

BCN AdvantageSM HMO-POS and HMO

2023 BCN Advantage Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on September 1, 2022. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit www.bcbsm.com/medicare.

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.



When visiting your doctor(s), please bring your personal drug list, this 2023 BCN Advantage Drug List (formulary) and your 2023 Rx Savings Guide with you.

Updated: 09/01/2022
Formulary 23138, Version 6

www.bcbsm.com/medicare



Confidence comes with every card.®

Medicare Advantage Plans

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 Blue Care Network. When it refers to "plan" or "our plan," it means **BCN Advantage**.

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the BCN Advantage Formulary?

A formulary is a list of covered drugs selected by **BCN Advantage** 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. **BCN Advantage** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **BCN Advantage** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the **BCN Advantage** 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 the 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 31-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 **BCN Advantage** Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 1, 2022. To get updated information about the drugs covered by **BCN Advantage**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. 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?

BCN Advantage 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:** **BCN Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **BCN Advantage** before you fill your prescriptions. If you don't get approval, **BCN Advantage** may not cover the drug.

- **Quantity Limits:** For certain drugs, **BCN Advantage** limits the amount of the drug that **BCN Advantage** will cover. For example, **BCN Advantage** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **BCN Advantage** 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, **BCN Advantage** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **BCN Advantage** will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 **BCN Advantage** 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 **BCN Advantage** Formulary?" on page iii 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 **BCN Advantage** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **BCN Advantage**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **BCN Advantage**.
- You can ask **BCN Advantage** 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 BCN Advantage Formulary?

You can ask **BCN Advantage** 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, **BCN Advantage** 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, **BCN Advantage** 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, tiering or utilization restriction exception. **When you request a formulary, tiering 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 108 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility, or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 3, Section 5.2 of your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html.

We will send you a letter within three business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

For more detailed information about your **BCN Advantage** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **BCN Advantage**, 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 call 1-877-486-2048. Or, visit www.medicare.gov.

BCN Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **BCN Advantage**. If you have trouble finding your drug in the list, turn to the Index that begins on page Index 1.

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

The information in the Requirements/Limits column tells you if **BCN Advantage** has any special requirements for coverage of your drug.

Your costs (see cost-share tables below)

The amount you pay for a covered drug will depend on:

- **Your coverage stage. BCN Advantage** has different stages of coverage. In each stage, the amount you pay for a drug may change.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copay or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
- **The pharmacy you use.** You may go to any of our network pharmacies. However, you will usually pay less for your three-month supply of covered drugs if you use a preferred network pharmacy or network mail-order pharmacy rather than a standard retail pharmacy. The *Pharmacy Directory* will tell you which of the pharmacies in our network are preferred network pharmacies and network mail-order pharmacies.

All drugs on our Formulary are available for mail order: Our plan’s mail-order service requires you to order at least a 31-day supply of the drug and no more than a 90-day supply. Tier 5: Specialty Tier drugs are limited to a 31-day supply via mail order.

Description of our Formulary Drug Tiers

Drug Tiers	Includes
Tier 1: Preferred Generic	These are generic drugs in the lowest cost-sharing tier
Tier 2: Generic	These are still generic drugs but not the lowest cost-sharing tier
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs and also includes some high-cost generics
Tier 4: Non-Preferred Drug	These are brand-name and generic drugs not in a preferred tier
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs

BCN Advantage Prescription Drug Tier Costs* for Initial Coverage Stage

*If you're eligible to receive a low-income subsidy for Extra Help, the copay and coinsurance amounts listed in this chart aren't applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

The **HMO-POS Prime Value, HMO-POS Classic, HMO-POS Prestige** and **BCN Advantage HMO ConnectedCare** plans have no deductible. You pay the amounts listed below until you reach your Initial Coverage Stage limit of **\$4,660**. This amount includes the total drug costs paid by you (copayments and coinsurance) and the plan.

Tier	Drug Description	Plan	Up to a 31-day supply		32- to 90-day supply		
			Standard/Retail/ Long Term Care (LTC)/Out of Network Pharmacy	Preferred Mail/Retail Pharmacy	Standard Mail/Retail	Preferred Retail	Preferred Mail-Order
Tier 1	Preferred Generic	Classic	\$5.00	\$0.00	\$15.00	\$0.00	
		Prestige	\$5.00	\$0.00	\$15.00	\$0.00	
		BCN Advantage	\$5.00	\$0.00	\$15.00	\$0.00	
		ConnectedCare Prime Value	\$5.00	\$0.00	\$15.00	\$0.00	
Tier 2	Generic	Classic	\$12.00	\$7.00	\$36.00	\$0.00	
		Prestige	\$12.00	\$7.00	\$36.00	\$0.00	
		BCN Advantage	\$18.00	\$10.00	\$54.00	\$0.00	
		ConnectedCare Prime Value	\$20.00	\$11.00	\$60.00	\$0.00	
Tier 3	Preferred Brand	Classic	\$43.00	\$38.00	\$129.00	\$114.00	\$105.00
		Prestige	\$43.00	\$38.00	\$129.00	\$114.00	\$105.00
		BCN Advantage	\$47.00	\$42.00	\$141.00	\$126.00	\$116.00
		ConnectedCare Prime Value	\$47.00	\$42.00	\$141.00	\$126.00	\$116.00
Tier 4	Non- Preferred Drug	Classic	45%	45%	45%	45%	
		Prestige	45%	45%	45%	45%	
		BCN Advantage	46%	46%	46%	46%	
		ConnectedCare Prime Value	50%	50%	50%	50%	
Tier 5	Specialty Tier	Classic	33%	33%	N/A	N/A	
		Prestige	33%	33%	N/A	N/A	
		BCN Advantage	33%	33%	N/A	N/A	
		ConnectedCare Prime Value	33%	33%	N/A	N/A	

BCN Advantage Drug Tier Costs* for Catastrophic Coverage Stage

*If you are eligible to receive a low-income subsidy for extra help, the copay and coinsurance amounts listed in this chart are not applicable. Refer to your *Evidence of Coverage* for cost-sharing details.

When your out-of-pocket costs have reached the \$7,400 Coverage Gap Stage limit, you move on to the Catastrophic Coverage Stage. The plan will pay for most of your drug costs for the rest of the calendar year. You will pay the following at network pharmacies:

Tier	Drug Description	Up to a 31-day supply at ALL retail pharmacies or the plan's mail-order service	32- to 90-day* supply at preferred and standard network retail pharmacies
Tier 1	Preferred Generic	The greater of \$4.15 or 5% of the plan's approved amount	
Tier 2	Generic		
Tier 3	Preferred Brand	The greater of \$10.35 or 5% of the plan's approved amount	
Tier 4	Non-Preferred Drug		
Tier 5	Specialty Tier	The greater of \$4.15 (generics) \$10.35 (brands) or 5% of the plan's approved amount	A long-term supply is not available for drugs in Tier 5

*Most pharmacies will fill a 90-day supply of medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

List of Abbreviations

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

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

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

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

SSM: Senior Savings Model. Our BCN AdvantageSM plan offers reduced cost sharing for Select Insulins, a broad set of formulary insulins available in a one-month supply for \$35, or a three-month supply for \$105. Please refer to Chapter 4 of our *Evidence of Coverage* for more information.

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

BRAND-NAME DRUGS ARE CAPITALIZED.

Generic drugs are *lower-case italics*.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>cataflam</i>	2	
<i>celecoxib capsule 200mg, 400mg</i>	2	QL (180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	2	QL (270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	2	QL (540 EA per 90 days)
DICLOFENAC EPOLAMINE	4	PA
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac capsule, tablet</i>	2	
<i>fenoprofen calcium tablet</i>	2	
FLECTOR	4	PA
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	QL (90 EA per 90 days)
KETOPROFEN CAPSULE	2	
MECLOFENAMATE SODIUM CAPSULE	4	
<i>mefenamic acid capsule</i>	3	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen suspension, tablet delayed release</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin</i>	2	
<i>piroxicam capsule</i>	1	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
TOLMETIN SODIUM CAPSULE	2	
TOLMETIN SODIUM TABLET 600MG	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL (12 EA per 84 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL (45 EA per 90 days)
<i>levorphanol tartrate tablet</i>	2	
METHADONE HCL SOLUTION	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>methadone hcl tablet</i>	2	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG	4	QL (180 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL (270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL (90 EA per 90 days)
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL (180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL (180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	2	QL (90 EA per 90 days)
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	2	QL (90 EA per 90 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution</i>	2	QL (5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	2	QL (1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL (540 EA per 90 days)
<i>butorphanol tartrate solution</i>	2	QL (15 ML per 90 days)
CODEINE SULFATE TABLET	2	QL (540 EA per 90 days)
<i>duramorph injection 0.5mg/ml</i>	4	QL (4133 ML per 31 days)
<i>duramorph injection 1mg/ml</i>	4	QL (6000 ML per 90 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (1080 EA per 90 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL (5735 ML per 31 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL (1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL (1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	2	QL (450 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	QL (450 EA per 90 days)
<i>hydromorphone hcl liquid, tablet</i>	2	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	
<i>hydromorphone hydrochloride injection 2mg/ml</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>hydromorphone hydrochloride injection 50mg/5ml</i>	4	
MORPHINE SULFATE TABLET	2	
MORPHINE SULFATE INJECTION 2MG/ML, 4MG/ML	4	
<i>morphine sulfate injection 4mg/ml</i>	4	
<i>morphine sulfate injection 0.5mg/ml</i>	4	QL (4133 ML per 31 days)
<i>morphine sulfate injection 1mg/ml</i>	4	QL (6000 ML per 90 days)
MORPHINE SULFATE ORAL SOLUTION 20MG/5ML	2	
<i>morphine sulfate oral solution 10mg/5ml, 20mg/ml</i>	2	
<i>nalbuphine hcl injection 20mg/ml</i>	2	QL (300 ML per 90 days)
<i>nalbuphine hcl injection 10mg/ml</i>	2	QL (600 ML per 90 days)
NUCYNTA	4	
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate</i>	4	
<i>oxycodone hydrochloride solution</i>	4	QL (1800 ML per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (1080 EA per 90 days)
OXYCODONE/ASPIRIN TABLET 325MG; 4.835MG	2	QL (1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	QL (540 EA per 90 days)
<i>tramadol hcl tablet</i>	2	QL (720 EA per 90 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (1080 EA per 90 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hydrochloride injection 1%</i>	2	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL (270 EA per 90 days) PA
Anti Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tablet</i>	2	
<i>naltrexone hcl tablet</i>	1	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL (270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL (270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL (180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
VARENICLINE STARTING MONTH BOX	3	
VARENICLINE TARTRATE	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
ARIKAYCE	5	PA
GENTAMICIN SULFATE PEDIATRIC	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES	4	
<i>paromomycin sulfate</i>	2	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FIRVANQ	4	
<i>fosfomicin tromethamine</i>	4	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>linezolid tablet</i>	4	QL (56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL (1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension</i>	2	
<i>polymyxin b sulfate injection</i>	4	
<i>tinidazole</i>	2	
TRIMETHOPRIM TABLET	2	
VANCOMYCIN HCL INJECTION 100GM	4	
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED	4	
<i>vancomycin hydrochloride capsule 250mg</i>	3	QL (720 EA per 90 days)
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (360 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
VANDAZOLE	2	
XENLETA TABLET	5	
<i>Beta-lactam, Cephalosporins</i>		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACLOR CAPSULE	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 100GM, 1GM/50ML; 4%, 1GM, 300GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
CEFOTAXIME SODIUM INJECTION 1GM, 2GM	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefcoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	2	
<i>ceftriaxone sodium injection 10gm, 250mg, 500mg</i>	2	
<i>ceftriaxone sodium injection 1gm, 2gm</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
CEPHALEXIN TABLET	1	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted</i>	1	
FETROJA	5	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	4	
AMPICILLIN CAPSULE 500MG	1	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
NAFCILLIN SODIUM INJECTION 1GM, 2GM	4	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 20000UNIT/ML	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	1	
<i>penicillin v potassium tablet</i>	1	
PFIZERPEN INJECTION 5000000UNIT	4	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem</i>	3	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%	3	
MEROPENEM/SODIUM CHLORIDE INJECTION 500MG; 0.9%	4	
Macrolides		
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	2	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL (136 ML per 10 days)
DIFICID TABLET	5	QL (20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	2	
Quinolones		

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	2	
SULFADIAZINE TABLET	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg, 150mg, 75mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 150mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet</i>	2	
<i>doxycycline suspension reconstituted</i>	2	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	2	
<i>minocycline hydrochloride er tablet extended release 24 hour 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL (62 EA per 31 days) PA
BRIVIACT SOLUTION	5	QL (620 ML per 31 days) PA
EPIDIOLEX	5	QL (600 ML per 30 days) PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL (360 ML per 30 days) PA
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA
FYCOMPA TABLET 2MG	4	QL (540 EA per 90 days) PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL (30 EA per 30 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABLET 6MG	5	QL (60 EA per 30 days) PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	5	QL (30 EA per 90 days) PA
<i>rowepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (1080 EA per 90 days) PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL (270 EA per 90 days) PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL (360 EA per 90 days) PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (540 EA per 90 days) PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABLET THERAPY PACK 0	4	QL (84 EA per 84 days) PA
XCOPRI TABLET THERAPY PACK 0	5	QL (168 EA per 84 days) PA
XCOPRI TABLET THERAPY PACK 0	5	QL (28 EA per 28 days) PA
XCOPRI TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
XCOPRI TABLET 100MG, 50MG	5	QL (31 EA per 31 days) PA
XCOPRI TABLET 150MG, 200MG	5	QL (62 EA per 31 days) PA
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL (1440 ML per 90 days) PA
<i>clobazam tablet 20mg</i>	3	QL (62 EA per 31 days) PA
<i>clobazam tablet 10mg</i>	4	QL (180 EA per 90 days) PA
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL (900 EA per 90 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL (360 EA per 90 days)
<i>clonazepam tablet 2mg</i>	2	QL (900 EA per 90 days)
DIACOMIT CAPSULE 500MG	5	QL (186 EA per 31 days) PA
DIACOMIT CAPSULE 250MG	5	QL (372 EA per 31 days) PA
DIACOMIT PACKET 500MG	5	QL (186 EA per 31 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACKET 250MG	5	QL (372 EA per 31 days) PA
DIAZEPAM RECTAL GEL	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL (6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL (810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL (360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL (540 EA per 90 days)
<i>phenobarbital elixir 20mg/5ml</i>	2	QL (4500 ML per 90 days) PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	QL (360 EA per 90 days) PA
<i>pregabalin capsule 225mg, 300mg</i>	4	QL (180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL (270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL (360 EA per 90 days)
<i>pregabalin solution</i>	4	QL (2700 ML per 90 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	QL (180 EA per 90 days) PA
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days) PA
<i>vigabatrin</i>	5	QL (186 EA per 31 days) PA
<i>vigadrone</i>	5	QL (186 EA per 31 days) PA
<i>Sodium Channel Agents</i>		
APTIOM	5	QL (62 EA per 31 days) PA
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension, tablet</i>	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL (3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL (360 EA per 90 days)
<i>oxcarbazepine</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL (496 EA per 31 days) PA
<i>rufinamide tablet 400mg</i>	5	QL (248 EA per 31 days) PA
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL (12 EA per 84 days) PA
<i>donepezil hcl tablet disintegrating</i>	2	QL (90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL (90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL (90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL (90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL (90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	2	QL (600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	2	QL (180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	2	QL (180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	2	QL (270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL (90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	3	QL (147 EA per 84 days) PA
<i>memantine hydrochloride er</i>	4	QL (90 EA per 90 days) PA
<i>memantine hydrochloride solution</i>	2	QL (1080 ML per 90 days) PA
<i>memantine hydrochloride tablet</i>	2	QL (180 EA per 90 days) PA
NAMENDA XR TITRATION PACK	4	QL (84 EA per 84 days) PA
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl tablet 100mg</i>	1	QL (540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL (270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL (90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	QL (540 EA per 90 days)
MAPROTILINE HCL	2	
<i>mirtazapine odt</i>	2	QL (90 EA per 90 days)
<i>mirtazapine tablet</i>	2	QL (90 EA per 90 days)
<i>olanzapine/fluoxetine</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM	5	QL (31 EA per 31 days) PA
MARPLAN	4	QL (540 EA per 90 days)
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution</i>	1	QL (1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (360 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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 tablet 40mg</i>	1	QL (90 EA per 90 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	4	QL (180 EA per 90 days) ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	QL (90 EA per 90 days) ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL (360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL (90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL (180 EA per 90 days) PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (270 EA per 90 days) PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL (360 EA per 90 days) PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL (540 EA per 90 days) PA
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL (180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	QL (180 EA per 90 days)
<i>escitalopram oxalate solution</i>	2	QL (1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (135 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL (90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL (28 EA per 28 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (180 EA per 90 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (90 EA per 90 days) ST
FLUOXETINE DR	2	QL (12 EA per 84 days)
<i>fluoxetine hcl capsule 20mg</i>	2	QL (360 EA per 90 days)
<i>fluoxetine hcl solution</i>	2	QL (1800 ML per 90 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL (180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL (720 EA per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	2	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	2	QL (180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	2	QL (270 EA per 90 days)
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL (180 EA per 90 days)
<i>paroxetine hydrochloride suspension</i>	4	QL (2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL (90 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>sertraline hcl concentrate</i>	2	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	QL (270 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (180 EA per 90 days)
<i>trazodone hydrochloride</i>	1	
TRINTELLIX TABLET 10MG	4	QL (180 EA per 90 days) ST
TRINTELLIX TABLET 5MG	4	QL (360 EA per 90 days) ST
TRINTELLIX TABLET 20MG	4	QL (90 EA per 90 days) ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL (180 EA per 90 days)
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL (90 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL (270 EA per 90 days)
VIIBRYD STARTER PACK	4	QL (30 EA per 30 days) ST
<i>vilazodone hydrochloride</i>	4	QL (90 EA per 90 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	PA
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	PA
AMOXAPINE	2	
<i>clomipramine hydrochloride</i>	4	PA
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	PA
<i>doxepin hcl concentrate</i>	2	PA
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA
<i>imipramine hydrochloride tablet 10mg</i>	2	PA
<i>imipramine pamoate</i>	2	PA
NORTRIPTYLINE HCL SOLUTION	2	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate capsule</i>	2	PA
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>meclizine hcl tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	2	
<i>promethazine hcl plain</i>	2	
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PROMETHEGAN SUPPOSITORY 50MG	2	
<i>promethegan suppository 12.5mg, 25mg</i>	2	
<i>scopolamine</i>	4	QL (30 EA per 90 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol capsule 10mg</i>	4	QL (180 EA per 90 days) B/D
<i>dronabinol capsule 5mg</i>	4	QL (360 EA per 90 days) B/D
<i>dronabinol capsule 2.5mg</i>	4	QL (720 EA per 90 days) B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	2	QL (60 EA per 30 days) B/D
<i>ondansetron hcl solution</i>	4	QL (2700 ML per 90 days) B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>casprofungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<i>econazole nitrate cream</i>	3	QL (255 GM per 90 days)
ERAXIS	5	
<i>fluconazole in sodium chloride</i>	2	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted, tablet</i>	2	
<i>flucytosine capsule 250mg</i>	2	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2	
<i>itraconazole solution</i>	3	
<i>itraconazole capsule</i>	4	
<i>ketoconazole foam</i>	2	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole cream</i>	2	QL (270 GM per 90 days)
<i>ketoconazole shampoo</i>	2	QL (360 ML per 90 days)
<i>ketodan</i>	2	
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	2	
<i>naftifine hydrochloride cream</i>	2	
NOXAFIL SUSPENSION	5	QL (651 ML per 31 days)
<i>nyamyc</i>	2	QL (180 GM per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin cream, ointment, suspension, tablet</i>	2	
<i>nystatin powder</i>	2	QL (180 GM per 90 days)
<i>nystop</i>	2	QL (180 GM per 90 days)
<i>oxiconazole nitrate</i>	2	
<i>posaconazole dr</i>	5	QL (93 EA per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tablet</i>	3	
<i>voriconazole injection, suspension reconstituted</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet</i>	1	
<i>colchicine tablet 0.6mg</i>	3	QL (360 EA per 90 days)
<i>febuxostat</i>	3	QL (90 EA per 90 days) ST
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	5	QL (24 ML per 90 days) PA
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL (3 ML per 90 days) PA
AIMOVIG INJECTION 70MG/ML	3	QL (6 ML per 90 days) PA
EMGALITY INJECTION 120MG/ML	3	QL (4 ML per 90 days) PA
EMGALITY INJECTION 100MG/ML	3	QL (9 ML per 90 days) PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL (16 EA per 30 days) PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan tablet 12.5mg</i>	4	QL (24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL (48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	4	QL (18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	4	QL (36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL (36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL (24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL (60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL (162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL (81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL (162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL (81 EA per 90 days)
<i>sumatriptan succinate refill</i>	4	QL (27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL (27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL (108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL (216 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate tablet 100mg</i>	2	QL (54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL (36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL (108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL (54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL (108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL (54 EA per 90 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide solution</i>	2	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	2	
PRETOMANID	4	QL (90 EA per 90 days) PA
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	2	
ISONIAZID SYRUP	2	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule</i>	3	B/D
LEUKERAN	5	
MATULANE	5	
PEPAXTO	5	
VALCHLOR	5	QL (60 GM per 30 days) PA
ZEPZELCA	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	5	QL (124 EA per 31 days) PA
<i>abiraterone acetate tablet 500mg</i>	5	QL (62 EA per 31 days) PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NUBEQA	5	PA
XTANDI CAPSULE	5	QL (124 EA per 31 days) PA
XTANDI TABLET 40MG	5	QL (124 EA per 31 days) PA
XTANDI TABLET 80MG	5	QL (62 EA per 31 days) PA
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	QL (21 EA per 28 days) PA
<i>lenalidomide</i>	5	QL (31 EA per 31 days) PA
POMALYST	5	QL (31 EA per 31 days) PA
QINLOCK	5	QL (90 EA per 30 days) PA
REVLIMID CAPSULE 2.5MG, 20MG	5	QL (31 EA per 31 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
THALOMID CAPSULE 100MG, 50MG	5	QL (31 EA per 31 days) PA
THALOMID CAPSULE 150MG, 200MG	5	QL (62 EA per 31 days) PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PURIXAN	5	
TABLOID	3	PA
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
BESREMI	5	QL (2 ML per 28 days) PA
<i>bortezomib injection 3.5mg</i>	4	
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
GAVRETO	5	QL (124 EA per 31 days) PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA
IDHIFA	5	QL (31 EA per 31 days) PA
INREBIC	5	QL (120 EA per 30 days) PA
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LONSURF	5	PA
LUMAKRAS	5	QL (240 EA per 30 days) PA
NINLARO	5	PA
ONUREG	5	QL (14 EA per 28 days) PA
PEMAZYRE	5	QL (14 EA per 21 days) PA
RETEVMO CAPSULE 80MG	5	QL (124 EA per 31 days) PA
RETEVMO CAPSULE 40MG	5	QL (186 EA per 31 days) PA
RYLAZE	5	PA
SCSEMBLIX TABLET 40MG	5	QL (310 EA per 31 days) PA
SCSEMBLIX TABLET 20MG	5	QL (62 EA per 31 days) PA
SYNRIBO	5	PA
TAZVERIK	5	QL (240 EA per 30 days) PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL (21 EA per 28 days) PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL (42 EA per 28 days) PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL (63 EA per 28 days) PA
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA
TUKYSA TABLET 50MG	5	QL (300 EA per 30 days) PA
<i>valrubicin</i>	3	
VELCADE	4	
<i>vincasar pfs</i>	2	
<i>vincristine sulfate</i>	2	
XPOVIO 100 MG ONCE WEEKLY	5	QL (8 EA per 30 days) PA
XPOVIO 40 MG ONCE WEEKLY	5	QL (4 EA per 30 days) PA
XPOVIO 40 MG TWICE WEEKLY	5	QL (8 EA per 30 days) PA
XPOVIO 60 MG ONCE WEEKLY	5	QL (4 EA per 30 days) PA
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 30 days) PA
XPOVIO 80 MG ONCE WEEKLY	5	QL (8 EA per 30 days) PA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 30 days) PA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	5	QL (4 EA per 30 days) PA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	5	QL (8 EA per 30 days) PA
ZOLINZA	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 5MG	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 4MG	5	QL (60 EA per 30 days) PA
BALVERSA TABLET 3MG	5	QL (90 EA per 30 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	QL (120 EA per 30 days) PA
CABOMETYX TABLET 20MG, 60MG	5	QL (31 EA per 31 days) PA
CABOMETYX TABLET 40MG	5	QL (62 EA per 31 days) PA
CALQUENCE CAPSULE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL (31 EA per 31 days) PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (93 EA per 31 days) PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (31 EA per 31 days) PA
EXKIVITY	5	QL (124 EA per 31 days) PA
FARYDAK	5	QL (6 EA per 21 days) PA
GILOTRIF	5	QL (31 EA per 31 days) PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	5	QL (186 EA per 31 days) PA
<i>imatinib mesylate tablet 400mg</i>	5	QL (62 EA per 31 days) PA
IMBRUVICA TABLET	5	QL (31 EA per 31 days) PA
IMBRUVICA CAPSULE 140MG	5	QL (124 EA per 31 days) PA
IMBRUVICA CAPSULE 70MG	5	QL (31 EA per 31 days) PA
INLYTA TABLET 5MG	5	QL (124 EA per 31 days) PA
INLYTA TABLET 1MG	5	QL (186 EA per 31 days) PA
INQOVI	5	QL (5 EA per 28 days) PA
IRESSA	5	PA
JAKAFI	5	QL (62 EA per 31 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABLET	5	QL (124 EA per 31 days) PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
ODOMZO	5	PA
PIQRAY 200MG DAILY DOSE	5	QL (30 EA per 30 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (60 EA per 30 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (60 EA per 30 days) PA
ROZLYTREK CAPSULE 100MG	5	QL (150 EA per 30 days) PA
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL (31 EA per 31 days) PA
SPRYCEL TABLET 80MG	5	QL (62 EA per 31 days) PA
SPRYCEL TABLET 20MG, 50MG	5	QL (93 EA per 31 days) PA
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL (31 EA per 31 days) PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL (62 EA per 31 days) PA
TAFINLAR	5	PA
TAGRISO	5	QL (31 EA per 31 days) PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL (124 EA per 31 days) PA
TASIGNA CAPSULE 150MG	5	QL (155 EA per 31 days) PA
TASIGNA CAPSULE 50MG	5	QL (434 EA per 31 days) PA
TEPMETKO	5	QL (62 EA per 31 days) PA
TIBSOVO	5	PA
TURALIO	5	QL (120 EA per 30 days) PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	QL (60 EA per 30 days) PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL (124 EA per 31 days) PA
VOTRIENT	5	PA
WELIREG	5	QL (93 EA per 31 days) PA
XALKORI	5	QL (62 EA per 31 days) PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL (248 EA per 31 days) PA
ZYDELIG	5	QL (62 EA per 31 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL (60 GM per 30 days) PA
PANRETIN	5	QL (60 GM per 30 days) PA
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>dexrazoxane injection 500mg</i>	2	
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	2	PA
<i>praziquantel tablet</i>	2	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
CHLOROQUINE PHOSPHATE TABLET 500MG	2	
<i>chloroquine phosphate tablet 250mg</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	2	PA
Antiparkinson Agents		

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>benztropine mesylate injection</i>	4	
TRIHEXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	QL (93 ML per 31 days) PA
<i>bromocriptine mesylate capsule, tablet</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	2	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
FLUPHENAZINE HCL INJECTION	4	
<i>fluphenazine hcl tablet</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	
PIMOZIDE	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	PA
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL (180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL (270 EA per 90 days)
<i>aripiprazole solution</i>	3	QL (2700 ML per 90 days)
<i>aripiprazole tablet</i>	3	QL (90 EA per 90 days)
ARISTADA INITIO	5	QL (2.4 ML per 31 days) ST
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 30 days) ST
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 30 days) ST
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 30 days) ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days) ST
<i>asenapine maleate sl</i>	3	QL (180 EA per 90 days)
CAPLYTA CAPSULE 42MG	5	QL (30 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 31 days) ST
FANAPT TABLET 1MG, 2MG, 4MG	5	QL (180 EA per 90 days) ST
FANAPT TABLET 10MG, 12MG, 6MG, 8MG	5	QL (62 EA per 31 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days) ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days) ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) ST
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days) ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days) ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days) ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days) ST
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	5	QL (31 EA per 31 days) ST
LATUDA TABLET 80MG	5	QL (62 EA per 31 days) ST
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE	5	QL (31 EA per 31 days) PA
NUPLAZID TABLET 10MG	5	QL (31 EA per 31 days) PA
<i>olanzapine odt tablet disintegrating 10mg</i>	2	QL (180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg, 5mg</i>	2	QL (90 EA per 90 days)
<i>olanzapine injection</i>	2	
<i>olanzapine tablet 10mg, 2.5mg, 5mg</i>	2	QL (180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg, 7.5mg</i>	2	QL (90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL (180 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL (90 EA per 90 days)
PERSERIS	5	QL (1 EA per 30 days) ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	2	QL (180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	2	QL (270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	2	QL (360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL (90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL (270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL (360 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL (31 EA per 31 days) ST
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (62 EA per 31 days) ST
RISPERDAL CONSTA INJECTION 12.5MG	4	QL (6 EA per 90 days) ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	QL (2 EA per 30 days) ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	QL (270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	2	QL (180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	2	QL (360 EA per 90 days)
<i>risperidone solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL (180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL (270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL (360 EA per 90 days)
SECUADO	5	QL (31 EA per 31 days) ST
VRAYLAR CAPSULE THERAPY PACK	4	QL (7 EA per 31 days) ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL (31 EA per 31 days) ST
VRAYLAR CAPSULE 1.5MG	5	QL (62 EA per 31 days) ST
<i>ziprasidone hcl</i>	2	QL (180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL (6 EA per 90 days) ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 30 days) ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 30 days) ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	2	PA
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL (405 EA per 90 days) PA
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	4	QL (540 EA per 90 days) PA
<i>clozapine odt tablet disintegrating 25mg</i>	2	PA
<i>clozapine odt tablet disintegrating 100mg</i>	2	QL (810 EA per 90 days) PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	QL (540 ML per 30 days) PA
Antispasticity Agents		
Antispasticity Agents		
BACLOFEN INJECTION 50MCG/ML	4	
<i>baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>dantrolene sodium capsule</i>	2	
<i>tizanidine hcl capsule 4mg</i>	2	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
GANCICLOVIR INJECTION 500MG/10ML	4	
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	3	QL (90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 150MG; 37.5MG	5	QL (31 EA per 31 days) PA
EPCLUSA PACKET 200MG; 50MG	5	QL (62 EA per 31 days) PA
EPCLUSA TABLET 400MG; 100MG	5	QL (31 EA per 31 days) PA
EPCLUSA TABLET 200MG; 50MG	5	QL (62 EA per 31 days) PA
HARVONI TABLET	5	QL (31 EA per 31 days) PA
HARVONI PACKET 33.75MG; 150MG	5	QL (31 EA per 31 days) PA
HARVONI PACKET 45MG; 200MG	5	QL (62 EA per 31 days) PA
<i>ribavirin capsule</i>	2	
<i>ribavirin tablet 200mg</i>	2	
SOVALDI PACKET 150MG	5	QL (31 EA per 31 days) PA
SOVALDI PACKET 200MG	5	QL (62 EA per 31 days) PA
SOVALDI TABLET 400MG	5	QL (31 EA per 31 days) PA
SOVALDI TABLET 200MG	5	QL (62 EA per 31 days) PA
VOSEVI	5	QL (31 EA per 31 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL (31 EA per 31 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	QL (62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL (186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL (186 EA per 31 days)
JULUCA	5	QL (31 EA per 31 days)
STRIBILD	5	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD	4	QL (372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL (31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL (31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL (62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz capsule 50mg</i>	2	
<i>efavirenz capsule 200mg</i>	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	3	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	2	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
<i>abacavir solution</i>	2	
<i>abacavir tablet</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (31 EA per 31 days)
EMTRIVA SOLUTION	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 180 days)
STAVUDINE CAPSULE	2	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	3	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ	5	QL (31 EA per 31 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL (62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
CRIXIVAN CAPSULE 200MG, 400MG	3	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	5	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	5	QL (31 EA per 31 days)
PREZISTA SUSPENSION	5	QL (414 ML per 31 days)
PREZISTA TABLET 75MG	3	QL (1440 EA per 90 days)
PREZISTA TABLET 150MG	3	QL (720 EA per 90 days)
PREZISTA TABLET 800MG	5	QL (31 EA per 31 days)
PREZISTA TABLET 600MG	5	QL (62 EA per 31 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL (1050 ML per 180 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER	3	QL (180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	2	
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	QL (90 EA per 30 days)
<i>valacyclovir hcl tablet 1gm</i>	2	
<i>valacyclovir hydrochloride tablet 500mg</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam</i>	2	QL (450 EA per 90 days)
ALPRAZOLAM INTENSOL	2	
<i>clorazepate dipotassium tablet 7.5mg</i>	2	QL (1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	2	QL (2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	2	QL (540 EA per 90 days)
<i>diazepam solution</i>	2	QL (1200 ML per 30 days)
<i>diazepam tablet</i>	2	QL (360 EA per 90 days)
<i>lorazepam intensol</i>	2	QL (450 ML per 90 days)
<i>lorazepam tablet</i>	2	QL (450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er</i>	1	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	GC
BYDUREON BCISE	3	QL (10.2 ML per 84 days)
BYDUREON PEN	3	QL (12 EA per 84 days)
CYCLOSET	4	QL (540 EA per 90 days)
FARXIGA	3	QL (90 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL (180 EA per 90 days) GC
<i>glimepiride tablet 2mg</i>	1	QL (360 EA per 90 days) GC
<i>glimepiride tablet 1mg</i>	1	QL (720 EA per 90 days) GC
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (180 EA per 90 days) GC
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (270 EA per 90 days) GC

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (360 EA per 90 days) GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (720 EA per 90 days) GC
<i>glipizide tablet 10mg</i>	1	QL (360 EA per 90 days) GC
<i>glipizide tablet 5mg</i>	1	QL (720 EA per 90 days) GC
<i>glyburide micronized tablet 6mg</i>	1	QL (180 EA per 90 days) GC
<i>glyburide micronized tablet 3mg</i>	1	QL (360 EA per 90 days) GC
<i>glyburide micronized tablet 1.5mg</i>	1	QL (720 EA per 90 days) GC
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (360 EA per 90 days) GC
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL (720 EA per 90 days) GC
<i>glyburide tablet 1.25mg</i>	1	QL (1440 EA per 90 days) GC
<i>glyburide tablet 5mg</i>	1	QL (360 EA per 90 days) GC
<i>glyburide tablet 2.5mg</i>	1	QL (720 EA per 90 days) GC
GLYXAMBI	3	QL (90 EA per 90 days)
JANUMET	3	QL (180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (90 EA per 90 days)
JANUVIA	3	QL (90 EA per 90 days)
JARDIANCE	3	QL (90 EA per 90 days)
JENTADUETO	3	QL (180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 750mg</i>	1	QL (180 EA per 90 days) GC
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL (360 EA per 90 days) GC
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL (450 EA per 90 days) GC
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (230 EA per 90 days) GC
<i>metformin hydrochloride tablet 850mg</i>	1	QL (270 EA per 90 days) GC
<i>metformin hydrochloride tablet 500mg</i>	1	QL (459 EA per 90 days) GC
<i>miglitol</i>	1	GC
<i>nateglinide tablet 120mg</i>	1	QL (270 EA per 90 days) GC
<i>nateglinide tablet 60mg</i>	1	QL (540 EA per 90 days) GC
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl-glimepiride</i>	1	QL (90 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>pioglitazone hcl/metformin hcl</i>	1	QL (270 EA per 90 days) GC
<i>pioglitazone hcl tablet 45mg</i>	1	QL (90 EA per 90 days) GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (90 EA per 90 days) GC
<i>repaglinide tablet 1mg</i>	1	QL (1440 EA per 90 days) GC
<i>repaglinide tablet 0.5mg</i>	1	QL (2880 EA per 90 days) GC
<i>repaglinide tablet 2mg</i>	1	QL (720 EA per 90 days) GC
RYBELSUS TABLET 7MG	3	QL (180 EA per 90 days)
RYBELSUS TABLET 3MG	3	QL (420 EA per 90 days)
RYBELSUS TABLET 14MG	3	QL (90 EA per 90 days)
SOLIQUA 100/33	3	QL (60 ML per 90 days) SSM
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA
SYMLINPEN 60	5	QL (12 ML per 30 days) PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL (360 EA per 90 days)
TRADJENTA	3	QL (90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (90 EA per 90 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA	3	QL (27 ML per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (90 EA per 90 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
KORLYM	5	PA
<i>Insulins</i>		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
HUMALOG	4	ST
HUMALOG JUNIOR KWIKPEN	4	ST
HUMALOG KWIKPEN	4	ST
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 50/50 KWIKPEN	4	ST
HUMALOG MIX 75/25	4	ST
HUMALOG MIX 75/25 KWIKPEN	4	ST
HUMULIN 70/30	4	ST
HUMULIN 70/30 KWIKPEN	4	ST
HUMULIN N	4	ST
HUMULIN N KWIKPEN	4	ST
HUMULIN R	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
INSULIN LISPRO	4	ST
INSULIN LISPRO JUNIOR KWIKPEN	4	ST
INSULIN LISPRO KWIKPEN	4	ST
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	4	ST
LANTUS	3	SSM
LANTUS SOLOSTAR	3	SSM
NOVOLIN 70/30	3	SSM
NOVOLIN 70/30 FLEXPEN	3	SSM
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	SSM
NOVOLIN N FLEXPEN	3	SSM
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	SSM
NOVOLIN R FLEXPEN	3	SSM
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	SSM
NOVOLOG FLEXPEN	3	SSM
NOVOLOG FLEXPEN RELION	3	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30	3	SSM
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	SSM
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	SSM
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	SSM
TOUJEO SOLOSTAR	3	SSM
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL (180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL (194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL (2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL (180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL (90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJECTION 20000UNIT/ML	5	PA
NEULASTA	5	QL (1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL (1.2 ML per 28 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM	5	PA
OXBRYTA	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL (31 EA per 31 days) PA
PROMACTA TABLET 50MG, 75MG	5	QL (62 EA per 31 days) PA
ZARXIO	5	PA
Hemostasis Agents		
<i>tranexamic acid tablet</i>	2	QL (90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL (180 EA per 90 days)
BRILINTA TABLET 60MG	3	QL (180 EA per 90 days)
BRILINTA TABLET 90MG	3	QL (182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL (90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	1	QL (12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL (186 EA per 31 days) PA
<i>droxidopa capsule 100mg</i>	5	QL (93 EA per 31 days) PA
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	1	
<i>prazosin hydrochloride capsule</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL (180 EA per 90 days) GC
<i>candesartan cilexetil tablet 8mg</i>	1	QL (360 EA per 90 days) GC
<i>candesartan cilexetil tablet 4mg</i>	1	QL (720 EA per 90 days) GC
<i>candesartan cilexetil tablet 32mg</i>	1	QL (90 EA per 90 days) GC
EDARBI TABLET 40MG	4	QL (180 EA per 90 days)
EDARBI TABLET 80MG	4	QL (90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL (180 EA per 90 days) GC
<i>irbesartan tablet 75mg</i>	1	QL (360 EA per 90 days) GC
<i>irbesartan tablet 300mg</i>	1	QL (90 EA per 90 days) GC
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL (180 EA per 90 days) GC
<i>losartan potassium tablet 25mg</i>	1	QL (270 EA per 90 days) GC

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>olmesartan medoxomil tablet 20mg</i>	1	QL (180 EA per 90 days) GC
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (720 EA per 90 days) GC
<i>olmesartan medoxomil tablet 40mg</i>	1	QL (90 EA per 90 days) GC
<i>telmisartan tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>telmisartan tablet 20mg</i>	1	QL (360 EA per 90 days) GC
<i>telmisartan tablet 80mg</i>	1	QL (90 EA per 90 days) GC
VALSARTAN SOLUTION	4	QL (7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL (180 EA per 90 days) GC
<i>valsartan tablet 80mg</i>	1	QL (360 EA per 90 days) GC
<i>valsartan tablet 40mg</i>	1	QL (720 EA per 90 days) GC
<i>valsartan tablet 320mg</i>	1	QL (90 EA per 90 days) GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL (1440 EA per 90 days) GC
<i>benazepril hcl tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>benazepril hcl tablet 10mg</i>	1	QL (720 EA per 90 days) GC
<i>benazepril hydrochloride tablet 20mg</i>	1	QL (360 EA per 90 days) GC
<i>captopril tablet 25mg</i>	1	QL (1620 EA per 90 days) GC
<i>captopril tablet 12.5mg</i>	1	QL (3240 EA per 90 days) GC
<i>captopril tablet 100mg</i>	1	QL (405 EA per 90 days) GC
<i>captopril tablet 50mg</i>	1	QL (810 EA per 90 days) GC
<i>enalapril maleate tablet 2.5mg</i>	1	QL (1440 EA per 90 days) GC
<i>enalapril maleate tablet 20mg</i>	1	QL (180 EA per 90 days) GC
<i>enalapril maleate tablet 10mg</i>	1	QL (360 EA per 90 days) GC
<i>enalapril maleate tablet 5mg</i>	1	QL (720 EA per 90 days) GC
<i>fosinopril sodium tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>fosinopril sodium tablet 20mg</i>	1	QL (360 EA per 90 days) GC
<i>fosinopril sodium tablet 10mg</i>	1	QL (720 EA per 90 days) GC
<i>lisinopril tablet 30mg</i>	1	QL (120 EA per 90 days) GC
<i>lisinopril tablet 2.5mg</i>	1	QL (1440 EA per 90 days) GC
<i>lisinopril tablet 20mg</i>	1	QL (180 EA per 90 days) GC
<i>lisinopril tablet 10mg</i>	1	QL (360 EA per 90 days) GC
<i>lisinopril tablet 5mg</i>	1	QL (720 EA per 90 days) GC
<i>lisinopril tablet 40mg</i>	1	QL (90 EA per 90 days) GC
<i>moexipril hcl tablet 15mg</i>	1	QL (180 EA per 90 days) GC
<i>moexipril hcl tablet 7.5mg</i>	1	QL (360 EA per 90 days) GC
<i>perindopril erbumine tablet 8mg</i>	1	QL (180 EA per 90 days) GC
<i>perindopril erbumine tablet 4mg</i>	1	QL (360 EA per 90 days) GC
<i>perindopril erbumine tablet 2mg</i>	1	QL (720 EA per 90 days) GC
<i>quinapril hcl tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>quinapril hcl tablet 20mg</i>	1	QL (360 EA per 90 days) GC
<i>quinapril hydrochloride tablet 5mg</i>	1	QL (1440 EA per 90 days) GC
<i>quinapril hydrochloride tablet 10mg</i>	1	QL (720 EA per 90 days) GC
<i>ramipril capsule 1.25mg</i>	1	QL (1440 EA per 90 days) GC

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>ramipril capsule 10mg</i>	1	QL (180 EA per 90 days) GC
<i>ramipril capsule 5mg</i>	1	QL (360 EA per 90 days) GC
<i>ramipril capsule 2.5mg</i>	1	QL (720 EA per 90 days) GC
<i>trandolapril tablet 4mg</i>	1	QL (180 EA per 90 days) GC
<i>trandolapril tablet 2mg</i>	1	QL (360 EA per 90 days) GC
<i>trandolapril tablet 1mg</i>	1	QL (720 EA per 90 days) GC
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
<i>digitek</i>	2	QL (90 EA per 90 days)
<i>digox</i>	2	QL (90 EA per 90 days)
DIGOXIN SOLUTION	2	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (90 EA per 90 days)
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL (180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	QL (90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	QL (180 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL (180 EA per 90 days) ST
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL (360 EA per 90 days) ST
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL (90 EA per 90 days) ST
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PROPRANOLOL HCL SOLUTION 40MG/5ML	1	
<i>propranolol hcl solution 20mg/5ml</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	1	QL (90 EA per 90 days)
<i>isradipine</i>	1	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	1	QL (90 EA per 90 days)
<i>nimodipine capsule</i>	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL (180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL (90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL (90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet</i>	1	
<i>diltiazem hydrochloride er</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	1	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride tablet</i>	1	
<i>verapamil hydrochloride injection</i>	4	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	3	QL (90 EA per 90 days)
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL (180 EA per 90 days) GC
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL (360 EA per 90 days) GC
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL (90 EA per 90 days) GC
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL (180 EA per 90 days) GC
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL (360 EA per 90 days) GC
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL (90 EA per 90 days) GC
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL (180 EA per 90 days) GC
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL (90 EA per 90 days) GC
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	1	QL (180 EA per 90 days) GC
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL (90 EA per 90 days) GC
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	1	QL (180 EA per 90 days) GC
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (90 EA per 90 days) GC
<i>atenolol/chlorthalidone</i>	1	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE TABLET 5MG; 6.25MG	1	QL (360 EA per 90 days) GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL (180 EA per 90 days) GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL (90 EA per 90 days) GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	5	QL (31 EA per 31 days) PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (180 EA per 90 days) GC
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (90 EA per 90 days) GC

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL (180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL (270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL (300 EA per 90 days)
CORLANOR SOLUTION	4	QL (1350 ML per 90 days)
CORLANOR TABLET	4	QL (180 EA per 90 days)
EDARBYCLOR	4	QL (90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL (180 EA per 90 days) GC
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL (360 EA per 90 days) GC
ENTRESTO	3	QL (180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL (360 EA per 90 days) GC
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (180 EA per 90 days) GC
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (90 EA per 90 days) GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	QL (90 EA per 90 days) PA
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL (180 EA per 90 days) GC
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL (360 EA per 90 days) GC
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL (180 EA per 90 days) GC
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL (90 EA per 90 days) GC
METHYLDOPA/HYDROCHLOROTHIAZIDE	2	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	1	QL (180 EA per 90 days) GC
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL (90 EA per 90 days) GC
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL (180 EA per 90 days) GC
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (90 EA per 90 days) GC
<i>pentoxifylline er</i>	2	
PROPRANOLOL/HYDROCHLOROTHIAZIDE	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL (180 EA per 90 days) GC
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL (90 EA per 90 days) GC
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	1	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TEKTURNA HCT TABLET 150MG; 25MG, 300MG; 12.5MG, 300MG; 25MG	3	QL (90 EA per 90 days)
<i>telmisartan/amlodipine tablet 5mg; 40mg</i>	1	QL (180 EA per 90 days) GC
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL (90 EA per 90 days) GC
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL (180 EA per 90 days) GC
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL (90 EA per 90 days) GC
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	1	QL (120 EA per 90 days) GC
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	1	QL (90 EA per 90 days) GC
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL (180 EA per 90 days) GC
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL (90 EA per 90 days) GC
VYNDAMAX	5	QL (31 EA per 31 days) PA
Diuretics, Loop		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	2	
<i>ethacrynic acid tablet</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 8MG/ML	1	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	QL (90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	2	QL (90 EA per 90 days)
<i>fenofibrate tablet 145mg, 48mg</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>fenofibrate tablet 160mg, 54mg</i>	2	QL (90 EA per 90 days)
FENOFIBRIC ACID	2	
<i>fenofibric acid dr capsule delayed release 45mg</i>	1	QL (270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	1	QL (90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>atorvastatin calcium tablet 20mg</i>	1	QL (360 EA per 90 days) GC
<i>atorvastatin calcium tablet 10mg</i>	1	QL (720 EA per 90 days) GC
<i>atorvastatin calcium tablet 80mg</i>	1	QL (90 EA per 90 days) GC
EZALLOR SPRINKLE	4	QL (90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL (90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL (180 EA per 90 days) GC
<i>fluvastatin capsule 20mg</i>	1	QL (360 EA per 90 days) GC
LIVALO TABLET 2MG	4	QL (180 EA per 90 days)
LIVALO TABLET 1MG	4	QL (360 EA per 90 days)
LIVALO TABLET 4MG	4	QL (90 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>lovastatin tablet 10mg, 20mg</i>	1	QL (360 EA per 90 days) GC
<i>pravastatin sodium tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL (360 EA per 90 days) GC
<i>pravastatin sodium tablet 80mg</i>	1	QL (90 EA per 90 days) GC
<i>rosuvastatin calcium tablet 20mg</i>	1	QL (180 EA per 90 days) GC
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL (360 EA per 90 days) GC
<i>rosuvastatin calcium tablet 40mg</i>	1	QL (90 EA per 90 days) GC
<i>simvastatin tablet 40mg</i>	1	QL (180 EA per 90 days) GC
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL (360 EA per 90 days) GC
<i>simvastatin tablet 80mg</i>	1	QL (90 EA per 90 days) GC
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	2	
<i>cholestyramine packet, powder</i>	2	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	QL (90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	QL (90 EA per 90 days)
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	2	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	2	QL (360 EA per 90 days)
<i>prevalite</i>	2	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (180 EA per 90 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg</i>	2	QL (270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL (180 EA per 90 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL (270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL (360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL (540 EA per 90 days)
<i>zenzedi tablet 10mg, 5mg</i>	2	QL (540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL (180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL (90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL (360 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 20mg</i>	2	QL (270 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	QL (90 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	2	QL (180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 36mg, 54mg</i>	2	QL (180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	2	QL (180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	2	QL (270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	2	QL (450 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL (270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	2	QL (2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	2	QL (5400 ML per 90 days)
Central Nervous System, Other		
FIRDAPSE	5	PA
NUEDEXTA	5	QL (180 EA per 90 days) PA
<i>riluzole</i>	2	
<i>tetrabenazine tablet 25mg</i>	5	QL (124 EA per 31 days) PA
<i>tetrabenazine tablet 12.5mg</i>	5	QL (248 EA per 31 days) PA
Fibromyalgia Agents		
SAVELLA	3	QL (180 EA per 90 days) PA
SAVELLA TITRATION PACK	3	QL (165 EA per 84 days) PA
Multiple Sclerosis Agents		
AVONEX PEN	5	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
<i>dalfampridine er</i>	3	QL (62 EA per 31 days)
<i>dimethyl fumarate</i>	5	QL (62 EA per 31 days) PA
<i>dimethyl fumarate starterpack</i>	5	QL (62 EA per 31 days) PA
GILENYA CAPSULE 0.5MG	5	QL (31 EA per 31 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (31 ML per 31 days) PA
<i>glatopa injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa injection 20mg/ml</i>	5	QL (31 ML per 31 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML per 28 days) PA
REBIF TITRATION PACK	5	QL (4.2 ML per 28 days) PA
VUMERITY	5	QL (124 EA per 31 days) ST
Dental and Oral Agents		
Dental and Oral Agents		
<i>cavarest</i>	2	
<i>cevimeline hydrochloride</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>just right 5000 paste</i>	4	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 SENSITIVE	4	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm enamel protect</i>	2	
<i>sodium fluoride 5000 ppm sensitive</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>adapalene cream, gel</i>	2	
<i>amnesteam</i>	4	PA
<i>avita cream</i>	2	QL (45 GM per 30 days) PA
<i>azelaic acid</i>	4	QL (150 GM per 90 days)
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>myorisan</i>	4	PA
<i>neuac</i>	2	
<i>tazarotene cream</i>	4	QL (180 GM per 90 days) PA
TAZORAC CREAM 0.05%	4	QL (180 GM per 90 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	QL (45 GM per 30 days) PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	QL (45 GM per 30 days) PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, lotion, ointment</i>	2	
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	QL (180 GM per 90 days)
<i>clobetasol propionate emollient foam</i>	4	QL (300 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL (150 ML per 90 days)
<i>clobetasol propionate cream, ointment</i>	3	QL (180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL (180 GM per 90 days)
<i>clobetasol propionate foam</i>	4	QL (300 GM per 90 days)
<i>clobetasol propionate lotion, shampoo</i>	4	QL (354 ML per 90 days)
<i>clobetasol propionate liquid</i>	4	QL (375 ML per 90 days)
<i>clodan</i>	4	QL (354 ML per 90 days)
<i>desonide cream, ointment</i>	4	QL (180 GM per 90 days)
<i>desonide lotion</i>	4	QL (354 ML per 90 days)
<i>desoximetasone gel</i>	2	
<i>desoximetasone cream, ointment</i>	4	
DIFLORASONE DIACETATE CREAM	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	QL (354.84 ML per 90 days)
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	QL (360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	2	QL (360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	2	QL (360 ML per 90 days)
<i>fluocinonide emulsified base</i>	4	QL (360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL (360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL (180 ML per 90 days)
<i>fluocinonide gel, ointment</i>	4	QL (180 GM per 90 days)
<i>flurandrenolide cream</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	QL (150 GM per 90 days)
<i>hydrocortisone butyrate (lipid)</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate (lipophilic)</i>	2	
HYDROCORTISONE BUTYRATE CREAM, SOLUTION	2	
<i>hydrocortisone butyrate ointment</i>	2	
<i>hydrocortisone valerate</i>	2	QL (180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (354 ML per 90 days)
<i>hydrocortisone ointment 2.5%</i>	2	QL (90 GM per 90 days)
<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>nolix cream</i>	4	
PANDEL	5	
<i>pimecrolimus</i>	3	
PREDNICARBATE OINTMENT	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (300 GM per 90 days)
<i>tovet</i>	4	QL (300 GM per 90 days)
<i>triamcinolone acetonide cream, lotion, ointment</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	2	QL (180 ML per 90 days) PA
<i>calcipotriene cream, ointment</i>	2	QL (360 GM per 90 days) PA
<i>calcitrene</i>	2	QL (360 GM per 90 days) PA
CALCITRIOL OINTMENT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL (135 GM per 90 days)
<i>clotrimazole/betamethasone dipropionate lotion</i>	2	QL (90 ML per 90 days)
FLUOROURACIL CREAM 0.5%	5	
<i>fluorouracil cream 5%</i>	2	QL (120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	2	
FLUOROURACIL SOLUTION 5%	2	QL (10 ML per 30 days)
<i>hydrocortisone acetate/pramoxine cream 1%; 1%</i>	4	
<i>imiquimod cream 5%</i>	2	QL (72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	2	
<i>podofilox</i>	2	
SANTYL	3	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>Pediculicides/Scabicides</i>		
CROTAN	4	
IVERMECTIN LOTION 0.5%	4	
LINDANE SHAMPOO	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>malathion</i>	4	
<i>permethrin cream</i>	2	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL (90 GM per 90 days)
<i>ciclodan solution</i>	2	QL (19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL (19.8 ML per 90 days)
<i>ciclopirox olamine</i>	2	QL (270 GM per 90 days)
<i>ciclopirox suspension</i>	2	QL (180 ML per 90 days)
<i>ciclopirox gel</i>	2	QL (300 GM per 90 days)
<i>ciclopirox shampoo</i>	2	QL (360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	2	QL (180 GM per 90 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL (180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL (180 ML per 90 days)
ERY	2	
<i>erythromycin gel 2%</i>	2	QL (180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL (180 ML per 90 days)
MENTAX	4	
<i>mupirocin</i>	2	QL (90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>calcium chloride</i>	4	
CALCIUM GLUCONATE INJECTION 10%	4	
CARBAGLU	5	
<i>carglumic acid</i>	5	
DEXTROSE 10%/NACL 0.45%	4	
<i>dextrose 10%</i>	4	
DEXTROSE 2.5%/NACL 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>fluoride tablet chewable 1mg</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	2	B/D
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
K-TAB TABLET EXTENDED RELEASE 8MEQ	1	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>magnesium sulfate injection 50%</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium acetate injection 2meq/ml</i>	4	
<i>potassium chloride er</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 30meq/l; 0.45%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 20MEQ/L; 0.45%, 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.9%</i>	4	
<i>potassium chloride packet, oral solution</i>	1	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium phosphate injection 236mg/ml; 224mg/ml</i>	4	
POTASSIUM PHOSPHATES INJECTION 236MG/ML; 224MG/ML	4	
<i>potassium phosphates injection 236mg/ml; 224mg/ml</i>	4	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
SODIUM ACETATE INJECTION 2MEQ/ML	4	
<i>sodium acetate injection 4meq/ml</i>	4	
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	
<i>sodium phosphate injection 142mg/ml; 276mg/ml</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tablet soluble</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	5	PA
JYNARQUE	5	PA
<i>penicillamine tablet</i>	5	
<i>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan</i>	5	PA
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
FOSRENOL PACKET	4	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate packet</i>	2	
<i>sevelamer carbonate tablet</i>	2	QL (1620 EA per 90 days)
SEVELAMER HYDROCHLORIDE TABLET 400MG	3	
<i>sevelamer hydrochloride tablet 800mg</i>	3	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Potassium Binders		
SPS	2	
VELTASSA PACKET 8.4GM	5	QL (270 EA per 90 days) PA
VELTASSA PACKET 16.8GM, 25.2GM	5	QL (90 EA per 90 days) PA
Vitamins		
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
PRENATAL VITAMINS PLUS LOW IRON	2	
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
LACTULOSE PACKET	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL (90 EA per 90 days)
LUBIPROSTONE	4	QL (180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL (180 EA per 90 days) PA
MOVANTIK TABLET 25MG	4	QL (90 EA per 90 days) PA
RELISTOR TABLET	5	QL (93 EA per 31 days) PA
RELISTOR INJECTION 8MG/0.4ML	5	QL (11.2 ML per 28 days) PA
RELISTOR INJECTION 12MG/0.6ML	5	QL (16.8 ML per 28 days) PA
TRULANCE	3	QL (90 EA per 90 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL (62 EA per 31 days) PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQUID	2	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	2	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	
<i>methscopolamine bromide tablet</i>	2	
Gastrointestinal Agents, Other		
CALCIUM DISODIUM VERSENATE	4	
GATTEX	5	PA
GAVILYTE-C	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
MYALEPT	5	PA
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	QL (90 GM per 90 days)
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	4	
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet</i>	2	
XIFAXAN TABLET 550MG	5	QL (93 EA per 31 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
NIZATIDINE	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL (90 EA per 90 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (180 EA per 90 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL (180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (180 EA per 90 days)
<i>pantoprazole sodium dr tablet delayed release 20mg</i>	1	QL (180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL (180 EA per 90 days)
<i>rabeprazole sodium</i>	2	QL (90 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023
Last Updated: August 2022

You can find information on 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 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	
CYSTAGON	4	
ENDARI	5	PA
EVRYSDI	5	PA
GALAFOLD	5	PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
NITYR	5	PA
ORFADIN SUSPENSION	5	PA
ORFADIN CAPSULE 20MG	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
PROLASTIN-C	5	PA
PYRUKYND	5	QL (56 EA per 28 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL (14 EA per 28 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL (7 EA per 28 days) PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
VYNDAQEL	5	QL (124 EA per 31 days) PA
ZEMAIRA	5	PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er</i>	3	QL (90 EA per 90 days)
<i>flavoxate hcl</i>	1	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL (180 EA per 90 days)
<i>oxybutynin chloride syrup, tablet</i>	2	
<i>solifenacin succinate tablet 5mg</i>	3	QL (180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	3	QL (90 EA per 90 days)
<i>tolterodine tartrate</i>	2	QL (180 EA per 90 days)
<i>tolterodine tartrate er</i>	2	QL (90 EA per 90 days)
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	QL (90 EA per 90 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	QL (90 EA per 90 days)
<i>dutasteride capsule</i>	2	QL (90 EA per 90 days)
<i>finasteride tablet</i>	2	QL (90 EA per 90 days)
<i>tamsulosin hydrochloride</i>	1	QL (180 EA per 90 days)
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet</i>	2	
ELMIRON	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>decadron tablet 0.5mg, 0.75mg, 4mg, 6mg</i>	1	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
DEXAMETHASONE TABLET 0.5MG, 0.75MG, 1MG, 2MG	1	
<i>dexamethasone tablet 1.5mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tablet</i>	1	
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone tablet</i>	1	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE ODT TABLET DISINTEGRATING 15MG, 30MG	2	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 25MG/5ML	2	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 5mg/5ml</i>	2	
PREDNISOLONE SOLUTION	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection, tablet</i>	2	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
<i>oxandrolone tablet 10mg</i>	2	QL (180 EA per 90 days) PA
<i>oxandrolone tablet 2.5mg</i>	2	QL (360 EA per 90 days) PA
<i>Androgens</i>		
<i>danazol capsule</i>	2	
METHITEST	5	
<i>methyltestosterone capsule</i>	5	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	3	QL (450 GM per 90 days) PA
<i>testosterone gel 25mg/2.5gm</i>	2	QL (900 GM per 90 days) PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	QL (225 GM per 90 days) PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	QL (450 GM per 90 days) PA
<i>Estrogens</i>		
<i>amabelz</i>	2	
<i>amethia</i>	2	QL (91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL (91 EA per 91 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL (91 EA per 91 days)
<i>camrese lo</i>	2	QL (91 EA per 91 days)
<i>caziant</i>	2	
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL (91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	2	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eluryng</i>	4	QL (3 EA per 84 days)
<i>emoquette</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate injection 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol cream, oral tablet, vaginal tablet</i>	2	
ESTRING	3	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	4	QL (3 EA per 84 days)
FEMRING	3	QL (1 EA per 90 days)
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>gianvi</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>isibloom</i>	2	
<i>jaiessi</i>	2	QL (91 EA per 91 days)
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20</i>	2	
<i>kalliga</i>	2	
<i>kelnor 1/50</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	2	QL (91 EA per 91 days)
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	QL (91 EA per 91 days)
<i>loryna</i>	2	
MENEST TABLET 1.25MG	4	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-lynyah</i>	2	
<i>nikki</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nymyo</i>	2	
PREFEST	4	
PREMARIN CREAM	3	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>simpesse</i>	2	QL (91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension</i>	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	3	
<i>raloxifene hydrochloride</i>	1	QL (90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABLET	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL (248 EA per 31 days) PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>leuprolide acetate injection</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL (30 EA per 28 days) PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	
SYNAREL	5	
TRELSTAR MIXJECT	5	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL (279 ML per 31 days) PA
<i>sajazir</i>	5	QL (279 ML per 31 days) PA
<i>Immunoglobulins</i>		
FLEBOGAMMA DIF INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	
HYQVIA INJECTION 2.5GM/25ML; 200UNT/1.25ML	5	B/D
NABI-HB INJECTION 312UNIT/ML	4	
OCTAGAM	5	B/D
PRIVIGEN	5	B/D
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL (8 ML per 28 days) PA
COSENTYX INJECTION 75MG/0.5ML	5	QL (4 ML per 28 days) PA
COSENTYX INJECTION 150MG/ML	5	QL (8 ML per 28 days) PA
ENSPRYNG	5	QL (3 ML per 28 days) PA
GAMIFANT	5	PA
RIDAURA	5	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL (31 EA per 31 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL (93 EA per 31 days) PA
SKYRIZI PEN	5	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL (1 EA per 28 days) PA
SKYRIZI INJECTION 150MG/ML	5	QL (1 ML per 28 days) PA
STELARA INJECTION 45MG/0.5ML	5	QL (1 ML per 28 days) PA
STELARA INJECTION 90MG/ML	5	QL (2 ML per 28 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION	5	QL (720 ML per 30 days) PA
XELJANZ TABLET 5MG	5	QL (60 EA per 30 days) PA
XELJANZ TABLET 10MG	5	QL (62 EA per 31 days) PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA
INTRON A INJECTION 6000000UNIT/ML	3	
INTRON A INJECTION 10000000UNIT/ML, 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL (4 ML per 28 days)
<i>Immunosuppressants</i>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D
<i>azathioprine tablet</i>	2	B/D
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine capsule</i>	2	B/D
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJECTION 25MG	5	QL (16 EA per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	5	QL (16 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	2	B/D
<i>gengraf solution</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL (2 EA per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL (4 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-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL (4 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL (3 EA per 28 days) PA
HUMIRA PEN-PS/UV STARTER 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
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
<i>leflunomide</i>	2	QL (90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	2	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACKET	3	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL (2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr capsule delayed release</i>	3	
<i>mesalamine dr tablet delayed release 800mg</i>	3	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	QL (5400 EA per 90 days)
<i>mesalamine enema</i>	4	QL (5400 ML per 90 days)
PENTASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	1	
Glucocorticoids		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	3	
<i>hydrocortisone cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	QL (90 GM per 90 days)
<i>proctosol hc</i>	2	QL (90 GM per 90 days)
<i>proctozone-hc</i>	2	QL (90 GM per 90 days)
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ALENDRONATE SODIUM SOLUTION	2	
ALENDRONATE SODIUM TABLET 5MG	1	QL (90 EA per 90 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL (90 EA per 90 days)
<i>calcitonin-salmon solution</i>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL (360 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>cinacalcet hydrochloride tablet 90mg</i>	4	QL (124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL (62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL (3 ML per 28 days) PA
FOSAMAX PLUS D	4	QL (12 EA per 84 days)
<i>ibandronate sodium tablet</i>	2	QL (3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	2	
PROLIA	4	QL (1 ML per 180 days) PA
<i>risedronate sodium dr</i>	2	QL (12 EA per 84 days)
<i>risedronate sodium tablet 35mg</i>	2	QL (12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	2	QL (3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	2	QL (90 EA per 90 days)
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	1	
<i>atropine sulfate injection 8mg/20ml</i>	4	
AUTOPEN DEVICE	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN	1	
BD PEN MINI	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQR SIMPLICITY 2U	3	
CEQR SIMPLICITY INSERTER	3	
CURITY GAUZE PADS 2"X2"	2	
DOJOLVI	5	PA
INPEN 100/BLUE/LILLY/HUMALOG	1	
INPEN 100/BLUE/NOVOLOG/FIASP	1	
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL (40 EA per 180 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>levocarnitine solution, tablet</i>	2	
<i>methergine tablet</i>	4	
<i>methylergonovine maleate tablet</i>	4	
NOVOPEN ECHO	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 180 days)
<i>sodium chloride 0.9%</i>	2	
SURE-PREP ALCOHOL PREP PADS	1	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	
<i>bacitracin/polymyxin b</i>	1	
BLEPHAMIDE S.O.P.	3	
COMBIGAN	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
LACRISERT	3	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
OXERVATE	5	PA
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
PRED-G	4	
PRED-G S.O.P.	4	
RESTASIS	3	QL (180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL (180 ML per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN	3	
SIMBRINZA	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	1	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
BACITRACIN	1	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	QL (5 ML per 30 days)
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	
<i>sulfacetamide sodium solution 10%</i>	2	QL (30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	2	
<i>diclofenac sodium solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML	4	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
NEVANAC	4	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PRED MILD	3	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	1	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
IOPIDINE SOLUTION 1%	4	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	3	
CIPROFLOXACIN	2	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
BECONASE AQ SUSPENSION	3	
BREZTRI AEROSPHERE	3	QL (32.1 GM per 90 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D
FLOVENT DISKUS	3	QL (360 EA per 90 days)
FLOVENT HFA	3	QL (72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	2	QL (225 ML per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	2	QL (102 GM per 90 days)
OMNARIS	4	ST
PULMICORT FLEXHALER	3	QL (6 EA per 90 days)
QVAR REDIHALER	3	QL (64 GM per 90 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride solution 0.1%</i>	2	
<i>cetirizine hydrochloride solution 1mg/ml</i>	2	QL (900 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tablet</i>	2	
<i>desloratadine</i>	2	QL (90 EA per 90 days)
DESLORATADINE ODT	2	QL (90 EA per 90 days)
DEXCHLORPHENIRAMINE MALEATE SOLUTION	2	
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride solution</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	2	QL (90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	2	QL (91.5 GM per 90 days)
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL (90 EA per 90 days)
<i>zafirlukast</i>	2	QL (180 EA per 90 days)
<i>zileuton er</i>	5	QL (360 EA per 90 days)
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	3	QL (77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	1	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL (12 GM per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE ER	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL (216 GM per 90 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL (102 GM per 90 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL (81 GM per 90 days)
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>arformoterol tartrate</i>	5	QL (360 ML per 90 days) B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL (6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (6 EA per 90 days)
<i>isoproterenol hydrochloride</i>	4	
<i>levalbuterol hcl nebulization solution</i>	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL (90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	2	B/D
SEREVENT DISKUS	3	QL (180 EA per 90 days)
SYMJEPI	3	
<i>terbutaline sulfate tablet</i>	2	
VENTOLIN HFA	3	QL (216 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	5	QL (84 ML per 28 days) PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline injection</i>	4	
DALIRESP	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (93 EA per 31 days) PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	5	QL (62 EA per 31 days) PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA
OPSUMIT	5	QL (31 EA per 31 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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 TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) 20 mg tablet</i>	2	QL (270 EA per 90 days) PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral suspension reconstituted 10mg/ml</i>	5	QL (180 ML per 30 days) PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL (62 EA per 31 days) PA
TRACLEER TABLET SOLUBLE	5	QL (120 EA per 30 days) PA
<i>treprostinil</i>	4	
TYVASO	5	B/D
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL (150 ML per 30 days) B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL (90 ML per 30 days) B/D
Pulmonary Fibrosis Agents		
OFEV	5	QL (62 EA per 31 days) PA
<i>pirfenidone tablet 267mg</i>	5	QL (279 EA per 31 days) PA
<i>pirfenidone tablet 801mg</i>	5	QL (93 EA per 31 days) PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D
ADVAIR HFA	3	QL (36 GM per 90 days)
ANORO ELLIPTA	3	QL (180 EA per 90 days)
BREO ELLIPTA	3	QL (180 EA per 90 days)
COMBIVENT RESPIMAT	4	QL (24 GM per 90 days)
DULERA	3	QL (39 GM per 90 days)
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL (12 GM per 90 days)
SYMBICORT	3	QL (30.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL (180 EA per 90 days)
<i>wixela inhub</i>	2	QL (180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>methocarbamol tablet</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
HETLIOZ	5	QL (31 EA per 31 days) PA
<i>ramelteon</i>	3	QL (90 EA per 90 days)
<i>temazepam</i>	2	
<i>triazolam</i>	2	QL (180 EA per 90 days)
<i>zaleplon</i>	2	QL (90 EA per 90 days)

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

You can find information on 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>zolpidem tartrate er</i>	2	QL (90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL (90 EA per 90 days)
Wakefulness Promoting Agents		
<i>armodafinil</i>	3	QL (90 EA per 90 days) PA
<i>modafinil</i>	4	QL (180 EA per 90 days) PA
XYREM	5	QL (558 ML per 31 days) PA

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023
 Last Updated: August 2022

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	26	<i>almotriptan</i>	15
<i>abacavir sulfate/lamivudine</i>	26	<i>alose tron hydrochloride</i>	49
<i>abacavir sulfate/lamivudine/zidovudine</i>	26	ALPHAGAN P	65
ABELCET	14	<i>alprazolam</i>	28
ABILIFY MAINTENA	23	ALPRAZOLAM INTENSOL	28
<i>abiraterone acetate</i>	16	ALUNBRIG	18
<i>acamprosate calcium dr</i>	3	<i>alyq</i>	67
<i>acarbose</i>	28	<i>amabelz</i>	53
<i>accutane</i>	43	<i>amantadine hcl</i>	27
<i>acebutolol hydrochloride</i>	35	AMBISOME	14
<i>acetaminophen/codeine</i>	2	<i>ambrisentan</i>	67
<i>acetazolamide</i>	37	AMCINONIDE	44
<i>acetazolamide</i>	65	<i>amethia</i>	53
<i>acetazolamide er</i>	65	<i>amikacin sulfate</i>	4
<i>acetic acid</i>	65	<i>amiloride hcl</i>	39
<i>acetylcysteine</i>	62	<i>amiloride/hydrochlorothiazide</i>	37
<i>acetylcysteine</i>	68	<i>aminophylline</i>	67
<i>acitretin</i>	43	<i>amiodarone hydrochloride</i>	35
ACTHIB	60	<i>amitriptyline hcl</i>	13
ACTIMMUNE	58	<i>amitriptyline hydrochloride</i>	13
<i>acyclovir</i>	28	<i>amlodipine besylate</i>	36
<i>acyclovir</i>	46	<i>amlodipine besylate/atorvastatin calcium</i>	37
<i>acyclovir sodium</i>	28	<i>amlodipine besylate/benazepril</i>	37
ADACEL	60	<i>hydrochloride</i>	
<i>adapalene</i>	43	<i>amlodipine besylate/valsartan</i>	37
<i>adefovir dipivoxil</i>	25	<i>amlodipine/olmesartan medoxomil</i>	37
ADEMPAS	67	<i>amlodipine/valsartan/hydrochlorothiazide</i>	37
ADLARITY	11	<i>ammonium lactate</i>	44
ADRIAMYCIN	17	<i>amnesteem</i>	43
ADVAIR HFA	68	AMOXAPINE	13
AIMOVIG	15	<i>amoxicillin</i>	6
<i>ala-cort</i>	44	AMOXICILLIN/CLAVULANATE	6
<i>albendazole</i>	21	POTASSIUM	
<i>albuterol sulfate</i>	67	AMOXICILLIN/CLAVULANATE	6
ALBUTEROL SULFATE ER	67	POTASSIUM ER	
ALBUTEROL SULFATE HFA	67	<i>amphetamine/dextroamphetamine</i>	41
<i>alclometasone dipropionate</i>	44	AMPHOTERICIN B	14
ALCOHOL PREP PADS	62	<i>amphotericin b liposome</i>	14
ALECENSA	18	AMPICILLIN	6
ALENDRONATE SODIUM	61	AMPICILLIN SODIUM	6
<i>alfuzosin hcl er</i>	52	AMPICILLIN-SULBACTAM	6
<i>aliskiren</i>	37	<i>anagrelide hydrochloride</i>	32
<i>allopurinol</i>	15	<i>anastrozole</i>	18
		ANORO ELLIPTA	68
		APEXICON E	44
		APIDRA	31

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
APIDRA SOLOSTAR	31	<i>azelastine hcl</i>	66
<i>apomorphine hydrochloride</i>	22	<i>azelastine hydrochloride</i>	66
<i>apraclonidine</i>	65	AZITHROMYCIN	7
<i>aprepitant</i>	14	<i>aztreonam</i>	4
<i>apri</i>	53	BACITRACIN	64
APTIOM	10	<i>bacitracin/polymyxin b</i>	63
APTIVUS	27	BACLOFEN	24
ARANESP ALBUMIN FREE	32	<i>balsalazide disodium</i>	61
ARCALYST	58	BALVERSA	18
<i>arformoterol tartrate</i>	67	BAQSIMI ONE PACK	30
ARIKAYCE	4	BAQSIMI TWO PACK	30
<i>aripiprazole</i>	23	BCG VACCINE	60
<i>aripiprazole odt</i>	23	BD INSULIN SYRINGE	62
ARISTADA	23	SAFETYGLIDE/1ML/29G X 1/2"	
ARISTADA INITIO	23	B-D INSULIN SYRINGE ULTRAFINE	62
<i>armodafinil</i>	69	II/0.3ML/31G X 5/16"	
<i>asenapine maleate sl</i>	23	BD INSULIN SYRINGE ULTRA-	62
<i>ashlyna</i>	53	FINE/0.5ML/30G X 12.7MM	
<i>aspirin/dipyridamole er</i>	33	BD INSULIN SYRINGE ULTRA-	62
ASTAGRAF XL	58	FINE/1ML/31G X 8MM	
<i>atazanavir</i>	27	BD PEN	62
<i>atazanavir sulfate</i>	27	BD PEN MINI	62
<i>atenolol</i>	35	BD PEN NEEDLE/ORIGINAL/ULTRA-	62
<i>atenolol/chlorthalidone</i>	37	FINE/29G X 12.7MM	
<i>atomoxetine</i>	41	BECONASE AQ	66
<i>atomoxetine hydrochloride</i>	41	<i>benazepril hcl</i>	34
<i>atorvastatin calcium</i>	40	BENAZEPRIL	37
<i>atovaquone</i>	21	HCL/HYDROCHLOROTHIAZIDE	
<i>atovaquone/proguanil hcl</i>	21	<i>benazepril hydrochloride</i>	34
<i>atropine sulfate</i>	62	<i>benazepril</i>	37
ATROPINE SULFATE	63	<i>hydrochloride/hydrochlorothiazide</i>	
ATROVENT HFA	66	BENLYSTA	58
<i>aurovela 1.5/30</i>	54	BENZNIDAZOLE	21
<i>aurovela 1/20</i>	54	<i>benztropine mesylate</i>	22
<i>aurovela fe 1.5/30</i>	54	BESIVANCE	64
<i>aurovela fe 1/20</i>	54	BESREMI	17
AURYXIA	48	<i>betaine anhydrous</i>	50
AUTOPEN	62	<i>betamethasone dipropionate</i>	44
<i>avita</i>	43	BETAMETHASONE DIPROPIONATE	44
AVONEX	42	AUGMENTED	
AVONEX PEN	42	<i>betamethasone valerate</i>	44
AYVAKIT	18	BETASERON	42
AZASITE	64	<i>betaxolol hcl</i>	35
<i>azathioprine</i>	59	<i>betaxolol hcl</i>	65
<i>azelaic acid</i>	43	<i>bethanechol chloride</i>	52
<i>azelastine hcl</i>	64	BETOPTIC-S	65

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>bexarotene</i>	21	CABLIVI	33
BEXSERO	60	CABOMETYX	19
<i>bicalutamide</i>	16	<i>calcipotriene</i>	45
BICILLIN C-R	6	<i>calcitonin-salmon</i>	61
BICILLIN L-A	6	<i>calcitrene</i>	45
BIKTARVY	25	CALCITRIOL	45
<i>bimatoprost</i>	65	<i>calcitriol</i>	61
<i>bisoprolol fumarate</i>	35	<i>calcium acetate</i>	48
<i>bisoprolol fumarate/hydrochlorothiazide</i>	37	<i>calcium chloride</i>	46
BLEPHAMIDE S.O.P.	63	CALCIUM DISODIUM VERSENATE	49
<i>blisovi fe 1.5/30</i>	54	CALCIUM GLUCONATE	46
<i>blisovi fe 1/20</i>	54	CALQUENCE	19
BOOSTRIX	60	<i>camila</i>	56
<i>bortezomib</i>	17	<i>camrese</i>	54
<i>bosentan</i>	67	<i>camrese lo</i>	54
BOSULIF	19	CAMZYOS	37
BRAFTOVI	19	<i>candesartan cilexetil</i>	33
BREO ELLIPTA	68	<i>candesartan cilexetil/hydrochlorothiazide</i>	37
BREZTRI AEROSPHERE	66	CAPLYTA	23
BRILINTA	33	CAPRELSA	19
<i>brimonidine tartrate</i>	65	<i>captopril</i>	34
<i>brinzolamide</i>	65	CAPTOPRIL/HYDROCHLOROTHIAZID	38
BRIVIACT	8	E	
<i>bromocriptine mesylate</i>	22	CARBAGLU	46
BRUKINSA	19	<i>carbamazepine</i>	10
<i>budesonide</i>	61	<i>carbamazepine er</i>	10
<i>budesonide</i>	66	<i>carbidopa</i>	22
<i>budesonide er</i>	61	<i>carbidopa/levodopa</i>	22
<i>bumetanide</i>	39	<i>carbidopa/levodopa er</i>	22
<i>buprenorphine</i>	1	CARBIDOPA/LEVODOPA ODT	22
<i>buprenorphine hcl</i>	3	<i>carbidopa/levodopa/entacapone</i>	22
<i>buprenorphine hcl/naloxone hcl</i>	3	<i>carglumic acid</i>	46
<i>buprenorphine hydrochloride/naloxone</i>	3	CARTEOLOL HCL	65
<i>hydrochloride</i>		<i>cartia xt</i>	36
<i>bupropion hcl</i>	11	<i>carvedilol</i>	35
<i>bupropion hydrochloride</i>	11	<i>carvedilol phosphate er</i>	35
<i>bupropion hydrochloride er (sr)</i>	4	<i>caspofungin acetate</i>	14
<i>bupropion hydrochloride er (sr)</i>	11	<i>cataflam</i>	1
<i>bupropion hydrochloride er (xl)</i>	11	<i>cavarest</i>	42
<i>bupirone hcl</i>	28	CAYSTON	67
<i>bupirone hydrochloride</i>	28	<i>caziant</i>	54
<i>butorphanol tartrate</i>	2	CEFACLOR	5
BYDUREON BCISE	28	CEFACLOR ER	5
BYDUREON PEN	28	CEFADROXIL	5
CABENUVA	25	CEFAZOLIN SODIUM	5
<i>cabergoline</i>	57	CEFAZOLIN SODIUM/DEXTROSE	5

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>cefdinir</i>	5	<i>ciprofloxacin i.v.-in d5w</i>	8
CEFEPIME	5	<i>ciprofloxacin/dexamethasone</i>	65
CEFEPIME/DEXTROSE	5	<i>citalopram hydrobromide</i>	11
<i>cefixime</i>	5	<i>claravis</i>	43
CEFOTAXIME SODIUM	6	CLARITHROMYCIN	7
CEFOXITIN SODIUM	6	<i>clarithromycin er</i>	7
<i>cefpodoxime proxetil</i>	6	<i>clindacin etz pledgets</i>	4
<i>cefprozil</i>	6	<i>clindamycin hcl</i>	4
<i>ceftazidime</i>	6	<i>clindamycin hydrochloride</i>	4
CEFTAZIDIME/DEXTROSE	6	<i>clindamycin palmitate hcl</i>	4
CEFTRIAXONE IN ISO-OSMOTIC	6	<i>clindamycin phosphate</i>	4
DEXTROSE		<i>clindamycin phosphate</i>	46
CEFTRIAXONE SODIUM	6	<i>clindamycin phosphate/benzoyl peroxide</i>	43
CEFTRIAXONE/DEXTROSE	6	<i>clindamycin phosphate/dextrose</i>	4
<i>cefuroxime axetil</i>	6	<i>clindamycin/benzoyl peroxide</i>	43
<i>cefuroxime sodium</i>	6	CLINDAMYCIN/SODIUM CHLORIDE	4
<i>celecoxib</i>	1	<i>clinpro 5000</i>	43
CELONTIN	9	<i>clobazam</i>	9
CEPHALEXIN	6	<i>clobetasol propionate</i>	44
CEQUR SIMPLICITY 2U	62	<i>clobetasol propionate e</i>	44
CEQUR SIMPLICITY INSERTER	62	<i>clobetasol propionate emollient</i>	44
CERDELGA	50	<i>clodan</i>	44
<i>cetirizine hydrochloride</i>	66	CLOMIPHENE CITRATE	56
<i>cevimeline hydrochloride</i>	42	<i>clomipramine hydrochloride</i>	13
CHEMET	48	<i>clonazepam</i>	9
<i>chlorhexidine gluconate</i>	43	<i>clonazepam odt</i>	9
CHLOROQUINE PHOSPHATE	21	<i>clonidine hcl</i>	33
<i>chlorpromazine hcl</i>	22	<i>clonidine hydrochloride</i>	33
CHLORPROMAZINE	22	<i>clonidine hydrochloride er</i>	41
HYDROCHLORIDE		<i>clopidogrel</i>	33
<i>chlorthalidone</i>	39	<i>clorazepate dipotassium</i>	28
CHOLBAM	50	<i>clotrimazole</i>	14
<i>cholestyramine</i>	40	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>cholestyramine light</i>	40	<i>clozapine</i>	24
<i>ciclodan</i>	46	CLOZAPINE ODT	24
<i>ciclopirox</i>	46	COARTEM	21
<i>ciclopirox nail lacquer</i>	46	CODEINE SULFATE	2
<i>ciclopirox olamine</i>	46	<i>colchicine</i>	15
<i>cilostazol</i>	33	<i>colesevelam hydrochloride</i>	40
CIMDUO	26	<i>colestipol hcl</i>	40
<i>cinacalcet hydrochloride</i>	61	<i>colistimethate sodium</i>	4
CIPRO HC	65	COMBIGAN	63
CIPROFLOXACIN	65	COMBIVENT RESPIMAT	68
CIPROFLOXACIN HCL	8	COMETRIQ	19
<i>ciprofloxacin hydrochloride</i>	8	COMPLERA	26
<i>ciprofloxacin hydrochloride</i>	64	<i>compro</i>	13

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>constulose</i>	49	<i>desonide</i>	44
COPIKTRA	19	<i>desoximetasone</i>	44
CORLANOR	38	DESVENLAFAXINE ER	12
COSENTYX	58	DEXAMETHASONE	52
COSENTYX SENSOREADY PEN	58	DEXAMETHASONE INTENSOL	52
COTELLIC	19	DEXAMETHASONE SODIUM	64
CREON	51	PHOSPHATE	
CRIVIVAN	27	DEXCHLORPHENIRAMINE MALEATE	66
<i>cromolyn sodium</i>	51	<i>dexrazoxane</i>	21
<i>cromolyn sodium</i>	64	<i>dextroamphetamine sulfate</i>	41
<i>cromolyn sodium</i>	67	DEXTROSE 10%/NAACL 0.45%	46
CROTAN	45	<i>dextrose 10%</i>	46
CURITY GAUZE PADS 2"X2"	62	DEXTROSE 2.5%/NAACL 0.45%	46
<i>cyclobenzaprine hydrochloride</i>	68	<i>dextrose 5%</i>	46
<i>cyclophosphamide</i>	16	<i>dextrose 5%/nacl 0.2%</i>	46
CYCLOSET	28	<i>dextrose 5%/nacl 0.3%</i>	46
<i>cyclosporine</i>	59	<i>dextrose 5%/nacl 0.33%</i>	46
<i>cyclosporine modified</i>	59	<i>dextrose 5%/nacl 0.45%</i>	46
<i>cyproheptadine hcl</i>	66	<i>dextrose 5%/nacl 0.9%</i>	46
<i>cyproheptadine hydrochloride</i>	66	<i>dextrose 50%</i>	46
<i>cyred eq</i>	54	<i>dextrose 70%</i>	46
CYSTAGON	51	<i>dextrose/sodium chloride</i>	46
CYSTARAN	63	DIACOMIT	9
<i>dalfampridine er</i>	42	<i>diazepam</i>	28
DALIRESP	67	DIAZEPAM RECTAL GEL	10
<i>danazol</i>	53	<i>diazoxide</i>	30
<i>dantrolene sodium</i>	25	DICLOFENAC EPOLAMINE	1
DANYELZA	21	<i>diclofenac potassium</i>	1
<i>dapsone</i>	16	<i>diclofenac sodium</i>	1
DAPTACEL	60	<i>diclofenac sodium</i>	64
<i>daptomycin</i>	4	<i>diclofenac sodium dr</i>	1
DAURISMO	19	<i>diclofenac sodium er</i>	1
<i>daysee</i>	54	<i>diclofenac sodium/misoprostol</i>	1
<i>deblitane</i>	56	<i>dicloxacillin sodium</i>	6
<i>decadron</i>	52	<i>dicyclomine hcl</i>	49
<i>deferasirox</i>	48	<i>dicyclomine hydrochloride</i>	49
DELSTRIGO	26	DIFICID	7
<i>demeclocycline hcl</i>	8	DIFLORASONE DIACETATE	44
<i>denta 5000 plus</i>	43	<i>diflunisal</i>	1
DEPO-ESTRADIOL	54	<i>difluprednate</i>	64
DESCOVY	26	<i>digitek</i>	35
<i>desipramine hydrochloride</i>	13	<i>digox</i>	35
<i>desloratadine</i>	66	DIGOXIN	35
DESLORATADINE ODT	66	<i>dihydroergotamine mesylate</i>	15
<i>desmopressin acetate</i>	53	DILANTIN	10
<i>desogestrel/ethinyl estradiol</i>	54	<i>diltiazem hcl</i>	36

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>diltiazem hcl cd</i>	36	<i>duramorph</i>	2
<i>diltiazem hcl er</i>	36	<i>dutasteride</i>	52
<i>diltiazem hydrochloride er</i>	36	E.E.S. 400	7
<i>dilt-xr</i>	36	<i>econazole nitrate</i>	14
<i>dimethyl fumarate</i>	42	EDARBI	33
<i>dimethyl fumarate starterpack</i>	42	EDARBYCLOR	38
<i>diphenhydramine hcl</i>	66	EDURANT	26
<i>diphenoxylate hydrochloride/atropine sulfate</i>	49	<i>efavirenz</i>	26
DIPHENOXYLATE/ATROPINE	49	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	26
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	60	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	26
<i>disulfiram</i>	3	EGRIFTA SV	53
<i>divalproex sodium</i>	10	<i>eletriptan hydrobromide</i>	15
<i>divalproex sodium dr</i>	10	ELIQUIS	32
<i>divalproex sodium er</i>	10	ELIQUIS STARTER PACK	32
DOCETAXEL	17	ELMIRON	52
<i>dofetilide</i>	35	<i>eluryng</i>	54
DOJOLVI	62	EMCYT	17
<i>donepezil hcl</i>	11	EMEND	14
<i>donepezil hydrochloride</i>	11	EMGALITY	15
DOPTELET	33	<i>emoquette</i>	54
<i>dorzolamide hcl/timolol maleate</i>	63	EMSAM	11
<i>dorzolamide hydrochloride</i>	65	<i>emtricitabine</i>	26
<i>dorzolamide hydrochloride/timolol maleate pf</i>	63	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
DOVATO	25	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>doxazosin mesylate</i>	33	EMTRIVA	26
<i>doxepin hcl</i>	13	<i>enalapril maleate</i>	34
<i>doxepin hydrochloride</i>	13	<i>enalapril maleate/hydrochlorothiazide</i>	38
<i>doxy 100</i>	8	ENBREL	59
<i>doxycycline</i>	8	ENBREL MINI	59
<i>doxycycline hyclate</i>	8	ENBREL SURECLICK	59
<i>doxycycline hyclate</i>	43	ENDARI	51
<i>doxycycline monohydrate</i>	8	<i>endocet</i>	2
DRIZALMA SPRINKLE	12	ENGERIX-B	60
<i>dronabinol</i>	14	ENHERTU	21
<i>drospirenone/ethinyl estradiol</i>	54	<i>enoxaparin sodium</i>	32
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	54	<i>enskyce</i>	54
DROXIA	17	ENSPRYNG	58
<i>droxidopa</i>	33	<i>entacapone</i>	22
DUAVEE	56	<i>entecavir</i>	25
DULERA	68	ENTRESTO	38
<i>duloxetine hcl</i>	12	<i>enulose</i>	49
<i>duloxetine hydrochloride</i>	12	EPCLUSA	25
		EPIDIOLEX	8
		<i>epinastine hcl</i>	64

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
EPINEPHRINE	67	<i>ezetimibe/simvastatin</i>	40
<i>epitol</i>	10	<i>famciclovir</i>	28
<i>eplerenone</i>	39	<i>famotidine</i>	50
EPOGEN	32	FANAPT	23
EPRONTIA	8	FANAPT TITRATION PACK	23
ERAXIS	14	FARXIGA	28
ERGOLOID MESYLATES	10	FARYDAK	19
ERIVEDGE	19	<i>febuxostat</i>	15
ERLEADA	16	<i>felbamate</i>	8
<i>erlotinib hydrochloride</i>	19	<i>felodipine er</i>	36
<i>errin</i>	56	FEMRING	54
<i>ertapenem</i>	7	<i>femynor</i>	54
ERY	46	<i>fenofibrate</i>	39
<i>ery-tab</i>	7	<i>fenofibrate micronized</i>	39
ERYTHROCIN STEARATE	7	FENOFIBRIC ACID	40
ERYTHROMYCIN	7	<i>fenofibric acid dr</i>	40
<i>erythromycin</i>	46	<i>fenopropfen calcium</i>	1
<i>erythromycin</i>	64	<i>fentanyl</i>	1
<i>erythromycin base</i>	7	<i>fentanyl citrate oral transmucosal</i>	2
<i>erythromycin dr</i>	7	<i>fesoterodine fumarate er</i>	52
ERYTHROMYCIN ETHYLSUCCINATE	7	FETROJA	6
<i>erythromycin/benzoyl peroxide</i>	43	FETZIMA	12
<i>escitalopram oxalate</i>	12	FETZIMA TITRATION PACK	12
<i>esomeprazole magnesium</i>	50	FIASP	31
<i>estarylla</i>	54	FIASP FLEXTOUCH	31
<i>estradiol</i>	54	FIASP PENFILL	31
<i>estradiol valerate</i>	54	<i>finasteride</i>	52
<i>estradiol/norethindrone acetate</i>	54	FINTEPLA	8
ESTRING	54	FIRDAPSE	42
<i>ethacrynic acid</i>	39	FIRMAGON	57
<i>ethambutol hydrochloride</i>	16	FIRVANQ	4
<i>ethosuximide</i>	9	<i>flac</i>	65
<i>ethynodiol diacetate/ethinyl estradiol</i>	54	<i>flavoxate hcl</i>	52
<i>etodolac</i>	1	FLEBOGAMMA DIF	57
<i>etodolac er</i>	1	<i>flecainide acetate</i>	35
<i>etonogestrel/ethinyl estradiol</i>	54	FLECTOR	1
<i>etravirine</i>	26	FLOVENT DISKUS	66
<i>euthyrox</i>	56	FLOVENT HFA	66
<i>everolimus</i>	19	<i>fluconazole</i>	14
<i>everolimus</i>	59	<i>fluconazole in sodium chloride</i>	14
EVOTAZ	27	FLUCONAZOLE/SODIUM CHLORIDE	14
EVRYSDI	51	<i>flucytosine</i>	14
<i>exemestane</i>	18	<i>fludrocortisone acetate</i>	52
EXKIVITY	19	<i>flunisolide</i>	66
EZALLOR SPRINKLE	40	<i>fluocinolone acetonide</i>	44
<i>ezetimibe</i>	40	<i>fluocinolone acetonide</i>	65

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>fluocinolone acetonide body</i>	44	GALANTAMINE HYDROBROMIDE	11
<i>fluocinolone acetonide scalp</i>	44	<i>galantamine hydrobromide er</i>	11
<i>fluocinonide</i>	44	GAMIFANT	58
<i>fluocinonide emulsified base</i>	44	GAMMAGARD LIQUID	57
<i>fluoride</i>	46	GAMMAPLEX	58
<i>fluoridex daily defense</i>	43	GAMUNEX-C	58
<i>fluorometholone</i>	64	GANCICLOVIR	25
FLUOROURACIL	45	GARDASIL 9	60
FLUOXETINE DR	12	<i>gatifloxacin</i>	64
<i>fluoxetine hcl</i>	12	GATTEX	49
<i>fluoxetine hydrochloride</i>	12	GAVILYTE-C	49
<i>fluphenazine decanoate</i>	22	<i>gavilyte-g</i>	50
FLUPHENAZINE HCL	22	<i>gavilyte-n/ flavor pack</i>	50
FLUPHENAZINE HYDROCHLORIDE	22	GAVRETO	17
<i>flurandrenolide</i>	44	GEMCITABINE HYDROCHLORIDE	17
<i>flurbiprofen</i>	1	<i>gemfibrozil</i>	40
FLURBIPROFEN SODIUM	64	<i>generlac</i>	49
<i>flutamide</i>	16	<i>gengraf</i>	59
<i>fluticasone propionate</i>	44	GENTAK	64
<i>fluticasone propionate</i>	66	<i>gentamicin sulfate</i>	4
<i>fluticasone propionate/salmeterol diskus</i>	68	<i>gentamicin sulfate</i>	64
<i>fluvastatin</i>	40	GENTAMICIN SULFATE PEDIATRIC	4
<i>fluvastatin sodium er</i>	40	GENTAMICIN SULFATE/0.9% SODIUM	4
<i>fluvoxamine maleate</i>	12	CHLORIDE	
<i>fluvoxamine maleate er</i>	12	GENVOYA	25
FML	64	<i>gianvi</i>	54
FML FORTE	64	GILENYA	42
<i>fondaparinux sodium</i>	32	GILOTRIF	19
FORTEO	62	<i>glatiramer acetate</i>	42
FOSAMAX PLUS D	62	<i>glatopa</i>	42
<i>fosamprenavir calcium</i>	27	<i>glimepiride</i>	28
<i>fosfomycin tromethamine</i>	4	<i>glipizide</i>	29
<i>fosinopril sodium</i>	34	<i>glipizide er</i>	28
<i>fosinopril sodium/hydrochlorothiazide</i>	38	<i>glipizide/metformin hydrochloride</i>	29
<i>fosphenytoin sodium</i>	10	GLUCAGEN HYPOKIT	30
FOSRENOL	48	GLUCAGON EMERGENCY KIT	30
FOTIVDA	17	GLUCAGON EMERGENCY KIT FOR	30
FRAGMIN	32	LOW BLOOD SUGAR	
FREAMINE III	47	<i>glyburide</i>	29
<i>frovatriptan succinate</i>	15	<i>glyburide micronized</i>	29
<i>furosemide</i>	39	<i>glyburide/metformin hydrochloride</i>	29
FUZEON	27	GLYCOPYRROLATE	49
<i>fyavolv</i>	54	GLYXAMBI	29
FYCOMPA	8	<i>granisetron hydrochloride</i>	14
<i>gabapentin</i>	10	<i>griseofulvin microsize</i>	14
GALAFOLD	51	<i>griseofulvin ultramicronsize</i>	14

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
GVOKE HYPOPEN 1-PACK	30	<i>hydrocodone bitartrate/acetaminophen</i>	2
GVOKE HYPOPEN 2-PACK	30	<i>hydrocodone/acetaminophen</i>	2
GVOKE KIT	30	HYDROCODONE/IBUPROFEN	2
GVOKE PFS	30	<i>hydrocortisone</i>	45
HAEGARDA	57	<i>hydrocortisone</i>	52
<i>hailey 1.5/30</i>	54	<i>hydrocortisone</i>	61
<i>hailey fe 1.5/30</i>	54	<i>hydrocortisone acetate/pramoxine</i>	45
<i>hailey fe 1/20</i>	54	HYDROCORTISONE BUTYRATE	45
<i>halobetasol propionate</i>	44	<i>hydrocortisone butyrate (lipid)</i>	44
<i>haloperidol</i>	22	<i>hydrocortisone butyrate (lipophilic)</i>	45
<i>haloperidol decanoate</i>	22	<i>hydrocortisone valerate</i>	45
<i>haloperidol lactate</i>	22	<i>hydrocortisone/acetic acid</i>	65
HARVONI	25	<i>hydromorphone hcl</i>	2
HAVRIX	60	HYDROMORPHONE	2
<i>heather</i>	56	HYDROCHLORIDE	
HEMADY	52	<i>hydroxychloroquine sulfate</i>	21
<i>heparin sodium</i>	32	<i>hydroxyurea</i>	17
HERCEPTIN HYLECTA	21	<i>hydroxyzine hcl</i>	66
HETLIOZ	68	<i>hydroxyzine hydrochloride</i>	66
HIBERIX	60	<i>hydroxyzine pamoate</i>	66
HUMALOG	31	HYPERHEP B	58
HUMALOG JUNIOR KWIKPEN	31	HYQVIA	58
HUMALOG KWIKPEN	31	<i>ibandronate sodium</i>	62
HUMALOG MIX 50/50	31	IBRANCE	17
HUMALOG MIX 50/50 KWIKPEN	31	IBRANCE	19
HUMALOG MIX 75/25	31	<i>ibu</i>	1
HUMALOG MIX 75/25 KWIKPEN	31	<i>ibuprofen</i>	1
HUMATROPE	53	<i>icatibant acetate</i>	57
HUMIRA	59	ICLUSIG	19
HUMIRA PEDIATRIC CROHNS	59	<i>icosapent ethyl</i>	40
DISEASE STARTER PACK		IDHIFA	17
HUMIRA PEN	59	ILEVRO	64
HUMIRA PEN-CD/UC/HS STARTER	59	<i>imatinib mesylate</i>	19
HUMIRA PEN-PEDIATRIC UC	59	IMBRUVICA	19
STARTER PACK		IMIPENEM/CILASTATIN	7
HUMIRA PEN-PS/UV STARTER	59	<i>imipramine hcl</i>	13
HUMULIN 70/30	31	<i>imipramine hydrochloride</i>	13
HUMULIN 70/30 KWIKPEN	31	<i>imipramine pamoate</i>	13
HUMULIN N	31	<i>imiquimod</i>	45
HUMULIN N KWIKPEN	31	IMOVAX RABIES (H.D.C.V.)	60
HUMULIN R	31	IMVEXXY MAINTENANCE PACK	54
HUMULIN R U-500 (CONCENTRATED)	31	IMVEXXY STARTER PACK	54
HUMULIN R U-500 KWIKPEN	31	<i>incassia</i>	56
<i>hydralazine hcl</i>	41	INCRELEX	53
<i>hydralazine hydrochloride</i>	41	INCRUSE ELLIPTA	66
<i>hydrochlorothiazide</i>	39	<i>indapamide</i>	39

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
INFANRIX	60	<i>itraconazole</i>	14
INLYTA	19	<i>ivermectin</i>	21
INPEN 100/BLUE/LILLY/HUMALOG	62	IVERMECTIN	45
INPEN 100/BLUE/NOVOLOG/FIASP	62	IXEMPRA KIT	17
INPEN 100/GREY/LILLY/HUMALOG	62	IXIARO	60
INPEN 100/GREY/NOVOLOG/FIASP	62	<i>jaimiess</i>	54
INPEN 100/PINK/LILLY/HUMALOG	62	JAKAFI	19
INPEN 100/PINK/NOVOLOG/FIASP	62	<i>jantoven</i>	32
INQOVI	19	JANUMET	29
INREBIC	17	JANUMET XR	29
INSULIN LISPRO	31	JANUVIA	29
INSULIN LISPRO JUNIOR KWIKPEN	31	JARDIANCE	29
INSULIN LISPRO KWIKPEN	31	<i>jasmiel</i>	54
INSULIN LISPRO	31	<i>jencycla</i>	56
PROTAMINE/INSULIN LISPRO		JENTADUETO	29
KWIKPEN		JENTADUETO XR	29
INTELENCE	26	<i>jinteli</i>	54
INTRALIPID	62	<i>juleber</i>	54
INTRON A	58	JULUCA	25
INVEGA HAFYERA	23	<i>junel 1.5/30</i>	54
INVEGA SUSTENNA	23	<i>junel 1/20</i>	54
INVEGA TRINZA	23	<i>junel fe 1.5/30</i>	54
INVIRASE	27	<i>junel fe 1/20</i>	55
IOPIDINE	65	<i>just right 5000</i>	43
IPOL INACTIVATED IPV	60	JYNARQUE	48
<i>ipratropium bromide</i>	66	<i>kalliga</i>	55
<i>ipratropium bromide/albuterol sulfate</i>	68	KALYDECO	67
<i>irbesartan</i>	33	<i>kcl 0.075%/d5w/nacl 0.45%</i>	47
<i>irbesartan/hydrochlorothiazide</i>	38	<i>kcl 0.15%/d5w/nacl 0.2%</i>	47
IRESSA	19	<i>kcl 0.15%/d5w/nacl 0.45%</i>	47
ISENTRESS	25	<i>kcl 0.15%/d5w/nacl 0.9%</i>	47
ISENTRESS HD	25	<i>kcl 0.3%/d5w/nacl 0.45%</i>	47
<i>isibloom</i>	54	KCL 0.3%/D5W/NAACL 0.9%	47
ISOLYTE-P/DEXTROSE 5%	47	<i>kelnor 1/50</i>	55
ISOLYTE-S	47	KERENDIA	38
ISOLYTE-S PH 7.4	47	<i>ketoconazole</i>	14
ISONIAZID	16	<i>ketodan</i>	14
<i>isoproterenol hydrochloride</i>	67	KETOPROFEN	1
<i>isosorbide dinitrate</i>	41	KETOPROFEN ER	1
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	38	<i>ketorolac tromethamine</i>	64
<i>isosorbide mononitrate</i>	41	KINRIX	60
<i>isosorbide mononitrate er</i>	41	KISQALI	19
ISOTONIC GENTAMICIN	4	KISQALI FEMARA 200 DOSE	17
<i>isotretinoin</i>	43	KISQALI FEMARA 400 DOSE	17
<i>isradipine</i>	36	KISQALI FEMARA 600 DOSE	17
		<i>klor-con 10</i>	47

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>klor-con 8</i>	47	<i>leuprolide acetate</i>	57
<i>klor-con m10</i>	47	<i>levalbuterol</i>	67
<i>klor-con m15</i>	47	<i>levalbuterol hcl</i>	67
<i>klor-con m20</i>	47	LEVAlBUTEROL TARTRATE HFA	67
KLOXXADO	3	<i>levetiracetam</i>	9
KORLYM	31	<i>levetiracetam er</i>	9
KOSELUGO	19	LEVOBUNOLOL HCL	65
K-TAB	47	<i>levocarnitine</i>	63
<i>labetalol hydrochloride</i>	35	<i>levocetirizine dihydrochloride</i>	66
<i>lacosamide</i>	10	<i>levofloxacin</i>	8
LACRISERT	63	<i>levofloxacin</i>	64
LACTULOSE	49	<i>levofloxacin in d5w</i>	8
LAGEVRIO	62	<i>levonorgestrel and ethinyl estradiol</i>	55
<i>lamivudine</i>	25	<i>levonorgestrel/ethinyl estradiol</i>	55
<i>lamivudine</i>	26	<i>levorphanol tartrate</i>	1
<i>lamivudine/zidovudine</i>	26	<i>levo-t</i>	56
<i>lamotrigine</i>	9	<i>levothyroxine sodium</i>	56
<i>lamotrigine er</i>	9	<i>levoxyl</i>	56
<i>lamotrigine odt</i>	9	LEXIVA	27
<i>lamotrigine starter kit/blue</i>	9	LIBTAYO	21
<i>lamotrigine starter kit/green</i>	9	<i>lidocaine</i>	3
<i>lamotrigine starter kit/orange</i>	9	<i>lidocaine hydrochloride</i>	3
<i>lansoprazole</i>	50	<i>lidocaine/prilocaine</i>	3
<i>lanthanum carbonate</i>	48	LINDANE	45
LANTUS	31	<i>linezolid</i>	5
LANTUS SOLOSTAR	31	LINZESS	49
<i>lapatinib ditosylate</i>	19	<i>liothyronine sodium</i>	56
<i>larin 1.5/30</i>	55	<i>lisinopril</i>	34
<i>larin 1/20</i>	55	<i>lisinopril/hydrochlorothiazide</i>	38
<i>larin fe 1.5/30</i>	55	LITHIUM CARBONATE	28
<i>larin fe 1/20</i>	55	<i>lithium carbonate er</i>	28
<i>latanoprost</i>	65	LIVALO	40
LATUDA	23	LIVTENCITY	25
<i>leflunomide</i>	59	<i>lojaimiess</i>	55
<i>lenalidomide</i>	17	LONSURF	18
LENVIMA 10 MG DAILY DOSE	19	<i>loperamide hcl</i>	49
LENVIMA 12MG DAILY DOSE	19	<i>lopinavir/ritonavir</i>	27
LENVIMA 14 MG DAILY DOSE	19	<i>lorazepam</i>	28
LENVIMA 18 MG DAILY DOSE	19	<i>lorazepam intensol</i>	28
LENVIMA 20 MG DAILY DOSE	19	LORBRENA	19
LENVIMA 24 MG DAILY DOSE	19	<i>loryna</i>	55
LENVIMA 4 MG DAILY DOSE	19	<i>losartan potassium</i>	33
LENVIMA 8 MG DAILY DOSE	19	<i>losartan potassium/hydrochlorothiazide</i>	38
<i>letrozole</i>	18	<i>lovastatin</i>	40
<i>leucovorin calcium</i>	17	<i>loxapine</i>	22
LEUKERAN	16	<i>lo-zumandimine</i>	55

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
LUBIPROSTONE	49	<i>mesalamine er</i>	61
LUMAKRAS	18	MESNEX	21
LUMIGAN	65	<i>metformin hydrochloride</i>	29
LUMOXITI	21	<i>metformin hydrochloride er</i>	29
LUPRON DEPOT (1-MONTH)	57	METHADONE HCL	1
LUPRON DEPOT (3-MONTH)	57	<i>methazolamide</i>	65
LUPRON DEPOT (4-MONTH)	57	<i>methenamine hippurate</i>	5
LUPRON DEPOT (6-MONTH)	57	<i>methergine</i>	63
LUPRON DEPOT-PED (1-MONTH)	57	<i>methimazole</i>	57
LUPRON DEPOT-PED (3-MONTH)	57	METHITEST	53
LYBALVI	23	<i>methocarbamol</i>	68
<i>lyleq</i>	56	<i>methotrexate</i>	59
LYNPARZA	20	<i>methotrexate sodium</i>	59
LYSODREN	57	METHOXSALEN	45
<i>lyza</i>	56	<i>methscopolamine bromide</i>	49
<i>magnesium sulfate</i>	47	METHYLDOPA/HYDROCHLOROTHIAZ	38
<i>malathion</i>	46	IDE	
MAPROTILINE HCL	11	<i>methylergonovine maleate</i>	63
<i>maraviroc</i>	27	<i>methylphenidate hydrochloride</i>	42
MARGENZA	21	<i>methylphenidate hydrochloride cd</i>	41
MARPLAN	11	<i>methylphenidate hydrochloride er</i>	41
MATULANE	16	<i>methylprednisolone</i>	52
<i>matzim la</i>	36	<i>methylprednisolone dose pack</i>	52
<i>meclizine hcl</i>	13	<i>methyltestosterone</i>	53
MECLOFENAMATE SODIUM	1	<i>metoclopramide hcl</i>	50
<i>medroxyprogesterone acetate</i>	56	<i>metoclopramide hydrochloride</i>	50
<i>mefenamic acid</i>	1	<i>metolazone</i>	39
<i>mefloquine hcl</i>	21	<i>metoprolol succinate er</i>	35
<i>megestrol acetate</i>	56	<i>metoprolol tartrate</i>	35
MEKINIST	20	<i>metoprolol/hydrochlorothiazide</i>	38
MEKTOVI	20	<i>metronidazole</i>	5
<i>meloxicam</i>	1	<i>metronidazole</i>	43
<i>memantine hcl titration pak</i>	11	<i>metronidazole vaginal</i>	5
<i>memantine hydrochloride</i>	11	<i>metyrosine</i>	38
<i>memantine hydrochloride er</i>	11	<i>mexiletine hcl</i>	35
MENACTRA	60	MICONAZOLE 3	14
MENEST	55	<i>microgestin 1.5/30</i>	55
MENQUADFI	60	<i>microgestin 1/20</i>	55
MENTAX	46	<i>microgestin fe 1.5/30</i>	55
MENVEO	60	<i>microgestin fe 1/20</i>	55
<i>meprobamate</i>	28	<i>midodrine hcl</i>	33
<i>mercaptapurine</i>	17	MIGERGOT	15
<i>meropenem</i>	7	<i>miglitol</i>	29
MEROPENEM/SODIUM CHLORIDE	7	<i>miglustat</i>	51
<i>mesalamine</i>	61	<i>mili</i>	55
<i>mesalamine dr</i>	61	<i>mimvey</i>	55

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>minocycline hcl</i>	8	NATPARA	62
<i>minocycline hydrochloride</i>	8	NAYZILAM	9
<i>minocycline hydrochloride er</i>	8	<i>nebivolol hydrochloride</i>	35
<i>minoxidil</i>	41	NEFAZODONE HYDROCHLORIDE	12
<i>mirtazapine</i>	11	<i>neomycin sulfate</i>	4
<i>mirtazapine odt</i>	11	<i>neomycin/bacitracin/polymyxin</i>	63
<i>misoprostol</i>	50	NEOMYCIN/POLYMYXIN B SULFATES	4
M-M-R II	60	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	63
<i>modafinil</i>	69	<i>one</i>	
<i>moexipril hcl</i>	34	<i>neomycin/polymyxin/dexamethasone</i>	63
MOLINDONE HYDROCHLORIDE	22	NEOMYCIN/POLYMYXIN/GRAMICIDI	63
<i>mometasone furoate</i>	45	N	
<i>mometasone furoate</i>	66	<i>neomycin/polymyxin/hc</i>	65
MONJUVI	21	NEOMYCIN/POLYMYXIN/HYDROCOR	63
<i>mono-lynyah</i>	55	TISONE	
<i>montelukast sodium</i>	66	<i>neomycin/polymyxin/hydrocortisone</i>	65
MORPHINE SULFATE	3	<i>neo-polycin</i>	63
MORPHINE SULFATE ER	2	<i>neo-polycin hc</i>	63
MOVANTIK	49	NERLYNX	20
<i>moxifloxacin hydrochloride</i>	8	<i>neuac</i>	43
MOXIFLOXACIN HYDROCHLORIDE	64	NEULASTA	32
MULTAQ	35	NEULASTA ONPRO KIT	32
<i>mupirocin</i>	46	NEUPRO	22
MYALEPT	50	NEVANAC	64
<i>mycophenolate mofetil</i>	59	NEVIRAPINE	26
<i>mycophenolic acid dr</i>	59	NEVIRAPINE ER	26
<i>myorisan</i>	43	NIACIN	40
MYRBETRIQ	52	<i>niacin er</i>	40
NABI-HB	58	<i>nicardipine hcl</i>	36
<i>nabumetone</i>	1	NICOTROL INHALER	4
<i>nadolol</i>	35	NICOTROL NS	4
NAFCILLIN	6	<i>nifedipine er</i>	36
NAFCILLIN SODIUM	6	<i>nikki</i>	55
NAFTIFINE HCL	14	<i>nilutamide</i>	16
<i>naftifine hydrochloride</i>	14	<i>nimodipine</i>	36
<i>nalbuphine hcl</i>	3	NINLARO	18
<i>naloxone hcl</i>	3	NISOLDIPINE ER	36
<i>naloxone hydrochloride</i>	3	<i>nitazoxanide</i>	21
<i>naltrexone hcl</i>	3	<i>nitisinone</i>	51
NAMENDA XR TITRATION PACK	11	NITRO-BID	41
NAMZARIC	11	NITRO-DUR	41
<i>naproxen</i>	1	<i>nitrofurantoin</i>	5
<i>naproxen sodium</i>	1	<i>nitrofurantoin macrocrystals</i>	5
<i>naratriptan hcl</i>	15	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
NATACYN	64	<i>nitroglycerin</i>	41
<i>nateglinide</i>	29	<i>nitroglycerin lingual</i>	41

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>nitroglycerin transdermal</i>	41	<i>np thyroid 90</i>	57
NITYR	51	NUBEQA	17
NIVESTYM	33	NUCALA	68
NIZATIDINE	50	NUCYNTA	3
<i>nolix</i>	45	NUEDEXTA	42
<i>nora-be</i>	56	NUPLAZID	23
NORDITROPIN FLEXPEN	53	NUTROPIN AQ NUSPIN 10	53
<i>norethindrone</i>	56	NUTROPIN AQ NUSPIN 20	53
<i>norethindrone acetate</i>	56	NUTROPIN AQ NUSPIN 5	53
<i>norethindrone acetate/ethinyl estradiol</i>	55	<i>nyamyc</i>	14
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	55	<i>nymyo</i>	55
<i>norgestimate/ethinyl estradiol</i>	55	<i>nystatin</i>	15
<i>norlyda</i>	56	<i>nystatin/triamcinolone</i>	45
NORPACE CR	35	<i>nystop</i>	15
NORTRIPTYLINE HCL	13	OCTAGAM	58
<i>nortriptyline hydrochloride</i>	13	<i>octreotide acetate</i>	57
NORVIR	27	ODEFSEY	26
NOVOLIN 70/30	31	ODOMZO	20
NOVOLIN 70/30 FLEXPEN	31	OFEV	68
NOVOLIN 70/30 FLEXPEN RELION	31	OFLOXACIN	8
NOVOLIN 70/30 RELION	31	<i>ofloxacin</i>	64
NOVOLIN N	31	<i>ofloxacin</i>	66
NOVOLIN N FLEXPEN	31	<i>olanzapine</i>	23
NOVOLIN N FLEXPEN RELION	31	<i>olanzapine odt</i>	23
NOVOLIN N RELION	31	<i>olanzapine/fluoxetine</i>	11
NOVOLIN R	31	<i>olmesartan medoxomil</i>	34
NOVOLIN R FLEXPEN	31	<i>olmesartan</i>	38
NOVOLIN R FLEXPEN RELION	31	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN R RELION	31	<i>olmesartan medoxomil/hydrochlorothiazide</i>	38
NOVOLOG	31	<i>olopatadine hcl</i>	64
NOVOLOG FLEXPEN	31	<i>olopatadine hcl</i>	66
NOVOLOG FLEXPEN RELION	31	<i>olopatadine hydrochloride</i>	64
NOVOLOG MIX 70/30	32	<i>omega-3-acid ethyl esters</i>	40
NOVOLOG MIX 70/30 PREFILLED	32	<i>omeprazole</i>	50
FLEXPEN		<i>omeprazole dr</i>	50
NOVOLOG MIX 70/30 PREFILLED	32	OMNARIS	66
FLEXPEN RELION		OMNIPOD 5 G6 INTRO KIT (GEN 5)	63
NOVOLOG MIX 70/30 RELION	32	OMNIPOD 5 G6 PODS (GEN 5)	63
NOVOLOG PENFILL	32	OMNIPOD CLASSIC PDM STARTER	63
NOVOLOG RELION	32	KIT (GEN 3)	
NOVOPEN ECHO	63	OMNIPOD CLASSIC PODS (GEN 3)	63
NOXAFIL	14	OMNIPOD DASH INTRO KIT (GEN 4)	63
<i>np thyroid 15</i>	56	OMNIPOD DASH PDM KIT (GEN 4)	63
<i>np thyroid 30</i>	56	OMNIPOD DASH PODS (GEN 4)	63
<i>np thyroid 60</i>	57	<i>ondansetron hcl</i>	14
		<i>ondansetron hydrochloride</i>	14

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>ondansetron odt</i>	14	PEDVAX HIB	60
ONUREG	18	<i>peg-3350/electrolytes</i>	50
OPSUMIT	67	<i>peg-3350/nacl/na bicarbonate/kcl</i>	50
<i>oralone dental paste</i>	43	PEGASYS	58
ORENITRAM	67	PEMAZYRE	18
ORFADIN	51	<i>penicillamine</i>	48
ORGOVYX	57	PENICILLIN G POTASSIUM IN ISO-	7
ORKAMBI	67	OSMOTIC DEXTROSE	
<i>oseltamivir phosphate</i>	27	PENICILLIN G PROCAINE	7
OTREXUP	59	PENICILLIN G SODIUM	7
OXACILLIN SODIUM	7	PENICILLIN V POTASSIUM	7
<i>oxandrolone</i>	53	PENTACEL	60
<i>oxaprozin</i>	1	<i>pentamidine isethionate</i>	21
OXBRYTA	33	PENTASA	61
<i>oxcarbazepine</i>	10	<i>pentoxifylline er</i>	38
OXERVATE	63	PEPAXTO	16
<i>oxiconazole nitrate</i>	15	<i>perindopril erbumine</i>	34
<i>oxybutynin chloride</i>	52	<i>perio gard</i>	43
<i>oxybutynin chloride er</i>	52	<i>permethrin</i>	46
<i>oxycodone hydrochloride</i>	3	<i>perphenazine</i>	22
<i>oxycodone/acetaminophen</i>	3	PERSERIS	24
OXYCODONE/ASPIRIN	3	PFIZERPEN	7
<i>oxymorphone hydrochloride</i>	3	<i>phenelzine sulfate</i>	11
OXYMORPHONE HYDROCHLORIDE	2	<i>phenobarbital</i>	10
ER		<i>phenytoin</i>	10
OXYMORPHONE	2	<i>phenytoin sodium extended</i>	10
HYDROCHLORIDEER		PHOSLYRA	48
OZEMPIC	29	PIFELTRO	26
<i>pacerone</i>	35	<i>pilocarpine hcl</i>	65
PADCEV	21	<i>pilocarpine hydrochloride</i>	43
<i>paliperidone er</i>	23	<i>pimecrolimus</i>	45
PANCREAZE	51	PIMOZIDE	22
PANDEL	45	<i>pindolol</i>	35
PANRETIN	21	<i>pioglitazone hcl</i>	30
<i>pantoprazole sodium</i>	50	<i>pioglitazone hcl/metformin hcl</i>	30
<i>pantoprazole sodium dr</i>	50	<i>pioglitazone hcl-glimepiride</i>	29
<i>paricalcitol</i>	62	<i>pioglitazone hydrochloride</i>	30
<i>paromomycin sulfate</i>	4	<i>piperacillin sodium/tazobactam sodium</i>	7
<i>paroxetine</i>	12	PIQRAY 200MG DAILY DOSE	20
<i>paroxetine hcl</i>	12	PIQRAY 250MG DAILY DOSE	20
<i>paroxetine hcl er</i>	12	PIQRAY 300MG DAILY DOSE	20
<i>paroxetine hydrochloride</i>	12	<i>pirfenidone</i>	68
PASER	16	<i>piroxicam</i>	1
PAXLOVID	26	PLASMA-LYTE A	47
PAXLOVID	63	PLASMA-LYTE-148	47
PEDIARIX	60	<i>plenamine</i>	47

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
PNV-DHA+DOCUSATE	49	PRENATAL	49
PNV-OMEGA	49	PRENATAL VITAMINS PLUS LOW	49
<i>podofilox</i>	45	IRON	
POLIVY	21	PRETOMANID	16
<i>polycin</i>	63	<i>prevalite</i>	40
<i>polymyxin b sulfate</i>	5	PREVIDENT 5000 BOOSTER PLUS	43
<i>polymyxin b sulfate/trimethoprim sulfate</i>	63	PREVIDENT 5000 DRY MOUTH	43
POMALYST	17	PREVIDENT 5000 ENAMEL PROTECT	43
<i>posaconazole dr</i>	15	PREVIDENT 5000 ORTHO DEFENSE	43
<i>potassium acetate</i>	47	PREVIDENT 5000 SENSITIVE	43
<i>potassium chloride</i>	47	<i>previfem</i>	55
<i>potassium chloride er</i>	47	PREVYMIS	25
<i>potassium chloride/dextrose</i>	47	PREZCOBIX	27
POTASSIUM	47	PREZISTA	27
CHLORIDE/DEXTROSE/LACTATED		PRIFTIN	16
RINGERS		PRIMAQUINE PHOSPHATE	21
<i>potassium chloride/dextrose/sodium</i>	47	<i>primidone</i>	10
<i>chloride</i>		PRIVIGEN	58
POTASSIUM CHLORIDE/SODIUM	47	<i>probenecid</i>	15
CHLORIDE		<i>probenecid/colchicine</i>	15
<i>potassium citrate er</i>	47	<i>prochlorperazine</i>	13
<i>potassium phosphate</i>	48	<i>prochlorperazine maleate</i>	13
POTASSIUM PHOSPHATES	48	PROCRIT	33
<i>pramipexole dihydrochloride</i>	22	<i>procto-med hc</i>	61
<i>pramipexole dihydrochloride er</i>	22	<i>proctosol hc</i>	61
<i>prasugrel</i>	33	<i>proctozone-hc</i>	61
<i>pravastatin sodium</i>	40	<i>progesterone</i>	56
<i>praziquantel</i>	21	PROGRAF	60
<i>prazosin hydrochloride</i>	33	PROLASTIN-C	51
PRED MILD	65	PROLIA	62
PRED-G	63	PROMACTA	33
PRED-G S.O.P.	63	<i>promethazine hcl</i>	13
PREDNICARBATE	45	<i>promethazine hcl plain</i>	13
PREDNISOLONE	53	<i>promethazine hydrochloride</i>	13
PREDNISOLONE ACETATE	65	PROMETHEGAN	14
PREDNISOLONE SODIUM PHOSPHATE	53	<i>propafenone hcl</i>	35
PREDNISOLONE SODIUM PHOSPHATE	65	<i>propafenone hydrochloride er</i>	35
PREDNISOLONE SODIUM PHOSPHATE	53	PROPRANOLOL HCL	36
ODT		<i>propranolol hcl er</i>	35
PREDNISON	53	<i>propranolol hydrochloride</i>	36
PREDNISON INTENSOL	53	<i>propranolol hydrochloride er</i>	36
PREFEST	55	PROPRANOLOL/HYDROCHLOROTHIA	38
<i>pregabalin</i>	10	ZIDE	
PREHEVBRIO	60	<i>propylthiouracil</i>	57
PREMARIN	55	PROQUAD	60
PREMASOL	48	<i>protriptyline hcl</i>	13

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
PULMICORT FLEXHALER	66	REVCOVI	51
PULMOZYME	67	REVLIMID	17
PURIXAN	17	REXULTI	24
<i>pyrazinamide</i>	16	REYATAZ	27
<i>pyridostigmine bromide</i>	16	RHOPRESSA	65
<i>pyridostigmine bromide er</i>	16	<i>ribavirin</i>	25
<i>pyrimethamine</i>	21	RIDAURA	58
PYRUKYND	51	<i>rifabutin</i>	16
PYRUKYND TAPER PACK	51	<i>rifampin</i>	16
QINLOCK	17	<i>riluzole</i>	42
QUADRACEL	60	RIMANTADINE HYDROCHLORIDE	28
<i>quetiapine fumarate</i>	24	RINVOQ	58
<i>quetiapine fumarate er</i>	24	<i>risedronate sodium</i>	62
<i>quinapril hcl</i>	34	<i>risedronate sodium dr</i>	62
<i>quinapril hydrochloride</i>	34	RISPERDAL CONSTA	24
<i>quinapril/hydrochlorothiazide</i>	38	<i>risperidone</i>	24
<i>quinidine gluconate cr</i>	35	RISPERIDONE ODT	24
QUINIDINE SULFATE	35	<i>ritonavir</i>	27
<i>quinine sulfate</i>	21	<i>rivastigmine tartrate</i>	11
QVAR REDIHALER	66	<i>rivastigmine transdermal system</i>	11
RABAVERT	60	<i>rizatriptan benzoate</i>	15
<i>rabeprazole sodium</i>	50	<i>rizatriptan benzoate odt</i>	15
<i>raloxifene hydrochloride</i>	56	ROCKLATAN	64
<i>ramelteon</i>	68	<i>ropinirole er</i>	22
<i>ramipril</i>	34	<i>ropinirole hcl</i>	22
<i>ranolazine er</i>	38	<i>ropinirole hydrochloride</i>	22
<i>rasagiline mesylate</i>	22	<i>rosuvastatin calcium</i>	40
RASUVO	60	ROTARIX	61
RAVICTI	51	ROTATEQ	61
REBIF	42	<i>roweepira</i>	9
REBIF REBIDOSE	42	ROZLYTREK	20
REBIF REBIDOSE TITRATION PACK	42	RUBRACA	20
REBIF TITRATION PACK	42	<i>rufinamide</i>	10
<i>reclipsen</i>	55	RUKOBIA	27
RECOMBIVAX HB	60	RYBELSUS	30
RECORLEV	57	RYBREVANT	21
RECTIV	50	RYDAPT	20
RELENZA DISKHALER	28	RYLAZE	18
RELISTOR	49	<i>sajazir</i>	57
<i>repaglinide</i>	30	<i>salsalate</i>	1
REPATHA	40	SANDIMMUNE	60
REPATHA PUSHTRONEX SYSTEM	40	SANTYL	45
REPATHA SURECLICK	40	<i>sapropterin dihydrochloride</i>	51
RESTASIS	63	SARCLISA	21
RESTASIS MULTIDOSE	63	SAVELLA	42
RETEVMO	18	SAVELLA TITRATION PACK	42

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
SCSEMBLIX	18	SOMAVERT	57
<i>scopolamine</i>	14	<i>sorafenib</i>	20
SECUADO	24	<i>sorafenib tosylate</i>	20
<i>selegiline hcl</i>	22	<i>sorine</i>	35
<i>selenium sulfide</i>	45	<i>sotalol hcl</i>	35
SELZENTRY	27	<i>sotalol hydrochloride (af)</i>	35
SEREVENT DISKUS	67	SOVALDI	25
SEROSTIM	53	SPIRIVA HANDIHALER	66
<i>sertraline hcl</i>	13	SPIRIVA RESPIMAT	66
<i>sertraline hydrochloride</i>	13	<i>spironolactone</i>	39
<i>sevelamer carbonate</i>	48	<i>spironolactone/hydrochlorothiazide</i>	38
SEVELAMER HYDROCHLORIDE	48	<i>sprintec 28</i>	55
<i>sf</i>	43	SPRITAM	9
<i>sf 5000 plus</i>	43	SPRYCEL	20
<i>sharobel</i>	56	SPS	49
SHINGRIX	61	<i>ssd</i>	45
SIGNIFOR	57	STAMARIL	61
<i>sildenafil citrate</i>	68	STAVUDINE	26
<i>silver sulfadiazine</i>	45	STELARA	58
SIMBRINZA	64	STIOLTO RESPIMAT	68
<i>simpesse</i>	55	STIVARGA	20
<i>simvastatin</i>	40	STRIBILD	25
<i>sirolimus</i>	60	<i>subvenite</i>	9
SIRTURO	16	<i>subvenite starter kit/blue</i>	9
SKYRIZI	58	<i>subvenite starter kit/green</i>	9
SKYRIZI PEN	58	<i>subvenite starter kit/orange</i>	9
SODIUM ACETATE	48	<i>sucralfate</i>	50
<i>sodium chloride</i>	48	<i>sulfacetamide sodium</i>	8
<i>sodium chloride 0.45%</i>	48	SULFACETAMIDE SODIUM	64
<i>sodium chloride 0.9%</i>	63	SULFACETAMIDE	64
<i>sodium fluoride</i>	43	SODIUM/PREDNISOLONE SODIUM	
<i>sodium fluoride</i>	48	PHOSPHATE	
<i>sodium fluoride 5000 plus</i>	43	SULFADIAZINE	8
<i>sodium fluoride 5000 ppm</i>	43	<i>sulfamethoxazole/trimethoprim</i>	8
<i>sodium fluoride 5000 ppm dry mouth</i>	43	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sodium fluoride 5000 ppm enamel protect</i>	43	<i>sulfasalazine</i>	61
<i>sodium fluoride 5000 ppm sensitive</i>	43	<i>sulindac</i>	1
<i>sodium phenylbutyrate</i>	51	<i>sumatriptan</i>	16
<i>sodium phosphate</i>	48	<i>sumatriptan succinate</i>	15
<i>sodium polystyrene sulfonate</i>	48	<i>sumatriptan succinate refill</i>	15
SODIUM SULFATE/POTASSIUM	50	<i>sunitinib malate</i>	20
SULFATE/MAGNESIUM SULFATE		SUPPRELIN LA	57
<i>solifenacin succinate</i>	52	SUPREP BOWEL PREP KIT	50
SOLQUA 100/33	30	SURE-PREP ALCOHOL PREP PADS	63
SOLTAMOX	17	SUTAB	50
SOMATULINE DEPOT	57	SYMBICORT	68

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
SYMJEPI	67	TESTOSTERONE ENANTHATE	53
SYMLINPEN 120	30	<i>testosterone pump</i>	53
SYMLINPEN 60	30	<i>tetrabenazine</i>	42
SYMPAZAN	10	<i>tetracycline hydrochloride</i>	8
SYMTUZA	27	THALOMID	17
SYNAGIS	58	<i>theophylline er</i>	67
SYNAREL	57	<i>thioridazine hcl</i>	23
SYNJARDY	30	<i>thiothixene</i>	23
SYNJARDY XR	30	<i>tiadylt er</i>	36
SYNRIBO	18	<i>tiagabine hydrochloride</i>	10
SYNTHROID	57	TIBSOVO	20
TABLOID	17	TICE BCG	18
TABRECTA	17	TICOVAC	61
<i>tacrolimus</i>	45	<i>timolol maleate</i>	15
<i>tacrolimus</i>	60	<i>timolol maleate</i>	65
<i>tadalafil</i>	68	<i>timolol maleate ophthalmic gel forming</i>	65
TAFINLAR	20	<i>tinidazole</i>	5
TAGRISSO	20	TIVDAK	21
TALZENNA	20	TIVICAY	26
<i>tamoxifen citrate</i>	17	TIVICAY PD	26
<i>tamsulosin hydrochloride</i>	52	<i>tizanidine hcl</i>	25
<i>tarina fe 1/20 eq</i>	55	<i>tizanidine hydrochloride</i>	25
TASIGNA	20	TOBRADEX	64
<i>tazarotene</i>	43	TOBRADEX ST	64
TAZORAC	43	<i>tobramycin</i>	64
<i>taztia xt</i>	36	<i>tobramycin</i>	67
TAZVERIK	18	TOBRAMYCIN SULFATE	4
TDVAX	61	<i>tobramycin/dexamethasone</i>	64
TEFLARO	6	TOLMETIN SODIUM	1
TEGSEDI	51	<i>tolterodine tartrate</i>	52
TEKTURN HCT	39	<i>tolterodine tartrate er</i>	52
<i>telmisartan</i>	34	<i>tolvaptan</i>	48
<i>telmisartan/amlodipine</i>	39	<i>topiramate</i>	9
<i>telmisartan/hydrochlorothiazide</i>	39	<i>toremifene citrate</i>	17
<i>temazepam</i>	68	<i>torse mide</i>	39
TEMIXYS	26	TOUJEO MAX SOLOSTAR	32
TENIVAC	61	TOUJEO SOLOSTAR	32
<i>tenofovir disoproxil fumarate</i>	26	<i>tovet</i>	45
TEPMETKO	20	TRACLEER	68
<i>terazosin hcl</i>	33	TRADJENTA	30
<i>terazosin hydrochloride</i>	33	<i>tramadol hcl</i>	3
<i>terbinafine hcl</i>	15	TRAMADOL HCL ER	2
<i>terbutaline sulfate</i>	67	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>terconazole</i>	15	<i>trandolapril</i>	35
<i>testosterone</i>	53	TRANDOLAPRIL/VERAPAMIL HCL ER	39
<i>testosterone cypionate</i>	53	<i>tranexamic acid</i>	33

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>tranylcypromine sulfate</i>	11	<i>trospium chloride</i>	52
TRAVASOL	48	<i>trospium chloride er</i>	52
<i>travoprost</i>	65	TRULANCE	49
<i>trazodone hydrochloride</i>	13	TRULICITY	30
TRECTOR	16	TRUMENBA	61
TRELEGY ELLIPTA	68	TRUSELTIQ	18
TRELSTAR MIXJECT	57	TUKYSA	18
<i>treprostinil</i>	68	TURALIO	20
<i>tretinoin</i>	21	TWINRIX	61
<i>tretinoin</i>	44	TYBOST	27
<i>tri femynor</i>	55	TYMLOS	62
<i>triamcinolone acetonide</i>	45	TYPHIM VI	61
<i>triamcinolone acetonide dental paste</i>	43	TYVASO	68
<i>triamterene</i>	39	TYVASO REFILL	68
<i>triamterene/hydrochlorothiazide</i>	39	TYVASO STARTER	68
<i>triazolam</i>	68	UBRELVY	15
<i>triderm</i>	45	<i>unithroid</i>	57
<i>trientine hydrochloride</i>	48	<i>ursodiol</i>	50
<i>tri-estarylla</i>	55	<i>valacyclovir hcl</i>	28
<i>trifluoperazine hcl</i>	23	<i>valacyclovir hydrochloride</i>	28
<i>trifluoperazine hydrochloride</i>	23	VALCHLOR	16
TRIFLURIDINE	64	<i>valganciclovir</i>	25
TRIHENYPHENIDYL HCL	22	<i>valganciclovir hydrochloride</i>	25
<i>trihexyphenidyl hydrochloride</i>	22	<i>valproic acid</i>	9
TRIJARDY XR	30	<i>valrubicin</i>	18
TRIKAFTA	67	VALSARTAN	34
<i>tri-lynyah</i>	55	<i>valsartan/hydrochlorothiazide</i>	39
<i>tri-lo-estarylla</i>	55	VALTOCO	10
<i>tri-lo-marzia</i>	55	VANCOMYCIN	5
<i>tri-lo-mili</i>	55	VANCOMYCIN HCL	5
<i>tri-lo-sprintec</i>	55	VANCOMYCIN HYDROCHLORIDE	5
TRIMETHOPRIM	5	VANCOMYCIN	5
<i>tri-mili</i>	55	HYDROCHLORIDE/DEXTROSE	
<i>trimipramine maleate</i>	13	VANDAZOLE	5
TRINTELLIX	13	VAQTA	61
<i>tri-nymyo</i>	55	VARENICLINE STARTING MONTH	4
<i>tri-previfem</i>	55	BOX	
<i>tri-sprintec</i>	56	VARENICLINE TARTRATE	4
<i>tritocin</i>	45	VARIVAX	61
TRIUMEQ	27	VARIZIG	58
TRIUMEQ PD	27	VELCADE	18
<i>tri-vylibra</i>	56	VELIVET	56
<i>tri-vylibra lo</i>	56	VELTASSA	49
TRIZIVIR	27	VENCLEXTA	20
TRODELVY	21	VENCLEXTA STARTING PACK	20
TROGARZO	27	<i>venlafaxine hcl er</i>	13

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>venlafaxine hydrochloride</i>	13	XELJANZ XR	58
<i>venlafaxine hydrochloride er</i>	13	XENLETA	5
VENTAVIS	68	XERMELO	49
VENTOLIN HFA	67	XGEVA	62
<i>verapamil hcl</i>	36	XIFAXAN	50
VERAPAMIL HCL ER	36	XIGDUO XR	30
VERAPAMIL HCL SR	36	XOLAIR	58
<i>verapamil hydrochloride</i>	37	XOSPATA	20
VERAPAMIL HYDROCHLORIDE ER	36	XPOVIO	18
VERSACLOZ	24	XPOVIO 100 MG ONCE WEEKLY	18
VERZENIO	20	XPOVIO 40 MG ONCE WEEKLY	18
<i>vestura</i>	56	XPOVIO 40 MG TWICE WEEKLY	18
V-GO 20	63	XPOVIO 60 MG ONCE WEEKLY	18
V-GO 30	63	XPOVIO 60 MG TWICE WEEKLY	18
V-GO 40	63	XPOVIO 80 MG ONCE WEEKLY	18
VICTOZA	30	XPOVIO 80 MG TWICE WEEKLY	18
<i>vigabatrin</i>	10	XTANDI	17
<i>vigadrone</i>	10	<i>xulane</i>	56
VIIBRYD STARTER PACK	13	XYREM	69
VIJOICE	51	YF-VAX	61
<i>vilazodone hydrochloride</i>	13	YONSA	17
<i>vincasar pfs</i>	18	<i>yuvafem</i>	56
<i>vincristine sulfate</i>	18	<i>zafemy</i>	56
VIRACEPT	27	<i>zafirlukast</i>	66
VIREAD	27	<i>zaleplon</i>	68
VITRAKVI	20	ZARXIO	33
VIZIMPRO	20	ZEJULA	20
VONJO	20	ZELBORAF	20
<i>voriconazole</i>	15	ZEMAIRA	51
VOSEVI	25	<i>zenatane</i>	44
VOTRIENT	20	ZENPEP	52
VRAYLAR	24	<i>zenzedi</i>	41
VUMERITY	42	ZEPZELCA	16
<i>vylibra</i>	56	<i>zidovudine</i>	27
VYNDAMAX	39	<i>zileuton er</i>	66
VYNDAQEL	51	ZIOPTAN	65
<i>warfarin sodium</i>	32	<i>ziprasidone hcl</i>	24
WELIREG	20	<i>ziprasidone mesylate</i>	24
WESTAB PLUS	49	ZIRGAN	64
<i>wixela inhub</i>	68	ZOLEDRONIC ACID	62
XALKORI	20	ZOLINZA	18
XARELTO	32	<i>zolmitriptan</i>	16
XARELTO STARTER PACK	32	<i>zolmitriptan odt</i>	16
XATMEP	60	<i>zolpidem tartrate</i>	69
XCOPRI	9	<i>zolpidem tartrate er</i>	69
XELJANZ	58	<i>zonisamide</i>	10

Formulary ID: 23138, Version: 6, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #
ZYDELIG	20
ZYKADIA	21
ZYPREXA RELPREVV	24

This formulary was updated on September 1, 2022. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit www.bcbsm.com/medicare.

Confidence
comes with every card.

BCN AdvantageSM HMO
BCN AdvantageSM HMO-POS



**Blue Care
Network
of Michigan**

Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.