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Prescription BlueSM PDP Select

2023 Core 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, even if you haven't paid your deductible. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.



When visiting your doctor(s), please bring your personal drug list and this 2023 Blue Cross Drug List with you.

Updated: 09/01/2022
Formulary 23127, Version 5

www.bcbsm.com/medicare



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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 Select Core 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 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, 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.
- You can ask us to cover a formulary drug at 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 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 www.medicare.gov.

Prescription Blue PDP Select Core 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>	3	
<i>celecoxib capsule 200mg, 400mg</i>	3	QL (180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL (270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL (540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel</i>	3	QL (1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
<i>meloxicam tablet</i>	2	
<i>nabumetone tablet</i>	2	
<i>naproxen suspension, tablet delayed release</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL (45 EA per 90 days)
METHADONE HCL SOLUTION	3	
<i>methadone hcl tablet</i>	3	
<i>morphine sulfate er tablet extended release 15mg</i>	3	QL (270 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 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)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 300MG	3	QL (90 EA per 90 days)
<i>tramadol hcl er tablet extended release 24 hour 100mg, 200mg, 300mg</i>	3	QL (90 EA per 90 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution</i>	3	QL (5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL (1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL (540 EA per 90 days)
<i>duramorph</i>	4	
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle</i> 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	5	QL (120 EA per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg,</i> <i>325mg; 5mg</i>	3	QL (1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL (1080 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL (450 EA per 90 days)
<i>hydromorphone hcl tablet</i>	3	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	
MORPHINE SULFATE TABLET	3	
MORPHINE SULFATE INJECTION 2MG/ML	4	
<i>morphine sulfate injection 0.5mg/ml, 1mg/ml</i>	4	
MORPHINE SULFATE ORAL SOLUTION 20MG/5ML	3	
<i>morphine sulfate oral solution 10mg/5ml, 20mg/ml</i>	3	
<i>nalbuphine hcl injection 20mg/ml</i>	2	QL (300 ML per 90 days)
<i>nalbuphine hcl injection 10mg/ml</i>	2	QL (600 ML per 90 days)
<i>oxycodone hydrochloride tablet</i>	3	
<i>oxycodone hydrochloride solution</i>	4	QL (1800 ML per 90 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg;</i> <i>2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (1080 EA per 90 days)
<i>tramadol hcl tablet</i>	2	QL (720 EA per 90 days)
Anesthetics		
<i>Local Anesthetics</i>		
<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		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl</i>	2	QL (270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	3	QL (270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i> <i>12mg; 3mg</i>	4	QL (180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i> <i>2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL (270 EA per 90 days)
<i>Opioid Reversal Agents</i>		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	2	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL (180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
VARENICLINE STARTING MONTH BOX	4	
VARENICLINE TARTRATE	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
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>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES	4	
<i>paromomycin sulfate</i>	3	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>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>	3	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
<i>fosfomicin 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%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
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	4	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE	3	
<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 capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime capsule</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tablet</i>	4	
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>	3	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
FETROJA	5	

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Drug Name	Drug Tier	Requirements/Limits
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</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 L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	3	
NAFCILLIN SODIUM INJECTION 1GM	4	
<i>nafcilin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem</i>	3	
MEROPENEM/SODIUM CHLORIDE	3	
Macrolides		
AZITHROMYCIN PACKET	3	
<i>azithromycin tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tablet</i>	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL (136 ML per 10 days)
DIFICID TABLET	5	QL (20 EA per 10 days)
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	4	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	4	
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 tablet</i>	2	
<i>levofloxacin injection, oral solution</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	4	
SULFADIAZINE TABLET	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	2	
Tetracyclines		
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	3	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
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

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<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	3	
NAYZILAM	5	QL (30 EA per 90 days) PA
<i>roweepra 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>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
<i>valproic acid</i>	3	
XCOPRI TABLET THERAPY PACK 0	4	QL (168 EA per 84 days) PA
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>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL (1440 ML per 90 days) PA
<i>clobazam tablet 10mg</i>	4	QL (180 EA per 90 days) PA
<i>clobazam tablet 20mg</i>	4	QL (62 EA per 31 days) PA
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL (360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	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>	3	
<i>divalproex sodium er</i>	4	
<i>divalproex sodium capsule delayed release sprinkle</i>	3	
<i>gabapentin capsule</i>	2	QL (810 EA per 90 days)
<i>gabapentin solution</i>	3	QL (6480 ML per 90 days)

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<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
<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>	4	
<i>carbamazepine tablet chewable, tablet</i>	3	
<i>carbamazepine suspension</i>	4	
CEREBYX INJECTION 500MG PE/10ML	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<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 tablet</i>	3	
<i>oxcarbazepine suspension</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin suspension</i>	2	
<i>phenytoin tablet chewable</i>	3	
<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>	3	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	4	
Cholinesterase Inhibitors		
ADLARITY	4	QL (12 EA per 84 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tablet disintegrating</i>	3	QL (90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL (90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL (90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL (90 EA per 90 days)
<i>galantamine hydrobromide tablet</i>	3	QL (180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	3	QL (180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	3	QL (270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL (90 EA per 90 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hydrochloride er</i>	4	QL (90 EA per 90 days) PA
<i>memantine hydrochloride tablet</i>	3	QL (180 EA per 90 days) PA
<i>memantine hydrochloride solution</i>	4	QL (1080 ML per 90 days) PA
NAMENDA XR TITRATION PACK	4	QL (84 EA per 84 days) PA
Antidepressants		
<i>Antidepressants, Other</i>		
<i>bupropion hcl tablet 100mg</i>	3	QL (540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL (180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL (270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL (90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	3	QL (540 EA per 90 days)
MAPROTILINE HCL	3	
<i>mirtazapine odt</i>	3	QL (90 EA per 90 days)
<i>mirtazapine tablet</i>	2	QL (90 EA per 90 days)
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (31 EA per 31 days) PA
MARPLAN	4	QL (540 EA per 90 days)
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide solution</i>	3	QL (1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	2	QL (180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	2	QL (360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	2	QL (90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL (360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	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

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Drug Name	Drug Tier	Requirements/Limits
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>	3	QL (180 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL (1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (135 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL (90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL (28 EA per 28 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (180 EA per 90 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (90 EA per 90 days) ST
<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 20MG	2	QL (360 EA per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG	2	QL (720 EA per 90 days)
<i>fluoxetine hydrochloride tablet 20mg</i>	2	QL (360 EA per 90 days)
<i>fluoxetine hydrochloride tablet 10mg</i>	2	QL (720 EA per 90 days)
<i>fluvoxamine maleate</i>	3	
NEFAZODONE HYDROCHLORIDE	4	
<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>	4	
<i>sertraline hcl tablet 25mg, 50mg</i>	2	QL (270 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL (180 EA per 90 days)
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
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>	3	PA

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<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	3	PA
AMOXAPINE	3	
<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
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA
<i>imipramine hcl tablet 25mg, 50mg</i>	3	PA
<i>imipramine hydrochloride tablet 10mg</i>	3	PA
NORTRIPTYLINE HCL SOLUTION	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	PA
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>scopolamine</i>	4	QL (30 EA per 90 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol capsule 10mg</i>	4	QL (180 EA per 90 days) B/D
<i>dronabinol capsule 5mg</i>	4	QL (360 EA per 90 days) B/D
<i>dronabinol capsule 2.5mg</i>	4	QL (720 EA per 90 days) B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	3	QL (60 EA per 30 days) B/D
<i>ondansetron hcl solution</i>	4	QL (2700 ML per 90 days) 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>casposfungin acetate injection 70mg</i>	4	
<i>casposfungin acetate injection 50mg</i>	5	
<i>clotrimazole cream, troche</i>	3	

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ERAXIS INJECTION 100MG	5	
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole suspension reconstituted</i>	3	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 100mg, 200mg, 50mg</i>	3	
<i>flucytosine capsule 250mg</i>	2	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL (360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL (270 GM per 90 days)
NOXAFIL SUSPENSION	5	QL (651 ML per 31 days)
<i>nyamyc</i>	3	QL (180 GM per 90 days)
<i>nystatin cream, ointment</i>	2	
<i>nystatin suspension, tablet</i>	3	
<i>nystatin powder</i>	3	QL (180 GM per 90 days)
<i>nystop</i>	3	QL (180 GM per 90 days)
<i>posaconazole dr</i>	5	QL (93 EA per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
<i>voriconazole injection, suspension reconstituted</i>	5	PA
<i>voriconazole tablet 200mg</i>	3	
<i>voriconazole tablet 50mg</i>	4	
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>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	5	QL (24 ML per 90 days) PA
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL (3 ML per 90 days) PA
AIMOVIG INJECTION 70MG/ML	3	QL (6 ML per 90 days) PA
EMGALITY INJECTION 120MG/ML	3	QL (4 ML per 90 days) PA
EMGALITY INJECTION 100MG/ML	3	QL (9 ML per 90 days) PA

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<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL (16 EA per 30 days) PA
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL (162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL (81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL (162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL (81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL INJECTION 6MG/0.5ML	4	QL (18 ML per 90 days)
SUMATRIPTAN SUCCINATE REFILL INJECTION 4MG/0.5ML	4	QL (27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL (27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL (108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL (216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL (54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL (36 EA per 90 days)
Antimychasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	3	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule</i>	3	B/D
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL (60 GM per 30 days) PA
ZEPZELCA	5	PA
Antiandrogens		

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
ERLEADA	5	PA
<i>flutamide</i>	4	
<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
Antiangiogenic Agents		
FOTIVDA	5	QL (21 EA per 28 days) PA
<i>lenalidomide</i>	5	QL (31 EA per 31 days) PA
POMALYST	5	QL (31 EA per 31 days) PA
QINLOCK	5	QL (90 EA per 30 days) PA
REVLIMID CAPSULE 2.5MG, 20MG	5	QL (31 EA per 31 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
THALOMID CAPSULE 100MG, 50MG	5	QL (31 EA per 31 days) PA
THALOMID CAPSULE 150MG, 200MG	5	QL (62 EA per 31 days) PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
PURIXAN	5	
TABLOID	4	PA
Antineoplastics, Other		
BESREMI	5	QL (2 ML per 28 days) PA
<i>doxorubicin hcl injection 50mg</i>	3	
<i>epirubicin hcl injection 50mg/25ml</i>	4	
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>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	

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

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

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Drug Name	Drug Tier	Requirements/Limits
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
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
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ENHERTU	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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</i>	3	PA
<i>praziquantel tablet</i>	3	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	4	
BENZNIDAZOLE	4	
CHLOROQUINE PHOSPHATE TABLET 500MG	2	
<i>chloroquine phosphate tablet 250mg</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	3	
<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>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	3	
<i>benztropine mesylate injection</i>	4	
<i>trihexyphenidyl hydrochloride</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<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>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</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>	3	
CARBIDOPA/LEVODOPA ODT	3	
<i>carbidopa tablet</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE, INJECTION	4	
<i>fluphenazine hcl tablet</i>	4	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet</i>	3	
<i>loxapine</i>	3	
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tablet</i>	3	
PIMOZIDE	3	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	PA
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) ST

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Drug Name	Drug Tier	Requirements/Limits
<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
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>	4	QL (180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg, 5mg</i>	4	QL (90 EA per 90 days)
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg</i>	3	QL (180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg, 7.5mg</i>	3	QL (90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	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>	3	QL (180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL (270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL (360 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL (180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	3	QL (270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	3	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	3	QL (270 EA per 90 days)
<i>risperidone odt tablet disintegrating 2mg, 3mg, 4mg</i>	3	QL (180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	3	QL (360 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL (180 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>	3	QL (180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL (6 EA per 90 days) ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 30 days) ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 30 days) ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	4	PA
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL (135 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>	4	PA
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (810 EA per 90 days) PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	QL (540 ML per 30 days) PA
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
GANCICLOVIR INJECTION 500MG/10ML	4	B/D
LIVTENCITY	5	PA

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PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
<i>entecavir tablet 0.5mg</i>	3	QL (90 EA per 90 days)
<i>entecavir tablet 1mg</i>	4	QL (90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
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>	3	
<i>ribavirin tablet 200mg</i>	3	
SOVALDI PACKET 150MG	5	QL (31 EA per 31 days) PA
SOVALDI PACKET 200MG	5	QL (62 EA per 31 days) PA
SOVALDI TABLET 400MG	5	QL (31 EA per 31 days) PA
SOVALDI TABLET 200MG	5	QL (62 EA per 31 days) PA
VOSEVI	5	QL (31 EA per 31 days) PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
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	3	QL (62 EA per 31 days)
ISENTRESS 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	

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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	4	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	3	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL (31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	QL (31 EA per 31 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 180 days)
STAVUDINE CAPSULE	3	
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	4	
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>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL (62 EA per 31 days)

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
CRIXIVAN CAPSULE 200MG, 400MG	3	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	5	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL (31 EA per 31 days)
PREZISTA SUSPENSION	4	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)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL (84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL (1050 ML per 180 days)
RIMANTADINE HYDROCHLORIDE	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule, tablet</i>	2	
<i>famciclovir tablet</i>	3	QL (90 EA per 30 days)
<i>valacyclovir hcl tablet 1gm</i>	3	
<i>valacyclovir hydrochloride tablet 500mg</i>	3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam</i>	3	QL (450 EA per 90 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL (1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL (2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (540 EA per 90 days)
<i>diazepam solution</i>	2	QL (1200 ML per 30 days)
<i>diazepam tablet</i>	3	QL (360 EA per 90 days)
<i>lorazepam intensol</i>	3	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>	3	
BYDUREON BCISE	3	QL (10.2 ML per 84 days)
BYDUREON PEN	3	QL (12 EA per 84 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>	2	QL (180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	2	QL (270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL (360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	2	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>	2	QL (180 EA per 90 days)
<i>glyburide micronized tablet 3mg</i>	2	QL (360 EA per 90 days)
<i>glyburide micronized tablet 1.5mg</i>	2	QL (720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL (360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	2	QL (720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	2	QL (1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	2	QL (360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	2	QL (720 EA per 90 days)
GLYXAMBI	3	QL (90 EA per 90 days)
JANUMET	3	QL (180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
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 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 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)
<i>nateglinide tablet 120mg</i>	2	QL (270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	2	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 tablet 45mg</i>	2	QL (90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	2	QL (90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	3	QL (1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	3	QL (2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	3	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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
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	

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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		
<i>Anticoagulants</i>		
<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	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<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)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NIVESTYM	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
<i>Hemostasis Agents</i>		
<i>tranexamic acid tablet</i>	3	QL (90 EA per 63 days)
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole er</i>	4	QL (180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL (180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL (182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL (90 EA per 90 days)
<i>prasugrel</i>	3	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl patch weekly</i>	4	QL (12 EA per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
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>	2	QL (180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	2	QL (360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	2	QL (90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	2	QL (180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	2	QL (270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	3	QL (180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	3	QL (720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	3	QL (90 EA per 90 days)
VALSARTAN SOLUTION	4	QL (7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	2	QL (180 EA per 90 days)
<i>valsartan tablet 80mg</i>	2	QL (360 EA per 90 days)
<i>valsartan tablet 40mg</i>	2	QL (720 EA per 90 days)
<i>valsartan tablet 320mg</i>	2	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)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL (360 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	2	QL (1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	2	QL (180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	2	QL (360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	2	QL (720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	2	QL (180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	2	QL (360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	2	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)

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<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>	3	QL (180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	3	QL (360 EA per 90 days)
<i>perindopril erbumine tablet 8mg</i>	2	QL (180 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL (360 EA per 90 days)
<i>perindopril erbumine tablet 2mg</i>	2	QL (720 EA per 90 days)
<i>quinapril hcl tablet 40mg</i>	2	QL (180 EA per 90 days)
<i>quinapril hcl tablet 20mg</i>	2	QL (360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	2	QL (1440 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	2	QL (720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	2	QL (1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	2	QL (180 EA per 90 days)
<i>ramipril capsule 5mg</i>	2	QL (360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	2	QL (720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	2	QL (180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	2	QL (360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	2	QL (720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
<i>digitek</i>	3	QL (90 EA per 90 days)
<i>digox</i>	3	QL (90 EA per 90 days)
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL (90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	4	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 100mg, 400mg</i>	4	
<i>propafenone hcl</i>	3	
<i>propafenone hydrochloride er</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>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	2	QL (180 EA per 90 days)

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<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	4	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>nicardipine hcl capsule</i>	3	
<i>nifedipine er</i>	3	QL (90 EA per 90 days)
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	3	
<i>dilt-xr</i>	3	
<i>diltiazem hcl cd</i>	3	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	3	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	3	
<i>taztia xt</i>	3	
<i>tiadylt er</i>	3	
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	3	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<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>	3	
<i>aliskiren</i>	4	QL (90 EA per 90 days)
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	2	QL (180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>amlodipine/olmesartan medoxomil</i>	3	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
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>	2	QL (180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	2	QL (90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	3	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL (90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	3	QL (180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	3	QL (90 EA per 90 days)
<i>pentoxifylline er</i>	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)

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<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	2	
<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>	2	
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 8MG/ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>toremide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	3	
<i>eplerenone</i>	4	
<i>spironolactone tablet</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</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)
<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)
<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>	2	QL (180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	2	QL (360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	2	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)

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<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>colestipol hcl</i>	4	
<i>ezetimibe</i>	3	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	
PRALUENT	3	QL (2 ML per 28 days) PA
<i>prevalite</i>	4	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
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>	3	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>	3	QL (270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	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>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	3	

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<i>methylphenidate hydrochloride tablet</i>	3	QL (270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL (2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL (5400 ML per 90 days)
Central Nervous System, Other		
NUEDEXTA	5	QL (180 EA per 90 days) PA
<i>riluzole</i>	3	
<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
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>oralone dental paste</i>	3	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	3	PA
<i>acitretin</i>	4	PA
<i>amnestem</i>	3	PA
<i>claravis</i>	3	PA
<i>isotretinoin capsule</i>	3	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	4	
<i>myorisan</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<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%</i>	4	QL (45 GM per 30 days) PA
<i>zenatane</i>	3	PA
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>alclometasone dipropionate ointment</i>	3	
<i>ammonium lactate cream, lotion</i>	3	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<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</i>	3	QL (180 GM per 90 days)
<i>clobetasol propionate gel, ointment</i>	4	QL (180 GM per 90 days)
<i>clobetasol propionate lotion, shampoo</i>	4	QL (354 ML per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL (360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL (360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL (360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL (180 ML per 90 days)
<i>fluocinonide gel</i>	4	QL (180 GM per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL (150 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>hydrocortisone lotion 2.5%</i>	3	QL (354 ML per 90 days)
<i>hydrocortisone ointment 2.5%</i>	2	QL (90 GM per 90 days)
<i>mometasone furoate</i>	3	
<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, ointment</i>	2	
<i>triamcinolone acetonide lotion</i>	3	
<i>triderm cream 0.5%</i>	2	
<i>tritocin</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	2	QL (180 ML per 90 days) PA
<i>calcipotriene cream</i>	2	QL (360 GM per 90 days) PA
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL (135 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil cream 5%</i>	4	QL (120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	3	
FLUOROURACIL SOLUTION 5%	3	QL (10 ML per 30 days)
<i>imiquimod cream 5%</i>	3	QL (72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>podofilox</i>	4	
SANTYL	4	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>Pediculicides/Scabicides</i>		
CROTAN	4	
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>ciclopirox nail lacquer</i>	3	QL (19.8 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL (180 GM per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL (180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL (180 ML per 90 days)
<i>erythromycin solution 2%</i>	3	QL (180 ML per 90 days)
<i>mupirocin ointment</i>	3	QL (90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>calcium chloride</i>	4	
CALCIUM GLUCONATE INJECTION 10%	4	
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
DEXTROSE 5%/NACL 0.3%	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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>	3	
<i>klor-con 8</i>	3	
<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	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>potassium acetate injection 2meq/ml</i>	4	
<i>potassium chloride er tablet extended release</i>	2	
<i>potassium chloride er capsule extended release</i>	3	
<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>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er tablet extended release 540mg</i>	3	
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	4	
<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	

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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 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 90mg</i>	3	PA
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>penicillamine tablet</i>	5	
<i>sodium polystyrene sulfonate</i>	3	
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate tablet</i>	4	QL (1620 EA per 90 days)
Potassium Binders		
LOKELMA	4	
SPS	3	
Vitamins		
PNV-DHA+DOCUSATE	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL (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

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Drug Name	Drug Tier	Requirements/Limits
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
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL (62 EA per 31 days) PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
DIPHENOXYLATE/ATROPINE LIQUID	4	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule, tablet</i>	3	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
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	
<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>	3	
<i>ursodiol tablet</i>	4	
XIFAXAN TABLET 550MG	5	QL (93 EA per 31 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL (180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL (180 EA per 90 days)
<i>pantoprazole sodium dr tablet delayed release 20mg</i>	2	QL (180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL (180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ENDARI	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
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate 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
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)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL (90 EA per 90 days)

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Drug Name	Drug	
	Tier	Requirements/Limits
<i>oxybutynin chloride er</i>	3	QL (180 EA per 90 days)
<i>oxybutynin chloride syrup, tablet</i>	3	
<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>	4	QL (180 EA per 90 days)
<i>tolterodine tartrate er</i>	4	QL (90 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	3	QL (90 EA per 90 days)
<i>dutasteride capsule</i>	3	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>	3	
ELMIRON	4	
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	3	
DEXAMETHASONE SOLUTION	3	
<i>dexamethasone elixir</i>	3	
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>	3	
<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, 5mg/5ml</i>	2	
PREDNISOLONE SOLUTION	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	3	
<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>	3	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	

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Drug Name	Drug Tier	Requirements/Limits
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
STIMATE SOLUTION	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone tablet 10mg</i>	3	QL (180 EA per 90 days) PA
<i>oxandrolone tablet 2.5mg</i>	3	QL (360 EA per 90 days) PA
Androgens		
<i>danazol capsule 50mg</i>	3	
<i>danazol capsule 100mg, 200mg</i>	4	
METHITEST	4	
TESTOSTERONE CYPIONATE INJECTION 200MG/ML	3	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone gel 25mg/2.5gm</i>	4	QL (900 GM per 90 days) PA
Estrogens		
<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>	3	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	QL (3 EA per 84 days)
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	3	
<i>gianvi</i>	2	
<i>jasmiel</i>	2	
<i>kelnor 1/50</i>	4	
<i>lo-zumandimine</i>	2	
<i>loryna</i>	2	
MENEST TABLET 1.25MG	4	
<i>nikki</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	3	
<i>vestura</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zafemy</i>	4	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>jencycla</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension</i>	4	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	4	
<i>raloxifene hydrochloride</i>	3	QL (90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium tablet</i>	2	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL (248 EA per 31 days) PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
<i>leuprolide acetate injection</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL (30 EA per 28 days) PA
SIGNIFOR	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG, 3.75MG	5	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	3	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
icatibant acetate	5	QL (279 ML per 31 days) PA
sajazir	5	QL (279 ML per 31 days) PA
<i>Immunoglobulins</i>		
GAMMAPLEX INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMUNEX-C INJECTION 1GM/10ML, 40GM/400ML	5	B/D
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL (8 ML per 28 days) PA
COSENTYX INJECTION 75MG/0.5ML	5	QL (4 ML per 28 days) PA
COSENTYX INJECTION 150MG/ML	5	QL (8 ML per 28 days) PA
GAMIFANT	5	PA
RIDAURA	5	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL (31 EA per 31 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL (93 EA per 31 days) PA
SKYRIZI PEN	5	QL (1 ML per 28 days) PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL (1 EA per 28 days) PA
SKYRIZI INJECTION 150MG/ML	5	QL (1 ML per 28 days) PA
STELARA INJECTION 45MG/0.5ML	5	QL (1 ML per 28 days) PA
STELARA INJECTION 90MG/ML	5	QL (2 ML per 28 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION	5	QL (720 ML per 30 days) PA
XELJANZ TABLET 5MG	5	QL (60 EA per 30 days) PA
XELJANZ TABLET 10MG	5	QL (62 EA per 31 days) PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL (4 ML per 28 days)
Immunosuppressants		
<i>azathioprine tablet</i>	2	B/D
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJECTION 25MG	5	QL (16 EA per 28 days) PA
ENBREL INJECTION 25MG/0.5ML	5	QL (16 ML per 28 days) PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	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>	3	QL (90 EA per 90 days)
<i>methotrexate sodium tablet</i>	3	
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>	3	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PROGRAF PACKET	4	B/D
SANDIMMUNE SOLUTION	4	B/D

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<i>sirolimus tablet</i>	4	B/D
<i>sirolimus solution</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	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	

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TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	QL (5400 EA per 90 days)
<i>mesalamine enema</i>	4	QL (5400 ML per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL (90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	3	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
ALENDRONATE SODIUM TABLET 5MG	1	QL (90 EA per 90 days)
<i>alendronate sodium tablet 35mg, 70mg</i>	2	QL (12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	2	QL (90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	3	
<i>calcitriol solution</i>	4	
<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)
<i>ibandronate sodium tablet</i>	3	QL (3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	3	
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	
ALCOHOL PREP PADS	2	

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<i>atropine sulfate injection 8mg/20ml</i>	4	
AUTOPEN DEVICE	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN	2	
BD PEN MINI	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQR SIMPLICITY 2U	2	
CURITY GAUZE PADS 2"X2"	2	
DOJOLVI	5	PA
INPEN 100/BLUE/LILLY/HUMALOG	2	
INPEN 100/BLUE/NOVOLOG/FIASP	2	
INPEN 100/GREY/LILLY/HUMALOG	2	
INPEN 100/GREY/NOVOLOG/FIASP	2	
INPEN 100/PINK/LILLY/HUMALOG	2	
INPEN 100/PINK/NOVOLOG/FIASP	2	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL (40 EA per 180 days)
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
<i>methergine tablet</i>	4	
<i>methylergonovine maleate tablet</i>	4	
NOVOPEN ECHO	2	
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>	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>bacitracin/polymyxin b</i>	2	

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BLEPHAMIDE S.O.P.	4	
COMBIGAN	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	3	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
OXERVATE	5	PA
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
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	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
<i>cromolyn sodium solution 4%</i>	2	
Ophthalmic Anti-Infectives		
BACITRACIN	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL (30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	2	
<i>difluprednate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	2	
ILEVRO	4	
<i>ketorolac tromethamine</i>	3	
PREDNISOLONE ACETATE	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	3	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	4	
<i>acetazolamide tablet 125mg</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.15%</i>	4	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	3	
CIPROFLOXACIN	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
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

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FLOVENT DISKUS	3	QL (360 EA per 90 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (64 GM per 90 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	3	QL (225 ML per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (48 GM per 90 days)
PULMICORT FLEXHALER	3	QL (6 EA per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 1mg/ml</i>	2	QL (900 ML per 90 days)
<i>cyproheptadine hydrochloride tablet</i>	3	
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	QL (90 EA per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL (90 EA per 90 days)
<i>montelukast sodium packet</i>	3	QL (90 EA per 90 days)
<i>zafirlukast</i>	4	QL (180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	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)
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>	2	
<i>albuterol sulfate nebulization solution</i>	2	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 0.3mg/0.3ml</i>	3	QL (6 EA per 90 days)
<i>isoproterenol hydrochloride</i>	4	
LEVALBUTEROL TARTRATE HFA	3	QL (90 GM per 90 days)
SEREVENT DISKUS	3	QL (180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		
CAYSTON	5	QL (84 ML per 28 days) PA

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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>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline injection</i>	4	
DALIRESP	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL (93 EA per 31 days) PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA
<i>sildenafil citrate (pulmonary arterial hypertension) 20 mg tablet</i>	3	QL (270 EA per 90 days) PA
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>	4	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>	3	QL (180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
TRELEGY ELLIPTA	3	QL (180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	
<i>methocarbamol tablet</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
HETLIOZ	5	QL (31 EA per 31 days) PA
<i>ramelteon</i>	3	QL (90 EA per 90 days)
<i>temazepam capsule 15mg, 30mg</i>	2	

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<i>zaleplon</i>	3	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
XYREM	5	QL (558 ML per 31 days) PA

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			<i>ambrisentan</i>	53
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	<i>abacavir sulfate/lamivudine</i>	23	<i>amiloride hcl</i>	33
	<i>abacavir sulfate/lamivudine/zidovudine</i>	23	<i>amiloride/hydrochlorothiazide</i>	31
	ABELCET	11	<i>aminophylline</i>	53
	ABILIFY MAINTENA	19	<i>amiodarone hydrochloride</i>	30
	<i>abiraterone acetate</i>	14	<i>amitriptyline hcl</i>	10
	<i>acamprosate calcium dr</i>	2	<i>amitriptyline hydrochloride</i>	11
	<i>acarbose</i>	25	<i>amlodipine besylate</i>	31
	<i>accutane</i>	35	<i>amlodipine besylate/benazepril hydrochloride</i>	31
	<i>acebutolol hydrochloride</i>	30	<i>amlodipine besylate/valsartan</i>	32
	<i>acetaminophen/codeine</i>	1	<i>amlodipine/olmesartan medoxomil</i>	32
	<i>acetazolamide</i>	31	<i>ammonium lactate</i>	36
	<i>acetazolamide</i>	51	<i>amnestem</i>	35
	<i>acetazolamide er</i>	51	AMOXAPINE	11
	<i>acetic acid</i>	51	<i>amoxicillin</i>	5
	<i>acetylcysteine</i>	48	AMOXICILLIN/CLAVULANATE	5
	<i>acetylcysteine</i>	53	POTASSIUM	
	<i>acitretin</i>	35	<i>amphetamine/dextroamphetamine</i>	34
	ACTHIB	47	AMPHOTERICIN B	11
	ACTIMMUNE	45	<i>amphotericin b liposome</i>	11
	<i>acyclovir</i>	24	AMPICILLIN	5
	<i>acyclovir sodium</i>	24	AMPICILLIN SODIUM	5
	ADACEL	47	AMPICILLIN-SULBACTAM	5
	<i>adefovir dipivoxil</i>	22	<i>anagrelide hydrochloride</i>	28
	ADEMPAS	53	<i>anastrozole</i>	15
	ADLARITY	8	ANORO ELLIPTA	53
	ADVAIR HFA	53	<i>apomorphine hydrochloride</i>	19
	AIMOVIG	12	<i>aprepitant</i>	11
	<i>ala-cort</i>	36	APRETUDE	22
	<i>albendazole</i>	18	APTIOM	8
	<i>albuterol sulfate</i>	52	APTIVUS	24
	ALBUTEROL SULFATE HFA	52	ARCALYST	45
	<i>alclometasone dipropionate</i>	36	<i>aripiprazole</i>	20
	ALCOHOL PREP PADS	48	<i>aripiprazole odt</i>	20
	ALECENSA	15	ARISTADA	20
	ALENDRONATE SODIUM	48	ARISTADA INITIO	20
	<i>alfuzosin hcl er</i>	42	<i>armodafinil</i>	54
	<i>aliskiren</i>	31	<i>asenapine maleate sl</i>	20
	<i>allopurinol</i>	12	<i>aspirin/dipyridamole er</i>	28
	<i>alosectron hydrochloride</i>	40	<i>atazanavir</i>	24
	ALPHAGAN P	51	<i>atazanavir sulfate</i>	24
	<i>alprazolam</i>	25	<i>atenolol</i>	30
	ALUNBRIG	15		

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<i>atomoxetine hydrochloride</i>	34	<i>betaine anhydrous</i>	41
<i>atorvastatin calcium</i>	33	<i>betamethasone dipropionate</i>	36
<i>atovaquone</i>	18	BETAMETHASONE DIPROPIONATE	36
<i>atovaquone/proguanil hcl</i>	18	AUGMENTED	
<i>atropine sulfate</i>	49	<i>betamethasone valerate</i>	36
ATROVENT HFA	52	BETASERON	35
AUTOPEN	49	<i>betaxolol hcl</i>	51
AVONEX	35	<i>bethanechol chloride</i>	42
AVONEX PEN	35	<i>bexarotene</i>	18
AYVAKIT	15	BEXSERO	47
<i>azathioprine</i>	46	<i>bicalutamide</i>	14
<i>azelastine hcl</i>	50	BICILLIN L-A	5
<i>azelastine hcl</i>	52	BIKTARVY	22
<i>azelastine hydrochloride</i>	52	<i>bisoprolol fumarate</i>	30
AZITHROMYCIN	5	<i>bisoprolol fumarate/hydrochlorothiazide</i>	32
<i>aztreonam</i>	3	BLEPHAMIDE S.O.P.	50
BACITRACIN	50	BOOSTRIX	47
<i>bacitracin/polymyxin b</i>	49	BOSULIF	15
<i>baclofen</i>	21	BRAFTOVI	15
<i>balsalazide disodium</i>	48	BREO ELLIPTA	53
BALVERSA	15	BREZTRI AEROSPHERE	51
BAQSIMI ONE PACK	27	BRILINTA	28
BAQSIMI TWO PACK	27	<i>brimonidine tartrate</i>	51
BCG VACCINE	47	<i>brinzolamide</i>	51
BD INSULIN SYRINGE	49	BRIVIACT	6
SAFETYGLIDE/1ML/29G X 1/2"		<i>bromocriptine mesylate</i>	19
B-D INSULIN SYRINGE ULTRAFINE	49	BRUKINSA	15
II/0.3ML/31G X 5/16"		<i>budesonide</i>	48
BD INSULIN SYRINGE ULTRA-	49	<i>budesonide</i>	51
FINE/0.5ML/30G X 12.7MM		<i>budesonide er</i>	48
BD INSULIN SYRINGE ULTRA-	49	<i>bumetanide</i>	33
FINE/1ML/31G X 8MM		<i>buprenorphine hcl</i>	2
BD PEN	49	<i>buprenorphine hcl/naloxone hcl</i>	2
BD PEN MINI	49	<i>buprenorphine hydrochloride/naloxone</i>	2
BD PEN NEEDLE/ORIGINAL/ULTRA-	49	<i>hydrochloride</i>	
FINE/29G X 12.7MM		<i>bupropion hcl</i>	9
<i>benazepril hcl</i>	29	<i>bupropion hydrochloride</i>	9
BENAZEPRIL	32	<i>bupropion hydrochloride er (sr)</i>	3
HCL/HYDROCHLOROTHIAZIDE		<i>bupropion hydrochloride er (sr)</i>	9
<i>benazepril hydrochloride</i>	29	<i>bupropion hydrochloride er (xl)</i>	9
<i>benazepril</i>	32	<i>buspironone hcl</i>	24
<i>hydrochloride/hydrochlorothiazide</i>		<i>buspironone hydrochloride</i>	24
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CABLIVI	28	<i>celecoxib</i>	1
CABOMETYX	16	CELONTIN	7
<i>calcipotriene</i>	36	<i>cephalexin</i>	4
<i>calcitonin-salmon</i>	48	CEQUR SIMPLICITY 2U	49
<i>calcitriol</i>	48	CERDELGA	41
<i>calcium acetate</i>	39	CEREBYX	8
<i>calcium chloride</i>	37	<i>cetirizine hydrochloride</i>	52
CALCIUM DISODIUM VERSENATE	40	CHEMET	39
CALCIUM GLUCONATE	37	<i>chlorhexidine gluconate</i>	35
CALQUENCE	16	CHLOROQUINE PHOSPHATE	18
<i>camila</i>	43	<i>chlorpromazine hcl</i>	19
CAMZYOS	32	CHLORPROMAZINE	19
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<i>carbamazepine</i>	8	<i>cholestyramine light</i>	34
<i>carbamazepine er</i>	8	<i>ciclopirox nail lacquer</i>	37
<i>carbidopa</i>	19	<i>cilostazol</i>	28
<i>carbidopa/levodopa</i>	19	CIMDUO	23
<i>carbidopa/levodopa er</i>	19	<i>cinacalcet hydrochloride</i>	48
CARBIDOPA/LEVODOPA ODT	19	CIPROFLOXACIN	51
<i>carbidopa/levodopa/entacapone</i>	19	CIPROFLOXACIN HCL	6
CARTEOLOL HCL	51	<i>ciprofloxacin hydrochloride</i>	6
<i>cartia xt</i>	31	<i>ciprofloxacin hydrochloride</i>	50
<i>carvedilol</i>	30	<i>ciprofloxacin i.v.-in d5w</i>	6
<i>caspofungin acetate</i>	11	<i>ciprofloxacin/dexamethasone</i>	51
<i>cataflam</i>	1	<i>citalopram hydrobromide</i>	9
CAYSTON	52	<i>claravis</i>	35
CEFACTOR	4	CLARITHROMYCIN	5
<i>cefadroxil</i>	4	<i>clarithromycin er</i>	5
CEFAZOLIN SODIUM	4	<i>clindamycin hcl</i>	3
CEFAZOLIN SODIUM/DEXTROSE	4	<i>clindamycin hydrochloride</i>	3
<i>cefdinir</i>	4	<i>clindamycin palmitate hcl</i>	3
CEFEPIME	4	<i>clindamycin phosphate</i>	3
CEFEPIME/DEXTROSE	4	<i>clindamycin phosphate</i>	37
<i>cefixime</i>	4	<i>clindamycin phosphate/dextrose</i>	3
CEFOXITIN SODIUM	4	CLINDAMYCIN/SODIUM CHLORIDE	3
<i>cefpodoxime proxetil</i>	4	<i>clobazam</i>	7
<i>ceftazidime</i>	4	<i>clobetasol propionate</i>	36
CEFTAZIDIME/DEXTROSE	4	<i>clobetasol propionate e</i>	36
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COMBIVENT RESPIMAT	53	<i>dextroamphetamine sulfate</i>	34
COMETRIQ	16	DEXTROSE 10%/NAACL 0.45%	37
COMPLERA	22	DEXTROSE 2.5%/NAACL 0.45%	37
<i>compro</i>	11	<i>dextrose 5%</i>	37
<i>constulose</i>	39	<i>dextrose 5%/nacl 0.2%</i>	37
COPIKTRA	16	DEXTROSE 5%/NAACL 0.3%	37
CORLANOR	32	<i>dextrose 5%/nacl 0.33%</i>	37
COSENTYX	45	<i>dextrose 5%/nacl 0.45%</i>	37
COSENTYX SENSOREADY PEN	45	<i>dextrose 5%/nacl 0.9%</i>	37
COTELLIC	16	<i>dextrose 50%</i>	37
CREON	41	<i>dextrose 70%</i>	37
CRIXIVAN	24	<i>dextrose/sodium chloride</i>	37
<i>cromolyn sodium</i>	41	DIACOMIT	7
<i>cromolyn sodium</i>	50	<i>diazepam</i>	25
<i>cromolyn sodium</i>	53	DIAZEPAM RECTAL GEL	7
CROTAN	37	<i>diazoxide</i>	27
CURITY GAUZE PADS 2"X2"	49	<i>diclofenac potassium</i>	1
<i>cyclobenzaprine hydrochloride</i>	53	<i>diclofenac sodium</i>	1
<i>cyclophosphamide</i>	13	<i>diclofenac sodium dr</i>	1
<i>cyclosporine</i>	46	<i>diclofenac sodium er</i>	1
<i>cyclosporine modified</i>	46	<i>dicloxacillin sodium</i>	5
<i>cyproheptadine hydrochloride</i>	52	<i>dicyclomine hydrochloride</i>	40
CYSTAGON	41	DIFICID	6
CYSTARAN	50	<i>diflunisal</i>	1
<i>dalfampridine er</i>	35	<i>difluprednate</i>	50
DALIRESP	53	<i>digitek</i>	30
<i>danazol</i>	43	<i>digox</i>	30
<i>dantrolene sodium</i>	21	DIGOXIN	30
<i>dapsone</i>	13	<i>dihydroergotamine mesylate</i>	12
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<i>dimethyl fumarate</i>	35	EMEND	11
<i>dimethyl fumarate starterpack</i>	35	EMGALITY	12
<i>diphenhydramine hcl</i>	52	EMSAM	9
<i>diphenoxylate hydrochloride/atropine</i>	40	<i>emtricitabine</i>	23
<i>sulfate</i>		<i>emtricitabine/tenofovir disoproxil</i>	23
DIPHENOXYLATE/ATROPINE	40	<i>emtricitabine/tenofovir disoproxil fumarate</i>	23
DIPHThERIA/TETANUS TOXOIDS	47	EMTRIVA	23
ADSORBED PEDIATRIC		<i>enalapril maleate</i>	29
<i>disulfiram</i>	2	<i>enalapril maleate/hydrochlorothiazide</i>	32
<i>divalproex sodium</i>	7	ENBREL	46
<i>divalproex sodium dr</i>	7	ENBREL MINI	46
<i>divalproex sodium er</i>	7	ENBREL SURECLICK	46
<i>dofetilide</i>	30	ENDARI	41
DOJOLVI	49	<i>endocet</i>	1
<i>donepezil hcl</i>	9	ENGERIX-B	47
<i>donepezil hydrochloride</i>	9	ENHERTU	17
<i>dorzolamide hcl/timolol maleate</i>	50	<i>enoxaparin sodium</i>	28
<i>dorzolamide hydrochloride</i>	51	<i>entacapone</i>	19
DOVATO	22	<i>entecavir</i>	22
<i>doxazosin mesylate</i>	29	ENTRESTO	32
<i>doxepin hcl</i>	11	<i>enulose</i>	39
<i>doxepin hydrochloride</i>	11	EPCLUSA	22
<i>doxorubicin hcl</i>	14	EPIDIOLEX	6
<i>doxy 100</i>	6	EPINEPHRINE	52
<i>doxycycline hyclate</i>	6	<i>epirubicin hcl</i>	14
<i>doxycycline hyclate</i>	35	<i>epitol</i>	8
DRIZALMA SPRINKLE	9	<i>eplerenone</i>	33
<i>dronabinol</i>	11	EPRONTIA	6
<i>drospirenone/ethinyl estradiol</i>	43	ERAXIS	12
DROXIA	14	ERGOLOID MESYLATES	8
<i>droxidopa</i>	29	ERIVEDGE	16
DUAVEE	44	ERLEADA	14
DULERA	53	<i>erlotinib hydrochloride</i>	16
<i>duloxetine hydrochloride</i>	10	<i>errin</i>	43
<i>duramorph</i>	1	<i>ertapenem</i>	5
<i>dutasteride</i>	42	<i>ery-tab</i>	6
EDURANT	23	ERYTHROMYCIN	6
<i>efavirenz</i>	23	<i>erythromycin</i>	37
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	23	<i>erythromycin</i>	50
<i>fumarate</i>		<i>erythromycin base</i>	6
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	23	<i>erythromycin dr</i>	6
<i>fumarate</i>		<i>escitalopram oxalate</i>	10
EGRIFTA SV	42	<i>estradiol</i>	43

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<i>estradiol valerate</i>	43	<i>fluorouracil</i>	37
<i>ethambutol hydrochloride</i>	13	<i>fluoxetine hcl</i>	10
<i>ethosuximide</i>	7	<i>fluoxetine hydrochloride</i>	10
<i>ethynodiol diacetate/ethinyl estradiol</i>	43	<i>fluphenazine decanoate</i>	19
<i>etonogestrel/ethinyl estradiol</i>	43	FLUPHENAZINE HCL	19
<i>etravirine</i>	23	FLUPHENAZINE HYDROCHLORIDE	19
<i>euthyrox</i>	44	<i>flurbiprofen</i>	1
<i>everolimus</i>	16	FLURBIPROFEN SODIUM	51
<i>everolimus</i>	46	<i>flutamide</i>	14
EVOTAZ	24	<i>fluticasone propionate</i>	36
<i>exemestane</i>	15	<i>fluticasone propionate</i>	52
EXKIVITY	16	<i>fluticasone propionate/salmeterol diskus</i>	53
<i>ezetimibe</i>	34	<i>fluvoxamine maleate</i>	10
<i>ezetimibe/simvastatin</i>	34	<i>fondaparinux sodium</i>	28
<i>famciclovir</i>	24	<i>fosamprenavir calcium</i>	24
<i>famotidine</i>	40	<i>fosfomycin tromethamine</i>	3
FANAPT	20	<i>fosinopril sodium</i>	29
FANAPT TITRATION PACK	20	<i>fosinopril sodium/hydrochlorothiazide</i>	32
FARXIGA	25	<i>fosphenytoin sodium</i>	8
FARYDAK	16	FOTIVDA	14
<i>felbamate</i>	6	FREAMINE III	37
<i>fenofibrate</i>	33	<i>furosemide</i>	33
<i>fenofibrate micronized</i>	33	FUZEON	23
<i>fentanyl</i>	1	<i>fyavolv</i>	43
<i>fentanyl citrate oral transmucosal</i>	1	FYCOMPA	6
<i>fesoterodine fumarate er</i>	41	<i>gabapentin</i>	7
FETROJA	4	GALAFOLD	41
FETZIMA	10	<i>galantamine hydrobromide</i>	9
FETZIMA TITRATION PACK	10	<i>galantamine hydrobromide er</i>	9
<i>finasteride</i>	42	GAMIFANT	45
FINTEPLA	6	GAMMAPLEX	45
<i>flac</i>	51	GAMUNEX-C	45
<i>flecainide acetate</i>	30	GANCICLOVIR	21
FLOVENT DISKUS	52	GARDASIL 9	47
FLOVENT HFA	52	GATTEX	40
<i>fluconazole</i>	12	GAVILYTE-C	40
<i>fluconazole in sodium chloride</i>	12	<i>gavilyte-g</i>	40
FLUCONAZOLE/SODIUM CHLORIDE	12	<i>gavilyte-n/flavor pack</i>	40
<i>flucytosine</i>	12	GAVRETO	14
<i>fludrocortisone acetate</i>	42	<i>gemfibrozil</i>	33
<i>flunisolide</i>	52	<i>generlac</i>	39
<i>fluocinolone acetonide</i>	36	<i>gengraf</i>	46
<i>fluocinolone acetonide</i>	51	GENTAK	50
<i>fluocinonide</i>	36	<i>gentamicin sulfate</i>	3
<i>fluocinonide emulsified base</i>	36	<i>gentamicin sulfate</i>	50
<i>fluorometholone</i>	51	GENTAMICIN SULFATE PEDIATRIC	3

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GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	3	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	46
GENVOYA	22	HUMIRA PEN	46
<i>gianvi</i>	43	HUMIRA PEN-CD/UC/HS STARTER	46
GILENYA	35	HUMIRA PEN-PEDIATRIC UC STARTER PACK	46
GILOTRIF	16	HUMIRA PEN-PS/UV STARTER	46
<i>glatiramer acetate</i>	35	HUMULIN R U-500 (CONCENTRATED)	27
<i>glatopa</i>	35	HUMULIN R U-500 KWIKPEN	27
<i>glimepiride</i>	25	<i>hydralazine hcl</i>	34
<i>glipizide</i>	25	<i>hydralazine hydrochloride</i>	34
<i>glipizide er</i>	25	<i>hydrochlorothiazide</i>	33
<i>glipizide/metformin hydrochloride</i>	25	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLUCAGEN HYPOKIT	27	<i>hydrocodone/acetaminophen</i>	2
GLUCAGON EMERGENCY KIT	27	<i>hydrocodone/ibuprofen</i>	2
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	27	<i>hydrocortisone</i>	36
<i>glyburide</i>	25	<i>hydrocortisone</i>	42
<i>glyburide micronized</i>	25	<i>hydrocortisone</i>	48
<i>glyburide/metformin hydrochloride</i>	25	<i>hydromorphone hcl</i>	2
GLYCOPYRROLATE	40	<i>hydromorphone hydrochloride</i>	2
GLYXAMBI	25	<i>hydroxychloroquine sulfate</i>	18
<i>granisetron hydrochloride</i>	11	<i>hydroxyurea</i>	14
<i>griseofulvin microsize</i>	12	<i>hydroxyzine hcl</i>	52
<i>griseofulvin ultramicrosize</i>	12	<i>hydroxyzine hydrochloride</i>	52
<i>guanfacine er</i>	34	<i>hydroxyzine pamoate</i>	52
<i>guanfacine hydrochloride</i>	34	HYPERHEP B	45
GVOKE HYPOPEN 1-PACK	27	<i>ibandronate sodium</i>	48
GVOKE HYPOPEN 2-PACK	27	IBRANCE	14
GVOKE KIT	27	IBRANCE	16
GVOKE PFS	27	<i>ibu</i>	1
HAEGARDA	45	<i>ibuprofen</i>	1
<i>halobetasol propionate</i>	36	<i>icatibant acetate</i>	45
<i>haloperidol</i>	19	ICLUSIG	16
<i>haloperidol decanoate</i>	19	<i>icosapent ethyl</i>	34
<i>haloperidol lactate</i>	19	IDHIFA	14
HARVONI	22	ILEVRO	51
HAVRIX	47	<i>imatinib mesylate</i>	16
<i>heather</i>	43	IMBRUVICA	16
HEMADY	42	IMIPENEM/CILASTATIN	5
<i>heparin sodium</i>	28	<i>imipramine hcl</i>	11
HERCEPTIN HYLECTA	18	<i>imipramine hydrochloride</i>	11
HETLIOZ	53	<i>imiquimod</i>	37
HIBERIX	47	IMOVAX RABIES (H.D.C.V.)	47
HUMALOG KWIKPEN	27	<i>incassia</i>	43
HUMIRA	46	INCRELEX	43
		INCRUSE ELLIPTA	52

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<i>indapamide</i>	33	<i>jencycla</i>	44
INFANRIX	47	JENTADUETO	26
INLYTA	16	JENTADUETO XR	26
INPEN 100/BLUE/LILLY/HUMALOG	49	JULUCA	22
INPEN 100/BLUE/NOVOLOG/FIASP	49	KALYDECO	53
INPEN 100/GREY/LILLY/HUMALOG	49	<i>kcl 0.075%/d5w/nacl 0.45%</i>	38
INPEN 100/GREY/NOVOLOG/FIASP	49	<i>kcl 0.15%/d5w/nacl 0.2%</i>	38
INPEN 100/PINK/LILLY/HUMALOG	49	<i>kcl 0.15%/d5w/nacl 0.45%</i>	38
INPEN 100/PINK/NOVOLOG/FIASP	49	<i>kcl 0.15%/d5w/nacl 0.9%</i>	38
INQOVI	16	<i>kcl 0.3%/d5w/nacl 0.45%</i>	38
INREBIC	14	KCL 0.3%/D5W/NACL 0.9%	38
INTELENCE	23	<i>kelnor 1/50</i>	43
INTRALIPID	49	KERENDIA	32
INTRON A	46	<i>ketoconazole</i>	12
INVEGA HAFYERA	20	<i>ketorolac tromethamine</i>	51
INVEGA SUSTENNA	20	KINRIX	47
INVEGA TRINZA	20	KISQALI	16
INVIRASE	24	KISQALI FEMARA 200 DOSE	14
IPOL INACTIVATED IPV	47	KISQALI FEMARA 400 DOSE	14
<i>ipratropium bromide</i>	52	KISQALI FEMARA 600 DOSE	14
<i>ipratropium bromide/albuterol sulfate</i>	53	<i>klor-con 10</i>	38
<i>irbesartan</i>	29	<i>klor-con 8</i>	38
<i>irbesartan/hydrochlorothiazide</i>	32	<i>klor-con m10</i>	38
IRESSA	16	<i>klor-con m15</i>	38
ISENTRESS	22	<i>klor-con m20</i>	38
ISENTRESS HD	22	KLOXXADO	2
ISOLYTE-P/DEXTROSE 5%	37	KORLYM	27
ISOLYTE-S	38	KOSELUGO	16
ISOLYTE-S PH 7.4	38	<i>labetalol hydrochloride</i>	30
ISONIAZID	13	<i>lacosamide</i>	8
<i>isoproterenol hydrochloride</i>	52	<i>lactulose</i>	39
<i>isosorbide dinitrate</i>	34	LAGEVRIO	49
<i>isosorbide mononitrate</i>	34	<i>lamivudine</i>	22
<i>isosorbide mononitrate er</i>	34	<i>lamivudine</i>	23
ISOTONIC GENTAMICIN	3	<i>lamivudine/zidovudine</i>	23
<i>isotretinoin</i>	35	<i>lamotrigine</i>	7
<i>itraconazole</i>	12	LANTUS	27
<i>ivermectin</i>	18	LANTUS SOLOSTAR	27
IXIARO	47	<i>lapatinib ditosylate</i>	16
JAKAFI	16	<i>latanoprost</i>	51
<i>jantoven</i>	28	LATUDA	20
JANUMET	25	<i>leflunomide</i>	46
JANUMET XR	26	<i>lenalidomide</i>	14
JANUVIA	26	LENVIMA 10 MG DAILY DOSE	16
JARDIANCE	26	LENVIMA 12MG DAILY DOSE	16
<i>jasmiel</i>	43	LENVIMA 14 MG DAILY DOSE	16

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LENVIMA 18 MG DAILY DOSE	16	LUMAKRAS	15
LENVIMA 20 MG DAILY DOSE	16	LUMIGAN	51
LENVIMA 24 MG DAILY DOSE	16	LUMOXITI	18
LENVIMA 4 MG DAILY DOSE	16	LUPRON DEPOT (1-MONTH)	44
LENVIMA 8 MG DAILY DOSE	16	LUPRON DEPOT (3-MONTH)	44
<i>letrozole</i>	15	LUPRON DEPOT-PED (1-MONTH)	44
<i>leucovorin calcium</i>	14	LUPRON DEPOT-PED (3-MONTH)	44
LEUKERAN	13	LYBALVI	20
<i>leuprolide acetate</i>	44	<i>lyleq</i>	44
LEVALBUTEROL TARTRATE HFA	52	LYNPARZA	16
<i>levetiracetam</i>	7	LYSODREN	44
<i>levetiracetam er</i>	7	<i>lyza</i>	44
LEVOBUNOLOL HCL	51	<i>magnesium sulfate</i>	38
<i>levocarnitine</i>	49	<i>malathion</i>	37
<i>levocetirizine dihydrochloride</i>	52	MAPROTILINE HCL	9
<i>levofloxacin</i>	6	<i>maraviroc</i>	23
<i>levofloxacin in d5w</i>	6	MARGENZA	18
<i>levo-t</i>	44	MARPLAN	9
<i>levothyroxine sodium</i>	44	MATULANE	13
<i>levoxyl</i>	44	<i>meclizine hcl</i>	11
LEXIVA	24	<i>medroxyprogesterone acetate</i>	44
LIBTAYO	18	<i>mefloquine hcl</i>	18
<i>lidocaine</i>	2	<i>megestrol acetate</i>	44
<i>lidocaine/prilocaine</i>	2	MEKINIST	16
<i>linezolid</i>	3	MEKTOVI	16
LINZESS	39	<i>meloxicam</i>	1
<i>liothyronine sodium</i>	44	<i>memantine hydrochloride</i>	9
<i>lisinopril</i>	29	<i>memantine hydrochloride er</i>	9
<i>lisinopril/hydrochlorothiazide</i>	32	MENACTRA	47
LITHIUM CARBONATE	25	MENEST	43
<i>lithium carbonate er</i>	25	MENQUADFI	47
LIVTENCITY	21	MENVEO	47
LOKELMA	39	<i>mercaptopurine</i>	14
LONSURF	15	<i>meropenem</i>	5
<i>loperamide hcl</i>	40	MEROPENEM/SODIUM CHLORIDE	5
<i>lopinavir/ritonavir</i>	24	<i>mesalamine</i>	48
<i>lorazepam</i>	25	<i>mesalamine dr</i>	48
<i>lorazepam intensol</i>	25	MESNEX	18
LORBRENA	16	<i>metformin hydrochloride</i>	26
<i>loryna</i>	43	<i>metformin hydrochloride er</i>	26
<i>losartan potassium</i>	29	METHADONE HCL	1
<i>losartan potassium/hydrochlorothiazide</i>	32	<i>methazolamide</i>	51
<i>lovastatin</i>	33	<i>methenamine hippurate</i>	4
<i>loxapine</i>	19	<i>methergine</i>	49
<i>lo-zumandimine</i>	43	<i>methimazole</i>	45
LUBIPROSTONE	39	METHITEST	43

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<i>methocarbamol</i>	53	NAFCILLIN	5
<i>methotrexate</i>	46	NAFCILLIN SODIUM	5
<i>methotrexate sodium</i>	46	<i>nalbuphine hcl</i>	2
METHOXSALEN	37	<i>naloxone hcl</i>	2
<i>methylergonovine maleate</i>	49	<i>naloxone hydrochloride</i>	2
<i>methylphenidate hydrochloride</i>	35	<i>naltrexone hcl</i>	2
<i>methylprednisolone</i>	42	NAMENDA XR TITRATION PACK	9
<i>methylprednisolone dose pack</i>	42	NAMZARIC	8
<i>metoclopramide hcl</i>	40	<i>naproxen</i>	1
<i>metoclopramide hydrochloride</i>	40	NATACYN	50
<i>metolazone</i>	33	<i>nateglinide</i>	26
<i>metoprolol succinate er</i>	30	NATPARA	48
<i>metoprolol tartrate</i>	31	NAYZILAM	7
<i>metoprolol/hydrochlorothiazide</i>	32	NEFAZODONE HYDROCHLORIDE	10
<i>metronidazole</i>	4	<i>neomycin sulfate</i>	3
<i>metronidazole</i>	35	<i>neomycin/bacitracin/polymyxin</i>	50
<i>metronidazole vaginal</i>	4	NEOMYCIN/POLYMYXIN B SULFATES	3
<i>metirosine</i>	32	NEOMYCIN/POLYMYXIN/GRAMICIDI N	50
<i>mexiletine hcl</i>	30	<i>neomycin/polymyxin/hc</i>	51
<i>midodrine hcl</i>	29	NEOMYCIN/POLYMYXIN/HYDROCOR TISONE	50
MIGERGOT	12	<i>neomycin/polymyxin/hydrocortisone</i>	51
<i>miglustat</i>	41	<i>neo-polycin</i>	50
<i>minocycline hcl</i>	6	NERLYNX	17
<i>minocycline hydrochloride</i>	6	NEUPRO	19
<i>minoxidil</i>	34	NEVIRAPINE	23
<i>mirtazapine</i>	9	NEVIRAPINE ER	23
<i>mirtazapine odt</i>	9	NIACIN	34
<i>misoprostol</i>	40	<i>niacin er</i>	34
M-M-R II	47	<i>nicardipine hcl</i>	31
<i>moexipril hcl</i>	30	NICOTROL INHALER	3
MOLINDONE HYDROCHLORIDE	19	NICOTROL NS	3
<i>mometasone furoate</i>	36	<i>nifedipine er</i>	31
MONJUVI	18	<i>nikki</i>	43
<i>montelukast sodium</i>	52	<i>nilutamide</i>	14
MORPHINE SULFATE	2	<i>nimodipine</i>	31
<i>morphine sulfate er</i>	1	NINLARO	15
MOVANTIK	39	<i>nitazoxanide</i>	18
<i>moxifloxacin hydrochloride</i>	6	<i>nitisinone</i>	41
MOXIFLOXACIN HYDROCHLORIDE	50	NITRO-BID	34
<i>mupirocin</i>	37	<i>nitrofurantoin macrocrystals</i>	4
<i>mycophenolate mofetil</i>	46	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
<i>mycophenolic acid dr</i>	46	<i>nitroglycerin</i>	34
<i>myorisan</i>	35	<i>nitroglycerin transdermal</i>	34
MYRBETRIQ	41	NITYR	41
NABI-HB	45		
<i>nabumetone</i>	1		

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NIZATIDINE	40	ODOMZO	17
<i>nora-be</i>	44	OFEV	53
NORDITROPIN FLEXPEN	43	<i>ofloxacin</i>	50
<i>norethindrone</i>	44	<i>ofloxacin</i>	51
<i>norethindrone acetate</i>	44	<i>olanzapine</i>	20
<i>norethindrone acetate/ethinyl estradiol</i>	43	<i>olanzapine odt</i>	20
<i>norlyda</i>	44	<i>olmesartan medoxomil</i>	29
NORMOSOL -R	38	<i>olmesartan</i>	32
NORMOSOL-R	38	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NORTRIPTYLIN HCL	11	<i>olmesartan medoxomil/hydrochlorothiazide</i>	32
<i>nortriptyline hydrochloride</i>	11	<i>omeprazole</i>	40
NORVIR	24	<i>omeprazole dr</i>	40
NOVOLIN 70/30	27	OMNIPOD 5 G6 INTRO KIT (GEN 5)	49
NOVOLIN 70/30 FLEXPEN	27	OMNIPOD 5 G6 PODS (GEN 5)	49
NOVOLIN 70/30 FLEXPEN RELION	27	OMNIPOD CLASSIC PDM STARTER	49
NOVOLIN 70/30 RELION	27	KIT (GEN 3)	
NOVOLIN N	27	OMNIPOD CLASSIC PODS (GEN 3)	49
NOVOLIN N FLEXPEN	27	OMNIPOD DASH INTRO KIT (GEN 4)	49
NOVOLIN N FLEXPEN RELION	27	OMNIPOD DASH PDM KIT (GEN 4)	49
NOVOLIN N RELION	27	OMNIPOD DASH PODS (GEN 4)	49
NOVOLIN R	27	<i>ondansetron hcl</i>	11
NOVOLIN R FLEXPEN	27	<i>ondansetron hydrochloride</i>	11
NOVOLIN R FLEXPEN RELION	27	<i>ondansetron odt</i>	11
NOVOLIN R RELION	27	ONUREG	15
NOVOLOG	27	<i>oralone dental paste</i>	35
NOVOLOG FLEXPEN	27	ORFADIN	41
NOVOLOG FLEXPEN RELION	27	ORGOVYX	44
NOVOLOG MIX 70/30	27	ORKAMBI	53
NOVOLOG MIX 70/30 PREFILLED	27	<i>oseltamivir phosphate</i>	24
FLEXPEN		<i>oxandrolone</i>	43
NOVOLOG MIX 70/30 PREFILLED	28	<i>oxcarbazepine</i>	8
FLEXPEN RELION		OXERVATE	50
NOVOLOG MIX 70/30 RELION	28	<i>oxybutynin chloride</i>	42
NOVOLOG PENFILL	28	<i>oxybutynin chloride er</i>	42
NOVOLOG RELION	28	<i>oxycodone hydrochloride</i>	2
NOVOPEN ECHO	49	<i>oxycodone/acetaminophen</i>	2
NOXAFIL	12	OZEMPIC	26
NUBEQA	14	<i>pacerone</i>	30
NUCALA	53	PADCEV	18
NUEDEXTA	35	<i>paliperidone er</i>	20
NUPLAZID	20	PANRETIN	18
<i>nyamyc</i>	12	<i>pantoprazole sodium</i>	40
<i>nystatin</i>	12	<i>pantoprazole sodium dr</i>	40
<i>nystop</i>	12	<i>paricalcitol</i>	48
<i>octreotide acetate</i>	44	<i>paromomycin sulfate</i>	3

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<i>paroxetine hcl</i>	10	<i>polymyxin b sulfate/trimethoprim sulfate</i>	50
<i>paroxetine hydrochloride</i>	10	POMALYST	14
PASER	13	<i>posaconazole dr</i>	12
PAXLOVID	23	<i>potassium acetate</i>	38
PAXLOVID	49	<i>potassium chloride</i>	38
PEDIARIX	47	<i>potassium chloride er</i>	38
PEDVAX HIB	47	<i>potassium chloride/dextrose</i>	38
<i>peg-3350/electrolytes</i>	40	<i>potassium chloride/dextrose/sodium chloride</i>	38
<i>peg-3350/nacl/na bicarbonate/kcl</i>	40	POTASSIUM CHLORIDE/SODIUM CHLORIDE	38
PEGASYS	46	<i>potassium citrate er</i>	38
PEMAZYRE	15	<i>potassium phosphate</i>	38
<i>penicillamine</i>	39	POTASSIUM PHOSPHATES	38
<i>penicillin g potassium</i>	5	PRALUENT	34
PENICILLIN G PROCAINE	5	<i>pramipexole dihydrochloride</i>	19
PENICILLIN G SODIUM	5	<i>prasugrel</i>	28
PENICILLIN V POTASSIUM	5	<i>pravastatin sodium</i>	33
PENTACEL	47	<i>praziquantel</i>	18
<i>pentamidine isethionate</i>	18	<i>prazosin hydrochloride</i>	29
<i>pentoxifylline er</i>	32	PREDNISOLONE	42
<i>perindopril erbumine</i>	30	PREDNISOLONE ACETATE	51
<i>periogard</i>	35	PREDNISOLONE SODIUM PHOSPHATE	42
<i>permethrin</i>	37	PREDNISOLONE SODIUM PHOSPHATE	51
<i>perphenazine</i>	19	PREDNISONE	42
PERSERIS	20	PREDNISONE INTENSOL	42
<i>phenelzine sulfate</i>	9	<i>pregabalin</i>	8
<i>phenobarbital</i>	8	PREHEVBRIO	47
<i>phenytoin</i>	8	PREMASOL	39
<i>phenytoin sodium extended</i>	8	<i>prevalite</i>	34
PIFELTRO	23	PREVIDENT 5000 BOOSTER PLUS	35
<i>pilocarpine hcl</i>	51	PREVIDENT 5000 DRY MOUTH	35
<i>pilocarpine hydrochloride</i>	35	PREVYMIS	22
PIMOZIDE	19	PREZCOBIX	24
<i>pindolol</i>	31	PREZISTA	24
<i>pioglitazone hcl</i>	26	PRIFTIN	13
<i>pioglitazone hydrochloride</i>	26	PRIMAQUINE PHOSPHATE	18
<i>piperacillin sodium/tazobactam sodium</i>	5	<i>primidone</i>	8
PIQRAY 200MG DAILY DOSE	17	<i>probenecid</i>	12
PIQRAY 250MG DAILY DOSE	17	<i>probenecid/colchicine</i>	12
PIQRAY 300MG DAILY DOSE	17	<i>prochlorperazine</i>	11
<i>pirfenidone</i>	53	<i>prochlorperazine maleate</i>	11
PLASMA-LYTE A	38	PROCRIT	28
PLASMA-LYTE-148	38	PROGRAF	46
PNV-DHA+DOCUSATE	39	PROLASTIN-C	41
<i>podofilox</i>	37	PROLIA	48
POLIVY	18		
<i>polycin</i>	50		

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PROMACTA	28	REXULTI	21
<i>promethazine hcl</i>	11	REYATAZ	24
<i>promethazine hydrochloride</i>	11	RHOPRESSA	51
<i>propafenone hcl</i>	30	<i>ribavirin</i>	22
<i>propafenone hydrochloride er</i>	30	RIDAURA	45
<i>propranolol hcl</i>	31	<i>rifabutin</i>	13
<i>propranolol hcl er</i>	31	<i>rifampin</i>	13
<i>propranolol hydrochloride</i>	31	<i>riluzole</i>	35
<i>propranolol hydrochloride er</i>	31	RIMANTADINE HYDROCHLORIDE	24
<i>propylthiouracil</i>	45	RINVOQ	45
PROQUAD	47	RISPERDAL CONSTA	21
<i>protriptyline hcl</i>	11	<i>risperidone</i>	21
PULMICORT FLEXHALER	52	RISPERIDONE ODT	21
PULMOZYME	53	<i>ritonavir</i>	24
PURIXAN	14	<i>rivastigmine tartrate</i>	9
<i>pyrazinamide</i>	13	<i>rivastigmine transdermal system</i>	9
<i>pyridostigmine bromide</i>	13	<i>rizatriptan benzoate</i>	13
<i>pyridostigmine bromide er</i>	13	<i>rizatriptan benzoate odt</i>	13
<i>pyrimethamine</i>	18	ROCKLATAN	50
PYRUKYND	41	<i>ropinirole hcl</i>	19
PYRUKYND TAPER PACK	41	<i>ropinirole hydrochloride</i>	19
QINLOCK	14	<i>rosuvastatin calcium</i>	33
QUADRACEL	47	ROTARIX	47
<i>quetiapine fumarate</i>	21	ROTATEQ	47
<i>quetiapine fumarate er</i>	20	<i>roweepra</i>	7
<i>quinapril hcl</i>	30	ROZLYTREK	17
<i>quinapril hydrochloride</i>	30	RUBRACA	17
<i>quinapril/hydrochlorothiazide</i>	32	<i>rufinamide</i>	8
QUINIDINE SULFATE	30	RUKOBIA	23
<i>quinine sulfate</i>	18	RYBELSUS	26
RABAVERT	47	RYBREVANT	18
<i>raloxifene hydrochloride</i>	44	RYDAPT	17
<i>ramelteon</i>	53	RYLAZE	15
<i>ramipril</i>	30	<i>sajazir</i>	45
<i>ranolazine er</i>	33	<i>salsalate</i>	1
<i>rasagiline mesylate</i>	19	SANDIMMUNE	46
RECOMBIVAX HB	47	SANTYL	37
RECORLEV	44	<i>sapropterin dihydrochloride</i>	41
RECTIV	40	SARCLISA	18
RELISTOR	40	SAVELLA	35
<i>repaglinide</i>	26	SAVELLA TITRATION PACK	35
RESTASIS	50	SCEMBLIX	15
RESTASIS MULTIDOSE	50	<i>scopolamine</i>	11
RETEVMO	15	SECUADO	21
REVCOVI	41	<i>selegiline hcl</i>	19
REVLIMID	14	<i>selenium sulfide</i>	36

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SELZENTRY	24	STRIBILD	22
SEREVENT DISKUS	52	<i>subvenite</i>	7
<i>sertraline hcl</i>	10	<i>sucralfate</i>	40
<i>sertraline hydrochloride</i>	10	<i>sulfacetamide sodium</i>	6
<i>sevelamer carbonate</i>	39	SULFACETAMIDE SODIUM	50
<i>sharobel</i>	44	SULFACETAMIDE	50
SHINGRIX	47	SODIUM/PREDNISOLONE SODIUM	
SIGNIFOR	44	PHOSPHATE	
<i>sildenafil citrate</i>	53	SULFADIAZINE	6
<i>silver sulfadiazine</i>	37	<i>sulfamethoxazole/trimethoprim</i>	6
SIMBRINZA	50	<i>sulfamethoxazole/trimethoprim ds</i>	6
<i>simvastatin</i>	34	<i>sulfasalazine</i>	48
<i>sirolimus</i>	47	<i>sulindac</i>	1
SIRTURO	13	<i>sumatriptan</i>	13
SKYRIZI	45	<i>sumatriptan succinate</i>	13
SKYRIZI PEN	45	SUMATRIPTAN SUCCINATE REFILL	13
SODIUM ACETATE	39	<i>sunitinib malate</i>	17
<i>sodium chloride</i>	39	SUPREP BOWEL PREP KIT	40
<i>sodium chloride 0.45%</i>	39	SYMJEPI	52
<i>sodium chloride 0.9%</i>	49	SYMPAZAN	8
<i>sodium phenylbutyrate</i>	41	SYMTUZA	24
<i>sodium phosphate</i>	39	SYNAREL	45
<i>sodium polystyrene sulfonate</i>	39	SYNJARDY	26
SODIUM SULFATE/POTASSIUM	40	SYNJARDY XR	26
SULFATE/MAGNESIUM SULFATE		SYNRIBO	15
<i>solifenacin succinate</i>	42	TABLOID	14
SOLTAMOX	14	TABRECTA	14
SOMATULINE DEPOT	45	<i>tacrolimus</i>	36
SOMAVERT	45	<i>tacrolimus</i>	47
<i>sorafenib</i>	17	TAFINLAR	17
<i>sorafenib tosylate</i>	17	TAGRISSE	17
<i>sorine</i>	30	TALZENNA	17
<i>sotalol hcl</i>	30	<i>tamoxifen citrate</i>	14
<i>sotalol hydrochloride (af)</i>	30	<i>tamsulosin hydrochloride</i>	42
SOVALDI	22	TASIGNA	17
<i>spironolactone</i>	33	<i>tazarotene</i>	36
<i>spironolactone/hydrochlorothiazide</i>	33	TAZICEF	5
SPRITAM	7	<i>taztia xt</i>	31
SPRYCEL	17	TAZVERIK	15
SPS	39	TDVAX	47
<i>ssd</i>	37	TEFLARO	5
STAMARIL	47	TEGSEDI	41
STAVUDINE	23	<i>temazepam</i>	53
STELARA	45	TEMIXYS	23
STIMATE	43	TENIVAC	48
STIVARGA	17	<i>tenofovir disoproxil fumarate</i>	23

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TEPMETKO	17	<i>tranexamic acid</i>	28
<i>terazosin hcl</i>	29	<i>tranylcypromine sulfate</i>	9
<i>terazosin hydrochloride</i>	29	TRAVASOL	39
<i>terbinafine hcl</i>	12	<i>travoprost</i>	51
<i>terbinafine hydrochloride</i>	12	<i>trazodone hydrochloride</i>	10
<i>terconazole</i>	12	TRECTOR	13
<i>testosterone</i>	43	TRELEGY ELLIPTA	53
TESTOSTERONE CYPIONATE	43	TRELSTAR MIXJECT	45
TESTOSTERONE ENANTHATE	43	<i>tretinoin</i>	18
<i>tetrabenazine</i>	35	<i>tretinoin</i>	36
<i>tetracycline hydrochloride</i>	6	<i>triamcinolone acetonide</i>	36
THALOMID	14	<i>triamcinolone acetonide dental paste</i>	35
<i>theophylline er</i>	53	<i>triamterene/hydrochlorothiazide</i>	33
<i>thioridazine hcl</i>	19	<i>triderm</i>	36
<i>thiothixene</i>	19	<i>trientine hydrochloride</i>	39
<i>tiadylt er</i>	31	<i>trifluoperazine hcl</i>	19
<i>tiagabine hydrochloride</i>	8	<i>trifluoperazine hydrochloride</i>	19
TIBSOVO	17	TRIFLURIDINE	50
TICE BCG	15	<i>trihexyphenidyl hydrochloride</i>	18
TICOVAC	48	TRIJARDY XR	26
<i>timolol maleate</i>	13	TRIKAFTA	53
<i>timolol maleate</i>	51	TRIMETHOPRIM	4
<i>timolol maleate ophthalmic gel forming</i>	51	<i>trimipramine maleate</i>	11
TIVDAK	18	TRINTELLIX	10
TIVICAY	22	<i>tritocin</i>	36
TIVICAY PD	22	TRIUMEQ	23
<i>tizanidine hcl</i>	21	TRIUMEQ PD	23
<i>tizanidine hydrochloride</i>	21	TRIZIVIR	23
TOBRADEX	50	TRODELVY	18
TOBRADEX ST	50	TROGARZO	24
<i>tobramycin</i>	50	TRULICITY	27
<i>tobramycin</i>	53	TRUMENBA	48
TOBRAMYCIN SULFATE	3	TRUSELTIQ	15
<i>tobramycin/dexamethasone</i>	50	TUKYSA	15
<i>tolterodine tartrate</i>	42	<i>tulana</i>	44
<i>tolterodine tartrate er</i>	42	TURALIO	17
<i>topiramate</i>	7	TWINRIX	48
<i>toremifene citrate</i>	14	TYBOST	24
<i>torseamide</i>	33	TYMLOS	48
TOUJEO MAX SOLOSTAR	28	TYPHIM VI	48
TOUJEO SOLOSTAR	28	UBRELVY	13
<i>tovet</i>	36	<i>unithroid</i>	44
TRADJENTA	26	<i>ursodiol</i>	40
<i>tramadol hcl</i>	2	<i>valacyclovir hcl</i>	24
TRAMADOL HCL ER	1	<i>valacyclovir hydrochloride</i>	24
<i>trandolapril</i>	30	VALCHLOR	13

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<i>valganciclovir</i>	22	VRAYLAR	21
<i>valganciclovir hydrochloride</i>	22	VYNDAMAX	33
<i>valproic acid</i>	7	VYNDAQEL	41
<i>valrubicin</i>	15	<i>warfarin sodium</i>	28
VALSARTAN	29	WELIREG	17
<i>valsartan/hydrochlorothiazide</i>	33	XALKORI	17
VALTOCO	8	XARELTO	28
VANCOMYCIN HCL	4	XARELTO STARTER PACK	28
VANCOMYCIN HYDROCHLORIDE	4	XATMEP	47
VANDAZOLE	4	XCOPRI	7
VAQTA	48	XELJANZ	45
VARENICLINE STARTING MONTH BOX	3	XELJANZ XR	45
VARENICLINE TARTRATE	3	XERMELO	40
VARIVAX	48	XGEVA	48
VENCLEXTA	17	XIFAXAN	40
VENCLEXTA STARTING PACK	17	XIGDUO XR	27
<i>venlafaxine hcl er</i>	10	XOLAIR	45
<i>venlafaxine hydrochloride</i>	10	XOSPATA	17
<i>venlafaxine hydrochloride er</i>	10	XPOVIO	15
VENTAVIS	53	XPOVIO 100 MG ONCE WEEKLY	15
<i>verapamil hcl</i>	31	XPOVIO 40 MG ONCE WEEKLY	15
VERAPAMIL HCL ER	31	XPOVIO 40 MG TWICE WEEKLY	15
VERAPAMIL HCL SR	31	XPOVIO 60 MG ONCE WEEKLY	15
<i>verapamil hydrochloride</i>	31	XPOVIO 60 MG TWICE WEEKLY	15
VERAPAMIL HYDROCHLORIDE ER	31	XPOVIO 80 MG ONCE WEEKLY	15
VERSACLOZ	21	XPOVIO 80 MG TWICE WEEKLY	15
VERZENIO	17	XTANDI	14
<i>vestura</i>	43	<i>xulane</i>	43
V-GO 20	49	XYREM	54
V-GO 30	49	YF-VAX	48
V-GO 40	49	<i>yuvafem</i>	43
VICTOZA	27	<i>zafemy</i>	43
<i>vigabatrin</i>	8	<i>zafirlukast</i>	52
<i>vigadrone</i>	8	<i>zaleplon</i>	54
VIIBRYD STARTER PACK	10	ZARXIO	28
VIJOICE	41	ZEJULA	17
<i>vilazodone hydrochloride</i>	10	ZELBORAF	17
VIRACEPT	24	<i>zenatane</i>	36
VIREAD	23	ZENPEP	41
VITRAKVI	17	ZEPZELCA	13
VIZIMPRO	17	<i>zidovudine</i>	23
VONJO	17	<i>ziprasidone hcl</i>	21
<i>voriconazole</i>	12	<i>ziprasidone mesylate</i>	21
VOSEVI	22	ZIRGAN	50
VOTRIENT	17	ZOLINZA	15
		<i>zolpidem tartrate</i>	54

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<i>zonisamide</i>	8
ZYDELIG	17
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ZYPREXA RELPREVV	21

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