	1	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<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 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		
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	1	
<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>	3	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Tetracyclines</i>		
<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>	2	
<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>	2	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg</i>	3	
<i>minocycline hydrochloride capsule 50mg</i>	3	
<i>mondoxyne nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule 100mg</i>	2	
<i>morgidox 2x100mg capsule 100mg</i>	2	
<i>tetracycline hydrochloride capsule 250mg</i>	3	
<i>tetracycline hydrochloride capsule 500mg</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION 10MG/ML	5	PA NSO
BRIVIACT TABLET 100MG	5	PA NSO
BRIVIACT TABLET 10MG	5	PA NSO
BRIVIACT TABLET 25MG	5	PA NSO
BRIVIACT TABLET 50MG	5	PA NSO
BRIVIACT TABLET 75MG	5	PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
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 NSO
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	
<i>lamotrigine er tablet extended release 24 hour 100mg</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er tablet extended release 24 hour 200mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 250mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 25mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 300mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 100mg</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine odt tablet disintegrating 25mg</i>	4	
<i>lamotrigine odt tablet disintegrating 50mg</i>	4	
<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>	1	
<i>lamotrigine tablet 150mg</i>	1	
<i>lamotrigine tablet 200mg</i>	1	
<i>lamotrigine tablet 25mg</i>	1	
<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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite tablet 100mg</i>	1	
<i>subvenite tablet 150mg</i>	1	
<i>subvenite tablet 200mg</i>	1	
<i>subvenite tablet 25mg</i>	1	
<i>topiramate capsule sprinkle 15mg</i>	3	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	1	
<i>topiramate tablet 200mg</i>	1	
<i>topiramate tablet 25mg</i>	1	
<i>topiramate tablet 50mg</i>	1	
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
XCOPRI TABLET 100MG	5	PA NSO
XCOPRI TABLET 150MG	5	PA NSO
XCOPRI TABLET 200MG	5	PA NSO
XCOPRI TABLET 25MG	5	PA NSO
XCOPRI TABLET 50MG	5	PA NSO
Calcium Channel Modifying Agents		
<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>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	4	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 NSO
DIACOMIT CAPSULE 500MG	5	PA NSO
DIACOMIT PACKET 250MG	5	PA NSO
DIACOMIT PACKET 500MG	5	PA NSO
<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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	1	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)
LIBERVANT FILM 10MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 12.5MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 15MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 5MG	4	QL(10 EA per 30 days)
LIBERVANT FILM 7.5MG	4	QL(10 EA per 30 days)
<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	4	
<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 NSO
<i>vigabatrin tablet 500mg</i>	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone packet 500mg</i>	5	PA NSO
<i>vigadrone tablet 500mg</i>	5	PA NSO
VIGAFYDE SOLUTION 100MG/ML	5	PA NSO
<i>vigpoder packet 500mg</i>	5	PA NSO
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	
<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	
PHENYTEK CAPSULE 200MG	2	
PHENYTEK CAPSULE 300MG	2	
<i>phenytoin infatabs tablet chewable 50mg</i>	2	
<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>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide capsule 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet 1mg</i>	4	
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>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 NSO
<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)
<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 NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
ZURZUVAE CAPSULE 20MG	5	QL(28 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 25MG	5	QL(28 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PATCH 24 HOUR 12MG/24HR	5	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 6MG/24HR	5	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 9MG/24HR	5	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>escitalopram oxalate tablet 10mg</i>	1	
<i>escitalopram oxalate tablet 20mg</i>	1	
<i>escitalopram oxalate tablet 5mg</i>	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hydrochloride capsule 10mg</i>	1	
<i>fluoxetine hydrochloride capsule 20mg</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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>sertraline hydrochloride tablet 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 150mg</i>	1	
<i>trazodone hydrochloride tablet 50mg</i>	1	
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)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	
<i>venlafaxine hydrochloride 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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<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		
<i>Antiemetics, Other</i>		
<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 suppository 12.5mg</i>	4	
<i>promethazine hcl suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	3	
<i>promethazine hydrochloride tablet 25mg</i>	2	
<i>promethazine hydrochloride tablet 50mg</i>	2	
<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		
<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	
<i>ondansetron hydrochloride tablet 4mg</i>	1	B/D
<i>ondansetron hydrochloride tablet 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	2	B/D
Antifungals		
Antifungals		
<i>ABELCET INJECTION 5MG/ML</i>	4	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	
<i>caspofungin acetate injection 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole troche 10mg</i>	3	
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<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
<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>	1	
<i>allopurinol tablet 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat tablet 40mg</i>	4	
<i>febuxostat tablet 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	
<i>probenecid tablet 500mg</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	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
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 10MG	5	QL(30 EA per 30 days); PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABLET 30MG	5	QL(30 EA per 30 days); PA
QULIPTA TABLET 60MG	5	QL(30 EA per 30 days); PA
UBRELVY TABLET 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABLET 50MG	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<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 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)
<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 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 tablet 2.5mg</i>	3	QL(12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL TABLET 125MG	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
<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	
PASER PACKET 4GM	4	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg</i>	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg</i>	3	B/D
<i>cyclophosphamide capsule 50mg</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 240MG	5	PA NSO
ERLEADA TABLET 60MG	5	PA NSO
<i>flutamide capsule 125mg</i>	3	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA NSO
XTANDI CAPSULE 40MG	5	PA NSO
XTANDI TABLET 40MG	5	PA NSO
XTANDI TABLET 80MG	5	PA NSO
<i>Antiangiogenic Agents</i>		
FOTIVDA CAPSULE 0.89MG	5	PA NSO
FOTIVDA CAPSULE 1.34MG	5	PA NSO
<i>lenalidomide capsule 10mg</i>	5	PA NSO
<i>lenalidomide capsule 15mg</i>	5	PA NSO
<i>lenalidomide capsule 2.5mg</i>	5	PA NSO
<i>lenalidomide capsule 20mg</i>	5	PA NSO
<i>lenalidomide capsule 25mg</i>	5	PA NSO
<i>lenalidomide capsule 5mg</i>	5	PA NSO
POMALYST CAPSULE 1MG	5	PA NSO
POMALYST CAPSULE 2MG	5	PA NSO
POMALYST CAPSULE 3MG	5	PA NSO
POMALYST CAPSULE 4MG	5	PA NSO
QINLOCK TABLET 50MG	5	PA NSO
REVLIMID CAPSULE 10MG	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPSULE 15MG	5	PA NSO
REVLIMID CAPSULE 2.5MG	5	PA NSO
REVLIMID CAPSULE 20MG	5	PA NSO
REVLIMID CAPSULE 25MG	5	PA NSO
REVLIMID CAPSULE 5MG	5	PA NSO
TABRECTA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TABRECTA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG	5	PA NSO
THALOMID CAPSULE 150MG	5	PA NSO
THALOMID CAPSULE 200MG	5	PA NSO
THALOMID CAPSULE 50MG	5	PA NSO
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>	3	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
Antineoplastics, Other		
AKEEGA TABLET 500MG; 100MG	5	PA NSO
AKEEGA TABLET 500MG; 50MG	5	PA NSO
BESREMI INJECTION 500MCG/ML	5	PA NSO
COLUMVI INJECTION 10MG/10ML	5	PA NSO
COLUMVI INJECTION 2.5MG/2.5ML	5	PA NSO
EPKINLY INJECTION 48MG/0.8ML	5	PA NSO
EPKINLY INJECTION 4MG/0.8ML	5	PA NSO
GAVRETO CAPSULE 100MG	5	PA NSO
IBRANCE TABLET 100MG	5	PA NSO
IBRANCE TABLET 125MG	5	PA NSO
IBRANCE TABLET 75MG	5	PA NSO
IDHIFA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
INREBIC CAPSULE 100MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
IWILFIN TABLET 192MG	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KRAZATI TABLET 200MG	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
LONSURF TABLET 6.14MG; 15MG	5	PA NSO
LONSURF TABLET 8.19MG; 20MG	5	PA NSO
LUMAKRAS TABLET 120MG	5	PA NSO
LUMAKRAS TABLET 320MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
NINLARO CAPSULE 2.3MG	5	PA NSO
NINLARO CAPSULE 3MG	5	PA NSO
NINLARO CAPSULE 4MG	5	PA NSO
OGSIVEO TABLET 100MG	5	PA NSO
OGSIVEO TABLET 150MG	5	PA NSO
OGSIVEO TABLET 50MG	5	PA NSO
ONUREG TABLET 200MG	5	PA NSO
ONUREG TABLET 300MG	5	PA NSO
ORSERDU TABLET 345MG	5	PA NSO
ORSERDU TABLET 86MG	5	PA NSO
PEMAZYRE TABLET 13.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 4.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 9MG	5	QL(30 EA per 30 days); PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
RETEVMO CAPSULE 40MG	5	PA NSO
RETEVMO CAPSULE 80MG	5	PA NSO
RETEVMO TABLET 120MG	5	PA NSO
RETEVMO TABLET 160MG	5	PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SYNRIBO INJECTION 3.5MG	5	
TAZVERIK TABLET 200MG	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ CAPSULE THERAPY PACK 0	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA NSO
TUKYSA TABLET 150MG	5	PA NSO
TUKYSA TABLET 50MG	5	PA NSO
VONJO CAPSULE 100MG	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 50MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 60MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
Antineoplastics		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	1	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
Enzyme Inhibitors		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride injection 4mg/4ml</i>	5	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 180MG	5	QL(30 EA per 30 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 200MG	5	QL(30 EA per 30 days); PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABLET 25MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG	5	PA NSO
BALVERSA TABLET 4MG	5	PA NSO
BALVERSA TABLET 5MG	5	PA NSO
BOSULIF CAPSULE 100MG	5	PA NSO
BOSULIF CAPSULE 50MG	5	PA NSO
BOSULIF TABLET 100MG	5	PA NSO
BOSULIF TABLET 400MG	5	PA NSO
BOSULIF TABLET 500MG	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA CAPSULE 80MG	5	PA NSO
CABOMETYX TABLET 20MG	5	PA NSO
CABOMETYX TABLET 40MG	5	PA NSO
CABOMETYX TABLET 60MG	5	PA NSO
CALQUENCE CAPSULE 100MG	5	PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
COMETRIQ KIT 0	5	PA NSO
COMETRIQ KIT 0	5	PA NSO
COMETRIQ KIT 20MG	5	PA NSO
COPIKTRA CAPSULE 15MG	5	PA NSO
COPIKTRA CAPSULE 25MG	5	PA NSO
COTELLIC TABLET 20MG	5	PA NSO
<i>dasatinib tablet 100mg</i>	5	PA NSO
<i>dasatinib tablet 140mg</i>	5	PA NSO
<i>dasatinib tablet 20mg</i>	5	PA NSO
<i>dasatinib tablet 50mg</i>	5	PA NSO
<i>dasatinib tablet 70mg</i>	5	PA NSO
<i>dasatinib tablet 80mg</i>	5	PA NSO
DAURISMO TABLET 100MG	5	PA NSO
DAURISMO TABLET 25MG	5	PA NSO
ERIVEDGE CAPSULE 150MG	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>erlotinib hydrochloride tablet 25mg</i>	4	PA NSO
<i>everolimus tablet soluble 2mg</i>	5	PA NSO
<i>everolimus tablet soluble 3mg</i>	5	PA NSO
<i>everolimus tablet soluble 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 5mg</i>	5	QL(30 EA per 30 days); PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	
FARYDAK CAPSULE 10MG	5	
FARYDAK CAPSULE 15MG	5	
FARYDAK CAPSULE 20MG	5	
FRUZAQLA CAPSULE 1MG	5	PA NSO
FRUZAQLA CAPSULE 5MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	PA NSO
GILOTRIF TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG	5	PA NSO
IBRANCE CAPSULE 125MG	5	PA NSO
IBRANCE CAPSULE 75MG	5	PA NSO
ICLUSIG TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 30MG	5	PA NSO
ICLUSIG TABLET 45MG	5	PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	PA NSO
IMBRUVICA CAPSULE 70MG	5	PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 140MG	5	PA NSO
IMBRUVICA TABLET 280MG	5	PA NSO
IMBRUVICA TABLET 420MG	5	PA NSO
IMBRUVICA TABLET 560MG	5	PA NSO
INLYTA TABLET 1MG	5	PA NSO
INLYTA TABLET 5MG	5	PA NSO
INQOVI TABLET 100MG; 35MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 15MG	5	PA NSO
JAKAFI TABLET 20MG	5	PA NSO
JAKAFI TABLET 25MG	5	PA NSO
JAKAFI TABLET 5MG	5	PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KOSELUGO CAPSULE 10MG	5	PA NSO
KOSELUGO CAPSULE 25MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LORBRENA TABLET 100MG	5	PA NSO
LORBRENA TABLET 25MG	5	PA NSO
LYNPARZA TABLET 100MG	5	PA NSO
LYNPARZA TABLET 150MG	5	PA NSO
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG	5	PA NSO
MEKINIST TABLET 2MG	5	PA NSO
MEKTOVI TABLET 15MG	5	PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
ODOMZO CAPSULE 200MG	5	PA NSO
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
OJEMDA TABLET 100MG	5	PA NSO
OJJAARA TABLET 100MG	5	PA NSO
OJJAARA TABLET 150MG	5	PA NSO
OJJAARA TABLET 200MG	5	PA NSO
<i>pazopanib hydrochloride tablet 200mg</i>	5	PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	PA NSO
ROZLYTREK CAPSULE 200MG	5	PA NSO
ROZLYTREK PACKET 50MG	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA TABLET 200MG	5	PA NSO
RUBRACA TABLET 250MG	5	PA NSO
RUBRACA TABLET 300MG	5	PA NSO
RYDAPT CAPSULE 25MG	5	PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	PA NSO
<i>sorafenib tablet 200mg</i>	5	PA NSO
SPRYCEL TABLET 100MG	5	PA NSO
SPRYCEL TABLET 140MG	5	PA NSO
SPRYCEL TABLET 20MG	5	PA NSO
SPRYCEL TABLET 50MG	5	PA NSO
SPRYCEL TABLET 70MG	5	PA NSO
SPRYCEL TABLET 80MG	5	PA NSO
STIVARGA TABLET 40MG	5	PA NSO
<i>sunitinib malate capsule 12.5mg</i>	5	PA NSO
<i>sunitinib malate capsule 25mg</i>	5	PA NSO
<i>sunitinib malate capsule 37.5mg</i>	5	PA NSO
<i>sunitinib malate capsule 50mg</i>	5	PA NSO
TAFINLAR CAPSULE 50MG	5	PA NSO
TAFINLAR CAPSULE 75MG	5	PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TAGRISSE TABLET 80MG	5	PA NSO
TALZENNA CAPSULE 0.1MG	5	PA NSO
TALZENNA CAPSULE 0.25MG	5	PA NSO
TALZENNA CAPSULE 0.35MG	5	PA NSO
TALZENNA CAPSULE 0.5MG	5	PA NSO
TALZENNA CAPSULE 0.75MG	5	PA NSO
TALZENNA CAPSULE 1MG	5	PA NSO
TASIGNA CAPSULE 150MG	5	PA NSO
TASIGNA CAPSULE 200MG	5	PA NSO
TASIGNA CAPSULE 50MG	5	PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	PA NSO
<i>torpenz tablet 10mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>torpenz tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>torpenz tablet 5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>torpenz tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP TABLET THERAPY PACK 160MG	5	PA NSO
TRUQAP TABLET THERAPY PACK 200MG	5	PA NSO
TRUQAP TABLET 160MG	5	PA NSO
TRUQAP TABLET 200MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
TURALIO CAPSULE 200MG	5	PA NSO
VANFLYTA TABLET 17.7MG	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
VANFLYTA TABLET 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA NSO
VENCLEXTA TABLET 100MG	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 50MG	5	PA NSO
VERZENIO TABLET 100MG	5	PA NSO
VERZENIO TABLET 150MG	5	PA NSO
VERZENIO TABLET 200MG	5	PA NSO
VERZENIO TABLET 50MG	5	PA NSO
VITRAKVI CAPSULE 100MG	5	PA NSO
VITRAKVI CAPSULE 25MG	5	PA NSO
VITRAKVI SOLUTION 20MG/ML	5	PA NSO
VIZIMPRO TABLET 15MG	5	PA NSO
VIZIMPRO TABLET 30MG	5	PA NSO
VIZIMPRO TABLET 45MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
VORANIGO TABLET 40MG	5	PA NSO
VOTRIENT TABLET 200MG	5	PA NSO
WELIREG TABLET 40MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 20MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 50MG	5	PA NSO
XALKORI CAPSULE 200MG	5	PA NSO
XALKORI CAPSULE 250MG	5	PA NSO
XOSPATA TABLET 40MG	5	PA NSO
ZEJULA CAPSULE 100MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 200MG	5	PA NSO
ZEJULA TABLET 300MG	5	PA NSO
ZELBORAF TABLET 240MG	5	PA NSO
ZYDELIG TABLET 100MG	5	PA NSO
ZYDELIG TABLET 150MG	5	PA NSO
ZYKADIA TABLET 150MG	5	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA NSO
KANJINTI INJECTION 150MG	5	PA NSO
KANJINTI INJECTION 420MG	5	PA NSO
LOQTORZI INJECTION 240MG/6ML	5	PA NSO
RUXIENCE INJECTION 100MG/10ML	5	PA NSO
RUXIENCE INJECTION 500MG/50ML	5	PA NSO
TEVIMBRA INJECTION 100MG/10ML	5	PA NSO
TRAZIMERA INJECTION 150MG	5	PA NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA INJECTION 420MG	5	PA NSO
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA NSO
<i>bexarotene gel 1%</i>	5	PA NSO
PANRETIN GEL 0.1%	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<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>	4	
<i>ivermectin tablet 3mg</i>	2	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	
<i>benznidazole tablet 100mg</i>	3	
<i>benznidazole tablet 12.5mg</i>	3	
<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	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	2	
<i>nitazoxanide tablet 500mg</i>	4	
<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 hydrochloride tablet 2mg</i>	4	
<i>trihexyphenidyl hydrochloride tablet 5mg</i>	4	
Antiparkinson Agents, Other		

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>pramipexole dihydrochloride tablet 1.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 2mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 4mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 6mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 8mg</i>	4	
<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	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<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
Monoamine Oxidase B (MAO-B) Inhibitors		
<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		
1st Generation/Typical		
<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	
<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 tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride injection 2.5mg/ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg</i>	4	
<i>fluphenazine hydrochloride tablet 2.5mg</i>	4	
<i>fluphenazine hydrochloride tablet 5mg</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<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 NSO
CAPLYTA CAPSULE 21MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK TABLET 0	4	QL(8 EA per 180 days); ST NSO
FANAPT TABLET 10MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 12MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 1MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 2MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST NSO
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	
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	
<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 NSO
LYBALVI TABLET 15MG; 10MG	5	QL(30 EA per 30 days); ST NSO

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TABLET 20MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<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)
<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 er injection 12.5mg</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone er injection 25mg</i>	5	
<i>risperidone er injection 37.5mg</i>	5	
<i>risperidone er injection 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	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>	2	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 NSO
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK 0	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE 1.5MG	5	QL(30 EA per 30 days)
VRAYLAR CAPSULE 3MG	5	QL(30 EA per 30 days)
VRAYLAR CAPSULE 4.5MG	5	QL(30 EA per 30 days)
VRAYLAR CAPSULE 6MG	5	QL(30 EA per 30 days)
<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	
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>	3	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		

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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 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	4	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)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
REBETOL SOLUTION 40MG/ML	5	
<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)		
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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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	
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	4	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg	5	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg	5	QL(30 EA per 30 days)
efavirenz capsule 200mg	4	
efavirenz capsule 50mg	4	
efavirenz tablet 600mg	4	
etravirine tablet 100mg	4	
etravirine tablet 200mg	5	
INTELENCE TABLET 25MG	4	
nevirapine er tablet extended release 24 hour 100mg	4	
nevirapine er tablet extended release 24 hour 400mg	4	
nevirapine suspension 50mg/5ml	2	
nevirapine tablet 200mg	2	
PIFELTRO TABLET 100MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg	5	QL(60 EA per 30 days)
abacavir sulfate/lamivudine tablet 600mg; 300mg	4	QL(30 EA per 30 days)
abacavir solution 20mg/ml	4	
abacavir tablet 300mg	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)
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg	4	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg	5	QL(30 EA per 30 days)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024
Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	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 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	
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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
APTIVUS SOLUTION 100MG/ML	5	
atazanavir sulfate capsule 300mg	4	
atazanavir capsule 150mg	4	
atazanavir capsule 200mg	4	
darunavir tablet 600mg	5	
darunavir tablet 800mg	5	
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
fosamprenavir calcium tablet 700mg	5	
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	
lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml	4	
lopinavir/ritonavir tablet 100mg; 25mg	4	
lopinavir/ritonavir tablet 200mg; 50mg	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 75MG	4	
REYATAZ PACKET 50MG	5	
ritonavir tablet 100mg	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		
amantadine hcl capsule 100mg	2	
amantadine hcl solution 50mg/5ml	2	
oseltamivir phosphate capsule 30mg	3	QL(168 EA per 365 days)
oseltamivir phosphate capsule 45mg	3	QL(84 EA per 365 days)
oseltamivir phosphate capsule 75mg	3	QL(110 EA per 365 days)
oseltamivir phosphate suspension reconstituted 6mg/ml	3	QL(1080 ML per 365 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	4	QL(240 EA 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 40MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	2	
acyclovir suspension 200mg/5ml	4	
acyclovir tablet 400mg	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 hydrochloride tablet 1gm</i>	3	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL(120 EA per 30 days)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg</i>	1	
<i>buspirone hydrochloride tablet 30mg</i>	4	
<i>buspirone hydrochloride tablet 5mg</i>	1	
<i>buspirone 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	
<i>Benzodiazepines</i>		
<i>alprazolam tablet 0.25mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 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>	2	QL(120 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 0.5mg</i>	2	QL(90 EA per 30 days)
<i>lorazepam tablet 1mg</i>	2	QL(90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	2	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>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
BYDUREON BCISE INJECTION 2MG/0.85ML	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
FARXIGA 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	
<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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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	
MOUNJARO INJECTION 10MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 15MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<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); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 4MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 8MG/3ML	3	QL(3 ML per 28 days); PA
<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); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
RYBELSUS TABLET 7MG	3	QL(30 EA per 30 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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	
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); PA
TRULICITY INJECTION 1.5MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 3MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
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	
<i>Glycemic Agents</i>		
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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
<i>glucagon emergency kit injection 1mg</i>	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	
<i>Insulins</i>		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
<i>insulin lispro injection 100unit/ml</i>	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LEVEMIR FLEXPEN INJECTION 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	
LEVEMIR INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTouch INJECTION 100UNIT/ML	3	
TRESIBA FLEXTouch INJECTION 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML	4	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 ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
XOLREMDI CAPSULE 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
BRILINTA TABLET 60MG	3	
BRILINTA TABLET 90MG	3	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
<i>prasugrel hydrochloride tablet 10mg</i>	2	
<i>prasugrel hydrochloride tablet 5mg</i>	2	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<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>clonidine patch weekly 0.1mg/24hr</i>	4	
<i>clonidine patch weekly 0.2mg/24hr</i>	4	
<i>clonidine patch weekly 0.3mg/24hr</i>	4	
<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	
<i>Alpha-adrenergic Blocking Agents</i>		
<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>	1	
<i>terazosin hcl capsule 1mg</i>	1	
<i>terazosin hcl capsule 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<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	
EDARBI TABLET 40MG	4	
EDARBI TABLET 80MG	4	
<i>irbesartan tablet 150mg</i>	6	
<i>irbesartan tablet 300mg</i>	6	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>moexipril hcl tablet 7.5mg</i>	6	
<i>perindopril erbumine tablet 2mg</i>	6	
<i>perindopril erbumine tablet 4mg</i>	6	
<i>perindopril erbumine tablet 8mg</i>	6	
<i>quinapril hydrochloride tablet 10mg</i>	6	
<i>quinapril hydrochloride tablet 20mg</i>	6	
<i>quinapril hydrochloride tablet 40mg</i>	6	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	3	
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 400mg</i>	3	
<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>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	
MULTAQ TABLET 400MG	3	
PACERONE TABLET 100MG	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 400MG	3	
<i>propafenone hcl tablet 150mg</i>	2	
<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>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet 200mg</i>	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate tablet 300mg</i>	3	
<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 160mg</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 tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	
<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>	1	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	1	
<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>	1	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tablet 20mg</i>	2	
<i>nadolol tablet 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride tablet 10mg</i>	3	
<i>nebivolol hydrochloride tablet 2.5mg</i>	3	
<i>nebivolol hydrochloride tablet 20mg</i>	3	
<i>nebivolol hydrochloride tablet 5mg</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet 10mg</i>	3	
<i>pindolol tablet 5mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	2	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	2	
<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	
<i>isradipine capsule 2.5mg</i>	4	
<i>isradipine capsule 5mg</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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	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 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	
<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	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem 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	
<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>	3	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	3	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	3	
<i>verapamil hcl tablet 40mg</i>	1	
<i>verapamil hcl tablet 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide 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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024
Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>amlodipine/olmesartan medoxomil tablet 10mg; 20mg</i>	6	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 40mg</i>	6	
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	6	
<i>amlodipine/olmesartan medoxomil tablet 5mg; 40mg</i>	6	
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	2	
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	2	
<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>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	
<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 TABLET 5MG	4	QL(60 EA per 30 days); PA
CORLANOR TABLET 7.5MG	4	QL(60 EA per 30 days); PA
EDARBYCLOR TABLET 40MG; 12.5MG	4	
EDARBYCLOR TABLET 40MG; 25MG	4	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	6	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	6	
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG	3	QL(240 EA per 30 days)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO CAPSULE SPRINKLE 6MG; 6MG	3	QL(240 EA per 30 days)
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>epinephrine injection 1mg/ml</i>	3	
<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	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	3	
<i>ivabradine hydrochloride tablet 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ivabradine hydrochloride tablet 7.5mg</i>	4	QL(60 EA per 30 days); PA
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	
<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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril/verapamil hcl er tablet extended release 4mg; 240mg</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<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 tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>torsemide tablet 100mg</i>	1	
<i>torsemide tablet 10mg</i>	1	
<i>torsemide tablet 20mg</i>	1	
<i>torsemide tablet 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	1	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	
<i>spironolactone tablet 100mg</i>	1	
<i>spironolactone tablet 25mg</i>	1	
<i>spironolactone tablet 50mg</i>	1	
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>	1	
<i>indapamide tablet 2.5mg</i>	1	
<i>metolazone tablet 10mg</i>	2	
<i>metolazone tablet 2.5mg</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
metolazone tablet 5mg	2	
Dyslipidemics, Fibrin Acid Derivatives		
fenofibrate micronized capsule 134mg	2	
fenofibrate micronized capsule 200mg	2	
fenofibrate micronized capsule 67mg	2	
fenofibrate tablet 145mg	2	
fenofibrate tablet 160mg	2	
fenofibrate tablet 48mg	2	
fenofibrate tablet 54mg	2	
fenofibric acid dr capsule delayed release 135mg	3	
fenofibric acid dr capsule delayed release 45mg	3	
gemfibrozil tablet 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg	6	
atorvastatin calcium tablet 20mg	6	
atorvastatin calcium tablet 40mg	6	
atorvastatin calcium tablet 80mg	6	
fluvastatin sodium er tablet extended release 24 hour 80mg	4	
fluvastatin capsule 20mg	4	
fluvastatin capsule 40mg	4	
LIVALO TABLET 1MG	4	ST
LIVALO TABLET 2MG	4	ST
LIVALO TABLET 4MG	4	ST
lovastatin tablet 10mg	6	
lovastatin tablet 20mg	6	
lovastatin tablet 40mg	6	
pitavastatin calcium tablet 1mg	4	
pitavastatin calcium tablet 2mg	4	
pitavastatin calcium tablet 4mg	4	
pravastatin sodium tablet 10mg	6	
pravastatin sodium tablet 20mg	6	
pravastatin sodium tablet 40mg	6	
pravastatin sodium tablet 80mg	6	
rosuvastatin calcium tablet 10mg	6	
rosuvastatin calcium tablet 20mg	6	
rosuvastatin calcium tablet 40mg	6	
rosuvastatin calcium tablet 5mg	6	
simvastatin tablet 10mg	6	
simvastatin tablet 20mg	6	
simvastatin tablet 40mg	6	
simvastatin tablet 5mg	6	
simvastatin tablet 80mg	6	
Dyslipidemics, Other		
cholestyramine light packet 4gm	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	3	
<i>cholestyramine powder 4gm/dose</i>	3	
<i>colesevelam hydrochloride tablet 625mg</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	
NEXLETOL TABLET 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABLET 180MG; 10MG	4	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	
<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>		
<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>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	1	
<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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<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>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	1	
<i>hydralazine hydrochloride tablet 50mg</i>	1	
<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>	3	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>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days)
<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)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 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 15mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 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 hydrochloride er tablet extended release 24 hour 1mg</i>	3	
<i>guanfacine hydrochloride er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	3	
<i>guanfacine hydrochloride er tablet extended release 24 hour 4mg</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 54mg</i>	4	QL(30 EA per 30 days)
<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 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 36mg</i>	4	QL(60 EA per 30 days)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 54mg</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 XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 36MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 42MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
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/cafeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY STARTER PACK CAPSULE THERAPY PACK 20MG; 0	5	QL(112 EA per 365 days); PA NSO
COBENFY CAPSULE 20MG; 100MG	5	QL(60 EA per 30 days); PA NSO
COBENFY CAPSULE 20MG; 50MG	5	QL(60 EA per 30 days); PA NSO
COBENFY CAPSULE 30MG; 125MG	5	QL(60 EA per 30 days); PA NSO
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 80MG	5	QL(30 EA per 30 days); PA
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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA CAPSULE 20MG; 10MG	5	PA
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	4	PA
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
<i>Fibromyalgia Agents</i>		
<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)
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)
<i>Multiple Sclerosis Agents</i>		
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
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>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate capsule delayed release 240mg</i>	4	QL(60 EA per 30 days); PA
<i>fingolimod hydrochloride capsule 0.5mg</i>	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 ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	5	QL(23 ML per 168 days); PA
OCREVUS INJECTION 300MG/10ML	5	PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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
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>	3	
KEPIVANCE INJECTION 5.16MG	5	
KEPIVANCE INJECTION 6.25MG	5	
<i>kourzeq paste 0.1%</i>	3	
<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>		
AC CUTANE CAPSULE 10MG	4	
AC CUTANE CAPSULE 20MG	4	
AC CUTANE CAPSULE 30MG	4	
AC CUTANE CAPSULE 40MG	4	
<i>acitretin capsule 10mg</i>	4	
<i>acitretin capsule 17.5mg</i>	4	
<i>acitretin capsule 25mg</i>	4	
<i>amneesteem capsule 10mg</i>	4	
<i>amneesteem capsule 20mg</i>	4	
<i>amneesteem capsule 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	
<i>claravis capsule 20mg</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>claravis capsule 30mg</i>	4	
<i>claravis capsule 40mg</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	3	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>myorisan capsule 10mg</i>	4	
<i>myorisan capsule 20mg</i>	4	
<i>myorisan capsule 30mg</i>	4	
<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>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>		
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<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>	3	
<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>	2	
<i>clobetasol propionate e cream 0.05%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	
<i>clobetasol propionate shampoo 0.05%</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 body oil 0.01%</i>	3	
<i>fluocinolone acetonide scalp oil 0.01%</i>	3	
<i>fluocinolone acetonide topical oil 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<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>	3	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	
<i>selenium sulfide lotion 2.5%</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Dermatological Agents, Other</i>		
<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>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST
<i>nystatin/triamcinolone acetonide ointment 100000unit/gm; 0.1%</i>	3	
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 20MG	5	QL(60 EA per 30 days); PA
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
SOTYKTU TABLET 6MG	5	QL(30 EA per 30 days); PA
<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 lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate solution 1%</i>	2	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>	2	
<i>mupirocin cream 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Electrolyte/Mineral Replacement</i>		
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN 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
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	3	
<i>dextrose 5% injection 5%</i>	2	
<i>effe-r-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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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>	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	
<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	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	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>	4	PA
<i>deferasirox tablet soluble 250mg</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
<i>calcium acetate capsule 667mg</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate packet 0.8gm</i>	4	
<i>sevelamer carbonate packet 2.4gm</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tablet 800mg</i>	4	
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	3	
LOKELMA PACKET 10GM	4	QL(90 EA per 30 days)
LOKELMA PACKET 5GM	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate suspension 30gm/120ml</i>	3	
<i>sodium polystyrene sulfonate suspension 50gm/200ml</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 16.8GM	4	
VELTASSA PACKET 1GM	4	
VELTASSA PACKET 25.2GM	4	
VELTASSA PACKET 8.4GM	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose 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)
<i>lubiprostone capsule 24mcg</i>	4	QL(60 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	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>pegylax 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>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hcl capsule 2mg</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate injection 0.2mg/ml</i>	4	
<i>glycopyrrolate injection 0.4mg/2ml</i>	4	
<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	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<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>	2	
<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>nitroglycerin ointment 0.4%</i>	4	
<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	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>trilyte solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet 250mg</i>	3	
<i>ursodiol tablet 500mg</i>	3	
VOWST CAPSULE 0	5	PA
XIFAXAN TABLET 200MG	4	PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABLET 550MG	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 capsule 150mg</i>	4	
<i>nizatidine capsule 300mg</i>	4	
<i>nizatidine solution 15mg/ml</i>	4	
Protectants		
<i>misoprostol tablet 100mcg</i>	3	
<i>misoprostol tablet 200mcg</i>	3	
<i>sucralfate suspension 1gm/10ml</i>	4	
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
DEXILANT CAPSULE DELAYED RELEASE 30MG	4	QL(30 EA per 30 days)
DEXILANT CAPSULE DELAYED RELEASE 60MG	4	QL(30 EA per 30 days)
<i>dexlansoprazole capsule delayed release 30mg</i>	4	QL(30 EA per 30 days)
<i>dexlansoprazole capsule delayed release 60mg</i>	4	QL(30 EA per 30 days)
<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>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	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		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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
ENDARI PACKET 5GM	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
JAVYGTOR PACKET 100MG	5	PA
JAVYGTOR PACKET 500MG	5	PA
JAVYGTOR TABLET 100MG	5	PA
KANUMA INJECTION 20MG/10ML	5	PA
<i>l-glutamine packet 5gm</i>	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	
PROLASTIN-C INJECTION 1000MG/20ML	5	PA
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<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	
<i>sodium phenylbutyrate tablet 500mg</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	PA
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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	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		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP GEL 10%	4	
GEMTESA TABLET 75MG	4	
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	
<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>trospium chloride er capsule extended release 24 hour 60mg</i>	4	
<i>trospium chloride tablet 20mg</i>	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
<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/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	1	
<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>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	1	
<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-penamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	2	
<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	
<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 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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tablet 10mg</i>	1	
<i>prednisone tablet 1mg</i>	1	
<i>prednisone tablet 2.5mg</i>	1	
<i>prednisone tablet 20mg</i>	1	
<i>prednisone tablet 50mg</i>	1	
<i>prednisone tablet 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection 4mcg/ml</i>	5	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	
GENOTROPIN MINIQUEICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 0.6MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 1.8MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUEICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA
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	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg</i>	4	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	4	
<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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
<i>testosterone pump gel 1%</i>	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	PA
<i>testosterone gel 25mg/2.5gm</i>	3	PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	PA
<i>testosterone gel 50mg/5gm</i>	3	PA
Estrogens		
<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	
<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>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>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>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	
<i>CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY</i>	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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	3	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.0375MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.05MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.1MG/24HR	4	
<i>elinet tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<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>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
FYAVOLV TABLET 2.5MCG; 0.5MG	4	
FYAVOLV TABLET 5MCG; 1MG	4	
hailey 1.5/30 tablet 30mcg; 1.5mg	3	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	3	
haloette ring 0.015mg/24hr; 0.12mg/24hr	4	
iclevia tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
introvale tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
jaimiess tablet 0; 0	4	QL(91 EA per 91 days)
jinteli tablet 5mcg; 1mg	4	
jolessa tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
junel 1.5/30 tablet 30mcg; 1.5mg	3	
junel 1/20 tablet 20mcg; 1mg	3	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	3	
kariva tablet 0; 0	3	
kelnor 1/35 tablet 35mcg; 1mg	3	
kelnor 1/50 tablet 50mcg; 1mg	3	
kimidess tablet 0; 0	3	
kurvelo tablet 0.03mg; 0.15mg	3	
larin 1.5/30 tablet 30mcg; 1.5mg	3	
larin 1/20 tablet 20mcg; 1mg	3	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
larissia tablet 20mcg; 0.1mg	3	
lessina tablet 20mcg; 0.1mg	3	
levonest tablet 0; 0	3	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	3	
levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg	3	
levora 0.15/30-28 tablet 0.03mg; 0.15mg	3	
lillow tablet 30mcg; 0.15mg	3	
lojaimiess tablet 0; 0	4	QL(91 EA per 91 days)
lopreeza tablet 0.5mg; 0.1mg	4	
lopreeza tablet 1mg; 0.5mg	4	
low-ogestrel tablet 30mcg; 0.3mg	3	
luteria tablet 20mcg; 0.1mg	3	
lyllana patch twice weekly 0.025mg/24hr	4	
lyllana patch twice weekly 0.0375mg/24hr	4	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 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	
<i>mimvey lo tablet 0.5mg; 0.1mg</i>	4	
<i>mimvey tablet 1mg; 0.5mg</i>	4	
<i>mono-linyah 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>pimtrea 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>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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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	
<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>turqoz tablet 30mcg; 0.3mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>violele 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>yuvaferm 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>emzakh tablet 0.35mg</i>	3	
<i>errin tablet 0.35mg</i>	3	
<i>gallifrey tablet 5mg</i>	2	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	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
<i>megestrol acetate tablet 20mg</i>	2	PA NSO
<i>megestrol acetate tablet 40mg</i>	2	PA NSO
<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)		
ADTHYZA TABLET 120MG	4	
ADTHYZA TABLET 15MG	4	
ADTHYZA TABLET 30MG	4	
ADTHYZA TABLET 60MG	4	
ADTHYZA TABLET 90MG	4	
ARMOUR THYROID TABLET 120MG	4	
ARMOUR THYROID TABLET 15MG	4	
ARMOUR THYROID TABLET 180MG	4	
ARMOUR THYROID TABLET 240MG	4	
ARMOUR THYROID TABLET 300MG	4	
ARMOUR THYROID TABLET 30MG	4	
ARMOUR THYROID TABLET 60MG	4	
ARMOUR THYROID TABLET 90MG	4	
EUTHYROX TABLET 100MCG	3	
EUTHYROX TABLET 112MCG	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX TABLET 125MCG	3	
EUTHYROX TABLET 137MCG	3	
EUTHYROX TABLET 150MCG	3	
EUTHYROX TABLET 175MCG	3	
EUTHYROX TABLET 200MCG	3	
EUTHYROX TABLET 25MCG	3	
EUTHYROX TABLET 50MCG	3	
EUTHYROX TABLET 75MCG	3	
EUTHYROX TABLET 88MCG	3	
LEVO-T TABLET 100MCG	3	
LEVO-T TABLET 112MCG	3	
LEVO-T TABLET 125MCG	3	
LEVO-T TABLET 137MCG	3	
LEVO-T TABLET 150MCG	3	
LEVO-T TABLET 175MCG	3	
LEVO-T TABLET 200MCG	3	
LEVO-T TABLET 25MCG	3	
LEVO-T TABLET 300MCG	3	
LEVO-T TABLET 50MCG	3	
LEVO-T TABLET 75MCG	3	
LEVO-T TABLET 88MCG	3	
<i>levothyroxine sodium tablet 100mcg</i>	1	
<i>levothyroxine sodium tablet 112mcg</i>	1	
<i>levothyroxine sodium tablet 125mcg</i>	1	
<i>levothyroxine sodium tablet 137mcg</i>	1	
<i>levothyroxine sodium tablet 150mcg</i>	1	
<i>levothyroxine sodium tablet 175mcg</i>	1	
<i>levothyroxine sodium tablet 200mcg</i>	1	
<i>levothyroxine sodium tablet 25mcg</i>	1	
<i>levothyroxine sodium tablet 300mcg</i>	1	
<i>levothyroxine sodium tablet 50mcg</i>	1	
<i>levothyroxine sodium tablet 75mcg</i>	1	
<i>levothyroxine sodium tablet 88mcg</i>	1	
LEVOXYL TABLET 100MCG	3	
LEVOXYL TABLET 112MCG	3	
LEVOXYL TABLET 125MCG	3	
LEVOXYL TABLET 137MCG	3	
LEVOXYL TABLET 150MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200MCG	3	
LEVOXYL TABLET 25MCG	3	
LEVOXYL TABLET 50MCG	3	
LEVOXYL TABLET 75MCG	3	
LEVOXYL TABLET 88MCG	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium tablet 25mcg</i>	2	
<i>liothyronine sodium tablet 50mcg</i>	2	
<i>liothyronine sodium tablet 5mcg</i>	2	
NIVA THYROID TABLET 120MG	4	
NIVA THYROID TABLET 15MG	4	
NIVA THYROID TABLET 30MG	4	
NIVA THYROID TABLET 60MG	4	
NIVA THYROID TABLET 90MG	4	
<i>np thyroid 120 tablet 120mg</i>	4	
<i>np thyroid 15 tablet 15mg</i>	4	
<i>np thyroid 30 tablet 30mg</i>	4	
<i>np thyroid 60 tablet 60mg</i>	4	
<i>np thyroid 90 tablet 90mg</i>	4	
SYNTHROID TABLET 100MCG	3	
SYNTHROID TABLET 112MCG	3	
SYNTHROID TABLET 125MCG	3	
SYNTHROID TABLET 137MCG	3	
SYNTHROID TABLET 150MCG	3	
SYNTHROID TABLET 175MCG	3	
SYNTHROID TABLET 200MCG	3	
SYNTHROID TABLET 25MCG	3	
SYNTHROID TABLET 300MCG	3	
SYNTHROID TABLET 50MCG	3	
SYNTHROID TABLET 75MCG	3	
SYNTHROID TABLET 88MCG	3	
THYROID TABLET 120MG	4	
THYROID TABLET 15MG	4	
THYROID TABLET 30MG	4	
THYROID TABLET 60MG	4	
THYROID TABLET 90MG	4	
THYROLAR-1/2 TABLET 30MG	4	
THYROLAR-1/4 TABLET 15MG	4	
THYROLAR-1 TABLET 60MG	4	
THYROLAR-2 TABLET 120MG	4	
THYROLAR-3 TABLET 0; 180MG	4	
UNITHROID TABLET 100MCG	3	
UNITHROID TABLET 112MCG	3	
UNITHROID TABLET 125MCG	3	
UNITHROID TABLET 137MCG	3	
UNITHROID TABLET 150MCG	3	
UNITHROID TABLET 175MCG	3	
UNITHROID TABLET 200MCG	3	
UNITHROID TABLET 25MCG	3	
UNITHROID TABLET 300MCG	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
UNITHROID TABLET 50MCG	3	
UNITHROID TABLET 75MCG	3	
UNITHROID TABLET 88MCG	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
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 NSO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
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
<i>octreotide acetate injection 1000mcg/ml</i>	5	PA
<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 NSO
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 NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 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
icatibant acetate injection 30mg/3ml	5	PA
sajazir injection 30mg/3ml	5	PA
<i>Immunoglobulins</i>		
ASCENIV INJECTION 5GM/50ML	5	PA
BIVIGAM INJECTION 10%	5	PA
BIVIGAM INJECTION 5GM/50ML	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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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 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
NABI-HB INJECTION 312UNIT/ML	4	B/D
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	5	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
ADBRY INJECTION 300MG/2ML	5	QL(6 ML per 28 days); PA
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 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
ENJAYMO INJECTION 1100MG/22ML	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET INJECTION 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLUTION 1MG/ML	5	QL(360 ML per 30 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	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
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
VEOPOZ INJECTION 400MG/2ML	5	PA
VYVGART HYTRULO INJECTION 180MG/ML; 2000UNIT/ML	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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG	5	PA
XOLAIR INJECTION 300MG/2ML	5	PA
XOLAIR INJECTION 300MG/2ML	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
Immunostimulants		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA NSO
INTRON A INJECTION 10000000UNIT/ML	5	PA NSO
INTRON A INJECTION 10000000UNIT	5	PA NSO
INTRON A INJECTION 18000000UNIT	5	PA NSO
INTRON A INJECTION 50000000UNIT	5	PA NSO
INTRON A INJECTION 60000000UNIT/ML	5	PA NSO
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
Immunosuppressants		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<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/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ENVARUS 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
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
INFLECTRA INJECTION 100MG	5	PA
INFLIXIMAB INJECTION 100MG	5	PA
JYLAMVO SOLUTION 2MG/ML	4	
<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
ORENCIA INJECTION 250MG	5	PA
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
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	4	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	QL(6 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); 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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
<i>bcg vaccine injection 50mg</i>	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 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGRIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGRIX-B INJECTION 20MCG/ML	3	B/D
ENGRIX-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
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	
IXCHIQ INJECTION 0	3	
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	
MENQUADFI INJECTION 0	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	3	
MRESVIA INJECTION 50MCG/0.5ML	3	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJECTION 0; 0	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	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
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	
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	
VAXCHORA SUSPENSION RECONSTITUTED 0	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	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	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>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort enema 100mg/60ml</i>	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	
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)
<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>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule 1mcg</i>	3	
<i>paricalcitol capsule 2mcg</i>	3	
<i>paricalcitol capsule 4mcg</i>	3	
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 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 30mg</i>	4	
<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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 5mg</i>	4	
<i>teriparatide injection 600mcg/2.4ml</i>	5	PA
<i>teriparatide injection 620mcg/2.48ml</i>	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
AUGTYRO CAPSULE 40MG	5	PA NSO
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 PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm miscellaneous</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	2	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA NSO
IGALMI FILM 180MCG	4	PA NSO
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
NUTRILIPID INJECTION 20GM/100ML	2	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL(1 EA per 365 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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
OXLUMO INJECTION 94.5MG/0.5ML	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pack) \$0 Copay
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
sodium chloride 0.9% solution 0.9%	2	
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
ulticare micro pen needles/32g x 5/32" miscellaneous	2	QL(200 EA per 30 days)
ulticare micro pen needles/32g x 5/32" miscellaneous	2	QL(200 EA per 30 days)
unifine pentips 32gx6mm miscellaneous	2	QL(200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	
VISTOGARD PACKET 10GM	5	
VYJUVEK GEL 0	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
atropine sulfate solution 1%	2	
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	2	
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	3	
COMBIGAN SOLUTION 0.2%; 0.5%	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml	2	
neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
polycin ointment 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	1	

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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	
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>	2	
<i>cromolyn sodium solution 4%</i>	2	
<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	
<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>	1	
<i>trifluridine solution 1%</i>	4	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<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>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
ILEVRO SUSPENSION 0.3%	3	QL(4 ML per 30 days)
<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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate suspension 1%</i>	2	
PROLENSA SOLUTION 0.07%	4	QL(12 ML per 365 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<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 solution 0.25%</i>	1	
<i>timolol maleate solution 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<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)
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>		
<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		
<i>Otic Agents</i>		
<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>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		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
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)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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)
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
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(21.2 GM per 30 days)
QVAR REDHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride 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		

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	1	
<i>zafirlukast tablet 10mg</i>	4	
<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	
<i>tiotropium bromide capsule 18mcg</i>	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 er tablet extended release 12 hour 4mg</i>	4	
<i>albuterol sulfate er tablet extended release 12 hour 8mg</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate 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>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml</i>	3	
<i>epinephrine injection 0.15mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	
<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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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)
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 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
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		
<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>	4	QL(60 EA per 30 days); PA
<i>ambrisentan tablet 10mg</i>	5	QL(30 EA per 30 days); PA
<i>ambrisentan tablet 5mg</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT 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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
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; (20mg)
<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		
OFEV CAPSULE 100MG	5	PA
OFEV CAPSULE 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
ADVAIR HFA AEROSOL 230MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
ADVAIR HFA AEROSOL 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT	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)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 10MG/0.5ML	4	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)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024

Last Updated: 11/01/2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol 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)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	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)
<i>eszopiclone tablet 1mg</i>	4	QL(30 EA per 30 days)
<i>eszopiclone tablet 2mg</i>	4	QL(30 EA per 30 days)
<i>eszopiclone tablet 3mg</i>	4	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg</i>	3	QL(30 EA per 30 days)
<i>temazepam capsule 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	4	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	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

Formulary ID: 24209, Version: 18, Effective Date: 12/01/2024
Last Updated: 11/01/2024

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Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	41	<i>aliskiren</i>	58
<i>abacavir sulfate/lamivudine</i>	41	<i>allopurinol</i>	22
<i>abacavir sulfate/lamivudine/zidovudine</i>	41	<i>alosetron hydrochloride</i>	74
ABELCET	21	ALPHAGAN P	102
ABILIFY MAINTENA	36	<i>alprazolam</i>	44
<i>abiraterone acetate</i>	24	<i>altavera</i>	81
ABRYSVO	95	ALUNBRIG	27
<i>acamprosate calcium dr</i>	4	<i>alyacen 1/35</i>	81
<i>acarbose</i>	45	<i>alyacen 7/7/7</i>	81
ACCUTANE	68	<i>alyq</i>	105
<i>acebutolol hcl</i>	55	<i>amabelz</i>	81
<i>acebutolol hydrochloride</i>	55	<i>amantadine hcl</i>	43
<i>acetaminophen/codeine</i>	2	<i>ambrisentan</i>	105
<i>acetazolamide</i>	58	<i>amethia</i>	81
<i>acetazolamide er</i>	102	<i>amethia lo</i>	81
<i>acetic acid</i>	102	<i>amethyst</i>	81
<i>acetic acid 0.25%</i>	79	<i>amikacin sulfate</i>	5
<i>acitretin</i>	68	<i>amiloride hcl</i>	61
ACTHIB	95	<i>amiloride/hydrochlorothiazide</i>	58
ACTIMMUNE	93	<i>aminosyn ii</i>	72
<i>acyclovir</i>	43	AMINOSYN-PF	72
<i>acyclovir</i>	71	<i>amiodarone hydrochloride</i>	54
<i>acyclovir sodium</i>	43	<i>amitriptyline hcl</i>	19
ADACEL	95	<i>amitriptyline hydrochloride</i>	19
ADBRY	91	<i>amlodipine besylate</i>	56
<i>adefovir dipivoxil</i>	40	<i>amlodipine besylate/benazepril</i>	58
ADEMPAS	105	<i>hydrochloride</i>	
ADTHYZA	86	<i>amlodipine besylate/valsartan</i>	59
ADVAIR HFA	106	<i>amlodipine/olmesartan medoxomil</i>	59
<i>afirmelle</i>	81	<i>ammonium lactate</i>	69
AIMOVIG	22	<i>amnestem</i>	68
AKEEGA	25	<i>amoxapine</i>	19
ALA-CORT	69	<i>amoxicillin</i>	8
<i>albendazole</i>	33	<i>amoxicillin/clavulanate potassium</i>	8
<i>albuterol sulfate</i>	104	<i>amoxicillin/clavulanate potassium er</i>	8
<i>albuterol sulfate er</i>	104	<i>amphetamine/dextroamphetamine</i>	64
<i>albuterol sulfate hfa</i>	104	<i>amphotericin b</i>	21
<i>alclometasone dipropionate</i>	69	<i>amphotericin b liposome</i>	21
ALCOHOL PREP PADS	99	<i>ampicillin</i>	9
ALDURAZYME	76	<i>ampicillin sodium</i>	8
ALECENSA	27	<i>ampicillin/sulbactam</i>	9
<i>alendronate sodium</i>	98	<i>ampicillin-sulbactam</i>	8
<i>alfuzosin hcl er</i>	78	<i>anagrelide hydrochloride</i>	50
ALINIA	33	<i>anastrozole</i>	27
		ANORO ELLIPTA	106
		<i>aprepitant</i>	21
		APTOM	15

Drug Name	Page #	Drug Name	Page #
APTIVUS	43	AUSTEDO XR PATIENT TITRATION	66
AREXVY	96	KIT	
<i>arformoterol tartrate</i>	104	AUVELITY	17
<i>aripiprazole</i>	37	<i>aviane</i>	81
<i>aripiprazole odt</i>	36	AVONEX	67
ARISTADA	37	AVONEX PEN	67
ARISTADA INITIO	37	<i>ayuna</i>	81
<i>armodafinil</i>	108	AYVAKIT	27
ARMOUR THYROID	86	<i>azathioprine</i>	93
ARNUITY ELLIPTA	102	<i>azelaic acid</i>	68
ASCENIV	90	<i>azelastine hcl</i>	101
<i>asenapine maleate sl</i>	37	<i>azelastine hcl</i>	103
<i>ashlyna</i>	81	<i>azelastine hydrochloride</i>	103
ASMANEX HFA	102	<i>azithromycin</i>	9
ASMANEX TWISTHALER 120	103	<i>aztreonam</i>	5
METERED DOSES		<i>azurette</i>	81
ASMANEX TWISTHALER 14 METERED	103	<i>bacitracin</i>	101
DOSES		<i>bacitracin/polymyxin b</i>	100
ASMANEX TWISTHALER 30 METERED	103	<i>baclofen</i>	40
DOSES		BACTROBAN NASAL	71
ASMANEX TWISTHALER 60 METERED	103	BAFIERTAM	67
DOSES		<i>balsalazide disodium</i>	98
ASMANEX TWISTHALER 7 METERED	103	BALVERSA	28
DOSES		<i>balziva</i>	81
<i>aspirin/dipyridamole</i>	51	BAQSIMI ONE PACK	47
<i>aspirin/dipyridamole er</i>	51	BAQSIMI TWO PACK	47
ASTAGRAF XL	93	BARACLUDE	40
<i>atazanavir</i>	43	<i>bcg vaccine</i>	96
<i>atazanavir sulfate</i>	43	BD INSULIN SYRINGE	99
<i>atenolol</i>	55	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol/chlorthalidone</i>	59	B-D INSULIN SYRINGE ULTRAFINE	99
<i>atomoxetine</i>	65	II/0.3ML/31G X 5/16"	
<i>atomoxetine hydrochloride</i>	65	BD INSULIN SYRINGE ULTRA-	99
<i>atorvastatin calcium</i>	62	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone</i>	33	BD INSULIN SYRINGE ULTRA-	99
<i>atovaquone/proguanil hcl</i>	33	FINE/1ML/31G X 8MM	
<i>atropine sulfate</i>	100	BD PEN NEEDLE/ORIGINAL/ULTRA-	99
ATROVENT HFA	104	FINE/29G X 12.7MM	
<i>aubra eq</i>	81	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	99
AUGMENTIN	9	<i>6mm</i>	
AUGTYRO	99	<i>bekyree</i>	81
<i>aurovela 1.5/30</i>	81	BELSOMRA	107
<i>aurovela 1/20</i>	81	<i>benazepril hcl</i>	53
<i>aurovela fe 1.5/30</i>	81	<i>benazepril hydrochloride</i>	53
<i>aurovela fe 1/20</i>	81	<i>benazepril</i>	59
AUSTEDO	66	<i>hydrochloride/hydrochlorothiazide</i>	
AUSTEDO XR	66	BENLYSTA	91

Drug Name	Page #	Drug Name	Page #
<i>benznidazole</i>	33	<i>bupropion hydrochloride</i>	17
<i>benztropine mesylate</i>	33	<i>bupropion hydrochloride er (sr)</i>	5
BESIVANCE	101	<i>bupropion hydrochloride er (sr)</i>	17
BESREMI	25	<i>bupropion hydrochloride er (xl)</i>	17
<i>betaine anhydrous</i>	76	<i>buspirone hcl</i>	44
<i>betamethasone dipropionate</i>	69	<i>buspirone hydrochloride</i>	44
<i>betamethasone dipropionate augmented</i>	69	<i>butalbital/acetaminophen/caffeine</i>	66
<i>betamethasone valerate</i>	69	BYDUREON BCISE	45
BETASERON	67	BYETTA	45
<i>betaxolol hcl</i>	55	CABENUVA	40
<i>betaxolol hcl</i>	102	<i>cabergoline</i>	89
<i>bethanechol chloride</i>	79	CABLIVI	51
<i>bexarotene</i>	33	CABOMETYX	28
BEXSERO	96	<i>calcipotriene</i>	71
<i>bicalutamide</i>	24	<i>calcitonin-salmon</i>	98
BICILLIN L-A	9	<i>calcitriol</i>	98
BIKTARVY	40	<i>calcium acetate</i>	73
<i>bisoprolol fumarate</i>	55	CALQUENCE	28
<i>bisoprolol fumarate/hydrochlorothiazide</i>	59	<i>camila</i>	85
BIVIGAM	90	<i>camrese</i>	81
<i>blisovi fe 1.5/30</i>	81	<i>camrese lo</i>	81
<i>blisovi fe 1/20</i>	81	<i>candesartan cilexetil</i>	52
BOOSTRIX	96	<i>candesartan cilexetil/hydrochlorothiazide</i>	59
BOSULIF	28	CAPLYTA	37
BRAFTOVI	28	CAPRELSA	28
BREO ELLIPTA	106	<i>captopril</i>	53
BREZTRI AEROSPHERE	103	<i>captopril/hydrochlorothiazide</i>	59
<i>briellyn</i>	81	<i>carbamazepine</i>	15
BRILINTA	51	<i>carbamazepine er</i>	15
BRIMONIDINE TARTRATE	102	<i>carbidopa</i>	35
<i>brimonidine tartrate/timolol maleate</i>	100	<i>carbidopa/levodopa</i>	35
<i>brinzolamide</i>	102	<i>carbidopa/levodopa er</i>	34
BRIVIACT	11	<i>carbidopa/levodopa odt</i>	35
<i>bromfenac sodium</i>	101	<i>carglumic acid</i>	72
<i>bromocriptine mesylate</i>	34	<i>carteolol hcl</i>	102
BRONCHITOL	106	<i>cartia xt</i>	56
BRUKINSA	28	<i>carvedilol</i>	55
<i>budesonide</i>	98	<i>caspofungin acetate</i>	21
<i>budesonide</i>	103	CAYSTON	105
<i>budesonide er</i>	98	<i>cefaclor</i>	6
<i>bumetanide</i>	61	<i>cefadroxil</i>	6
<i>buprenorphine</i>	2	CEFAZOLIN	7
<i>buprenorphine hcl</i>	4	<i>cefazolin sodium</i>	7
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>cefdinir</i>	7
<i>buprenorphine hydrochloride/naloxone</i>	4	<i>cefepime</i>	7
<i>hydrochloride</i>		<i>cefepime hydrochloride</i>	7
<i>bupropion hcl</i>	17	<i>cefixime</i>	7

Drug Name	Page #	Drug Name	Page #
<i>cefotaxime sodium</i>	7	CLENPIQ	75
<i>cefotetan</i>	7	CLIMARA PRO	81
<i>cefoxitin sodium</i>	7	<i>clindacin etz pledgets</i>	5
<i>cefpodoxime proxetil</i>	7	<i>clindamycin hcl</i>	5
<i>cefprozil</i>	7	<i>clindamycin hydrochloride</i>	5
<i>ceftazidime</i>	7	<i>clindamycin palmitate hydrochloride</i>	5
<i>ceftazidime/dextrose</i>	7	<i>clindamycin phosphate</i>	5
<i>ceftriaxone sodium</i>	7	<i>clindamycin phosphate</i>	71
<i>cefuroxime axetil</i>	7	<i>clobazam</i>	13
<i>cefuroxime sodium</i>	7	<i>clobetasol propionate</i>	69
<i>celecoxib</i>	1	<i>clobetasol propionate e</i>	69
<i>cephalexin</i>	8	<i>clomipramine hydrochloride</i>	20
CERDELGA	76	<i>clonazepam</i>	13
<i>chateal</i>	81	<i>clonazepam odt</i>	13
<i>chateal eq</i>	81	<i>clonidine</i>	52
CHEMET	73	<i>clonidine hydrochloride</i>	52
<i>chlorhexidine gluconate</i>	68	<i>clopidogrel</i>	52
<i>chloroquine phosphate</i>	33	<i>clorazepate dipotassium</i>	44
<i>chlorothiazide</i>	61	<i>clotrimazole</i>	21
<i>chlorpromazine hcl</i>	35	<i>clotrimazole/betamethasone dipropionate</i>	71
<i>chlorpromazine hydrochloride</i>	35	CLOVIQUE	73
<i>chlorthalidone</i>	61	<i>clozapine</i>	39
CHOLBAM	76	<i>clozapine odt</i>	39
<i>cholestyramine</i>	63	COARTEM	33
<i>cholestyramine light</i>	62	COBENFY	66
<i>ciclodan</i>	71	COBENFY STARTER PACK	66
<i>ciclopirox</i>	71	<i>colchicine</i>	22
<i>ciclopirox nail lacquer</i>	71	<i>colesevelam hydrochloride</i>	63
<i>ciclopirox olamine</i>	71	<i>colestipol hcl</i>	63
<i>cidofovir</i>	40	<i>colistimethate sodium</i>	6
<i>cilostazol</i>	52	<i>colocort</i>	98
CIMDUO	41	COLUMVI	25
<i>cinacalcet hydrochloride</i>	98	COMBIGAN	100
CINRYZE	90	COMBIVENT RESPIMAT	106
CIPRO	10	COMETRIQ	28
<i>ciprofloxacin</i>	10	COMPLERA	41
<i>ciprofloxacin</i>	102	<i>compro</i>	20
<i>ciprofloxacin hcl</i>	10	<i>constulose</i>	74
<i>ciprofloxacin hydrochloride</i>	10	COPIKTRA	28
<i>ciprofloxacin hydrochloride</i>	101	CORLANOR	59
<i>ciprofloxacin i.v.-in d5w</i>	10	<i>cortisone acetate</i>	79
<i>ciprofloxacin/dexamethasone</i>	102	COSENTYX	91
<i>cisplatin</i>	24	COSENTYX SENSOREADY PEN	91
<i>citalopram hydrobromide</i>	18	COSENTYX UNOREADY	91
<i>claravis</i>	68	COTELLIC	28
<i>clarithromycin</i>	10	CREON	76
<i>clarithromycin er</i>	10	<i>cromolyn sodium</i>	77

Drug Name	Page #	Drug Name	Page #
<i>cromolyn sodium</i>	101	DESCOVY	41
<i>cromolyn sodium</i>	105	<i>desipramine hydrochloride</i>	20
<i>cryselle-28</i>	81	<i>desmopressin acetate</i>	80
CURITY GAUZE PADS 2"X2" 12 PLY	99	<i>desogestrel/ethinyl estradiol</i>	82
CUTAQUIG	90	<i>desonide</i>	70
CUVITRU	90	<i>desoximetasone</i>	70
<i>cyclafem 1/35</i>	81	<i>desvenlafaxine er</i>	18
<i>cyclafem 7/7/7</i>	81	<i>dexamethasone</i>	79
<i>cyclobenzaprine hydrochloride</i>	107	<i>dexamethasone sodium phosphate</i>	101
<i>cyclophosphamide</i>	24	DEXILANT	76
<i>cycloserine</i>	23	<i>dexlansoprazole</i>	76
<i>cyclosporine</i>	93	<i>dextroamphetamine sulfate</i>	65
<i>cyclosporine</i>	100	<i>dextroamphetamine sulfate er</i>	65
<i>cyclosporine modified</i>	93	<i>dextrose 5%</i>	72
CYLTEZO	93	<i>dextrose 5%/sodium chloride 0.45%</i>	72
CYLTEZO STARTER PACKAGE FOR	93	<i>dextrose 5%/sodium chloride 0.9%</i>	72
CROHNS DISEASE/UC/HS		DIACOMIT	13
CYLTEZO STARTER PACKAGE FOR	93	<i>diazepam</i>	44
PSORIASIS		<i>diazepam intensol</i>	44
CYLTEZO STARTER PACKAGE FOR	93	<i>diazepam rectal gel</i>	13
PSORIASIS/UVEITIS		<i>diazoxide</i>	47
<i>cyproheptadine hydrochloride</i>	103	<i>diclofenac potassium</i>	1
CYSTAGON	77	<i>diclofenac sodium</i>	1
CYSTARAN	100	<i>diclofenac sodium</i>	71
<i>dalfampridine er</i>	67	<i>diclofenac sodium</i>	101
<i>danazol</i>	80	<i>diclofenac sodium dr</i>	1
<i>dantrolene sodium</i>	40	<i>diclofenac sodium er</i>	1
<i>dapsone</i>	23	<i>dicloxacillin sodium</i>	9
DAPTACEL	96	<i>dicyclomine hcl</i>	75
<i>daptomycin</i>	6	<i>dicyclomine hydrochloride</i>	75
DAPTOMYCIN/SODIUM CHLORIDE	6	DIFICID	10
<i>darunavir</i>	43	<i>diflunisal</i>	1
DARZALEX FASPRO	32	<i>digitek</i>	54
<i>dasatinib</i>	28	<i>digox</i>	54
<i>dasetta 1/35</i>	81	<i>digoxin</i>	54
<i>dasetta 7/7/7</i>	81	<i>dihydroergotamine mesylate</i>	22
DAURISMO	28	DILANTIN	15
<i>daysee</i>	81	<i>diltiazem hcl</i>	57
<i>deblitane</i>	85	<i>diltiazem hcl cd</i>	57
<i>deferasirox</i>	73	<i>diltiazem hcl er</i>	57
DELSTRIGO	41	<i>diltiazem hydrochloride</i>	58
<i>delyla</i>	82	<i>diltiazem hydrochloride er</i>	57
<i>demeclocycline hcl</i>	11	<i>dilt-xr</i>	56
<i>demeclocycline hydrochloride</i>	11	<i>dimethyl fumarate</i>	67
DENG VAXIA	96	<i>dimethyl fumarate starterpack</i>	67
DEPO-PROVERA	85	<i>diphenhydramine hcl</i>	103
DEPO-SUBQ PROVERA 104	85	<i>diphenhydramine hydrochloride</i>	103

Drug Name	Page #	Drug Name	Page #
diphenoxylate hydrochloride/atropine sulfate	74	effer-k	72
diphtheria/tetanus toxoids adsorbed	96	ELAPRASE	77
pediatric		elinest	82
disulfiram	4	ELIQUIS	49
divalproex sodium	14	ELIQUIS STARTER PACK	49
divalproex sodium dr	14	ELLA	99
divalproex sodium er	14	ELMIRON	79
dofetilide	54	eluryng	82
dolishale	82	EMCYT	25
donepezil hcl	16	EMGALITY	22
donepezil hydrochloride	16	EMPAVELI	92
DOPTLET	52	EMSAM	17
dorzolamide hcl/timolol maleate	100	emtricitabine	42
dorzolamide hydrochloride	102	emtricitabine/tenofovir disoproxil	42
DOTTI	82	emtricitabine/tenofovir disoproxil fumarate	41
DOVATO	40	EMTRIVA	42
doxazosin mesylate	78	emzahh	85
doxepin hcl	20	enalapril maleate	53
doxepin hydrochloride	20	enalapril maleate/hydrochlorothiazide	59
doxy 100	11	ENBREL	94
doxycycline	11	ENBREL MINI	94
doxycycline hyclate	11	ENBREL SURECLICK	94
doxycycline hyclate	68	ENDARI	77
doxycycline monohydrate	11	endocet	3
d-penamine	79	ENGERIX-B	96
DRIZALMA SPRINKLE	18	enilloring	82
dronabinol	21	ENJAYMO	92
DROXIA	25	enoxaparin sodium	49
droxidopa	52	enpresse-28	82
DULERA	106	entacapone	34
duloxetine hydrochloride	18	entecavir	40
DUPIXENT	92	ENTRESTO	59
dutasteride	79	enulose	74
dutasteride/tamsulosin hydrochloride	78	ENVARUSUS XR	94
EASY COMFORT INSULIN	99	EPIDIOLEX	11
SYRINGE/0.3ML/31G X 1/2"		epinephrine	60
ec-naproxen	1	epinephrine	104
econazole nitrate	21	epitol	15
EDARBI	52	EPKINLY	25
EDARBYCLOR	59	eplerenone	61
EDURANT	41	epoprostenol sodium	105
efavirenz	41	EPRONTIA	11
efavirenz/emtricitabine/tenofovir disoproxil fumarate	41	ergoloid mesylates	16
efavirenz/lamivudine/tenofovir disoproxil fumarate	41	ergotamine tartrate/caffeine	22
		ERIVEDGE	28
		ERLEADA	24
		erlotinib hydrochloride	28

Drug Name	Page #	Drug Name	Page #
<i>errin</i>	85	<i>fenofibrate</i>	62
<i>ertapenem</i>	9	<i>fenofibrate micronized</i>	62
<i>ertapenem sodium</i>	9	<i>fenofibric acid dr</i>	62
<i>ery</i>	71	<i>fentanyl</i>	2
<i>erythromycin</i>	71	<i>fentanyl citrate oral transmucosal</i>	3
<i>erythromycin</i>	101	FETZIMA	18
<i>erythromycin dr</i>	10	FETZIMA TITRATION PACK	18
<i>erythromycin ethylsuccinate</i>	10	FINACEA	69
<i>erythromycin/benzoyl peroxide</i>	69	<i>finasteride</i>	79
<i>escitalopram oxalate</i>	18	<i>fingolimod hydrochloride</i>	67
<i>esomeprazole magnesium</i>	76	FINTEPLA	11
<i>estarylla</i>	82	FIRMAGON	89
<i>estradiol</i>	82	FLAREX	101
<i>estradiol/norethindrone acetate</i>	82	<i>flecainide acetate</i>	54
ESTRING	82	<i>fluconazole</i>	21
<i>eszopiclone</i>	107	<i>fluconazole in dextrose</i>	21
<i>ethambutol hydrochloride</i>	23	<i>fluconazole in sodium chloride</i>	21
<i>ethosuximide</i>	13	<i>flucytosine</i>	21
<i>ethynodiol diacetate/ethinyl estradiol</i>	82	<i>fludrocortisone acetate</i>	79
<i>etodolac</i>	1	<i>flunisolide</i>	103
<i>etonogestrel/ethinyl estradiol</i>	82	<i>fluocinolone acetonide</i>	70
<i>etravirine</i>	41	<i>fluocinolone acetonide body</i>	70
EUCRISA	70	<i>fluocinolone acetonide scalp</i>	70
EUTHYROX	86	<i>fluocinolone acetonide topical</i>	70
<i>everolimus</i>	28	<i>fluocinonide</i>	70
<i>everolimus</i>	94	<i>fluorometholone</i>	101
EVOTAZ	43	<i>fluorouracil</i>	71
EVRYSDI	77	<i>fluoxetine hydrochloride</i>	18
<i>exemestane</i>	27	<i>fluphenazine decanoate</i>	35
EXKIVITY	29	<i>fluphenazine hcl</i>	35
<i>ezetimibe</i>	63	<i>fluphenazine hydrochloride</i>	35
<i>ezetimibe/simvastatin</i>	63	<i>flurbiprofen</i>	1
FABRAZYME	77	<i>flurbiprofen sodium</i>	101
<i>falmina</i>	82	<i>flutamide</i>	24
<i>famciclovir</i>	44	<i>fluticasone propionate</i>	70
<i>famotidine</i>	76	<i>fluticasone propionate</i>	103
FANAPT	37	<i>fluticasone propionate/salmeterol</i>	107
FANAPT TITRATION PACK	37	<i>fluticasone propionate/salmeterol diskus</i>	106
FARXIGA	45	<i>fluvastatin</i>	62
FARYDAK	29	<i>fluvastatin sodium er</i>	62
FASENRA	106	<i>fluvoxamine maleate</i>	18
FASENRA PEN	106	<i>fondaparinux sodium</i>	50
<i>fayosim</i>	82	<i>formoterol fumarate</i>	104
<i>febuxostat</i>	22	FORTEO	98
<i>felbamate</i>	11	<i>fosamprenavir calcium</i>	43
<i>felodipine er</i>	56	<i>fosinopril sodium</i>	53
<i>femynor</i>	82	<i>fosinopril sodium/hydrochlorothiazide</i>	60

Drug Name	Page #	Drug Name	Page #
FOTIVDA	24	glyburide	45
FRAGMIN	50	glyburide/metformin hydrochloride	45
FRUZAQLA	29	glycopyrrolate	75
furosemide	61	GLYXAMBI	45
FUZEON	42	griseofulvin microsize	21
FYAVOLV	83	griseofulvin ultramicrosize	21
FYCOMPA	11	guanfacine hydrochloride	52
gabapentin	14	guanfacine hydrochloride er	65
galantamine hydrobromide	16	GUANIDINE HCL	23
galantamine hydrobromide er	16	GVOKE HYPOPEN 1-PACK	48
gallifrey	85	GVOKE HYPOPEN 2-PACK	48
GAMASTAN	90	GVOKE KIT	48
GAMMAKED	90	GVOKE PFS	48
GAMUNEX-C	90	hailey 1.5/30	83
ganciclovir	40	hailey fe 1.5/30	83
GARDASIL 9	96	hailey fe 1/20	83
gatifloxacin	101	halobetasol propionate	70
gavilyte-c	75	haloette	83
gavilyte-g	75	haloperidol	36
gavilyte-h	75	haloperidol decanoate	36
gavilyte-n/flavor pack	75	haloperidol lactate	36
GAVRETO	25	HAVRIX	96
gefitinib	29	heather	86
GELNIQUE PUMP	78	HEPAGAM B	91
gemfibrozil	62	heparin sodium	50
GEMTESA	78	HEPLISAV-B	96
generlac	74	HIBERIX	96
engraf	94	HIZENTRA	91
GENOTROPIN	80	HUMALOG	48
GENOTROPIN MINIQUICK	80	HUMALOG JUNIOR KWIKPEN	48
gentak	101	HUMALOG KWIKPEN	48
gentamicin sulfate	5	HUMALOG MIX 50/50	48
gentamicin sulfate	101	HUMALOG MIX 50/50 KWIKPEN	48
gentamicin sulfate pediatric	5	HUMALOG MIX 75/25	48
GENVOYA	40	HUMALOG MIX 75/25 KWIKPEN	48
GILOTRIF	29	HUMATIN	5
glatiramer acetate	67	HUMIRA	94
GLEOSTINE	24	HUMIRA PEDIATRIC CROHNS	94
glimepiride	45	DISEASE STARTER PACK	
glipizide	45	HUMIRA PEN	94
glipizide er	45	HUMIRA PEN-CD/UC/HS STARTER	94
glipizide xl	45	HUMIRA PEN-PEDIATRIC UC	94
glipizide/metformin hydrochloride	45	STARTER PACK	
GLUCAGEN HYPOKIT	47	HUMIRA PEN-PS/UV STARTER	94
glucagon emergency kit	48	HUMULIN 70/30	48
GLUCAGON EMERGENCY KIT FOR	47	HUMULIN 70/30 KWIKPEN	48
LOW BLOOD SUGAR		HUMULIN N	48

Drug Name	Page #	Drug Name	Page #
HUMULIN N KWIKPEN	48	INCRUSE ELLIPTA	104
HUMULIN R	48	<i>indapamide</i>	61
HUMULIN R U-500 (CONCENTRATED)	48	<i>indomethacin</i>	1
HUMULIN R U-500 KWIKPEN	48	<i>indomethacin er</i>	1
<i>hydralazine hcl</i>	64	INFANRIX	96
<i>hydralazine hydrochloride</i>	64	INFLECTRA	95
<i>hydrochlorothiazide</i>	61	INFLIXIMAB	95
<i>hydrocodone bitartrate/acetaminophen</i>	3	INGREZZA	66
<i>hydrocodone/acetaminophen</i>	3	INLYTA	29
<i>hydrocortisone</i>	70	INQOVI	29
<i>hydrocortisone</i>	79	INREBIC	25
<i>hydrocortisone</i>	98	<i>insulin lispro</i>	48
<i>hydrocortisone valerate</i>	70	INTELENCE	41
<i>hydrocortisone/acetic acid</i>	102	INTRON A	93
<i>hydromorphone hcl</i>	3	<i>introvale</i>	83
<i>hydromorphone hydrochloride</i>	3	INVEGA HAFYERA	37
<i>hydromorphone hydrochloride dosette</i>	3	INVEGA SUSTENNA	37
<i>hydroxychloroquine sulfate</i>	33	INVEGA TRINZA	37
<i>hydroxyurea</i>	25	INVIRASE	43
<i>hydroxyzine hcl</i>	103	IPOL INACTIVATED IPV	96
<i>hydroxyzine hydrochloride</i>	103	<i>ipratropium bromide</i>	104
<i>hydroxyzine pamoate</i>	44	<i>ipratropium bromide/albuterol sulfate</i>	107
HYPERHEP B	91	<i>irbesartan</i>	52
<i>ibandronate sodium</i>	98	<i>irbesartan/hydrochlorothiazide</i>	60
IBRANCE	25	ISENTRESS	40
IBRANCE	29	ISENTRESS HD	40
<i>ibu</i>	1	ISONIAZID	23
<i>ibuprofen</i>	1	<i>isosorbide dinitrate</i>	63
<i>icatibant acetate</i>	90	<i>isosorbide dinitrate/hydralazine</i>	60
<i>iclevia</i>	83	<i>hydrochloride</i>	
ICLUSIG	29	<i>isosorbide mononitrate</i>	63
<i>icosapent ethyl</i>	63	<i>isosorbide mononitrate er</i>	63
IDHIFA	25	<i>isotretinoin</i>	69
IGALMI	99	<i>isradipine</i>	56
ILARIS	92	ISTURISA	89
ILEVRO	101	ITOVEBI	25
<i>imatinib mesylate</i>	29	<i>itraconazole</i>	22
IMBRUVICA	29	<i>ivabradine hydrochloride</i>	60
<i>imipenem/cilastatin</i>	9	<i>ivermectin</i>	33
<i>imipramine hcl</i>	20	IWILFIN	25
<i>imipramine hydrochloride</i>	20	IXCHIQ	96
<i>imiquimod</i>	71	IXIARO	96
IMOVAX RABIES (H.D.C.V.)	96	<i>jaimiess</i>	83
IMPAVIDO	6	JAKAFI	29
INBRIJA	35	<i>jantoven</i>	50
<i>incassia</i>	86	JANUMET	45
INCRELEX	80	JANUMET XR	45

Drug Name	Page #	Drug Name	Page #
JANUVIA	45	<i>klor-con/ef</i>	72
JARDIANCE	46	KORLYM	80
JAVYGTOR	77	KOSELUGO	29
JAYPIRCA	29	<i>kourzeq</i>	68
<i>jencycla</i>	86	KRAZATI	26
JENTADUETO	46	<i>kurvelo</i>	83
JENTADUETO XR	46	KYNMOBI	34
<i>jinteli</i>	83	KYNMOBI TITRATION KIT	34
<i>jolessa</i>	83	<i>labetalol hydrochloride</i>	55
<i>jolivette</i>	86	<i>lacosamide</i>	15
JUBLIA	22	<i>lactulose</i>	74
JULUCA	41	LAGEVRIO	99
<i>junel 1.5/30</i>	83	<i>lamivudine</i>	40
<i>junel 1/20</i>	83	<i>lamivudine</i>	42
<i>junel fe 1.5/30</i>	83	<i>lamivudine/zidovudine</i>	42
<i>junel fe 1/20</i>	83	<i>lamotrigine</i>	12
JYLAMVO	95	<i>lamotrigine er</i>	11
JYNNEOS	96	<i>lamotrigine odt</i>	12
KALYDECO	105	<i>lamotrigine starter kit/blue</i>	12
KANJINTI	32	<i>lamotrigine starter kit/green</i>	12
KANUMA	77	<i>lamotrigine starter kit/orange</i>	12
<i>kariva</i>	83	<i>lamotrigine titration</i>	12
<i>kelnor 1/35</i>	83	LANREOTIDE ACETATE	89
<i>kelnor 1/50</i>	83	<i>lansoprazole</i>	76
KEPIVANCE	68	LANTUS	48
KERENDIA	60	LANTUS SOLOSTAR	48
KESIMPTA	67	<i>lapatinib ditosylate</i>	29
<i>ketoconazole</i>	22	<i>larin 1.5/30</i>	83
<i>ketorolac tromethamine</i>	1	<i>larin 1/20</i>	83
<i>ketorolac tromethamine</i>	101	<i>larin fe 1.5/30</i>	83
<i>kimidess</i>	83	<i>larin fe 1/20</i>	83
KINERET	92	<i>larissia</i>	83
KINRIX	96	<i>latanoprost</i>	102
<i>kionex</i>	74	LAZCLUZE	26
KISQALI	29	<i>leflunomide</i>	95
KISQALI FEMARA 200 DOSE	26	<i>lenalidomide</i>	24
KISQALI FEMARA 400 DOSE	26	LENVIMA 10 MG DAILY DOSE	30
KISQALI FEMARA 600 DOSE	26	LENVIMA 12MG DAILY DOSE	30
<i>klayesta</i>	22	LENVIMA 14 MG DAILY DOSE	30
KLISYRI	71	LENVIMA 18 MG DAILY DOSE	30
<i>klor-con</i>	72	LENVIMA 20 MG DAILY DOSE	30
<i>klor-con 10</i>	72	LENVIMA 24 MG DAILY DOSE	30
<i>klor-con 8</i>	72	LENVIMA 4 MG DAILY DOSE	30
<i>klor-con m10</i>	72	LENVIMA 8 MG DAILY DOSE	30
<i>klor-con m15</i>	72	<i>lessina</i>	83
<i>klor-con m20</i>	72	<i>letrozole</i>	27
<i>klor-con sprinkle</i>	72	<i>leucovorin calcium</i>	33

Drug Name	Page #	Drug Name	Page #
LEUKERAN	24	loperamide hcl	74
leuprolide acetate	89	lopinavir/ritonavir	43
levalbuterol	104	lopreeza	83
levalbuterol hcl	104	LOQTORZI	32
levalbuterol hydrochloride	104	lorazepam	44
levalbuterol tartrate hfa	104	lorazepam intensol	44
LEVEMIR	48	LORBRENA	30
LEVEMIR FLEXPEN	48	lorcet	3
LEVEMIR FLEXTOUCH	48	lorcet hd	3
levetiracetam	12	lorcet plus	3
levetiracetam er	12	losartan potassium	53
levobunolol hcl	102	losartan potassium/hydrochlorothiazide	60
levocetirizine dihydrochloride	103	LOTEMAX SM	101
levofloxacin	10	lovastatin	62
levofloxacin	101	low-ogestrel	83
levofloxacin in d5w	10	loxapine	36
levonest	83	lubiprostone	74
levonorgestrel and ethinyl estradiol	83	LUMAKRAS	26
levonorgestrel/ethinyl estradiol	83	LUMIGAN	102
levora 0.15/30-28	83	LUMIZYME	77
LEVO-T	87	LUPRON DEPOT (1-MONTH)	89
levothyroxine sodium	87	LUPRON DEPOT (3-MONTH)	89
LEVOXYL	87	LUPRON DEPOT (4-MONTH)	89
LEXIVA	43	LUPRON DEPOT (6-MONTH)	89
l-glutamine	77	LUPRON DEPOT-PED (1-MONTH)	89
LIBERVANT	14	LUPRON DEPOT-PED (3-MONTH)	89
lidocaine	4	LUPRON DEPOT-PED (6-MONTH)	80
lidocaine hydrochloride viscous	68	lurasidone hydrochloride	37
lidocaine viscous	68	lutura	83
lidocaine/prilocaine	4	LYBALVI	37
lidocaine-prilocaine-cream base	4	lyleq	86
lillow	83	lyllana	83
linezolid	6	LYNPARZA	30
LINZESS	74	LYSODREN	89
liothyronine sodium	88	LYTGOBI	26
lisinopril	53	LYUMJEV	48
lisinopril/hydrochlorothiazide	60	LYUMJEV KWIKPEN	48
lithium	44	lyza	86
lithium carbonate	44	magnesium sulfate	72
lithium carbonate er	44	malathion	71
LIVALO	62	maprotiline hcl	17
LIVMARLI	99	maraviroc	42
LIVTENCITY	40	marlissa	84
lojaimiess	83	MARPLAN	17
LOKELMA	74	MATULANE	24
LONHALA MAGNAIR REFILL KIT	104	matzim la	58
LONSURF	26	MAVYRET	40

Drug Name	Page #	Drug Name	Page #
MAYZENT	67	metirosine	60
MAYZENT STARTER PACK	67	mexiletine hcl	54
meclizine hcl	20	microgestin 1.5/30	84
medroxyprogesterone acetate	86	microgestin 1/20	84
mefloquine hcl	33	microgestin fe 1.5/30	84
megestrol acetate	86	microgestin fe 1/20	84
MEKINIST	30	midodrine hcl	52
MEKTOVI	30	mifepristone	80
meloxicam	1	miglustat	77
memantine hcl titration pak	16	mili	84
memantine hydrochloride	17	mimvey	84
memantine hydrochloride er	16	mimvey lo	84
MENACTRA	96	minocycline hcl	11
MENEST	84	minocycline hydrochloride	11
MENQUADFI	96	minoxidil	64
MENVEO	96	mirtazapine	17
mercaptopurine	25	mirtazapine odt	17
meropenem	9	misoprostol	76
mesalamine	98	M-M-R II	96
mesalamine dr	98	modafinil	108
mesalamine er	98	moexipril hcl	53
MESNEX	33	molindone hydrochloride	36
metformin hydrochloride	46	mometasone furoate	70
metformin hydrochloride er	46	mometasone furoate	103
methadone hcl	2	mondoxyne nl	11
methadone hydrochloride	2	mono-lynyah	84
methadone hydrochloride intensol	2	mononessa	84
methazolamide	102	montelukast sodium	104
methenamine hippurate	6	morgidox 1x100mg	11
methimazole	90	morgidox 2x100mg	11
methocarbamol	107	morphine sulfate	3
methotrexate	95	morphine sulfate er	2
methotrexate sodium	95	MOTEGRITY	74
methsuximide	13	MOUNJARO	46
methyldopa	52	moxifloxacin hydrochloride/sodium	10
methylphenidate hydrochloride	66	hydrochloride	
methylphenidate hydrochloride er	65	moxifloxacin hydrochloride	10
methylprednisolone	79	moxifloxacin hydrochloride	101
methylprednisolone dose pack	79	MRESVIA	96
metoclopramide hcl	75	MULTAQ	54
metoclopramide hydrochloride	75	mupirocin	71
metolazone	61	mycophenolate mofetil	95
metoprolol succinate er	55	mycophenolic acid dr	95
metoprolol tartrate	55	myorisan	69
metronidazole	6	MYRBETRIQ	78
metronidazole	69	NABI-HB	91
metronidazole vaginal	6	nabumetone	1

Drug Name	Page #	Drug Name	Page #
<i>nadolol</i>	56	<i>nitrofurantoin macrocrystals</i>	6
<i>naftcillin sodium</i>	9	<i>nitrofurantoin monohydrate</i>	6
NAGLAZYME	77	<i>nitrofurantoin monohydrate/macrocrystals</i>	6
<i>naloxone hcl</i>	5	<i>nitroglycerin</i>	64
<i>naloxone hydrochloride</i>	5	<i>nitroglycerin</i>	75
<i>naltrexone hcl</i>	4	<i>nitroglycerin transdermal</i>	63
NAMZARIC	16	NIVA THYROID	88
<i>naproxen</i>	1	<i>nizatidine</i>	76
<i>naproxen dr</i>	1	<i>nora-be</i>	86
<i>naproxen sodium</i>	1	<i>norethindrone</i>	86
<i>naratriptan hcl</i>	23	<i>norethindrone acetate</i>	86
NATACYN	101	<i>norethindrone acetate/ethinyl estradiol</i>	84
<i>nateglinide</i>	46	<i>norethindrone acetate/ethinyl</i>	84
NAYZILAM	12	<i>estradiol/ferrous fumarate</i>	
<i>nebivolol</i>	56	<i>norgestimate/ethinyl estradiol</i>	84
<i>nebivolol hydrochloride</i>	56	<i>norlyda</i>	86
<i>necon 0.5/35-28</i>	84	<i>norlyroc</i>	86
<i>necon 7/7/7</i>	84	<i>nortrel 0.5/35 (28)</i>	84
<i>nefazodone hydrochloride</i>	18	<i>nortrel 1/35</i>	84
<i>neomycin sulfate</i>	5	<i>nortrel 7/7/7</i>	84
<i>neomycin/bacitracin/polymyxin</i>	100	<i>nortriptyline hcl</i>	20
<i>neomycin/polymyxin/bacitracin</i>	100	<i>nortriptyline hydrochloride</i>	20
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	100	NORVIR	43
<i>one</i>		NOVOLIN 70/30	49
<i>neomycin/polymyxin/dexamethasone</i>	100	NOVOLIN 70/30 FLEXPEN	49
<i>neomycin/polymyxin/gramicidin</i>	100	NOVOLIN 70/30 FLEXPEN RELION	48
<i>neomycin/polymyxin/hc</i>	102	NOVOLIN 70/30 RELION	49
<i>neomycin/polymyxin/hydrocortisone</i>	102	NOVOLIN N	49
<i>neo-polycin</i>	100	NOVOLIN N FLEXPEN	49
<i>neo-polycin hc</i>	100	NOVOLIN N FLEXPEN RELION	49
NERLYNX	30	NOVOLIN N RELION	49
NEULASTA	50	NOVOLIN R	49
NEULASTA ONPRO KIT	50	NOVOLIN R FLEXPEN	49
NEUPRO	34	NOVOLIN R FLEXPEN RELION	49
<i>nevirapine</i>	41	NOVOLIN R RELION	49
<i>nevirapine er</i>	41	NOVOLOG	49
NEXLETOL	63	NOVOLOG FLEXPEN	49
NEXLIZET	63	NOVOLOG FLEXPEN RELION	49
<i>niacin er</i>	63	NOVOLOG MIX 70/30	49
NICOTROL NS	5	NOVOLOG MIX 70/30 PREFILLED	49
<i>nifedipine er</i>	56	FLEXPEN	
<i>nilutamide</i>	24	NOVOLOG MIX 70/30 PREFILLED	49
<i>nimodipine</i>	56	FLEXPEN RELION	
NINLARO	26	NOVOLOG MIX 70/30 RELION	49
<i>nitazoxanide</i>	33	NOVOLOG PENFILL	49
<i>nitisinone</i>	77	NOVOLOG RELION	49
NITRO-BID	63	<i>np thyroid 120</i>	88

Drug Name	Page #	Drug Name	Page #
<i>np thyroid 15</i>	88	OMNIPOD CLASSIC PDM STARTER	99
<i>np thyroid 30</i>	88	KIT (GEN 3)	
<i>np thyroid 60</i>	88	OMNIPOD CLASSIC PODS (GEN 3)	99
<i>np thyroid 90</i>	88	OMNIPOD DASH INTRO KIT (GEN 4)	99
NUBEQA	24	OMNIPOD DASH PDM KIT (GEN 4)	99
NUCALA	107	OMNIPOD DASH PODS (GEN 4)	99
NUEDEXTA	67	<i>ondansetron hcl</i>	21
NUPLAZID	38	<i>ondansetron hydrochloride</i>	21
NURTEC	22	<i>ondansetron odt</i>	21
NUTRILIPID	99	ONUREG	26
<i>nyamyc</i>	22	OPDUALAG	27
<i>nylia 1/35</i>	84	OPSUMIT	105
<i>nylia 7/7/7</i>	84	<i>oralone dental paste</i>	68
NYMALIZE	56	ORENCIA	92
<i>nymyo</i>	84	ORENCIA	95
<i>nystatin</i>	22	ORENCIA CLICKJECT	92
<i>nystatin/triamcinolone</i>	71	ORENITRAM	106
<i>nystatin/triamcinolone acetonide</i>	71	ORENITRAM TITRATION KIT MONTH	105
<i>nystop</i>	22	1	
OCREVUS	67	ORENITRAM TITRATION KIT MONTH	105
OCREVUS ZUNOVO	67	2	
<i>octreotide acetate</i>	89	ORENITRAM TITRATION KIT MONTH	106
ODEFSEY	42	3	
ODOMZO	30	ORGOVYX	89
OFEV	106	ORKAMBI	105
<i>ofloxacin</i>	101	<i>orphenadrine citrate er</i>	107
<i>ofloxacin</i>	102	ORSERDU	26
OGSIVEO	26	<i>orsythia</i>	84
OJEMDA	30	<i>oseltamivir phosphate</i>	43
OJJAARA	30	OSMOLEX ER	34
<i>olanzapine</i>	38	OSPHERA	86
<i>olanzapine odt</i>	38	OTEZLA	71
<i>olmesartan medoxomil</i>	53	OTEZLA	92
<i>olmesartan medoxomil/hydrochlorothiazide</i>	60	<i>oxacillin sodium</i>	9
<i>olopatadine hcl</i>	101	<i>oxaprozin</i>	2
<i>olopatadine hydrochloride</i>	101	OXBRYTA	51
<i>omega-3-acid ethyl esters</i>	63	<i>oxcarbazepine</i>	15
<i>omeprazole</i>	76	OXLUMO	100
<i>omeprazole dr</i>	76	<i>oxybutynin chloride</i>	78
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	99	<i>oxybutynin chloride er</i>	78
(GEN 5)		<i>oxycodone hydrochloride</i>	4
OMNIPOD 5 DEXCOM G7G6 PODS	99	<i>oxycodone/acetaminophen</i>	4
(GEN 5)		OZEMPIC	46
OMNIPOD 5 G7 INTRO KIT (GEN 5)	99	PACERONE	54
OMNIPOD 5 G7 PODS (GEN 5)	99	<i>paliperidone er</i>	38
OMNIPOD 5 LIBRE2 PLUS G6	99	PANRETIN	33
OMNIPOD 5 LIBRE2 PLUS G6 PODS	99	<i>pantoprazole sodium</i>	76

Drug Name	Page #	Drug Name	Page #
PANZYGA	91	<i>piperacillin sodium/tazobactam sodium</i>	9
<i>paricalcitol</i>	98	PIQRAY 200MG DAILY DOSE	30
<i>paroex</i>	68	PIQRAY 250MG DAILY DOSE	30
<i>paromomycin sulfate</i>	5	PIQRAY 300MG DAILY DOSE	30
<i>paroxetine hcl</i>	19	<i>pirfenidone</i>	106
<i>paroxetine hydrochloride</i>	19	<i>pirmella 1/35</i>	84
PASER	23	<i>pirmella 7/7/7</i>	84
PAXLOVID	100	<i>piroxicam</i>	2
<i>pazopanib hydrochloride</i>	30	<i>pitavastatin calcium</i>	62
PEDIARIX	96	PLENAMINE	73
PEDVAX HIB	96	<i>podofilox</i>	71
<i>peg 3350/electrolytes</i>	75	<i>polycin</i>	100
<i>peg-3350/electrolytes</i>	75	<i>polymyxin b sulfate/trimethoprim sulfate</i>	100
<i>peg-3350/nacl/na bicarbonate/kcl</i>	75	POMALYST	24
PEGANONE	15	<i>portia-28</i>	84
PEGASYS	93	<i>posaconazole</i>	22
<i>pegylax</i>	74	<i>posaconazole dr</i>	22
PEMAZYRE	26	<i>potassium chloride</i>	73
PENBRAYA	97	<i>potassium chloride er</i>	73
<i>penicillamine</i>	79	<i>potassium chloride sr</i>	73
<i>penicillin g sodium</i>	9	<i>potassium citrate er</i>	73
<i>penicillin v potassium</i>	9	PRALUENT	63
PENTACEL	97	<i>pramipexole dihydrochloride</i>	34
<i>pentamidine isethionate</i>	33	<i>prasugrel hydrochloride</i>	52
<i>pentoxifylline er</i>	60	<i>pravastatin sodium</i>	62
<i>perindopril erbumine</i>	53	<i>praziquantel</i>	33
<i>permethrin</i>	71	<i>prazosin hydrochloride</i>	52
<i>perphenazine</i>	36	<i>prednisolone</i>	79
PERSERIS	38	<i>prednisolone acetate</i>	102
<i>phenadoz</i>	20	<i>prednisolone sodium phosphate</i>	79
<i>phenelzine sulfate</i>	17	<i>prednisone</i>	79
<i>phenobarbital</i>	14	<i>pregabalin</i>	67
PHENYTEK	15	PREHEVBRIO	97
<i>phenytoin</i>	15	PREMARIN	84
<i>phenytoin infatabs</i>	15	<i>premium lidocaine</i>	4
<i>phenytoin sodium extended</i>	15	PREMPHASE	85
PHESGO	26	PREMPRO	85
<i>philith</i>	84	<i>prenatal</i>	74
PIFELTRO	41	<i>prevalite</i>	63
<i>pilocarpine hcl</i>	102	<i>previfem</i>	85
<i>pilocarpine hydrochloride</i>	68	PREVYMIS	40
<i>pimozide</i>	36	PREZCOBIX	43
<i>pimtrea</i>	84	PREZISTA	43
<i>pindolol</i>	56	PRIFTIN	23
<i>pioglitazone hcl</i>	46	<i>primaquine phosphate</i>	33
<i>pioglitazone hcl/metformin hcl</i>	46	<i>primidone</i>	14
<i>pioglitazone hydrochloride</i>	46	PRIORIX	97

Drug Name	Page #	Drug Name	Page #
PRIVIGEN	91	QVAR REDIHALER	103
PROAIR RESPICLICK	105	RABAVERT	97
<i>probenecid</i>	22	<i>rabeprazole sodium</i>	76
<i>probenecid/colchicine</i>	22	<i>raloxifene hydrochloride</i>	86
<i>prochlorperazine</i>	20	<i>ramelteon</i>	107
<i>prochlorperazine edisylate</i>	20	<i>ramipril</i>	54
<i>prochlorperazine maleate</i>	20	<i>ranolazine er</i>	60
PROCRIPT	51	<i>rasagiline mesylate</i>	35
<i>procto-med hc</i>	98	RAYALDEE	98
<i>proctosol hc</i>	98	REBETOL	40
<i>proctozone-hc</i>	98	REBIF	68
<i>progesterone</i>	86	REBIF REBIDOSE	68
PROGRAF	95	REBIF REBIDOSE TITRATION PACK	68
PROLASTIN-C	77	REBIF TITRATION PACK	68
PROLENSA	102	RECOMBIVAX HB	97
PROLIA	98	RECTIV	75
PROMACTA	51	RELENZA DISKHALER	43
<i>promethazine hcl</i>	20	RELISTOR	74
<i>promethazine hydrochloride</i>	21	REMICADE	95
<i>promethazine hydrochloride plain</i>	21	RENFLEXIS	95
<i>promethegan</i>	21	<i>repaglinide</i>	46
<i>propafenone hcl</i>	54	REPATHA	63
<i>propafenone hydrochloride</i>	54	REPATHA PUSHTRONEX SYSTEM	63
<i>propafenone hydrochloride er</i>	54	REPATHA SURECLICK	63
<i>propranolol hcl</i>	56	RESTASIS	101
<i>propranolol hcl er</i>	56	RESTASIS MULTIDOSE	101
<i>propranolol hydrochloride</i>	56	RETACRIT	51
<i>propranolol hydrochloride er</i>	56	RETEVMO	26
<i>propylthiouracil</i>	90	RETROVIR IV INFUSION	42
PROQUAD	97	REVCovi	77
<i>protriptyline hcl</i>	20	REVLIMID	24
PULMOZYME	105	REXULTI	38
PURIXAN	25	REYATAZ	43
<i>pyrazinamide</i>	23	REZLIDHIA	30
<i>pyridostigmine bromide</i>	23	REZUROCK	95
<i>pyrimethamine</i>	33	RHOPRESSA	102
PYRUKYND	51	<i>ribavirin</i>	40
PYRUKYND TAPER PACK	51	<i>rifabutin</i>	23
QINLOCK	24	<i>rifampin</i>	23
QUADRACEL	97	<i>riluzole</i>	67
<i>quetiapine fumarate</i>	38	RINVOQ	92
<i>quetiapine fumarate er</i>	38	RINVOQ LQ	92
<i>quinapril hydrochloride</i>	53	<i>risedronate sodium</i>	98
<i>quinapril/hydrochlorothiazide</i>	60	<i>risedronate sodium dr</i>	98
<i>quinidine sulfate</i>	54	RISPERDAL CONSTA	38
<i>quinine sulfate</i>	33	<i>risperidone</i>	39
QULIPTA	22	<i>risperidone er</i>	38

Drug Name	Page #	Drug Name	Page #
<i>risperidone odt</i>	39	SHINGRIX	97
<i>ritonavir</i>	43	SIGNIFOR	89
<i>rivastigmine tartrate</i>	16	SIGNIFOR LAR	89
<i>rivastigmine transdermal system</i>	16	<i>sildenafil citrate</i>	106
<i>rivelsa</i>	85	<i>silodosin</i>	79
<i>rizatriptan benzoate</i>	23	<i>silver sulfadiazine</i>	71
<i>rizatriptan benzoate odt</i>	23	SIMBRINZA	101
ROCKLATAN	101	<i>simliya</i>	85
<i>roflumilast</i>	105	<i>simpesse</i>	85
ROLVEDON	51	<i>simvastatin</i>	62
<i>ropinirole er</i>	34	<i>sirolimus</i>	95
<i>ropinirole hcl</i>	34	SIRTURO	24
<i>ropinirole hydrochloride</i>	34	SKYCLARYS	100
<i>rosadan</i>	69	SKYRIZI	92
<i>rosuvastatin calcium</i>	62	SKYRIZI PEN	92
ROTARIX	97	<i>sodium chloride</i>	73
ROTATEQ	97	<i>sodium chloride 0.45%</i>	73
<i>roweepra</i>	12	<i>sodium chloride 0.9%</i>	100
<i>roweepra xr</i>	12	<i>sodium oxybate</i>	108
ROZLYTREK	30	<i>sodium phenylbutyrate</i>	77
RUBRACA	31	<i>sodium polystyrene sulfonate</i>	74
<i>rufinamide</i>	15	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	75
RUKOBIA	42	<i>sofosbuvir/velpatasvir</i>	40
RUXIENCE	32	<i>solifenacin succinate</i>	78
RYBELSUS	46	SOLQUA 100/33	46
RYDAPT	31	SOLTAMOX	25
RYTARY	35	SOMATULINE DEPOT	89
<i>sajazir</i>	90	SOMAVERT	90
SANDIMMUNE	95	<i>sorafenib</i>	31
SANTYL	71	<i>sorafenib tosylate</i>	31
SAPHNELO	92	<i>sorine</i>	55
<i>sapropterin dihydrochloride</i>	77	<i>sotalol hcl</i>	55
SAVELLA	67	<i>sotalol hydrochloride</i>	55
SAVELLA TITRATION PACK	67	<i>sotalol hydrochloride (af)</i>	55
SCSEMBLIX	26	SOTYKTU	71
<i>scopolamine</i>	21	SPEVIGO	70
SECUADO	39	SPIRIVA HANDIHALER	104
<i>selegiline hcl</i>	35	SPIRIVA RESPIMAT	104
<i>selenium sulfide</i>	70	<i>spironolactone</i>	61
SELZENTRY	42	<i>spironolactone/hydrochlorothiazide</i>	60
SEREVENT DISKUS	105	SPRAVATO 56MG DOSE	17
<i>sertraline hcl</i>	19	SPRAVATO 84MG DOSE	17
<i>sertraline hydrochloride</i>	19	<i>sprintec 28</i>	85
<i>setlakin</i>	85	SPRITAM	12
<i>sevelamer carbonate</i>	73	SPRYCEL	31
SFROWASA	98	<i>sps</i>	74
<i>sharobel</i>	86		

Drug Name	Page #	Drug Name	Page #
<i>sronyx</i>	85	<i>tarina fe 1/20</i>	85
<i>ssd</i>	71	<i>tarina fe 1/20 eq</i>	85
STAMARIL	97	TASIGNA	31
<i>stavudine</i>	42	<i>tazarotene</i>	69
STELARA	92	<i>tazicef</i>	8
STIOLTO RESPIMAT	107	<i>taztia xt</i>	58
STIVARGA	31	TAZVERIK	26
STRENSIQ	77	TDVAX	97
<i>streptomycin sulfate</i>	5	TEFLARO	8
STRIBILD	41	TEGSEDI	77
<i>subvenite</i>	13	<i>telmisartan</i>	53
<i>subvenite starter kit/blue</i>	12	<i>telmisartan/hydrochlorothiazide</i>	60
<i>subvenite starter kit/green</i>	12	<i>temazepam</i>	107
<i>subvenite starter kit/orange</i>	12	TEMIXYS	42
SUCRAID	77	TENIVAC	97
<i>sucralfate</i>	76	<i>tenofovir disoproxil fumarate</i>	42
<i>sulfacetamide sodium</i>	101	TEPMETKO	31
<i>sulfacetamide sodium/prednisolone sodium</i>	101	<i>terazosin hcl</i>	52
<i>phosphate</i>		<i>terazosin hydrochloride</i>	52
<i>sulfadiazine</i>	10	<i>terbinafine hcl</i>	22
<i>sulfamethoxazole/trimethoprim</i>	10	<i>terconazole</i>	22
<i>sulfamethoxazole/trimethoprim ds</i>	10	<i>teriparatide</i>	99
<i>sulfasalazine</i>	98	<i>testosterone</i>	81
<i>sulindac</i>	2	<i>testosterone cypionate</i>	80
<i>sumatriptan</i>	23	<i>testosterone enanthate</i>	81
<i>sumatriptan succinate</i>	23	<i>testosterone pump</i>	81
<i>sunitinib malate</i>	31	TETANUS/DIPHThERIA TOXOIDS-	97
SUNLENCA	42	ADSORBED ADULT	
SUTAB	75	<i>tetrabenazine</i>	67
SYMPAZAN	14	<i>tetracycline hydrochloride</i>	11
SYMTUZA	43	TEVIMBRA	32
SYNAGIS	91	THALOMID	25
SYNJARDY	47	<i>theophylline er</i>	105
SYNJARDY XR	47	<i>thioridazine hcl</i>	36
SYNRIBO	26	<i>thiothixene</i>	36
SYNTHROID	88	THYROID	88
TABLOID	25	THYROLAR-1	88
TABRECTA	25	THYROLAR-1/2	88
<i>tacrolimus</i>	70	THYROLAR-1/4	88
<i>tacrolimus</i>	95	THYROLAR-2	88
<i>tadalafil</i>	79	THYROLAR-3	88
<i>tadalafil</i>	106	<i>tiadylt er</i>	58
TAFINLAR	31	<i>tiagabine hydrochloride</i>	14
TAGRISSO	31	TIBSOVO	31
TALZENNA	31	TICOVAC	97
<i>tamoxifen citrate</i>	25	<i>timolol maleate</i>	102
<i>tamsulosin hydrochloride</i>	79	<i>tinidazole</i>	6

Drug Name	Page #	Drug Name	Page #
<i>tiotropium bromide</i>	104	<i>trifluoperazine hcl</i>	36
TIVICAY	41	<i>trifluoperazine hydrochloride</i>	36
TIVICAY PD	41	<i>trifluridine</i>	101
<i>tizanidine hcl</i>	40	<i>trihexyphenidyl hydrochloride</i>	33
<i>tizanidine hydrochloride</i>	40	TRIJARDY XR	47
TOBI PODHALER	105	TRIKAFTA	105
TOBRADEX	101	<i>tri-linyah</i>	85
TOBRADEX ST	101	<i>trilyte</i>	75
<i>tobramycin</i>	101	<i>trimethoprim</i>	6
<i>tobramycin</i>	105	<i>tri-mili</i>	85
<i>tobramycin sulfate</i>	5	<i>trimipramine maleate</i>	20
<i>tobramycin/dexamethasone</i>	101	<i>trinessa</i>	85
<i>tolazamide</i>	47	TRINTELLIX	19
<i>tolterodine tartrate</i>	78	<i>tri-nymyo</i>	85
<i>tolterodine tartrate er</i>	78	<i>tri-previfem</i>	85
<i>topiramate</i>	13	TRIPTODUR	90
<i>topotecan hcl</i>	27	<i>tri-sprintec</i>	85
<i>topotecan hydrochloride</i>	27	TRIUMEQ	42
<i>toremifene citrate</i>	25	TRIUMEQ PD	42
<i>torpenz</i>	31	<i>trivora-28</i>	85
<i>torse mide</i>	61	<i>tri-vylibra</i>	85
TOUJEO MAX SOLOSTAR	49	TRIZIVIR	42
TOUJEO SOLOSTAR	49	TROGARZO	42
TRADJENTA	47	<i>trospium chloride</i>	78
<i>tramadol hydrochloride</i>	4	<i>trospium chloride er</i>	78
<i>tramadol hydrochloride/acetaminophen</i>	4	TRULICITY	47
<i>trandolapril</i>	54	TRUMENBA	97
<i>trandolapril/verapamil hcl er</i>	60	TRUQAP	31
<i>tranexamic acid</i>	51	TRUSELTIQ	27
<i>tranylcypromine sulfate</i>	17	TUKYSA	27
TRAZIMERA	32	<i>tulana</i>	86
<i>trazodone hydrochloride</i>	19	TURALIO	31
TRECATOR	24	<i>turqoz</i>	85
TRELEGY ELLIPTA	107	TWINRIX	97
TRELSTAR MIXJECT	90	TYBOST	42
TRESIBA	49	TYMLOS	99
TRESIBA FLEXTOUCH	49	TYPHIM VI	97
<i>tretinoin</i>	33	TYRVAYA	100
<i>tretinoin</i>	69	TYSABRI	68
<i>tri femynor</i>	85	UBRELVY	23
<i>triamcinolone acetonide</i>	70	UDENYCA	51
<i>triamcinolone acetonide</i>	80	UDENYCA ONBODY	51
<i>triamcinolone acetonide dental paste</i>	68	<i>ulticare micro pen needles/32g x 5/32"</i>	100
<i>triamterene/hydrochlorothiazide</i>	61	<i>unifine pentips 32gx6mm</i>	100
<i>triderm</i>	70	UNITHROID	88
<i>trientine hydrochloride</i>	73	<i>urea</i>	71
<i>tri-estarylla</i>	85	<i>ursodiol</i>	75

Drug Name	Page #	Drug Name	Page #
<i>valacyclovir hydrochloride</i>	44	<i>vigpoder</i>	15
VALCHLOR	24	VIIBRYD STARTER PACK	19
<i>valganciclovir</i>	40	<i>vilazodone hydrochloride</i>	19
<i>valganciclovir hydrochloride</i>	40	VIMIZIM	77
<i>valproic acid</i>	45	<i>viorele</i>	85
<i>valsartan</i>	53	VIRACEPT	43
<i>valsartan/hydrochlorothiazide</i>	61	VIREAD	42
VALTOCO 10 MG DOSE	14	VISTOGARD	100
VALTOCO 15 MG DOSE	14	VITRAKVI	32
VALTOCO 20 MG DOSE	14	VIVITROL	4
VALTOCO 5 MG DOSE	14	VIZIMPRO	32
<i>vancomycin hcl</i>	6	VOCABRIA	41
<i>vancomycin hydrochloride</i>	6	<i>volnea</i>	85
VANFLYTA	31	VONJO	27
VAQTA	97	VORANIGO	32
<i>varenicline starting month</i>	5	<i>voriconazole</i>	22
<i>varenicline tartrate</i>	5	VOSEVI	40
VARIVAX	97	VOTRIENT	32
VARIZIG	91	VOWST	75
VAXCHORA	97	VRAYLAR	39
VAXELIS	97	VUMERITY	68
VELPHORO	74	<i>vyfemla</i>	85
VELTASSA	74	VYJUVEK	100
VENCLEXTA	32	<i>vylibra</i>	85
VENCLEXTA STARTING PACK	32	VYNDAMAX	61
<i>venlafaxine hydrochloride</i>	19	VYVGART HYTRULO	92
<i>venlafaxine hydrochloride er</i>	19	VYZULTA	102
VENTAVIS	106	<i>warfarin sodium</i>	50
VEOPOZ	92	WELIREG	32
<i>verapamil hcl</i>	58	<i>wera</i>	85
<i>verapamil hcl er</i>	58	<i>wixela inhub</i>	107
<i>verapamil hcl sr</i>	58	XALKORI	32
<i>verapamil hydrochloride</i>	58	XARELTO	50
<i>verapamil hydrochloride er</i>	58	XARELTO STARTER PACK	50
VERQUVO	64	XATMEP	95
VERSACLOZ	39	XCOPRI	13
VERZENIO	32	XELJANZ	92
V-GO 20	100	XELJANZ XR	92
V-GO 30	100	XEMBIFY	91
V-GO 40	100	XERMELO	75
<i>vicodin hp</i>	4	XGEVA	99
VIDEX EC	42	XIFAXAN	75
VIDEX PEDIATRIC	42	XIGDUO XR	47
<i>vienva</i>	85	XIIDRA	101
<i>vigabatrin</i>	14	XOFLUZA	43
<i>vigadrone</i>	15	XOLAIR	93
VIGAFYDE	15	XOLREMDI	51

Drug Name	Page #
XOSPATA	32
XPOVIO	27
XPOVIO 100 MG ONCE WEEKLY	27
XPOVIO 40 MG ONCE WEEKLY	27
XPOVIO 40 MG TWICE WEEKLY	27
XPOVIO 60 MG ONCE WEEKLY	27
XPOVIO 60 MG TWICE WEEKLY	27
XPOVIO 80 MG ONCE WEEKLY	27
XPOVIO 80 MG TWICE WEEKLY	27
XTAMPZA ER	2
XTANDI	24
<i>yargesa</i>	77
YF-VAX	97
YUFLYMA 1-PEN KIT	95
YUFLYMA 2-PEN KIT	95
YUFLYMA 2-SYRINGE KIT	95
YUFLYMA CD/UC/HS STARTER	95
YUPELRI	104
<i>yuvafem</i>	85
<i>zafirlukast</i>	104
<i>zaleplon</i>	107
ZARXIO	51
ZEJULA	32
ZELBORAF	32
<i>zenatane</i>	69
ZENPEP	77
ZEPOSIA	68
ZEPOSIA 7-DAY STARTER PACK	68
ZEPOSIA STARTER KIT	68
<i>zidovudine</i>	42
<i>ziprasidone hcl</i>	39
<i>ziprasidone mesylate</i>	39
ZIRGAN	101
ZOKINVY	78
ZOLINZA	27
<i>zolmitriptan</i>	23
<i>zolpidem tartrate</i>	108
<i>zolpidem tartrate er</i>	107
ZONISADE	15
<i>zonisamide</i>	15
<i>zovia 1/35</i>	85
<i>zovia 1/35e</i>	85
ZTALMY	67
ZURZUVAE	17
ZYDELIG	32
ZYKADIA	32
ZYLET	101

Drug Name	Page #
ZYPREXA RELPREVV	39

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-204-2744. 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 panggamot. 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 Arzneimittelpfen. 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 답해 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.

Portuguese: 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 11/01/2024 (effective 12/01/2024). For more recent information or other questions, please contact BlueCross Secure & BlueCross Total 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.

