

20
24

Medicare Plus BlueSM Group PPO
Essential, Vitality, Signature & Assure
Prescription BlueSM Group PDP

2024 Plus 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 December 1, 2024. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 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 and this 2024 Blue Cross Drug List 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: 12/01/2024
Formulary 24341, Version 21

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 Group PPO** or **Prescription Blue Group PDP**.

This document includes a list of the drugs (formulary) for our plan which is current as of **December 1, 2024**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Medicare Plus Blue Group PPO Essential, Vitality, Signature & Assure and Prescription Blue Group PDP Plus Formulary?

A formulary is a list of covered drugs selected by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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 Group PPO** and **Prescription Blue Group PDP** 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 Group PPO** and **Prescription Blue Group PDP**, 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 Group PPO** and **Prescription Blue Group PDP** Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** 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 **December 1, 2024**. To get updated information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 71. 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 Group PPO and **Prescription Blue Group PDP** cover 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 Group PPO** and **Prescription Blue Group PDP** require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** limit the amount of the drug that **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will cover. For example, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** require 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 Group PPO** and **Prescription Blue Group PDP** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** will then cover Drug B.

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

You can ask **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** do 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 Group PPO** and **Prescription Blue Group PDP**. 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 Group PPO** and **Prescription Blue Group PDP**.
- You can ask **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue Group PPO and Prescription Blue Group PDP Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

For **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** only:

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

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

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

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

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

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

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

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

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

Medicare Plus Blue Group PPO Essential, Vitality, Signature & Assure and Prescription Blue Group PDP Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP**. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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 Group PPO** and **Prescription Blue Group PDP** have any special requirements for coverage of your drug.

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

Medicare Plus Blue Group PPO and Prescription Blue Group PDP 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.
GC	Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our <i>Evidence of Coverage</i> for more information about this coverage.
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>	2	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	2	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	2	QL(540 EA per 90 days)
DICLOFENAC EPOLAMINE	4	PA
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	2	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac capsule, tablet</i>	2	
<i>fenoprofen calcium capsule 400mg</i>	2	
<i>fenoprofen calcium tablet</i>	2	
FLECTOR	4	PA
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	QL(90 EA per 90 days)
KETOPROFEN CAPSULE 25MG, 50MG	2	
MECLOFENAMATE SODIUM CAPSULE	4	
<i>mefenamic acid capsule</i>	3	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen suspension</i>	2	
<i>naproxen tablet delayed release 500mg</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	2	
<i>piroxicam capsule</i>	1	
<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)
<i>levorphanol tartrate tablet</i>	2	
METHADONE HCL SOLUTION	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate</i>	4	
<i>oxycodone hydrochloride solution</i>	4	QL(1800 ML per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	QL(540 EA per 90 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(1080 EA per 90 days)
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(720 EA per 90 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine hydrochloride injection 1%</i>	2	
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	2	
<i>disulfiram tablet</i>	2	
<i>naltrexone hcl tablet</i>	1	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	
OPVEE	3	QL(12 EA per 90 days)
REXTOVY	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month</i>	3	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FIRVANQ 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>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension 25mg/5ml</i>	2	
<i>polymyxin b sulfate injection</i>	4	
<i>tinidazole</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
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 ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACLOR CAPSULE	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	2	
<i>ceftriaxone sodium injection 10gm</i>	2	
<i>ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted, tablet</i>	1	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	1	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>nafcillin 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	1	
<i>penicillin v potassium tablet</i>	1	
PFIZERPEN INJECTION 5000000UNIT	4	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE INJECTION 1GM/50ML; 0.9%	3	
MEROPENEM/SODIUM CHLORIDE INJECTION 500MG; 0.9%	4	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	2	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	
ERYTHROMYCIN DR CAPSULE DELAYED RELEASE PARTICLES	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
Quinolones		
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	2	
<i>sulfadiazine tablet</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate tablet 100mg, 150mg, 75mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 150mg, 50mg</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tablet</i>	2	
<i>doxycycline suspension reconstituted</i>	2	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	2	
<i>minocycline hydrochloride er tablet extended release 24 hour 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	4	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	5	QL(30 EA per 90 days); PA
<i>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	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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, 25MG, 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>	2	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL(1440 ML per 90 days); PA
<i>clobazam tablet 10mg</i>	3	QL(180 EA per 90 days); PA
<i>clobazam tablet 20mg</i>	3	QL(62 EA per 31 days); PA
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL(360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL(900 EA per 90 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(360 EA per 90 days)
<i>clonazepam tablet 2mg</i>	2	QL(900 EA per 90 days)
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL(6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
LIBERVANT	4	QL(10 EA per 30 days); PA
<i>phenobarbital elixir 20mg/5ml</i>	2	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	QL(360 EA per 90 days); PA
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(180 EA per 90 days); PA
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA
<i>tiagabine hydrochloride</i>	4	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>carbamazepine suspension, tablet</i>	2	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	2	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	PA
<i>rufinamide tablet 200mg</i>	4	QL(496 EA per 31 days); PA
<i>rufinamide tablet 400mg</i>	5	QL(248 EA per 31 days); PA
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	2	QL(600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	2	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	2	QL(180 EA per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	2	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	3	QL(147 EA per 84 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	2	QL(1080 ML per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(62 EA per 31 days); ST
<i>bupropion hcl tablet 100mg</i>	1	QL(540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	2	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	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide solution</i>	1	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 50MG	4	QL(180 EA per 90 days); ST
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	QL(90 EA per 90 days); ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	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
FLUOXETINE DR	2	QL(12 EA per 84 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	2	QL(180 EA per 90 days)
<i>fluoxetine hydrochloride capsule 20mg</i>	2	QL(360 EA per 90 days)
<i>fluoxetine hydrochloride capsule 10mg</i>	2	QL(720 EA per 90 days)
<i>fluoxetine hydrochloride solution</i>	2	QL(1800 ML per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	2	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	2	QL(180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	2	QL(270 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	2	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>	2	
<i>sertraline hcl tablet 50mg</i>	1	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	1	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	1	QL(720 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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABLET 20MG	4	QL(90 EA per 90 days); ST
VENLAFAXINE BESYLATE ER	4	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(270 EA per 90 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(540 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	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	2	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tablet 10mg</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	2	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate capsule</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	2	
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
PROMETHEGAN SUPPOSITORY 50MG	2	
<i>promethegan suppository 12.5mg, 25mg</i>	2	
<i>scopolamine</i>	4	QL(30 EA per 90 days)
Emetogenic Therapy Adjuncts		

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant</i>	4	B/D
<i>dronabinol capsule 10mg</i>	4	QL(180 EA per 90 days); B/D
<i>dronabinol capsule 5mg</i>	4	QL(360 EA per 90 days); B/D
<i>dronabinol capsule 2.5mg</i>	4	QL(720 EA per 90 days); B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	2	QL(60 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	4	QL(2700 ML per 90 days); B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<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 suspension reconstituted, tablet</i>	2	
<i>flucytosine capsule 250mg</i>	2	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2	
<i>itraconazole solution</i>	3	
<i>itraconazole capsule</i>	4	
<i>ketoconazole foam</i>	2	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole cream</i>	2	QL(270 GM per 90 days)
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketodan</i>	2	
<i>klayesta</i>	2	QL(180 GM per 90 days)
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	2	
<i>naftifine hydrochloride cream</i>	2	
NOXAFIL SUSPENSION	5	QL(651 ML per 31 days)
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension, tablet</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>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	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole</i>	2	
VIVJOA	4	QL(18 EA per 84 days); PA
<i>voriconazole tablet</i>	3	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
Prophylactic		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA TABLET 30MG	5	QL(180 EA per 90 days); PA
QULIPTA TABLET 10MG	5	QL(540 EA per 90 days); PA
QULIPTA TABLET 60MG	5	QL(90 EA per 90 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>almotriptan tablet 12.5mg</i>	4	QL(24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL(48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	4	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	4	QL(36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(81 EA per 90 days)
<i>sumatriptan succinate refill</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL(54 EA per 90 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	2	
PRETOMANID	4	QL(90 EA per 90 days); PA
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrup, tablet</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule</i>	3	B/D
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
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	3	QL(124 EA per 31 days)
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	QL(124 EA per 31 days); PA
<i>Antiangiogenic Agents</i>		

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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		
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PURIXAN	5	
TABLOID	4	PA
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
<i>bortezomib injection 3.5mg</i>	4	
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
GAVRETO	5	QL(124 EA per 31 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	QL(31 EA per 31 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
IWILFIN	5	QL(248 EA per 31 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
LAZCLUZE TABLET 240MG	5	QL(31 EA per 31 days); PA
LAZCLUZE TABLET 80MG	5	QL(62 EA per 31 days); PA
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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
OGSIVEO TABLET 50MG	5	QL(186 EA per 31 days); PA
OGSIVEO TABLET 100MG, 150MG	5	QL(62 EA per 31 days); 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
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL(62 EA per 31 days); PA
RETEVMO TABLET 40MG	5	QL(93 EA per 31 days); PA
RYLAZE	5	PA
SCEMBLIX TABLET 100MG	5	QL(124 EA per 31 days); PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
SYNRIBO	5	PA
TAZVERIK	5	QL(240 EA per 30 days); PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>valrubicin</i>	3	
<i>vincasar pfs</i>	2	
VINCRISTINE SULFATE INJECTION 1MG/ML	2	
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>	2	
<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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET	5	PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(300 EA per 25 days); 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
<i>dasatinib tablet 100mg, 140mg, 70mg</i>	5	QL(31 EA per 31 days); PA
<i>dasatinib tablet 80mg</i>	5	QL(62 EA per 31 days); PA
<i>dasatinib tablet 20mg, 50mg</i>	5	QL(93 EA per 31 days); 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
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days)
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days)
IMBRUVICA SUSPENSION	5	QL(248 ML 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
IMBRUVICA TABLET 420MG, 560MG	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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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
OJEMDA TABLET	5	QL(24 EA per 28 days); PA
OJEMDA SUSPENSION RECONSTITUTED	5	QL(96 ML per 28 days); PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	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 PACKET	5	QL(372 EA per 31 days); PA
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL TABLET 100MG, 140MG, 70MG	5	QL(31 EA per 31 days); PA
SPRYCEL TABLET 80MG	5	QL(62 EA per 31 days); PA
SPRYCEL TABLET 20MG, 50MG	5	QL(93 EA per 31 days); PA
STIVARGA	5	PA
<i>sunitinib malate capsule 12.5mg, 25mg, 50mg</i>	5	QL(31 EA per 31 days); PA
<i>sunitinib malate capsule 37.5mg</i>	5	QL(62 EA per 31 days); PA
TAFINLAR	5	PA
TAGRISSE	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL(31 EA per 31 days); PA
TRUQAP	5	QL(64 EA per 28 days); PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	QL(62 EA per 31 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
VORANIGO TABLET 40MG	5	QL(31 EA per 31 days); PA
VORANIGO TABLET 10MG	5	QL(62 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(93 EA per 31 days); PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	QL(62 EA per 31 days); PA
ZYKADIA TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREXANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	2	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
NITAZOXANIDE	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
TRIHEXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	2	
<i>entacapone</i>	2	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	QL(93 ML per 31 days); PA
<i>bromocriptine mesylate capsule, tablet</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	QL(300 EA per 30 days); ST
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG	4	QL(360 EA per 30 days); ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
FLUPHENAZINE HYDROCHLORIDE INJECTION	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY 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>	3	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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<i>asenapine maleate sl</i>	3	QL(180 EA per 90 days)
CAPLYTA	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>	2	QL(180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	2	QL(90 EA per 90 days)
<i>olanzapine injection</i>	2	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg</i>	2	QL(90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<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: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone er injection 12.5mg</i>	4	QL(6 EA per 84 days); ST
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	QL(2 EA per 28 days); ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	2	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
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>	2	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	2	PA
<i>clozapine odt tablet disintegrating 25mg</i>	2	PA
<i>clozapine odt tablet disintegrating 100mg</i>	2	QL(810 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(405 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(540 EA per 90 days); PA
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	2	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl capsule 4mg</i>	2	
<i>tizanidine hcl tablet 2mg</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
<i>entecavir</i>	3	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	2	
<i>Anti-hepatitis C (HCV) Agents</i>		
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	2	
RIBAVIRIN TABLET 200MG	2	
SOVALDI PACKET 150MG	5	QL(31 EA per 31 days); PA
SOVALDI PACKET 200MG	5	QL(62 EA per 31 days); PA
SOVALDI TABLET 400MG	5	QL(31 EA per 31 days); PA
SOVALDI TABLET 200MG	5	QL(62 EA per 31 days); PA
VOSEVI	5	QL(31 EA per 31 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
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	4	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE 50MG	2	
EFAVIRENZ CAPSULE 200MG	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	3	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	2	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir solution</i>	2	
<i>abacavir tablet</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</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	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
STAVUDINE CAPSULE	2	
<i>tenofovir disoproxil fumarate</i>	3	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)
TROGARZO	5	
TYBOST	3	
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 tablet</i>	3	
<i>lopinavir/ritonavir solution</i>	4	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	3	QL(1440 EA per 90 days)
PREZISTA TABLET 150MG	3	QL(720 EA per 90 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	2	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	QL(90 EA per 30 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
valacyclovir hydrochloride	2	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tablet 15mg	2	
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	2	
meprobamate	4	PA
Benzodiazepines		
alprazolam	2	QL(450 EA per 90 days)
ALPRAZOLAM INTENSOL	2	
clorazepate dipotassium tablet 7.5mg	2	QL(1080 EA per 90 days)
clorazepate dipotassium tablet 3.75mg	2	QL(2160 EA per 90 days)
clorazepate dipotassium tablet 15mg	2	QL(540 EA per 90 days)
diazepam solution	2	QL(1200 ML per 30 days)
diazepam tablet	2	QL(360 EA per 90 days)
lorazepam intensol	2	QL(450 ML per 90 days)
lorazepam tablet	2	QL(450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
lithium	1	
lithium carbonate er	1	
LITHIUM CARBONATE CAPSULE 600MG	1	
lithium carbonate capsule 150mg, 300mg	1	
lithium carbonate tablet	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tablet	1	GC
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)
glimepiride tablet 4mg	1	QL(180 EA per 90 days); GC
glimepiride tablet 2mg	1	QL(360 EA per 90 days); GC
glimepiride tablet 1mg	1	QL(720 EA per 90 days); GC
glipizide er tablet extended release 24 hour 10mg	1	QL(180 EA per 90 days); GC
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL(270 EA per 90 days); GC
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL(360 EA per 90 days); GC
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL(720 EA per 90 days); GC
glipizide tablet 10mg	1	QL(360 EA per 90 days); GC
glipizide tablet 5mg	1	QL(720 EA per 90 days); GC
glipizide tablet 2.5mg	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	1	QL(180 EA per 90 days); GC
GLYBURIDE MICRONIZED TABLET 3MG	1	QL(360 EA per 90 days); GC
GLYBURIDE MICRONIZED TABLET 1.5MG	1	QL(720 EA per 90 days); GC

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days); GC
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	1	QL(720 EA per 90 days); GC
<i>glyburide tablet 1.25mg</i>	1	QL(1440 EA per 90 days); GC
<i>glyburide tablet 5mg</i>	1	QL(360 EA per 90 days); GC
<i>glyburide tablet 2.5mg</i>	1	QL(720 EA per 90 days); GC
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 750mg</i>	1	QL(180 EA per 90 days); GC
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days); GC
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(450 EA per 90 days); GC
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days); GC
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days); GC
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days); GC
MIGLITOL	1	GC
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	1	QL(270 EA per 90 days); GC
<i>nateglinide tablet 60mg</i>	1	QL(540 EA per 90 days); GC
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 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); GC
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days); GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days); GC
<i>repaglinide tablet 1mg</i>	1	QL(1440 EA per 90 days); GC
<i>repaglinide tablet 0.5mg</i>	1	QL(2880 EA per 90 days); GC
<i>repaglinide tablet 2mg</i>	1	QL(720 EA per 90 days); GC
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
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)
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
<i>mifepristone</i>	5	PA
Insulins		
APIDRA	4	ST
APIDRA SOLOSTAR	4	ST
FIASP	3	
FIASP FLEXTOUCH	3	
FIASP PENFILL	3	
HUMALOG	4	ST
HUMALOG JUNIOR KWIKPEN	4	ST
HUMALOG KWIKPEN	4	ST

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50	4	ST
HUMALOG MIX 50/50 KWIKPEN	4	ST
HUMALOG MIX 75/25	4	ST
HUMALOG MIX 75/25 KWIKPEN	4	ST
HUMULIN 70/30	4	ST
HUMULIN 70/30 KWIKPEN	4	ST
HUMULIN N	4	ST
HUMULIN N KWIKPEN	4	ST
HUMULIN R	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
INSULIN LISPRO	4	ST
INSULIN LISPRO JUNIOR KWIKPEN	4	ST
INSULIN LISPRO KWIKPEN	4	ST
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	4	ST
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 30 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJECTION 20000UNIT/ML	5	PA
NEULASTA	5	QL(1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days)
NIVESTYM	5	PA
OXBRYTA	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
VOYDEYA	5	QL(180 EA per 30 days); PA
ZARXIO	5	PA
Hemostasis Agents		
<i>tranexamic acid tablet</i>	2	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	3	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	3	QL(182 EA per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL(90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	1	
<i>prazosin hydrochloride capsule</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days); GC
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days); GC
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days); GC
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days); GC
EDARBI TABLET 40MG	4	QL(180 EA per 90 days)
EDARBI TABLET 80MG	4	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days); GC
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days); GC
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days); GC
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days); GC
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days); GC
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days); GC
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days); GC
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days); GC
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days); GC
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days); GC
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days); GC
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days); GC
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days); GC
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days); GC
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days); GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days); GC
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days); GC
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days); GC

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days); GC
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days); GC
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days); GC
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days); GC
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days); GC
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days); GC
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days); GC
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days); GC
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days); GC
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days); GC
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days); GC
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days); GC
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days); GC
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days); GC
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days); GC
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days); GC
<i>moexipril hcl tablet 15mg</i>	1	QL(180 EA per 90 days); GC
<i>moexipril hcl tablet 7.5mg</i>	1	QL(360 EA per 90 days); GC
PERINDOPRIL ERBUMINE TABLET 8MG	1	QL(180 EA per 90 days); GC
PERINDOPRIL ERBUMINE TABLET 2MG	1	QL(720 EA per 90 days); GC
<i>perindopril erbumine tablet 4mg</i>	1	QL(360 EA per 90 days); GC
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days); GC
<i>quinapril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days); GC
<i>quinapril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days); GC
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days); GC
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days); GC
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days); GC
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days); GC
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days); GC
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days); GC
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days); GC
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days); GC
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
<i>digox</i>	2	QL(90 EA per 90 days)
DIGOXIN SOLUTION	2	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacrone tablet 100mg, 200mg, 400mg</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	1	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL(180 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 10mg</i>	4	QL(360 EA per 90 days); ST
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	4	QL(90 EA per 90 days); ST
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	1	
<i>propranolol hcl solution 20mg/5ml</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	1	QL(90 EA per 90 days)
<i>isradipine</i>	1	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	1	QL(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)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	1	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride injection</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	3	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	1	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(180 EA per 90 days); GC
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL(360 EA per 90 days); GC
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL(90 EA per 90 days); GC

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days); GC
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(360 EA per 90 days); GC
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days); GC
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL(180 EA per 90 days); GC
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL(90 EA per 90 days); GC
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	1	QL(180 EA per 90 days); GC
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days); GC
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	1	QL(180 EA per 90 days); GC
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL(90 EA per 90 days); GC
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days); GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	QL(360 EA per 90 days); GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days); GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	5	QL(31 EA per 31 days); PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL(180 EA per 90 days); GC
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL(90 EA per 90 days); GC
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL(300 EA per 90 days)
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
EDARBYCLOR	4	QL(90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL(180 EA per 90 days); GC
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL(360 EA per 90 days); GC
ENTRESTO TABLET	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(360 EA per 90 days); GC
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL(180 EA per 90 days); GC

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL(90 EA per 90 days); GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>ivabradine hydrochloride</i>	4	QL(180 EA per 90 days)
KERENDIA	4	QL(90 EA per 90 days); PA
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days); GC
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days); GC
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days); GC
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days); GC
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	1	QL(180 EA per 90 days); GC
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	1	QL(90 EA per 90 days); GC
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days); GC
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days); GC
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(180 EA per 90 days); GC
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(90 EA per 90 days); GC
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURN HCT TABLET 300MG; 12.5MG, 300MG; 25MG	3	QL(90 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	1	QL(180 EA per 90 days); GC
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	1	QL(90 EA per 90 days); GC
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days); GC
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL(90 EA per 90 days); GC
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	1	QL(120 EA per 90 days); GC
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	1	QL(90 EA per 90 days); GC
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days); GC

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg	1	QL(90 EA per 90 days); GC
VYNDAMAX	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
bumetanide tablet	1	
bumetanide injection	2	
ethacrynic acid tablet	4	
furosemide tablet	1	
furosemide injection	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	1	
furosemide oral solution 10mg/ml	1	
toremide tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl tablet	1	
eplerenone	1	
spironolactone tablet	1	
triamterene capsule	4	
Diuretics, Thiazide		
chlorthalidone tablet 25mg, 50mg	1	
hydrochlorothiazide capsule, tablet	1	
indapamide tablet	1	
metolazone	1	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg, 200mg, 67mg	2	QL(90 EA per 90 days)
fenofibrate capsule 130mg, 43mg	2	QL(90 EA per 90 days)
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	2	QL(90 EA per 90 days)
fenofibric acid dr capsule delayed release 45mg	1	QL(270 EA per 90 days)
fenofibric acid dr capsule delayed release 135mg	1	QL(90 EA per 90 days)
gemfibrozil tablet	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 40mg	1	QL(180 EA per 90 days); GC
atorvastatin calcium tablet 20mg	1	QL(360 EA per 90 days); GC
atorvastatin calcium tablet 10mg	1	QL(720 EA per 90 days); GC
atorvastatin calcium tablet 80mg	1	QL(90 EA per 90 days); GC
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)
fluvastatin sodium er	1	QL(90 EA per 90 days)
fluvastatin capsule 40mg	1	QL(180 EA per 90 days); GC
fluvastatin capsule 20mg	1	QL(360 EA per 90 days); GC
LIVALO TABLET 2MG	3	QL(180 EA per 90 days)
LIVALO TABLET 1MG	3	QL(360 EA per 90 days)
LIVALO TABLET 4MG	3	QL(90 EA per 90 days)
lovastatin tablet 40mg	1	QL(180 EA per 90 days); GC
lovastatin tablet 10mg, 20mg	1	QL(360 EA per 90 days); GC
pitavastatin calcium tablet 2mg	1	QL(180 EA per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pitavastatin calcium tablet 1mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 4mg</i>	1	QL(90 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days); GC
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days); GC
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days); GC
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days); GC
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days); GC
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days); GC
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days); GC
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days); GC
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days); GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine packet, powder</i>	2	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
<i>niacin er</i>	2	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	2	QL(360 EA per 90 days)
<i>prevalite</i>	2	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
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>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(180 EA per 90 days); 10MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(180 EA per 90 days); 15MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	2	QL(180 EA per 90 days); 20MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL(180 EA per 90 days); 25MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days); 30MG ER Oral Capsule
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(180 EA per 90 days); 5MG ER Oral Capsule
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days); 30MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(270 EA per 90 days); 20MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL(360 EA per 90 days); 10MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL(360 EA per 90 days); 12.5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(360 EA per 90 days); 15MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL(360 EA per 90 days); 5MG Oral Tablet
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL(360 EA per 90 days); 7.5MG Oral Tablet
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL(180 EA per 90 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL(270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
<i>zenzedi tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL(360 EA per 90 days)
<i>methylphenidate hydrochloride cd capsule extended release 20mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	QL(90 EA per 90 days)
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	2	QL(180 EA per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	2	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	2	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	2	QL(5400 ML per 90 days)
Central Nervous System, Other		
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>	2	
<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>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
<i>fingolimod hydrochloride</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
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(4.2 ML per 28 days); PA
REBIF TITRATION PACK	5	QL(4.2 ML per 28 days); PA
<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>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 KIDS	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 SENSITIVE	4	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	2	
SODIUM FLUORIDE 5000 PPM SENSITIVE	2	
SODIUM FLUORIDE/POTASSIUM NITRATE/SENSITIVE	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>adapalene cream, gel</i>	2	
<i>amnesteem</i>	4	PA
<i>avita cream</i>	2	QL(45 GM per 30 days); PA
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>myorisan</i>	4	PA
<i>neuac</i>	2	
<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>	2	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, lotion, ointment</i>	2	
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate emollient foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)
<i>clobetasol propionate cream, ointment</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>clobetasol propionate liquid</i>	4	QL(375 ML per 90 days)
<i>clodan</i>	4	QL(354 ML per 90 days)
<i>desonide cream, ointment</i>	4	QL(180 GM per 90 days)
<i>desonide lotion</i>	4	QL(354 ML per 90 days)
<i>desoximetasone gel</i>	2	
<i>desoximetasone cream, ointment</i>	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	QL(354.84 ML per 90 days)
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	QL(354.84 ML per 90 days)
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	2	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	2	QL(360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	2	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	4	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluocinonide gel, ointment</i>	4	QL(180 GM per 90 days)
FLURANDRENOLIDE CREAM	4	
<i>fluticasone propionate cream 0.05%</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	QL(150 GM per 90 days)
HYDROCORTISONE BUTYRATE (LIPID)	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
HYDROCORTISONE BUTYRATE CREAM, SOLUTION	2	
<i>hydrocortisone butyrate ointment</i>	2	
<i>hydrocortisone valerate</i>	2	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
HYDROCORTISONE LOTION 2.5%	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 1%, 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>	3	
PREDNICARBATE OINTMENT	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>tovet</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
Dermatological Agents, Other		
CALCIPOTRIENE SOLUTION	2	QL(180 ML per 90 days); PA
<i>calcipotriene cream, ointment</i>	2	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTION	2	QL(90 ML per 90 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL(135 GM per 90 days)
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
<i>fluorouracil cream 5%</i>	2	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	2	QL(30 ML per 90 days)
<i>fluorouracil solution 5%</i>	2	QL(10 ML per 30 days)
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
<i>imiquimod cream 5%</i>	2	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin/triamcinolone acetonide ointment</i>	2	
OTEZLA TABLET 20MG, 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	2	
SANTYL	3	
<i>silver sulfadiazine</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ssd</i>	2	
Pediculicides/Scabicides		
CROTAN	4	
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
<i>ciclodan solution</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine</i>	2	QL(270 GM per 90 days)
<i>ciclopirox suspension</i>	2	QL(180 ML per 90 days)
<i>ciclopirox gel</i>	2	QL(300 GM per 90 days)
<i>ciclopirox shampoo</i>	2	QL(360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	2	QL(180 GM per 90 days)
<i>clindamycin phosphate gel 1%</i>	2	QL(180 ML per 90 days)
<i>clindamycin phosphate lotion 1%</i>	2	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(180 ML per 90 days)
ERY	2	
<i>erythromycin gel 2%</i>	2	QL(180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin</i>	2	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid</i>	5	
<i>dextrose 10%</i>	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>fluoride tablet chewable 1mg</i>	2	
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	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>magnesium sulfate injection 50%</i>	4	
<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>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 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, oral solution</i>	1	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	
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
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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</i>	3	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>penicillamine tablet</i>	5	
<i>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan</i>	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
FOSRENOL PACKET	4	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate packet</i>	2	
<i>sevelamer carbonate tablet</i>	2	QL(1620 EA per 90 days)
<i>sevelamer hydrochloride</i>	3	
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
<i>sps</i>	2	
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		
PRENATAL VITAMINS PLUS LOW IRON	2	
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose solution 10gm/15ml</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>	2	
DIPHENOXYLATE/ATROPINE LIQUID	2	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	2	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	
<i>methscopolamine bromide tablet</i>	2	
Gastrointestinal Agents, Other		
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
<i>nitroglycerin ointment 0.4%</i>	4	QL(90 GM per 90 days)
<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>	3	
SUTAB	4	
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet</i>	2	
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
NIZATIDINE	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(180 EA per 90 days)
<i>rabeprazole sodium</i>	2	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
<i>l-glutamine</i>	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA
OPFOLDA	4	QL(24 EA per 90 days); PA
ORFADIN SUSPENSION	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	5	ST
PROLASTIN-C	5	PA
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA
REVCIVI	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
<i>yargesa</i>	5	PA
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er</i>	3	QL(90 EA per 90 days)
<i>flavoxate hcl</i>	1	
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL(180 EA per 90 days)
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	3	QL(180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	3	QL(90 EA per 90 days)
<i>tolterodine tartrate</i>	2	QL(180 EA per 90 days)
<i>tolterodine tartrate er</i>	2	QL(90 EA per 90 days)
<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	QL(90 EA per 90 days)
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	2	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tadalafil tablet 2.5mg</i>	3	QL(180 EA per 90 days); PA
<i>tadalafil tablet 5mg</i>	3	QL(90 EA per 90 days); PA
<i>tamsulosin hydrochloride</i>	1	QL(180 EA per 90 days)
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride tablet</i>	2	
ELMIRON	3	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SODIUM PHOSPHATE +RFID	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tablet</i>	1	
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	1	
PREDNISOLONE SODIUM PHOSPHATE ODT TABLET DISINTEGRATING 15MG, 30MG	2	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	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	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection, tablet</i>	2	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA
NORDITROPIN FLEXPOR	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>danazol capsule</i>	2	
METHITEST	5	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	3	QL(450 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	2	QL(900 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	QL(450 GM per 90 days); PA
Estrogens		
<i>amabelz</i>	2	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	2	QL(91 EA per 91 days)
<i>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>enilloring</i>	4	QL(3 EA per 84 days)
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol cream, oral tablet, vaginal tablet</i>	2	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	4	QL(3 EA per 84 days)
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>hailey 1.5/30</i>	2	
<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)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>isibloom</i>	2	
<i>jaimiess</i>	2	QL(91 EA per 91 days)
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kalliga</i>	2	
<i>kelnor 1/50</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	QL(91 EA per 91 days)
<i>loryna</i>	2	
MENEST TABLET 1.25MG, 2.5MG	4	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-lynyah</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nymyo</i>	2	
PREFEST	4	
PREMARIN CREAM	3	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>tarina fe 1/20 eq</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-linyah</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	
<i>vestura</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>yuvaferm</i>	2	
<i>zafemy</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	2	
MEGESTROL ACETATE SUSPENSION 625MG/5ML	4	
<i>megestrol acetate suspension 40mg/ml</i>	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	3	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hydrochloride</i>	1	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
SYNTHROID TABLET	4	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL(248 EA per 31 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>lanreotide acetate</i>	5	PA
<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 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	
SYNAREL	5	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
icatibant acetate	5	QL(279 ML per 31 days); PA
sajazir	5	QL(279 ML per 31 days); PA
<i>Immunoglobulins</i>		
FLEBOGAMMA DIF INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D
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	
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
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	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
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
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RIDAURA	5	
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
Immunostimulants		
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>	2	B/D
<i>cyclosporine capsule</i>	2	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	2	B/D
<i>gengraf solution</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA 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; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HYFTOR	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	2	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	3	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REZUROCK	5	QL(31 EA per 31 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGRIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	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	
MRESVIA	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	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
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	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	2	
<i>mesalamine dr capsule delayed release</i>	3	
<i>mesalamine dr tablet delayed release</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	QL(5400 EA per 90 days)
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	1	
Glucocorticoids		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	3	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<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>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
FOSAMAX PLUS D	4	QL(12 EA per 84 days)
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	2	
PROLIA	4	QL(1 ML per 180 days); PA
<i>risedronate sodium dr</i>	2	QL(12 EA per 84 days)
<i>risedronate sodium tablet 35mg</i>	2	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	2	QL(3 EA per 84 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 30mg, 5mg</i>	2	QL(90 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	1	
AUGTYRO CAPSULE 40MG	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQUR SIMPLICITY 2U	3	
CEQUR SIMPLICITY INSERTER	3	
CURITY GAUZE PADS 2"X2" 12 PLY	2	
DOJOLVI	5	PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	1	
FILSPARI	5	QL(31 EA per 31 days); PA
INPEN 100/BLUE/LILLY/HUMALOG	1	
INPEN 100/BLUE/NOVOLOG/FIASP	1	
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL(40 EA per 180 days)
<i>levocarnitine solution, tablet</i>	2	
NOVOPEN ECHO	1	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID	3	QL(30 EA per 180 days); \$0 Copay
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS	5	QL(93 EA per 31 days); PA
<i>sodium chloride 0.9%</i>	2	
SURE-PREP ALCOHOL PREP PADS	1	
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	1	
COMBIGAN	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
LACRISERT	3	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
<i>polycin</i>	1	
<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	3	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	1	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
BACITRACIN	1	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	QL(5 ML per 30 days)
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	
XDEMVI	5	QL(10 ML per 31 days); PA
ZIRGAN	3	
Ophthalmic Anti-inflammatory		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
BETAXOLOL HCL SOLUTION 0.5%	1	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	1	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
APRACLONIDINE	1	
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	1	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
IOPIDINE SOLUTION 1%	4	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	3	
CIPROFLOXACIN	2	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
BECONASE AQ SUSPENSION	3	
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA	3	QL(72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	2	QL(225 ML per 90 days)

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE DISKUS	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL(48 GM per 90 days)
<i>mometasone furoate suspension 50mcg/act</i>	2	QL(102 GM per 90 days)
OMNARIS	4	ST
QVAR REDIHALER	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride solution 0.1%</i>	2	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tablet</i>	2	
<i>desloratadine</i>	2	QL(90 EA per 90 days)
DESLORATADINE ODT	2	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride solution</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	2	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL(90 EA per 90 days)
<i>zafirlukast</i>	2	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	1	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL(90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(216 GM per 90 days); 18 GM INHALER
<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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>arformoterol tartrate</i>	3	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution</i>	2	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	2	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
<i>terbutaline sulfate tablet</i>	2	
VENTOLIN HFA	3	QL(216 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	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
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	2	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

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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 KIT	5	B/D
TYVASO STARTER KIT	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
WINREVAIR	5	QL(1 EA per 21 days); PA
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>	2	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BEVESPI AEROSPHERE	3	QL(32.1 GM 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>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	

Formulary ID: 24341, Version: 21, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
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</i>	2	
<i>triazolam</i>	2	QL(180 EA per 90 days)
<i>zaleplon</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate er</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</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: 24341, Version: 21, Effective Date: 12/01/2024
Last Updated: November 2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	27	<i>almotriptan</i>	15
<i>abacavir sulfate/lamivudine</i>	27	<i>alosectron hydrochloride</i>	50
ABELCET	14	ALPHAGAN P	66
ABILIFY ASIMTUFII	23	<i>alprazolam</i>	29
ABILIFY MAINTENA	23	ALPRAZOLAM INTENSOL	29
<i>abiraterone acetate</i>	16	ALUNBRIG	18
ABRYSVO	60	<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	68
<i>acamprosate calcium dr</i>	3	<i>amabelz</i>	54
<i>acarbose</i>	29	<i>amantadine hcl</i>	28
<i>accutane</i>	44	<i>ambrisentan</i>	68
<i>acebutolol hydrochloride</i>	36	AMCINONIDE	45
ACETAMINOPHEN/CODEINE	2	<i>amethia</i>	54
<i>acetazolamide</i>	37	<i>amikacin sulfate</i>	3
<i>acetazolamide</i>	66	<i>amiloride hcl</i>	40
<i>acetazolamide er</i>	66	AMILORIDE/HYDROCHLOROTHIAZID E	37
<i>acetic acid</i>	66	<i>amiodarone hydrochloride</i>	35
<i>acetylcysteine</i>	63	<i>amitriptyline hcl</i>	13
<i>acetylcysteine</i>	69	<i>amitriptyline hydrochloride</i>	13
<i>acitretin</i>	44	<i>amlodipine besylate</i>	36
ACTHIB	60	<i>amlodipine besylate/atorvastatin calcium</i>	37
ACTIMMUNE	59	<i>amlodipine besylate/benazepril hydrochloride</i>	38
<i>acyclovir</i>	28	<i>amlodipine besylate/valsartan</i>	38
<i>acyclovir</i>	47	<i>amlodipine/olmesartan medoxomil</i>	38
<i>acyclovir sodium</i>	28	<i>amlodipine/valsartan/hydrochlorothiazide</i>	38
ADACEL	60	<i>ammonium lactate</i>	45
<i>adapalene</i>	44	<i>amnestem</i>	44
<i>adefovir dipivoxil</i>	26	<i>amoxapine</i>	13
ADEMPAS	68	<i>amoxicillin</i>	6
ADLARITY	10	AMOXICILLIN/CLAVULANATE POTASSIUM	5
ADRIAMYCIN	17	AMOXICILLIN/CLAVULANATE POTASSIUM ER	5
ADVAIR HFA	69	<i>amphetamine/dextroamphetamine</i>	42
AIMOVIG	15	AMPHOTERICIN B	14
AKEEGA	17	<i>amphotericin b liposome</i>	14
<i>ala-cort</i>	45	<i>ampicillin</i>	6
<i>albendazole</i>	22	AMPICILLIN SODIUM	6
<i>albuterol sulfate</i>	68	<i>ampicillin/sulbactam</i>	6
ALBUTEROL SULFATE HFA	67	AMPICILLIN-SULBACTAM	6
<i>alclometasone dipropionate</i>	45	<i>anagrelide hydrochloride</i>	33
ALCOHOL PREP PADS	63	<i>anastrozole</i>	18
ALECENSA	18	ANORO ELLIPTA	69
<i>alendronate sodium</i>	62	APEXICON E	45
<i>alfuzosin hcl er</i>	52	APIDRA	31
<i>aliskiren</i>	37		
<i>allopurinol</i>	15		

Drug Name	Page #	Drug Name	Page #
APIDRA SOLOSTAR	31	azelastine hcl	67
apomorphine hydrochloride	22	azelastine hydrochloride	67
APRACLONIDINE	66	AZITHROMYCIN	7
aprepitant	14	aztreonam	4
apri	54	BACITRACIN	65
APTIOM	10	bacitracin/polymyxin b	64
APTIVUS	28	baclofen	25
ARANESP ALBUMIN FREE	33	balsalazide disodium	62
ARCALYST	58	BALVERSA	18
AREXVY	60	BAQSIMI ONE PACK	31
arformoterol tartrate	68	BAQSIMI TWO PACK	31
aripiprazole	23	BCG VACCINE	60
aripiprazole odt	23	BD INSULIN SYRINGE	63
ARISTADA	23	SAFETYGLIDE/1ML/29G X 1/2"	
ARISTADA INITIO	23	B-D INSULIN SYRINGE ULTRAFINE	63
armodafinil	70	II/0.3ML/31G X 5/16"	
ARNUITY ELLIPTA	66	BD INSULIN SYRINGE ULTRA-	63
asenapine maleate sl	24	FINE/0.5ML/30G X 12.7MM	
ashlyna	54	BD INSULIN SYRINGE ULTRA-	63
aspirin/dipyridamole er	33	FINE/1ML/31G X 8MM	
ASTAGRAF XL	59	BD PEN NEEDLE/ORIGINAL/ULTRA-	63
atazanavir	28	FINE/29G X 12.7MM	
atazanavir sulfate	28	BECONASE AQ	66
atenolol	36	benazepril hcl	34
atenolol/chlorthalidone	38	benazepril hydrochloride	35
atomoxetine	42	benazepril	38
atomoxetine hydrochloride	42	hydrochloride/hydrochlorothiazide	
atorvastatin calcium	40	BENLYSTA	58
atovaquone	22	BENZNIDAZOLE	22
atovaquone/proguanil hcl	22	benztropine mesylate	22
atropine sulfate	64	BESIVANCE	65
ATROVENT HFA	67	BESREMI	17
AUGTYRO	63	betaine anhydrous	51
aurovela 1.5/30	54	betamethasone dipropionate	45
aurovela 1/20	54	BETAMETHASONE DIPROPIONATE	45
aurovela fe 1.5/30	54	AUGMENTED	
aurovela fe 1/20	54	betamethasone valerate	45
AURYXIA	49	BETASERON	43
AUVELITY	11	betaxolol hcl	36
avita	44	BETAXOLOL HCL	65
AVONEX	43	bethanechol chloride	52
AVONEX PEN	43	BETOPTIC-S	65
AYVAKIT	18	BEVESPI AEROSPHERE	69
AZASITE	65	bexarotene	21
azathioprine	59	BEXSERO	61
azelaic acid	44	bicalutamide	16
azelastine hcl	64	BICILLIN C-R	6

Drug Name	Page #	Drug Name	Page #
BICILLIN L-A	6	calcium acetate	49
BIKTARVY	26	CALQUENCE	19
<i>bimatoprost</i>	66	<i>camila</i>	56
<i>bisoprolol fumarate</i>	36	<i>camrese</i>	54
<i>bisoprolol fumarate/hydrochlorothiazide</i>	38	<i>camrese lo</i>	54
<i>blisovi fe 1.5/30</i>	54	CAMZYOS	38
<i>blisovi fe 1/20</i>	54	<i>candesartan cilexetil</i>	34
BOOSTRIX	61	<i>candesartan cilexetil/hydrochlorothiazide</i>	38
<i>bortezomib</i>	17	CAPLYTA	24
<i>bosentan</i>	68	CAPRELSA	19
BOSULIF	19	<i>captpril</i>	35
BRAFTOVI	19	CAPTOPRIL/HYDROCHLOROTHIAZID	38
BREO ELLIPTA	69	E	
BREZTRI AEROSPHERE	66	<i>carbamazepine</i>	10
BRILINTA	33	<i>carbamazepine er</i>	10
<i>brimonidine tartrate</i>	66	<i>carbidopa</i>	22
<i>brinzolamide</i>	66	<i>carbidopa/levodopa</i>	22
BRIVIACT	8	<i>carbidopa/levodopa er</i>	22
<i>bromocriptine mesylate</i>	22	CARBIDOPA/LEVODOPA ODT	22
BRONCHITOL	69	<i>carbidopa/levodopa/entacapone</i>	22
BRUKINSA	19	<i>carglumic acid</i>	47
<i>budesonide</i>	62	CARTEOLOL HCL	65
<i>budesonide</i>	66	<i>cartia xt</i>	37
<i>budesonide er</i>	62	<i>carvedilol</i>	36
<i>bumetanide</i>	40	<i>carvedilol phosphate er</i>	36
<i>buprenorphine</i>	1	<i>caspofungin acetate</i>	14
<i>buprenorphine hcl</i>	3	CAYSTON	68
<i>buprenorphine hcl/naloxone hcl</i>	3	CEFACLOR	5
<i>buprenorphine hydrochloride/naloxone</i>	3	CEFACLOR ER	5
<i>hydrochloride</i>		CEFADROXIL	5
<i>bupropion hcl</i>	11	CEFAZOLIN SODIUM	5
<i>bupropion hydrochloride</i>	11	CEFAZOLIN SODIUM/DEXTROSE	5
<i>bupropion hydrochloride er (sr)</i>	3	<i>cefdinir</i>	5
<i>bupropion hydrochloride er (sr)</i>	11	CEFEPIME	5
<i>bupropion hydrochloride er (xl)</i>	11	CEFEPIME/DEXTROSE	5
<i>buspirone hcl</i>	29	<i>cefixime</i>	5
<i>buspirone hydrochloride</i>	29	CEFOXITIN SODIUM	5
<i>butorphanol tartrate</i>	2	<i>cefpodoxime proxetil</i>	5
BYDUREON BCISE	29	<i>cefprozil</i>	5
CABENUVA	26	<i>ceftazidime</i>	5
<i>cabergoline</i>	57	CEFTAZIDIME/DEXTROSE	5
CABLIVI	34	CEFTRIAZONE IN ISO-OSMOTIC	5
CABOMETYX	19	DEXTROSE	
CALCIPOTRIENE	46	CEFTRIAZONE SODIUM	5
<i>calcitonin-salmon</i>	62	CEFTRIAZONE/DEXTROSE	5
CALCITRIOL	46	<i>cefuroxime axetil</i>	5
<i>calcitriol</i>	62	<i>cefuroxime sodium</i>	5

Drug Name	Page #	Drug Name	Page #
<i>celecoxib</i>	1	<i>clobetasol propionate</i>	45
<i>cephalexin</i>	5	<i>clobetasol propionate e</i>	45
CEQUR SIMPLICITY 2U	63	<i>clobetasol propionate emollient</i>	45
CEQUR SIMPLICITY INSERTER	63	<i>clodan</i>	45
CERDELGA	51	CLOMID	56
<i>cetirizine hydrochloride</i>	67	CLOMIPHENE CITRATE	56
<i>cevimeline hydrochloride</i>	43	<i>clomipramine hydrochloride</i>	13
CHEMET	49	<i>clonazepam</i>	9
<i>chlorhexidine gluconate</i>	44	<i>clonazepam odt</i>	9
<i>chloroquine phosphate</i>	22	<i>clonidine</i>	34
<i>chlorpromazine hcl</i>	23	<i>clonidine hydrochloride</i>	34
CHLORPROMAZINE	23	<i>clonidine hydrochloride er</i>	42
HYDROCHLORIDE		<i>clopidogrel</i>	34
<i>chlorthalidone</i>	40	<i>clorazepate dipotassium</i>	29
CHOLBAM	51	<i>clotrimazole</i>	14
<i>cholestyramine</i>	41	CLOTRIMAZOLE/BETAMETHASONE	46
<i>cholestyramine light</i>	41	DIPROPIONATE	
<i>ciclodan</i>	47	<i>clozapine</i>	25
<i>ciclopirox</i>	47	CLOZAPINE ODT	25
<i>ciclopirox nail lacquer</i>	47	COARTEM	22
<i>ciclopirox olamine</i>	47	CODEINE SULFATE	2
<i>cilostazol</i>	34	<i>colchicine</i>	15
CIMDUO	27	<i>colesevelam hydrochloride</i>	41
<i>cinacalcet hydrochloride</i>	62	<i>colestipol hcl</i>	41
CIPRO HC	66	<i>colistimethate sodium</i>	4
CIPROFLOXACIN	66	COMBIGAN	64
CIPROFLOXACIN HCL	7	COMBIVENT RESPIMAT	69
<i>ciprofloxacin hydrochloride</i>	7	COMETRIQ	19
<i>ciprofloxacin hydrochloride</i>	65	COMPLERA	27
<i>ciprofloxacin i.v.-in d5w</i>	7	<i>compro</i>	13
<i>ciprofloxacin/dexamethasone</i>	66	<i>constulose</i>	49
<i>citalopram hydrobromide</i>	11	COPIKTRA	19
<i>claravis</i>	44	CORLANOR	38
CLARITHROMYCIN	7	COSENTYX	58
<i>clarithromycin er</i>	7	COSENTYX SENSOREADY PEN	58
<i>clindacin etz pledgets</i>	4	COSENTYX UNOREADY	58
<i>clindamycin hcl</i>	4	COTELLIC	19
<i>clindamycin hydrochloride</i>	4	CREON	51
<i>clindamycin palmitate hydrochloride</i>	4	<i>cromolyn sodium</i>	51
<i>clindamycin phosphate</i>	4	CROMOLYN SODIUM	64
<i>clindamycin phosphate</i>	47	<i>cromolyn sodium</i>	68
<i>clindamycin phosphate/benzoyl peroxide</i>	44	CROTAN	47
<i>clindamycin phosphate/dextrose</i>	4	CURITY GAUZE PADS 2"X2" 12 PLY	63
<i>clindamycin/benzoyl peroxide</i>	44	<i>cyclobenzaprine hydrochloride</i>	69
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cyclophosphamide</i>	16
<i>clinpro 5000</i>	44	CYCLOSET	29
<i>clobazam</i>	9	<i>cyclosporine</i>	59

Drug Name	Page #	Drug Name	Page #
<i>cyclosporine modified</i>	59	DEXTROSE 10%/SODIUM CHLORIDE	47
<i>cypheptadine hcl</i>	67	0.45%	
<i>cypheptadine hydrochloride</i>	67	DEXTROSE 2.5%/SODIUM CHLORIDE	47
<i>cyred eq</i>	54	0.45%	
CYSTAGON	51	<i>dextrose 5%</i>	47
CYSTARAN	64	<i>dextrose 5%/sodium chloride 0.2%</i>	47
<i>dabigatran etexilate</i>	32	<i>dextrose 5%/sodium chloride 0.3%</i>	47
<i>dalfampridine er</i>	43	DEXTROSE 5%/SODIUM CHLORIDE	47
<i>danazol</i>	54	0.33%	
<i>dantrolene sodium</i>	25	<i>dextrose 5%/sodium chloride 0.45%</i>	47
DANYELZA	21	<i>dextrose 5%/sodium chloride 0.9%</i>	47
<i>dapsone</i>	16	<i>dextrose 50%</i>	47
DAPTACEL	61	<i>dextrose 70%</i>	47
<i>daptomycin</i>	4	<i>dextrose/sodium chloride</i>	47
<i>darunavir</i>	28	DIACOMIT	9
<i>dasatinib</i>	19	<i>diazepam</i>	29
DAURISMO	19	DIAZEPAM RECTAL GEL	9
DAYBUE	43	<i>diazoxide</i>	31
<i>daysee</i>	54	DICLOFENAC EPOLAMINE	1
<i>deblitane</i>	56	<i>diclofenac potassium</i>	1
<i>deferasirox</i>	49	<i>diclofenac sodium</i>	1
DELSTRIGO	27	<i>diclofenac sodium</i>	65
<i>demeclocycline hcl</i>	7	<i>diclofenac sodium dr</i>	1
DENG VAXIA	61	<i>diclofenac sodium er</i>	1
<i>denta 5000 plus</i>	44	<i>diclofenac sodium/misoprostol</i>	1
<i>dentagel</i>	44	<i>dicloxacillin sodium</i>	6
DEPO-ESTRADIOL	54	<i>dicyclomine hcl</i>	50
DEPO-SUBQ PROVERA 104	56	<i>dicyclomine hydrochloride</i>	50
DESCOVY	27	DIFICID	7
<i>desipramine hydrochloride</i>	13	<i>diflorasone diacetate</i>	45
<i>desloratadine</i>	67	<i>diflunisal</i>	1
DESLORATADINE ODT	67	<i>difluprednate</i>	65
<i>desmopressin acetate</i>	53	<i>digox</i>	35
<i>desogestrel/ethinyl estradiol</i>	54	DIGOXIN	35
<i>desonide</i>	45	<i>dihydroergotamine mesylate</i>	15
<i>desoximetasone</i>	45	DILANTIN	10
DESVENLAFAXINE ER	11	<i>diltiazem hcl</i>	37
DEXAMETHASONE	53	<i>diltiazem hcl cd</i>	37
DEXAMETHASONE INTENSOL	53	<i>diltiazem hcl er</i>	37
DEXAMETHASONE SODIUM	53	<i>diltiazem hydrochloride</i>	37
PHOSPHATE		<i>diltiazem hydrochloride er</i>	37
DEXAMETHASONE SODIUM	65	<i>dilt-xr</i>	37
PHOSPHATE		<i>dimethyl fumarate</i>	43
DEXAMETHASONE SODIUM	53	<i>dimethyl fumarate starterpack</i>	43
PHOSPHATE +RFID		<i>diphenhydramine hcl</i>	67
<i>dextroamphetamine sulfate</i>	42	<i>diphenoxylate hydrochloride/atropine</i>	50
<i>dextrose 10%</i>	47	<i>sulfate</i>	

Drug Name	Page #	Drug Name	Page #
DIPHENOXYLATE/ATROPINE	50	efavirenz/emtricitabine/tenofovir disoproxil fumarate	27
DIPHTheria/TETANUS TOXOIDS	61	efavirenz/lamivudine/tenofovir disoproxil fumarate	27
ADSORBED PEDIATRIC		EGRIFTA SV	53
disulfiram	3	eletriptan hydrobromide	15
divalproex sodium	9	ELIQUIS	33
divalproex sodium dr	9	ELIQUIS STARTER PACK	33
divalproex sodium er	9	ELMIRON	52
DOCETAXEL	17	eluryng	54
dofetilide	35	EMCYT	17
DOJOLVI	63	EMEND	14
donepezil hcl	10	EMGALITY	15
donepezil hydrochloride	10	emoquette	54
DOPTLET	34	EMSAM	11
dorzolamide hcl/timolol maleate	64	emtricitabine	27
dorzolamide hydrochloride	66	emtricitabine/tenofovir disoproxil fumarate	27
dorzolamide hydrochloride/timolol maleate	64	emtricitabine/tenofovir disoproxil fumarate	27
pf		EMTRIVA	27
DOVATO	26	enalapril maleate	35
doxazosin mesylate	34	enalapril maleate/hydrochlorothiazide	38
doxepin hcl	13	ENBREL	59
doxepin hydrochloride	13	ENBREL MINI	59
doxy 100	7	ENBREL SURECLICK	59
doxycycline	8	ENDARI	51
doxycycline hyclate	7	endocet	2
doxycycline hyclate	44	ENGERIX-B	61
doxycycline monohydrate	7	ENHERTU	21
DRIZALMA SPRINKLE	11	enilloring	54
dronabinol	14	enoxaparin sodium	33
drospirenone/ethinyl estradiol	54	enskyce	54
DROXIA	17	entacapone	22
droxidopa	34	entecavir	26
DUAVEE	56	ENTRESTO	38
DULERA	69	enulose	49
duloxetine hcl	12	EPCLUSA	26
duloxetine hydrochloride	12	EPIDIOLEX	8
DUPIXENT	58	epinastine hcl	64
dutasteride	52	EPINEPHRINE	68
E.E.S. 400	7	epitol	10
EASY COMFORT INSULIN	63	eplerenone	40
SYRINGE/0.3ML/31G X 1/2"		EPOGEN	33
ec-naproxen	1	EPRONTIA	8
econazole nitrate	14	ERGOLOID MESYLATES	10
EDARBI	34	ERIVEDGE	19
EDARBYCLOR	38	ERLEADA	16
EDURANT	27	erlotinib hydrochloride	19
EFAVIRENZ	27		

Drug Name	Page #	Drug Name	Page #
<i>errin</i>	56	FEMRING	54
<i>ertapenem</i>	6	<i>femynor</i>	54
<i>ertapenem sodium</i>	6	<i>fenofibrate</i>	40
ERY	47	<i>fenofibrate micronized</i>	40
<i>ery-tab</i>	7	<i>fenofibric acid dr</i>	40
ERYTHROCIN STEARATE	7	<i>fenopropfen calcium</i>	1
<i>erythromycin</i>	47	<i>fentanyl</i>	1
<i>erythromycin</i>	65	<i>fentanyl citrate oral transmucosal</i>	2
<i>erythromycin base</i>	7	<i>fesoterodine fumarate er</i>	52
ERYTHROMYCIN DR	7	FETZIMA	12
ERYTHROMYCIN ETHYLSUCCINATE	7	FETZIMA TITRATION PACK	12
<i>erythromycin/benzoyl peroxide</i>	44	FIASP	31
<i>escitalopram oxalate</i>	12	FIASP FLEXTOUCH	31
<i>esomeprazole magnesium</i>	51	FIASP PENFILL	31
<i>estarylla</i>	54	FILSPARI	63
<i>estradiol</i>	54	FILSUVEZ	46
<i>estradiol valerate</i>	54	<i>finasteride</i>	52
<i>estradiol/norethindrone acetate</i>	54	<i>fingolimod hydrochloride</i>	43
ESTRING	54	FINTEPLA	8
<i>ethacrynic acid</i>	40	FIRDAPSE	43
<i>ethambutol hydrochloride</i>	16	FIRMAGON	57
<i>ethosuximide</i>	9	FIRVANQ	4
<i>ethynodiol diacetate/ethinyl estradiol</i>	54	<i>flac</i>	66
<i>etodolac</i>	1	<i>flavoxate hcl</i>	52
<i>etodolac er</i>	1	FLEBOGAMMA DIF	58
<i>etonogestrel/ethinyl estradiol</i>	54	<i>flecainide acetate</i>	35
<i>etravirine</i>	27	FLECTOR	1
<i>euthyrox</i>	57	FLOVENT DISKUS	66
<i>everolimus</i>	19	FLOVENT HFA	66
<i>everolimus</i>	59	<i>fluconazole</i>	14
EVOTAZ	28	<i>fluconazole in sodium chloride</i>	14
<i>exemestane</i>	18	FLUCONAZOLE/SODIUM CHLORIDE	14
EXKIVITY	19	<i>flucytosine</i>	14
EZALLOR SPRINKLE	40	<i>fludrocortisone acetate</i>	53
<i>ezetimibe</i>	41	<i>flunisolide</i>	66
<i>ezetimibe/simvastatin</i>	41	<i>fluocinolone acetate</i>	45
<i>famciclovir</i>	28	<i>fluocinolone acetate</i>	66
<i>famotidine</i>	50	<i>fluocinolone acetate body</i>	45
FANAPT	24	<i>fluocinolone acetate scalp</i>	45
FANAPT TITRATION PACK	24	<i>fluocinolone acetate topical</i>	45
FARXIGA	29	<i>fluocinonide</i>	45
FARYDAK	19	<i>fluocinonide emulsified base</i>	45
FASENRA	69	<i>fluoride</i>	47
FASENRA PEN	69	<i>fluoridex daily defense</i>	44
<i>febuxostat</i>	15	<i>fluorometholone</i>	65
<i>felbamate</i>	8	<i>fluorouracil</i>	46
<i>felodipine er</i>	36	FLUOXETINE DR	12

Drug Name	Page #	Drug Name	Page #
<i>fluoxetine hydrochloride</i>	12	GAVRETO	17
<i>fluphenazine decanoate</i>	23	<i>gefitinib</i>	19
FLUPHENAZINE HCL	23	GEMCITABINE HYDROCHLORIDE	17
FLUPHENAZINE HYDROCHLORIDE	23	<i>gemfibrozil</i>	40
FLURANDRENOLIDE	45	GEMTESA	52
<i>flurbiprofen</i>	1	<i>generlac</i>	49
FLURBIPROFEN SODIUM	65	<i>gengraf</i>	59
<i>flutamide</i>	16	GENTAK	65
<i>fluticasone propionate</i>	45	<i>gentamicin sulfate</i>	4
<i>fluticasone propionate</i>	67	<i>gentamicin sulfate</i>	65
FLUTICASONE PROPIONATE DISKUS	67	GENTAMICIN SULFATE/0.9% SODIUM	4
FLUTICASONE PROPIONATE HFA	67	CHLORIDE	
<i>fluticasone propionate/salmeterol</i>	69	GENVOYA	26
<i>fluticasone propionate/salmeterol diskus</i>	69	GILOTRIF	19
<i>fluvastatin</i>	40	<i>glatiramer acetate</i>	43
<i>fluvastatin sodium er</i>	40	<i>glatopa</i>	43
<i>fluvoxamine maleate</i>	12	GLEOSTINE	16
<i>fluvoxamine maleate er</i>	12	<i>glimepiride</i>	29
FML FORTE	65	<i>glipizide</i>	29
<i>fondaparinux sodium</i>	33	<i>glipizide er</i>	29
FORTEO	62	<i>glipizide/metformin hydrochloride</i>	29
FOSAMAX PLUS D	62	GLUCAGEN HYPOKIT	31
<i>fosamprenavir calcium</i>	28	GLUCAGON EMERGENCY KIT	31
<i>fosfomycin tromethamine</i>	4	GLUCAGON EMERGENCY KIT FOR	31
<i>fosinopril sodium</i>	35	LOW BLOOD SUGAR	
<i>fosinopril sodium/hydrochlorothiazide</i>	38	<i>glyburide</i>	30
<i>fosphenytoin sodium</i>	10	GLYBURIDE MICRONIZED	29
FOSRENOL	49	<i>glyburide/metformin hydrochloride</i>	30
FOTIVDA	17	GLYCOPYRROLATE	50
<i>frovatriptan succinate</i>	15	GLYXAMBI	30
FRUZAQLA	19	<i>granisetron hydrochloride</i>	14
<i>furosemide</i>	40	<i>griseofulvin microsize</i>	14
FUZEON	28	<i>griseofulvin ultramicrosize</i>	14
<i>fyavolv</i>	54	GVOKE HYPOPEN 1-PACK	31
FYCOMPA	8	GVOKE HYPOPEN 2-PACK	31
<i>gabapentin</i>	9	GVOKE KIT	31
GALANTAMINE HYDROBROMIDE	10	GVOKE PFS	31
<i>galantamine hydrobromide er</i>	10	HAEGARDA	58
GAMMAGARD LIQUID	58	<i>hailey 1.5/30</i>	54
GAMMAPLEX	58	<i>hailey fe 1.5/30</i>	54
GAMUNEX-C	58	<i>hailey fe 1/20</i>	54
GARDASIL 9	61	<i>halobetasol propionate</i>	46
<i>gatifloxacin</i>	65	<i>haloette</i>	54
GATTEX	50	<i>haloperidol</i>	23
GAVILYTE-C	50	<i>haloperidol decanoate</i>	23
<i>gavilyte-g</i>	50	<i>haloperidol lactate</i>	23
<i>gavilyte-n/flavor pack</i>	50	HARVONI	26

Drug Name	Page #	Drug Name	Page #
HAVRIX	61	hydromorphone hcl	2
heather	56	HYDROMORPHONE	2
HEMADY	53	HYDROCHLORIDE	
heparin sodium	33	hydroxychloroquine sulfate	22
HEPLISAV-B	61	hydroxyurea	17
HERCEPTIN HYLECTA	21	hydroxyzine hcl	67
HIBERIX	61	hydroxyzine hydrochloride	67
HUMALOG	31	hydroxyzine pamoate	67
HUMALOG JUNIOR KWIKPEN	31	HYFTOR	60
HUMALOG KWIKPEN	31	HYPERHEP B	58
HUMALOG MIX 50/50	32	ibandronate sodium	62
HUMALOG MIX 50/50 KWIKPEN	32	IBRANCE	17
HUMALOG MIX 75/25	32	IBRANCE	19
HUMALOG MIX 75/25 KWIKPEN	32	ibu	1
HUMATROPE	53	ibuprofen	1
HUMIRA	60	icatibant acetate	58
HUMIRA PEDIATRIC CROHNS	59	ICLUSIG	19
DISEASE STARTER PACK		icosapent ethyl	41
HUMIRA PEN	60	IDHIFA	17
HUMIRA PEN-CD/UC/HS STARTER	59	ILEVRO	65
HUMIRA PEN-PEDIATRIC UC	59	imatinib mesylate	19
STARTER PACK		IMBRUVICA	19
HUMIRA PEN-PS/UV STARTER	60	IMIPENEM/CILASTATIN	6
HUMULIN 70/30	32	imipramine hcl	13
HUMULIN 70/30 KWIKPEN	32	imipramine hydrochloride	13
HUMULIN N	32	imipramine pamoate	13
HUMULIN N KWIKPEN	32	imiquimod	46
HUMULIN R	32	IMOVAX RABIES (H.D.C.V.)	61
HUMULIN R U-500 (CONCENTRATED)	32	IMVEXXY MAINTENANCE PACK	55
HUMULIN R U-500 KWIKPEN	32	IMVEXXY STARTER PACK	55
hydralazine hcl	41	incassia	56
hydralazine hydrochloride	41	INCRELEX	53
hydrochlorothiazide	40	INCRUSE ELLIPTA	67
hydrocodone bitartrate/acetaminophen	2	indapamide	40
hydrocodone/acetaminophen	2	INFANRIX	61
HYDROCODONE/IBUPROFEN	2	INLYTA	19
hydrocortisone	46	INPEN 100/BLUE/LILLY/HUMALOG	63
hydrocortisone	53	INPEN 100/BLUE/NOVOLOG/FIASP	63
hydrocortisone	62	INPEN 100/GREY/LILLY/HUMALOG	63
HYDROCORTISONE	46	INPEN 100/GREY/NOVOLOG/FIASP	63
ACETATE/PRAMOXINE		INPEN 100/PINK/LILLY/HUMALOG	63
HYDROCORTISONE BUTYRATE	46	INPEN 100/PINK/NOVOLOG/FIASP	63
HYDROCORTISONE BUTYRATE	46	INQOVI	19
(LIPID)		INREBIC	17
hydrocortisone butyrate (lipophilic)	46	INSULIN LISPRO	32
hydrocortisone valerate	46	INSULIN LISPRO JUNIOR KWIKPEN	32
hydrocortisone/acetic acid	66	INSULIN LISPRO KWIKPEN	32

Drug Name	Page #	Drug Name	Page #
INSULIN LISPRO	32	JENTADUETO	30
PROTAMINE/INSULIN LISPRO		JENTADUETO XR	30
KWIKPEN		<i>jinteli</i>	55
INTELENCE	27	JOENJA	58
INTRALIPID	63	<i>juleber</i>	55
INTRON A	59	JULUCA	26
INVEGA HAFYERA	24	<i>junel 1.5/30</i>	55
INVEGA SUSTENNA	24	<i>junel 1/20</i>	55
INVEGA TRINZA	24	<i>junel fe 1.5/30</i>	55
IOPIDINE	66	<i>junel fe 1/20</i>	55
IPOL INACTIVATED IPV	61	<i>just right 5000</i>	44
<i>ipratropium bromide</i>	67	JYLAMVO	60
<i>ipratropium bromide/albuterol sulfate</i>	69	JYNNEOS	61
<i>irbesartan</i>	34	<i>kalliga</i>	55
<i>irbesartan/hydrochlorothiazide</i>	38	KALYDECO	68
ISENTRESS	26	<i>kcl 0.075%/d5w/nacl 0.45%</i>	47
ISENTRESS HD	26	<i>kcl 0.15%/d5w/nacl 0.2%</i>	47
<i>isibloom</i>	55	<i>kcl 0.15%/d5w/nacl 0.45%</i>	47
ISOLYTE-P/DEXTROSE 5%	47	<i>kcl 0.15%/d5w/nacl 0.9%</i>	48
ISOLYTE-S	47	<i>kcl 0.3%/d5w/nacl 0.45%</i>	48
ISOLYTE-S PH 7.4	47	KCL 0.3%/D5W/NACL 0.9%	48
<i>isoniazid</i>	16	<i>kelnor 1/50</i>	55
<i>isosorbide dinitrate</i>	41	KERENDIA	39
<i>isosorbide dinitrate/hydralazine</i>	39	<i>ketoconazole</i>	14
<i>hydrochloride</i>		<i>ketodan</i>	14
<i>isosorbide mononitrate</i>	41	KETOPROFEN	1
<i>isosorbide mononitrate er</i>	41	KETOPROFEN ER	1
ISOTONIC GENTAMICIN	4	<i>ketorolac tromethamine</i>	65
<i>isotretinoin</i>	44	KEVZARA	58
<i>isradipine</i>	36	KINERET	58
<i>itraconazole</i>	14	KINRIX	61
<i>ivabradine hydrochloride</i>	39	KISQALI	20
<i>ivermectin</i>	22	KISQALI FEMARA 200 DOSE	17
IWILFIN	17	KISQALI FEMARA 400 DOSE	17
IXCHIQ	61	KISQALI FEMARA 600 DOSE	17
IXEMPRA KIT	17	<i>klayesta</i>	14
IXIARO	61	<i>klor-con 10</i>	48
<i>jaimiess</i>	55	<i>klor-con 8</i>	48
JAKAFI	19	<i>klor-con m10</i>	48
<i>jantoven</i>	33	<i>klor-con m15</i>	48
JANUMET	30	<i>klor-con m20</i>	48
JANUMET XR	30	KLOXXADO	3
JANUVIA	30	KORLYM	31
JARDIANCE	30	KOSELUGO	20
<i>jasmiel</i>	55	<i>kourzeq</i>	44
JAYPIRCA	19	KRAZATI	17
<i>jencycla</i>	56	<i>labetalol hydrochloride</i>	36

Drug Name	Page #	Drug Name	Page #
<i>lacosamide</i>	10	LEVOBUNOLOL HCL	65
LACRISERT	64	<i>levocarnitine</i>	63
<i>lactulose</i>	50	<i>levocetirizine dihydrochloride</i>	67
LAGEVRIO	63	<i>levofloxacin</i>	7
<i>lamivudine</i>	26	LEVOFLOXACIN	65
<i>lamivudine</i>	27	<i>levofloxacin in d5w</i>	7
<i>lamivudine/zidovudine</i>	27	<i>levonorgestrel and ethinyl estradiol</i>	55
<i>lamotrigine</i>	8	<i>levonorgestrel/ethinyl estradiol</i>	55
<i>lamotrigine er</i>	8	<i>levorphanol tartrate</i>	1
<i>lamotrigine odt</i>	8	<i>levo-t</i>	57
<i>lamotrigine starter kit/blue</i>	8	<i>levothyroxine sodium</i>	57
<i>lamotrigine starter kit/green</i>	8	<i>levoxyl</i>	57
<i>lamotrigine starter kit/orange</i>	8	LEXIVA	28
<i>lanreotide acetate</i>	57	<i>l-glutamine</i>	51
<i>lansoprazole</i>	51	LIBERVANT	9
LANSOPRAZOLE/AMOXICILLIN/CLAR	50	LIBTAYO	21
ITHROMYCIN		<i>lidocaine</i>	3
<i>lanthanum carbonate</i>	49	<i>lidocaine hydrochloride</i>	3
LANTUS	32	<i>lidocaine hydrochloride viscous</i>	44
LANTUS SOLOSTAR	32	<i>lidocaine/prilocaine</i>	3
<i>lapatinib ditosylate</i>	20	<i>linezolid</i>	4
<i>larin 1.5/30</i>	55	LINZESS	50
<i>larin 1/20</i>	55	<i>liothyronine sodium</i>	57
<i>larin fe 1.5/30</i>	55	<i>lisinopril</i>	35
<i>larin fe 1/20</i>	55	<i>lisinopril/hydrochlorothiazide</i>	39
<i>latanoprost</i>	66	<i>lithium</i>	29
LAZCLUZE	17	LITHIUM CARBONATE	29
<i>leflunomide</i>	60	<i>lithium carbonate er</i>	29
<i>lenalidomide</i>	17	LIVALO	40
LENVIMA 10 MG DAILY DOSE	20	LIVTENCITY	26
LENVIMA 12MG DAILY DOSE	20	<i>lojaimiess</i>	55
LENVIMA 14 MG DAILY DOSE	20	LOKELMA	49
LENVIMA 18 MG DAILY DOSE	20	LONSURF	17
LENVIMA 20 MG DAILY DOSE	20	<i>loperamide hcl</i>	50
LENVIMA 24 MG DAILY DOSE	20	<i>lopinavir/ritonavir</i>	28
LENVIMA 4 MG DAILY DOSE	20	<i>lorazepam</i>	29
LENVIMA 8 MG DAILY DOSE	20	<i>lorazepam intensol</i>	29
<i>letrozole</i>	18	LORBRENA	20
<i>leucovorin calcium</i>	17	<i>loryna</i>	55
LEUKERAN	16	<i>losartan potassium</i>	34
<i>leuprolide acetate</i>	57	<i>losartan potassium/hydrochlorothiazide</i>	39
<i>levabuterol</i>	68	<i>loteprednol etabonate</i>	65
<i>levabuterol hcl</i>	68	<i>lovastatin</i>	40
<i>levabuterol hydrochloride</i>	68	<i>loxapine</i>	23
LEVALBUTEROL TARTRATE HFA	68	<i>lo-zumandimine</i>	55
<i>levetiracetam</i>	8	<i>lubiprostone</i>	50
<i>levetiracetam er</i>	8	LUMAKRAS	17

Drug Name	Page #	Drug Name	Page #
LUMIGAN	66	metformin hydrochloride er	30
LUMOXITI	21	METHADONE HCL	1
LUPRON DEPOT (1-MONTH)	57	methazolamide	66
LUPRON DEPOT (3-MONTH)	57	methenamine hippurate	4
LUPRON DEPOT (4-MONTH)	57	methimazole	58
LUPRON DEPOT (6-MONTH)	57	METHITEST	54
LUPRON DEPOT-PED (1-MONTH)	57	methocarbamol	69
LUPRON DEPOT-PED (3-MONTH)	57	methotrexate	60
lurasidone hydrochloride	24	methotrexate sodium	60
LYBALVI	24	METHOXSALLEN	46
lyleq	56	methscopolamine bromide	50
LYNPARZA	20	methsuximide	9
LYSODREN	57	methylphenidate hydrochloride	43
LYTGOBI	18	methylphenidate hydrochloride cd	42
lyza	56	methylphenidate hydrochloride er	42
magnesium sulfate	48	methylprednisolone	53
malathion	47	methylprednisolone acetate	53
maraviroc	28	methylprednisolone dose pack	53
MARGENZA	21	methylprednisolone sodium succinate	53
MARPLAN	11	methylprednisolone sodiumsuccinate	53
MATULANE	16	metoclopramide hcl	50
matzim la	37	metoclopramide hydrochloride	50
meclizine hcl 12.5mg, 25mg	13	metolazone	40
MECLOFENAMATE SODIUM	1	metoprolol succinate er	36
medroxyprogesterone acetate	56	metoprolol tartrate	36
mefenamic acid	1	metoprolol/hydrochlorothiazide	39
mefloquine hcl	22	metronidazole	4
megestrol acetate	56	metronidazole	44
MEKINIST	20	metronidazole vaginal	4
MEKTOVI	20	metirosine	39
meloxicam	1	mexiletine hcl	35
memantine hcl titration pak	11	MICONAZOLE 3	14
memantine hydrochloride	11	microgestin 1.5/30	55
memantine hydrochloride er	11	microgestin 1/20	55
MENACTRA	61	microgestin fe 1.5/30	55
MENEST	55	microgestin fe 1/20	55
MENQUADFI	61	midodrine hcl	34
MENVEO	61	mifepristone	31
meprobamate	29	MIGERGOT	15
mercaptopurine	17	MIGLITOL	30
MEROPENEM	6	miglustat	51
MEROPENEM/SODIUM CHLORIDE	6	mili	55
mesalamine	62	mimvey	55
mesalamine dr	62	minocycline hcl	8
mesalamine er	62	minocycline hydrochloride	8
MESNEX	22	minocycline hydrochloride er	8
metformin hydrochloride	30	minoxidil	41

Drug Name	Page #	Drug Name	Page #
<i>mirtazapine</i>	11	<i>nateglinide</i>	30
<i>mirtazapine odt</i>	11	NATPARA	62
<i>misoprostol</i>	51	NAYZILAM	8
M-M-R II	61	<i>nebivolol hydrochloride</i>	36
<i>modafinil</i>	70	NEFAZODONE HYDROCHLORIDE	12
<i>moexipril hcl</i>	35	<i>neomycin sulfate</i>	4
MOLINDONE HYDROCHLORIDE	23	<i>neomycin/bacitracin/polymyxin</i>	64
<i>mometasone furoate</i>	46	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	64
<i>mometasone furoate</i>	67	<i>one</i>	
MONJUVI	21	<i>neomycin/polymyxin/dexamethasone</i>	64
<i>mono-lynyah</i>	55	NEOMYCIN/POLYMYXIN/GRAMICIDIN	64
<i>montelukast sodium</i>	67	<i>neomycin/polymyxin/hc</i>	66
<i>morphine sulfate</i>	2	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	64
MORPHINE SULFATE ER	2		
MOTPOLY XR	10		
MOUNJARO	30		
MOVANTIK	50		
MOXIFLOXACIN	7		
HYDROCHLORIDE/SODIUM			
HYDROCHLORIDE			
<i>moxifloxacin hydrochloride</i>	7		
MOXIFLOXACIN HYDROCHLORIDE	65		
MRESVIA	61		
MULTAQ	35		
<i>multiple electrolytes injection type 1</i>	48		
<i>mupirocin</i>	47		
MYALEPT	50		
<i>mycophenolate mofetil</i>	60		
<i>mycophenolic acid dr</i>	60		
<i>myorisan</i>	45		
MYRBETRIQ	52		
NABI-HB	58		
<i>nabumetone</i>	1		
<i>nadolol</i>	36		
NAFCILLIN	6		
<i>nafcillin sodium</i>	6		
NAFTIFINE HCL	14		
<i>naftifine hydrochloride</i>	14		
<i>naloxone hcl</i>	3		
<i>naloxone hydrochloride</i>	3		
<i>naltrexone hcl</i>	3		
NAMZARIC	10		
<i>naproxen</i>	1		
<i>naproxen dr</i>	1		
<i>naproxen sodium</i>	1		
<i>naratriptan hcl</i>	15		
NATACYN	65		

Drug Name	Page #	Drug Name	Page #
<i>nitroglycerin</i>	50	NP THYROID 90	57
<i>nitroglycerin transdermal</i>	41	NUBEQA	16
NIVESTYM	33	NUCALA	69
NIZATIDINE	51	NUCYNTA	2
<i>nora-be</i>	56	NUEDEXTA	43
NORDITROPIN FLEXPEN	53	NUPLAZID	24
<i>norelgestromin/ethinyl estradiol</i>	55	NURTEC	15
<i>norethindrone</i>	56	NUTROPIN AQ NUSPIN 10	53
<i>norethindrone acetate</i>	56	NUTROPIN AQ NUSPIN 20	53
<i>norethindrone acetate/ethinyl estradiol</i>	55	NUTROPIN AQ NUSPIN 5	53
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	55	<i>nyamyc</i>	14
<i>norgestimate/ethinyl estradiol</i>	55	<i>nymyo</i>	55
<i>norlyda</i>	56	<i>nystatin</i>	14
NORPACE CR	35	<i>nystatin/triamcinolone</i>	46
<i>nortriptyline hcl</i>	13	<i>nystatin/triamcinolone acetonide</i>	46
<i>nortriptyline hydrochloride</i>	13	<i>nystop</i>	14
NORVIR	28	<i>octreotide acetate</i>	57
NOVOLIN 70/30	32	ODEFSEY	27
NOVOLIN 70/30 FLEXPEN	32	ODOMZO	20
NOVOLIN 70/30 FLEXPEN RELION	32	OFEV	69
NOVOLIN 70/30 RELION	32	OFLOXACIN	7
NOVOLIN N	32	<i>ofloxacin</i>	65
NOVOLIN N FLEXPEN	32	<i>ofloxacin</i>	66
NOVOLIN N FLEXPEN RELION	32	OGSIVEO	18
NOVOLIN N RELION	32	OJEMDA	20
NOVOLIN R	32	OJJAARA	20
NOVOLIN R FLEXPEN	32	<i>olanzapine</i>	24
NOVOLIN R FLEXPEN RELION	32	<i>olanzapine odt</i>	24
NOVOLIN R RELION	32	<i>olanzapine/fluoxetine</i>	11
NOVOLOG	32	<i>olmesartan medoxomil</i>	34
NOVOLOG FLEXPEN	32	<i>olmesartan</i>	39
NOVOLOG FLEXPEN RELION	32	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLOG MIX 70/30	32	<i>olmesartan medoxomil/hydrochlorothiazide</i>	39
NOVOLOG MIX 70/30 PREFILLED	32	<i>olopatadine hcl</i>	65
FLEXPEN		<i>olopatadine hcl</i>	67
NOVOLOG MIX 70/30 PREFILLED	32	<i>olopatadine hydrochloride</i>	65
FLEXPEN RELION		<i>omega-3-acid ethyl esters</i>	41
NOVOLOG MIX 70/30 RELION	32	<i>omeprazole</i>	51
NOVOLOG PENFILL	32	<i>omeprazole dr</i>	51
NOVOLOG RELION	32	OMNARIS	67
NOVOPEN ECHO	63	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	63
NOXAFIL	14	(GEN 5)	
NP THYROID 120	57	OMNIPOD 5 DEXCOM G7G6 PODS	63
NP THYROID 15	57	(GEN 5)	
NP THYROID 30	57	OMNIPOD 5 G7 INTRO KIT (GEN 5)	63
NP THYROID 60	57	OMNIPOD 5 G7 PODS (GEN 5)	63
		OMNIPOD 5 LIBRE2 PLUS G6	63

Drug Name	Page #	Drug Name	Page #
OMNIPOD 5 LIBRE2 PLUS G6 PODS	63	PADCEV	21
OMNIPOD CLASSIC PDM STARTER	63	<i>paliperidone er</i>	24
KIT (GEN 3)		PANCREAZE	51
OMNIPOD CLASSIC PODS (GEN 3)	63	PANRETIN	21
OMNIPOD DASH INTRO KIT (GEN 4)	63	<i>pantoprazole sodium</i>	51
OMNIPOD DASH PDM KIT (GEN 4)	63	<i>paricalcitol</i>	62
OMNIPOD DASH PODS (GEN 4)	64	<i>paromomycin sulfate</i>	4
<i>ondansetron hcl</i>	14	<i>paroxetine</i>	12
<i>ondansetron hydrochloride</i>	14	<i>paroxetine hcl</i>	12
<i>ondansetron odt</i>	14	<i>paroxetine hcl er</i>	12
ONUREG	18	<i>paroxetine hydrochloride</i>	12
OPFOLDA	51	PAXLOVID	64
OPSUMIT	68	<i>pazopanib hydrochloride</i>	20
OPVEE	3	PEDIARIX	61
<i>oralone dental paste</i>	44	PEDVAX HIB	61
ORENCIA	58	<i>peg-3350/electrolytes</i>	50
ORENCIA CLICKJECT	58	<i>peg-3350/nacl/na bicarbonate/kcl</i>	50
ORENITRAM	68	PEGASYS	59
ORENITRAM TITRATION KIT MONTH	68	PEMAZYRE	18
1		PENBRAYA	61
ORENITRAM TITRATION KIT MONTH	68	<i>penicillamine</i>	49
2		PENICILLIN G POTASSIUM IN ISO-	6
ORENITRAM TITRATION KIT MONTH	68	OSMOTIC DEXTROSE	
3		PENICILLIN G PROCAINE	6
ORFADIN	51	PENICILLIN G SODIUM	6
ORGOVYX	57	PENICILLIN V POTASSIUM	6
ORKAMBI	68	PENTACEL	61
ORSERDU	18	<i>pentamidine isethionate</i>	22
<i>oseltamivir phosphate</i>	28	<i>pentoxifylline er</i>	39
OTEZLA	46	PERINDOPRIL ERBUMINE	35
OTEZLA	58	<i>periogard</i>	44
OTREXUP	60	<i>permethrin</i>	47
OXACILLIN SODIUM	6	<i>perphenazine</i>	23
<i>oxaprozin</i>	1	PERSERIS	24
OXBRYTA	33	PFIZERPEN	6
<i>oxcarbazepine</i>	10	PHENELZINE SULFATE	11
<i>oxybutynin chloride</i>	52	<i>phenobarbital</i>	9
<i>oxybutynin chloride er</i>	52	<i>phenytek</i>	10
<i>oxycodone hydrochloride</i>	3	<i>phenytoin</i>	10
<i>oxycodone/acetaminophen</i>	3	<i>phenytoin sodium extended</i>	10
<i>oxymorphone hydrochloride</i>	3	PHOSLYRA	49
OXYMORPHONE HYDROCHLORIDE	2	PIFELTRO	27
ER		<i>pilocarpine hcl</i>	66
OXYMORPHONE	2	<i>pilocarpine hydrochloride</i>	44
HYDROCHLORIDEER		<i>pimecrolimus</i>	46
OZEMPIC	30	PIMOZIDE	23
<i>pacerone</i>	35	<i>pindolol</i>	36

Drug Name	Page #	Drug Name	Page #
<i>pioglitazone hcl</i>	30	PREDNISONE INTENSOL	53
<i>pioglitazone hcl/metformin hcl</i>	30	PREFEST	55
<i>pioglitazone hcl-glimepiride</i>	30	<i>pregabalin</i>	9
<i>pioglitazone hydrochloride</i>	30	PREHEVBRIO	61
<i>piperacillin sodium/tazobactam sodium</i>	6	PREMARIN	55
PIQRAY 200MG DAILY DOSE	20	PREMASOL	48
PIQRAY 250MG DAILY DOSE	20	PRENATAL	49
PIQRAY 300MG DAILY DOSE	20	PRENATAL VITAMINS PLUS LOW	49
<i>pirfenidone</i>	69	IRON	
<i>piroxicam</i>	1	PRETOMANID	16
<i>pitavastatin calcium</i>	40	<i>prevalite</i>	41
PLASMA-LYTE A	48	PREVIDENT 5000 BOOSTER PLUS	44
PLASMA-LYTE-148	48	PREVIDENT 5000 DRY MOUTH	44
<i>plenamine</i>	48	PREVIDENT 5000 ENAMEL PROTECT	44
PODOFILOX	46	PREVIDENT 5000 KIDS	44
POLIVY	21	PREVIDENT 5000 ORTHO DEFENSE	44
<i>polycin</i>	64	PREVIDENT 5000 SENSITIVE	44
<i>polymyxin b sulfate</i>	4	<i>previfem</i>	55
<i>polymyxin b sulfate/trimethoprim sulfate</i>	64	PREVYMIS	26
POMALYST	17	PREZCOBIX	28
<i>posaconazole</i>	14	PREZISTA	28
<i>posaconazole dr</i>	14	PRIFTIN	16
<i>potassium chloride</i>	48	PRIMAQUINE PHOSPHATE	22
<i>potassium chloride er</i>	48	PRIMIDONE	9
<i>potassium chloride/dextrose</i>	48	PRIORIX	61
POTASSIUM	48	PRIVIGEN	58
CHLORIDE/DEXTROSE/LACTATED		<i>probenecid</i>	15
RINGERS		<i>probenecid/colchicine</i>	15
<i>potassium chloride/dextrose/sodium</i>	48	<i>prochlorperazine</i>	13
<i>chloride</i>		<i>prochlorperazine maleate</i>	13
<i>potassium chloride/sodium chloride</i>	48	PROCRT	33
<i>potassium citrate er</i>	48	<i>procto-med hc</i>	62
<i>pramipexole dihydrochloride</i>	22	<i>proctosol hc</i>	62
<i>pramipexole dihydrochloride er</i>	22	<i>proctozone-hc</i>	62
<i>prasugrel hydrochloride</i>	34	<i>progesterone</i>	56
<i>pravastatin sodium</i>	41	PROGRAF	60
<i>praziquantel</i>	22	PROLASTIN-C	51
<i>prazosin hydrochloride</i>	34	PROLIA	62
PRED MILD	65	PROMACTA	33
PREDNICARBATE	46	<i>promethazine hcl</i>	13
<i>prednisolone</i>	53	<i>promethazine hydrochloride</i>	13
<i>prednisolone acetate</i>	65	<i>promethazine hydrochloride plain</i>	13
<i>prednisolone sodium phosphate</i>	53	PROMETHEGAN	13
PREDNISOLONE SODIUM PHOSPHATE	65	<i>propafenone hcl</i>	36
PREDNISOLONE SODIUM PHOSPHATE	53	<i>propafenone hydrochloride</i>	36
ODT		<i>propafenone hydrochloride er</i>	36
PREDNISONE	53	PROPRANOLOL HCL	36

Drug Name	Page #	Drug Name	Page #
<i>propranolol hcl er</i>	36	<i>repaglinide</i>	30
<i>propranolol hydrochloride</i>	36	REPATHA	41
<i>propranolol hydrochloride er</i>	36	REPATHA PUSHTRONEX SYSTEM	41
<i>propylthiouracil</i>	58	REPATHA SURECLICK	41
PROQUAD	61	RESTASIS	64
PROSOL	48	RESTASIS MULTIDOSE	64
<i>protriptyline hcl</i>	13	RETEVMO	18
PULMOZYME	68	REVCovi	52
PURIXAN	17	REVLIMID	17
<i>pyrazinamide</i>	16	REXTOVY	3
<i>pyridostigmine bromide</i>	16	REXULTI	24
<i>pyridostigmine bromide er</i>	16	REYATAZ	28
<i>pyrimethamine</i>	22	REZLIDHIA	20
PYRUKYND	51	REZUROCK	60
PYRUKYND TAPER PACK	51	RHOPRESSA	66
QINLOCK	17	RIBAVIRIN	26
QUADRACEL	61	RIDAURA	58
<i>quetiapine fumarate</i>	24	<i>rifabutin</i>	16
<i>quetiapine fumarate er</i>	24	<i>rifampin</i>	16
<i>quinapril hydrochloride</i>	35	<i>riluzole</i>	43
<i>quinapril/hydrochlorothiazide</i>	39	RIMANTADINE HYDROCHLORIDE	28
<i>quinidine gluconate cr</i>	36	RINVOQ	58
QUINIDINE SULFATE	36	RINVOQ LQ	58
<i>quinine sulfate</i>	22	<i>risedronate sodium</i>	62
QULIPTA	15	<i>risedronate sodium dr</i>	62
QVAR REDIHALER	67	RISPERDAL CONSTA	24
RABAVERT	61	<i>risperidone</i>	25
<i>rabeprazole sodium</i>	51	<i>risperidone er</i>	25
RADICAVA ORS	43	RISPERIDONE ODT	25
RADICAVA ORS STARTER KIT	43	<i>ritonavir</i>	28
<i>raloxifene hydrochloride</i>	57	<i>rivastigmine tartrate</i>	10
<i>ramelteon</i>	70	<i>rivastigmine transdermal system</i>	11
<i>ramipril</i>	35	RIVFLOZA	64
<i>ranolazine er</i>	39	<i>rizatriptan benzoate</i>	15
<i>rasagiline mesylate</i>	23	<i>rizatriptan benzoate odt</i>	15
RASUVO	60	ROCKLATAN	64
RAVICTI	52	<i>roflumilast</i>	68
REBIF	43	<i>ropinirole er</i>	22
REBIF REBIDOSE	43	<i>ropinirole hcl</i>	22
REBIF REBIDOSE TITRATION PACK	43	<i>ropinirole hydrochloride</i>	22
REBIF TITRATION PACK	43	<i>rosuvastatin calcium</i>	41
<i>reclipsen</i>	55	ROTARIX	61
RECOMBIVAX HB	61	ROTATEQ	61
RECORLEV	57	<i>roweepra</i>	8
RECTIV	50	ROZLYTREK	20
RELENZA DISKHALER	28	RUBRACA	20
RELISTOR	50	<i>rufinamide</i>	10

Drug Name	Page #	Drug Name	Page #
RUKOBIA	28	sodium fluoride	48
RYBELSUS	30	sodium fluoride 5000 plus	44
RYBREVANT	21	sodium fluoride 5000 ppm	44
RYDAPT	20	sodium fluoride 5000 ppm dry mouth	44
RYKINDO	25	SODIUM FLUORIDE 5000 PPM	44
RYLAZE	18	ENAMEL PROTECT	
RYTARY	23	SODIUM FLUORIDE 5000 PPM	44
sajazir	58	SENSITIVE	
salsalate	1	SODIUM FLUORIDE/POTASSIUM	44
SANDIMMUNE	60	NITRATE/SENSITIVE	
SANTYL	46	SODIUM OXYBATE	70
sapropterin dihydrochloride	52	sodium phenylbutyrate	52
SARCLISA	21	sodium polystyrene sulfonate	49
SAVELLA	43	sodium sulfate/potassium sulfate/magnesium	50
SAVELLA TITRATION PACK	43	sulfate	
SCSEMBLIX	18	SOHONOS	25
scopolamine	13	solifenacin succinate	52
SECUADO	25	SOLQUA 100/33	31
selegiline hcl	23	SOLTAMOX	17
selenium sulfide	46	SOMATULINE DEPOT	57
SELZENTRY	28	SOMAVERT	57
SEREVENT DISKUS	68	sorafenib	20
SEROSTIM	53	sorafenib tosylate	20
sertraline hcl	12	sorine	36
sertraline hydrochloride	12	sotalol hcl	36
sevelamer carbonate	49	sotalol hydrochloride (af)	36
sevelamer hydrochloride	49	SOVALDI	26
sf	44	SPIRIVA HANDIHALER	67
sf 5000 plus	44	SPIRIVA RESPIMAT	67
sharobel	56	spironolactone	40
SHINGRIX	61	spironolactone/hydrochlorothiazide	39
SIGNIFOR	57	sprintec 28	55
sildenafil citrate (pulmonary arterial	68	SPRITAM	8
hypertension) oral tablet		SPRYCEL	20
silver sulfadiazine	46	sps	49
SIMBRINZA	64	ssd	47
simpesse	55	STAMARIL	61
simvastatin	41	STAVUDINE	27
sirolimus	60	STELARA	59
SIRTURO	16	STIOLTO RESPIMAT	69
SKYCLARYS	64	STIVARGA	20
SKYRIZI	59	STRIBILD	26
SKYRIZI PEN	59	subvenite	8
sodium chloride	48	subvenite starter kit/blue	8
sodium chloride 0.45%	48	subvenite starter kit/green	8
sodium chloride 0.9%	64	subvenite starter kit/orange	8
sodium fluoride	44	sucrafate	51

Drug Name	Page #	Drug Name	Page #
<i>sulfacetamide sodium</i>	7	TAZVERIK	18
SULFACETAMIDE SODIUM	65	TDVAX	61
SULFACETAMIDE	64	TEFLARO	5
SODIUM/PREDNISOLONE SODIUM		TEGSEDI	52
PHOSPHATE		TEKTURN HCT	39
<i>sulfadiazine</i>	7	<i>telmisartan</i>	34
<i>sulfamethoxazole/trimethoprim</i>	7	TELMISARTAN/AMLODIPINE	39
<i>sulfamethoxazole/trimethoprim ds</i>	7	<i>telmisartan/hydrochlorothiazide</i>	39
<i>sulfasalazine</i>	62	<i>temazepam</i>	70
<i>sulindac</i>	1	TENIVAC	61
<i>sumatriptan</i>	15	<i>tenofovir disoproxil fumarate</i>	27
<i>sumatriptan succinate</i>	15	TEPMETKO	21
<i>sumatriptan succinate refill</i>	15	<i>terazosin hcl</i>	34
<i>sunitinib malate</i>	20	<i>terazosin hydrochloride</i>	34
SUNLENCA	28	<i>terbinafine hcl</i>	14
SUPPRELIN LA	57	<i>terbutaline sulfate</i>	68
SURE-PREP ALCOHOL PREP PADS	64	<i>terconazole</i>	15
SUTAB	50	<i>teriflunomide</i>	43
SYMJEPI	68	TERIPARATIDE	63
SYMLINPEN 120	31	<i>testosterone</i>	54
SYMLINPEN 60	31	<i>testosterone cypionate</i>	54
SYMPAZAN	9	TESTOSTERONE ENANTHATE	54
SYMTUZA	28	<i>testosterone pump</i>	54
SYNAGIS	58	<i>tetrabenazine</i>	43
SYNAREL	57	<i>tetracycline hydrochloride</i>	8
SYNJARDY	31	THALOMID	17
SYNJARDY XR	31	<i>theophylline er</i>	68
SYNRIBO	18	<i>thioridazine hcl</i>	23
SYNTHROID	57	<i>thiothixene</i>	23
TABLOID	17	THYROID	57
TABRECTA	17	<i>tiadylt er</i>	37
<i>tacrolimus</i>	46	<i>tiagabine hydrochloride</i>	9
<i>tacrolimus</i>	60	TIBSOVO	21
<i>tadalafil</i>	52	TICE BCG	18
<i>tadalafil (pulmonary arterial hypertension)</i>	68	TICOVAC	61
<i>oral</i>		<i>timolol maleate</i>	15
TAFINLAR	20	<i>timolol maleate</i>	66
TAGRISSO	20	<i>timolol maleate ophthalmic gel forming</i>	65
TALZENNA	20	<i>tinidazole</i>	4
<i>tamoxifen citrate</i>	17	<i>tiotropium bromide</i>	67
<i>tamsulosin hydrochloride</i>	52	TIVDAK	21
<i>tarina fe 1/20 eq</i>	55	TIVICAY	26
TASIGNA	20	TIVICAY PD	26
<i>tasimelteon</i>	70	<i>tizanidine hcl</i>	25
<i>tazarotene</i>	45	<i>tizanidine hydrochloride</i>	26
TAZORAC	45	TOBRADEX	64
<i>taztia xt</i>	37	TOBRADEX ST	64

Drug Name	Page #	Drug Name	Page #
<i>tobramycin</i>	65	TRIJARDY XR	31
<i>tobramycin</i>	68	TRIKAFTA	68
TOBRAMYCIN SULFATE	4	<i>tri-linyah</i>	56
<i>tobramycin/dexamethasone</i>	64	<i>tri-lo-estarylla</i>	56
<i>tolterodine tartrate</i>	52	<i>tri-lo-marzia</i>	56
<i>tolterodine tartrate er</i>	52	<i>tri-lo-mili</i>	56
<i>tolvaptan</i>	49	<i>tri-lo-sprintec</i>	56
<i>topiramate</i>	8	<i>trimethoprim</i>	5
<i>toremifene citrate</i>	17	<i>tri-mili</i>	56
<i>torpenz</i>	21	<i>trimipramine maleate</i>	13
<i>torseamide</i>	40	TRINTELLIX	12
TOUJEO MAX SOLOSTAR	32	<i>tri-nymyo</i>	56
TOUJEO SOLOSTAR	32	<i>tri-previfem</i>	56
<i>tovet</i>	46	<i>tri-sprintec</i>	56
TRACLEER	68	<i>tritocin</i>	46
TRADJENTA	31	TRIUMEQ	27
TRAMADOL HCL ER	2	TRIUMEQ PD	27
<i>tramadol hydrochloride</i>	3	<i>tri-vylibra</i>	56
<i>tramadol hydrochloride er</i>	2	<i>tri-vylibra lo</i>	56
<i>tramadol hydrochloride/acetaminophen</i>	3	TRIZIVIR	27
<i>trandolapril</i>	35	TRODELVY	21
TRANDOLAPRIL/VERAPAMIL HCL ER	39	TROGARZO	28
<i>tranexamic acid</i>	33	<i>trospium chloride</i>	52
<i>tranylcypromine sulfate</i>	11	<i>trospium chloride er</i>	52
TRAVASOL	49	TRULANCE	50
<i>travoprost</i>	66	TRULICITY	31
<i>trazodone hydrochloride</i>	12	TRUMENBA	61
TRECTOR	16	TRUQAP	21
TRELEGY ELLIPTA	69	TRUSELTIQ	18
TRELSTAR MIXJECT	58	TUKYSA	18
<i>tretinoin</i>	22	TURALIO	21
<i>tretinoin</i>	45	TWINRIX	62
<i>tri femynor</i>	56	TYBOST	28
<i>triamcinolone acetonide</i>	46	TYMLOS	63
<i>triamcinolone acetonide</i>	53	TYPHIM VI	62
<i>triamcinolone acetonide dental paste</i>	44	TYRVAYA	64
<i>triamterene</i>	40	TYVASO	69
<i>triamterene/hydrochlorothiazide</i>	39	TYVASO DPI MAINTENANCE KIT	69
<i>triazolam</i>	70	TYVASO DPI TITRATION KIT	69
<i>triderm</i>	46	TYVASO REFILL KIT	69
TRIENTINE HYDROCHLORIDE	49	TYVASO STARTER KIT	69
<i>tri-estarylla</i>	56	UBRELVY	15
<i>trifluoperazine hcl</i>	23	<i>unithroid</i>	57
<i>trifluoperazine hydrochloride</i>	23	<i>ursodiol</i>	50
TRIFLURIDINE	65	UZEDY	25
TRIHXYPHENIDYL HCL	22	<i>valacyclovir hydrochloride</i>	29
<i>trihexyphenidyl hydrochloride</i>	22	VALCHLOR	16

Drug Name	Page #	Drug Name	Page #
<i>valganciclovir</i>	26	<i>vilazodone hydrochloride</i>	13
<i>valganciclovir hydrochloride</i>	26	<i>vincasar pfs</i>	18
<i>valproic acid</i>	8	VINCRISTINE SULFATE	18
<i>valrubicin</i>	18	VIRACEPT	28
VALSARTAN	34	VIREAD	27
<i>valsartan/hydrochlorothiazide</i>	39	VITRAKVI	21
VALTOCO 10 MG DOSE	10	VIVJOA	15
VALTOCO 15 MG DOSE	10	VIZIMPRO	21
VALTOCO 20 MG DOSE	10	VONJO	21
VALTOCO 5 MG DOSE	10	VORANIGO	21
VANCOMYCIN	5	<i>voriconazole</i>	15
<i>vancomycin hcl</i>	5	VOSEVI	26
<i>vancomycin hydrochloride</i>	5	VOTRIENT	21
VANCOMYCIN	5	VOYDEYA	33
HYDROCHLORIDE/DEXTROSE		VRAYLAR	25
VANFLYTA	21	VUMERITY	43
VAQTA	62	<i>vylibra</i>	56
<i>varenicline starting month</i>	3	VYNDAMAX	40
<i>varenicline tartrate</i>	3	VYNDAQEL	52
VARIVAX	62	<i>warfarin sodium</i>	33
VARIZIG	58	WELIREG	21
VAXCHORA	62	WESTAB PLUS	49
VELIVET	56	WINREVAIR	69
VELTASSA	49	<i>wixela inhub</i>	69
VENCLEXTA	21	XALKORI	21
VENCLEXTA STARTING PACK	21	XARELTO	33
VENLAFAXINE BESYLATE ER	13	XARELTO STARTER PACK	33
<i>venlafaxine hydrochloride</i>	13	XATMEP	60
<i>venlafaxine hydrochloride er</i>	13	XCOPRI	9
VENTAVIS	69	XDEMVI	65
VENTOLIN HFA	68	XELJANZ	59
VEOZAH	43	XELJANZ XR	59
<i>verapamil hcl</i>	37	XERMELO	50
VERAPAMIL HCL ER	37	XGEVA	63
VERAPAMIL HCL SR	37	XIFAXAN	50
<i>verapamil hydrochloride</i>	37	XIGDUO XR	31
VERAPAMIL HYDROCHLORIDE ER	37	XOLAIR	59
VERQUVO	41	XOSPATA	21
VERSACLOZ	25	XPHOZAH	49
VERZENIO	21	XPOVIO	18
<i>vestura</i>	56	XPOVIO 60 MG TWICE WEEKLY	18
V-GO 20	64	XPOVIO 80 MG TWICE WEEKLY	18
V-GO 30	64	XTANDI	16
V-GO 40	64	<i>xulane</i>	56
<i>vigabatrin</i>	10	XYREM	70
VIIBRYD STARTER PACK	13	<i>yargesa</i>	52
VIJOICE	52	YF-VAX	62

Drug Name	Page #
YONSA	16
<i>yuvaferm</i>	56
<i>zafemy</i>	56
<i>zafirlukast</i>	67
<i>zaleplon</i>	70
ZARXIO	33
ZEJULA	21
ZELBORAF	21
ZEMAIRA	52
<i>zenatane</i>	45
ZENPEP	52
<i>zenzedi</i>	42
ZEPZELCA	16
<i>zidovudine</i>	28
ZILBRYSQ	59
ZIOPTAN	66
<i>ziprasidone hcl</i>	25
<i>ziprasidone mesylate</i>	25
ZIRGAN	65
ZOLEDRONIC ACID	63
ZOLINZA	18
<i>zolmitriptan</i>	16
<i>zolmitriptan odt</i>	16
<i>zolpidem tartrate</i>	70
<i>zolpidem tartrate er</i>	70
ZONISADE	10
<i>zonisamide</i>	10
ZTALMY	10
ZURZUVAE	11
ZYDELIG	21
ZYKADIA	21
ZYPREXA RELPREVV	25

This formulary was updated on **December 1, 2024**. For more recent information or other questions, please contact us, **Medicare Plus Blue Group PPO** and **Prescription Blue Group PDP** Customer Service, at 1-866-684-8216 or, for TTY users 711, Monday through Friday, 8:30 a.m. to 5 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 Group PPO



**Blue Cross
Blue Shield**
of Michigan

Prescription BlueSM Group PDP



**Blue Cross
Blue Shield**
of Michigan

Blue Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.