

20
24

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

2024 Healthy Value Comprehensive Formulary

(List of Covered Drugs)

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

This formulary was updated on May 1, 2024. For more recent information or other questions, please contact us, **Medicare Plus Blue PPO** Customer Service, at 1-877-241-2583 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.



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

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

Updated: 05/01/2024
Formulary 24342, Version 14

www.bcbsm.com/medicare



Confidence comes with every card.®

Medicare Advantage Plans

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of **May 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 PPO Healthy Value Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

The enclosed formulary is current as of **May 1, 2024**. To get updated information about the drugs covered by **Medicare Plus Blue PPO**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **68**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Medicare Plus Blue PPO covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization: Medicare Plus Blue PPO** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Medicare Plus Blue PPO** before you fill your prescriptions. If you don't get approval, **Medicare Plus Blue PPO** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Medicare Plus Blue PPO** limits the amount of the drug that **Medicare Plus Blue PPO** will cover. For example, **Medicare Plus Blue PPO** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Medicare Plus Blue PPO** requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, **Medicare Plus Blue PPO** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Medicare Plus Blue PPO** will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

If you learn that **Medicare Plus Blue PPO** does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by **Medicare Plus Blue PPO**. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by **Medicare Plus Blue PPO**.
- You can ask **Medicare Plus Blue PPO** to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Medicare Plus Blue PPO Formulary?

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

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

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, **Medicare Plus Blue PPO** limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility or a skilled nursing facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 5, Section 5.2 of your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html.

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

For more information

For more detailed information about your **Medicare Plus Blue PPO** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Medicare Plus Blue PPO Healthy Value Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Medicare Plus Blue PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

The information in the Requirements/Limits column tells you if **Medicare Plus Blue PPO** has any special requirements for coverage of your drug.

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

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

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

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

Drug Notes Code Definitions

Symbol	Definition
B/D	This prescription drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA	Prior Authorization. The plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.
QL	Quantity Limit. For certain drugs, the plan limits the amount of the drug that we will cover.
ST	Step Therapy. In some cases, the plan requires you to first try a certain drug to treat your condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 200mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	3	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	3	QL(540 EA per 90 days)
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	3	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen suspension</i>	2	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	2	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL(90 EA per 90 days)
KETOPROFEN CAPSULE 25MG, 50MG	3	
MECLOFENAMATE SODIUM CAPSULE	4	
<i>mefenamic acid capsule</i>	4	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen suspension, tablet delayed release</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>salsalate tablet 750mg</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(12 EA per 84 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(45 EA per 90 days)
METHADONE HCL SOLUTION	3	
<i>methadone hcl tablet</i>	3	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 50MG, 80MG	4	QL(180 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(90 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL(180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>tramadol hydrochloride er</i>	3	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	3	QL(5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	3	QL(1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	3	QL(540 EA per 90 days)
<i>butorphanol tartrate solution</i>	3	QL(15 ML per 90 days)
CODEINE SULFATE TABLET 15MG	2	QL(540 EA per 90 days)
CODEINE SULFATE TABLET 30MG, 60MG	3	QL(540 EA per 90 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	QL(5735 ML per 31 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	QL(1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	3	QL(450 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL(450 EA per 90 days)
<i>hydromorphone hcl tablet</i>	3	
<i>hydromorphone hcl liquid</i>	4	
HYDROMORPHONE HCL INJECTION 4MG/ML	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml</i>	4	
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	
<i>hydromorphone hydrochloride injection 2mg/ml, 50mg/5ml</i>	4	
<i>morphine sulfate tablet</i>	3	
MORPHINE SULFATE SOLUTION 10MG/5ML, 20MG/5ML	3	
<i>morphine sulfate solution 20mg/ml</i>	3	
NUCYNTA TABLET 50MG, 75MG	4	
NUCYNTA TABLET 100MG	5	
<i>oxycodone hydrochloride capsule, tablet</i>	3	
<i>oxycodone hydrochloride concentrate</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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 solution</i>	4	QL(1800 ML per 90 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	QL(540 EA per 90 days)
<i>tramadol 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>	3	
DISULFIRAM TABLET 500MG	3	
<i>disulfiram tablet 250mg</i>	3	
<i>naltrexone hcl tablet</i>	1	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hcl tablet sublingual</i>	1	QL(270 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL(180 EA per 90 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL(270 EA per 90 days)
Opioid Reversal Agents		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml</i>	1	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
OPVEE	3	QL(12 EA per 90 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	3	QL(180 EA per 90 days)
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	4	
<i>varenicline tartrate</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	3	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	3	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
<i>fosfomicin tromethamine</i>	4	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	3	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>nitrofurantoin suspension 25mg/5ml</i>	4	
<i>polymyxin b sulfate injection</i>	4	
<i>tinidazole</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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 CAPSULE 250MG	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
CEFEPIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
CEFEPIME INJECTION 1GM/50ML	4	
<i>cefepime injection 1gm</i>	4	
<i>cefixime capsule</i>	2	
<i>cefixime suspension reconstituted</i>	4	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
CEFTAZIDIME/DEXTROSE INJECTION 1GM/50ML; 5%	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	3	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	5	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 125MG, 1GM, 2GM	4	
<i>ampicillin sodium injection 1gm, 250mg, 500mg</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
NAFCILLIN	4	
<i>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	2	
<i>penicillin v potassium tablet</i>	2	
PFIZERPEN INJECTION 5000000UNIT	4	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
MEROPENEM/SODIUM CHLORIDE	3	
MEROPENEM INJECTION 2GM	3	
<i>meropenem injection 1gm, 500mg</i>	3	
Macrolides		
AZITHROMYCIN PACKET	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	3	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	4	
<i>clarithromycin tablet</i>	3	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	4	
Quinolones		
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	3	
SULFADIAZINE TABLET	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate tablet 100mg, 75mg</i>	3	
<i>doxycycline hyclate tablet 150mg</i>	4	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	3	
<i>doxycycline suspension reconstituted</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT TABLET	5	QL(62 EA per 31 days); PA
BRIVIACT SOLUTION	5	QL(620 ML per 31 days); PA
EPIDIOLEX	5	QL(600 ML per 30 days); PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	QL(360 ML per 30 days); PA
FYCOMPA SUSPENSION	4	QL(720 ML per 30 days); PA
FYCOMPA TABLET 2MG	4	QL(540 EA per 90 days); PA
FYCOMPA TABLET 10MG, 12MG, 4MG, 8MG	5	QL(30 EA per 30 days); PA
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	5	QL(30 EA per 90 days); PA
<i>rowepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(1080 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(270 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(360 EA per 90 days); PA
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(540 EA per 90 days); PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(168 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
XCOPRI TABLET 100MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	4	
<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>	4	QL(180 EA per 90 days); PA
<i>clobazam tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(360 EA per 90 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(900 EA per 90 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL(360 EA per 90 days)
<i>clonazepam tablet 2mg</i>	2	QL(900 EA per 90 days)
DIACOMIT CAPSULE 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT CAPSULE 250MG	5	QL(372 EA per 31 days); PA
DIACOMIT PACKET 500MG	5	QL(186 EA per 31 days); PA
DIACOMIT PACKET 250MG	5	QL(372 EA per 31 days); PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	3	
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin solution</i>	3	QL(6480 ML per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
<i>phenobarbital elixir 20mg/5ml</i>	2	QL(4500 ML per 90 days); PA
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	3	QL(360 EA per 90 days); PA
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
PRIMIDONE TABLET 125MG	2	
<i>primidone tablet 250mg, 50mg</i>	2	
SYMPAZAN FILM 5MG	4	QL(60 EA per 30 days); PA
SYMPAZAN FILM 10MG, 20MG	5	QL(60 EA per 30 days); PA
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days); PA
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days); PA
<i>vigabatrin</i>	5	QL(186 EA per 31 days); PA
ZTALMY	5	QL(1116 ML per 31 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
Sodium Channel Agents		
APTIOM	5	QL(62 EA per 31 days); PA
<i>carbamazepine er</i>	4	
<i>carbamazepine tablet chewable, tablet</i>	3	
<i>carbamazepine suspension</i>	4	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	3	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
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 tablet</i>	3	
<i>oxcarbazepine suspension</i>	4	
<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	4	
Cholinesterase Inhibitors		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	3	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	4	QL(600 ML per 90 days)
<i>galantamine hydrobromide tablet</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 4.5mg, 6mg</i>	3	QL(180 EA per 90 days)
<i>rivastigmine tartrate capsule 1.5mg, 3mg</i>	3	QL(270 EA per 90 days)
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	4	QL(1080 ML per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(62 EA per 31 days); ST
<i>bupropion hcl tablet 100mg</i>	3	QL(540 EA per 90 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL(180 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	3	QL(90 EA per 90 days)
<i>bupropion hydrochloride tablet 75mg</i>	3	QL(540 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 15mg, 30mg</i>	3	QL(180 EA per 90 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(90 EA per 90 days)
<i>mirtazapine tablet 15mg, 7.5mg</i>	2	QL(180 EA per 90 days)
<i>mirtazapine tablet 30mg, 45mg</i>	2	QL(90 EA per 90 days)
<i>olanzapine/fluoxetine</i>	4	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(31 EA per 31 days); PA
MARPLAN	4	QL(540 EA per 90 days)
PHENELZINE SULFATE	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution</i>	3	QL(1800 ML per 90 days)
<i>citalopram hydrobromide tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>citalopram hydrobromide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>citalopram hydrobromide tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	3	QL(360 EA per 90 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	3	QL(90 EA per 90 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(180 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(270 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(360 EA per 90 days); PA
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(540 EA per 90 days); PA
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(180 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution</i>	4	QL(1800 ML per 90 days)
<i>escitalopram oxalate tablet 10mg</i>	2	QL(180 EA per 90 days)
<i>escitalopram oxalate tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>escitalopram oxalate tablet 20mg</i>	2	QL(90 EA per 90 days)
FETZIMA TITRATION PACK	4	QL(28 EA per 28 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL(180 EA per 90 days); ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL(90 EA per 90 days); ST
FLUOXETINE DR	4	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>	4	QL(1800 ML per 90 days)
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	2	
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
NEFAZODONE HYDROCHLORIDE	3	
<i>paroxetine</i>	4	
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL(180 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 25mg</i>	3	QL(270 EA per 90 days)
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg</i>	3	QL(540 EA per 90 days)
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>paroxetine hydrochloride suspension</i>	4	QL(2700 ML per 90 days)
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	QL(270 EA per 90 days)
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	2	QL(360 EA per 90 days)
<i>sertraline hydrochloride tablet 100mg</i>	2	QL(180 EA per 90 days)
<i>sertraline hydrochloride tablet 25mg</i>	2	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
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)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>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>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	3	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	3	
<i>imipramine hydrochloride tablet 10mg</i>	3	
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl injection 50mg/ml</i>	2	
<i>promethazine hcl suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine</i>	4	QL(30 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol capsule 10mg</i>	4	QL(180 EA per 90 days); B/D
<i>dronabinol capsule 5mg</i>	4	QL(360 EA per 90 days); B/D
<i>dronabinol capsule 2.5mg</i>	4	QL(720 EA per 90 days); B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>granisetron hydrochloride tablet</i>	3	QL(60 EA per 30 days); B/D
<i>ondansetron hcl solution</i>	4	QL(2700 ML per 90 days); B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream, troche</i>	2	
<i>clotrimazole solution</i>	3	
<i>econazole nitrate cream</i>	3	QL(255 GM per 90 days)
<i>fluconazole in sodium chloride</i>	4	
FLUCONAZOLE/SODIUM CHLORIDE	4	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule 250mg</i>	2	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>ketoconazole tablet</i>	2	PA
<i>ketoconazole shampoo</i>	2	QL(360 ML per 90 days)
<i>ketoconazole cream</i>	3	QL(270 GM per 90 days)
<i>ketodan</i>	2	
<i>klayesta</i>	2	QL(180 GM per 90 days)
MICONAZOLE 3 SUPPOSITORY	3	
NAFTIFINE HCL	4	
<i>naftifine hydrochloride cream</i>	4	
NOXAFIL SUSPENSION	5	QL(651 ML per 31 days)
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days)
<i>posaconazole suspension</i>	5	QL(651 ML per 31 days)
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole cream</i>	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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 suppository</i>	4	
VIVJOA	4	QL(18 EA per 84 days); PA
<i>voriconazole tablet</i>	4	PA
<i>voriconazole injection, suspension reconstituted</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	4	QL(360 EA per 90 days)
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	3	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	3	QL(24 ML per 90 days); PA
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	4	QL(9 ML per 84 days); PA
GEMTESA	4	QL(90 EA per 90 days)
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan tablet 12.5mg</i>	4	QL(24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL(48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	4	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	4	QL(36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	3	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	3	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	3	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	
<i>sumatriptan succinate injection</i>	4	QL(27 ML per 90 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(108 EA per 90 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(216 EA per 90 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(54 EA per 90 days)
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	3	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	3	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(108 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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 tablet 5mg</i>	4	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>	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
PRETOMANID	4	QL(90 EA per 90 days); PA
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid syrup</i>	2	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
<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); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(62 EA per 31 days); PA
<i>bicalutamide</i>	3	
ERLEADA	5	PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	5	QL(31 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA
THALOMID CAPSULE 100MG, 50MG	5	QL(31 EA per 31 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(62 EA per 31 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	PA
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
GAVRETO	5	QL(124 EA per 31 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	QL(31 EA per 31 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
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
<i>leucovorin calcium tablet</i>	3	
<i>leucovorin calcium injection 500mg, 50mg</i>	4	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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	5	QL(186 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
RYLAZE	5	PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
SYNRIBO	5	PA
TAZVERIK	5	QL(240 EA per 30 days); PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>valrubicin</i>	3	
XPOVIO 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
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF 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

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	QL(120 EA per 30 days); PA
CABOMETYX TABLET 20MG, 60MG	5	QL(31 EA per 31 days); PA
CABOMETYX TABLET 40MG	5	QL(62 EA per 31 days); PA
CALQUENCE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg</i>	4	QL(31 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL(93 EA per 31 days); PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL(31 EA per 31 days); PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(31 EA per 31 days); PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FARYDAK	5	QL(6 EA per 21 days); PA
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); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days); PA
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA TABLET	5	QL(31 EA per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
INLYTA TABLET 5MG	5	QL(124 EA per 31 days); PA
INLYTA TABLET 1MG	5	QL(186 EA per 31 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
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
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
TAGRISO	5	QL(31 EA per 31 days); PA
TALZENNA	5	PA
TASIGNA CAPSULE 200MG	5	QL(124 EA per 31 days); PA
TASIGNA CAPSULE 150MG	5	QL(155 EA per 31 days); PA
TASIGNA CAPSULE 50MG	5	QL(434 EA per 31 days); PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
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

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL(124 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI 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
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene capsule</i>	5	PA
<i>bexarotene gel</i>	5	QL(60 GM per 30 days); PA
PANRETIN	5	QL(60 GM per 30 days); PA
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	3	
Antiprotozoals		
<i>atovaquone</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
TRIHEXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	QL(93 ML per 31 days); PA
<i>bromocriptine mesylate capsule, tablet</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	3	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	3	
<i>carbidopa tablet</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
FLUPHENAZINE HCL INJECTION	4	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	4	
<i>perphenazine tablet</i>	3	
PIMOZIDE	3	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL(2.4 ML per 56 days); ST
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL(3.2 ML per 56 days); ST
ABILIFY MAINTENA	5	QL(1 EA per 28 days); ST
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(180 EA per 90 days)
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(270 EA per 90 days)
<i>aripiprazole solution</i>	4	QL(2700 ML per 90 days)
<i>aripiprazole tablet 20mg</i>	3	QL(135 EA per 90 days)
<i>aripiprazole tablet 10mg, 15mg, 2mg, 5mg</i>	3	QL(180 EA per 90 days)
<i>aripiprazole tablet 30mg</i>	3	QL(90 EA per 90 days)
ARISTADA INITIO	5	QL(2.4 ML per 31 days); ST
ARISTADA INJECTION 441MG/1.6ML	5	QL(1.6 ML per 30 days); ST
ARISTADA INJECTION 662MG/2.4ML	5	QL(2.4 ML per 30 days); ST
ARISTADA INJECTION 882MG/3.2ML	5	QL(3.2 ML per 30 days); ST
ARISTADA INJECTION 1064MG/3.9ML	5	QL(3.9 ML per 56 days); ST
<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

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL(1.5 ML per 28 days); ST
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL(0.88 ML per 90 days); ST
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL(1.32 ML per 90 days); ST
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL(1.75 ML per 90 days); ST
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL(2.63 ML per 90 days); ST
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(31 EA per 31 days)
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(62 EA per 31 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	QL(31 EA per 31 days); PA
NUPLAZID TABLET 10MG	5	QL(31 EA per 31 days); PA
<i>olanzapine odt tablet disintegrating 10mg, 5mg</i>	4	QL(180 EA per 90 days)
<i>olanzapine odt tablet disintegrating 15mg, 20mg</i>	4	QL(90 EA per 90 days)
<i>olanzapine injection</i>	3	
<i>olanzapine tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	3	QL(180 EA per 90 days)
<i>olanzapine tablet 15mg, 20mg</i>	3	QL(90 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(90 EA per 90 days)
PERSERIS	5	QL(1 EA per 30 days); ST
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg</i>	3	QL(180 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	3	QL(270 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	3	QL(360 EA per 90 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	3	QL(90 EA per 90 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(270 EA per 90 days)
<i>quetiapine fumarate tablet 200mg, 25mg, 50mg</i>	2	QL(360 EA per 90 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(450 EA per 90 days)
REXULTI TABLET 3MG, 4MG	5	QL(31 EA per 31 days); PA
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL(62 EA per 31 days); PA
RISPERDAL CONSTA INJECTION 12.5MG	4	QL(6 EA per 84 days); ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	QL(2 EA per 28 days); ST
<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	3	QL(270 EA per 90 days)
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg, 4mg</i>	3	QL(180 EA per 90 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	3	QL(360 EA per 90 days)
<i>risperidone solution</i>	2	
<i>risperidone tablet 1mg, 2mg, 3mg, 4mg</i>	2	QL(180 EA per 90 days)
<i>risperidone tablet 0.5mg</i>	2	QL(270 EA per 90 days)
<i>risperidone tablet 0.25mg</i>	2	QL(360 EA per 90 days)
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); ST

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
UZEDY INJECTION 50MG/0.14ML	5	QL(0.14 ML per 28 days); ST
UZEDY INJECTION 75MG/0.21ML	5	QL(0.21 ML per 28 days); ST
UZEDY INJECTION 100MG/0.28ML	5	QL(0.28 ML per 28 days); ST
UZEDY INJECTION 125MG/0.35ML	5	QL(0.35 ML per 28 days); ST
UZEDY INJECTION 150MG/0.42ML	5	QL(0.42 ML per 56 days); ST
UZEDY INJECTION 200MG/0.56ML	5	QL(0.56 ML per 56 days); ST
UZEDY INJECTION 250MG/0.7ML	5	QL(0.7 ML per 56 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(7 EA per 31 days); ST
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL(31 EA per 31 days); ST
VRAYLAR CAPSULE 1.5MG	5	QL(62 EA per 31 days); ST
<i>ziprasidone hcl</i>	3	QL(180 EA per 90 days)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	QL(6 EA per 90 days); ST
ZYPREXA RELPREVV INJECTION 405MG	5	QL(1 EA per 30 days); ST
ZYPREXA RELPREVV INJECTION 300MG	5	QL(2 EA per 30 days); ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	3	PA
<i>clozapine odt tablet disintegrating 25mg</i>	3	PA
<i>clozapine odt tablet disintegrating 100mg</i>	3	QL(810 EA per 90 days); PA
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL(135 EA per 30 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>	3	
VERSACLOZ	5	QL(540 ML per 30 days); PA
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	3	
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>	3	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>entecavir</i>	4	QL(90 EA per 90 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 150MG; 37.5MG	5	QL(31 EA per 31 days); PA
EPCLUSA PACKET 200MG; 50MG	5	QL(62 EA per 31 days); PA
EPCLUSA TABLET 400MG; 100MG	5	QL(31 EA per 31 days); PA
EPCLUSA TABLET 200MG; 50MG	5	QL(62 EA per 31 days); PA
HARVONI TABLET	5	QL(31 EA per 31 days); PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
RIBAVIRIN CAPSULE	3	
RIBAVIRIN TABLET 200MG	3	
SOVALDI PACKET 150MG	5	QL(31 EA per 31 days); PA
SOVALDI PACKET 200MG	5	QL(62 EA per 31 days); PA
SOVALDI TABLET 400MG	5	QL(31 EA per 31 days); PA
SOVALDI TABLET 200MG	5	QL(62 EA per 31 days); PA
VOSEVI	5	QL(31 EA per 31 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL(31 EA per 31 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	QL(62 EA per 31 days)
ISENTRESS PACKET, TABLET	5	QL(62 EA per 31 days)
ISENTRESS TABLET CHEWABLE 25MG	3	QL(186 EA per 31 days)
ISENTRESS TABLET CHEWABLE 100MG	5	QL(186 EA per 31 days)
JULUCA	5	QL(31 EA per 31 days)
STRIBILD	5	
TIVICAY PD	5	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	QL(31 EA per 31 days)
TIVICAY TABLET 25MG	5	QL(31 EA per 31 days)
TIVICAY TABLET 50MG	5	QL(62 EA per 31 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(31 EA per 31 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 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	4	
<i>lamivudine/zidovudine</i>	3	
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
STAVUDINE CAPSULE	3	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(31 EA per 31 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 800mg</i>	5	QL(31 EA per 31 days)
<i>darunavir tablet 600mg</i>	5	QL(62 EA per 31 days)
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir solution</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	3	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(31 EA per 31 days)
PREZISTA SUSPENSION	5	QL(414 ML per 31 days)
PREZISTA TABLET 75MG	4	QL(1440 EA per 84 days)
PREZISTA TABLET 150MG	4	QL(720 EA per 84 days)
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	3	
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	QL(90 EA per 30 days)
<i>valacyclovir hydrochloride</i>	3	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	PA
Benzodiazepines		
<i>alprazolam</i>	2	QL(450 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>clorazepate dipotassium tablet 7.5mg</i>	3	QL(1080 EA per 90 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(2160 EA per 90 days)
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(540 EA per 90 days)
<i>diazepam solution</i>	2	QL(1200 ML per 30 days)
<i>diazepam tablet</i>	3	QL(360 EA per 90 days)
<i>lorazepam intensol</i>	2	QL(450 ML per 90 days)
<i>lorazepam tablet</i>	2	QL(450 EA per 90 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	2	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
FARXIGA	3	QL(90 EA per 90 days)
<i>glimepiride tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>glimepiride tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>glimepiride tablet 1mg</i>	1	QL(720 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(180 EA per 90 days)
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL(270 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(360 EA per 90 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>glipizide tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 6MG	2	QL(180 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 3MG	2	QL(360 EA per 90 days)
GLYBURIDE MICRONIZED TABLET 1.5MG	2	QL(720 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	2	QL(360 EA per 90 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	2	QL(720 EA per 90 days)
<i>glyburide tablet 1.25mg</i>	2	QL(1440 EA per 90 days)
<i>glyburide tablet 5mg</i>	2	QL(360 EA per 90 days)
<i>glyburide tablet 2.5mg</i>	2	QL(720 EA per 90 days)
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(360 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg</i>	2	QL(180 EA per 90 days)
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	2	QL(450 EA per 90 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(230 EA per 90 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(270 EA per 90 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(459 EA per 90 days)
MIGLITOL	1	
<i>nateglinide tablet 120mg</i>	1	QL(270 EA per 90 days)
<i>nateglinide tablet 60mg</i>	1	QL(540 EA per 90 days)
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide tablet 1mg</i>	1	QL(1440 EA per 90 days)
<i>repaglinide tablet 0.5mg</i>	1	QL(2880 EA per 90 days)
<i>repaglinide tablet 2mg</i>	1	QL(720 EA per 90 days)
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(12 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	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
<i>Insulins</i>		
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
LANTUS	3	
LANTUS SOLOSTAR	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL(180 EA per 90 days)
ELIQUIS STARTER PACK	3	QL(74 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(51 EA per 31 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	4	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	5	PA
NEULASTA	5	QL(1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days)
NIVESTYM	5	PA
OXBRYTA	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET 12.5MG, 25MG	5	QL(31 EA per 31 days); PA
PROMACTA TABLET 50MG, 75MG	5	QL(62 EA per 31 days); PA
ZARXIO	5	PA
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	QL(180 EA per 90 days)
BRILINTA TABLET 60MG	4	QL(180 EA per 90 days)
BRILINTA TABLET 90MG	4	QL(182 EA per 90 days)
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	QL(90 EA per 90 days)
DOPTELET	5	PA
<i>prasugrel</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa capsule 200mg, 300mg</i>	5	QL(186 EA per 31 days); PA
<i>droxidopa capsule 100mg</i>	5	QL(93 EA per 31 days); PA
<i>midodrine hcl</i>	3	
Alpha-adrenergic Blocking Agents		
<i>doxazosin mesylate tablet</i>	2	
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil tablet 8mg</i>	1	QL(360 EA per 90 days)
<i>candesartan cilexetil tablet 4mg</i>	1	QL(720 EA per 90 days)
<i>candesartan cilexetil tablet 32mg</i>	1	QL(90 EA per 90 days)
EDARBI TABLET 40MG	4	QL(180 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
EDARBI TABLET 80MG	4	QL(90 EA per 90 days)
<i>irbesartan tablet 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan tablet 75mg</i>	1	QL(360 EA per 90 days)
<i>irbesartan tablet 300mg</i>	1	QL(90 EA per 90 days)
<i>losartan potassium tablet 100mg, 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium tablet 25mg</i>	1	QL(270 EA per 90 days)
<i>olmesartan medoxomil tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>olmesartan medoxomil tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>telmisartan tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>telmisartan tablet 80mg</i>	1	QL(90 EA per 90 days)
VALSARTAN SOLUTION	4	QL(7200 ML per 90 days)
<i>valsartan tablet 160mg</i>	1	QL(180 EA per 90 days)
<i>valsartan tablet 80mg</i>	1	QL(360 EA per 90 days)
<i>valsartan tablet 40mg</i>	1	QL(720 EA per 90 days)
<i>valsartan tablet 320mg</i>	1	QL(90 EA per 90 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 5mg</i>	1	QL(1440 EA per 90 days)
<i>benazepril hcl tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hcl tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>benazepril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>captopril tablet 25mg</i>	1	QL(1620 EA per 90 days)
<i>captopril tablet 12.5mg</i>	1	QL(3240 EA per 90 days)
<i>captopril tablet 100mg</i>	1	QL(405 EA per 90 days)
<i>captopril tablet 50mg</i>	1	QL(810 EA per 90 days)
<i>enalapril maleate tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>enalapril maleate tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>enalapril maleate tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>fosinopril sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>fosinopril sodium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>fosinopril sodium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>lisinopril tablet 2.5mg</i>	1	QL(1440 EA per 90 days)
<i>lisinopril tablet 20mg, 30mg, 40mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril tablet 10mg</i>	1	QL(360 EA per 90 days)
<i>lisinopril tablet 5mg</i>	1	QL(720 EA per 90 days)
<i>moexipril hcl tablet 15mg</i>	1	QL(180 EA per 90 days)
<i>moexipril hcl tablet 7.5mg</i>	1	QL(360 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 8MG	2	QL(180 EA per 90 days)
PERINDOPRIL ERBUMINE TABLET 2MG	2	QL(720 EA per 90 days)
<i>perindopril erbumine tablet 4mg</i>	2	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 5mg</i>	1	QL(1440 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>quinapril hydrochloride tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>quinapril hydrochloride tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>quinapril hydrochloride tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>ramipril capsule 1.25mg</i>	1	QL(1440 EA per 90 days)
<i>ramipril capsule 10mg</i>	1	QL(180 EA per 90 days)
<i>ramipril capsule 5mg</i>	1	QL(360 EA per 90 days)
<i>ramipril capsule 2.5mg</i>	1	QL(720 EA per 90 days)
<i>trandolapril tablet 4mg</i>	1	QL(180 EA per 90 days)
<i>trandolapril tablet 2mg</i>	1	QL(360 EA per 90 days)
<i>trandolapril tablet 1mg</i>	1	QL(720 EA per 90 days)
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
<i>digox</i>	2	QL(90 EA per 90 days)
DIGOXIN SOLUTION	3	
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL(90 EA per 90 days)
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	
<i>mexiletine hcl</i>	3	
MULTAQ	4	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	
<i>propafenone hcl</i>	3	
<i>propafenone hydrochloride er</i>	4	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	2	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(270 EA per 90 days)
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>pindolol tablet</i>	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	
PROPRANOLOL HCL SOLUTION 40MG/5ML	3	
<i>propranolol hcl solution 20mg/5ml</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	QL(90 EA per 90 days)
<i>isradipine</i>	2	
<i>nicardipine hcl capsule</i>	3	
<i>nifedipine er</i>	3	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL(180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride injection</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	3	
<i>aliskiren</i>	4	QL(90 EA per 90 days)
AMILORIDE/HYDROCHLOROTHIAZIDE	2	
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 2.5mg; 10mg, 2.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 5mg; 80mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg, 5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	QL(360 EA per 90 days)
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	QL(180 EA per 90 days)
<i>amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 320mg</i>	1	QL(90 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 5mg; 12.5mg; 160mg</i>	4	QL(180 EA per 90 days)
<i>amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	4	QL(90 EA per 90 days)
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	QL(360 EA per 90 days)
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg, 20mg; 25mg</i>	1	QL(90 EA per 90 days)
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
CAMZYOS	5	QL(31 EA per 31 days); PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL(180 EA per 90 days)
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL(90 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 25MG, 50MG; 25MG	1	QL(180 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 50MG; 15MG	1	QL(270 EA per 90 days)
CAPTOPRIL/HYDROCHLOROTHIAZIDE TABLET 25MG; 15MG	1	QL(300 EA per 90 days)
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
EDARBYCLOR	4	QL(90 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	QL(180 EA per 90 days)
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	QL(360 EA per 90 days)
ENTRESTO	3	QL(180 EA per 90 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	QL(360 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL(180 EA per 90 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL(90 EA per 90 days)
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	
KERENDIA	4	QL(90 EA per 90 days); PA
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	1	QL(360 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	QL(180 EA per 90 days)
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 25mg; 100mg</i>	1	QL(90 EA per 90 days)
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 5mg; 12.5mg; 20mg</i>	4	QL(180 EA per 90 days)
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg</i>	4	QL(90 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	QL(180 EA per 90 days)
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 40mg</i>	1	QL(90 EA per 90 days)
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg</i>	2	QL(180 EA per 90 days)
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	QL(90 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	2	
TELMISARTAN/AMLODIPINE TABLET 5MG; 40MG	1	QL(180 EA per 90 days)
TELMISARTAN/AMLODIPINE TABLET 10MG; 40MG, 10MG; 80MG, 5MG; 80MG	1	QL(90 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	QL(90 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 2MG; 180MG	4	QL(120 EA per 90 days)
TRANDOLAPRIL/VERAPAMIL HCL ER TABLET EXTENDED RELEASE 1MG; 240MG, 2MG; 240MG, 4MG; 240MG	4	QL(90 EA per 90 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 80mg</i>	1	QL(180 EA per 90 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg, 25mg; 160mg, 25mg; 320mg</i>	1	QL(90 EA per 90 days)
VYNDAMAX	5	QL(31 EA per 31 days); PA
Diuretics, Loop		
<i>bumetanide tablet</i>	3	
<i>bumetanide injection</i>	4	
<i>ethacrynic acid tablet</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	2	
<i>furosemide oral solution 10mg/ml</i>	2	
<i>torseamide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	3	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate capsule 130mg, 43mg</i>	3	QL(90 EA per 90 days)
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	QL(90 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>fenofibric acid dr capsule delayed release 45mg</i>	3	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	3	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(360 EA per 90 days)
<i>atorvastatin calcium tablet 10mg</i>	1	QL(720 EA per 90 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(90 EA per 90 days)
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
<i>lovastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>lovastatin tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 2mg</i>	1	QL(180 EA per 90 days)
<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)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
Dyslipidemics, Other		
<i>cholestyramine light</i>	3	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	QL(90 EA per 90 days)
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	3	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	3	QL(360 EA per 90 days)
<i>prevalite</i>	3	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet</i>	3	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	2	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	4	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	2	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	2	
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	4	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	4	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	4	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride tablet</i>	3	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL(2700 ML per 90 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL(5400 ML per 90 days)
Central Nervous System, Other		
DAYBUE	5	QL(3720 ML per 31 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
FIRDAPSE	5	PA
NUEDEXTA	5	QL(180 EA per 90 days); PA
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
<i>riluzole</i>	3	
<i>tetrabenazine tablet 25mg</i>	4	QL(124 EA per 31 days); PA
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
<i>Fibromyalgia Agents</i>		
SAVELLA	3	QL(180 EA per 90 days); PA
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days); PA
<i>Multiple Sclerosis Agents</i>		
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
<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		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
<i>kourzeq</i>	3	
<i>oralone dental paste</i>	3	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 DRY MOUTH	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT FLUORIDE	4	
<i>sf</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm paste</i>	2	
<i>sodium fluoride gel</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane</i>	4	PA
<i>acitretin</i>	4	PA
<i>adapalene gel 0.1%</i>	3	
<i>adapalene cream</i>	4	
<i>amnestem</i>	4	PA
<i>azelaic acid</i>	4	QL(150 GM per 90 days)
<i>claravis</i>	4	PA
<i>clindamycin/benzoyl peroxide</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>isotretinoin capsule</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>myorisan</i>	4	PA
<i>tazarotene cream, gel</i>	4	QL(180 GM per 90 days); PA
TAZORAC CREAM 0.05%	4	QL(180 GM per 90 days); PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL(45 GM per 30 days); PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL(45 GM per 30 days); PA
<i>zenatane</i>	4	PA
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>alclometasone dipropionate</i>	3	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	3	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	4	
<i>betamethasone dipropionate augmented cream</i>	3	
<i>betamethasone dipropionate augmented lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate emollient foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate solution</i>	3	QL(150 ML per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>clobetasol propionate cream, ointment</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)
<i>clobetasol propionate foam</i>	4	QL(300 GM per 90 days)
<i>clobetasol propionate shampoo</i>	4	QL(354 ML per 90 days)
<i>clobetasol propionate liquid</i>	4	QL(375 ML per 90 days)
<i>clodan</i>	4	QL(354 ML per 90 days)
<i>desonide cream, ointment</i>	4	QL(180 GM per 90 days)
<i>desonide lotion</i>	4	QL(354 ML per 90 days)
<i>desoximetasone cream, gel, ointment</i>	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
FLUOCINOLONE ACETONIDE CREAM 0.01%	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide cream 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL(360 GM per 90 days)
<i>fluocinolone acetonide solution 0.01%</i>	4	QL(360 ML per 90 days)
<i>fluocinonide emulsified base</i>	3	QL(360 GM per 90 days)
<i>fluocinonide cream 0.05%</i>	3	QL(360 GM per 90 days)
<i>fluocinonide solution</i>	3	QL(180 ML per 90 days)
<i>fluocinonide gel, ointment</i>	4	QL(180 GM per 90 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	4	QL(150 GM per 90 days)
<i>hydrocortisone butyrate ointment</i>	4	
<i>hydrocortisone valerate</i>	4	QL(180 GM per 90 days)
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL(354 ML per 90 days)
<i>hydrocortisone ointment 2.5%</i>	2	QL(90 GM per 90 days)
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	4	
PREDNICARBATE OINTMENT	3	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL(300 GM per 90 days)
<i>tovet</i>	4	QL(300 GM per 90 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	

Dermatological Agents, Other

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>calcipotriene ointment</i>	3	QL(360 GM per 90 days); PA
<i>calcipotriene solution</i>	4	QL(180 ML per 90 days); PA
<i>calcipotriene cream</i>	4	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL(135 GM per 90 days)
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	QL(90 ML per 90 days)
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
<i>fluorouracil cream 5%</i>	4	QL(120 GM per 90 days)
FLUOROURACIL SOLUTION 2%	3	QL(30 ML per 90 days)
<i>fluorouracil solution 5%</i>	3	QL(10 ML per 30 days)
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
<i>imiquimod cream 5%</i>	3	QL(72 EA per 90 days)
METHOXSALEN CAPSULE	5	
<i>nystatin/triamcinolone</i>	3	
PODOFILOX SOLUTION	4	
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
SANTYL	4	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
<i>Pediculicides/Scabicides</i>		
CROTAN	4	
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	QL(90 GM per 90 days)
<i>ciclodan solution</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox nail lacquer</i>	2	QL(19.8 ML per 90 days)
<i>ciclopirox olamine</i>	3	QL(270 GM per 90 days)
<i>ciclopirox suspension</i>	3	QL(180 ML per 90 days)
<i>ciclopirox gel</i>	3	QL(300 GM per 90 days)
<i>ciclopirox shampoo</i>	3	QL(360 ML per 90 days)
<i>clindamycin phosphate gel 1%</i>	3	QL(180 GM per 90 days)
<i>clindamycin phosphate lotion 1%</i>	3	QL(180 ML per 90 days)
<i>clindamycin phosphate external solution 1%</i>	3	QL(180 ML per 90 days)
ERY	3	
<i>erythromycin gel 2%</i>	2	QL(180 GM per 90 days)
<i>erythromycin solution 2%</i>	2	QL(180 ML per 90 days)
<i>mupirocin ointment</i>	2	QL(90 GM per 90 days)
<i>mupirocin cream</i>	4	QL(90 GM per 90 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>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	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	3	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
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>	3	
<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
<i>Phosphate Binders</i>		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
FOSRENOL PACKET	4	
<i>lanthanum carbonate</i>	5	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
PHOSLYRA	4	
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer carbonate tablet</i>	4	QL(1620 EA per 90 days)
<i>sevelamer hydrochloride</i>	4	
Potassium Binders		
SPS	3	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK TABLET 12.5MG	4	QL(180 EA per 90 days); PA
MOVANTIK TABLET 25MG	4	QL(90 EA per 90 days); PA
RELISTOR TABLET	5	QL(93 EA per 31 days); PA
RELISTOR INJECTION 8MG/0.4ML	5	QL(11.2 ML per 28 days); PA
RELISTOR INJECTION 12MG/0.6ML	5	QL(16.8 ML per 28 days); PA
TRULANCE	3	QL(90 EA per 90 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	QL(62 EA per 31 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
DIPHENOXYLATE/ATROPINE LIQUID	4	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	3	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	
<i>methscopolamine bromide tablet</i>	3	
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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>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>	4	
<i>ursodiol capsule 300mg</i>	3	
<i>ursodiol tablet</i>	4	
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
NIZATIDINE CAPSULE	2	
NIZATIDINE SOLUTION	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(180 EA per 90 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(90 EA per 90 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(180 EA per 90 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	2	QL(180 EA per 90 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
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>	4	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	PA
<i>nitisinone</i>	5	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
OPFOLDA	4	QL(24 EA per 90 days); 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
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
VYNDAQEL	5	QL(124 EA per 31 days); PA
<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>	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
<i>oxybutynin chloride er</i>	3	QL(180 EA per 90 days)
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	4	QL(180 EA per 90 days)
<i>solifenacin succinate tablet 10mg</i>	4	QL(90 EA per 90 days)
<i>tolterodine tartrate</i>	4	QL(180 EA per 90 days)
<i>tolterodine tartrate er</i>	4	QL(90 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>tropium chloride</i>	4	
<i>tropium chloride er</i>	2	QL(90 EA per 90 days)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL(90 EA per 90 days)
<i>dutasteride capsule</i>	3	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	QL(90 EA per 90 days)
<i>tamsulosin hydrochloride</i>	2	QL(180 EA per 90 days)
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	3	
ELMIRON	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE INTENSOL	3	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	2	
<i>dexamethasone elixir</i>	2	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate oral solution 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)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
HUMATROPE INJECTION 12MG, 24MG	5	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
INCRELEX	5	PA
NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule</i>	3	
METHITEST	5	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	4	QL(450 GM per 90 days); PA
<i>testosterone gel 20.25mg/1.25gm</i>	4	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	4	QL(450 GM per 90 days); PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
Estrogens		
<i>amabelz</i>	3	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	3	QL(91 EA per 91 days)
<i>cyred eq</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol tablet 0.15mg; 30mcg</i>	2	
<i>drospirenone/ethinyl estradiol tablet 3mg; 0.02mg</i>	2	
<i>eluryng</i>	4	QL(3 EA per 84 days)
<i>emoquette</i>	2	
<i>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>	3	
<i>estradiol oral tablet</i>	3	
<i>estradiol cream, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	QL(3 EA per 84 days)
FEMRING	4	QL(1 EA per 90 days)
<i>femynor</i>	2	
<i>fyavolv</i>	3	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	QL(3 EA per 84 days)
<i>isibloom</i>	2	
<i>jaimiess</i>	2	QL(91 EA per 91 days)
<i>jasmiel</i>	2	
<i>jinteli</i>	3	
<i>juleber</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kalliga</i>	2	
<i>kelnor 1/50</i>	4	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	3	QL(91 EA per 91 days)
<i>loryna</i>	2	
MENEST TABLET 1.25MG, 2.5MG	4	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	3	
<i>mono-lynyah</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nymyo</i>	2	
PREFEST	4	
PREMARIN CREAM	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>sprintec 28</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
VELIVET	2	
<i>vestura</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	4	
<i>yuvafem</i>	4	
<i>zafemy</i>	4	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection</i>	3	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension</i>	4	
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>progesterone capsule</i>	3	
<i>sharobel</i>	3	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>raltaxifene hydrochloride</i>	3	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tablet</i>	3	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL(248 EA per 31 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>leuprolide acetate injection 22.5mg</i>	4	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT	4	PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	QL(279 ML per 31 days); PA
<i>sajazir</i>	5	QL(279 ML per 31 days); PA
<i>Immunoglobulins</i>		
FLEBOGAMMA DIF INJECTION 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	4	
NABI-HB INJECTION 312UNIT/ML	4	
PRIVIGEN	5	B/D
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
<i>Immunological Agents, Other</i>		
ARCALYST	5	PA
BENLYSTA	5	PA
BEVESPI AEROSPHERE	3	QL(32.1 GM per 90 days)
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
KEVZARA INJECTION 150MG/1.14ML, 200MG/1.14ML	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
MOUNJARO	3	QL(2 ML per 28 days); PA
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
RIDAURA	5	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
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>	3	B/D
<i>cyclosporine capsule</i>	3	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>	3	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
OTREXUP INJECTION 12.5MG/0.4ML, 17.5MG/0.4ML, 22.5MG/0.4ML	4	
PROGRAF PACKET	4	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REZUROCK	5	QL(31 EA per 31 days); PA
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHtheria/TETANUS TOXoids ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
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	
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	
TWINRIX	3	
TYPHIM VI	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr capsule delayed release</i>	3	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone cream 2.5%</i>	2	QL(90 GM per 90 days)
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	QL(90 GM per 90 days)
<i>proctosol hc</i>	2	QL(90 GM per 90 days)
<i>proctozone-hc</i>	2	QL(90 GM per 90 days)
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(124 EA per 31 days)
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL(360 EA per 90 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(62 EA per 31 days)
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
FOSAMAX PLUS D	4	QL(12 EA per 84 days)
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(1 ML per 180 days); PA
<i>risedronate sodium tablet 35mg</i>	3	QL(12 EA per 84 days)
<i>risedronate sodium tablet 150mg</i>	3	QL(3 EA per 84 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL(90 EA per 90 days)

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 30 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	2	
AUGTYRO	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	
CEQR SIMPLICITY 2U	3	
CEQR SIMPLICITY INSERTER	3	
CURITY GAUZE PADS 2"X2" 12 PLY	2	
DOJOLVI	5	PA
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	
FILSPARI	5	QL(31 EA per 31 days); PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL(40 EA per 180 days)
<i>levocarnitine tablet</i>	3	
<i>levocarnitine solution</i>	4	
NOVOPEN ECHO	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH 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>	3	
V-GO 20	3	
V-GO 30	3	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
V-GO 40	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	
COMBIGAN	3	
CYSTARAN	5	PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	3	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	4	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	
SIMBRINZA	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
AZASITE	4	
BACITRACIN	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	QL(5 ML per 30 days)
GENTAK OINTMENT	2	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPHTHALMIC SOLUTION 0.5%, 1.5%	3	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	3	
<i>sulfacetamide sodium solution 10%</i>	2	QL(30 ML per 30 days)
<i>tobramycin solution 0.3%</i>	2	
TRIFLURIDINE	3	
XDEMVIY	5	QL(10 ML per 31 days); PA
ZIRGAN	4	
<i>Ophthalmic Anti-inflammatories</i>		
DEXAMETHASONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	3	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
PREDNISOLONE ACETATE	3	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
BETAXOLOL HCL SOLUTION 0.5%	3	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	4	
<i>acetazolamide tablet 125mg</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
APRACLONIDINE	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brimonidine tartrate solution 0.15%</i>	4	
<i>brinzolamide</i>	4	

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>dorzolamide hydrochloride</i>	2	
IOPIDINE SOLUTION 1%	4	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
CIPRO HC	4	
CIPROFLOXACIN	4	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>flac</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	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>	3	QL(225 ML per 90 days)
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>	3	QL(102 GM per 90 days)
OMNARIS	4	ST
Antihistamines		

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>azelastine hcl nasal solution 0.15%</i>	3	
<i>azelastine hydrochloride solution 0.1%</i>	3	
<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	QL(900 ML per 90 days)
<i>cyproheptadine hcl syrup</i>	3	
<i>cyproheptadine hydrochloride tablet</i>	3	
<i>desloratadine</i>	3	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	3	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	3	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	4	QL(91.5 GM per 90 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL(90 EA per 90 days)
<i>zafirlukast</i>	4	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(77.4 GM per 90 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL(135 ML per 90 days)
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL(90 ML per 90 days)
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup</i>	2	
<i>albuterol sulfate nebulization solution</i>	2	B/D
<i>albuterol sulfate tablet</i>	4	
<i>arformoterol tartrate</i>	3	QL(360 ML per 90 days); B/D
EPINEPHRINE INJECTION 0.3MG/0.3ML	3	QL(6 EA per 90 days)
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(6 EA per 90 days)
<i>levalbuterol hcl nebulization solution</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(180 EA per 90 days)
SYMJEPI	3	
Cystic Fibrosis Agents		

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(93 EA per 31 days); PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(120 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
OPSUMIT	5	QL(31 EA per 31 days); PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	3	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	QL(120 EA per 30 days); PA
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL(112 EA per 28 days); PA
TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL(224 EA per 28 days); PA; 32 MCG - 48 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(392 EA per 365 days); PA; 16 MCG - 32 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(504 EA per 365 days); PA; 16 MCG - 32 MCG - 48 MCG
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
VENTAVIS SOLUTION 10MCG/ML	5	QL(150 ML per 30 days); B/D
VENTAVIS SOLUTION 20MCG/ML	5	QL(90 ML per 30 days); B/D
Pulmonary Fibrosis Agents		
OFEV	5	QL(62 EA per 31 days); PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	4	B/D

Formulary ID: 24342, Version: 14, Effective Date: 05/01/2024

Last Updated: April 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
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	QL(24 GM per 90 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D
NUCALA	5	PA
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam capsule 15mg, 30mg, 7.5mg</i>	3	
<i>triazolam</i>	3	QL(180 EA per 90 days)
<i>zaleplon</i>	3	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
Wakefulness Promoting Agents		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil 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: 24342, Version: 14, Effective Date: 05/01/2024
Last Updated: April 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>almotriptan</i>	15
		<i>alose tron hydrochloride</i>	48
		ALPHAGAN P	63
		<i>alprazolam</i>	28
		ALUNBRIG	18
		<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	66
		<i>amabelz</i>	52
		<i>amantadine hcl</i>	22
		<i>ambrisentan</i>	66
		AMCINONIDE	43
		<i>amethia</i>	52
		<i>amikacin sulfate</i>	3
		<i>amiloride hcl</i>	39
		AMILORIDE/HYDROCHLOROTHIAZID	37
		E	
		<i>amiodarone hydrochloride</i>	35
		<i>amitriptyline hcl</i>	13
		<i>amitriptyline hydrochloride</i>	13
		<i>amlodipine besylate</i>	36
		<i>amlodipine besylate/atorvastatin calcium</i>	37
		<i>amlodipine besylate/benazepril hydrochloride</i>	37
		<i>amlodipine besylate/valsartan</i>	37
		<i>amlodipine/olmesartan medoxomil</i>	37
		<i>amlodipine/valsartan/hydrochlorothiazide</i>	37
		<i>ammonium lactate</i>	43
		<i>amnesteam</i>	43
		<i>amoxapine</i>	13
		<i>amoxicillin</i>	6
		AMOXICILLIN/CLAVULANATE	6
		POTASSIUM	
		AMOXICILLIN/CLAVULANATE	5
		POTASSIUM ER	
		<i>amphetamine/dextroamphetamine</i>	41
		AMPHOTERICIN B	14
		<i>amphotericin b liposome</i>	14
		<i>ampicillin</i>	6
		AMPICILLIN SODIUM	6
		<i>ampicillin/sulbactam</i>	6
		AMPICILLIN-SULBACTAM	6
		<i>anagrelide hydrochloride</i>	32
		<i>anastrozole</i>	18
		ANORO ELLIPTA	67
		APEXICON E	43
		<i>apomorphine hydrochloride</i>	22
		APRACLONIDINE	63
<i>abacavir</i>	27		
<i>abacavir sulfate/lamivudine</i>	27		
ABELCET	14		
ABILIFY ASIMTUFII	23		
ABILIFY MAINTENA	23		
<i>abiraterone acetate</i>	16		
ABRYSVO	58		
<i>acamprosate calcium dr</i>	3		
<i>acarbose</i>	29		
<i>accutane</i>	43		
<i>acebutolol hydrochloride</i>	35		
ACETAMINOPHEN/CODEINE	2		
<i>acetazolamide</i>	37		
<i>acetazolamide</i>	63		
<i>acetazolamide er</i>	63		
<i>acetic acid</i>	64		
<i>acetylcysteine</i>	61		
<i>acetylcysteine</i>	66		
<i>acitretin</i>	43		
ACTHIB	58		
ACTIMMUNE	57		
<i>acyclovir</i>	28		
<i>acyclovir</i>	45		
<i>acyclovir sodium</i>	28		
ADACEL	58		
<i>adapalene</i>	43		
<i>adefovir dipivoxil</i>	25		
ADEMPAS	66		
ADLARITY	10		
ADRIAMYCIN	17		
ADVAIR HFA	67		
AIMOVIG	15		
AKEEGA	17		
<i>ala-cort</i>	43		
<i>albendazole</i>	21		
<i>albuterol sulfate</i>	65		
<i>albuterol sulfate hfa</i>	65		
<i>alclometasone dipropionate</i>	43		
ALCOHOL PREP PADS	61		
ALECENSA	18		
<i>alendronate sodium</i>	60		
<i>alfuzosin hcl er</i>	51		
<i>aliskiren</i>	37		
<i>allopurinol</i>	15		

Drug Name	Page #	Drug Name	Page #
<i>aprepitant</i>	13	<i>bacitracin/polymyxin b</i>	62
APRETUDE	26	<i>baclofen</i>	25
<i>apri</i>	52	<i>balsalazide disodium</i>	60
APTIOM	10	BALVERSA	18
APTIVUS	28	BAQSIMI ONE PACK	31
ARANESP ALBUMIN FREE	32	BAQSIMI TWO PACK	31
ARCALYST	56	BCG VACCINE	58
AREXVY	58	BD INSULIN SYRINGE	61
<i>arformoterol tartrate</i>	65	SAFETYGLIDE/1ML/29G X 1/2"	
<i>aripiprazole</i>	23	B-D INSULIN SYRINGE ULTRAFINE	61
<i>aripiprazole odt</i>	23	II/0.3ML/31G X 5/16"	
ARISTADA	23	BD INSULIN SYRINGE ULTRA-	61
ARISTADA INITIO	23	FINE/0.5ML/30G X 12.7MM	
<i>armodafinil</i>	67	BD INSULIN SYRINGE ULTRA-	61
ARNUITY ELLIPTA	64	FINE/1ML/31G X 8MM	
<i>asenapine maleate sl</i>	23	BD PEN NEEDLE/ORIGINAL/ULTRA-	61
<i>ashlyna</i>	52	FINE/29G X 12.7MM	
<i>aspirin/dipyridamole er</i>	33	<i>benazepril hcl</i>	34
ASTAGRAF XL	57	<i>benazepril hydrochloride</i>	34
<i>atazanavir</i>	28	<i>benazepril</i>	37
<i>atazanavir sulfate</i>	28	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atenolol</i>	35	BENLYSTA	56
<i>atenolol/chlorthalidone</i>	37	<i>benztropine mesylate</i>	22
<i>atomoxetine</i>	41	BESIVANCE	62
<i>atomoxetine hydrochloride</i>	41	BESREMI	17
<i>atorvastatin calcium</i>	40	<i>betaine anhydrous</i>	49
<i>atovaquone</i>	21	<i>betamethasone dipropionate</i>	43
<i>atovaquone/proguanil hcl</i>	22	BETAMETHASONE DIPROPIONATE	43
<i>atropine sulfate</i>	62	AUGMENTED	
ATROVENT HFA	65	<i>betamethasone valerate</i>	43
AUGTYRO	61	BETASERON	42
<i>aurovela fe 1.5/30</i>	52	<i>betaxolol hcl</i>	35
<i>aurovela fe 1/20</i>	52	BETAXOLOL HCL	63
AURYXIA	47	<i>bethanechol chloride</i>	51
AUVELITY	11	BETOPTIC-S	63
AVONEX	42	BEVESPI AEROSPHERE	56
AVONEX PEN	42	<i>bexarotene</i>	21
AYVAKIT	18	BEXSERO	58
AZASITE	62	<i>bicalutamide</i>	16
<i>azathioprine</i>	57	BICILLIN C-R	6
<i>azelaic acid</i>	43	BICILLIN L-A	6
<i>azelastine hcl</i>	62	BIKTARVY	26
<i>azelastine hcl</i>	65	<i>bimatoprost</i>	64
<i>azelastine hydrochloride</i>	65	<i>bisoprolol fumarate</i>	35
AZITHROMYCIN	6	<i>bisoprolol fumarate/hydrochlorothiazide</i>	37
<i>aztreonam</i>	4	<i>blisovi fe 1.5/30</i>	52
BACITRACIN	62	<i>blisovi fe 1/20</i>	52

Drug Name	Page #	Drug Name	Page #
BOOSTRIX	58	CAPLYTA	23
<i>bosentan</i>	66	CAPRELSA	19
BOSULIF	18	<i>captopril</i>	34
BRAFTOVI	19	CAPTOPRIL/HYDROCHLOROTHIAZID	38
BREO ELLIPTA	67	E	
BREZTRI AEROSPHERE	64	<i>carbamazepine</i>	10
BRILINTA	33	<i>carbamazepine er</i>	10
<i>brimonidine tartrate</i>	63	<i>carbidopa</i>	22
<i>brinzolamide</i>	63	<i>carbidopa/levodopa</i>	22
BRIVIACT	8	<i>carbidopa/levodopa er</i>	22
<i>bromocriptine mesylate</i>	22	CARBIDOPA/LEVODOPA ODT	22
BRONCHITOL	67	<i>carbidopa/levodopa/entacapone</i>	22
BRUKINSA	19	<i>carglumic acid</i>	45
<i>budesonide</i>	60	CARTEOLOL HCL	63
<i>budesonide</i>	64	<i>cartia xt</i>	36
<i>budesonide er</i>	60	<i>carvedilol</i>	35
<i>bumetanide</i>	39	<i>carvedilol phosphate er</i>	35
<i>buprenorphine</i>	1	<i>caspofungin acetate</i>	14
<i>buprenorphine hcl</i>	3	CAYSTON	66
<i>buprenorphine hcl/naloxone hcl</i>	3	CEFACTOR	5
<i>buprenorphine hydrochloride/naloxone</i>	3	CEFADROXIL	5
<i>hydrochloride</i>		CEFAZOLIN SODIUM	5
<i>bupropion hcl</i>	11	CEFAZOLIN SODIUM/DEXTROSE	5
<i>bupropion hydrochloride</i>	11	<i>cefdinir</i>	5
<i>bupropion hydrochloride er (sr)</i>	3	CEFEPIME	5
<i>bupropion hydrochloride er (sr)</i>	11	CEFEPIME/DEXTROSE	5
<i>bupropion hydrochloride er (xl)</i>	11	<i>cefixime</i>	5
<i>buspirone hcl</i>	28	CEFOXITIN SODIUM	5
<i>buspirone hydrochloride</i>	28	<i>cefpodoxime proxetil</i>	5
<i>butorphanol tartrate</i>	2	<i>cefprozil</i>	5
BYDUREON BCISE	29	<i>ceftazidime</i>	5
CABENUVA	26	CEFTAZIDIME/DEXTROSE	5
<i>cabergoline</i>	55	CEFTRIAZONE IN ISO-OSMOTIC	5
CABLIVI	33	DEXTROSE	
CABOMETYX	19	CEFTRIAZONE SODIUM	5
<i>calcipotriene</i>	45	CEFTRIAZONE/DEXTROSE	5
<i>calcitonin-salmon</i>	60	<i>cefuroxime axetil</i>	5
CALCITRIOL	45	<i>cefuroxime sodium</i>	5
<i>calcitriol</i>	60	<i>celecoxib</i>	1
<i>calcium acetate</i>	47	<i>cephalexin</i>	5
CALQUENCE	19	CEQR SIMPLICITY 2U	61
<i>camila</i>	54	CEQR SIMPLICITY INSERTER	61
<i>camrese</i>	52	CERDELGA	49
<i>camrese lo</i>	52	<i>cetirizine hydrochloride</i>	65
CAMZYOS	38	<i>cevimeline hydrochloride</i>	42
<i>candesartan cilexetil</i>	33	CHEMET	47
<i>candesartan cilexetil/hydrochlorothiazide</i>	38	<i>chlorhexidine gluconate</i>	42

Drug Name	Page #	Drug Name	Page #
<i>chloroquine phosphate</i>	22	<i>clonidine hydrochloride</i>	33
<i>chlorpromazine hcl</i>	22	<i>clopidogrel</i>	33
CHLORPROMAZINE	22	<i>clorazepate dipotassium</i>	29
HYDROCHLORIDE		<i>clotrimazole</i>	14
<i>chlorthalidone</i>	39	<i>clotrimazole/betamethasone dipropionate</i>	45
CHOLBAM	49	<i>clozapine</i>	25
<i>cholestyramine</i>	40	CLOZAPINE ODT	25
<i>cholestyramine light</i>	40	COARTEM	22
<i>ciclodan</i>	45	CODEINE SULFATE	2
<i>ciclopirox</i>	45	<i>colchicine</i>	15
<i>ciclopirox nail lacquer</i>	45	<i>colesevelam hydrochloride</i>	40
<i>ciclopirox olamine</i>	45	<i>colestipol hcl</i>	40
<i>cilostazol</i>	33	<i>colistimethate sodium</i>	4
CIMDUO	27	COMBIGAN	62
<i>cinacalcet hydrochloride</i>	60	COMBIVENT RESPIMAT	67
CIPRO HC	64	COMETRIQ	19
CIPROFLOXACIN	64	COMPLERA	26
<i>ciprofloxacin hcl</i>	7	<i>compro</i>	13
<i>ciprofloxacin hydrochloride</i>	7	<i>constulose</i>	48
<i>ciprofloxacin hydrochloride</i>	62	COPIKTRA	19
<i>ciprofloxacin i.v.-in d5w</i>	7	CORLANOR	38
<i>ciprofloxacin/dexamethasone</i>	64	COSENTYX	56
<i>citalopram hydrobromide</i>	11	COSENTYX SENSOREADY PEN	56
<i>claravis</i>	43	COSENTYX UNOREADY	56
CLARITHROMYCIN	7	COTELIC	19
<i>clarithromycin er</i>	7	CREON	49
<i>clindacin etz pledgets</i>	4	<i>cromolyn sodium</i>	49
<i>clindamycin hcl</i>	4	CROMOLYN SODIUM	62
<i>clindamycin hydrochloride</i>	4	<i>cromolyn sodium</i>	66
<i>clindamycin palmitate hydrochloride</i>	4	CROTAN	45
<i>clindamycin phosphate</i>	4	CURITY GAUZE PADS 2"X2" 12 PLY	61
<i>clindamycin phosphate</i>	45	<i>cyclobenzaprine hydrochloride</i>	67
<i>clindamycin phosphate/dextrose</i>	4	<i>cyclophosphamide</i>	16
<i>clindamycin/benzoyl peroxide</i>	43	CYCLOSET	29
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cyclosporine</i>	57
<i>clinpro 5000</i>	42	<i>cyclosporine modified</i>	57
<i>clobazam</i>	9	<i>cyproheptadine hcl</i>	65
<i>clobetasol propionate</i>	43	<i>cyproheptadine hydrochloride</i>	65
<i>clobetasol propionate e</i>	43	<i>cyred eq</i>	52
<i>clobetasol propionate emollient</i>	43	CYSTAGON	49
<i>clodan</i>	44	CYSTARAN	62
CLOMID	54	<i>dabigatran etexilate</i>	32
CLOMIPHENE CITRATE	54	<i>dalfampridine er</i>	42
<i>clomipramine hydrochloride</i>	13	<i>danazol</i>	52
<i>clonazepam</i>	9	<i>dantrolene sodium</i>	25
<i>clonazepam odt</i>	9	DANYELZA	21
<i>clonidine</i>	33	<i>dapsone</i>	16

Drug Name	Page #	Drug Name	Page #
DAPTACEL	59	diazoxide	31
<i>daptomycin</i>	4	<i>diclofenac potassium</i>	1
<i>darunavir</i>	28	<i>diclofenac sodium</i>	1
DAURISMO	19	<i>diclofenac sodium</i>	63
DAYBUE	41	<i>diclofenac sodium dr</i>	1
<i>daysee</i>	52	<i>diclofenac sodium er</i>	1
<i>deblitane</i>	54	<i>diclofenac sodium/misoprostol</i>	1
<i>deferasirox</i>	47	<i>dicloxacillin sodium</i>	6
DELSTRIGO	26	<i>dicyclomine hcl</i>	48
<i>demeclocycline hcl</i>	7	<i>dicyclomine hydrochloride</i>	48
DENGVAXIA	59	DIFICID	7
<i>dentagel</i>	42	<i>diflorasone diacetate</i>	44
DEPO-ESTRADIOL	52	<i>diflunisal</i>	1
DEPO-SUBQ PROVERA 104	54	<i>difluprednate</i>	63
DESCOVY	27	<i>digox</i>	35
<i>desipramine hydrochloride</i>	13	DIGOXIN	35
<i>desloratadine</i>	65	<i>dihydroergotamine mesylate</i>	15
<i>desmopressin acetate</i>	51	DILANTIN	10
<i>desogestrel/ethinyl estradiol</i>	52	<i>diltiazem hcl</i>	36
<i>desonide</i>	44	<i>diltiazem hcl cd</i>	36
<i>desoximetasone</i>	44	<i>diltiazem hcl er</i>	36
<i>desvenlafaxine er</i>	11	<i>diltiazem hydrochloride</i>	36
DEXAMETHASONE	51	<i>diltiazem hydrochloride er</i>	36
DEXAMETHASONE INTENSOL	51	<i>dilt-xr</i>	36
DEXAMETHASONE SODIUM	51	<i>dimethyl fumarate</i>	42
PHOSPHATE		<i>dimethyl fumarate starterpack</i>	42
DEXAMETHASONE SODIUM	63	<i>diphenhydramine hcl</i>	65
PHOSPHATE		<i>diphenoxylate hydrochloride/atropine</i>	48
<i>dextroamphetamine sulfate</i>	41	<i>sulfate</i>	
<i>dextrose 10%</i>	46	DIPHENOXYLATE/ATROPINE	48
DEXTROSE 10%/SODIUM CHLORIDE	46	DIPHThERIA/TETANUS TOXOIDS	59
0.45%		ADSORBED PEDIATRIC	
DEXTROSE 2.5%/SODIUM CHLORIDE	46	DISULFIRAM	3
0.45%		<i>divalproex sodium</i>	9
<i>dextrose 5%</i>	46	<i>divalproex sodium dr</i>	9
<i>dextrose 5%/sodium chloride 0.2%</i>	46	<i>divalproex sodium er</i>	9
<i>dextrose 5%/sodium chloride 0.3%</i>	46	DOCETAXEL	17
DEXTROSE 5%/SODIUM CHLORIDE	46	<i>dofetilide</i>	35
0.33%		DOJOLVI	61
<i>dextrose 5%/sodium chloride 0.45%</i>	46	<i>donepezil hcl</i>	10
<i>dextrose 5%/sodium chloride 0.9%</i>	46	<i>donepezil hydrochloride</i>	10
<i>dextrose 50%</i>	46	DOPTELET	33
<i>dextrose 70%</i>	46	<i>dorzolamide hcl/timolol maleate</i>	62
<i>dextrose/sodium chloride</i>	46	<i>dorzolamide hydrochloride</i>	64
DIACOMIT	9	<i>dorzolamide hydrochloride/timolol maleate</i>	62
<i>diazepam</i>	29	<i>pf</i>	
DIAZEPAM RECTAL GEL	9	DOVATO	26

Drug Name	Page #	Drug Name	Page #
<i>doxazosin mesylate</i>	33	<i>enalapril maleate</i>	34
<i>doxepin hcl</i>	13	<i>enalapril maleate/hydrochlorothiazide</i>	38
<i>doxepin hydrochloride</i>	13	ENBREL	57
DOXORUBICIN HYDROCHLORIDE	17	ENBREL MINI	57
<i>doxy 100</i>	7	ENBREL SURECLICK	57
<i>doxycycline</i>	7	ENDARI	49
<i>doxycycline hyclate</i>	7	<i>endocet</i>	2
<i>doxycycline hyclate</i>	42	ENGERIX-B	59
<i>doxycycline monohydrate</i>	7	ENHERTU	21
DRIZALMA SPRINKLE	11	<i>enilloring</i>	52
<i>dronabinol</i>	13	<i>enoxaparin sodium</i>	32
<i>drospirenone/ethinyl estradiol</i>	52	<i>enskyce</i>	52
DROXIA	17	<i>entacapone</i>	22
<i>droxidopa</i>	33	<i>entecavir</i>	26
DUAVEE	54	ENTRESTO	38
DULERA	67	<i>enulose</i>	48
<i>duloxetine hcl</i>	11	EPCLUSA	26
<i>duloxetine hydrochloride</i>	12	EPIDIOLEX	8
DUPIXENT	56	<i>epinastine hcl</i>	62
<i>dutasteride</i>	51	EPINEPHRINE	65
EASY COMFORT INSULIN	61	<i>epitol</i>	10
SYRINGE/0.3ML/31G X 1/2"		<i>eplerenone</i>	39
<i>ec-naproxen</i>	1	EPRONTIA	8
<i>econazole nitrate</i>	14	ERGOLOID MESYLATES	10
EDARBI	33	ERIVEDGE	19
EDARBYCLOR	38	ERLEADA	16
EDURANT	26	<i>erlotinib hydrochloride</i>	19
EFAVIRENZ	26	<i>errin</i>	54
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>ertapenem</i>	6
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	26	<i>ertapenem sodium</i>	6
EGRIFTA SV	51	ERY	45
<i>eletriptan hydrobromide</i>	15	<i>ery-tab</i>	7
ELIQUIS	32	ERYTHROMYCIN	7
ELIQUIS STARTER PACK	32	<i>erythromycin</i>	45
ELMIRON	51	<i>erythromycin</i>	62
<i>eluryng</i>	52	<i>erythromycin base</i>	7
EMCYT	17	<i>erythromycin dr</i>	7
EMEND	13	<i>erythromycin ethylsuccinate</i>	7
EMGALITY	15	<i>erythromycin/benzoyl peroxide</i>	43
<i>emoquette</i>	52	<i>escitalopram oxalate</i>	12
EMSAM	11	<i>estarylla</i>	52
<i>emtricitabine</i>	27	<i>estradiol</i>	52
<i>emtricitabine/tenofovir disoproxil</i>	27	<i>estradiol valerate</i>	52
<i>emtricitabine/tenofovir disoproxil fumarate</i>	27	<i>estradiol/norethindrone acetate</i>	52
EMTRIVA	27	ESTRING	52
		<i>ethacrynic acid</i>	39
		<i>ethambutol hydrochloride</i>	16

Drug Name	Page #	Drug Name	Page #
<i>ethosuximide</i>	9	FLOVENT DISKUS	64
<i>ethynodiol diacetate/ethinyl estradiol</i>	53	FLOVENT HFA	64
<i>etodolac</i>	1	<i>fluconazole</i>	14
<i>etodolac er</i>	1	<i>fluconazole in sodium chloride</i>	14
<i>etonogestrel/ethinyl estradiol</i>	53	FLUCONAZOLE/SODIUM CHLORIDE	14
<i>etravirine</i>	26	<i>flucytosine</i>	14
<i>euthyrox</i>	55	<i>fludrocortisone acetate</i>	51
<i>everolimus</i>	19	<i>flunisolide</i>	64
<i>everolimus</i>	57	FLUOCINOLONE ACETONIDE	44
EVOTAZ	28	<i>fluocinolone acetonide</i>	64
<i>exemestane</i>	18	<i>fluocinolone acetonide body</i>	44
EXKIVITY	19	<i>fluocinolone acetonide scalp</i>	44
EZALLOR SPRINKLE	40	<i>fluocinolone acetonide topical</i>	44
<i>ezetimibe</i>	40	<i>fluocinonide</i>	44
<i>ezetimibe/simvastatin</i>	40	<i>fluocinonide emulsified base</i>	44
<i>famciclovir</i>	28	<i>fluoridex daily defense</i>	42
<i>famotidine</i>	49	<i>fluoridex enhanced whitening</i>	42
FANAPT	23	<i>fluorimax 5000</i>	42
FANAPT TITRATION PACK	23	<i>fluorometholone</i>	63
FARXIGA	29	<i>flurouracil</i>	45
FARYDAK	19	FLUOXETINE DR	12
FASENRA	67	<i>fluoxetine hydrochloride</i>	12
FASENRA PEN	67	<i>fluphenazine decanoate</i>	23
<i>felbamate</i>	8	FLUPHENAZINE HCL	23
<i>felodipine er</i>	36	FLUPHENAZINE HYDROCHLORIDE	23
FEMRING	53	<i>flurbiprofen</i>	1
<i>femynor</i>	53	FLURBIPROFEN SODIUM	63
<i>fenofibrate</i>	39	<i>flutamide</i>	16
<i>fenofibrate micronized</i>	39	<i>fluticasone propionate</i>	44
<i>fenofibric acid dr</i>	40	<i>fluticasone propionate</i>	64
<i>fentanyl</i>	1	FLUTICASONE PROPIONATE DISKUS	64
<i>fentanyl citrate oral transmucosal</i>	2	FLUTICASONE PROPIONATE HFA	64
<i>fesoterodine fumarate er</i>	50	<i>fluticasone propionate/salmeterol</i>	67
FETZIMA	12	<i>fluticasone propionate/salmeterol diskus</i>	67
FETZIMA TITRATION PACK	12	<i>fluvastatin</i>	40
FILSPARI	61	<i>fluvastatin sodium er</i>	40
FILSUVEZ	45	<i>flvoxamine maleate</i>	12
<i>finasteride</i>	51	<i>flvoxamine maleate er</i>	12
<i>finngolimod hydrochloride</i>	42	FML FORTE	63
FINTEPLA	8	<i>fondaparinux sodium</i>	32
FIRDAPSE	42	FORTEO	60
FIRMAGON	55	FOSAMAX PLUS D	60
FIRVANQ	4	<i>fosamprenavir calcium</i>	28
<i>flac</i>	64	<i>fosfomycin tromethamine</i>	4
<i>flavoxate hcl</i>	50	<i>fosinopril sodium</i>	34
FLEBOGAMMA DIF	56	<i>fosinopril sodium/hydrochlorothiazide</i>	38
<i>flecainide acetate</i>	35	<i>fosphenytoin sodium</i>	10

Drug Name	Page #	Drug Name	Page #
FOSRENOL	47	<i>glyburide/metformin hydrochloride</i>	29
FOTIVDA	17	GLYCOPYRROLATE	48
<i>frovatriptan succinate</i>	15	GLYXAMBI	29
FRUZAQLA	19	<i>granisetron hydrochloride</i>	14
<i>furosemide</i>	39	<i>griseofulvin microsize</i>	14
FUZEON	27	<i>griseofulvin ultramicrosize</i>	14
<i>fyavolv</i>	53	<i>guanfacine er</i>	41
FYCOMPA	8	<i>guanfacine hydrochloride</i>	41
<i>gabapentin</i>	9	GVOKE HYPOPEN 1-PACK	31
GALANTAMINE HYDROBROMIDE	10	GVOKE HYPOPEN 2-PACK	31
<i>galantamine hydrobromide er</i>	10	GVOKE KIT	31
GAMMAGARD LIQUID	56	GVOKE PFS	31
GAMMAPLEX	56	HAEGARDA	56
GAMUNEX-C	56	<i>hailey fe 1.5/30</i>	53
GARDASIL 9	59	<i>hailey fe 1/20</i>	53
<i>gatifloxacin</i>	62	<i>halobetasol propionate</i>	44
GATTEX	48	<i>haloette</i>	53
GAVILYTE-C	48	<i>haloperidol</i>	23
<i>gavilyte-g</i>	48	<i>haloperidol decanoate</i>	23
<i>gavilyte-n/ flavor pack</i>	48	<i>haloperidol lactate</i>	23
GAVRETO	17	HARVONI	26
<i>gefitinib</i>	19	HAVRIX	59
GEMCITABINE HYDROCHLORIDE	17	<i>heather</i>	54
<i>gemfibrozil</i>	40	HEMADY	51
GEMTESA	15	<i>heparin sodium</i>	32
<i>generlac</i>	48	HEPLISAV-B	59
<i>engraf</i>	57	HERCEPTIN HYLECTA	21
GENTAK	62	HIBERIX	59
<i>gentamicin sulfate</i>	4	HUMALOG KWIKPEN	31
<i>gentamicin sulfate</i>	63	HUMATROPE	51
GENTAMICIN SULFATE/0.9% SODIUM	4	HUMIRA	58
CHLORIDE		HUMIRA PEN	58
GENVOYA	26	HUMIRA PEN-CD/UC/HS STARTER	57
GILOTRIF	19	HUMIRA PEN-PEDIATRIC UC	57
<i>glatiramer acetate</i>	42	STARTER PACK	
<i>glatopa</i>	42	HUMIRA PEN-PS/UV STARTER	58
GLEOSTINE	16	HUMULIN R U-500 (CONCENTRATED)	31
<i>glimepiride</i>	29	HUMULIN R U-500 KWIKPEN	31
<i>glipizide</i>	29	<i>hydralazine hcl</i>	41
<i>glipizide er</i>	29	<i>hydralazine hydrochloride</i>	41
<i>glipizide/metformin hydrochloride</i>	29	<i>hydrochlorothiazide</i>	39
GLUCAGEN HYPOKIT	31	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLUCAGON EMERGENCY KIT	31	<i>hydrocodone/acetaminophen</i>	2
GLUCAGON EMERGENCY KIT FOR	31	HYDROCODONE/IBUPROFEN	2
LOW BLOOD SUGAR		<i>hydrocortisone</i>	44
<i>glyburide</i>	29	<i>hydrocortisone</i>	51
GLYBURIDE MICRONIZED	29	<i>hydrocortisone</i>	60

Drug Name	Page #	Drug Name	Page #
HYDROCORTISONE	45	IOPIDINE	64
ACETATE/PRAMOXINE		IPOL INACTIVATED IPV	59
<i>hydrocortisone butyrate</i>	44	<i>ipratropium bromide</i>	65
<i>hydrocortisone valerate</i>	44	<i>ipratropium bromide/albuterol sulfate</i>	67
<i>hydrocortisone/acetic acid</i>	64	<i>irbesartan</i>	34
<i>hydromorphone hcl</i>	2	<i>irbesartan/hydrochlorothiazide</i>	38
HYDROMORPHONE	2	ISENTRESS	26
HYDROCHLORIDE		ISENTRESS HD	26
<i>hydroxychloroquine sulfate</i>	22	<i>isibloom</i>	53
<i>hydroxyurea</i>	17	ISOLYTE-P/DEXTROSE 5%	46
<i>hydroxyzine hcl</i>	65	ISOLYTE-S	46
<i>hydroxyzine hydrochloride</i>	65	ISOLYTE-S PH 7.4	46
<i>hydroxyzine pamoate</i>	65	<i>isoniazid</i>	16
HYFTOR	58	<i>isosorbide dinitrate</i>	40
HYPERHEP B	56	<i>isosorbide dinitrate/hydralazine</i>	38
<i>ibandronate sodium</i>	60	<i>hydrochloride</i>	
IBRANCE	17	ISOSORBIDE MONONITRATE	40
IBRANCE	19	<i>isosorbide mononitrate er</i>	40
<i>ibu</i>	1	ISOTONIC GENTAMICIN	4
<i>ibuprofen</i>	1	<i>isotretinoin</i>	43
<i>icatibant acetate</i>	56	<i>isradipine</i>	36
ICLUSIG	19	<i>itraconazole</i>	14
<i>icosapent ethyl</i>	40	<i>ivermectin</i>	21
IDHIFA	17	IWILFIN	17
ILEVRO	63	IXCHIQ	59
<i>imatinib mesylate</i>	19	IXEMPRA KIT	17
IMBRUVICA	19	IXIARO	59
IMIPENEM/CILASTATIN	6	<i>jaimiess</i>	53
<i>imipramine hcl</i>	13	JAKAFI	19
<i>imipramine hydrochloride</i>	13	<i>jantoven</i>	32
<i>imipramine pamoate</i>	13	JANUMET	29
<i>imiquimod</i>	45	JANUMET XR	30
IMOVAX RABIES (H.D.C.V.)	59	JANUVIA	30
<i>incassia</i>	54	JARDIANCE	30
INCRELEX	52	<i>jasmiel</i>	53
INCRUSE ELLIPTA	65	JAYPIRCA	19
<i>indapamide</i>	39	JENTADUETO	30
INFANRIX	59	JENTADUETO XR	30
INLYTA	19	<i>jinteli</i>	53
INQOVI	19	JOENJA	56
INREBIC	17	<i>juleber</i>	53
INTELENCE	27	JULUCA	26
INTRALIPID	61	<i>junel fe 1.5/30</i>	53
INTRON A	57	<i>junel fe 1/20</i>	53
INVEGA HAFYERA	23	<i>just right 5000</i>	42
INVEGA SUSTENNA	23	JYLAMVO	58
INVEGA TRINZA	24	JYNNEOS	59

Drug Name	Page #	Drug Name	Page #
<i>kalliga</i>	53	<i>lansoprazole</i>	49
KALYDECO	66	LANSOPRAZOLE/AMOXICILLIN/CLAR	48
<i>kcl 0.075%/d5w/nacl 0.45%</i>	46	ITHROMYCIN	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	46	<i>lanthanum carbonate</i>	47
<i>kcl 0.15%/d5w/nacl 0.45%</i>	46	LANTUS	31
<i>kcl 0.15%/d5w/nacl 0.9%</i>	46	LANTUS SOLOSTAR	31
<i>kcl 0.3%/d5w/nacl 0.45%</i>	46	<i>lapatinib ditosylate</i>	19
KCL 0.3%/D5W/NACL 0.9%	46	<i>larin fe 1.5/30</i>	53
<i>kelnor 1/50</i>	53	<i>larin fe 1/20</i>	53
KERENDIA	38	<i>latanoprost</i>	64
<i>ketoconazole</i>	14	<i>leflunomide</i>	58
<i>ketodan</i>	14	<i>lenalidomide</i>	17
KETOPROFEN	1	LENVIMA 10 MG DAILY DOSE	19
KETOPROFEN ER	1	LENVIMA 12MG DAILY DOSE	19
<i>ketorolac tromethamine</i>	63	LENVIMA 14 MG DAILY DOSE	19
KEVZARA	30	LENVIMA 18 MG DAILY DOSE	19
KEVZARA	56	LENVIMA 20 MG DAILY DOSE	20
KINERET	56	LENVIMA 24 MG DAILY DOSE	20
KINRIX	59	LENVIMA 4 MG DAILY DOSE	20
KISQALI	19	LENVIMA 8 MG DAILY DOSE	20
KISQALI FEMARA 200 DOSE	17	<i>letrozole</i>	18
KISQALI FEMARA 400 DOSE	17	<i>leucovorin calcium</i>	17
KISQALI FEMARA 600 DOSE	17	LEUKERAN	16
<i>klayesta</i>	14	<i>leuprolide acetate</i>	55
<i>klor-con 10</i>	46	<i>levalbuterol</i>	65
<i>klor-con 8</i>	46	<i>levalbuterol hcl</i>	65
<i>klor-con m10</i>	46	<i>levalbuterol hydrochloride</i>	65
<i>klor-con m15</i>	46	LEVAlBUTEROL TARTRATE HFA	65
<i>klor-con m20</i>	46	<i>levetiracetam</i>	8
KLOXXADO	3	<i>levetiracetam er</i>	8
KORLYM	31	LEVOBUNOLOL HCL	63
KOSELUGO	19	<i>levocarnitine</i>	61
<i>kourzeq</i>	42	<i>levocetirizine dihydrochloride</i>	65
KRAZATI	17	<i>levofloxacin</i>	7
<i>labetalol hydrochloride</i>	35	LEVOFLOXACIN	63
<i>lacosamide</i>	10	<i>levofloxacin in d5w</i>	7
<i>lactulose</i>	48	<i>levonorgestrel and ethinyl estradiol</i>	53
LAGEVRIO	61	<i>levonorgestrel/ethinyl estradiol</i>	53
<i>lamivudine</i>	26	<i>levo-t</i>	55
<i>lamivudine</i>	27	<i>levothyroxine sodium</i>	55
<i>lamivudine/zidovudine</i>	27	<i>levoxyl</i>	55
<i>lamotrigine</i>	8	LEXIVA	28
<i>lamotrigine er</i>	8	LIBTAYO	21
<i>lamotrigine odt</i>	8	<i>lidocaine</i>	3
<i>lamotrigine starter kit/blue</i>	8	<i>lidocaine hydrochloride</i>	3
<i>lamotrigine starter kit/green</i>	8	<i>lidocaine/prilocaine</i>	3
<i>lamotrigine starter kit/orange</i>	8	<i>linezolid</i>	4

Drug Name	Page #	Drug Name	Page #
LINZESS	48	<i>meclizine hcl 12.5mg, 25mg</i>	13
<i>liothyronine sodium</i>	55	MECLOFENAMATE SODIUM	1
<i>lisinopril</i>	34	<i>medroxyprogesterone acetate</i>	54
<i>lisinopril/hydrochlorothiazide</i>	38	<i>mefenamic acid</i>	1
<i>lithium</i>	29	<i>mefloquine hcl</i>	22
LITHIUM CARBONATE	29	<i>megestrol acetate</i>	54
<i>lithium carbonate er</i>	29	MEKINIST	20
LIVTENCITY	25	MEKTOVI	20
<i>lojaimiess</i>	53	<i>meloxicam</i>	1
LOKELMA	56	<i>memantine hydrochloride</i>	11
LONSURF	17	<i>memantine hydrochloride er</i>	10
<i>loperamide hcl</i>	48	MENACTRA	59
<i>lopinavir/ritonavir</i>	28	MENEST	53
<i>lorazepam</i>	29	MENQUADFI	59
<i>lorazepam intensol</i>	29	MENVEO	59
LORBRENA	20	<i>meprobamate</i>	28
<i>loryna</i>	53	<i>mercaptopurine</i>	17
<i>losartan potassium</i>	34	MEROPENEM	6
<i>losartan potassium/hydrochlorothiazide</i>	38	MEROPENEM/SODIUM CHLORIDE	6
<i>loteprednol etabonate</i>	63	<i>mesalamine</i>	60
<i>lovastatin</i>	40	<i>mesalamine dr</i>	60
<i>loxapine</i>	23	<i>mesalamine er</i>	60
<i>lo-zumandimine</i>	53	MESNEX	21
<i>lubiprostone</i>	48	<i>metformin hydrochloride</i>	30
LUMAKRAS	17	<i>metformin hydrochloride er</i>	30
LUMIGAN	64	METHADONE HCL	1
LUMOXITI	21	<i>methazolamide</i>	64
LUPRON DEPOT (1-MONTH)	55	<i>methenamine hippurate</i>	4
LUPRON DEPOT (3-MONTH)	55	<i>methimazole</i>	56
LUPRON DEPOT (4-MONTH)	55	METHITEST	52
LUPRON DEPOT (6-MONTH)	55	<i>methocarbamol</i>	67
LUPRON DEPOT-PED (1-MONTH)	55	<i>methotrexate</i>	58
LUPRON DEPOT-PED (3-MONTH)	55	<i>methotrexate sodium</i>	58
<i>lurasidone hydrochloride</i>	24	METHOXSALEN	45
LYBALVI	24	<i>methscopolamine bromide</i>	48
<i>lyleq</i>	54	<i>methsuximide</i>	9
LYNPARZA	20	<i>methylphenidate hydrochloride</i>	41
LYSODREN	55	METHYLPHENIDATE	41
LYTGOBI	18	HYDROCHLORIDE ER	
<i>lyza</i>	54	<i>methylprednisolone</i>	51
<i>magnesium sulfate</i>	46	<i>methylprednisolone acetate</i>	51
<i>malathion</i>	45	<i>methylprednisolone dose pack</i>	51
<i>maraviroc</i>	27	<i>methylprednisolone sodium succinate</i>	51
MARGENZA	21	<i>methylprednisolone sodiumsuccinate</i>	51
MARPLAN	11	<i>metoclopramide hcl</i>	49
MATULANE	16	<i>metoclopramide hydrochloride</i>	49
<i>matzim la</i>	36	<i>metolazone</i>	39

Drug Name	Page #	Drug Name	Page #
<i>metoprolol succinate er</i>	35	<i>mycophenolate mofetil</i>	58
<i>metoprolol tartrate</i>	35	<i>mycophenolic acid dr</i>	58
<i>metoprolol/hydrochlorothiazide</i>	38	<i>myorisan</i>	43
<i>metronidazole</i>	4	MYRBETRIQ	50
<i>metronidazole</i>	43	NABI-HB	56
<i>metronidazole vaginal</i>	4	<i>nabumetone</i>	1
<i>metirosine</i>	38	<i>nadolol</i>	35
<i>mexiletine hcl</i>	35	NAFCILLIN	6
MICONAZOLE 3	14	<i>nafcillin sodium</i>	6
<i>microgestin fe 1.5/30</i>	53	NAFTIFINE HCL	14
<i>microgestin fe 1/20</i>	53	<i>naftifine hydrochloride</i>	14
<i>midodrine hcl</i>	33	<i>naloxone hcl</i>	3
<i>mifepristone</i>	31	<i>naloxone hydrochloride</i>	3
MIGERGOT	15	<i>naltrexone hcl</i>	3
MIGLITOL	30	NAMZARIC	10
<i>miglustat</i>	49	<i>naproxen</i>	1
<i>mili</i>	53	<i>naproxen sodium</i>	1
<i>mimvey</i>	53	<i>naratriptan hcl</i>	15
<i>minocycline hcl</i>	8	NATACYN	63
<i>minocycline hydrochloride</i>	8	<i>nateglinide</i>	30
<i>minoxidil</i>	41	NATPARA	60
<i>mirtazapine</i>	11	NAYZILAM	8
<i>mirtazapine odt</i>	11	NEFAZODONE HYDROCHLORIDE	12
<i>misoprostol</i>	49	<i>neomycin sulfate</i>	4
M-M-R II	59	<i>neomycin/bacitracin/polymyxin</i>	62
<i>modafinil</i>	67	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	62
<i>moexipril hcl</i>	34	<i>one</i>	
MOLINDONE HYDROCHLORIDE	23	<i>neomycin/polymyxin/dexamethasone</i>	62
<i>mometasone furoate</i>	44	NEOMYCIN/POLYMYXIN/GRAMICIDI	62
<i>mometasone furoate</i>	64	N	
MONJUVI	21	<i>neomycin/polymyxin/hc</i>	64
<i>mono-lynyah</i>	53	NEOMYCIN/POLYMYXIN/HYDROCOR	62
<i>montelukast sodium</i>	65	TISONE	
<i>morphine sulfate</i>	2	<i>neomycin/polymyxin/hydrocortisone</i>	64
MORPHINE SULFATE ER	1	<i>neo-polycin</i>	62
MOTPOLY XR	10	<i>neo-polycin hc</i>	62
MOUNJARO	56	NERLYNX	20
MOVANTIK	48	NEULASTA	33
MOXIFLOXACIN	7	NEULASTA ONPRO KIT	33
HYDROCHLORIDE/SODIUM		NEUPRO	22
HYDROCHLORIDE		NEVANAC	63
<i>moxifloxacin hydrochloride</i>	7	NEVIRAPINE	27
MOXIFLOXACIN HYDROCHLORIDE	63	NEVIRAPINE ER	27
MULTAQ	35	NEXLETOL	56
<i>multiple electrolytes injection type I</i>	46	NEXLIZET	56
<i>mupirocin</i>	45	NIACIN	40
MYALEPT	49	<i>niacin er</i>	40

Drug Name	Page #	Drug Name	Page #
<i>nicardipine hcl</i>	36	NOVOLOG FLEXPEN RELION	32
NICOTROL INHALER	3	NOVOLOG MIX 70/30	32
NICOTROL NS	3	NOVOLOG MIX 70/30 PREFILLED	32
<i>nifedipine er</i>	36	FLEXPEN	
<i>nikki</i>	53	NOVOLOG MIX 70/30 PREFILLED	32
<i>nilutamide</i>	16	FLEXPEN RELION	
<i>nimodipine</i>	36	NOVOLOG MIX 70/30 RELION	32
NINLARO	18	NOVOLOG PENFILL	32
NISOLDIPINE ER	36	NOVOLOG RELION	32
<i>nitazoxanide</i>	22	NOVOPEN ECHO	61
<i>nitisinone</i>	49	NOXAFIL	14
NITRO-BID	41	NP THYROID 120	55
<i>nitrofurantoin</i>	4	NP THYROID 15	55
<i>nitrofurantoin macrocrystals</i>	4	NP THYROID 30	55
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	NP THYROID 60	55
<i>nitroglycerin</i>	41	NP THYROID 90	55
<i>nitroglycerin</i>	49	NUBEQA	16
<i>nitroglycerin transdermal</i>	41	NUCALA	67
NIVESTYM	33	NUCYNTA	2
NIZATIDINE	49	NUEDEXTA	42
<i>nora-be</i>	54	NUPLAZID	24
NORDITROPIN FLEXPEN	52	NURTEC	56
<i>norelgestromin/ethinyl estradiol</i>	53	NUTROPIN AQ NUSPIN 10	52
<i>norethindrone</i>	54	NUTROPIN AQ NUSPIN 20	52
<i>norethindrone acetate</i>	54	NUTROPIN AQ NUSPIN 5	52
<i>norethindrone acetate/ethinyl estradiol</i>	53	<i>nyamyc</i>	14
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	53	<i>nymyo</i>	53
<i>norgestimate/ethinyl estradiol</i>	53	<i>nystatin</i>	14
NORPACE CR	35	<i>nystatin/triamcinolone</i>	45
<i>nortriptyline hcl</i>	13	<i>nystop</i>	14
<i>nortriptyline hydrochloride</i>	13	<i>octreotide acetate</i>	55
NORVIR	28	ODEFSEY	27
NOVOLIN 70/30	31	ODOMZO	20
NOVOLIN 70/30 FLEXPEN	31	OFEV	66
NOVOLIN 70/30 FLEXPEN RELION	31	OFLOXACIN	7
NOVOLIN 70/30 RELION	32	<i>ofloxacin</i>	63
NOVOLIN N	32	<i>ofloxacin</i>	64
NOVOLIN N FLEXPEN	32	OGSIVEO	18
NOVOLIN N FLEXPEN RELION	32	OJJAARA	20
NOVOLIN N RELION	32	<i>olanzapine</i>	24
NOVOLIN R	32	<i>olanzapine odt</i>	24
NOVOLIN R FLEXPEN	32	<i>olanzapine/fluoxetine</i>	11
NOVOLIN R FLEXPEN RELION	32	<i>olmesartan medoxomil</i>	34
NOVOLIN R RELION	32	<i>olmesartan</i>	38
NOVOLOG	32	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLOG FLEXPEN	32	<i>olmesartan medoxomil/hydrochlorothiazide</i>	38
		<i>olopatadine hcl</i>	62

Drug Name	Page #	Drug Name	Page #
<i>olopatadine hcl</i>	65	PADCEV	21
<i>olopatadine hydrochloride</i>	62	<i>paliperidone er</i>	24
<i>omega-3-acid ethyl esters</i>	40	PANCREAZE	50
<i>omeprazole</i>	49	PANRETIN	21
<i>omeprazole dr</i>	49	<i>pantoprazole sodium</i>	49
OMNARIS	64	<i>paricalcitol</i>	60
OMNIPOD 5 G6 INTRO KIT (GEN 5)	61	<i>paromomycin sulfate</i>	4
OMNIPOD 5 G6 PODS (GEN 5)	61	<i>paroxetine</i>	12
OMNIPOD 5 G7 INTRO KIT (GEN 5)	61	<i>paroxetine hcl</i>	12
OMNIPOD 5 G7 PODS (GEN 5)	61	<i>paroxetine hcl er</i>	12
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	61	<i>paroxetine hydrochloride</i>	12
OMNIPOD CLASSIC PODS (GEN 3)	61	PAXLOVID	61
OMNIPOD DASH INTRO KIT (GEN 4)	61	<i>pazopanib hydrochloride</i>	20
OMNIPOD DASH PODS (GEN 4)	61	PEDIARIX	59
<i>ondansetron hcl</i>	14	PEDVAX HIB	59
<i>ondansetron hydrochloride</i>	14	<i>peg-3350/electrolytes</i>	49
<i>ondansetron odt</i>	14	<i>peg-3350/nacl/na bicarbonate/kcl</i>	49
ONUREG	18	PEGASYS	57
OPFOLDA	50	PEMAZYRE	18
OPSUMIT	66	PENBRAYA	59
OPVEE	3	<i>penicillamine</i>	47
<i>oralone dental paste</i>	42	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	6
ORENCIA	30	PENICILLIN G PROCAINE	6
ORENCIA CLICKJECT	30	PENICILLIN G SODIUM	6
ORGOVYX	55	PENICILLIN V POTASSIUM	6
ORKAMBI	66	PENTACEL	59
ORSERDU	18	<i>pentamidine isethionate</i>	22
<i>oseltamivir phosphate</i>	28	<i>pentoxifylline er</i>	38
OTEZLA	50	PERINDOPRIL ERBUMINE	34
OTEZLA	67	<i>periogard</i>	42
OTREXUP	58	<i>permethrin</i>	45
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>	50	<i>phenobarbital</i>	9
<i>oxybutynin chloride er</i>	50	<i>phenytek</i>	10
<i>oxycodone hydrochloride</i>	2	<i>phenytoin</i>	10
<i>oxycodone/acetaminophen</i>	3	<i>phenytoin sodium extended</i>	10
<i>oxymorphone hydrochloride</i>	3	PHOSLYRA	48
OXYMORPHONE HYDROCHLORIDE ER	2	PIFELTRO	27
OXYMORPHONE HYDROCHLORIDEER	2	<i>pilocarpine hcl</i>	64
OZEMPIC	30	<i>pilocarpine hydrochloride</i>	42
<i>pacerone</i>	35	<i>pimecrolimus</i>	44
		PIMOZIDE	23
		<i>pindolol</i>	35

Drug Name	Page #	Drug Name	Page #
<i>pioglitazone hcl</i>	30	PREHEVBRIO	59
<i>pioglitazone hcl/metformin hcl</i>	30	PREMARIN	53
<i>pioglitazone hcl-glimepiride</i>	30	PREMASOL	47
<i>pioglitazone hydrochloride</i>	30	PRENATAL	47
<i>piperacillin sodium/tazobactam sodium</i>	6	PRETOMANID	16
PIQRAY 200MG DAILY DOSE	20	<i>prevalite</i>	40
PIQRAY 250MG DAILY DOSE	20	PREVIDENT 5000 BOOSTER PLUS	42
PIQRAY 300MG DAILY DOSE	20	PREVIDENT 5000 DRY MOUTH	42
<i>pirfenidone</i>	66	PREVIDENT 5000 ORTHO DEFENSE	43
<i>piroxicam</i>	1	PREVIDENT FLUORIDE	43
<i>pitavastatin calcium</i>	40	<i>previfem</i>	53
PLASMA-LYTE A	46	PREVYMIS	25
PLASMA-LYTE-148	46	PREZCOBIX	28
<i>plenamine</i>	46	PREZISTA	28
PODOFILOX	45	PRIFTIN	16
POLIVY	21	PRIMAQUINE PHOSPHATE	22
<i>polycin</i>	62	PRIMIDONE	9
<i>polymyxin b sulfate</i>	4	PRIORIX	59
<i>polymyxin b sulfate/trimethoprim sulfate</i>	62	PRIVIGEN	56
POMALYST	17	<i>probenecid</i>	15
<i>posaconazole</i>	14	<i>probenecid/colchicine</i>	15
<i>posaconazole dr</i>	14	<i>prochlorperazine</i>	13
<i>potassium chloride</i>	47	<i>prochlorperazine maleate</i>	13
<i>potassium chloride er</i>	46	PROCRIT	33
<i>potassium chloride/dextrose</i>	46	<i>procto-med hc</i>	60
POTASSIUM	46	<i>proctosol hc</i>	60
CHLORIDE/DEXTROSE/LACTATED		<i>proctozone-hc</i>	60
RINGERS		<i>progesterone</i>	54
<i>potassium chloride/dextrose/sodium</i>	46	PROGRAF	58
<i>chloride</i>		PROLIA	60
<i>potassium chloride/sodium chloride</i>	47	PROMACTA	33
<i>potassium citrate er</i>	47	<i>promethazine hcl</i>	13
<i>pramipexole dihydrochloride</i>	22	<i>promethazine hydrochloride</i>	13
<i>pramipexole dihydrochloride er</i>	22	<i>promethazine hydrochloride plain</i>	13
<i>prasugrel</i>	33	<i>promethegan</i>	13
<i>pravastatin sodium</i>	40	<i>propafenone hcl</i>	35
<i>praziquantel</i>	21	<i>propafenone hydrochloride er</i>	35
<i>prazosin hydrochloride</i>	33	PROPRANOLOL HCL	36
PREDNICARBATE	44	<i>propranolol hcl er</i>	36
<i>prednisolone</i>	51	<i>propranolol hydrochloride</i>	36
PREDNISOLONE ACETATE	63	<i>propranolol hydrochloride er</i>	36
<i>prednisolone sodium phosphate</i>	51	<i>propylthiouracil</i>	56
PREDNISOLONE SODIUM PHOSPHATE	63	PROQUAD	59
PREDNISON	51	PROSOL	47
PREDNISON INTENSOL	51	<i>protriptyline hcl</i>	13
PREFEST	53	PULMOZYME	66
<i>pregabalin</i>	9	PURIXAN	17

Drug Name	Page #	Drug Name	Page #
<i>pyrazinamide</i>	16	<i>rifampin</i>	16
<i>pyridostigmine bromide</i>	16	<i>riluzole</i>	42
<i>pyridostigmine bromide er</i>	16	RIMANTADINE HYDROCHLORIDE	28
<i>pyrimethamine</i>	22	RINVOQ	57
PYRUKYND	50	<i>risedronate sodium</i>	60
PYRUKYND TAPER PACK	50	RISPERDAL CONSTA	24
QINLOCK	17	<i>risperidone</i>	24
QUADRACEL	59	<i>risperidone er</i>	24
<i>quetiapine fumarate</i>	24	RISPERIDONE ODT	24
<i>quetiapine fumarate er</i>	24	<i>ritonavir</i>	28
<i>quinapril hydrochloride</i>	34	<i>rivastigmine tartrate</i>	10
<i>quinapril/hydrochlorothiazide</i>	38	<i>rivastigmine transdermal system</i>	10
QUINIDINE SULFATE	35	RIVFLOZA	61
<i>quinine sulfate</i>	22	<i>rizatriptan benzoate</i>	15
RABAVERT	59	<i>rizatriptan benzoate odt</i>	15
RADICAVA ORS	42	ROCKLATAN	62
RADICAVA ORS STARTER KIT	42	<i>roflumilast</i>	66
<i>raloxifene hydrochloride</i>	55	<i>ropinirole er</i>	22
<i>ramelteon</i>	67	<i>ropinirole hcl</i>	22
<i>ramipril</i>	35	<i>ropinirole hydrochloride</i>	22
<i>ranolazine er</i>	39	<i>rosuvastatin calcium</i>	40
<i>rasagiline mesylate</i>	22	ROTARIX	59
RASUVO	58	ROTATEQ	59
RAVICTI	50	<i>roweepra</i>	8
<i>reclipsen</i>	53	ROZLYTREK	20
RECOMBIVAX HB	59	RUBRACA	20
RECORLEV	55	<i>rufinamide</i>	10
RECTIV	49	RUKOBIA	27
RELENZA DISKHALER	28	RYBELSUS	30
RELISTOR	48	RYBREVANT	21
<i>repaglinide</i>	30	RYDAPT	20
REPATHA	56	RYKINDO	24
REPATHA PUSHTRONEX SYSTEM	45	RYLAZE	18
REPATHA SURECLICK	56	<i>sajazir</i>	56
RESTASIS	62	<i>salsalate</i>	1
RESTASIS MULTIDOSE	62	SANTYL	45
RETEVMO	18	<i>sapropterin dihydrochloride</i>	50
REVCovi	50	SARCLISA	21
REVLIMID	17	SAVELLA	42
REXULTI	24	SAVELLA TITRATION PACK	42
REYATAZ	28	SCEMBLIX	18
REZLIDHIA	20	<i>scopolamine</i>	13
REZUROCK	58	SECUADO	24
RHOPRESSA	64	<i>selegiline hcl</i>	22
RIBAVIRIN	26	<i>selenium sulfide</i>	44
RIDAURA	57	SELZENTRY	27
<i>rifabutin</i>	16	SEREVENT DISKUS	65

Drug Name	Page #	Drug Name	Page #
SEROSTIM	52	<i>sprintec 28</i>	54
<i>sertraline hcl</i>	12	SPRITAM	8
<i>sertraline hydrochloride</i>	12	SPRYCEL	20
<i>sevelamer carbonate</i>	48	SPS	48
<i>sevelamer hydrochloride</i>	48	<i>ssd</i>	45
<i>sf</i>	43	STAMARIL	59
<i>sharobel</i>	54	STAVUDINE	27
SHINGRIX	59	STELARA	57
SIGNIFOR	55	STIOLTO RESPIMAT	67
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet</i>	66	STIVARGA	20
<i>silver sulfadiazine</i>	45	STRIBILD	26
SIMBRINZA	62	<i>subvenite</i>	8
<i>simpesse</i>	53	<i>subvenite starter kit/blue</i>	8
<i>simvastatin</i>	40	<i>subvenite starter kit/green</i>	8
<i>sirolimus</i>	58	<i>subvenite starter kit/orange</i>	8
SIRTURO	16	<i>sucrafate</i>	49
SKYCLARYS	61	<i>sulfacetamide sodium</i>	7
SKYRIZI	57	SULFACETAMIDE SODIUM	63
SKYRIZI PEN	57	SULFACETAMIDE	62
<i>sodium chloride</i>	47	SODIUM/PREDNISOLONE SODIUM PHOSPHATE	
<i>sodium chloride 0.45%</i>	47	SULFADIAZINE	7
<i>sodium chloride 0.9%</i>	61	<i>sulfamethoxazole/trimethoprim</i>	7
<i>sodium fluoride</i>	43	<i>sulfamethoxazole/trimethoprim ds</i>	7
<i>sodium fluoride 5000 ppm</i>	43	<i>sulfasalazine</i>	60
<i>sodium fluoride 5000 ppm dry mouth</i>	43	<i>sulindac</i>	1
SODIUM OXYBATE	67	<i>sumatriptan</i>	15
<i>sodium phenylbutyrate</i>	50	<i>sumatriptan succinate</i>	15
<i>sodium polystyrene sulfonate</i>	47	SUMATRIPTAN SUCCINATE REFILL	15
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	49	<i>sunitinib malate</i>	20
SOHONOS	25	SUNLENCA	27
<i>solifenacin succinate</i>	50	SYMJEPI	65
SOLQUA 100/33	31	SYMLINPEN 120	31
SOLTAMOX	17	SYMLINPEN 60	31
SOMATULINE DEPOT	55	SYMPAZAN	9
SOMAVERT	55	SYMTUZA	28
<i>sorafenib</i>	20	SYNAGIS	56
<i>sorafenib tosylate</i>	20	SYNAREL	55
<i>sorine</i>	35	SYNJARDY	31
<i>sotalol hcl</i>	35	SYNJARDY XR	31
<i>sotalol hydrochloride (af)</i>	35	SYNRIBO	18
SOVALDI	26	TABLOID	17
SPIRIVA HANDIHALER	65	TABRECTA	17
SPIRIVA RESPIMAT	65	<i>tacrolimus</i>	44
<i>spironolactone</i>	39	<i>tacrolimus</i>	58
<i>spironolactone/hydrochlorothiazide</i>	39	<i>tadalafil (pulmonary arterial hypertension) oral</i>	66

Drug Name	Page #	Drug Name	Page #
TAFINLAR	20	<i>timolol maleate</i>	63
TAGRISO	20	<i>timolol maleate ophthalmic gel forming</i>	63
TALZENNA	20	<i>tinidazole</i>	4
<i>tamoxifen citrate</i>	17	<i>tiotropium bromide</i>	65
<i>tamsulosin hydrochloride</i>	51	TIVDAK	21
<i>tarina fe 1/20 eq</i>	54	TIVICAY	26
TASIGNA	20	TIVICAY PD	26
<i>tasimelteon</i>	67	<i>tizanidine hcl</i>	25
<i>tazarotene</i>	43	<i>tizanidine hydrochloride</i>	25
<i>tazicef</i>	5	TOBRADEX	62
TAZORAC	43	TOBRADEX ST	62
<i>taztia xt</i>	36	<i>tobramycin</i>	63
TAZVERIK	18	<i>tobramycin</i>	66
TDVAX	59	TOBRAMYCIN SULFATE	4
TEFLARO	5	<i>tobramycin/dexamethasone</i>	62
TEGSEDI	50	<i>tolterodine tartrate</i>	50
<i>telmisartan</i>	34	<i>tolterodine tartrate er</i>	50
TELMISARTAN/AMLODIPINE	39	<i>tolvaptan</i>	47
<i>telmisartan/hydrochlorothiazide</i>	39	<i>topiramate</i>	8
<i>temazepam</i>	67	<i>toremifene citrate</i>	17
TENIVAC	59	<i>torseamide</i>	39
<i>tenofovir disoproxil fumarate</i>	27	TOUJEO MAX SOLOSTAR	32
TEPMETKO	20	TOUJEO SOLOSTAR	32
<i>terazosin hcl</i>	33	<i>tovet</i>	44
<i>terazosin hydrochloride</i>	33	TRACLEER	66
<i>terbinafine hcl</i>	14	TRADJENTA	31
<i>terbinafine hydrochloride</i>	14	TRAMADOL HCL ER	2
<i>terconazole</i>	14	<i>tramadol hydrochloride</i>	3
<i>teriflunomide</i>	42	<i>tramadol hydrochloride er</i>	2
TERIPARATIDE	61	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>testosterone</i>	52	<i>trandolapril</i>	35
<i>testosterone cypionate</i>	52	TRANDOLAPRIL/VERAPAMIL HCL ER	39
TESTOSTERONE ENANTHATE	52	<i>tranexamic acid</i>	33
<i>testosterone pump</i>	52	<i>tranylcypromine sulfate</i>	11
<i>tetrabenazine</i>	42	TRAVASOL	47
<i>tetracycline hydrochloride</i>	8	<i>travoprost</i>	64
THALOMID	17	<i>trazodone hydrochloride</i>	12
<i>theophylline er</i>	66	TRECTOR	16
<i>thioridazine hcl</i>	23	TRELEGY ELLIPTA	67
<i>thiothixene</i>	23	TRELSTAR MIXJECT	55
THYROID	55	<i>tretinoin</i>	21
<i>tiadylt er</i>	36	<i>tretinoin</i>	43
<i>tiagabine hydrochloride</i>	9	<i>tri femynor</i>	54
TIBSOVO	20	<i>triamcinolone acetonide</i>	44
TICE BCG	18	<i>triamcinolone acetonide</i>	51
TICOVAC	59	<i>triamcinolone acetonide dental paste</i>	43
<i>timolol maleate</i>	15	<i>triamterene</i>	39

Drug Name	Page #	Drug Name	Page #
<i>triamterene/hydrochlorothiazide</i>	39	TYVASO DPI TITRATION KIT	66
<i>triazolam</i>	67	TYVASO REFILL	66
<i>triderm</i>	44	TYVASO STARTER	66
TRIENTINE HYDROCHLORIDE	47	UBRELVY	15
<i>tri-estarylla</i>	54	<i>unithroid</i>	55
<i>trifluoperazine hcl</i>	23	<i>ursodiol</i>	49
<i>trifluoperazine hydrochloride</i>	23	UZEDY	25
TRIFLURIDINE	63	<i>valacyclovir hydrochloride</i>	28
TRIHEXYPHENIDYL HCL	22	VALCHLOR	16
<i>trihexyphenidyl hydrochloride</i>	22	<i>valganciclovir</i>	25
TRIJARDY XR	31	<i>valganciclovir hydrochloride</i>	25
TRIKAFTA	66	<i>valproic acid</i>	8
<i>tri-linyah</i>	54	<i>valrubicin</i>	18
<i>tri-lo-estarylla</i>	54	VALSARTAN	34
<i>tri-lo-marzia</i>	54	<i>valsartan/hydrochlorothiazide</i>	39
<i>tri-lo-mili</i>	54	VALTOCO 10 MG DOSE	9
<i>tri-lo-sprintec</i>	54	VALTOCO 15 MG DOSE	9
<i>trimethoprim</i>	5	VALTOCO 20 MG DOSE	9
<i>tri-mili</i>	54	VALTOCO 5 MG DOSE	9
<i>trimipramine maleate</i>	13	VANCOMYCIN	5
TRINTELLIX	12	<i>vancomycin hcl</i>	5
<i>tri-nymyo</i>	54	<i>vancomycin hydrochloride</i>	5
<i>tri-previfem</i>	54	VANCOMYCIN	5
<i>tri-sprintec</i>	54	HYDROCHLORIDE/DEXTROSE	
<i>tritocin</i>	44	VANFLYTA	20
TRIUMEQ	27	VAQTA	60
TRIUMEQ PD	27	<i>varenicline starting month box</i>	3
<i>tri-vylibra</i>	54	<i>varenicline tartrate</i>	3
<i>tri-vylibra lo</i>	54	VARIVAX	60
TRIZIVIR	27	VARIZIG	56
TRODELVY	21	VELIVET	54
TROGARZO	28	VELTASSA	48
<i>trospium chloride</i>	51	VENCLEXTA	20
<i>trospium chloride er</i>	51	VENCLEXTA STARTING PACK	20
TRULANCE	48	VENLAFAXINE BESYLATE ER	12
TRULICITY	31	<i>venlafaxine hydrochloride</i>	12
TRUMENBA	59	<i>venlafaxine hydrochloride er</i>	12
TRUQAP	20	VENTAVIS	66
TRUSELTIQ	18	VEOZAH	42
TUKYSA	18	<i>verapamil hcl</i>	37
TURALIO	20	VERAPAMIL HCL ER	36
TWINRIX	59	VERAPAMIL HCL SR	36
TYBOST	28	<i>verapamil hydrochloride</i>	37
TYMLOS	61	VERAPAMIL HYDROCHLORIDE ER	37
TYPHIM VI	59	VERQUVO	41
TYVASO	66	VERSACLOZ	25
TYVASO DPI MAINTENANCE KIT	66	VERZENIO	21

Drug Name	Page #	Drug Name	Page #
<i>vestura</i>	54	<i>yargesa</i>	50
V-GO 20	61	YF-VAX	60
V-GO 30	61	YONSA	16
V-GO 40	62	<i>yuvafem</i>	54
<i>vigabatrin</i>	9	<i>zafemy</i>	54
VIIBRYD STARTER PACK	13	<i>zafirlukast</i>	65
VIJOICE	50	<i>zaleplon</i>	67
<i>vilazodone hydrochloride</i>	13	ZARXIO	33
VIRACEPT	28	ZEJULA	21
VIREAD	27	ZELBORAF	21
VITRAKVI	21	ZEMAIRA	50
VIVJOA	15	<i>zenatane</i>	43
VIZIMPRO	21	ZENPEP	50
VONJO	21	ZEPZELCA	16
<i>voriconazole</i>	15	<i>zidovudine</i>	27
VOSEVI	26	ZILBRYSQ	57
VOTRIENT	21	ZIOPTAN	64
VRAYLAR	25	<i>ziprasidone hcl</i>	25
VUMERITY	42	<i>ziprasidone mesylate</i>	25
<i>vylibra</i>	54	ZIRGAN	63
VYNDAMAX	39	ZOLEDRONIC ACID	61
VYNDAQEL	50	ZOLINZA	18
<i>warfarin sodium</i>	32	<i>zolmitriptan</i>	15
WELIREG	21	<i>zolmitriptan odt</i>	15
WESTAB PLUS	48	<i>zolpidem tartrate</i>	67
<i>wixela inhub</i>	67	ZONISADE	10
XALKORI	21	<i>zonisamide</i>	10
XARELTO	32	ZTALMY	9
XARELTO STARTER PACK	32	ZURZUVAE	11
XATMEP	58	ZYDELIG	21
XCOPRI	8	ZYKADIA	21
XDEMVI	63	ZYPREXA RELPREVV	25
XELJANZ	57		
XELJANZ XR	57		
XERMELO	48		
XGEVA	61		
XIFAXAN	49		
XIGDUO XR	31		
XOLAIR	57		
XOSPATA	21		
XPHOZAH	47		
XPOVIO	18		
XPOVIO 60 MG TWICE WEEKLY	18		
XPOVIO 80 MG TWICE WEEKLY	18		
XTANDI	16		
<i>xulane</i>	54		
XYREM	67		

This formulary was updated on **May 1, 2024**. For more recent information or other questions, please contact us, **Medicare Plus Blue PPO** Customer Service, at 1-877-241-2583 or, for TTY users, 711, Monday through Friday, 8 a.m. to 9 p.m. Eastern time. From October 1 through March 31, hours are from 8 a.m. to 9 p.m. Eastern time, seven days a week, or visit www.bcbsm.com/medicare.

Confidence
comes with every card.

Medicare PLUS BlueSM PPO



**Blue Cross
Blue Shield**
of Michigan

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