

20
24

Medicare Plus BlueSM + Meijer PPO
Medicare Plus BlueSM + Part B Credit PPO

2024 Healthy Value 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, 2023. For more recent information or other questions, please contact us, **Medicare Plus Blue PPO** Customer Service, at 1-877-241-2583 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.



When visiting your doctor(s), please bring your personal drug list, this 2024 Blue Cross Drug List (formulary) and your 2024 Rx Savings Guide with you.

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

Updated: 09/01/2023
Formulary 24342, Version 7

www.bcbsm.com/medicare



Confidence comes with every card.®

Medicare Advantage Plans

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means **Medicare Plus Blue PPO**.

This document includes a list of the drugs (formulary) for our plan which is current as of September 1, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Medicare Plus Blue PPO Healthy Value Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue PPO** 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.

Medicare Plus Blue PPO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Medicare Plus Blue PPO** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by **Medicare Plus Blue PPO**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

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

do I request an exception to the **Medicare Plus Blue PPO** formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **Medicare Plus Blue PPO** Formulary?”

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

The enclosed formulary is current as of September 1, 2023. To get updated information about the drugs covered by **Medicare Plus Blue PPO**, 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?

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

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue PPO**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Medicare Plus Blue PPO**.
- You can ask **Medicare Plus Blue PPO** 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 Medicare Plus Blue PPO Formulary?

You can ask **Medicare Plus Blue PPO** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- For **Medicare Plus Blue PPO**: You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Medicare Plus Blue PPO** 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, **Medicare Plus Blue PPO** will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility or a skilled nursing 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 **Medicare Plus Blue PPO** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Medicare Plus Blue PPO**, 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.

Medicare Plus Blue PPO [Plan Name TBA] Healthy Value Formulary

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

Medicare Plus Blue PPO 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			

Medicare Plus Blue PPO Drug Tier Costs (32- to 90-day supply*)				
Tier	Drug Description	Standard retail cost sharing (in-network)	Preferred retail cost sharing (in-network)	Mail-order 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	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.
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>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>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	3	
<i>etodolac er</i>	3	
<i>etodolac capsule, tablet</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	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL(90 EA per 90 days)
KETOPROFEN CAPSULE 25MG, 50MG	3	
MECLOFENAMATE SODIUM CAPSULE	4	
<i>mefenamic acid capsule</i>	4	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen suspension, tablet delayed release</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin</i>	3	
<i>piroxicam capsule</i>	3	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(12 EA per 84 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(45 EA per 90 days)
METHADONE HCL SOLUTION	3	
<i>methadone hcl tablet</i>	3	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 50MG, 80MG	4	QL(180 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(90 EA per 90 days)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL(180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>tramadol hydrochloride er</i>	3	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	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>butorphanol tartrate solution</i>	3	QL(15 ML per 90 days)
CODEINE SULFATE TABLET 15MG	2	QL(540 EA per 90 days)
CODEINE SULFATE TABLET 30MG, 60MG	3	QL(540 EA per 90 days)
<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
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	QL(5735 ML per 31 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 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)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	3	QL(450 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	
<i>hydromorphone hcl liquid</i>	4	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	
MORPHINE SULFATE TABLET	3	
MORPHINE SULFATE SOLUTION 20MG/5ML	3	
<i>morphine sulfate solution 10mg/5ml, 20mg/ml</i>	3	
NUCYNTA TABLET 50MG, 75MG	4	
NUCYNTA TABLET 100MG	5	
<i>oxycodone hydrochloride capsule, tablet</i>	3	
<i>oxycodone hydrochloride concentrate</i>	4	
<i>oxycodone hydrochloride solution</i>	4	QL(1800 ML per 90 days)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	QL(540 EA per 90 days)
<i>tramadol hcl tablet</i>	2	QL(720 EA per 90 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(1080 EA per 90 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hydrochloride injection usp 1%</i>	2	
<i>lidocaine hydrochloride injection 1%</i>	2	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	3	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	1	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml</i>	1	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml</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	
<i>varenicline tartrate</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>paromomycin sulfate</i>	3	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 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	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>nitrofurantoin suspension</i>	4	
<i>polymyxin b sulfate injection</i>	4	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	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 oral solution reconstituted</i>	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
Beta-lactam, Cephalosporins		
CEFACLOR CAPSULE 250MG	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	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	
<i>cefixime suspension reconstituted</i>	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
CEFTAZIDIME/DEXTROSE INJECTION 1GM/50ML; 5%	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	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm, 2gm; 1gm</i>	4	
AMPICILLIN CAPSULE 500MG	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 20000UNIT/ML	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	5	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	2	
<i>penicillin v potassium tablet</i>	2	
PFIZERPEN INJECTION 5000000UNIT	4	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem</i>	3	
MEROPENEM/SODIUM CHLORIDE	3	
Macrolides		
AZITHROMYCIN PACKET	3	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin 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	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	4	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
LEVOFLOXACIN ORAL SOLUTION 25MG/ML	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	3	
SULFADIAZINE TABLET	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg, 75mg</i>	3	
<i>doxycycline hyclate tablet 150mg</i>	4	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted</i>	4	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	4	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
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>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
XCOPRI TABLET 100MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	4	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	2	
<i>divalproex sodium er</i>	2	
<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)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
<i>phenobarbital elixir 20mg/5ml</i>	2	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	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)
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML 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	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPSULE 30MG	3	
<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 tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	4	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	4	QL(600 ML 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)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	4	QL(1080 ML per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(62 EA per 31 days); ST
<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)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride 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)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
<i>olanzapine/fluoxetine</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 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

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
FLUOXETINE DR	4	QL(12 EA per 84 days)
<i>fluoxetine hcl capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hcl solution</i>	4	QL(1800 ML per 90 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution</i>	4	QL(1800 ML per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	2	
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
NEFAZODONE HYDROCHLORIDE	3	
<i>paroxetine</i>	4	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL(180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	3	QL(270 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	3	QL(540 EA per 90 days)
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>paroxetine hydrochloride suspension</i>	4	QL(2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	2	QL(360 EA per 90 days)
<i>sertraline hcl tablet 25mg</i>	2	QL(720 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL(180 EA per 90 days)
<i>trazodone hydrochloride</i>	1	
TRINTELLIX TABLET 10MG	4	QL(180 EA per 90 days); ST
TRINTELLIX TABLET 5MG	4	QL(360 EA per 90 days); ST
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
VENLAFAXINE BESYLATE ER	4	QL(180 EA per 90 days)
<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(540 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
VIIBRYD STARTER PACK	4	QL(30 EA per 30 days); ST
<i>vilazodone hydrochloride</i>	4	QL(90 EA per 90 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	PA
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	PA
AMOXAPINE	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

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<i>imipramine pamoate</i>	4	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	
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 plain</i>	2	
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hcl suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine</i>	4	QL(30 EA per 30 days)
<i>Emetogenic Therapy Adjuncts</i>		
<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
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
<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>	2	
<i>clotrimazole solution</i>	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate cream</i>	3	QL(255 GM per 90 days)
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</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)
<i>ketodan</i>	2	
MICONAZOLE 3 SUPPOSITORY	3	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride cream</i>	4	
NOXAFIL SUSPENSION	5	QL(651 ML per 31 days)
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days)
<i>posaconazole suspension</i>	5	QL(651 ML per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	
<i>terconazole suppository</i>	4	
VIVJOA	4	QL(18 EA per 84 days); PA
<i>voriconazole tablet</i>	4	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</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>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
<i>Prophylactic</i>		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG INJECTION 140MG/ML	4	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	4	QL(9 ML per 84 days); PA
GEMTESA	4	QL(90 EA per 90 days)
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan tablet 12.5mg</i>	4	QL(24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL(48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	4	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	4	QL(36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	3	QL(60 EA per 90 days)
<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	4	
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	3	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	3	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(54 EA per 90 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
PRETOMANID	4	QL(90 EA per 90 days); PA
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid syrup</i>	2	
ISONIAZID TABLET 100MG	2	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tablet 300mg</i>	2	
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
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	QL(60 GM per 30 days); PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	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
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	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		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	PA
<i>Antineoplastics, Other</i>		
ADRIAMYCIN INJECTION 10MG	4	
BESREMI	5	QL(2 ML per 28 days); PA
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	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
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA
NINLARO	5	PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 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	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
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 60 MG TWICE WEEKLY	5	QL(24 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
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	QL(120 EA per 30 days); PA
CABOMETYX TABLET 20MG, 60MG	5	QL(31 EA per 31 days); PA
CABOMETYX TABLET 40MG	5	QL(62 EA per 31 days); PA
CALQUENCE	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</i>	4	QL(31 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL(93 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL(31 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
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(31 EA per 31 days); PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	4	QL(186 EA per 31 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days); PA
IMBRUVICA SUSPENSION	5	QL(248 ML 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
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	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
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
REZLIDHIA	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

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 20MG, 50MG	5	QL(93 EA per 31 days); PA
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(31 EA per 31 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(62 EA per 31 days); PA
TAFINLAR	5	PA
TAGRISO	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
TURALIO	5	QL(120 EA per 30 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL(124 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI	5	QL(62 EA per 31 days); PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	QL(62 EA per 31 days); PA
ZYKADIA TABLET	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVAANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
<i>Retinoids</i>		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>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		
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 tablet 250mg; 100mg</i>	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<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>	2	
TRIHXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
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>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	3	
<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		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
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	2	
FLUPHENAZINE HCL INJECTION	4	
<i>fluphenazine hcl tablet</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	4	
<i>perphenazine tablet</i>	3	
PIMOZIDE	3	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<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 ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>asenapine maleate sl</i>	3	QL(180 EA per 90 days)
CAPLYTA	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
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
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, 5mg</i>	4	QL(180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days)
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg</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 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); PA
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); PA
RISPERDAL CONSTA INJECTION 12.5MG	4	QL(6 EA per 84 days); ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	QL(2 EA per 28 days); ST

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	3	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 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 solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(360 EA per 90 days)
SECUADO	5	QL(31 EA per 31 days); ST
UZEDY INJECTION 50MG/0.14ML	5	QL(0.14 ML per 28 days); ST
UZEDY INJECTION 75MG/0.21ML	5	QL(0.21 ML per 28 days); ST
UZEDY INJECTION 100MG/0.28ML	5	QL(0.28 ML per 28 days); ST
UZEDY INJECTION 125MG/0.35ML	5	QL(0.35 ML per 28 days); ST
UZEDY INJECTION 150MG/0.42ML	5	QL(0.42 ML per 56 days); ST
UZEDY INJECTION 200MG/0.56ML	5	QL(0.56 ML per 56 days); ST
UZEDY INJECTION 250MG/0.7ML	5	QL(0.7 ML per 56 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	3	PA
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL(135 EA per 30 days); PA
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	4	QL(540 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 25mg</i>	3	PA
<i>clozapine odt tablet disintegrating 100mg</i>	3	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 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	3	
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	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
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	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	QL(62 EA per 31 days)
ISENTRESS PACKET, TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<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	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
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 tablet 100mg; 150mg, 200mg; 300mg</i>	4	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</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	
STAVUDINE CAPSULE	3	
<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	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 84 days)
PREZISTA TABLET 150MG	4	QL(720 EA per 84 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)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	3	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</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	
<i>meprobamate</i>	4	PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
Benzodiazepines		
<i>alprazolam</i>	2	QL(450 EA per 90 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	3	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>	2	QL(450 ML per 90 days)
<i>lorazepam tablet</i>	2	QL(450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
FARXIGA	3	QL(90 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glyburide micronized tablet 6mg</i>	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)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
<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 er tablet extended release 24 hour 1000mg</i>	2	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	2	QL(450 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
<i>miglitol</i>	1	
<i>nateglinide tablet 120mg</i>	1	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	1	QL(540 EA per 90 days)
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	1	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	1	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(12 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
<i>Insulins</i>		
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	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<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 31 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
NEULASTA	5	QL(1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days)
NIVESTYM	5	PA
OXBRYTA	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
ZARXIO	5	PA
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
<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>	1	QL(90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>midodrine hcl</i>	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>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<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)
EDARBI TABLET 40MG	4	QL(180 EA per 90 days)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
EDARBI TABLET 80MG	4	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	1	QL(180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	1	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	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>	1	QL(180 EA per 90 days)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
<i>digox</i>	2	QL(90 EA per 90 days)
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	3	
MULTAQ	4	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	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>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>pindolol tablet</i>	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	
PROPRANOLOL HCL SOLUTION 40MG/5ML	3	
<i>propranolol hcl solution 20mg/5ml</i>	3	
<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>felodipine er</i>	2	QL(90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	3	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL(180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl 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 200MG	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet</i>	1	
<i>verapamil hydrochloride injection</i>	4	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	3	
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	4	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hcl/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL(31 EA per 31 days); PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL(300 EA per 90 days)
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
EDARBYCLOR	4	QL(90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL(360 EA per 90 days)
ENTRESTO	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL(90 EA per 90 days)
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
KERENDIA	4	QL(90 EA per 90 days); PA
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>pentoxifylline er</i>	2	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	QL(90 EA per 90 days)
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	1	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	1	QL(90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	4	QL(120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	4	QL(90 EA per 90 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL(90 EA per 90 days)
VYNDAMAX	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
<i>bumetanide tablet</i>	3	
<i>bumetanide injection</i>	4	
<i>ethacrynic acid tablet</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	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>	3	
<i>spironolactone tablet</i>	1	
<i>triamterene capsule</i>	4	
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		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	QL(90 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	3	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)
<i>prevalite</i>	3	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	3	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	2	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
NITRO-BID	3	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
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 capsule extended release 24 hour</i>	4	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 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</i>	3	QL(360 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>	2	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	2	
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 36mg, 54mg</i>	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(450 EA per 90 days)
<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)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
DAYBUE	5	QL(3720 ML per 31 days); PA
FIRDAPSE	5	PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
<i>riluzole</i>	3	
<i>tetrabenazine tablet 25mg</i>	4	QL(124 EA per 31 days); PA
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 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>	4	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
<i>fingolimod</i>	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
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
VUMERITY	5	QL(124 EA per 31 days); ST
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>oralone dental paste</i>	3	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT FLUORIDE	4	
<i>sf</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm paste</i>	2	
<i>sodium fluoride gel</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.1%</i>	3	
<i>adapalene cream</i>	4	
<i>amnesteem</i>	4	PA
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	4	PA
<i>clindamycin/benzoyl peroxide</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>myorisan</i>	4	PA
<i>tazarotene cream, gel</i>	4	QL(180 GM per 90 days); PA
TAZORAC CREAM 0.05%	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate</i>	3	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	3	
APEXICON E	4	
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)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate cream, ointment</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>clobetasol propionate liquid</i>	4	QL(375 ML per 90 days)
<i>clodan</i>	4	QL(354 ML per 90 days)
<i>desonide cream, ointment</i>	4	QL(180 GM per 90 days)
<i>desonide lotion</i>	4	QL(354 ML per 90 days)
<i>desoximetasone cream, gel, ointment</i>	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL(360 GM 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, ointment</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 butyrate ointment</i>	4	
<i>hydrocortisone valerate</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
PREDNICARBATE OINTMENT	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</i>	2	
<i>triamcinolone acetonide lotion</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene ointment</i>	3	QL(360 GM per 90 days); PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene solution</i>	4	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	4	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	QL(90 ML per 90 days)
<i>fluorouracil cream 5%</i>	4	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 5%	3	QL(10 ML per 30 days)
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
<i>hydrocortisone acetate/pramoxine cream 1%; 1%</i>	4	
<i>imiquimod cream 5%</i>	3	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	3	
PODOFILOX	4	
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
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>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
<i>ciclodan solution</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine</i>	3	QL(270 GM per 90 days)
<i>ciclopirox suspension</i>	3	QL(180 ML per 90 days)
<i>ciclopirox gel</i>	3	QL(300 GM per 90 days)
<i>ciclopirox shampoo</i>	3	QL(360 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)
ERY	3	
<i>erythromycin gel 2%</i>	2	QL(180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin ointment</i>	2	QL(90 GM per 90 days)
<i>mupirocin cream</i>	4	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	
DEXTROSE 10%/NACL 0.45%	4	
<i>dextrose 10%</i>	4	
DEXTROSE 2.5%/NACL 0.45%	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
DEXTROSE 5%/NACL 0.33%	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	3	
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
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<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>tolvaptan</i>	5	PA
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
FOSRENOL PACKET	4	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
SEVELAMER HYDROCHLORIDE TABLET 400MG	4	
<i>sevelamer hydrochloride tablet 800mg</i>	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
Potassium Binders		
SPS	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
WESTAB PLUS	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)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
RELISTOR TABLET	5	QL(93 EA per 31 days); PA
RELISTOR INJECTION 8MG/0.4ML	5	QL(11.2 ML per 28 days); PA
RELISTOR INJECTION 12MG/0.6ML	5	QL(16.8 ML per 28 days); PA
TRULANCE	3	QL(90 EA per 90 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
DIPHENOXYLATE/ATROPINE LIQUID	4	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	3	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
<i>methscopolamine bromide tablet</i>	3	
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
MYALEPT	5	PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	QL(90 GM per 90 days)
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	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 suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE	2	
NIZATIDINE SOLUTION	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(180 EA per 90 days)
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
CHOLBAM	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	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
VYNDAQEL	5	QL(124 EA per 31 days); PA
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	

Genitourinary Agents

Antispasmodics, Urinary

<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
<i>flavoxate hcl</i>	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days)
<i>oxybutynin chloride syrup</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	4	QL(180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	4	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)
<i>trospium chloride</i>	4	
<i>trospium chloride er</i>	2	QL(90 EA per 90 days)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	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)

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	3	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SOLUTION	2	
<i>dexamethasone elixir</i>	2	
DEXAMETHASONE TABLET 0.5MG, 0.75MG, 1MG	2	
<i>dexamethasone tablet 1.5mg, 2mg, 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	
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
PREDNISOLONE SOLUTION	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
HUMATROPE INJECTION 12MG, 24MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule</i>	3	
METHITEST	5	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	4	QL(450 GM per 90 days); PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel 20.25mg/1.25gm</i>	4	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	4	QL(450 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
Estrogens		
<i>amabelz</i>	3	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	3	QL(91 EA per 91 days)
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eluryng</i>	4	QL(3 EA per 84 days)
<i>emoquette</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	3	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	QL(3 EA per 84 days)
FEMRING	4	QL(1 EA per 90 days)
<i>femynor</i>	2	
<i>fyavolv</i>	3	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	QL(3 EA per 84 days)
<i>isibloom</i>	2	
<i>jaimiess</i>	2	QL(91 EA per 91 days)
<i>jasmiel</i>	2	
<i>jinteli</i>	3	
<i>juleber</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>kalliga</i>	2	
<i>kelnor 1/50</i>	4	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	3	QL(91 EA per 91 days)
<i>loryna</i>	2	
MENEST TABLET 1.25MG, 2.5MG	4	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	3	
<i>mono-lynyah</i>	2	
<i>nikki</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nymyo</i>	2	
PREFEST	4	
PREMARIN CREAM	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
VELIVET	2	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>vestura</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zafemy</i>	4	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>incassia</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>progesterone capsule</i>	3	
<i>sharobel</i>	3	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	4	
<i>raloxifene hydrochloride</i>	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>leuprolide acetate injection 22.5mg</i>	4	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(279 ML per 31 days); PA
<i>sajazir</i>	5	QL(279 ML per 31 days); PA
<i>Immunoglobulins</i>		
FLEBOGAMMA DIF INJECTION 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
NABI-HB INJECTION 312UNIT/ML	4	
PRIVIGEN	5	B/D
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
BEVESPI AEROSPHERE	3	QL(32.1 GM per 90 days)
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	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
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); 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 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 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>		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE	5	PA
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL	4	B/D
<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 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
HYFTOR	5	PA
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
OTREXUP INJECTION 12.5MG/0.4ML, 17.5MG/0.4ML, 22.5MG/0.4ML	4	
PROGRAF PACKET	4	B/D

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REZUROCK	5	QL(31 EA per 31 days); PA
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D
XATMEP	4	
Vaccines		
<i>abrysvo</i>	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	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	
HEPLISA V-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	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
PRIORIX	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	QL(2 EA per 999 days)
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr capsule delayed release</i>	3	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	
<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>	4	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
FOSAMAX PLUS D	4	QL(12 EA per 84 days)
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(1 ML per 180 days); PA
<i>risedronate sodium tablet 35mg</i>	3	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	3	QL(3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL(90 EA per 90 days)
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	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 NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQUR SIMPLICITY 2U	3	
CEQUR SIMPLICITY INSERTER	3	
CURITY GAUZE PADS 2"X2" 12 PLY	2	
DOJOLVI	5	PA
FILSPARI	5	QL(31 EA per 31 days); PA
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	
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	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID	3	QL(30 EA per 180 days)
SKYCLARYS	5	QL(93 EA per 31 days); PA
<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>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	
COMBIGAN	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<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	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
AZASITE	4	
BACITRACIN	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	QL(5 ML per 30 days)
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	3	
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-inflammatory		
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION	2	
<i>diclofenac sodium solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
<i>loteprednol etabonate suspension</i>	4	
NEVANAC	4	
PREDNISOLONE ACETATE	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	3	
BETOPTIC-S	4	
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>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	4	
<i>acetazolamide tablet 125mg</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
APRACLONIDINE	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	
IOPIDINE SOLUTION 1%	4	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	4	
CIPROFLOXACIN	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
HYDROCORTISONE/ACETIC ACID	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</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
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA	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)
<i>mometasone furoate suspension 50mcg/act</i>	3	QL(102 GM per 90 days)
OMNARIS	4	ST
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hydrochloride solution 1mg/ml</i>	2	QL(900 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	3	
<i>cyproheptadine hydrochloride tablet</i>	3	
<i>desloratadine</i>	3	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</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)
<i>olopatadine hcl nasal solution 0.6%</i>	4	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	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)
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate tablet</i>	4	
ALBUTEROL SULFATE NEBULIZATION SOLUTION 2.5MG/0.5ML	2	B/D
<i>albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D
<i>arformoterol tartrate</i>	4	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	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>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(120 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
OPSUMIT	5	QL(31 EA per 31 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	QL(120 EA per 30 days); PA
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL(224 EA per 28 days); PA; 32 MCG - 48 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(392 EA per 365 days); PA; 16 MCG - 32 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(504 EA per 365 days); PA; 16 MCG - 32 MCG - 48 MCG
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 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

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<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
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	3	
<i>triazolam</i>	3	QL(180 EA per 90 days)
<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
<i>modafinil</i>	4	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	QL(558 ML per 31 days); PA
XYREM	5	QL(558 ML per 31 days); PA

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
APRACLONIDINE	62	BACITRACIN	61
<i>aprepitant</i>	13	<i>bacitracin/polymyxin b</i>	60
APRETUDE	25	<i>baclofen</i>	24
<i>apri</i>	51	<i>balsalazide disodium</i>	58
APTIOM	9	BALVERSA	18
APTIVUS	27	BAQSIMI ONE PACK	30
ARANESP ALBUMIN FREE	31	BAQSIMI TWO PACK	30
ARCALYST	55	BCG VACCINE	57
AREXVY	57	BD INSULIN SYRINGE	59
<i>arformoterol tartrate</i>	63	SAFETYGLIDE/1ML/29G X 1/2"	
<i>aripiprazole</i>	22	B-D INSULIN SYRINGE ULTRAFINE	59
<i>aripiprazole odt</i>	22	II/0.3ML/31G X 5/16"	
ARISTADA	22	BD INSULIN SYRINGE ULTRA-	59
ARISTADA INITIO	22	FINE/0.5ML/30G X 12.7MM	
<i>armodafinil</i>	65	BD INSULIN SYRINGE ULTRA-	59
<i>asenapine maleate sl</i>	23	FINE/1ML/31G X 8MM	
<i>ashlyna</i>	51	BD PEN NEEDLE/ORIGINAL/ULTRA-	59
<i>aspirin/dipyridamole er</i>	32	FINE/29G X 12.7MM	
ASTAGRAF XL	56	<i>benazepril hcl</i>	33
<i>atazanavir</i>	27	<i>benazepril hcl/hydrochlorothiazide</i>	36
<i>atazanavir sulfate</i>	27	<i>benazepril hydrochloride</i>	33
<i>atenolol</i>	34	<i>benazepril</i>	36
<i>atenolol/chlorthalidone</i>	36	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atomoxetine</i>	40	BENLYSTA	55
<i>atomoxetine hydrochloride</i>	40	<i>benztropine mesylate</i>	21
<i>atorvastatin calcium</i>	39	BESIVANCE	61
<i>atovaquone</i>	21	BESREMI	17
<i>atovaquone/proguanil hcl</i>	21	<i>betaine anhydrous</i>	48
<i>atropine sulfate</i>	60	<i>betamethasone dipropionate</i>	42
ATROVENT HFA	63	BETAMETHASONE DIPROPIONATE	42
<i>aurovela fe 1.5/30</i>	51	AUGMENTED	
<i>aurovela fe 1/20</i>	51	<i>betamethasone valerate</i>	42
AURYXIA	46	BETASERON	41
AUVELITY	10	<i>betaxolol hcl</i>	34
AVONEX	41	BETAXOLOL HCL	61
AVONEX PEN	41	<i>bethanechol chloride</i>	50
AYVAKIT	18	BETOPTIC-S	61
AZASITE	61	BEVESPI AEROSPHERE	55
<i>azathioprine</i>	56	<i>bexarotene</i>	21
<i>azelaic acid</i>	42	BEXSERO	57
<i>azelastine hcl</i>	60	<i>bicalutamide</i>	16
<i>azelastine hcl</i>	62	BICILLIN C-R	6
<i>azelastine hydrochloride</i>	62	BICILLIN L-A	6
AZITHROMYCIN	6	BIKTARVY	25
<i>aztreonam</i>	4	<i>bimatoprost</i>	62

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>bisoprolol fumarate</i>	34	<i>camila</i>	53
<i>bisoprolol fumarate/hydrochlorothiazide</i>	37	<i>camrese</i>	51
<i>blisovi fe 1.5/30</i>	51	<i>camrese lo</i>	51
<i>blisovi fe 1/20</i>	51	CAMZYOS	37
BOOSTRIX	57	<i>candesartan cilexetil</i>	32
<i>bosentan</i>	64	<i>candesartan cilexetil/hydrochlorothiazide</i>	37
BOSULIF	18	CAPLYTA	23
BRAFTOVI	18	CAPRELSA	18
BREO ELLIPTA	65	<i>captopril</i>	33
BREZTRI AEROSPHERE	62	CAPTOPRIL/HYDROCHLOROTHIAZID	37
BRILINTA	32	E	
<i>brimonidine tartrate</i>	62	<i>carbamazepine</i>	9
<i>brinzolamide</i>	62	<i>carbamazepine er</i>	9
BRIVIACT	8	<i>carbidopa</i>	22
<i>bromocriptine mesylate</i>	21	<i>carbidopa/levodopa</i>	22
BRONCHITOL	65	<i>carbidopa/levodopa er</i>	22
BRUKINSA	18	CARBIDOPA/LEVODOPA ODT	22
<i>budesonide</i>	58	<i>carbidopa/levodopa/entacapone</i>	21
<i>budesonide</i>	62	<i>carglumic acid</i>	44
<i>budesonide er</i>	58	CARTEOLOL HCL	61
<i>bumetanide</i>	38	<i>cartia xt</i>	35
<i>buprenorphine</i>	1	<i>carvedilol</i>	34
<i>buprenorphine hcl</i>	3	<i>carvedilol phosphate er</i>	34
<i>buprenorphine hcl/naloxone hcl</i>	3	<i>casprofungin acetate</i>	13
<i>buprenorphine hydrochloride/naloxone</i>	3	CAYSTON	64
<i>hydrochloride</i>		CEFACLOR	5
<i>bupropion hcl</i>	10	CEFADROXIL	5
<i>bupropion hydrochloride</i>	11	CEFAZOLIN SODIUM	5
<i>bupropion hydrochloride er (sr)</i>	3	CEFAZOLIN SODIUM/DEXTROSE	5
<i>bupropion hydrochloride er (sr)</i>	10	<i>cefdinir</i>	5
<i>bupropion hydrochloride er (xl)</i>	10	CEFEPIME	5
<i>bupirone hcl</i>	27	CEFEPIME/DEXTROSE	5
<i>bupirone hydrochloride</i>	27	<i>cefixime</i>	5
<i>butorphanol tartrate</i>	2	CEFOXITIN SODIUM	5
BYDUREON BCISE	28	<i>cefpodoxime proxetil</i>	5
CABENUVA	25	<i>cefprozil</i>	5
<i>cabergoline</i>	54	<i>ceftazidime</i>	5
CABLIVI	32	CEFTAZIDIME/DEXTROSE	5
CABOMETYX	18	CEFTRIAZONE IN ISO-OSMOTIC	5
<i>calcipotriene</i>	43	DEXTROSE	
<i>calcitonin-salmon</i>	58	CEFTRIAZONE SODIUM	5
CALCITRIOL	44	CEFTRIAZONE/DEXTROSE	5
<i>calcitriol</i>	59	<i>cefuroxime axetil</i>	5
<i>calcium acetate</i>	46	<i>cefuroxime sodium</i>	5
CALQUENCE	18	<i>celecoxib</i>	1

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>cephalexin</i>	5	<i>clobetasol propionate</i>	43
CEQUR SIMPLICITY 2U	59	<i>clobetasol propionate e</i>	42
CEQUR SIMPLICITY INSERTER	59	<i>clobetasol propionate emollient</i>	42
CERDELGA	48	<i>clodan</i>	43
<i>cetirizine hydrochloride</i>	63	CLOMID	53
<i>cevimeline hydrochloride</i>	41	CLOMIPHENE CITRATE	53
CHEMET	46	<i>clomipramine hydrochloride</i>	12
<i>chlorhexidine gluconate</i>	41	<i>clonazepam</i>	9
<i>chloroquine phosphate</i>	21	<i>clonazepam odt</i>	9
<i>chlorpromazine hcl</i>	22	<i>clonidine hcl</i>	32
CHLORPROMAZINE	22	<i>clonidine hydrochloride</i>	32
HYDROCHLORIDE		<i>clopidogrel</i>	32
<i>chlorthalidone</i>	38	<i>clorazepate dipotassium</i>	28
CHOLBAM	48	<i>clotrimazole</i>	13
<i>cholestyramine</i>	39	<i>clotrimazole/betamethasone dipropionate</i>	44
<i>cholestyramine light</i>	39	<i>clozapine</i>	24
<i>ciclodan</i>	44	CLOZAPINE ODT	24
<i>ciclopirox</i>	44	COARTEM	21
<i>ciclopirox nail lacquer</i>	44	CODEINE SULFATE	2
<i>ciclopirox olamine</i>	44	<i>colchicine</i>	14
<i>cilostazol</i>	32	<i>colesevelam hydrochloride</i>	39
CIMDUO	26	<i>colestipol hcl</i>	39
<i>cinacalcet hydrochloride</i>	59	<i>colistimethate sodium</i>	4
CIPRO HC	62	COMBIGAN	60
CIPROFLOXACIN	62	COMBIVENT RESPIMAT	65
<i>ciprofloxacin hcl</i>	7	COMETRIQ	18
<i>ciprofloxacin hydrochloride</i>	7	COMPLERA	25
<i>ciprofloxacin hydrochloride</i>	61	<i>compro</i>	13
<i>ciprofloxacin i.v.-in d5w</i>	7	<i>constulose</i>	47
<i>ciprofloxacin/dexamethasone</i>	62	COPIKTRA	18
<i>citalopram hydrobromide</i>	11	CORLANOR	37
<i>claravis</i>	42	COSENTYX	55
CLARITHROMYCIN	6	COSENTYX SENSOREADY PEN	55
<i>clarithromycin er</i>	6	COSENTYX UNOREADY	55
<i>clindacin etz pledgets</i>	4	COTELIC	18
<i>clindamycin hcl</i>	4	CREON	48
<i>clindamycin hydrochloride</i>	4	<i>cromolyn sodium</i>	48
<i>clindamycin palmitate hcl</i>	4	CROMOLYN SODIUM	60
<i>clindamycin phosphate</i>	4	<i>cromolyn sodium</i>	64
<i>clindamycin phosphate</i>	44	CROTAN	44
<i>clindamycin phosphate/dextrose</i>	4	CURITY GAUZE PADS 2"X2" 12 PLY	59
<i>clindamycin/benzoyl peroxide</i>	42	<i>cyclobenzaprine hydrochloride</i>	65
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cyclophosphamide</i>	16
<i>clinpro 5000</i>	41	CYCLOSET	28
<i>clobazam</i>	9	<i>cyclosporine</i>	56

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>cyclosporine modified</i>	56	DEXTROSE 5%/NAACL 0.33%	45
<i>cyproheptadine hcl</i>	63	<i>dextrose 5%/nacl 0.45%</i>	45
<i>cyproheptadine hydrochloride</i>	63	<i>dextrose 5%/nacl 0.9%</i>	45
<i>cyred eq</i>	51	<i>dextrose 50%</i>	45
CYSTAGON	48	<i>dextrose 70%</i>	45
CYSTARAN	60	<i>dextrose/sodium chloride</i>	45
<i>dabigatran etexilate</i>	31	DIACOMIT	9
<i>dalfampridine er</i>	41	<i>diazepam</i>	28
<i>danazol</i>	50	DIAZEPAM RECTAL GEL	9
<i>dantrolene sodium</i>	24	<i>diazoxide</i>	30
DANYELZA	20	<i>diclofenac potassium</i>	1
<i>dapsone</i>	15	<i>diclofenac sodium</i>	1
DAPTACEL	57	<i>diclofenac sodium</i>	61
<i>daptomycin</i>	4	<i>diclofenac sodium dr</i>	1
<i>darunavir</i>	27	<i>diclofenac sodium er</i>	1
DAURISMO	18	<i>diclofenac sodium/misoprostol</i>	1
DAYBUE	41	<i>dicloxacillin sodium</i>	6
<i>daysee</i>	51	<i>dicyclomine hcl</i>	47
<i>deblitane</i>	53	<i>dicyclomine hydrochloride</i>	47
<i>deferasirox</i>	46	DIFICID	7
DELSTRIGO	25	<i>diflorasone diacetate</i>	43
<i>demeclocycline hcl</i>	7	<i>diflunisal</i>	1
DENGVAXIA	57	<i>difluprednate</i>	61
<i>dentagel</i>	41	<i>digox</i>	34
DEPO-ESTRADIOL	51	DIGOXIN	34
DEPO-SUBQ PROVERA 104	53	<i>dihydroergotamine mesylate</i>	14
DESCOVY	26	DILANTIN	10
<i>desipramine hydrochloride</i>	12	<i>diltiazem hcl</i>	35
<i>desloratadine</i>	63	<i>diltiazem hcl cd</i>	35
<i>desmopressin acetate</i>	50	<i>diltiazem hcl er</i>	35
<i>desogestrel/ethinyl estradiol</i>	51	<i>diltiazem hydrochloride</i>	35
<i>desonide</i>	43	<i>diltiazem hydrochloride er</i>	35
<i>desoximetasone</i>	43	<i>dilt-xr</i>	35
<i>desvenlafaxine er</i>	11	<i>dimethyl fumarate</i>	41
DEXAMETHASONE	50	<i>dimethyl fumarate starterpack</i>	41
DEXAMETHASONE INTENSOL	50	<i>diphenhydramine hcl</i>	63
DEXAMETHASONE SODIUM	61	<i>diphenoxylate hydrochloride/atropine</i>	47
PHOSPHATE		<i>sulfate</i>	
<i>dextroamphetamine sulfate</i>	40	DIPHENOXYLATE/ATROPINE	47
DEXTROSE 10%/NAACL 0.45%	44	DIPHThERIA/TETANUS TOXOIDS	57
<i>dextrose 10%</i>	44	ADSORBED PEDIATRIC	
DEXTROSE 2.5%/NAACL 0.45%	44	<i>disulfiram</i>	3
<i>dextrose 5%</i>	45	<i>divalproex sodium</i>	9
<i>dextrose 5%/nacl 0.2%</i>	45	<i>divalproex sodium dr</i>	9
<i>dextrose 5%/nacl 0.3%</i>	45	<i>divalproex sodium er</i>	9

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
DOCETAXEL	17	<i>eluryng</i>	51
<i>dofetilide</i>	34	EMCYT	16
DOJOLVI	59	EMEND	13
<i>donepezil hcl</i>	10	EMGALITY	15
<i>donepezil hydrochloride</i>	10	<i>emoquette</i>	51
DOPTELET	32	EMSAM	11
<i>dorzolamide hcl/timolol maleate</i>	60	<i>emtricitabine</i>	26
<i>dorzolamide hydrochloride</i>	62	<i>emtricitabine/tenofovir disoproxil</i>	26
<i>dorzolamide hydrochloride/timolol maleate</i>	60	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>pf</i>		EMTRIVA	26
DOVATO	25	<i>enalapril maleate</i>	33
<i>doxazosin mesylate</i>	32	<i>enalapril maleate/hydrochlorothiazide</i>	37
<i>doxepin hcl</i>	12	ENBREL	56
<i>doxepin hydrochloride</i>	13	ENBREL MINI	56
DOXORUBICIN HYDROCHLORIDE	17	ENBREL SURECLICK	56
<i>doxy 100</i>	7	ENDARI	48
<i>doxycycline</i>	7	<i>endocet</i>	2
<i>doxycycline hyclate</i>	7	ENGERIX-B	57
<i>doxycycline hyclate</i>	41	ENHERTU	20
<i>doxycycline monohydrate</i>	7	<i>enoxaparin sodium</i>	31
DRIZALMA SPRINKLE	11	<i>enskyce</i>	51
<i>dronabinol</i>	13	<i>entacapone</i>	21
<i>drospirenone/ethinyl estradiol</i>	51	<i>entecavir</i>	25
DROXIA	17	ENTRESTO	37
<i>droxidopa</i>	32	<i>enulose</i>	47
DUAVEE	53	EPCLUSA	25
DULERA	65	EPIDIOLEX	8
<i>duloxetine hcl</i>	11	<i>epinastine hcl</i>	60
<i>duloxetine hydrochloride</i>	11	EPINEPHRINE	63
DUPIXENT	55	<i>epitol</i>	10
<i>dutasteride</i>	49	<i>eplerenone</i>	38
<i>econazole nitrate</i>	14	EPRONTIA	8
EDARBI	32	ERGOLOID MESYLATES	10
EDARBYCLOR	37	ERIVEDGE	18
EDURANT	25	ERLEADA	16
EFAVIRENZ	26	<i>erlotinib hydrochloride</i>	18
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	26	<i>errin</i>	53
<i>fumarate</i>		<i>ertapenem</i>	6
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	26	ERY	44
<i>fumarate</i>		<i>ery-tab</i>	7
EGRIFTA SV	50	ERYTHROMYCIN	7
<i>eletriptan hydrobromide</i>	15	<i>erythromycin</i>	44
ELIQUIS	31	<i>erythromycin</i>	61
ELIQUIS STARTER PACK	31	<i>erythromycin base</i>	7
ELMIRON	50	<i>erythromycin dr</i>	7

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>erythromycin ethylsuccinate</i>	7	FILSPARI	59
<i>erythromycin/benzoyl peroxide</i>	42	<i>finasteride</i>	49
<i>escitalopram oxalate</i>	11	<i> fingolimod</i>	41
<i>estarylla</i>	51	FINTEPLA	8
<i>estradiol</i>	51	FIRDAPSE	41
<i>estradiol valerate</i>	51	FIRMAGON	54
<i>estradiol/norethindrone acetate</i>	51	FIRVANQ	4
ESTRING	51	<i>flac</i>	62
<i>ethacrynic acid</i>	38	<i>flavoxate hcl</i>	49
<i>ethambutol hydrochloride</i>	15	FLEBOGAMMA DIF	54
<i>ethosuximide</i>	8	<i>flecainide acetate</i>	34
<i>ethynodiol diacetate/ethinyl estradiol</i>	51	FLOVENT DISKUS	62
<i>etodolac</i>	1	FLOVENT HFA	62
<i>etodolac er</i>	1	<i>fluconazole</i>	14
<i>etonogestrel/ethinyl estradiol</i>	51	<i>fluconazole in sodium chloride</i>	14
<i>etravirine</i>	26	FLUCONAZOLE/SODIUM CHLORIDE	14
<i>euthyrox</i>	53	<i>flucytosine</i>	14
<i>everolimus</i>	18	<i>fludrocortisone acetate</i>	50
<i>everolimus</i>	56	<i>flunisolide</i>	62
EVOTAZ	27	<i>fluocinolone acetonide</i>	43
<i>exemestane</i>	18	<i>fluocinolone acetonide</i>	62
EXKIVITY	18	<i>fluocinolone acetonide body</i>	43
EZALLOR SPRINKLE	39	<i>fluocinolone acetonide scalp</i>	43
<i>ezetimibe</i>	39	<i>fluocinonide</i>	43
<i>ezetimibe/simvastatin</i>	39	<i>fluocinonide emulsified base</i>	43
<i>famciclovir</i>	27	<i>fluoridex daily defense</i>	41
<i>famotidine</i>	48	<i>fluoridex enhanced whitening</i>	41
FANAPT	23	<i>fluorimax 5000</i>	41
FANAPT TITRATION PACK	23	<i>fluorometholone</i>	61
FARXIGA	28	<i>fluorouracil</i>	44
FARYDAK	18	FLUOXETINE DR	12
FASENRA	65	<i>fluoxetine hcl</i>	12
FASENRA PEN	65	<i>fluoxetine hydrochloride</i>	12
<i>felbamate</i>	8	<i>fluphenazine decanoate</i>	22
<i>felodipine er</i>	35	FLUPHENAZINE HCL	22
FEMRING	51	FLUPHENAZINE HYDROCHLORIDE	22
<i>femynor</i>	51	<i>flurbiprofen</i>	1
<i>fenofibrate</i>	39	FLURBIPROFEN SODIUM	61
<i>fenofibrate micronized</i>	39	<i>flutamide</i>	16
<i>fenofibric acid dr</i>	39	<i>fluticasone propionate</i>	43
<i>fentanyl</i>	1	<i>fluticasone propionate</i>	62
<i>fentanyl citrate oral transmucosal</i>	2	<i>fluticasone propionate/salmeterol diskus</i>	65
<i>fesoterodine fumarate er</i>	49	<i>fluvastatin</i>	39
FETZIMA	11	<i>fluvastatin sodium er</i>	39
FETZIMA TITRATION PACK	11	<i>fluvoxamine maleate</i>	12

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>fluvoxamine maleate er</i>	12	GLEOSTINE	16
FML FORTE	61	<i>glimepiride</i>	28
<i>fondaparinux sodium</i>	31	<i>glipizide</i>	28
FORTEO	59	<i>glipizide er</i>	28
FOSAMAX PLUS D	59	<i>glipizide/metformin hydrochloride</i>	28
<i>fosamprenavir calcium</i>	27	GLUCAGEN HYPOKIT	30
<i>fosfomycin tromethamine</i>	4	GLUCAGON EMERGENCY KIT	30
<i>fosinopril sodium</i>	33	GLUCAGON EMERGENCY KIT FOR	30
<i>fosinopril sodium/hydrochlorothiazide</i>	37	LOW BLOOD SUGAR	
<i>fosphenytoin sodium</i>	10	<i>glyburide</i>	28
FOSRENOL	46	<i>glyburide micronized</i>	28
FOTIVDA	16	<i>glyburide/metformin hydrochloride</i>	28
<i>frovatriptan succinate</i>	15	GLYCOPYRROLATE	47
<i>furosemide</i>	38	GLYXAMBI	28
FUZEON	26	<i>granisetron hydrochloride</i>	13
<i>fyavolv</i>	51	<i>griseofulvin microsize</i>	14
FYCOMPA	8	<i>griseofulvin ultramicrosize</i>	14
<i>gabapentin</i>	9	<i>guanfacine er</i>	40
GALANTAMINE HYDROBROMIDE	10	<i>guanfacine hydrochloride</i>	40
<i>galantamine hydrobromide er</i>	10	GVOKE HYPOPEN 1-PACK	30
GAMMAGARD LIQUID	54	GVOKE HYPOPEN 2-PACK	30
GAMMAPLEX	54	GVOKE KIT	30
GAMUNEX-C	54	GVOKE PFS	30
GARDASIL 9	57	HAEGARDA	54
<i>gatifloxacin</i>	61	<i>hailey fe 1.5/30</i>	51
GATTEX	47	<i>hailey fe 1/20</i>	51
GAVILYTE-C	47	<i>halobetasol propionate</i>	43
<i>gavilyte-g</i>	47	<i>haloette</i>	51
<i>gavilyte-n/flavor pack</i>	47	<i>haloperidol</i>	22
GAVRETO	17	<i>haloperidol decanoate</i>	22
<i>gefitinib</i>	18	<i>haloperidol lactate</i>	22
GEMCITABINE HYDROCHLORIDE	17	HARVONI	25
<i>gemfibrozil</i>	39	HAVRIX	57
GEMTESA	15	HEMADY	50
<i>generlac</i>	47	<i>heparin sodium</i>	31
<i>gengraf</i>	56	HEPLISAV-B	57
GENTAK	61	HERCEPTIN HYLECTA	20
<i>gentamicin sulfate</i>	4	HIBERIX	57
<i>gentamicin sulfate</i>	61	HUMALOG KWIKPEN	30
GENTAMICIN SULFATE/0.9% SODIUM	3	HUMATROPE	50
CHLORIDE		HUMIRA	56
GENVOYA	25	HUMIRA PEN	56
GILOTRIF	18	HUMIRA PEN-CD/UC/HS STARTER	56
<i>glatiramer acetate</i>	41	HUMIRA PEN-PEDIATRIC UC	56
<i>glatopa</i>	41	STARTER PACK	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
HUMIRA PEN-PS/UV STARTER	56	INCRELEX	50
HUMULIN R U-500 (CONCENTRATED)	30	INCRUSE ELLIPTA	63
HUMULIN R U-500 KWIKPEN	30	<i>indapamide</i>	38
<i>hydralazine hcl</i>	40	INFANRIX	57
<i>hydralazine hydrochloride</i>	40	INLYTA	19
<i>hydrochlorothiazide</i>	38	INQOVI	19
<i>hydrocodone bitartrate/acetaminophen</i>	2	INREBIC	17
<i>hydrocodone/acetaminophen</i>	2	INTELENCE	26
HYDROCODONE/IBUPROFEN	2	INTRALIPID	59
<i>hydrocortisone</i>	43	INTRON A	56
<i>hydrocortisone</i>	50	INVEGA HAFYERA	23
<i>hydrocortisone</i>	58	INVEGA SUSTENNA	23
<i>hydrocortisone acetate/pramoxine</i>	44	INVEGA TRINZA	23
<i>hydrocortisone butyrate</i>	43	IOPIDINE	62
<i>hydrocortisone valerate</i>	43	IPOL INACTIVATED IPV	57
HYDROCORTISONE/ACETIC ACID	62	<i>ipratropium bromide</i>	63
<i>hydromorphone hcl</i>	2	<i>ipratropium bromide/albuterol sulfate</i>	65
HYDROMORPHONE	2	<i>irbesartan</i>	33
HYDROCHLORIDE		<i>irbesartan/hydrochlorothiazide</i>	37
<i>hydroxychloroquine sulfate</i>	21	ISENTRESS	25
<i>hydroxyurea</i>	17	ISENTRESS HD	25
<i>hydroxyzine hcl</i>	63	<i>isibloom</i>	51
<i>hydroxyzine hydrochloride</i>	63	ISOLYTE-P/DEXTROSE 5%	45
<i>hydroxyzine pamoate</i>	63	ISOLYTE-S	45
HYFTOR	56	ISOLYTE-S PH 7.4	45
HYPERHEP B	54	<i>isoniazid</i>	15
<i>ibandronate sodium</i>	59	<i>isosorbide dinitrate</i>	39
IBRANCE	17	<i>isosorbide dinitrate/hydralazine</i>	37
IBRANCE	19	<i>hydrochloride</i>	
<i>ibu</i>	1	ISOSORBIDE MONONITRATE	39
<i>ibuprofen</i>	1	<i>isosorbide mononitrate er</i>	39
<i>icatibant acetate</i>	54	ISOTONIC GENTAMICIN	4
ICLUSIG	19	<i>isotretinoin</i>	42
<i>icosapent ethyl</i>	39	<i>isradipine</i>	35
IDHIFA	17	<i>itraconazole</i>	14
ILEVRO	61	<i>ivermectin</i>	21
<i>imatinib mesylate</i>	19	IXEMPRA KIT	17
IMBRUVICA	19	IXIARO	57
IMIPENEM/CILASTATIN	6	<i>jaimiess</i>	51
<i>imipramine hcl</i>	13	JAKAFI	19
<i>imipramine hydrochloride</i>	13	<i>jantoven</i>	31
<i>imipramine pamoate</i>	13	JANUMET	28
<i>imiquimod</i>	44	JANUMET XR	29
IMOVAX RABIES (H.D.C.V.)	57	JANUVIA	29
<i>incassia</i>	53	JARDIANCE	29

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>jasmiel</i>	51	<i>lacosamide</i>	10
JAYPIRCA	19	<i>lactulose</i>	47
JENTADUETO	29	LAGEVRIO	59
JENTADUETO XR	29	<i>lamivudine</i>	25
<i>jinteli</i>	51	<i>lamivudine</i>	26
JOENJA	55	<i>lamivudine/zidovudine</i>	26
<i>juleber</i>	51	<i>lamotrigine</i>	8
JULUCA	25	<i>lamotrigine er</i>	8
<i>junel fe 1.5/30</i>	51	<i>lamotrigine odt</i>	8
<i>junel fe 1/20</i>	51	<i>lamotrigine starter kit/blue</i>	8
<i>just right 5000</i>	41	<i>lamotrigine starter kit/green</i>	8
JYNNEOS	57	<i>lamotrigine starter kit/orange</i>	8
<i>kalliga</i>	52	<i>lansoprazole</i>	48
KALYDECO	64	LANSOPRAZOLE/AMOXICILLIN/CLAR	47
<i>kcl 0.075%/d5w/nacl 0.45%</i>	45	ITHROMYCIN	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	45	<i>lanthanum carbonate</i>	46
<i>kcl 0.15%/d5w/nacl 0.45%</i>	45	LANTUS	30
<i>kcl 0.15%/d5w/nacl 0.9%</i>	45	LANTUS SOLOSTAR	30
<i>kcl 0.3%/d5w/nacl 0.45%</i>	45	<i>lapatinib ditosylate</i>	19
KCL 0.3%/D5W/NACL 0.9%	45	<i>larin fe 1.5/30</i>	52
<i>kelnor 1/50</i>	52	<i>larin fe 1/20</i>	52
KERENDIA	37	<i>latanoprost</i>	62
<i>ketoconazole</i>	14	<i>leflunomide</i>	56
<i>ketodan</i>	14	<i>lenalidomide</i>	16
KETOPROFEN	1	LENVIMA 10 MG DAILY DOSE	19
KETOPROFEN ER	1	LENVIMA 12MG DAILY DOSE	19
<i>ketorolac tromethamine</i>	61	LENVIMA 14 MG DAILY DOSE	19
KEVZARA	29	LENVIMA 18 MG DAILY DOSE	19
KEVZARA	55	LENVIMA 20 MG DAILY DOSE	19
KINERET	55	LENVIMA 24 MG DAILY DOSE	19
KINRIX	57	LENVIMA 4 MG DAILY DOSE	19
KISQALI	19	LENVIMA 8 MG DAILY DOSE	19
KISQALI FEMARA 200 DOSE	17	<i>letrozole</i>	18
KISQALI FEMARA 400 DOSE	17	<i>leucovorin calcium</i>	17
KISQALI FEMARA 600 DOSE	17	LEUKERAN	16
<i>klor-con 10</i>	45	<i>leuprolide acetate</i>	54
<i>klor-con 8</i>	45	<i>levalbuterol</i>	63
<i>klor-con m10</i>	45	<i>levalbuterol hcl</i>	63
<i>klor-con m15</i>	45	<i>levalbuterol hydrochloride</i>	63
<i>klor-con m20</i>	45	LEVALBUTEROL TARTRATE HFA	63
KLOXXADO	3	<i>levetiracetam</i>	8
KORLYM	30	<i>levetiracetam er</i>	8
KOSELUGO	19	LEVOBUNOLOL HCL	61
KRAZATI	17	<i>levocarnitine</i>	59
<i>labetalol hydrochloride</i>	34	<i>levocetirizine dihydrochloride</i>	63

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>levofloxacin</i>	7	LUPRON DEPOT-PED (1-MONTH)	54
LEVOFLOXACIN	61	LUPRON DEPOT-PED (3-MONTH)	54
<i>levofloxacin in d5w</i>	7	<i>lurasidone hydrochloride</i>	23
<i>levonorgestrel and ethinyl estradiol</i>	52	LYBALVI	23
<i>levonorgestrel/ethinyl estradiol</i>	52	<i>lyleq</i>	53
<i>levo-t</i>	53	LYNPARZA	19
<i>levothyroxine sodium</i>	53	LYSODREN	54
<i>levoxyl</i>	53	LYTGOBI	17
LEXIVA	27	<i>lyza</i>	53
LIBTAYO	20	<i>magnesium sulfate</i>	45
<i>lidocaine</i>	3	<i>malathion</i>	44
<i>lidocaine hydrochloride</i>	3	<i>maraviroc</i>	26
<i>lidocaine hydrochloride injection usp 1%</i>	3	MARGENZA	20
<i>lidocaine/prilocaine</i>	3	MARPLAN	11
<i>linezolid</i>	4	MATULANE	16
LINZESS	47	<i>matzim la</i>	35
<i>liothyronine sodium</i>	53	<i>meclizine hcl</i>	13
<i>lisinopril</i>	33	MECLOFENAMATE SODIUM	1
<i>lisinopril/hydrochlorothiazide</i>	37	<i>medroxyprogesterone acetate</i>	53
LITHIUM CARBONATE	28	<i>mefenamic acid</i>	1
<i>lithium carbonate er</i>	28	<i>mefloquine hcl</i>	21
LIVTENCITY	24	<i>megestrol acetate</i>	53
<i>lojaimiess</i>	52	MEKINIST	19
LOKELMA	55	MEKTOVI	19
LONSURF	17	<i>meloxicam</i>	1
<i>loperamide hcl</i>	47	<i>memantine hydrochloride</i>	10
<i>lopinavir/ritonavir</i>	27	<i>memantine hydrochloride er</i>	10
<i>lorazepam</i>	28	MENACTRA	57
<i>lorazepam intensol</i>	28	MENEST	52
LORBRENA	19	MENQUADFI	57
<i>loryna</i>	52	MENVEO	57
<i>losartan potassium</i>	33	<i>meprobamate</i>	27
<i>losartan potassium/hydrochlorothiazide</i>	37	<i>mercaptopurine</i>	17
<i>loteprednol etabonate</i>	61	<i>meropenem</i>	6
<i>lovastatin</i>	39	MEROPENEM/SODIUM CHLORIDE	6
<i>loxapine</i>	22	<i>mesalamine</i>	58
<i>lo-zumandimine</i>	52	<i>mesalamine dr</i>	58
<i>lubiprostone</i>	47	<i>mesalamine er</i>	58
LUMAKRAS	17	MESNEX	21
LUMIGAN	62	<i>metformin hydrochloride</i>	29
LUMOXITI	20	<i>metformin hydrochloride er</i>	29
LUPRON DEPOT (1-MONTH)	54	METHADONE HCL	1
LUPRON DEPOT (3-MONTH)	54	<i>methazolamide</i>	62
LUPRON DEPOT (4-MONTH)	54	<i>methenamine hippurate</i>	4
LUPRON DEPOT (6-MONTH)	54	<i>methimazole</i>	54

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
METHITEST	50	<i>mono-linyah</i>	52
<i>methocarbamol</i>	65	<i>montelukast sodium</i>	63
<i>methotrexate</i>	56	MORPHINE SULFATE	2
<i>methotrexate sodium</i>	56	MORPHINE SULFATE ER	1
METHOXSALLEN	44	MOUNJARO	55
<i>methscopolamine bromide</i>	47	MOVANTIK	47
<i>methsuximide</i>	8	MOXIFLOXACIN	7
<i>methylphenidate hydrochloride</i>	40	HYDROCHLORIDE/SODIUM	
METHYLPHENIDATE	40	HYDROCHLORIDE	
HYDROCHLORIDE ER		<i>moxifloxacin hydrochloride</i>	7
<i>methylprednisolone</i>	50	MOXIFLOXACIN HYDROCHLORIDE	61
<i>methylprednisolone dose pack</i>	50	MULTAQ	34
<i>metoclopramide hcl</i>	47	<i>multiple electrolytes injection type 1</i>	45
<i>metoclopramide hydrochloride</i>	47	<i>mupirocin</i>	44
<i>metolazone</i>	38	MYALEPT	47
<i>metoprolol succinate er</i>	34	<i>mycophenolate mofetil</i>	56
<i>metoprolol tartrate</i>	34	<i>mycophenolic acid dr</i>	56
<i>metoprolol/hydrochlorothiazide</i>	37	<i>myorisan</i>	42
<i>metronidazole</i>	4	MYRBETRIQ	49
<i>metronidazole</i>	42	NABI-HB	55
<i>metronidazole vaginal</i>	4	<i>nabumetone</i>	1
<i>metyrosine</i>	37	<i>nadolol</i>	34
<i>mexiletine hcl</i>	34	NAFCILLIN	6
MICONAZOLE 3	14	<i>nafcillin sodium</i>	6
<i>microgestin fe 1.5/30</i>	52	NAFTIFINE HCL	14
<i>microgestin fe 1/20</i>	52	<i>naftifine hydrochloride</i>	14
<i>midodrine hcl</i>	32	<i>naloxone hcl</i>	3
MIGERGOT	14	<i>naloxone hydrochloride</i>	3
<i>miglitol</i>	29	<i>naltrexone hcl</i>	3
<i>miglustat</i>	48	NAMZARIC	10
<i>mili</i>	52	<i>naproxen</i>	1
<i>mimvey</i>	52	<i>naproxen sodium</i>	1
<i>minocycline hcl</i>	7	<i>naratriptan hcl</i>	15
<i>minocycline hydrochloride</i>	7	NATACYN	61
<i>minoxidil</i>	40	<i>nateglinide</i>	29
<i>mirtazapine</i>	11	NATPARA	59
<i>mirtazapine odt</i>	11	NAYZILAM	8
<i>misoprostol</i>	48	NEFAZODONE HYDROCHLORIDE	12
M-M-R II	57	<i>neomycin sulfate</i>	4
<i>modafinil</i>	65	<i>neomycin/bacitracin/polymyxin</i>	60
<i>moexipril hcl</i>	33	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	60
MOLINDONE HYDROCHLORIDE	22	<i>one</i>	
<i>mometasone furoate</i>	43	<i>neomycin/polymyxin/dexamethasone</i>	60
<i>mometasone furoate</i>	62	NEOMYCIN/POLYMYXIN/GRAMICIDI	60
MONJUVI	20	N	

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>neomycin/polymyxin/hc</i>	62	NORPACE CR	34
NEOMYCIN/POLYMYXIN/HYDROCOR	60	NORTRIPTYLINE HCL	13
TISONE		<i>nortriptyline hydrochloride</i>	13
<i>neomycin/polymyxin/hydrocortisone</i>	62	NORVIR	27
<i>neo-polycin</i>	60	NOVOLIN 70/30	30
<i>neo-polycin hc</i>	60	NOVOLIN 70/30 FLEXPEN	30
NERLYNX	19	NOVOLIN 70/30 FLEXPEN RELION	30
NEULASTA	32	NOVOLIN 70/30 RELION	31
NEULASTA ONPRO KIT	32	NOVOLIN N	31
NEUPRO	21	NOVOLIN N FLEXPEN	31
NEVANAC	61	NOVOLIN N FLEXPEN RELION	31
NEVIRAPINE	26	NOVOLIN N RELION	31
NEVIRAPINE ER	26	NOVOLIN R	31
NEXLETOL	55	NOVOLIN R FLEXPEN	31
NEXLIZET	55	NOVOLIN R FLEXPEN RELION	31
NIACIN	39	NOVOLIN R RELION	31
<i>niacin er</i>	39	NOVOLOG	31
<i>nicardipine hcl</i>	35	NOVOLOG FLEXPEN	31
NICOTROL INHALER	3	NOVOLOG FLEXPEN RELION	31
NICOTROL NS	3	NOVOLOG MIX 70/30	31
<i>nifedipine er</i>	35	NOVOLOG MIX 70/30 PREFILLED	31
<i>nikki</i>	52	FLEXPEN	
<i>nilutamide</i>	16	NOVOLOG MIX 70/30 PREFILLED	31
<i>nimodipine</i>	35	FLEXPEN RELION	
NINLARO	17	NOVOLOG MIX 70/30 RELION	31
NISOLDIPINE ER	35	NOVOLOG PENFILL	31
<i>nitazoxanide</i>	21	NOVOLOG RELION	31
<i>nitisinone</i>	48	NOVOPEN ECHO	59
NITRO-BID	40	NOXAFIL	14
<i>nitrofurantoin</i>	4	NP THYROID 120	53
<i>nitrofurantoin macrocrystals</i>	4	NP THYROID 15	53
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NP THYROID 30	53
<i>nitroglycerin</i>	40	NP THYROID 60	53
<i>nitroglycerin lingual</i>	40	NP THYROID 90	53
<i>nitroglycerin transdermal</i>	40	NUBEQA	16
NIVESTYM	32	NUCALA	65
NIZATIDINE	48	NUCYNTA	2
<i>nora-be</i>	53	NUEDEXTA	41
NORDITROPIN FLEXPRO	50	NUPLAZID	23
<i>norethindrone</i>	53	NURTEC	55
<i>norethindrone acetate</i>	53	NUTROPIN AQ NUSPIN 10	50
<i>norethindrone acetate/ethinyl estradiol</i>	52	NUTROPIN AQ NUSPIN 20	50
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	52	NUTROPIN AQ NUSPIN 5	50
<i>norgestimate/ethinyl estradiol</i>	52	<i>nyamyc</i>	14
		<i>nymyo</i>	52

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>nystatin</i>	14	OTREXUP	56
<i>nystatin/triamcinolone</i>	44	OXACILLIN SODIUM	6
<i>nystop</i>	14	<i>oxaprozin</i>	1
<i>octreotide acetate</i>	54	OXBRYTA	32
ODEFSEY	26	<i>oxcarbazepine</i>	10
ODOMZO	19	<i>oxybutynin chloride</i>	49
OFEV	64	<i>oxybutynin chloride er</i>	49
OFLOXACIN	7	<i>oxycodone hydrochloride</i>	2
<i>ofloxacin</i>	61	<i>oxycodone/acetaminophen</i>	3
<i>ofloxacin</i>	62	<i>oxymorphone hydrochloride</i>	3
<i>olanzapine</i>	23	OXYMORPHONE HYDROCHLORIDE	2
<i>olanzapine odt</i>	23	ER	
<i>olanzapine/fluoxetine</i>	11	OXYMORPHONE	2
<i>olmesartan medoxomil</i>	33	HYDROCHLORIDEER	
<i>olmesartan</i>	37	OZEMPIC	29
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>pacerone</i>	34
<i>olmesartan medoxomil/hydrochlorothiazide</i>	37	PADCEV	20
<i>olopatadine hcl</i>	60	<i>paliperidone er</i>	23
<i>olopatadine hcl</i>	63	PANCREAZE	48
<i>olopatadine hydrochloride</i>	60	PANRETIN	21
<i>omega-3-acid ethyl esters</i>	39	<i>pantoprazole sodium</i>	48
<i>omeprazole</i>	48	<i>paricalcitol</i>	59
<i>omeprazole dr</i>	48	<i>paromomycin sulfate</i>	4
OMNARIS	62	<i>paroxetine</i>	12
OMNIPOD 5 G6 INTRO KIT (GEN 5)	59	<i>paroxetine hcl</i>	12
OMNIPOD 5 G6 PODS (GEN 5)	59	<i>paroxetine hcl er</i>	12
OMNIPOD CLASSIC PDM STARTER	59	<i>paroxetine hydrochloride</i>	12
KIT (GEN 3)		PAXLOVID	60
OMNIPOD CLASSIC PODS (GEN 3)	59	PEDIARIX	57
OMNIPOD DASH INTRO KIT (GEN 4)	60	PEDVAX HIB	57
OMNIPOD DASH PODS (GEN 4)	60	<i>peg-3350/electrolytes</i>	48
<i>ondansetron hcl</i>	13	<i>peg-3350/nacl/na bicarbonate/kcl</i>	48
<i>ondansetron hydrochloride</i>	13	PEGASYS	56
<i>ondansetron odt</i>	13	PEMAZYRE	17
ONUREG	17	<i>penicillamine</i>	46
OPSUMIT	64	PENICILLIN G POTASSIUM IN ISO-	6
<i>oralone dental paste</i>	41	OSMOTIC DEXTROSE	
ORENCIA	29	PENICILLIN G PROCAINE	6
ORENCIA CLICKJECT	29	PENICILLIN G SODIUM	6
ORGOVYX	54	PENICILLIN V POTASSIUM	6
ORKAMBI	64	PENTACEL	57
ORSERDU	17	<i>pentamidine isethionate</i>	21
<i>oseltamivir phosphate</i>	27	<i>pentoxifylline er</i>	37
OTEZLA	49	PERINDOPRIL ERBUMINE	33
OTEZLA	65	<i>perio gard</i>	41

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>permethrin</i>	44	<i>potassium citrate er</i>	46
<i>perphenazine</i>	22	<i>pramipexole dihydrochloride</i>	21
PERSERIS	23	<i>pramipexole dihydrochloride er</i>	21
PFIZERPEN	6	<i>prasugrel</i>	32
PHENELZINE SULFATE	11	<i>pravastatin sodium</i>	39
<i>phenobarbital</i>	9	<i>praziquantel</i>	21
<i>phenytoin</i>	10	<i>prazosin hydrochloride</i>	32
<i>phenytoin sodium extended</i>	10	PREDNICARBATE	43
PHOSLYRA	46	PREDNISOLONE	50
PIFELTRO	26	PREDNISOLONE ACETATE	61
<i>pilocarpine hcl</i>	62	<i>prednisolone sodium phosphate</i>	50
<i>pilocarpine hydrochloride</i>	41	PREDNISOLONE SODIUM PHOSPHATE	61
<i>pimecrolimus</i>	43	PREDNISONE	50
PIMOZIDE	22	PREDNISONE INTENSOL	50
<i>pindolol</i>	34	PREFEST	52
<i>pioglitazone hcl</i>	29	<i>pregabalin</i>	9
<i>pioglitazone hcl/metformin hcl</i>	29	PREHEVBRIO	57
<i>pioglitazone hcl-glimepiride</i>	29	PREMARIN	52
<i>pioglitazone hydrochloride</i>	29	PREMASOL	46
<i>piperacillin sodium/tazobactam sodium</i>	6	PRENATAL	46
PIQRAY 200MG DAILY DOSE	19	PRETOMANID	15
PIQRAY 250MG DAILY DOSE	19	<i>prevalite</i>	39
PIQRAY 300MG DAILY DOSE	19	PREVIDENT 5000 BOOSTER PLUS	41
<i>pirfenidone</i>	64	PREVIDENT 5000 DRY MOUTH	42
<i>piroxicam</i>	1	PREVIDENT 5000 ORTHO DEFENSE	42
PLASMA-LYTE A	45	PREVIDENT FLUORIDE	42
PLASMA-LYTE-148	45	<i>previfem</i>	52
<i>plenamine</i>	45	PREVYMIS	25
PODOFILOX	44	PREZCOBIX	27
POLIVY	20	PREZISTA	27
<i>polycin</i>	60	PRIFTIN	16
<i>polymyxin b sulfate</i>	4	PRIMAQUINE PHOSPHATE	21
<i>polymyxin b sulfate/trimethoprim sulfate</i>	60	PRIMIDONE	9
POMALYST	16	PRIORIX	57
<i>posaconazole</i>	14	PRIVIGEN	55
<i>posaconazole dr</i>	14	<i>probenecid</i>	14
<i>potassium chloride</i>	45	<i>probenecid/colchicine</i>	14
<i>potassium chloride er</i>	45	<i>prochlorperazine</i>	13
<i>potassium chloride/dextrose</i>	45	<i>prochlorperazine maleate</i>	13
POTASSIUM	45	PROCRIT	32
CHLORIDE/DEXTROSE/LACTATED		<i>procto-med hc</i>	58
RINGERS		<i>proctosol hc</i>	58
<i>potassium chloride/dextrose/sodium</i>	45	<i>proctozone-hc</i>	58
<i>chloride</i>		<i>progesterone</i>	53
<i>potassium chloride/sodium chloride</i>	45	PROGRAF	56

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
PROLIA	59	RECORLEV	54
PROMACTA	32	RECTIV	48
<i>promethazine hcl</i>	13	RELENZA DISKHALER	27
<i>promethazine hcl plain</i>	13	RELISTOR	47
<i>promethazine hydrochloride</i>	13	<i>repaglinide</i>	29
<i>promethegan</i>	13	REPATHA	55
<i>propafenone hcl</i>	34	REPATHA PUSHTRONEX SYSTEM	44
<i>propafenone hydrochloride er</i>	34	REPATHA SURECLICK	55
PROPRANOLOL HCL	35	RESTASIS	60
<i>propranolol hcl er</i>	35	RESTASIS MULTIDOSE	60
<i>propranolol hydrochloride</i>	35	RETEVMO	17
<i>propranolol hydrochloride er</i>	35	REVCovi	49
<i>propylthiouracil</i>	54	REVLIMID	16
PROQUAD	58	REXULTI	23
PROSOL	46	REYATAZ	27
<i>protriptyline hcl</i>	13	REZLIDHIA	19
PULMOZYME	64	REZUROCK	57
PURIXAN	17	RHOPRESSA	62
<i>pyrazinamide</i>	16	RIBAVIRIN	25
<i>pyridostigmine bromide</i>	15	RIDAURA	55
<i>pyridostigmine bromide er</i>	15	<i>rifabutin</i>	15
<i>pyrimethamine</i>	21	<i>rifampin</i>	16
PYRUKYND	49	<i>riluzole</i>	41
PYRUKYND TAPER PACK	49	RIMANTADINE HYDROCHLORIDE	27
QINLOCK	16	RINVOQ	55
QUADRACEL	58	<i>risedronate sodium</i>	59
<i>quetiapine fumarate</i>	23	RISPERDAL CONSTA	23
<i>quetiapine fumarate er</i>	23	<i>risperidone</i>	24
<i>quinapril hcl</i>	33	RISPERIDONE ODT	24
<i>quinapril hydrochloride</i>	34	<i>ritonavir</i>	27
<i>quinapril/hydrochlorothiazide</i>	38	<i>rivastigmine tartrate</i>	10
QUINIDINE SULFATE	34	<i>rivastigmine transdermal system</i>	10
<i>quinine sulfate</i>	21	<i>rizatriptan benzoate</i>	15
RABAVERT	58	<i>rizatriptan benzoate odt</i>	15
RADICAVA ORS	41	ROCKLATAN	60
RADICAVA ORS STARTER KIT	41	<i>roflumilast</i>	64
<i>raloxifene hydrochloride</i>	53	<i>ropinirole er</i>	21
<i>ramelteon</i>	65	<i>ropinirole hcl</i>	21
<i>ramipril</i>	34	<i>ropinirole hydrochloride</i>	21
<i>ranolazine er</i>	38	<i>rosuvastatin calcium</i>	39
<i>rasagiline mesylate</i>	22	ROTARIX	58
RASUVO	57	ROTATEQ	58
RAVICTI	49	<i>roweepira</i>	8
<i>reclipsen</i>	52	ROZLYTREK	19
RECOMBIVAX HB	58	RUBRACA	19

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>rufinamide</i>	10	SODIUM OXYBATE	65
RUKOBIA	26	<i>sodium phenylbutyrate</i>	49
RYBELSUS	29	<i>sodium polystyrene sulfonate</i>	46
RYBREVANT	20	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48
RYDAPT	19	<i>solifenacin succinate</i>	49
RYLAZE	17	SOLQUA 100/33	30
<i>sajazir</i>	54	SOLTAMOX	16
<i>salsalate</i>	1	SOMATULINE DEPOT	54
SANTYL	44	SOMAVERT	54
<i>sapropterin dihydrochloride</i>	49	<i>sorafenib</i>	19
SARCLISA	20	<i>sorafenib tosylate</i>	19
SAVELLA	41	<i>sorine</i>	34
SAVELLA TITRATION PACK	41	<i>sotalol hcl</i>	34
SCSEMBLIX	17	<i>sotalol hydrochloride (af)</i>	34
<i>scopolamine</i>	13	SOVALDI	25
SECUADO	24	SPIRIVA HANDIHALER	63
<i>selegiline hcl</i>	22	SPIRIVA RESPIMAT	63
<i>selenium sulfide</i>	43	<i>spironolactone</i>	38
SELZENTRY	26	<i>spironolactone/hydrochlorothiazide</i>	38
SEREVENT DISKUS	63	<i>sprintec 28</i>	52
SEROSTIM	50	SPRITAM	8
<i>sertraline hcl</i>	12	SPRYCEL	19
<i>sertraline hydrochloride</i>	12	SPS	47
<i>sevelamer carbonate</i>	46	<i>ssd</i>	44
SEVELAMER HYDROCHLORIDE	46	STAMARIL	58
<i>sf</i>	42	STAVUDINE	26
<i>sharobel</i>	53	STELARA	55
SHINGRIX	58	STIOLTO RESPIMAT	65
SIGNIFOR	54	STIVARGA	20
<i>sildenafil citrate</i>	64	STRIBILD	25
<i>silver sulfadiazine</i>	44	<i>subvenite</i>	8
SIMBRINZA	60	<i>subvenite starter kit/blue</i>	8
<i>simpesse</i>	52	<i>subvenite starter kit/green</i>	8
<i>simvastatin</i>	39	<i>subvenite starter kit/orange</i>	8
<i>sirolimus</i>	57	<i>sucrafate</i>	48
SIRTURO	16	<i>sulfacetamide sodium</i>	7
SKYCLARYS	60	SULFACETAMIDE SODIUM	61
SKYRIZI	55	SULFACETAMIDE	60
SKYRIZI PEN	55	SODIUM/PREDNISOLONE SODIUM	
<i>sodium chloride</i>	46	PHOSPHATE	
<i>sodium chloride 0.45%</i>	46	SULFADIAZINE	7
<i>sodium chloride 0.9%</i>	60	<i>sulfamethoxazole/trimethoprim</i>	7
<i>sodium fluoride</i>	42	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>sodium fluoride 5000 ppm</i>	42	<i>sulfasalazine</i>	58
<i>sodium fluoride 5000 ppm dry mouth</i>	42		

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024

Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>sulindac</i>	1	<i>terazosin hydrochloride</i>	32
<i>sumatriptan</i>	15	<i>terbinafine hcl</i>	14
<i>sumatriptan succinate</i>	15	<i>terbinafine hydrochloride</i>	14
SUMATRIPTAN SUCCINATE REFILL	15	<i>terconazole</i>	14
<i>sunitinib malate</i>	20	<i>teriflunomide</i>	41
SUNLENCA	27	<i>testosterone</i>	51
SYMJEPI	63	<i>testosterone cypionate</i>	50
SYMLINPEN 120	30	TESTOSTERONE ENANTHATE	50
SYMLINPEN 60	30	<i>testosterone pump</i>	50
SYMPAZAN	9	<i>tetrabenazine</i>	41
SYMTUZA	27	<i>tetracycline hydrochloride</i>	7
SYNAGIS	55	THALOMID	16
SYNAREL	54	<i>theophylline er</i>	64
SYNJARDY	30	<i>thioridazine hcl</i>	22
SYNJARDY XR	30	<i>thiothixene</i>	22
SYNRIBO	17	THYROID	53
TABLOID	17	<i>tiadylt er</i>	35
TABRECTA	16	<i>tiagabine hydrochloride</i>	9
<i>tacrolimus</i>	43	TIBSOVO	20
<i>tacrolimus</i>	57	TICE BCG	17
<i>tadalafil</i>	64	TICOVAC	58
TAFINLAR	20	<i>timolol maleate</i>	15
TAGRISSE	20	<i>timolol maleate</i>	61
TALZENNA	20	<i>timolol maleate ophthalmic gel forming</i>	61
<i>tamoxifen citrate</i>	16	<i>tinidazole</i>	4
<i>tamsulosin hydrochloride</i>	49	TIVDAK	20
<i>tarina fe 1/20 eq</i>	52	TIVICAY	25
TASIGNA	20	TIVICAY PD	25
<i>tasimelteon</i>	65	<i>tizanidine hcl</i>	24
<i>tazarotene</i>	42	<i>tizanidine hydrochloride</i>	24
<i>tazicef</i>	5	TOBRADEX	60
TAZORAC	42	TOBRADEX ST	60
<i>taztia xt</i>	35	<i>tobramycin</i>	61
TAZVERIK	17	<i>tobramycin</i>	64
TDVAX	58	TOBRAMYCIN SULFATE	4
TEFLARO	5	<i>tobramycin/dexamethasone</i>	60
TEGSEDI	49	<i>tolterodine tartrate</i>	49
<i>telmisartan</i>	33	<i>tolterodine tartrate er</i>	49
TELMISARTAN/AMLODIPINE	38	<i>tolvaptan</i>	46
<i>telmisartan/hydrochlorothiazide</i>	38	<i>topiramate</i>	8
<i>temazepam</i>	65	<i>toremifene citrate</i>	16
TENIVAC	58	<i>toremide</i>	38
<i>tenofovir disoproxil fumarate</i>	26	TOUJEO MAX SOLOSTAR	31
TEPMETKO	20	TOUJEO SOLOSTAR	31
<i>terazosin hcl</i>	32	<i>tovet</i>	43

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
TRACLEER	64	<i>tri-sprintec</i>	52
TRADJENTA	30	<i>tritocin</i>	43
<i>tramadol hcl</i>	3	TRIUMEQ	26
TRAMADOL HCL ER	2	TRIUMEQ PD	26
<i>tramadol hydrochloride er</i>	2	<i>tri-vylibra</i>	52
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>tri-vylibra lo</i>	52
<i>trandolapril</i>	34	TRIZIVIR	26
TRANDOLAPRIL/VERAPAMIL HCL ER	38	TRODELVY	20
<i>tranexamic acid</i>	32	TROGARZO	27
<i>tranylcypramine sulfate</i>	11	<i>trospium chloride</i>	49
TRAVASOL	46	<i>trospium chloride er</i>	49
<i>travoprost</i>	62	TRULANCE	47
<i>trazodone hydrochloride</i>	12	TRULICITY	30
TRECTOR	16	TRUMENBA	58
TRELEGY ELLIPTA	65	TRUSELTIQ	18
TRELSTAR MIXJECT	54	TUKYSA	18
<i>tretinoin</i>	21	TURALIO	20
<i>tretinoin</i>	42	TWINRIX	58
<i>tri femynor</i>	52	TYBOST	27
<i>triamcinolone acetonide</i>	43	TYMLOS	59
<i>triamcinolone acetonide dental paste</i>	42	TYPHIM VI	58
<i>triamterene</i>	38	TYVASO	64
<i>triamterene/hydrochlorothiazide</i>	38	TYVASO DPI MAINTENANCE KIT	64
<i>triazolam</i>	65	TYVASO DPI TITRATION KIT	64
<i>triderm</i>	43	TYVASO REFILL	64
<i>trientine hydrochloride</i>	46	TYVASO STARTER	64
<i>tri-estarylla</i>	52	UBRELVY	15
<i>trifluoperazine hcl</i>	22	<i>unithroid</i>	53
<i>trifluoperazine hydrochloride</i>	22	<i>ursodiol</i>	48
TRIFLURIDINE	61	UZEDY	24
TRIHXYPHENIDYL HCL	21	<i>valacyclovir hcl</i>	27
<i>trihexyphenidyl hydrochloride</i>	21	<i>valacyclovir hydrochloride</i>	27
TRIJARDY XR	30	VALCHLOR	16
TRIKAFTA	64	<i>valganciclovir</i>	25
<i>tri-linyah</i>	52	<i>valganciclovir hydrochloride</i>	25
<i>tri-lo-estarylla</i>	52	<i>valproic acid</i>	8
<i>tri-lo-marzia</i>	52	<i>valrubicin</i>	18
<i>tri-lo-mili</i>	52	VALSARTAN	33
<i>tri-lo-sprintec</i>	52	<i>valsartan/hydrochlorothiazide</i>	38
<i>trimethoprim</i>	4	VALTOCO 10 MG DOSE	9
<i>tri-mili</i>	52	VALTOCO 15 MG DOSE	9
<i>trimipramine maleate</i>	13	VALTOCO 20 MG DOSE	9
TRINTELLIX	12	VALTOCO 5 MG DOSE	9
<i>tri-nymyo</i>	52	VANCOMYCIN	5
<i>tri-previfem</i>	52	<i>vancomycin hcl</i>	4

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #	Drug Name	Page #
<i>vancomycin hydrochloride</i>	5	VUMERITY	41
VANCOMYCIN	5	<i>vylibra</i>	53
HYDROCHLORIDE/DEXTROSE		VYNDAMAX	38
VAQTA	58	VYNDAQEL	49
VARENICLINE STARTING MONTH	3	<i>warfarin sodium</i>	31
BOX		WELIREG	20
<i>varenicline tartrate</i>	3	WESTAB PLUS	47
VARIVAX	58	<i>wixela inhub</i>	65
VARIZIG	55	XALKORI	20
VELIVET	52	XARELTO	31
VELTASSA	47	XARELTO STARTER PACK	31
VENCLEXTA	20	XATMEP	57
VENCLEXTA STARTING PACK	20	XCOPRI	8
VENLAFAXINE BESYLATE ER	12	XELJANZ	55
<i>venlafaxine hcl er</i>	12	XELJANZ XR	55
<i>venlafaxine hydrochloride</i>	12	XERMELLO	47
<i>venlafaxine hydrochloride er</i>	12	XGEVA	59
VENTAVIS	64	XIFAXAN	48
VEOZAH	41	XIGDUO XR	30
<i>verapamil hcl</i>	36	XOLAIR	55
VERAPAMIL HCL ER	35	XOSPATA	20
VERAPAMIL HCL SR	35	XPOVIO	18
<i>verapamil hydrochloride</i>	36	XPOVIO 60 MG TWICE WEEKLY	18
VERAPAMIL HYDROCHLORIDE ER	36	XPOVIO 80 MG TWICE WEEKLY	18
VERQUVO	40	XTANDI	16
VERSACLOZ	24	<i>xulane</i>	53
VERZENIO	20	XYREM	65
<i>vestura</i>	53	YF-VAX	58
V-GO 20	60	YONSA	16
V-GO 30	60	<i>yuvafem</i>	53
V-GO 40	60	<i>zafemy</i>	53
<i>vigabatrin</i>	9	<i>zafirlukast</i>	63
VIIBRYD STARTER PACK	12	<i>zaleplon</i>	65
VIJOICE	49	ZARXIO	32
<i>vilazodone hydrochloride</i>	12	ZEJULA	20
VIRACEPT	27	ZELBORAF	20
VIREAD	26	ZEMAIRA	49
VITRAKVI	20	<i>zenatane</i>	42
VIVJOA	14	ZENPEP	49
VIZIMPRO	20	ZEPZELCA	16
VONJO	20	<i>zidovudine</i>	26
<i>voriconazole</i>	14	ZIOPTAN	62
VOSEVI	25	<i>ziprasidone hcl</i>	24
VOTRIENT	20	<i>ziprasidone mesylate</i>	24
VRAYLAR	24	ZIRGAN	61

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

Drug Name	Page #
ZOLEDRONIC ACID	59
ZOLINZA	18
<i>zolmitriptan</i>	15
<i>zolmitriptan odt</i>	15
<i>zolpidem tartrate</i>	65
ZONISADE	10
<i>zonisamide</i>	10
ZTALMY	9
ZYDELIG	20
ZYKADIA	20
ZYPREXA RELPREVV	24

Formulary ID: 24342, Version: 7, Effective Date: 01/01/2024
Last Updated: August 2023

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

This formulary was updated on September 1, 2023. For more recent information or other questions, please contact us, **Medicare Plus Blue PPO** Customer Service, at 1-877-241-2583 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

Confidence
comes with every card.

Medicare PLUS BlueSM PPO



**Blue Cross
Blue Shield**
of Michigan

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