

20
23

Prescription BlueSM PDP Premium

2023 Standard 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 us, **Prescription Blue PDP Customer Service**, at 1-800-565-1770 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, 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 and this 2023 Blue Cross Drug List with you.

Updated: 09/01/2022
Formulary 23129, Version 7

www.bcbsm.com/medicare



Confidence comes with every card.®

Prescription Drug 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 Cross Blue Shield of Michigan. When it refers to "plan" or "our plan," it means **Prescription Blue PDP**.

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 Prescription Blue PDP Premium Standard Formulary?

A formulary is a list of covered drugs selected by **Prescription Blue PDP** 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. **Prescription Blue PDP** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Prescription Blue PDP** 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 **Prescription Blue PDP** 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 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 **Prescription Blue PDP** 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 **Prescription Blue PDP**, 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?

Prescription Blue PDP 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: Prescription Blue PDP** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Prescription Blue PDP** before you fill your prescriptions. If you don't get approval, **Prescription Blue PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Prescription Blue PDP** limits the amount of the drug that **Prescription Blue PDP** will cover. For example, **Prescription Blue PDP** 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, **Prescription Blue PDP** 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, **Prescription Blue PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Prescription Blue PDP** will then cover Drug B.

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

You can ask **Prescription Blue PDP** 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 **Prescription Blue PDP** 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 **Prescription Blue PDP** does not cover your drug, you have two options:

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

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

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 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 5, 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 **Prescription Blue PDP** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Prescription Blue PDP**, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Prescription Blue PDP Premium Standard Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Prescription Blue PDP**. 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 **Prescription Blue PDP** has any special requirements for coverage of your drug.

Prescription Blue PDP Drug Tier Costs (Up to a 31-day supply)					
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)	Long-term care (LTC) cost sharing	Out-of-network cost sharing
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details			
Tier 2	Generic				
Tier 3	Preferred Brand				
Tier 4	Non-Preferred Drug				
Tier 5	Specialty Tier	See your Medical or Prescription Benefits Chart for member cost-share details			

Prescription Blue PDP Drug Tier Costs (32- to 90-day supply*)			
Tier	Drug Description	Standard retail and standard mail-order cost sharing (in-network)	Preferred retail and preferred mail-order cost sharing (in-network)
Tier 1	Preferred Generic	See your <i>Evidence of Coverage</i> Chart for member cost-share details	
Tier 2	Generic		
Tier 3	Preferred Brand		
Tier 4	Non-Preferred Drug		
Tier 5	Specialty Tier	90-day supply is not available	

Out-of-network pharmacy coverage is limited to certain situations. Consult your *Evidence of Coverage* for details.

*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.

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription 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.
EX	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your 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.

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)
<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</i>	2	QL (1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac capsule 200mg</i>	2	
<i>etodolac tablet</i>	2	
<i>fenoprofen calcium tablet</i>	4	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	2	
<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>	4	
<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>	2	
<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	
<i>methadone hcl tablet</i>	2	

Formulary ID: 23129, Version: 7, Effective: 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>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 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	
<i>hydromorphone hydrochloride injection 2mg/ml</i>	2	
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	
MORPHINE SULFATE TABLET	2	
MORPHINE SULFATE INJECTION 2MG/ML, 4MG/ML, 8MG/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)

Formulary ID: 23129, Version: 7, 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>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 (100 ML per 30 days)
<i>nalbuphine hcl injection 10mg/ml</i>	2	QL (200 ML per 30 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)
<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/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	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
VARENICLINE STARTING MONTH BOX	3	
VARENICLINE TARTRATE	3	

Formulary ID: 23129, Version: 7, 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
Antibacterials		
<i>Aminoglycosides</i>		
<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%	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	
<i>Antibacterials, Other</i>		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate 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>	4	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FIRVANQ	4	
<i>fosfomycin tromethamine</i>	4	
<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%	5	
<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	

Formulary ID: 23129, Version: 7, 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>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 ORAL SOLUTION RECONSTITUTED	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (360 EA per 90 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (720 EA per 90 days)
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	4	
VANDAZOLE	2	
XENLETA TABLET	5	
Beta-lactam, Cephalosporins		
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	
CEFOTAXIME SODIUM INJECTION 1GM, 2GM	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin 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	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	

Formulary ID: 23129, Version: 7, 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>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
CEPHALEXIN TABLET	1	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted</i>	2	
FETROJA	5	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, tablet</i>	1	
<i>amoxicillin suspension reconstituted</i>	2	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	2	
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	2	
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 SODIUM INJECTION 1GM	4	
<i>nafcilin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		

Formulary ID: 23129, Version: 7, 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>ertapenem</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem</i>	3	
MEROPENEM/SODIUM CHLORIDE	3	
Macrolides		
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<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		
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<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 tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	2	

Formulary ID: 23129, Version: 7, 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
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</i>	2	
<i>doxycycline suspension reconstituted</i>	2	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</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
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>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<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	

Formulary ID: 23129, Version: 7, 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>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
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>	3	QL (4500 ML per 90 days) PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	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

Formulary ID: 23129, Version: 7, 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>vigabatrin</i>	5	QL (186 EA per 31 days) PA
<i>vigadrone</i>	5	QL (186 EA per 31 days) PA
Sodium Channel Agents		
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		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL (12 EA per 84 days) PA
<i>donepezil hcl tablet disintegrating</i>	4	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		

Formulary ID: 23129, Version: 7, 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>bupropion hcl tablet 100mg</i>	2	QL (540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL (180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL (270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL (90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	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>	2	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)
<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 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

Formulary ID: 23129, Version: 7, 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
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>	4	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	4	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	4	
<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)
<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>	3	PA

Formulary ID: 23129, Version: 7, 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>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>	4	PA
NORTRIPTYLINE HCL SOLUTION	3	
<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		
<i>Antiemetics, Other</i>		
<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 suppository 12.5mg, 25mg</i>	2	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
PROMETHEGAN SUPPOSITORY 50MG	2	
<i>promethagan suppository 12.5mg, 25mg</i>	2	
<i>scopolamine</i>	4	QL (30 EA per 90 days)
<i>Emetogenic Therapy Adjuncts</i>		
ANZEMET TABLET 100MG	4	
<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		
<i>Antifungals</i>		
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 injection 70mg</i>	4	
<i>casprofungin acetate injection 50mg</i>	5	

Formulary ID: 23129, Version: 7, 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>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>	4	
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 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>ketoconazole foam</i>	4	
<i>ketodan</i>	4	
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride cream</i>	4	
NOXAFIL SUSPENSION	5	QL (651 ML per 31 days)
<i>nyamyc</i>	2	QL (180 GM per 90 days)
<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>	4	
<i>posaconazole dr</i>	5	QL (93 EA per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride</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>	4	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	

Formulary ID: 23129, Version: 7, 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
Prophylactic		
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
Serotonin (5-HT) Receptor Agonist		
<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>	3	QL (18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	3	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)
SUMATRIPTAN SUCCINATE REFILL	4	
<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)
<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		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide solution</i>	2	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	2	
PRETOMANID	4	QL (90 EA per 90 days) PA
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
ISONIAZID SYRUP	2	
ISONIAZID TABLET 100MG	2	

Formulary ID: 23129, Version: 7, 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>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	
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
<i>Antiangiogenic Agents</i>		
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
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	4	

Formulary ID: 23129, Version: 7, 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>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PURIXAN	5	
TABLOID	3	PA
<i>Antineoplastics, Other</i>		
BESREMI	5	QL (2 ML per 28 days) PA
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
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	
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
SCEMBLIX TABLET 40MG	5	QL (310 EA per 31 days) PA
SCEMBLIX 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	
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

Formulary ID: 23129, Version: 7, 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
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET	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
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

Formulary ID: 23129, Version: 7, 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
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
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
TAGRISSE	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

Formulary ID: 23129, Version: 7, 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
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
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	

Formulary ID: 23129, Version: 7, 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
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		
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>amantadine hcl capsule, solution, tablet</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
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>	4	
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	

Formulary ID: 23129, Version: 7, 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
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	
<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 tablet</i>	3	QL (90 EA per 90 days)
<i>aripiprazole solution</i>	4	QL (2700 ML 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

Formulary ID: 23129, Version: 7, 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
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>	4	
<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)
<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

Formulary ID: 23129, Version: 7, 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
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		
<i>baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	2	
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	2	
<i>tizanidine hcl tablet 2mg</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

Formulary ID: 23129, Version: 7, 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
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
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	
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</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<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</i>	4	
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
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)

Formulary ID: 23129, Version: 7, 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
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	
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 CAPSULE	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>	4	
<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	4	QL (1440 EA per 90 days)
PREZISTA TABLET 150MG	4	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)

Formulary ID: 23129, Version: 7, 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
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<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)
RIMANTADINE HYDROCHLORIDE	2	
Antiherpetic 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>	2	
LITHIUM CARBONATE CAPSULE 600MG	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	2	
<i>lithium carbonate tablet</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	3	QL (10.2 ML per 84 days)
BYDUREON PEN	3	QL (12.6 EA per 84 days)

Formulary ID: 23129, Version: 7, 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
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)
<i>glimepiride tablet 2mg</i>	1	QL (360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL (720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL (360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL (720 EA per 90 days)
<i>glyburide micronized tablet 6mg</i>	1	QL (180 EA per 90 days)
<i>glyburide micronized tablet 3mg</i>	1	QL (360 EA per 90 days)
<i>glyburide micronized tablet 1.5mg</i>	1	QL (720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL (720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	1	QL (1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	1	QL (360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	1	QL (720 EA per 90 days)
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)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL (360 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL (450 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL (270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL (459 EA per 90 days)

Formulary ID: 23129, Version: 7, 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>miglitol</i>	2	
<i>nateglinide tablet 120mg</i>	1	QL (270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	1	QL (540 EA per 90 days)
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)
<i>pioglitazone hcl/metformin hcl</i>	1	QL (270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL (90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	1	QL (1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	1	QL (2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	1	QL (720 EA per 90 days)
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)
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	

Formulary ID: 23129, Version: 7, 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
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	
KORLYM	5	PA
Insulins		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
Anticoagulants		
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)

Formulary ID: 23129, Version: 7, 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>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, 18000UNT/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)
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)

Formulary ID: 23129, Version: 7, 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
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>	2	
<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>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL (180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL (360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL (720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL (90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL (180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL (360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL (90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL (180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL (270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL (180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL (90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>telmisartan tablet 20mg</i>	1	QL (360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL (90 EA per 90 days)
VALSARTAN SOLUTION	4	QL (7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL (180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL (360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL (720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL (90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL (1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL (720 EA per 90 days)

Formulary ID: 23129, Version: 7, 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>benazepril hydrochloride tablet 20mg</i>	1	QL (360 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL (1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	1	QL (3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL (405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL (810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL (1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL (180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL (360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL (720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	1	QL (360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL (720 EA per 90 days)
<i>lisinopril tablet 30mg</i>	1	QL (120 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL (1440 EA per 90 days)
<i>lisinopril tablet 20mg</i>	1	QL (180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL (360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL (720 EA per 90 days)
<i>lisinopril tablet 40mg</i>	1	QL (90 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	1	QL (180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	1	QL (360 EA per 90 days)
<i>perindopril erbumine tablet 8mg</i>	1	QL (180 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	1	QL (360 EA per 90 days)
<i>perindopril erbumine tablet 2mg</i>	1	QL (720 EA per 90 days)
<i>quinapril hcl tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>quinapril hcl tablet 20mg</i>	1	QL (360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL (1440 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL (720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL (1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL (180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL (360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL (720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL (180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL (360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL (720 EA per 90 days)
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	

Formulary ID: 23129, Version: 7, 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
MULTAQ	3	QL (180 EA per 90 days)
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
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>	4	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>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	2	
<i>propranolol hcl solution 20mg/5ml</i>	2	
<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>	2	QL (90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	2	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		

Formulary ID: 23129, Version: 7, 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>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hydrochloride er</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	4	QL (90 EA per 90 days)
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	2	QL (180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	2	QL (360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	2	QL (90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL (180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	2	QL (360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	2	QL (90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	QL (180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	2	QL (90 EA per 90 days)

Formulary ID: 23129, Version: 7, 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>amlodipine/olmesartan medoxomil</i>	2	QL (90 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	2	QL (180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	2	QL (90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	2	
BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE TABLET 5MG; 6.25MG	2	QL (360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	QL (180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	2	QL (90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL (31 EA per 31 days) PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	2	QL (180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	2	QL (90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE	2	
CORLANOR SOLUTION	4	QL (1350 ML per 90 days)
CORLANOR TABLET	4	QL (180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	2	QL (180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	2	QL (360 EA per 90 days)
ENTRESTO	3	QL (180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	QL (360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	2	QL (180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	2	QL (90 EA per 90 days)
KERENDIA	4	QL (90 EA per 90 days) PA
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL (180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL (360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL (180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL (90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL (180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL (90 EA per 90 days)
<i>pentoxifylline er</i>	2	

Formulary ID: 23129, Version: 7, 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/HYDROCHLOROTHIAZIDE	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL (180 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	QL (90 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TEKTURNA HCT	4	QL (90 EA per 90 days)
<i>telmisartan/amlodipine tablet 5mg; 40mg</i>	2	QL (180 EA per 90 days)
<i>telmisartan/amlodipine tablet 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	2	QL (90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	2	QL (180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL (90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	2	QL (120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	2	QL (90 EA per 90 days)
<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>	2	QL (180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	2	QL (90 EA per 90 days)
VYNDAMAX	5	QL (31 EA per 31 days) PA
Diuretics, Loop		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</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>torseamide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
<i>eplerenone</i>	2	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		

Formulary ID: 23129, Version: 7, 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 micronized capsule 134mg, 200mg, 67mg</i>	3	QL (90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL (90 EA per 90 days)
<i>fenofibrate tablet 145mg, 48mg</i>	3	
<i>fenofibrate tablet 160mg, 54mg</i>	3	QL (90 EA per 90 days)
FENOFIBRIC ACID	4	
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL (270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL (90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>atorvastatin calcium tablet 10mg, 20mg</i>	1	QL (360 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL (90 EA per 90 days)
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)
<i>fluvastatin capsule 20mg</i>	1	QL (360 EA per 90 days)
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)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL (360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL (360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL (90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	2	QL (180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	2	QL (360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	2	QL (90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL (180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL (360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL (90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl</i>	3	
<i>ezetimibe</i>	2	QL (90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	4	QL (90 EA per 90 days) ST
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	4	QL (360 EA per 90 days)
<i>prevalite</i>	3	
REPATHA	3	QL (3 ML per 28 days) PA

Formulary ID: 23129, Version: 7, 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
REPATHA PUSHTRONEX SYSTEM	3	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
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>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<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)
<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		

Formulary ID: 23129, Version: 7, 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
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>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</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	

Formulary ID: 23129, Version: 7, 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
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	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>	2	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.3%</i>	4	
<i>adapalene cream</i>	4	
<i>amnestem</i>	2	PA
<i>avita cream</i>	4	QL (45 GM per 30 days) PA
<i>azelaic acid</i>	4	QL (150 GM per 90 days)
<i>claravis</i>	2	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>isotretinoin capsule</i>	2	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>	2	PA
<i>neuac</i>	4	
<i>rosadan</i>	2	
<i>tazarotene cream</i>	4	QL (180 GM per 90 days) PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA
<i>zenatane</i>	2	PA
Dermatitis and Pruitus Agents		
<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	

Formulary ID: 23129, Version: 7, 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>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 lotion, shampoo</i>	4	QL (354 ML per 90 days)
<i>clodan</i>	4	QL (354 ML per 90 days)
<i>desonide cream, ointment</i>	3	QL (180 GM per 90 days)
<i>desonide lotion</i>	3	QL (354 ML per 90 days)
<i>desoximetasone cream, gel, ointment</i>	4	
DIFLORASONE DIACETATE CREAM	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	
<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 gel, ointment</i>	3	QL (180 GM per 90 days)
<i>fluocinonide solution</i>	3	QL (180 ML 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 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	
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	

Dermatological Agents, Other

Formulary ID: 23129, Version: 7, 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>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>	4	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)
<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)
METHOXSALLEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	2	
<i>podofilox</i>	4	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
Pediculicides/Scabicides		
CROTAN	4	
IVERMECTIN LOTION 0.5%	4	
LINDANE SHAMPOO	2	
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
Topical Anti-infectives		
<i>acyclovir cream 5%</i>	4	
<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)
<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	
DEXTROSE 10%/NAACL 0.45%	4	

Formulary ID: 23129, Version: 7, 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>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	
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	
<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>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>nafrinse</i>	2	
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>	2	

Formulary ID: 23129, Version: 7, 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 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 oral solution</i>	2	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	
<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	

Formulary ID: 23129, Version: 7, 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>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan</i>	5	PA
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	2	
<i>calcium acetate tablet 667mg</i>	2	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate packet</i>	2	
<i>sevelamer carbonate tablet</i>	2	QL (1620 EA per 90 days)
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	
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>chlordiazepoxide hcl/clidinium bromide</i>	2	
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	
<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	

Formulary ID: 23129, Version: 7, 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>methscopolamine bromide tablet</i>	2	
Gastrointestinal Agents, Other		
CALCIUM DISODIUM VERSENATE	4	
GATTEX	5	PA
GAVILYTE-C	2	
<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	4	
SUPREP BOWEL PREP KIT	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>sucrafate tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL (90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL (180 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: 23129, Version: 7, 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 12000UNIT; 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
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
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>	2	
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	

Formulary ID: 23129, Version: 7, 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>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)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	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>	2	QL (180 EA per 90 days)
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	
ELMIRON	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>decadron tablet 0.5mg, 0.75mg, 4mg, 6mg</i>	2	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SOLUTION	2	
<i>dexamethasone elixir</i>	2	
DEXAMETHASONE TABLET 0.5MG, 0.75MG, 1MG, 2MG	2	
<i>dexamethasone tablet 1.5mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
PREDNISOLONE SODIUM PHOSPHATE ORAL SOLUTION 25MG/5ML	2	
<i>prednisolone sodium phosphate oral solution 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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	2	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	

Formulary ID: 23129, Version: 7, 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
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)		
Anabolic Steroids		
<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
Androgens		
<i>danazol capsule</i>	4	
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 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>testosterone gel 25mg/2.5gm</i>	4	QL (900 GM per 90 days) PA
Estrogens		
<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>estradiol valerate injection 20mg/ml</i>	4	
<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>fyavolv tablet 2.5mcg; 0.5mg</i>	2	
<i>gianvi</i>	2	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	2	
<i>lo-zumandimine</i>	2	
<i>loryna</i>	2	
MENEST TABLET 1.25MG	4	
<i>nikki</i>	2	

Formulary ID: 23129, Version: 7, 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>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	2	
PREMARIN CREAM	3	
<i>tydemy</i>	2	
<i>vestura</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>lyleg</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>	2	
SYNTHROID TABLET	3	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		

Formulary ID: 23129, Version: 7, 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
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 11.25MG, 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
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>		
GAMMAGARD LIQUID	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 20GM/200ML, 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	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA

Formulary ID: 23129, Version: 7, 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
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 INJECTION 100MG/20ML	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 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
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D
<i>azathioprine tablet</i>	2	B/D
<i>cyclosporine modified capsule 50mg</i>	2	B/D
<i>cyclosporine modified capsule 100mg, 25mg</i>	4	B/D
<i>cyclosporine modified solution</i>	4	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

Formulary ID: 23129, Version: 7, 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>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL (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	3	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	3	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</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	
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	

Formulary ID: 23129, Version: 7, 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
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
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	

Formulary ID: 23129, Version: 7, 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
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 capsule extended release</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL (5400 ML per 90 days)
PENTASA	4	
<i>sulfasalazine tablet</i>	1	
<i>sulfasalazine tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<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)
<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
<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
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	

Formulary ID: 23129, Version: 7, 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
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)
<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>	4	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	

Ophthalmic Agents

Ophthalmic Agents, Other

Formulary ID: 23129, Version: 7, 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
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	
<i>bacitracin/polymyxin b</i>	2	
BLEPHAMIDE S.O.P.	4	
COMBIGAN	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
OXERVATE	5	PA
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
PRED-G S.O.P.	4	
RESTASIS	3	QL (180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL (180 ML per 90 days)
ROCKLATAN	3	
SIMBRINZA	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
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	
Ophthalmic Anti-Infectives		
AZASITE	4	
BACITRACIN	2	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<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	

Formulary ID: 23129, Version: 7, 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
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	
<i>Ophthalmic Anti-inflammatories</i>		
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
NEVANAC	4	
PRED MILD	4	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	2	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	2	
<i>brimonidine tartrate</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		

Formulary ID: 23129, Version: 7, 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
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	4	
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	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
BECONASE AQ SUSPENSION	4	
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)
PULMICORT FLEXHALER	3	QL (6 EA per 90 days)
QVAR REDIHALER	3	QL (64 GM per 90 days)
Antihistamines		
<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)

Formulary ID: 23129, Version: 7, 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
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL (90 EA per 90 days)
<i>montelukast sodium packet</i>	4	QL (90 EA per 90 days)
<i>zafirlukast</i>	3	QL (180 EA per 90 days)
<i>zileuton er</i>	5	QL (360 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL (12 GM per 90 days)
Bronchodilators, Sympathomimetic		
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</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>albuterol sulfate tablet</i>	4	
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/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	

Formulary ID: 23129, Version: 7, 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
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
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>	2	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)

Formulary ID: 23129, Version: 7, 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
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 250mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>methocarbamol tablet</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
HETLIOZ	5	QL (31 EA per 31 days) PA
<i>ramelteon</i>	3	QL (90 EA per 90 days)
<i>temazepam capsule 15mg, 30mg</i>	2	
<i>triazolam</i>	3	QL (180 EA per 90 days)
<i>zaleplon</i>	2	QL (90 EA per 90 days)
<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>	3	QL (180 EA per 90 days) PA
XYREM	5	QL (558 ML per 31 days) PA

Formulary ID: 23129, Version: 7, 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 #
		ALPHAGAN P	59
		<i>alprazolam</i>	27
		ALPRAZOLAM INTENSOL	27
		ALUNBRIG	18
		<i>alyq</i>	62
		<i>amantadine hcl</i>	21
		AMBISOME	13
		<i>ambrisentan</i>	62
		AMCINONIDE	41
		<i>amikacin sulfate</i>	4
		<i>amiloride hcl</i>	37
		<i>amiloride/hydrochlorothiazide</i>	35
		<i>aminophylline</i>	61
		<i>amiodarone hydrochloride</i>	33
		<i>amitriptyline hcl</i>	12
		<i>amitriptyline hydrochloride</i>	12
		<i>amlodipine besylate</i>	34
		<i>amlodipine besylate/atorvastatin calcium</i>	35
		<i>amlodipine besylate/benazepril hydrochloride</i>	35
		<i>amlodipine besylate/valsartan</i>	35
		<i>amlodipine/olmesartan medoxomil</i>	36
		<i>amlodipine/valsartan/hydrochlorothiazide</i>	36
		<i>ammonium lactate</i>	41
		<i>amnesteem</i>	41
		AMOXAPINE	12
		<i>amoxicillin</i>	6
		AMOXICILLIN/CLAVULANATE	6
		POTASSIUM	
		POTASSIUM ER	
		<i>amphetamine/dextroamphetamine</i>	39
		AMPHOTERICIN B	13
		<i>amphotericin b liposome</i>	13
		AMPICILLIN	6
		AMPICILLIN SODIUM	6
		AMPICILLIN-SULBACTAM	6
		<i>anagrelide hydrochloride</i>	31
		<i>anastrozole</i>	18
		ANORO ELLIPTA	62
		ANZEMET	13
		APEXICON E	41
		<i>apomorphine hydrochloride</i>	21
		<i>apraclonidine</i>	59
		<i>aprepitant</i>	13
		APRETUDE	25
	Drug Name		
		Page #	
	<i>abacavir</i>	25	
	<i>abacavir sulfate/lamivudine</i>	25	
	<i>abacavir sulfate/lamivudine/zidovudine</i>	25	
	ABELCET	13	
	ABILIFY MAINTENA	22	
	<i>abiraterone acetate</i>	16	
	<i>acamprosate calcium dr</i>	3	
	<i>acarbose</i>	27	
	<i>accutane</i>	41	
	<i>acebutolol hydrochloride</i>	34	
	<i>acetaminophen/codeine</i>	2	
	<i>acetazolamide</i>	35	
	<i>acetazolamide</i>	59	
	<i>acetazolamide er</i>	59	
	<i>acetic acid</i>	60	
	<i>acetylcysteine</i>	56	
	<i>acetylcysteine</i>	62	
	<i>acitretin</i>	41	
	ACTHIB	54	
	ACTIMMUNE	53	
	<i>acyclovir</i>	27	
	<i>acyclovir</i>	43	
	<i>acyclovir sodium</i>	27	
	ADACEL	54	
	<i>adapalene</i>	41	
	<i>adefovir dipivoxil</i>	24	
	ADEMPAS	62	
	ADLARITY	10	
	ADVAIR HFA	62	
	AIMOVIG	15	
	<i>ala-cort</i>	41	
	<i>albendazole</i>	20	
	<i>albuterol sulfate</i>	61	
	ALBUTEROL SULFATE HFA	61	
	<i>alclometasone dipropionate</i>	41	
	ALCOHOL PREP PADS	57	
	ALECENSA	18	
	ALENDRONATE SODIUM	56	
	<i>alfuzosin hcl er</i>	49	
	<i>aliskiren</i>	35	
	<i>allopurinol</i>	14	
	<i>almotriptan</i>	15	
	<i>alosetron hydrochloride</i>	46	

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
APTIOM	10	BD INSULIN SYRINGE	57
APTIVUS	26	SAFETYGLIDE/1ML/29G X 1/2"	
ARANESP ALBUMIN FREE	31	B-D INSULIN SYRINGE ULTRAFINE	57
ARCALYST	52	II/0.3ML/31G X 5/16"	
ARIKAYCE	4	BD INSULIN SYRINGE ULTRA-	57
<i>aripiprazole</i>	22	FINE/0.5ML/30G X 12.7MM	
<i>aripiprazole odt</i>	22	BD INSULIN SYRINGE ULTRA-	57
ARISTADA	22	FINE/1ML/31G X 8MM	
ARISTADA INITIO	22	BD PEN	57
<i>armodafinil</i>	63	BD PEN MINI	57
<i>asenapine maleate sl</i>	22	BD PEN NEEDLE/ORIGINAL/ULTRA-	57
<i>aspirin/dipyridamole er</i>	31	FINE/29G X 12.7MM	
ASTAGRAF XL	53	BECONASE AQ	60
<i>atazanavir</i>	26	<i>benazepril hcl</i>	32
<i>atazanavir sulfate</i>	26	BENAZEPRIL	36
<i>atenolol</i>	34	HCL/HYDROCHLOROTHIAZIDE	
<i>atenolol/chlorthalidone</i>	36	<i>benazepril hydrochloride</i>	33
<i>atomoxetine</i>	39	<i>benazepril</i>	36
<i>atomoxetine hydrochloride</i>	39	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atorvastatin calcium</i>	38	BENLYSTA	53
<i>atovaquone</i>	20	BENZNIDAZOLE	21
<i>atovaquone/proguanil hcl</i>	20	<i>benztropine mesylate</i>	21
<i>atropine sulfate</i>	57	BESREMI	17
ATROPINE SULFATE	58	<i>betaine anhydrous</i>	47
ATROVENT HFA	61	<i>betamethasone dipropionate</i>	42
AUTOPEN	57	BETAMETHASONE DIPROPIONATE	41
<i>avita</i>	41	AUGMENTED	
AVONEX	40	<i>betamethasone valerate</i>	42
AVONEX PEN	40	BETASERON	40
AYVAKIT	18	<i>betaxolol hcl</i>	34
AZASITE	58	<i>betaxolol hcl</i>	59
<i>azathioprine</i>	53	<i>bethanechol chloride</i>	49
<i>azelaic acid</i>	41	BETOPTIC-S	59
<i>azelastine hcl</i>	58	<i>bexarotene</i>	20
<i>azelastine hcl</i>	60	BEXSERO	55
<i>azelastine hydrochloride</i>	60	<i>bicalutamide</i>	16
AZITHROMYCIN	7	BICILLIN C-R	6
<i>aztreonam</i>	4	BICILLIN L-A	6
BACITRACIN	58	BIKTARVY	25
<i>bacitracin/polymyxin b</i>	58	<i>bimatoprost</i>	59
<i>baclofen</i>	24	<i>bisoprolol fumarate</i>	34
<i>balsalazide disodium</i>	56	<i>bisoprolol fumarate/hydrochlorothiazide</i>	36
BALVERSA	18	BLEPHAMIDE S.O.P.	58
BAQSIMI ONE PACK	29	BOOSTRIX	55
BAQSIMI TWO PACK	29	<i>bosentan</i>	62
BCG VACCINE	55	BOSULIF	18

Drug Name	Page #	Drug Name	Page #
BRAFTOVI	18	CAPLYTA	22
BREO ELLIPTA	62	CAPRELSA	18
BREZTRI AEROSPHERE	60	<i>captopril</i>	33
BRILINTA	31	CAPTOPRIL/HYDROCHLOROTHIAZID	36
<i>brimonidine tartrate</i>	59	E	
<i>brinzolamide</i>	59	<i>carbamazepine</i>	10
BRIVIACT	8	<i>carbamazepine er</i>	10
<i>bromocriptine mesylate</i>	21	<i>carbidopa</i>	21
BRUKINSA	18	<i>carbidopa/levodopa</i>	21
<i>budesonide</i>	56	<i>carbidopa/levodopa er</i>	21
<i>budesonide</i>	60	CARBIDOPA/LEVODOPA ODT	21
<i>budesonide er</i>	56	<i>carbidopa/levodopa/entacapone</i>	21
<i>bumetanide</i>	37	CARTEOLOL HCL	59
<i>buprenorphine</i>	1	<i>cartia xt</i>	35
<i>buprenorphine hcl</i>	3	<i>carvedilol</i>	34
<i>buprenorphine hcl/naloxone hcl</i>	3	<i>carvedilol phosphate er</i>	34
<i>buprenorphine hydrochloride/naloxone</i>	3	<i>caspofungin acetate</i>	13
<i>hydrochloride</i>		<i>cataflam</i>	1
<i>bupropion hcl</i>	11	CAYSTON	61
<i>bupropion hydrochloride</i>	11	CEFACLOR	5
<i>bupropion hydrochloride er (sr)</i>	3	CEFACLOR ER	5
<i>bupropion hydrochloride er (sr)</i>	11	CEFADROXIL	5
<i>bupropion hydrochloride er (xl)</i>	11	CEFAZOLIN SODIUM	5
<i>bupirone hcl</i>	27	CEFAZOLIN SODIUM/DEXTROSE	5
<i>bupirone hydrochloride</i>	27	<i>cefdinir</i>	5
<i>butorphanol tartrate</i>	2	CEFEPIME	5
BYDUREON BCISE	27	CEFEPIME/DEXTROSE	5
BYDUREON PEN	27	<i>cefixime</i>	5
CABENUVA	25	CEFOTAXIME SODIUM	5
<i>cabergoline</i>	52	CEFOXITIN SODIUM	5
CABLIVI	32	<i>cefpodoxime proxetil</i>	5
CABOMETYX	18	<i>cefprozil</i>	5
<i>calcipotriene</i>	43	<i>ceftazidime</i>	5
<i>calcitonin-salmon</i>	56	CEFTAZIDIME/DEXTROSE	5
<i>calcitrene</i>	43	CEFTRIAZONE IN ISO-OSMOTIC	5
CALCITRIOL	43	DEXTROSE	
<i>calcitriol</i>	56	CEFTRIAZONE SODIUM	5
<i>calcium acetate</i>	46	CEFTRIAZONE/DEXTROSE	5
<i>calcium chloride</i>	43	<i>cefuroxime axetil</i>	5
CALCIUM DISODIUM VERSENATE	47	<i>cefuroxime sodium</i>	6
CALCIUM GLUCONATE	43	<i>celecoxib</i>	1
CALQUENCE	18	CELONTIN	9
<i>camila</i>	51	CEPHALEXIN	6
CAMZYOS	36	CEQR SIMPLICITY 2U	57
<i>candesartan cilexetil</i>	32	CEQR SIMPLICITY INSERTER	57
<i>candesartan cilexetil/hydrochlorothiazide</i>	36	CERDELGA	47

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>cetirizine hydrochloride</i>	60	<i>clobetasol propionate e</i>	42
<i>cevimeline hydrochloride</i>	40	<i>clobetasol propionate emollient</i>	42
CHEMET	45	<i>clodan</i>	42
<i>chlordiazepoxide hcl/clidinium bromide</i>	46	CLOMIPHENE CITRATE	51
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	46	<i>clomipramine hydrochloride</i>	12
<i>chlorhexidine gluconate</i>	40	<i>clonazepam</i>	9
CHLOROQUINE PHOSPHATE	21	<i>clonazepam odt</i>	9
<i>chlorpromazine hcl</i>	21	<i>clonidine hcl</i>	32
CHLORPROMAZINE HYDROCHLORIDE	22	<i>clonidine hydrochloride</i>	32
<i>chlorthalidone</i>	37	<i>clonidine hydrochloride er</i>	39
<i>chlorzoxazone</i>	63	<i>clopidogrel</i>	32
CHOLBAM	47	<i>clorazepate dipotassium</i>	27
<i>cholestyramine</i>	38	<i>clotrimazole</i>	14
<i>cholestyramine light</i>	38	<i>clotrimazole/betamethasone dipropionate</i>	43
<i>ciclodan</i>	43	<i>clozapine</i>	24
<i>ciclopirox</i>	43	CLOZAPINE ODT	24
<i>ciclopirox nail lacquer</i>	43	COARTEM	21
<i>ciclopirox olamine</i>	43	CODEINE SULFATE	2
<i>cilostazol</i>	32	<i>colchicine</i>	14
CIMDUO	25	<i>colesevelam hydrochloride</i>	38
<i>cinacalcet hydrochloride</i>	56	<i>colestipol hcl</i>	38
CIPRO HC	60	<i>colistimethate sodium</i>	4
CIPROFLOXACIN	60	COMBIGAN	58
CIPROFLOXACIN HCL	7	COMBIVENT RESPIMAT	62
<i>ciprofloxacin hydrochloride</i>	7	COMETRIQ	18
<i>ciprofloxacin hydrochloride</i>	58	COMPLERA	25
<i>ciprofloxacin i.v.-in d5w</i>	7	<i>compro</i>	13
<i>ciprofloxacin/dexamethasone</i>	60	<i>constulose</i>	46
<i>citalopram hydrobromide</i>	11	COPIKTRA	18
<i>claravis</i>	41	CORLANOR	36
CLARITHROMYCIN	7	COSENTYX	53
<i>clarithromycin er</i>	7	COSENTYX SENSOREADY PEN	53
<i>clindacin etz pledgets</i>	4	COTELIC	18
<i>clindamycin hcl</i>	4	CREON	48
<i>clindamycin hydrochloride</i>	4	CRIVAN	26
<i>clindamycin palmitate hcl</i>	4	<i>cromolyn sodium</i>	48
<i>clindamycin phosphate</i>	4	<i>cromolyn sodium</i>	58
<i>clindamycin phosphate</i>	43	<i>cromolyn sodium</i>	61
<i>clindamycin phosphate/benzoyl peroxide</i>	41	CROTAN	43
<i>clindamycin phosphate/dextrose</i>	4	CURITY GAUZE PADS 2"X2"	57
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cyclobenzaprine hydrochloride</i>	63
<i>clinpro 5000</i>	40	<i>cyclophosphamide</i>	16
<i>clobazam</i>	9	CYCLOSET	28
<i>clobetasol propionate</i>	42	<i>cyclosporine</i>	53
		<i>cyclosporine modified</i>	53
		<i>cyproheptadine hcl</i>	60

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>cyproheptadine hydrochloride</i>	60	DIACOMIT	9
CYSTAGON	48	<i>diazepam</i>	27
CYSTARAN	58	DIAZEPAM RECTAL GEL	9
<i>dalfampridine er</i>	40	<i>diazoxide</i>	29
DALIRESP	62	<i>diclofenac potassium</i>	1
<i>danazol</i>	50	<i>diclofenac sodium</i>	1
<i>dantrolene sodium</i>	24	<i>diclofenac sodium dr</i>	1
DANYELZA	20	<i>diclofenac sodium er</i>	1
<i>dapsone</i>	15	<i>diclofenac sodium/misoprostol</i>	1
DAPTACEL	55	<i>dicloxacillin sodium</i>	6
<i>daptomycin</i>	4	<i>dicyclomine hcl</i>	46
DAURISMO	18	<i>dicyclomine hydrochloride</i>	46
<i>deblitane</i>	51	DIFICID	7
<i>decadron</i>	49	DIFLORASONE DIACETATE	42
<i>deferasirox</i>	45	<i>diflunisal</i>	1
DELSTRIGO	25	<i>difluprednate</i>	59
<i>demeclocycline hcl</i>	8	<i>digitek</i>	33
<i>denta 5000 plus</i>	40	<i>digox</i>	33
<i>dentagel</i>	40	DIGOXIN	33
DESCOVY	25	<i>dihydroergotamine mesylate</i>	14
<i>desipramine hydrochloride</i>	12	DILANTIN	10
<i>desloratadine</i>	60	<i>diltiazem hcl</i>	35
DESLORATADINE ODT	60	<i>diltiazem hcl cd</i>	35
<i>desmopressin acetate</i>	49	<i>diltiazem hcl er</i>	35
<i>desonide</i>	42	<i>diltiazem hydrochloride er</i>	35
<i>desoximetasone</i>	42	<i>dilt-xr</i>	35
DESVENLAFAXINE ER	11	<i>dimethyl fumarate</i>	40
DEXAMETHASONE	49	<i>dimethyl fumarate starterpack</i>	40
DEXAMETHASONE INTENSOL	49	<i>diphenhydramine hcl</i>	60
DEXAMETHASONE SODIUM PHOSPHATE	59	<i>diphenoxylate hydrochloride/atropine sulfate</i>	46
DEXCHLORPHENIRAMINE MALEATE	60	DIPHENOXYLATE/ATROPINE	46
<i>dexrazoxane</i>	20	DIPHThERIA/TETANUS TOXOIDS	55
<i>dextroamphetamine sulfate</i>	39	ADSORBED PEDIATRIC	
DEXTROSE 10%/NACL 0.45%	43	<i>disulfiram</i>	3
<i>dextrose 10%</i>	44	<i>divalproex sodium</i>	9
DEXTROSE 2.5%/NACL 0.45%	44	<i>divalproex sodium dr</i>	9
<i>dextrose 5%</i>	44	<i>divalproex sodium er</i>	9
<i>dextrose 5%/nacl 0.2%</i>	44	<i>dofetilide</i>	33
<i>dextrose 5%/nacl 0.3%</i>	44	DOJOLVI	57
<i>dextrose 5%/nacl 0.33%</i>	44	<i>donepezil hcl</i>	10
<i>dextrose 5%/nacl 0.45%</i>	44	<i>donepezil hydrochloride</i>	10
<i>dextrose 5%/nacl 0.9%</i>	44	DOPTELET	32
<i>dextrose 50%</i>	44	<i>dorzolamide hcl/timolol maleate</i>	58
<i>dextrose 70%</i>	44	<i>dorzolamide hydrochloride</i>	59
<i>dextrose/sodium chloride</i>	44	DOVATO	25

Drug Name	Page #	Drug Name	Page #
<i>doxazosin mesylate</i>	32	ENDARI	48
<i>doxepin hcl</i>	12	<i>endocet</i>	2
<i>doxepin hydrochloride</i>	13	ENGERIX-B	55
<i>doxy 100</i>	8	ENHERTU	20
<i>doxycycline</i>	8	<i>enoxaparin sodium</i>	31
<i>doxycycline hyclate</i>	8	ENSPRYNG	53
<i>doxycycline hyclate</i>	40	<i>entacapone</i>	21
DRIZALMA SPRINKLE	11	<i>entecavir</i>	24
<i>dronabinol</i>	13	ENTRESTO	36
<i>drospirenone/ethinyl estradiol</i>	50	<i>enulose</i>	46
<i>drospirenone/ethinyl estradiol/levomefolate</i>	50	EPCLUSA	24
<i>calcium</i>		EPIDIOLEX	8
DROXIA	16	<i>epinastine hcl</i>	58
<i>droxidopa</i>	32	EPINEPHRINE	61
DUAVEE	51	<i>epitol</i>	10
DULERA	62	<i>eplerenone</i>	37
<i>duloxetine hydrochloride</i>	11	EPOGEN	31
<i>duramorph</i>	2	EPRONTIA	8
<i>dutasteride</i>	49	ERAXIS	14
E.E.S. 400	7	ERGOLOID MESYLATES	10
<i>econazole nitrate</i>	14	ERIVEDGE	18
EDURANT	25	ERLEADA	16
<i>efavirenz</i>	25	<i>erlotinib hydrochloride</i>	18
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	25	<i>errin</i>	51
<i>fumarate</i>		<i>ertapenem</i>	7
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	25	<i>ery-tab</i>	7
<i>fumarate</i>		ERYTHROCIN STEARATE	7
EGRIFTA SV	49	ERYTHROMYCIN	7
<i>eletriptan hydrobromide</i>	15	<i>erythromycin</i>	43
ELIQUIS	30	<i>erythromycin</i>	58
ELIQUIS STARTER PACK	30	<i>erythromycin base</i>	7
ELMIRON	49	<i>erythromycin dr</i>	7
<i>eluryng</i>	50	ERYTHROMYCIN ETHYLSUCCINATE	7
EMCYT	16	<i>escitalopram oxalate</i>	11
EMEND	13	<i>esomeprazole magnesium</i>	47
EMGALITY	15	<i>estradiol</i>	50
EMSAM	11	<i>estradiol valerate</i>	50
<i>emtricitabine</i>	25	ESTRING	50
<i>emtricitabine/tenofovir disoproxil</i>	25	<i>ethambutol hydrochloride</i>	15
<i>emtricitabine/tenofovir disoproxil fumarate</i>	25	<i>ethosuximide</i>	9
EMTRIVA	26	<i>ethynodiol diacetate/ethinyl estradiol</i>	50
<i>enalapril maleate</i>	33	<i>etodolac</i>	1
<i>enalapril maleate/hydrochlorothiazide</i>	36	<i>etodolac er</i>	1
ENBREL	53	<i>etonogestrel/ethinyl estradiol</i>	50
ENBREL MINI	53	<i>etravirine</i>	25
ENBREL SURECLICK	53	<i>euthyrox</i>	51

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>everolimus</i>	18	<i>fluocinolone acetonide</i>	42
<i>everolimus</i>	53	<i>fluocinolone acetonide</i>	60
EVOTAZ	26	<i>fluocinolone acetonide body</i>	42
EVRYSI	48	<i>fluocinolone acetonide scalp</i>	42
<i>exemestane</i>	18	<i>fluocinonide</i>	42
EXKIVITY	18	<i>fluocinonide emulsified base</i>	42
EZALLOR SPRINKLE	38	<i>fluoride</i>	44
<i>ezetimibe</i>	38	<i>fluoridex daily defense</i>	40
<i>ezetimibe/simvastatin</i>	38	<i>fluoridex enhanced whitening</i>	40
<i>famciclovir</i>	27	<i>fluorimax 5000</i>	40
<i>famotidine</i>	47	<i>fluorometholone</i>	59
FANAPT	22	<i>fluorouracil</i>	43
FANAPT TITRATION PACK	22	FLUOXETINE DR	12
FARXIGA	28	<i>fluoxetine hcl</i>	12
FARYDAK	18	<i>fluoxetine hydrochloride</i>	12
<i>febuxostat</i>	14	<i>fluphenazine decanoate</i>	22
<i>felbamate</i>	8	FLUPHENAZINE HCL	22
<i>felodipine er</i>	34	FLUPHENAZINE HYDROCHLORIDE	22
FEMRING	50	<i>flurandrenolide</i>	42
<i>fenofibrate</i>	38	<i>flurbiprofen</i>	1
<i>fenofibrate micronized</i>	38	FLURBIPROFEN SODIUM	59
FENOFIBRIC ACID	38	<i>flutamide</i>	16
<i>fenofibric acid dr</i>	38	<i>fluticasone propionate</i>	42
<i>fenopropfen calcium</i>	1	<i>fluticasone propionate</i>	60
<i>fentanyl</i>	1	<i>fluticasone propionate/salmeterol diskus</i>	62
<i>fentanyl citrate oral transmucosal</i>	2	<i>fluvastatin</i>	38
<i>fesoterodine fumarate er</i>	48	<i>fluvastatin sodium er</i>	38
FETROJA	6	<i>fluvoxamine maleate</i>	12
FETZIMA	12	<i>fluvoxamine maleate er</i>	12
FETZIMA TITRATION PACK	11	FML	59
<i>finasteride</i>	49	<i>fondaparinux sodium</i>	31
FINTEPLA	8	FORTEO	56
FIRDAPSE	40	<i>fosamprenavir calcium</i>	26
FIRMAGON	52	<i>fosfomycin tromethamine</i>	4
FIRVANQ	4	<i>fosinopril sodium</i>	33
<i>flac</i>	60	<i>fosinopril sodium/hydrochlorothiazide</i>	36
<i>flavoxate hcl</i>	48	<i>fosphenytoin sodium</i>	10
<i>flecainide acetate</i>	33	FOTIVDA	16
FLOVENT DISKUS	60	FRAGMIN	31
FLOVENT HFA	60	FREAMINE III	44
<i>fluconazole</i>	14	<i>frovatriptan succinate</i>	15
<i>fluconazole in sodium chloride</i>	14	<i>furosemide</i>	37
FLUCONAZOLE/SODIUM CHLORIDE	14	FUZEON	26
<i>flucytosine</i>	14	<i>fyavolv</i>	50
<i>fludrocortisone acetate</i>	49	FYCOMPA	8
<i>flunisolide</i>	60	<i>gabapentin</i>	9

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
GALAFOLD	48	GVOKE HYPOPEN 1-PACK	30
GALANTAMINE HYDROBROMIDE	10	GVOKE HYPOPEN 2-PACK	30
<i>galantamine hydrobromide er</i>	10	GVOKE KIT	30
GAMIFANT	53	GVOKE PFS	30
GAMMAGARD LIQUID	52	HAEGARDA	52
GAMMAPLEX	52	<i>halobetasol propionate</i>	42
GAMUNEX-C	52	<i>haloperidol</i>	22
GANCICLOVIR	24	<i>haloperidol decanoate</i>	22
GARDASIL 9	55	<i>haloperidol lactate</i>	22
<i>gatifloxacin</i>	58	HARVONI	24
GATTEX	47	HAVRIX	55
GAVILYTE-C	47	<i>heather</i>	51
<i>gavilyte-g</i>	47	HEMADY	49
<i>gavilyte-n/ flavor pack</i>	47	<i>heparin sodium</i>	31
GAVRETO	17	HERCEPTIN HYLECTA	20
<i>gemfibrozil</i>	38	HETLIOZ	63
<i>generlac</i>	46	HIBERIX	55
<i>gengraf</i>	54	HUMALOG KWIKPEN	30
GENTAK	58	HUMATROPE	50
<i>gentamicin sulfate</i>	4	HUMIRA	54
<i>gentamicin sulfate</i>	58	HUMIRA PEDIATRIC CROHNS	54
GENTAMICIN SULFATE PEDIATRIC	4	DISEASE STARTER PACK	
GENTAMICIN SULFATE/0.9% SODIUM	4	HUMIRA PEN	54
CHLORIDE		HUMIRA PEN-CD/UC/HS STARTER	54
GENVOYA	25	HUMIRA PEN-PEDIATRIC UC	54
<i>gianvi</i>	50	STARTER PACK	
GILENYA	40	HUMIRA PEN-PS/UV STARTER	54
GILOTRIF	18	HUMULIN R U-500 (CONCENTRATED)	30
<i>glatiramer acetate</i>	40	HUMULIN R U-500 KWIKPEN	30
<i>glatopa</i>	40	<i>hydralazine hcl</i>	39
<i>glimepiride</i>	28	<i>hydralazine hydrochloride</i>	39
<i>glipizide</i>	28	<i>hydrochlorothiazide</i>	37
<i>glipizide er</i>	28	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>glipizide/metformin hydrochloride</i>	28	<i>hydrocodone/acetaminophen</i>	2
GLUCAGEN HYPOKIT	29	HYDROCODONE/IBUPROFEN	2
GLUCAGON EMERGENCY KIT	29	<i>hydrocortisone</i>	42
GLUCAGON EMERGENCY KIT FOR	30	<i>hydrocortisone</i>	49
LOW BLOOD SUGAR		<i>hydrocortisone</i>	56
<i>glyburide</i>	28	<i>hydrocortisone acetate/pramoxine</i>	43
<i>glyburide micronized</i>	28	<i>hydrocortisone valerate</i>	42
<i>glyburide/metformin hydrochloride</i>	28	<i>hydrocortisone/acetic acid</i>	60
GLYCOPYRROLATE	46	<i>hydromorphone hcl</i>	2
GLYXAMBI	28	<i>hydromorphone hydrochloride</i>	2
<i>granisetron hydrochloride</i>	13	<i>hydroxychloroquine sulfate</i>	21
<i>griseofulvin microsize</i>	14	<i>hydroxyurea</i>	17
<i>griseofulvin ultramicrosize</i>	14	<i>hydroxyzine hcl</i>	60

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>hydroxyzine hydrochloride</i>	60	<i>ipratropium bromide</i>	61
<i>hydroxyzine pamoate</i>	60	<i>ipratropium bromide/albuterol sulfate</i>	62
HYPERHEP B	52	<i>irbesartan</i>	32
HYQVIA	52	<i>irbesartan/hydrochlorothiazide</i>	36
<i>ibandronate sodium</i>	56	IRESSA	18
IBRANCE	17	ISENTRESS	25
IBRANCE	18	ISENTRESS HD	25
<i>ibu</i>	1	ISOLYTE-P/DEXTROSE 5%	44
<i>ibuprofen</i>	1	ISOLYTE-S	44
<i>icatibant acetate</i>	52	ISOLYTE-S PH 7.4	44
ICLUSIG	18	ISONIAZID	15
<i>icosapent ethyl</i>	38	<i>isoproterenol hydrochloride</i>	61
IDHIFA	17	<i>isosorbide dinitrate</i>	39
ILEVRO	59	<i>isosorbide mononitrate</i>	39
<i>imatinib mesylate</i>	18	<i>isosorbide mononitrate er</i>	39
IMBRUVICA	18	ISOTONIC GENTAMICIN	4
IMIPENEM/CILASTATIN	7	<i>isotretinoin</i>	41
<i>imipramine hcl</i>	13	<i>isradipine</i>	34
<i>imipramine hydrochloride</i>	13	<i>itraconazole</i>	14
<i>imipramine pamoate</i>	13	<i>ivermectin</i>	20
<i>imiquimod</i>	43	IVERMECTIN	43
IMOVAX RABIES (H.D.C.V.)	55	IXIARO	55
IMVEXXY MAINTENANCE PACK	50	JAKAFI	18
IMVEXXY STARTER PACK	50	<i>jantoven</i>	31
<i>incassia</i>	51	JANUMET	28
INCRELEX	50	JANUMET XR	28
INCRUSE ELLIPTA	61	JANUVIA	28
<i>indapamide</i>	37	JARDIANCE	28
INFANRIX	55	<i>jasmiel</i>	50
INLYTA	18	<i>jencycla</i>	51
INPEN 100/BLUE/LILLY/HUMALOG	57	JENTADUETO	28
INPEN 100/BLUE/NOVOLOG/FIASP	57	JENTADUETO XR	28
INPEN 100/GREY/LILLY/HUMALOG	57	JULUCA	25
INPEN 100/GREY/NOVOLOG/FIASP	57	<i>just right 5000</i>	40
INPEN 100/PINK/LILLY/HUMALOG	57	JYNARQUE	45
INPEN 100/PINK/NOVOLOG/FIASP	57	KALYDECO	61
INQOVI	18	<i>kcl 0.075%/d5w/nacl 0.45%</i>	44
INREBIC	17	<i>kcl 0.15%/d5w/nacl 0.2%</i>	44
INTELENCE	25	<i>kcl 0.15%/d5w/nacl 0.45%</i>	44
INTRALIPID	57	<i>kcl 0.15%/d5w/nacl 0.9%</i>	44
INTRON A	53	<i>kcl 0.3%/d5w/nacl 0.45%</i>	44
INVEGA HAFYERA	22	KCL 0.3%/D5W/NACL 0.9%	44
INVEGA SUSTENNA	22	<i>kelnor 1/50</i>	50
INVEGA TRINZA	22	KERENDIA	36
INVIRASE	26	<i>ketoconazole</i>	14
IPOL INACTIVATED IPV	55	<i>ketodan</i>	14

Drug Name	Page #	Drug Name	Page #
KETOPROFEN	1	<i>leucovorin calcium</i>	17
KETOPROFEN ER	1	LEUKERAN	16
<i>ketorolac tromethamine</i>	59	<i>leuprolide acetate</i>	52
KINRIX	55	<i>levalbuterol</i>	61
KISQALI	19	<i>levalbuterol hcl</i>	61
KISQALI FEMARA 200 DOSE	17	LEVALBUTEROL TARTRATE HFA	61
KISQALI FEMARA 400 DOSE	17	<i>levetiracetam</i>	8
KISQALI FEMARA 600 DOSE	17	<i>levetiracetam er</i>	8
<i>klor-con 10</i>	44	LEVOBUNOLOL HCL	59
<i>klor-con 8</i>	44	<i>levocarnitine</i>	57
<i>klor-con m10</i>	44	<i>levocetirizine dihydrochloride</i>	60
<i>klor-con m15</i>	44	<i>levofloxacin</i>	7
<i>klor-con m20</i>	44	<i>levofloxacin</i>	58
KLOXXADO	3	<i>levofloxacin in d5w</i>	7
KORLYM	30	<i>levorphanol tartrate</i>	1
KOSELUGO	19	<i>levo-t</i>	51
<i>labetalol hydrochloride</i>	34	<i>levothyroxine sodium</i>	51
<i>lacosamide</i>	10	<i>levoxyl</i>	51
LACTULOSE	46	LEXIVA	26
LAGEVRIO	57	LIBTAYO	20
<i>lamivudine</i>	24	<i>lidocaine</i>	3
<i>lamivudine</i>	26	<i>lidocaine/prilocaine</i>	3
<i>lamivudine/zidovudine</i>	26	LINDANE	43
<i>lamotrigine</i>	8	<i>linezolid</i>	4
<i>lamotrigine er</i>	8	LINZESS	46
<i>lamotrigine odt</i>	8	<i>liothyronine sodium</i>	51
<i>lamotrigine starter kit/blue</i>	8	<i>lisinopril</i>	33
<i>lamotrigine starter kit/green</i>	8	<i>lisinopril/hydrochlorothiazide</i>	36
<i>lamotrigine starter kit/orange</i>	8	LITHIUM CARBONATE	27
<i>lanthanum carbonate</i>	46	<i>lithium carbonate er</i>	27
LANTUS	30	LIVALO	38
LANTUS SOLOSTAR	30	LIVTENCITY	24
<i>lapatinib ditosylate</i>	19	LONSURF	17
<i>latanoprost</i>	59	<i>loperamide hcl</i>	46
LATUDA	23	<i>lopinavir/ritonavir</i>	26
<i>leflunomide</i>	54	<i>lorazepam</i>	27
<i>lenalidomide</i>	16	<i>lorazepam intensol</i>	27
LENVIMA 10 MG DAILY DOSE	19	LORBRENA	19
LENVIMA 12MG DAILY DOSE	19	<i>loryna</i>	50
LENVIMA 14 MG DAILY DOSE	19	<i>losartan potassium</i>	32
LENVIMA 18 MG DAILY DOSE	19	<i>losartan potassium/hydrochlorothiazide</i>	36
LENVIMA 20 MG DAILY DOSE	19	<i>lovastatin</i>	38
LENVIMA 24 MG DAILY DOSE	19	<i>loxapine</i>	22
LENVIMA 4 MG DAILY DOSE	19	<i>lo-zumandimine</i>	50
LENVIMA 8 MG DAILY DOSE	19	LUBIPROSTONE	46
<i>letrozole</i>	18	LUMAKRAS	17

Drug Name	Page #	Drug Name	Page #
LUMIGAN	59	<i>metformin hydrochloride</i>	28
LUMOXITI	20	<i>metformin hydrochloride er</i>	28
LUPRON DEPOT (1-MONTH)	52	METHADONE HCL	1
LUPRON DEPOT (3-MONTH)	52	<i>methazolamide</i>	59
LUPRON DEPOT (4-MONTH)	52	<i>methenamine hippurate</i>	4
LUPRON DEPOT (6-MONTH)	52	<i>methergine</i>	57
LUPRON DEPOT-PED (1-MONTH)	52	<i>methimazole</i>	52
LUPRON DEPOT-PED (3-MONTH)	52	METHITEST	50
LYBALVI	23	<i>methocarbamol</i>	63
<i>lyleq</i>	51	<i>methotrexate</i>	54
LYNPARZA	19	<i>methotrexate sodium</i>	54
LYSODREN	52	METHOXSALLEN	43
<i>lyza</i>	51	<i>methscopolamine bromide</i>	47
<i>magnesium sulfate</i>	44	<i>methylergonovine maleate</i>	57
<i>malathion</i>	43	<i>methylphenidate hydrochloride</i>	39
MAPROTILINE HCL	11	<i>methylphenidate hydrochloride cd</i>	39
<i>maraviroc</i>	26	<i>methylphenidate hydrochloride er</i>	39
MARGENZA	20	<i>methylprednisolone</i>	49
MARPLAN	11	<i>methylprednisolone dose pack</i>	49
MATULANE	16	<i>methyltestosterone</i>	50
<i>matzim la</i>	35	<i>metoclopramide hcl</i>	47
<i>meclizine hcl</i>	13	<i>metoclopramide hydrochloride</i>	47
MECLOFENAMATE SODIUM	1	<i>metolazone</i>	37
<i>medroxyprogesterone acetate</i>	51	<i>metoprolol succinate er</i>	34
<i>mefenamic acid</i>	1	<i>metoprolol tartrate</i>	34
<i>mefloquine hcl</i>	21	<i>metoprolol/hydrochlorothiazide</i>	36
<i>megestrol acetate</i>	51	<i>metronidazole</i>	4
MEKINIST	19	<i>metronidazole</i>	41
MEKTOVI	19	<i>metronidazole vaginal</i>	4
<i>meloxicam</i>	1	<i>metirosine</i>	36
<i>memantine hcl titration pak</i>	10	<i>mexiletine hcl</i>	33
<i>memantine hydrochloride</i>	10	MICONAZOLE 3	14
<i>memantine hydrochloride er</i>	10	<i>midodrine hcl</i>	32
MENACTRA	55	MIGERGOT	14
MENEST	50	<i>miglitol</i>	29
MENQUADFI	55	<i>miglustat</i>	48
MENTAX	43	<i>minocycline hcl</i>	8
MENVEO	55	<i>minocycline hydrochloride</i>	8
<i>meprobamate</i>	27	<i>minoxidil</i>	39
<i>mercaptapurine</i>	17	<i>mirtazapine</i>	11
<i>meropenem</i>	7	<i>mirtazapine odt</i>	11
MEROPENEM/SODIUM CHLORIDE	7	<i>misoprostol</i>	47
<i>mesalamine</i>	56	M-M-R II	55
<i>mesalamine dr</i>	56	<i>modafinil</i>	63
<i>mesalamine er</i>	56	<i>moexipril hcl</i>	33
MESNEX	20	MOLINDONE HYDROCHLORIDE	22

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>mometasone furoate</i>	42	<i>neomycin/polymyxin/hydrocortisone</i>	60
<i>mometasone furoate</i>	60	<i>neo-polycin</i>	58
MONJUVI	20	NERLYNX	19
<i>montelukast sodium</i>	61	<i>neuac</i>	41
MORPHINE SULFATE	2	NEULASTA	31
<i>morphine sulfate er</i>	2	NEULASTA ONPRO KIT	31
MOVANTIK	46	NEUPRO	21
<i>moxifloxacin hydrochloride</i>	7	NEVANAC	59
MOXIFLOXACIN HYDROCHLORIDE	58	NEVIRAPINE	25
MULTAQ	34	NEVIRAPINE ER	25
<i>mupirocin</i>	43	NIACIN	38
MYALEPT	47	<i>niacin er</i>	38
<i>mycophenolate mofetil</i>	54	<i>nicardipine hcl</i>	34
<i>mycophenolic acid dr</i>	54	NICOTROL INHALER	3
<i>myorisan</i>	41	NICOTROL NS	3
MYRBETRIQ	48	<i>nifedipine er</i>	34
NABI-HB	52	<i>nikki</i>	50
<i>nabumetone</i>	1	<i>nilutamide</i>	16
<i>nadolol</i>	34	<i>nimodipine</i>	34
NAFCILLIN	6	NINLARO	17
NAFCILLIN SODIUM	6	NISOLDIPINE ER	34
<i>nafrinse</i>	44	<i>nitazoxanide</i>	21
NAFTIFINE HCL	14	<i>nitisinone</i>	48
<i>naftifine hydrochloride</i>	14	NITRO-BID	39
<i>nalbuphine hcl</i>	3	NITRO-DUR	39
<i>naloxone hcl</i>	3	<i>nitrofurantoin</i>	5
<i>naloxone hydrochloride</i>	3	<i>nitrofurantoin macrocrystals</i>	5
<i>naltrexone hcl</i>	3	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
NAMENDA XR TITRATION PACK	10	<i>nitroglycerin</i>	39
NAMZARIC	10	<i>nitroglycerin lingual</i>	39
<i>naproxen</i>	1	<i>nitroglycerin transdermal</i>	39
<i>naproxen sodium</i>	1	NITYR	48
<i>naratriptan hcl</i>	15	NIVESTYM	31
NATACYN	58	NIZATIDINE	47
<i>nateglinide</i>	29	<i>nolix</i>	42
NATPARA	56	<i>nora-be</i>	51
NAYZILAM	8	NORDITROPIN FLEXPRO	50
NEFAZODONE HYDROCHLORIDE	12	<i>norethindrone</i>	51
<i>neomycin sulfate</i>	4	<i>norethindrone acetate</i>	51
<i>neomycin/bacitracin/polymyxin</i>	58	<i>norethindrone acetate/ethinyl estradiol</i>	51
NEOMYCIN/POLYMYXIN B SULFATES	4	<i>norlyda</i>	51
NEOMYCIN/POLYMYXIN/GRAMICIDI	58	NORTRIPTYLINE HCL	13
N		<i>nortriptyline hydrochloride</i>	13
<i>neomycin/polymyxin/hc</i>	60	NORVIR	26
NEOMYCIN/POLYMYXIN/HYDROCOR	58	NOVOLIN 70/30	30
TISONE		NOVOLIN 70/30 FLEXPEN	30

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
NOVOLIN 70/30 FLEXPEN RELION	30	<i>olmesartan</i>	36
NOVOLIN 70/30 RELION	30	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN N	30	<i>olmesartan medoxomil/hydrochlorothiazide</i>	36
NOVOLIN N FLEXPEN	30	<i>olopatadine hcl</i>	58
NOVOLIN N FLEXPEN RELION	30	<i>olopatadine hcl</i>	60
NOVOLIN N RELION	30	<i>omega-3-acid ethyl esters</i>	38
NOVOLIN R	30	<i>omeprazole</i>	47
NOVOLIN R FLEXPEN	30	<i>omeprazole dr</i>	47
NOVOLIN R FLEXPEN RELION	30	OMNIPOD 5 G6 INTRO KIT (GEN 5)	57
NOVOLIN R RELION	30	OMNIPOD 5 G6 PODS (GEN 5)	57
NOVOLOG	30	OMNIPOD CLASSIC PDM STARTER	57
NOVOLOG FLEXPEN	30	KIT (GEN 3)	
NOVOLOG FLEXPEN RELION	30	OMNIPOD CLASSIC PODS (GEN 3)	57
NOVOLOG MIX 70/30	30	OMNIPOD DASH INTRO KIT (GEN 4)	57
NOVOLOG MIX 70/30 PREFILLED	30	OMNIPOD DASH PDM KIT (GEN 4)	57
FLEXPEN		OMNIPOD DASH PODS (GEN 4)	57
NOVOLOG MIX 70/30 PREFILLED	30	<i>ondansetron hcl</i>	13
FLEXPEN RELION		<i>ondansetron hydrochloride</i>	13
NOVOLOG MIX 70/30 RELION	30	<i>ondansetron odt</i>	13
NOVOLOG PENFILL	30	ONUREG	17
NOVOLOG RELION	30	OPSUMIT	62
NOVOPEN ECHO	57	<i>oralone dental paste</i>	40
NOXAFIL	14	ORENITRAM	62
NUBEQA	16	ORFADIN	48
NUCALA	62	ORGOVYX	52
NUCYNTA	3	ORKAMBI	61
NUEDEXTA	40	<i>oseltamivir phosphate</i>	27
NUPLAZID	23	OTREXUP	54
NUTROPIN AQ NUSPIN 10	50	OXACILLIN SODIUM	6
NUTROPIN AQ NUSPIN 20	50	<i>oxandrolone</i>	50
NUTROPIN AQ NUSPIN 5	50	<i>oxaprozin</i>	1
<i>nyamyc</i>	14	OXBRYTA	31
<i>nystatin</i>	14	<i>oxcarbazepine</i>	10
<i>nystatin/triamcinolone</i>	43	OXERVATE	58
<i>nystop</i>	14	<i>oxiconazole nitrate</i>	14
<i>octreotide acetate</i>	52	<i>oxybutynin chloride</i>	48
ODEFSEY	26	<i>oxybutynin chloride er</i>	48
ODOMZO	19	<i>oxycodone hydrochloride</i>	3
OFEV	62	<i>oxycodone/acetaminophen</i>	3
OFLOXACIN	7	<i>oxymorphone hydrochloride</i>	3
<i>ofloxacin</i>	58	OXYMORPHONE HYDROCHLORIDE	2
<i>ofloxacin</i>	60	ER	
<i>olanzapine</i>	23	OXYMORPHONE	2
<i>olanzapine odt</i>	23	HYDROCHLORIDEER	
<i>olanzapine/fluoxetine</i>	11	OZEMPIC	29
<i>olmesartan medoxomil</i>	32	<i>pacerone</i>	34

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
PADCEV	20	<i>pioglitazone hydrochloride</i>	29
<i>paliperidone er</i>	23	<i>piperacillin sodium/tazobactam sodium</i>	6
PANRETIN	20	PIQRAY 200MG DAILY DOSE	19
<i>pantoprazole sodium</i>	47	PIQRAY 250MG DAILY DOSE	19
<i>paricalcitol</i>	56	PIQRAY 300MG DAILY DOSE	19
<i>paromomycin sulfate</i>	4	<i>pirfenidone</i>	62
<i>paroxetine</i>	12	<i>piroxicam</i>	1
<i>paroxetine hcl</i>	12	PLASMA-LYTE A	44
<i>paroxetine hcl er</i>	12	PLASMA-LYTE-148	44
<i>paroxetine hydrochloride</i>	12	<i>plenamine</i>	44
PASER	16	PNV-DHA+DOCUSATE	46
PAXLOVID	26	<i>podofilox</i>	43
PAXLOVID	57	POLIVY	20
PEDIARIX	55	<i>polycin</i>	58
PEDVAX HIB	55	<i>polymyxin b sulfate</i>	5
<i>peg-3350/electrolytes</i>	47	<i>polymyxin b sulfate/trimethoprim sulfate</i>	58
<i>peg-3350/nacl/na bicarbonate/kcl</i>	47	POMALYST	16
PEGASYS	53	<i>posaconazole dr</i>	14
PEMAZYRE	17	<i>potassium acetate</i>	44
<i>penicillamine</i>	45	<i>potassium chloride</i>	45
<i>penicillin g potassium</i>	6	<i>potassium chloride er</i>	44
PENICILLIN G PROCAINE	6	<i>potassium chloride/dextrose</i>	45
PENICILLIN G SODIUM	6	POTASSIUM	45
PENICILLIN V POTASSIUM	6	CHLORIDE/DEXTROSE/LACTATED	
PENTACEL	55	RINGERS	
<i>pentamidine isethionate</i>	21	<i>potassium chloride/dextrose/sodium</i>	45
PENTASA	56	<i>chloride</i>	
<i>pentoxifylline er</i>	36	POTASSIUM CHLORIDE/SODIUM	45
PEPAXTO	16	CHLORIDE	
<i>perindopril erbumine</i>	33	<i>potassium citrate er</i>	45
<i>periogard</i>	40	<i>potassium phosphate</i>	45
<i>permethrin</i>	43	POTASSIUM PHOSPHATES	45
<i>perphenazine</i>	22	<i>pramipexole dihydrochloride</i>	21
PERSERIS	23	<i>pramipexole dihydrochloride er</i>	21
<i>phenelzine sulfate</i>	11	<i>prasugrel</i>	32
<i>phenobarbital</i>	9	<i>pravastatin sodium</i>	38
<i>phenytoin</i>	10	<i>praziquantel</i>	20
<i>phenytoin sodium extended</i>	10	<i>prazosin hydrochloride</i>	32
PIFELTRO	25	PRED MILD	59
<i>pilocarpine hcl</i>	59	PRED-G S.O.P.	58
<i>pilocarpine hydrochloride</i>	40	PREDNICARBATE	42
PIMOZIDE	22	PREDNISOLONE	49
<i>pindolol</i>	34	PREDNISOLONE ACETATE	59
<i>pioglitazone hcl</i>	29	PREDNISOLONE SODIUM PHOSPHATE	49
<i>pioglitazone hcl/metformin hcl</i>	29	PREDNISOLONE SODIUM PHOSPHATE	59
<i>pioglitazone hcl-glimepiride</i>	29	PREDNISONE	49

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
PREDNISON INTENSOL	49	<i>protriptyline hcl</i>	13
<i>pregabalin</i>	9	PULMICORT FLEXHALER	60
PREHEVBRIO	55	PULMOZYME	61
PREMARIN	51	PURIXAN	17
PREMASOL	45	<i>pyrazinamide</i>	16
PRETOMANID	15	<i>pyridostigmine bromide</i>	15
<i>prevalite</i>	38	<i>pyridostigmine bromide er</i>	15
PREVIDENT 5000 BOOSTER PLUS	40	<i>pyrimethamine</i>	21
PREVIDENT 5000 DRY MOUTH	40	PYRUKYND	48
PREVIDENT 5000 ENAMEL PROTECT	40	PYRUKYND TAPER PACK	48
PREVIDENT 5000 ORTHO DEFENSE	41	QINLOCK	16
PREVIDENT 5000 PLUS	41	QUADRACEL	55
PREVIDENT 5000 SENSITIVE	41	<i>quetiapine fumarate</i>	23
PREVYMIS	24	<i>quetiapine fumarate er</i>	23
PREZCOBIX	26	<i>quinapril hcl</i>	33
PREZISTA	26	<i>quinapril hydrochloride</i>	33
PRIFTIN	16	<i>quinapril/hydrochlorothiazide</i>	37
PRIMAQUINE PHOSPHATE	21	<i>quinidine gluconate cr</i>	34
<i>primidone</i>	9	QUINIDINE SULFATE	34
<i>probenecid</i>	14	<i>quinine sulfate</i>	21
<i>probenecid/colchicine</i>	14	QVAR REDIHALER	60
<i>prochlorperazine</i>	13	RABAVERT	55
<i>prochlorperazine maleate</i>	13	<i>raloxifene hydrochloride</i>	51
PROCRIT	31	<i>ramelteon</i>	63
<i>procto-med hc</i>	56	<i>ramipril</i>	33
<i>proctosol hc</i>	56	<i>ranolazine er</i>	37
<i>proctozone-hc</i>	56	<i>rasagiline mesylate</i>	21
<i>progesterone</i>	51	RASUVO	54
PROGRAF	54	RAVICTI	48
PROLASTIN-C	48	REBIF	40
PROLIA	56	REBIF REBIDOSE	40
PROMACTA	31	REBIF REBIDOSE TITRATION PACK	40
<i>promethazine hcl</i>	13	REBIF TITRATION PACK	40
<i>promethazine hcl plain</i>	13	RECOMBIVAX HB	55
<i>promethazine hydrochloride</i>	13	RECORLEV	52
PROMETHEGAN	13	RECTIV	47
<i>propafenone hcl</i>	34	RELISTOR	46
<i>propafenone hydrochloride er</i>	34	<i>repaglinide</i>	29
PROPRANOLOL HCL	34	REPATHA	38
<i>propranolol hcl er</i>	34	REPATHA PUSHTRONEX SYSTEM	39
<i>propranolol hydrochloride</i>	34	REPATHA SURECLICK	39
<i>propranolol hydrochloride er</i>	34	RESTASIS	58
PROPRANOLOL/HYDROCHLOROTHIA	37	RESTASIS MULTIDOSE	58
ZIDE		RETEVMO	17
<i>propylthiouracil</i>	52	REVCOVI	48
PROQUAD	55	REVLIMID	16

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023
Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
REXULTI	23	<i>selegiline hcl</i>	21
REYATAZ	27	<i>selenium sulfide</i>	42
RHOPRESSA	59	SELZENTRY	26
<i>ribavirin</i>	24	SEREVENT DISKUS	61
RIDAURA	53	SEROSTIM	50
<i>rifabutin</i>	15	<i>sertraline hcl</i>	12
<i>rifampin</i>	16	<i>sertraline hydrochloride</i>	12
<i>riluzole</i>	40	<i>sevelamer carbonate</i>	46
RIMANTADINE HYDROCHLORIDE	27	<i>sf</i>	41
RINVOQ	53	<i>sf 5000 plus</i>	41
RISPERDAL CONSTA	23	<i>sharobel</i>	51
<i>risperidone</i>	23	SHINGRIX	55
RISPERIDONE ODT	23	SIGNIFOR	52
<i>ritonavir</i>	27	<i>sildenafil citrate</i>	62
<i>rivastigmine tartrate</i>	10	<i>silver sulfadiazine</i>	43
<i>rivastigmine transdermal system</i>	10	SIMBRINZA	58
<i>rizatriptan benzoate</i>	15	<i>simvastatin</i>	38
<i>rizatriptan benzoate odt</i>	15	<i>sirolimus</i>	54
ROCKLATAN	58	SIRTURO	16
<i>ropinirole er</i>	21	SKYRIZI	53
<i>ropinirole hcl</i>	21	SKYRIZI PEN	53
<i>ropinirole hydrochloride</i>	21	SODIUM ACETATE	45
<i>rosadan</i>	41	<i>sodium chloride</i>	45
<i>rosuvastatin calcium</i>	38	<i>sodium chloride 0.45%</i>	45
ROTARIX	55	<i>sodium chloride 0.9%</i>	57
ROTATEQ	55	<i>sodium fluoride</i>	41
<i>roweepra</i>	8	<i>sodium fluoride</i>	45
ROZLYTREK	19	<i>sodium fluoride 5000 plus</i>	41
RUBRACA	19	<i>sodium fluoride 5000 ppm</i>	41
<i>rufinamide</i>	10	<i>sodium fluoride 5000 ppm dry mouth</i>	41
RUKOBIA	26	<i>sodium fluoride 5000 ppm enamel protect</i>	41
RYBELSUS	29	<i>sodium fluoride 5000 ppm sensitive</i>	41
RYBREVANT	20	<i>sodium phenylbutyrate</i>	48
RYDAPT	19	<i>sodium phosphate</i>	45
RYLAZE	17	<i>sodium polystyrene sulfonate</i>	46
<i>sajazir</i>	52	SODIUM SULFATE/POTASSIUM	47
<i>salsalate</i>	1	SULFATE/MAGNESIUM SULFATE	
SANDIMMUNE	54	<i>solifenacin succinate</i>	49
SANTYL	43	SOLQUA 100/33	29
<i>sapropterin dihydrochloride</i>	48	SOLTAMOX	16
SARCLISA	20	SOMATULINE DEPOT	52
SAVELLA	40	SOMAVERT	52
SAVELLA TITRATION PACK	40	<i>sorafenib</i>	19
SCSEMBLIX	17	<i>sorafenib tosylate</i>	19
<i>scopolamine</i>	13	<i>sorine</i>	34
SECUADO	23	<i>sotalol hcl</i>	34

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>sotalol hydrochloride (af)</i>	34	SYNTHROID	51
SOVALDI	24	TABLOID	17
SPIRIVA HANDIHALER	61	TABRECTA	16
SPIRIVA RESPIMAT	61	<i>tacrolimus</i>	42
<i>spironolactone</i>	37	<i>tacrolimus</i>	54
<i>spironolactone/hydrochlorothiazide</i>	37	<i>tadalafil</i>	62
SPRITAM	8	TAFINLAR	19
SPRYCEL	19	TAGRISSE	19
SPS	46	TALZENNA	19
<i>ssd</i>	43	<i>tamoxifen citrate</i>	16
STAMARIL	55	<i>tamsulosin hydrochloride</i>	49
STAVUDINE	26	TASIGNA	19
STELARA	53	<i>tazarotene</i>	41
STIOLTO RESPIMAT	62	TAZICEF	6
STIVARGA	19	<i>taztia xt</i>	35
STRIBILD	25	TAZVERIK	17
<i>subvenite</i>	8	TDVAX	55
<i>subvenite starter kit/blue</i>	8	TEFLARO	6
<i>subvenite starter kit/green</i>	8	TEGSEDI	48
<i>subvenite starter kit/orange</i>	8	TEKTURNAL HCT	37
<i>sucrafate</i>	47	<i>telmisartan</i>	32
<i>sulfacetamide sodium</i>	7	<i>telmisartan/amlodipine</i>	37
SULFACETAMIDE SODIUM	59	<i>telmisartan/hydrochlorothiazide</i>	37
SULFACETAMIDE	58	<i>temazepam</i>	63
SODIUM/PREDNISOLONE SODIUM PHOSPHATE		TEMIXYS	26
SULFADIAZINE	7	TENIVAC	55
<i>sulfamethoxazole/trimethoprim</i>	7	<i>tenofovir disoproxil fumarate</i>	26
<i>sulfamethoxazole/trimethoprim ds</i>	7	TEPMETKO	19
<i>sulfasalazine</i>	56	<i>terazosin hcl</i>	32
<i>sulindac</i>	1	<i>terazosin hydrochloride</i>	32
<i>sumatriptan</i>	15	<i>terbinafine hcl</i>	14
<i>sumatriptan succinate</i>	15	<i>terbinafine hydrochloride</i>	14
SUMATRIPTAN SUCCINATE REFILL	15	<i>terbutaline sulfate</i>	61
<i>sunitinib malate</i>	19	<i>terconazole</i>	14
SUPREP BOWEL PREP KIT	47	<i>testosterone</i>	50
SYMBICORT	62	<i>testosterone cypionate</i>	50
SYMJEPI	61	TESTOSTERONE ENANTHATE	50
SYMLINPEN 120	29	<i>testosterone pump</i>	50
SYMLINPEN 60	29	<i>tetrabenazine</i>	40
SYMPAZAN	9	<i>tetracycline hydrochloride</i>	8
SYMTUZA	27	THALOMID	16
SYNAREL	52	<i>theophylline er</i>	62
SYNJARDY	29	<i>thioridazine hcl</i>	22
SYNJARDY XR	29	<i>thiothixene</i>	22
SYNRIBO	17	<i>tiadylt er</i>	35
		<i>tiagabine hydrochloride</i>	9

Drug Name	Page #	Drug Name	Page #
TIBSOVO	19	<i>triamcinolone acetonide</i>	42
TICE BCG	17	<i>triamcinolone acetonide dental paste</i>	41
TICOVAC	55	<i>triamterene/hydrochlorothiazide</i>	37
<i>timolol maleate</i>	15	<i>triazolam</i>	63
<i>timolol maleate</i>	59	<i>triderm</i>	42
<i>timolol maleate ophthalmic gel forming</i>	59	<i>trientine hydrochloride</i>	46
<i>tinidazole</i>	5	<i>trifluoperazine hcl</i>	22
TIVDAK	20	<i>trifluoperazine hydrochloride</i>	22
TIVICAY	25	TRIFLURIDINE	59
TIVICAY PD	25	TRIHEXYPHENIDYL HCL	21
<i>tizanidine hcl</i>	24	<i>trihexyphenidyl hydrochloride</i>	21
<i>tizanidine hydrochloride</i>	24	TRIJARDY XR	29
TOBRADEX	58	TRIKAFTA	61
TOBRADEX ST	58	TRIMETHOPRIM	5
<i>tobramycin</i>	59	<i>trimipramine maleate</i>	13
<i>tobramycin</i>	61	TRINTELLIX	12
TOBRAMYCIN SULFATE	4	<i>tritocin</i>	42
<i>tobramycin/dexamethasone</i>	58	TRIUMEQ	26
TOLMETIN SODIUM	1	TRIUMEQ PD	26
<i>tolterodine tartrate</i>	49	TRIZIVIR	26
<i>tolterodine tartrate er</i>	49	TRODELVY	20
<i>tolvaptan</i>	46	TROGARZO	26
<i>topiramate</i>	8	<i>trospium chloride</i>	49
<i>toremifene citrate</i>	16	<i>trospium chloride er</i>	49
<i>torseamide</i>	37	TRULANCE	46
TOUJEO MAX SOLOSTAR	30	TRULICITY	29
TOUJEO SOLOSTAR	30	TRUMENBA	55
<i>tovet</i>	42	TRUSELTIQ	17
TRACLEER	62	TUKYSA	17
TRADJENTA	29	TURALIO	19
<i>tramadol hcl</i>	3	TWINRIX	55
TRAMADOL HCL ER	2	TYBOST	26
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>tydemy</i>	51
<i>trandolapril</i>	33	TYMLOS	56
TRANDOLAPRIL/VERAPAMIL HCL ER	37	TYPHIM VI	55
<i>tranexamic acid</i>	31	TYVASO	62
<i>tranylcyromine sulfate</i>	11	TYVASO REFILL	62
TRAVASOL	45	TYVASO STARTER	62
<i>travoprost</i>	59	UBRELVY	15
<i>trazodone hydrochloride</i>	12	<i>unithroid</i>	51
TRECTOR	16	<i>ursodiol</i>	47
TRELEGY ELLIPTA	62	<i>valacyclovir hcl</i>	27
TRELSTAR MIXJECT	52	<i>valacyclovir hydrochloride</i>	27
<i>treprostinil</i>	62	VALCHLOR	16
<i>tretinoin</i>	20	<i>valganciclovir</i>	24
<i>tretinoin</i>	41	<i>valganciclovir hydrochloride</i>	24

Drug Name	Page #	Drug Name	Page #
<i>valproic acid</i>	9	VOTRIENT	20
<i>valrubicin</i>	17	VRAYLAR	23
VALSARTAN	32	VUMERITY	40
<i>valsartan/hydrochlorothiazide</i>	37	VYNDAMAX	37
VALTOCO	9	VYNDAQEL	48
VANCOMYCIN HCL	5	<i>warfarin sodium</i>	31
VANCOMYCIN HYDROCHLORIDE	5	WELIREG	20
VANDAZOLE	5	<i>wixela inhub</i>	62
VAQTA	55	XALKORI	20
VARENICLINE STARTING MONTH BOX	3	XARELTO	31
VARENICLINE TARTRATE	3	XARELTO STARTER PACK	31
VARIVAX	55	XATMEP	54
VARIZIG	52	XCOPRI	9
VELTASSA	46	XELJANZ	53
VENCLEXTA	19	XELJANZ XR	53
VENCLEXTA STARTING PACK	19	XENLETA	5
<i>venlafaxine hcl er</i>	12	XERMELo	46
<i>venlafaxine hydrochloride</i>	12	XGEVA	56
<i>venlafaxine hydrochloride er</i>	12	XIFAXAN	47
VENTAVIS	62	XIGDUO XR	29
VENTOLIN HFA	61	XOLAIR	53
<i>verapamil hcl</i>	35	XOSPATA	20
VERAPAMIL HCL ER	35	XPOVIO	17
VERAPAMIL HCL SR	35	XPOVIO 100 MG ONCE WEEKLY	17
<i>verapamil hydrochloride</i>	35	XPOVIO 40 MG ONCE WEEKLY	17
VERAPAMIL HYDROCHLORIDE ER	35	XPOVIO 40 MG TWICE WEEKLY	17
VERSACLOZ	24	XPOVIO 60 MG ONCE WEEKLY	17
VERZENIO	20	XPOVIO 60 MG TWICE WEEKLY	17
<i>vestura</i>	51	XPOVIO 80 MG ONCE WEEKLY	17
V-GO 20	57	XPOVIO 80 MG TWICE WEEKLY	17
V-GO 30	57	XTANDI	16
V-GO 40	57	<i>xulane</i>	51
VICTOZA	29	XYREM	63
<i>vigabatrin</i>	10	YF-VAX	55
<i>vigadrone</i>	10	<i>yuvafem</i>	51
VIIBRYD STARTER PACK	12	<i>zafemy</i>	51
VIJOICE	48	<i>zafirlukast</i>	61
<i>vilazodone hydrochloride</i>	12	<i>zaleplon</i>	63
VIRACEPT	27	ZARXIO	31
VIREAD	26	ZEJULA	20
VITRAKVI	20	ZELBORAF	20
VIZIMPRO	20	ZEMAIRA	48
VONJO	20	<i>zenatane</i>	41
<i>voriconazole</i>	14	ZENPEP	48
VOSEVI	24	<i>zenzedi</i>	39
		ZEPZELCA	16

Formulary ID: 23129, Version: 7, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #
<i>zidovudine</i>	26
<i>zileuton er</i>	61
ZIOPTAN	59
<i>ziprasidone hcl</i>	23
<i>ziprasidone mesylate</i>	23
ZIRGAN	59
ZOLINZA	18
<i>zolmitriptan</i>	15
<i>zolmitriptan odt</i>	15
<i>zolpidem tartrate</i>	63
<i>zolpidem tartrate er</i>	63
<i>zonisamide</i>	10
ZYDELIG	20
ZYKADIA	20
ZYPREXA RELPREVV	23

This formulary was updated on September 1, 2022. For more recent information or other questions, please contact us, **Prescription Blue PDP** Customer Service, at 1-800-565-1770 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

Confidence
comes with every card.

Prescription BlueSM PDP



**Blue Cross
Blue Shield**
of Michigan

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