



P.O. Box 204
Columbia, TN 38402

Farm Bureau Select Rx PDP

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID, Version Number 11

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Member Services at 1-866-643-6924. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1 – March 31 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at www.fbhp.com/part-d.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

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 Farm Bureau Health Plans. When it refers to “plan” or “our plan,” it means Farm Bureau Select Rx PDP.

This document includes list of the drugs (formulary) for our plan which is current as of May 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, 2024, and from time to time during the year.

What is the Farm Bureau Health Plans Formulary?

A formulary is a list of covered drugs selected by Farm Bureau Health Plans 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. Farm Bureau Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Farm Bureau Health Plans’ network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Farm Bureau Health Plans 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 Farm Bureau Health Plans’ 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.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug 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 30-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 Farm Bureau Health Plans’ 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 2024. To get updated information about the drugs covered by Farm Bureau Health Plans please contact us. Our contact information appears on the front and back cover pages. If we have a mid-year, non-maintenance formulary change (i.e., remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will update our formulary and post it on our website. You will also be notified in your Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website at www.fbhp.com/part-d or by calling Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back pages. We will notify members in writing prior to making this type of change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. 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 8. Then look under the category name for your drug.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

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 107. 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?

Farm Bureau Health Plans 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:** Farm Bureau Health Plans requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Farm Bureau Health Plans before you fill your prescriptions. If you don't get approval, Farm Bureau Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides 60 per prescription for LYRICA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Farm Bureau Health Plans 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online that explain our prior authorization restriction 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 Farm Bureau Health Plans 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 Farm Bureau Health Plans' formulary?" on page 5 for information about how to request an exception.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

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 Member Services and ask if your drug is covered. For more information, 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 learn that Farm Bureau Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Farm Bureau Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Farm Bureau Health Plans.
- You can ask Farm Bureau Health Plans 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 Formulary?

You can ask Farm Bureau Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

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 100 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 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 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 90 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 are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary, 30-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from Farm Bureau Health Plans. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

For more detailed information about your Farm Bureau Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Farm Bureau Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Farm Bureau Health Plans' Formulary

The Farm Bureau Health Plans' formulary that begins on the next page provides coverage information about the drugs covered by Farm Bureau Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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

The information in the Requirements/Limits column tells you if Farm Bureau Health Plans has any special requirements for coverage of your drug.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA: Each.

NDS: Non-Extended Day Supply. This prescription drug is available as a 30 day supply or less.

PA: Prior Authorization. Farm Bureau Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Farm Bureau Health Plans before you fill your prescriptions. If you don't get approval, Farm Bureau Health Plans may not cover the drug.

QL: Quantity Limit. For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides 60 per prescription for LYRICA. This may be in addition to a standard one month or three month supply.

ST: Step Therapy. In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover drug B unless you try Drug A first.

PA NSO: Prior Authorization for New Starts Only. Prior authorization is required if you are a new member, or you have not taken the drug before.

ST NSO: Step Therapy for New Starts Only. Step Therapy is required if you are a new member, or you have not taken the drug before.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 200mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	3	QL(60 EA per 30 days)
<i>celecoxib capsule 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 75mg</i>	3	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 30 days)
<i>ec-naproxen tablet delayed release 375mg</i>	2	
<i>ec-naproxen tablet delayed release 500mg</i>	3	
<i>etodolac capsule 200mg</i>	3	
<i>etodolac capsule 300mg</i>	3	
<i>etodolac tablet 400mg</i>	3	
<i>etodolac tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	3	
<i>flurbiprofen tablet 50mg</i>	3	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>ibu tablet 400mg</i>	1	
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	
<i>indomethacin capsule 25mg</i>	2	
<i>indomethacin capsule 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	3	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	3	

Formulary ID: 24059, Version: 11, 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>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	4	
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine patch weekly 10mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 15mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 20mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 25mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 50mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 10mg/5ml</i>	3	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg</i>	2	NDS
<i>methadone hcl tablet 5mg</i>	2	NDS
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg</i>	4	NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	NDS
<i>morphine sulfate er tablet extended release 30mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 60mg</i>	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG	3	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	NDS

Formulary ID: 24059, Version: 11, 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>endocet tablet 325mg; 10mg</i>	3	NDS
<i>endocet tablet 325mg; 2.5mg</i>	4	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	3	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS
<i>hydromorphone hcl injection 10mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 1mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg</i>	2	NDS
<i>hydromorphone hcl tablet 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	3	NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/ml</i>	3	NDS
<i>morphine sulfate tablet 15mg</i>	3	NDS
<i>morphine sulfate tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	NDS
<i>oxycodone hydrochloride tablet 10mg</i>	2	NDS

Formulary ID: 24059, Version: 11, 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 tablet 15mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	4	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	3	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg</i>	3	
<i>disulfiram tablet 500mg</i>	3	
<i>naltrexone hcl tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	3	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	3	QL(90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE TABLET SUBLINGUAL 2MG; 0.5MG	2	QL(360 EA per 30 days)
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	

Formulary ID: 24059, Version: 11, 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>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride liquid 4mg/0.1ml</i>	4	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
<i>varenicline starting month box tablet therapy pack 0</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate tablet 1mg</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN CAPSULE 250MG	5	
<i>neomycin sulfate tablet 500mg</i>	3	
<i>paromomycin sulfate capsule 250mg</i>	4	
<i>streptomycin sulfate injection 1gm</i>	4	
<i>tobramycin sulfate injection 1.2gm/30ml</i>	3	
<i>tobramycin sulfate injection 1.2gm</i>	3	
<i>tobramycin sulfate injection 10mg/ml</i>	3	
<i>tobramycin sulfate injection 40mg/ml</i>	3	
<i>tobramycin sulfate injection 80mg/2ml</i>	3	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindacin-p swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg</i>	2	
<i>clindamycin hydrochloride capsule 75mg</i>	2	
<i>clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml</i>	3	
<i>clindamycin phosphate injection 600mg/4ml</i>	3	
<i>clindamycin phosphate injection 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium injection 150mg</i>	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 1000MG/100ML; 0.9%	4	

Formulary ID: 24059, Version: 11, 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
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 350MG/50ML; 0.9%	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 500MG/50ML; 0.9%	4	
DAPTOMYCIN/SODIUM CHLORIDE INJECTION 700MG/100ML; 0.9%	4	
<i>daptomycin injection 350mg</i>	4	
<i>daptomycin injection 500mg</i>	4	
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>metronidazole injection 500mg/100ml</i>	3	
<i>metronidazole tablet 250mg</i>	2	
<i>metronidazole tablet 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg</i>	3	
<i>nitrofurantoin macrocrystals capsule 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
<i>tinidazole tablet 250mg</i>	3	
<i>tinidazole tablet 500mg</i>	3	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm</i>	3	
<i>vancomycin hydrochloride injection 250mg</i>	3	
<i>vancomycin hydrochloride injection 500mg</i>	3	
<i>vancomycin hydrochloride injection 750mg</i>	3	
<i>Beta-lactam, Cephalosporins</i>		
CEFACLOR CAPSULE 250MG	3	
CEFACLOR CAPSULE 500MG	3	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM	4	
CEFAZOLIN INJECTION 3GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml</i>	3	

Formulary ID: 24059, Version: 11, 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>cefdinir suspension reconstituted 250mg/5ml</i>	3	
<i>cefepime hydrochloride injection 100gm</i>	3	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	4	
<i>cefepime injection 1gm/50ml</i>	4	
<i>cefepime injection 1gm</i>	4	
<i>cefepime injection 2gm/100ml</i>	4	
<i>cefepime injection 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm</i>	3	
<i>cefotaxime sodium injection 2gm</i>	3	
<i>cefotaxime sodium injection 500mg</i>	3	
<i>cefotetan injection 1gm</i>	4	
<i>cefotetan injection 2gm</i>	4	
<i>cefoxitin sodium injection 10gm</i>	3	
<i>cefoxitin sodium injection 1gm</i>	3	
<i>cefoxitin sodium injection 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tablet 100mg</i>	4	
<i>cefpodoxime proxetil tablet 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml</i>	3	
<i>cefprozil suspension reconstituted 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg</i>	3	
<i>cefprozil tablet 500mg</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm</i>	3	
<i>ceftazidime injection 2gm</i>	3	
<i>ceftazidime injection 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm</i>	3	
<i>ceftriaxone sodium injection 1gm</i>	3	
<i>ceftriaxone sodium injection 250mg</i>	3	
<i>ceftriaxone sodium injection 2gm</i>	3	
<i>ceftriaxone sodium injection 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg</i>	2	
<i>cefuroxime axetil tablet 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	3	
<i>cephalexin capsule 250mg</i>	2	
<i>cephalexin capsule 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml</i>	2	
<i>cephalexin suspension reconstituted 250mg/5ml</i>	2	

Formulary ID: 24059, Version: 11, 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
TAZICEF INJECTION 1GM	3	
TAZICEF INJECTION 1GM	3	
TAZICEF INJECTION 2GM	3	
TAZICEF INJECTION 6GM	3	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg</i>	2	
<i>amoxicillin capsule 500mg</i>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg</i>	2	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	2	
<i>amoxicillin tablet 875mg</i>	2	
<i>ampicillin sodium injection 10gm</i>	4	
<i>ampicillin sodium injection 125mg</i>	4	
<i>ampicillin sodium injection 1gm</i>	4	
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	3	

Formulary ID: 24059, Version: 11, 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>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	
BICILLIN L-A INJECTION 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg</i>	2	
<i>dicloxacillin sodium capsule 500mg</i>	2	
<i>nafcillin sodium injection 10gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	2	
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg</i>	2	
<i>penicillin v potassium tablet 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	3	
<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	3	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>ertapenem injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg</i>	3	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	3	
<i>meropenem injection 1gm</i>	4	
<i>meropenem injection 2gm</i>	4	
<i>meropenem injection 500mg</i>	4	
Macrolides		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin packet 1gm</i>	3	
<i>azithromycin suspension reconstituted 100mg/5ml</i>	3	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 600mg</i>	3	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	

Formulary ID: 24059, Version: 11, 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>clarithromycin suspension reconstituted 125mg/5ml</i>	4	
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg</i>	3	
<i>clarithromycin tablet 500mg</i>	3	
DIFICID TABLET 200MG	4	
<i>erythromycin dr tablet delayed release 250mg</i>	4	
<i>erythromycin dr tablet delayed release 333mg</i>	4	
<i>erythromycin dr tablet delayed release 500mg</i>	4	
<i>Quinolones</i>		
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml</i>	4	
<i>ciprofloxacin suspension reconstituted 5gm/100ml</i>	4	
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML	4	
CIPRO SUSPENSION RECONSTITUTED 5GM/100ML	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	4	
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg</i>	2	
<i>levofloxacin tablet 500mg</i>	2	
<i>levofloxacin tablet 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
<i>Sulfonamides</i>		
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	2	
<i>Tetracyclines</i>		
<i>demeclocycline hcl tablet 150mg</i>	4	
<i>demeclocycline hcl tablet 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	

Formulary ID: 24059, Version: 11, 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>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	3	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	3	
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	3	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg</i>	3	
<i>minocycline hydrochloride capsule 50mg</i>	3	
<i>mondoxyne nl capsule 100mg</i>	3	
<i>morgidox 1x100mg capsule 100mg</i>	3	
<i>morgidox 2x100mg capsule 100mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg</i>	3	
<i>tetracycline hydrochloride capsule 500mg</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION 10MG/ML	5	PA NSO
BRIVIACT TABLET 100MG	5	PA NSO
BRIVIACT TABLET 10MG	5	PA NSO
BRIVIACT TABLET 25MG	5	PA NSO
BRIVIACT TABLET 50MG	5	PA NSO
BRIVIACT TABLET 75MG	5	PA NSO
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	5	
<i>felbamate tablet 400mg</i>	4	
<i>felbamate tablet 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA NSO
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 10MG	5	
FYCOMPA TABLET 12MG	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 4MG	5	
FYCOMPA TABLET 6MG	5	
FYCOMPA TABLET 8MG	5	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	

Formulary ID: 24059, Version: 11, 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>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg</i>	2	
<i>lamotrigine tablet chewable 5mg</i>	2	
<i>lamotrigine tablet 100mg</i>	2	
<i>lamotrigine tablet 150mg</i>	2	
<i>lamotrigine tablet 200mg</i>	2	
<i>lamotrigine tablet 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg</i>	3	
<i>levetiracetam er tablet extended release 24 hour 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet 1000mg</i>	2	
<i>levetiracetam tablet 250mg</i>	2	
<i>levetiracetam tablet 500mg</i>	2	
<i>levetiracetam tablet 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tablet 100mg</i>	2	
<i>subvenite tablet 150mg</i>	2	
<i>subvenite tablet 200mg</i>	2	
<i>subvenite tablet 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg</i>	3	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	2	
<i>topiramate tablet 200mg</i>	2	
<i>topiramate tablet 25mg</i>	2	
<i>topiramate tablet 50mg</i>	2	
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO

Formulary ID: 24059, Version: 11, 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
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET 100MG	5	PA NSO
XCOPRI TABLET 150MG	5	PA NSO
XCOPRI TABLET 200MG	5	PA NSO
XCOPRI TABLET 50MG	5	PA NSO
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg</i>	4	
<i>clobazam tablet 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 0.125mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA NSO
DIACOMIT CAPSULE 500MG	5	PA NSO
DIACOMIT PACKET 250MG	5	PA NSO
DIACOMIT PACKET 500MG	5	PA NSO
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 250mg</i>	2	
<i>divalproex sodium dr tablet delayed release 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	
<i>divalproex sodium capsule delayed release sprinkle 125mg</i>	3	
<i>gabapentin capsule 100mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	

Formulary ID: 24059, Version: 11, 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>phenobarbital tablet 100mg</i>	4	
<i>phenobarbital tablet 15mg</i>	4	
<i>phenobarbital tablet 16.2mg</i>	4	
<i>phenobarbital tablet 30mg</i>	4	
<i>phenobarbital tablet 32.4mg</i>	4	
<i>phenobarbital tablet 60mg</i>	4	
<i>phenobarbital tablet 64.8mg</i>	4	
<i>phenobarbital tablet 97.2mg</i>	4	
<i>primidone tablet 125mg</i>	2	
<i>primidone tablet 250mg</i>	2	
<i>primidone tablet 50mg</i>	2	
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	4	
<i>tiagabine hydrochloride tablet 12mg</i>	4	
<i>tiagabine hydrochloride tablet 16mg</i>	4	
<i>tiagabine hydrochloride tablet 2mg</i>	4	
<i>tiagabine hydrochloride tablet 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA NSO
<i>vigabatrin tablet 500mg</i>	5	PA NSO
<i>vigadrone packet 500mg</i>	5	PA NSO
<i>vigadrone tablet 500mg</i>	5	PA NSO
<i>vigpoder packet 500mg</i>	5	PA NSO
<i>Sodium Channel Agents</i>		
APTIOM TABLET 200MG	5	
APTIOM TABLET 400MG	5	
APTIOM TABLET 600MG	5	
APTIOM TABLET 800MG	5	
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	

Formulary ID: 24059, Version: 11, 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>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>lacosamide solution 10mg/ml</i>	3	
<i>lacosamide tablet 100mg</i>	4	
<i>lacosamide tablet 150mg</i>	4	
<i>lacosamide tablet 200mg</i>	4	
<i>lacosamide tablet 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg</i>	2	
<i>oxcarbazepine tablet 300mg</i>	2	
<i>oxcarbazepine tablet 600mg</i>	2	
<i>phenytek capsule 200mg</i>	3	
<i>phenytek capsule 300mg</i>	3	
<i>phenytoin sodium extended capsule 100mg</i>	3	
<i>phenytoin sodium extended capsule 200mg</i>	3	
<i>phenytoin sodium extended capsule 300mg</i>	3	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	
<i>zonisamide capsule 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet 1mg</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg</i>	3	
<i>donepezil hcl tablet disintegrating 5mg</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg</i>	2	

Formulary ID: 24059, Version: 11, 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>donepezil hydrochloride tablet 5mg</i>	2	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg</i>	3	
<i>galantamine hydrobromide tablet 4mg</i>	3	
<i>galantamine hydrobromide tablet 8mg</i>	3	
<i>rivastigmine tartrate capsule 1.5mg</i>	4	
<i>rivastigmine tartrate capsule 3mg</i>	4	
<i>rivastigmine tartrate capsule 4.5mg</i>	4	
<i>rivastigmine tartrate capsule 6mg</i>	4	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 21mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 28mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 7mg</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg</i>	2	
<i>memantine hydrochloride tablet 5mg</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg</i>	2	QL(60 EA per 30 days)

Formulary ID: 24059, Version: 11, 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>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl tablet 25mg</i>	4	
<i>maprotiline hcl tablet 50mg</i>	4	
<i>maprotiline hcl tablet 75mg</i>	4	
<i>mirtazapine odt tablet disintegrating 15mg</i>	3	
<i>mirtazapine odt tablet disintegrating 30mg</i>	3	
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	
<i>mirtazapine tablet 15mg</i>	2	
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 45mg</i>	2	
<i>mirtazapine tablet 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
ZURZUVAE CAPSULE 20MG	5	QL(28 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 25MG	5	QL(28 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PATCH 24 HOUR 12MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 6MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 9MG/24HR	4	QL(30 EA per 30 days); ST NSO
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg</i>	1	
<i>citalopram hydrobromide tablet 20mg</i>	1	
<i>citalopram hydrobromide tablet 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg</i>	4	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(90 EA per 30 days)

Formulary ID: 24059, Version: 11, 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
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(60 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	4	
<i>escitalopram oxalate tablet 10mg</i>	2	
<i>escitalopram oxalate tablet 20mg</i>	2	
<i>escitalopram oxalate tablet 5mg</i>	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hydrochloride capsule 10mg</i>	1	
<i>fluoxetine hydrochloride capsule 20mg</i>	1	
<i>fluoxetine hydrochloride capsule 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	
<i>fluvoxamine maleate tablet 100mg</i>	2	
<i>fluvoxamine maleate tablet 25mg</i>	2	
<i>fluvoxamine maleate tablet 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg</i>	4	
<i>nefazodone hydrochloride tablet 150mg</i>	4	
<i>nefazodone hydrochloride tablet 200mg</i>	4	
<i>nefazodone hydrochloride tablet 250mg</i>	4	
<i>nefazodone hydrochloride tablet 50mg</i>	4	
<i>paroxetine hcl tablet 30mg</i>	2	
<i>paroxetine hcl tablet 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg</i>	2	
<i>paroxetine hydrochloride tablet 20mg</i>	2	
<i>sertraline hcl concentrate 20mg/ml</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	

Formulary ID: 24059, Version: 11, 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>sertraline hydrochloride tablet 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg</i>	2	
<i>trazodone hydrochloride tablet 150mg</i>	2	
<i>trazodone hydrochloride tablet 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 20MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 5MG	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg</i>	2	
<i>venlafaxine hydrochloride tablet 25mg</i>	2	
<i>venlafaxine hydrochloride tablet 37.5mg</i>	2	
<i>venlafaxine hydrochloride tablet 50mg</i>	2	
<i>venlafaxine hydrochloride tablet 75mg</i>	2	
VIIBRYD STARTER PACK KIT 0	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride tablet 10mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg</i>	3	
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hcl tablet 25mg</i>	3	
<i>amitriptyline hcl tablet 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg</i>	3	
<i>amitriptyline hydrochloride tablet 50mg</i>	3	
<i>amoxapine tablet 100mg</i>	4	
<i>amoxapine tablet 150mg</i>	4	
<i>amoxapine tablet 25mg</i>	4	
<i>amoxapine tablet 50mg</i>	4	
<i>clomipramine hydrochloride capsule 25mg</i>	4	
<i>clomipramine hydrochloride capsule 50mg</i>	4	
<i>clomipramine hydrochloride capsule 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg</i>	4	
<i>desipramine hydrochloride tablet 10mg</i>	4	
<i>desipramine hydrochloride tablet 150mg</i>	4	
<i>desipramine hydrochloride tablet 25mg</i>	4	
<i>desipramine hydrochloride tablet 50mg</i>	4	

Formulary ID: 24059, Version: 11, 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>desipramine hydrochloride tablet 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg</i>	3	
<i>doxepin hydrochloride capsule 10mg</i>	3	
<i>doxepin hydrochloride capsule 150mg</i>	3	
<i>doxepin hydrochloride capsule 25mg</i>	3	
<i>doxepin hydrochloride capsule 50mg</i>	3	
<i>imipramine hcl tablet 25mg</i>	4	
<i>imipramine hcl tablet 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg</i>	2	
<i>nortriptyline hcl capsule 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg</i>	2	
<i>nortriptyline hydrochloride capsule 50mg</i>	2	
<i>protriptyline hcl tablet 10mg</i>	4	
<i>protriptyline hcl tablet 5mg</i>	4	
<i>trimipramine maleate capsule 100mg</i>	4	
<i>trimipramine maleate capsule 25mg</i>	4	
<i>trimipramine maleate capsule 50mg</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg</i>	3	
<i>meclizine hcl tablet 25mg</i>	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet 10mg</i>	2	
<i>prochlorperazine maleate tablet 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	3	
<i>promethazine hydrochloride plain solution 6.25mg/5ml</i>	4	
<i>promethazine hydrochloride tablet 25mg</i>	3	
<i>promethazine hydrochloride tablet 50mg</i>	3	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(60 EA per 30 days); PA

Formulary ID: 24059, Version: 11, 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>dronabinol capsule 2.5mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron hydrochloride tablet 4mg</i>	2	B/D
<i>ondansetron hydrochloride tablet 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>caspofungin acetate injection 50mg</i>	4	
<i>caspofungin acetate injection 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole troche 10mg</i>	4	
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%</i>	3	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml</i>	3	
<i>fluconazole suspension reconstituted 40mg/ml</i>	3	
<i>fluconazole tablet 100mg</i>	2	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 200mg</i>	2	
<i>fluconazole tablet 50mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg</i>	4	
<i>griseofulvin ultramicrosize tablet 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	4	
<i>ketoconazole cream 2%</i>	3	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	3	
<i>klayesta powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nyamyc powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL(120 GM per 30 days)

Formulary ID: 24059, Version: 11, 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>nystatin suspension 100000unit/ml</i>	3	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	4	PA
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%</i>	3	
<i>terconazole cream 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	4	
<i>voriconazole tablet 200mg</i>	4	
<i>voriconazole tablet 50mg</i>	4	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg</i>	2	
<i>allopurinol tablet 300mg</i>	2	
<i>colchicine tablet 0.6mg</i>	4	
<i>febuxostat tablet 40mg</i>	4	
<i>febuxostat tablet 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	4	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days); PA
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride tablet 10mg</i>	2	
<i>propranolol hydrochloride tablet 20mg</i>	2	
<i>propranolol hydrochloride tablet 60mg</i>	2	
<i>propranolol hydrochloride tablet 80mg</i>	2	
QULIPTA TABLET 10MG	5	QL(30 EA per 30 days); PA
QULIPTA TABLET 30MG	5	QL(30 EA per 30 days); PA
QULIPTA TABLET 60MG	5	QL(30 EA per 30 days); PA
UBRELVY TABLET 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABLET 50MG	5	QL(16 EA per 30 days); PA

Formulary ID: 24059, Version: 11, 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
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 1mg</i>	3	QL(9 EA per 30 days)
<i>naratriptan hcl tablet 2.5mg</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act</i>	4	QL(12 EA per 30 days)
<i>sumatriptan solution 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl tablet 125mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg</i>	3	
<i>ethambutol hydrochloride tablet 400mg</i>	3	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	3	
<i>isoniazid tablet 100mg</i>	2	
<i>isoniazid tablet 300mg</i>	2	
<i>paser packet 4gm</i>	4	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg</i>	4	
<i>rifampin capsule 300mg</i>	4	

Formulary ID: 24059, Version: 11, 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>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	
TRECTOR TABLET 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule 25mg</i>	3	B/D
<i>cyclophosphamide capsule 50mg</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	4	PA NSO
<i>bicalutamide tablet 50mg</i>	3	
ERLEADA TABLET 240MG	5	PA NSO
ERLEADA TABLET 60MG	5	PA NSO
<i>flutamide capsule 125mg</i>	4	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA NSO
XTANDI CAPSULE 40MG	5	PA NSO
XTANDI TABLET 40MG	5	PA NSO
XTANDI TABLET 80MG	5	PA NSO
<i>Antiangiogenic Agents</i>		
FOTIVDA CAPSULE 0.89MG	5	PA NSO
FOTIVDA CAPSULE 1.34MG	5	PA NSO
<i>lenalidomide capsule 10mg</i>	5	PA NSO
<i>lenalidomide capsule 15mg</i>	5	PA NSO
<i>lenalidomide capsule 2.5mg</i>	5	PA NSO
<i>lenalidomide capsule 20mg</i>	5	PA NSO
<i>lenalidomide capsule 25mg</i>	5	PA NSO
<i>lenalidomide capsule 5mg</i>	5	PA NSO
POMALYST CAPSULE 1MG	5	PA NSO
POMALYST CAPSULE 2MG	5	PA NSO
POMALYST CAPSULE 3MG	5	PA NSO
POMALYST CAPSULE 4MG	5	PA NSO
QINLOCK TABLET 50MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
REVLIMID CAPSULE 10MG	5	PA NSO
REVLIMID CAPSULE 15MG	5	PA NSO
REVLIMID CAPSULE 2.5MG	5	PA NSO
REVLIMID CAPSULE 20MG	5	PA NSO
REVLIMID CAPSULE 25MG	5	PA NSO
REVLIMID CAPSULE 5MG	5	PA NSO
TABRECTA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TABRECTA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG	5	PA NSO
THALOMID CAPSULE 150MG	5	PA NSO
THALOMID CAPSULE 200MG	5	PA NSO
THALOMID CAPSULE 50MG	5	PA NSO
<i>Antiestrogens/Modifiers</i>		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen citrate tablet 10mg</i>	2	
<i>tamoxifen citrate tablet 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	
<i>Antimetabolites</i>		
DROXIA CAPSULE 200MG	3	
DROXIA CAPSULE 300MG	3	
DROXIA CAPSULE 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine tablet 50mg</i>	4	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
<i>Antineoplastics, Other</i>		
AKEEGA TABLET 500MG; 100MG	5	PA NSO
AKEEGA TABLET 500MG; 50MG	5	PA NSO
BESREMI INJECTION 500MCG/ML	5	PA NSO
COLUMVI INJECTION 10MG/10ML	5	PA NSO
COLUMVI INJECTION 2.5MG/2.5ML	5	PA NSO
EPKINLY INJECTION 48MG/0.8ML	5	PA NSO
EPKINLY INJECTION 4MG/0.8ML	5	PA NSO
GAVRETO CAPSULE 100MG	5	PA NSO
IBRANCE TABLET 100MG	5	PA NSO
IBRANCE TABLET 125MG	5	PA NSO
IBRANCE TABLET 75MG	5	PA NSO
IDHIFA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
INREBIC CAPSULE 100MG	5	PA NSO
IWILFIN TABLET 192MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA NSO
KRAZATI TABLET 200MG	5	PA NSO
LONSURF TABLET 6.14MG; 15MG	5	PA NSO
LONSURF TABLET 8.19MG; 20MG	5	PA NSO
LUMAKRAS TABLET 120MG	5	PA NSO
LUMAKRAS TABLET 320MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
NINLARO CAPSULE 2.3MG	5	PA NSO
NINLARO CAPSULE 3MG	5	PA NSO
NINLARO CAPSULE 4MG	5	PA NSO
OGSIVEO TABLET 50MG	5	PA NSO
ONUREG TABLET 200MG	5	PA NSO
ONUREG TABLET 300MG	5	PA NSO
ORSERDU TABLET 345MG	5	PA NSO
ORSERDU TABLET 86MG	5	PA NSO
PEMAZYRE TABLET 13.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 4.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 9MG	5	QL(30 EA per 30 days); PA NSO
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
PHESGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
RETEVMO CAPSULE 40MG	5	PA NSO
RETEVMO CAPSULE 80MG	5	PA NSO
SCSEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SCSEMBLIX TABLET 40MG	5	PA NSO
SYNRIBO INJECTION 3.5MG	5	PA NSO
TAZVERIK TABLET 200MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 0	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA NSO
TUKYSA TABLET 150MG	5	PA NSO
TUKYSA TABLET 50MG	5	PA NSO
VONJO CAPSULE 100MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 50MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 60MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
<i>Antineoplastics</i>		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA CAPSULE 150MG	5	PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 180MG	5	QL(30 EA per 30 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 200MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 25MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG	5	PA NSO
BALVERSA TABLET 4MG	5	PA NSO
BALVERSA TABLET 5MG	5	PA NSO
BOSULIF CAPSULE 100MG	5	PA NSO
BOSULIF CAPSULE 50MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
BOSULIF TABLET 100MG	5	PA NSO
BOSULIF TABLET 400MG	5	PA NSO
BOSULIF TABLET 500MG	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA CAPSULE 80MG	5	PA NSO
CABOMETYX TABLET 20MG	5	PA NSO
CABOMETYX TABLET 40MG	5	PA NSO
CABOMETYX TABLET 60MG	5	PA NSO
CALQUENCE CAPSULE 100MG	5	PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
COMETRIQ KIT 0	5	PA NSO
COMETRIQ KIT 0	5	PA NSO
COMETRIQ KIT 20MG	5	PA NSO
COPIKTRA CAPSULE 15MG	5	PA NSO
COPIKTRA CAPSULE 25MG	5	PA NSO
COTELLIC TABLET 20MG	5	PA NSO
DAURISMO TABLET 100MG	5	PA NSO
DAURISMO TABLET 25MG	5	PA NSO
ERIVEDGE CAPSULE 150MG	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>erlotinib hydrochloride tablet 25mg</i>	4	PA NSO
<i>everolimus tablet soluble 2mg</i>	5	PA NSO
<i>everolimus tablet soluble 3mg</i>	5	PA NSO
<i>everolimus tablet soluble 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	
FARYDAK CAPSULE 10MG	5	
FARYDAK CAPSULE 15MG	5	
FARYDAK CAPSULE 20MG	5	
FRUZAQLA CAPSULE 1MG	5	PA NSO
FRUZAQLA CAPSULE 5MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	PA NSO
GILOTRIF TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
IBRANCE CAPSULE 125MG	5	PA NSO
IBRANCE CAPSULE 75MG	5	PA NSO
ICLUSIG TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 30MG	5	PA NSO
ICLUSIG TABLET 45MG	5	PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA CAPSULE 140MG	5	PA NSO
IMBRUVICA CAPSULE 70MG	5	PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 140MG	5	PA NSO
IMBRUVICA TABLET 280MG	5	PA NSO
IMBRUVICA TABLET 420MG	5	PA NSO
IMBRUVICA TABLET 560MG	5	PA NSO
INLYTA TABLET 1MG	5	PA NSO
INLYTA TABLET 5MG	5	PA NSO
INQOVI TABLET 100MG; 35MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 15MG	5	PA NSO
JAKAFI TABLET 20MG	5	PA NSO
JAKAFI TABLET 25MG	5	PA NSO
JAKAFI TABLET 5MG	5	PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	PA NSO
KOSELUGO CAPSULE 10MG	5	PA NSO
KOSELUGO CAPSULE 25MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LORBRENA TABLET 100MG	5	PA NSO
LORBRENA TABLET 25MG	5	PA NSO
LYNPARZA TABLET 100MG	5	PA NSO
LYNPARZA TABLET 150MG	5	PA NSO
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG	5	PA NSO
MEKINIST TABLET 2MG	5	PA NSO
MEKTOVI TABLET 15MG	5	PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
ODOMZO CAPSULE 200MG	5	PA NSO
OJJAARA TABLET 100MG	5	PA NSO
OJJAARA TABLET 150MG	5	PA NSO
OJJAARA TABLET 200MG	5	PA NSO
<i>pazopanib hydrochloride tablet 200mg</i>	5	PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	PA NSO
ROZLYTREK CAPSULE 200MG	5	PA NSO
ROZLYTREK PACKET 50MG	5	PA NSO
RUBRACA TABLET 200MG	5	PA NSO
RUBRACA TABLET 250MG	5	PA NSO
RUBRACA TABLET 300MG	5	PA NSO
RYDAPT CAPSULE 25MG	5	PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	PA NSO
<i>sorafenib tablet 200mg</i>	5	PA NSO
SPRYCEL TABLET 100MG	5	PA NSO
SPRYCEL TABLET 140MG	5	PA NSO
SPRYCEL TABLET 20MG	5	PA NSO
SPRYCEL TABLET 50MG	5	PA NSO
SPRYCEL TABLET 70MG	5	PA NSO
SPRYCEL TABLET 80MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
STIVARGA TABLET 40MG	5	PA NSO
<i>sunitinib malate capsule 12.5mg</i>	5	PA NSO
<i>sunitinib malate capsule 25mg</i>	5	PA NSO
<i>sunitinib malate capsule 37.5mg</i>	5	PA NSO
<i>sunitinib malate capsule 50mg</i>	5	PA NSO
TAFINLAR CAPSULE 50MG	5	PA NSO
TAFINLAR CAPSULE 75MG	5	PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TAGRISSO TABLET 80MG	5	PA NSO
TALZENNA CAPSULE 0.1MG	5	PA NSO
TALZENNA CAPSULE 0.25MG	5	PA NSO
TALZENNA CAPSULE 0.35MG	5	PA NSO
TALZENNA CAPSULE 0.5MG	5	PA NSO
TALZENNA CAPSULE 0.75MG	5	PA NSO
TALZENNA CAPSULE 1MG	5	PA NSO
TASIGNA CAPSULE 150MG	5	PA NSO
TASIGNA CAPSULE 200MG	5	PA NSO
TASIGNA CAPSULE 50MG	5	PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	PA NSO
TRUQAP TABLET 160MG	5	PA NSO
TRUQAP TABLET 200MG	5	PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
TURALIO CAPSULE 200MG	5	PA NSO
VANFLYTA TABLET 17.7MG	5	PA NSO
VANFLYTA TABLET 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA NSO
VENCLEXTA TABLET 100MG	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 50MG	5	PA NSO
VERZENIO TABLET 100MG	5	PA NSO
VERZENIO TABLET 150MG	5	PA NSO
VERZENIO TABLET 200MG	5	PA NSO
VERZENIO TABLET 50MG	5	PA NSO
VITRAKVI CAPSULE 100MG	5	PA NSO
VITRAKVI CAPSULE 25MG	5	PA NSO
VITRAKVI SOLUTION 20MG/ML	5	PA NSO
VIZIMPRO TABLET 15MG	5	PA NSO
VIZIMPRO TABLET 30MG	5	PA NSO
VIZIMPRO TABLET 45MG	5	PA NSO

Formulary ID: 24059, Version: 11, 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
VOTRIENT TABLET 200MG	5	PA NSO
WELIREG TABLET 40MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 150MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 20MG	5	PA NSO
XALKORI CAPSULE SPRINKLE 50MG	5	PA NSO
XALKORI CAPSULE 200MG	5	PA NSO
XALKORI CAPSULE 250MG	5	PA NSO
XOSPATA TABLET 40MG	5	PA NSO
ZEJULA CAPSULE 100MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 200MG	5	PA NSO
ZEJULA TABLET 300MG	5	PA NSO
ZELBORAF TABLET 240MG	5	PA NSO
ZYDELIG TABLET 100MG	5	PA NSO
ZYDELIG TABLET 150MG	5	PA NSO
ZYKADIA TABLET 150MG	5	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA NSO
KANJINTI INJECTION 150MG	5	PA NSO
KANJINTI INJECTION 420MG	5	PA NSO
LOQTORZI INJECTION 240MG/6ML	5	PA NSO
RUXIENCE INJECTION 100MG/10ML	5	PA NSO
RUXIENCE INJECTION 500MG/50ML	5	PA NSO
TRAZIMERA INJECTION 150MG	5	PA NSO
TRAZIMERA INJECTION 420MG	5	PA NSO
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA NSO
<i>bexarotene gel 1%</i>	5	PA NSO
PANRETIN GEL 0.1%	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet 10mg</i>	3	
<i>leucovorin calcium tablet 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	3	
<i>leucovorin calcium tablet 5mg</i>	3	
MESNEX TABLET 400MG	4	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg</i>	2	PA
<i>praziquantel tablet 600mg</i>	4	

Formulary ID: 24059, Version: 11, 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
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
<i>benznidazole tablet 100mg</i>	4	
<i>benznidazole tablet 12.5mg</i>	4	
<i>chloroquine phosphate tablet 250mg</i>	4	
<i>chloroquine phosphate tablet 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg</i>	2	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	3	
<i>nitazoxanide tablet 500mg</i>	4	
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg</i>	2	
<i>benztropine mesylate tablet 1mg</i>	2	
<i>benztropine mesylate tablet 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg</i>	3	
<i>trihexyphenidyl hydrochloride tablet 5mg</i>	3	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
KYNMOBI TITRATION KIT KIT 0	5	QL(20 EA per 365 days); PA
<i>kynmobi film 10mg</i>	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 15MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 20MG	5	QL(150 EA per 30 days); PA

Formulary ID: 24059, Version: 11, 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
KYNMOBI FILM 25MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 30MG	5	QL(150 EA per 30 days); PA
NEUPRO PATCH 24 HOUR 1MG/24HR	4	
NEUPRO PATCH 24 HOUR 2MG/24HR	4	
NEUPRO PATCH 24 HOUR 3MG/24HR	4	
NEUPRO PATCH 24 HOUR 4MG/24HR	4	
NEUPRO PATCH 24 HOUR 6MG/24HR	4	
NEUPRO PATCH 24 HOUR 8MG/24HR	4	
<i>pramipexole dihydrochloride tablet 0.125mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.25mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.75mg</i>	2	
<i>pramipexole dihydrochloride tablet 1.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 1mg</i>	2	
<i>ropinirole hcl tablet 0.5mg</i>	2	
<i>ropinirole hcl tablet 1mg</i>	2	
<i>ropinirole hcl tablet 2mg</i>	2	
<i>ropinirole hcl tablet 4mg</i>	2	
<i>ropinirole hcl tablet 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg</i>	2	
<i>ropinirole hydrochloride tablet 3mg</i>	2	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet 0.5mg</i>	4	
<i>rasagiline mesylate tablet 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet 100mg</i>	4	
<i>chlorpromazine hcl tablet 10mg</i>	4	

Formulary ID: 24059, Version: 11, 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>chlorpromazine hcl tablet 200mg</i>	4	
<i>chlorpromazine hcl tablet 25mg</i>	4	
<i>chlorpromazine hcl tablet 50mg</i>	4	
<i>chlorpromazine hydrochloride concentrate 100mg/ml</i>	4	
<i>chlorpromazine hydrochloride concentrate 30mg/ml</i>	4	
<i>chlorpromazine hydrochloride tablet 100mg</i>	4	
<i>chlorpromazine hydrochloride tablet 10mg</i>	4	
<i>chlorpromazine hydrochloride tablet 200mg</i>	4	
<i>chlorpromazine hydrochloride tablet 25mg</i>	4	
<i>chlorpromazine hydrochloride tablet 50mg</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hcl injection 2.5mg/ml</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>fluphenazine hydrochloride tablet 10mg</i>	4	
<i>fluphenazine hydrochloride tablet 2.5mg</i>	4	
<i>fluphenazine hydrochloride tablet 5mg</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>loxapine capsule 10mg</i>	3	
<i>loxapine capsule 25mg</i>	3	
<i>loxapine capsule 50mg</i>	3	
<i>loxapine capsule 5mg</i>	3	
<i>molindone hydrochloride tablet 10mg</i>	4	
<i>molindone hydrochloride tablet 25mg</i>	4	
<i>molindone hydrochloride tablet 5mg</i>	4	
<i>perphenazine tablet 16mg</i>	4	
<i>perphenazine tablet 2mg</i>	4	
<i>perphenazine tablet 4mg</i>	4	
<i>perphenazine tablet 8mg</i>	4	
<i>pimozide tablet 1mg</i>	4	

Formulary ID: 24059, Version: 11, 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>pimozide tablet 2mg</i>	4	
<i>thioridazine hcl tablet 100mg</i>	3	
<i>thioridazine hcl tablet 10mg</i>	3	
<i>thioridazine hcl tablet 25mg</i>	3	
<i>thioridazine hcl tablet 50mg</i>	3	
<i>thiothixene capsule 10mg</i>	4	
<i>thiothixene capsule 1mg</i>	4	
<i>thiothixene capsule 2mg</i>	4	
<i>thiothixene capsule 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg</i>	3	
<i>trifluoperazine hcl tablet 2mg</i>	3	
<i>trifluoperazine hcl tablet 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 15mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 20mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 2mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	3	QL(30 EA per 30 days)
<i>aripiprazole tablet 5mg</i>	3	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	
ARISTADA INJECTION 441MG/1.6ML	5	
ARISTADA INJECTION 662MG/2.4ML	5	
ARISTADA INJECTION 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 2.5mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 21MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK TABLET 0	4	QL(8 EA per 180 days); ST NSO
FANAPT TABLET 10MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 12MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 1MG	5	QL(60 EA per 30 days); ST NSO

Formulary ID: 24059, Version: 11, 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
FANAPT TABLET 2MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 15MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 20MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt tablet disintegrating 10mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 15mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 20mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 5mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	
<i>olanzapine tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 15mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 20mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 7.5mg</i>	2	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 3mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 9mg</i>	4	QL(30 EA per 30 days)
PERSERIS INJECTION 120MG	5	

Formulary ID: 24059, Version: 11, 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
PERSERIS INJECTION 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	4	QL(90 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 25mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG	5	QL(30 EA per 30 days)
REXULTI TABLET 0.5MG	5	QL(30 EA per 30 days)
REXULTI TABLET 1MG	5	QL(30 EA per 30 days)
REXULTI TABLET 2MG	5	QL(30 EA per 30 days)
REXULTI TABLET 3MG	5	QL(30 EA per 30 days)
REXULTI TABLET 4MG	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg</i>	5	
<i>risperidone er injection 37.5mg</i>	5	
<i>risperidone er injection 50mg</i>	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 2mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 3mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	3	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 0.5mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 1mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 2mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 3mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 4mg</i>	2	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL(30 EA per 30 days); ST NSO

Formulary ID: 24059, Version: 11, 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
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK 0	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE 1.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 3MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 4.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 6MG	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl capsule 20mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 40mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 60mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG	5	
ZYPREXA RELPREVV INJECTION 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine odt tablet disintegrating 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg</i>	4	
<i>dantrolene sodium capsule 25mg</i>	4	
<i>dantrolene sodium capsule 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir injection 75mg/ml</i>	5	
<i>ganciclovir injection 500mg/10ml</i>	3	B/D
<i>ganciclovir injection 500mg</i>	3	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS TABLET 240MG	5	

Formulary ID: 24059, Version: 11, 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
PREVYMIS TABLET 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	4	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	4	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg</i>	4	QL(30 EA per 30 days)
<i>entecavir tablet 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INJECTION 600MG/3ML	5	
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL(30 EA per 30 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	
ISENTRESS PACKET 100MG	5	
ISENTRESS TABLET CHEWABLE 100MG	4	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET 400MG	5	
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG	5	
TIVICAY TABLET 50MG	5	
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL(30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABLET 25MG	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	QL(30 EA per 30 days)

Formulary ID: 24059, Version: 11, 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>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg</i>	4	
<i>efavirenz capsule 50mg</i>	4	
<i>efavirenz tablet 600mg</i>	4	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
<i>nevirapine suspension 50mg/5ml</i>	3	
<i>nevirapine tablet 200mg</i>	2	
PIFELTRO TABLET 100MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate tablet 300mg</i>	4	
<i>abacavir solution 20mg/ml</i>	4	
<i>abacavir tablet 300mg</i>	4	
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	2	
EMTRIVA SOLUTION 10MG/ML	4	
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg</i>	4	
<i>lamivudine tablet 300mg</i>	4	
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
<i>stavudine capsule 15mg</i>	4	

Formulary ID: 24059, Version: 11, 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>stavudine capsule 20mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 40mg</i>	4	
TEMIXYS TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL(60 EA per 30 days)
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG	5	
VIREAD TABLET 200MG	5	
VIREAD TABLET 250MG	5	
<i>zidovudine capsule 100mg</i>	3	
<i>zidovudine syrup 50mg/5ml</i>	3	
<i>zidovudine tablet 300mg</i>	3	
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg</i>	5	
<i>maraviroc tablet 300mg</i>	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	
APTIVUS SOLUTION 100MG/ML	5	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	
<i>darunavir tablet 600mg</i>	5	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	

Formulary ID: 24059, Version: 11, 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>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	3	
NORVIR SOLUTION 80MG/ML	4	
PREZCOBIX TABLET 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	
PREZISTA TABLET 150MG	4	
PREZISTA TABLET 75MG	4	
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 250MG	5	
VIRACEPT TABLET 625MG	5	
<i>Anti-influenza Agents</i>		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
<i>Antiherpetic Agents</i>		
<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</i>	2	
<i>acyclovir tablet 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	3	
<i>famciclovir tablet 250mg</i>	3	
<i>famciclovir tablet 500mg</i>	3	
<i>valacyclovir hydrochloride tablet 1gm</i>	3	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL(120 EA per 30 days)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg</i>	2	
<i>bupirone hydrochloride tablet 30mg</i>	3	
<i>bupirone hydrochloride tablet 5mg</i>	2	
<i>bupirone hydrochloride tablet 7.5mg</i>	3	

Formulary ID: 24059, Version: 11, 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>hydroxyzine pamoate capsule 100mg</i>	4	
<i>hydroxyzine pamoate capsule 25mg</i>	4	
<i>hydroxyzine pamoate capsule 50mg</i>	4	
<i>Benzodiazepines</i>		
<i>alprazolam tablet 0.25mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	3	
<i>diazepam concentrate 5mg/ml</i>	3	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	3	
<i>diazepam tablet 10mg</i>	3	QL(120 EA per 30 days)
<i>diazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
<i>diazepam tablet 5mg</i>	3	QL(240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	3	QL(150 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium carbonate er tablet extended release 300mg</i>	2	
<i>lithium carbonate er tablet extended release 450mg</i>	2	
<i>lithium carbonate capsule 150mg</i>	2	
<i>lithium carbonate capsule 300mg</i>	2	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>lithium solution 8meq/5ml</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet 100mg</i>	2	
<i>acarbose tablet 25mg</i>	2	
<i>acarbose tablet 50mg</i>	2	
BYDUREON BCISE INJECTION 2MG/0.85ML	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
FARXIGA TABLET 10MG	3	

Formulary ID: 24059, Version: 11, 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
FARXIGA TABLET 5MG	3	
<i>glimepiride tablet 1mg</i>	1	
<i>glimepiride tablet 2mg</i>	1	
<i>glimepiride tablet 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	1	
<i>glipizide xl tablet extended release 24 hour 5mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg</i>	1	
<i>glipizide/metformin hydrochloride tablet 5mg; 500mg</i>	1	
<i>glipizide tablet 10mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	
<i>glipizide tablet 5mg</i>	1	
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	2	
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg</i>	2	
<i>glyburide/metformin hydrochloride tablet 5mg; 500mg</i>	2	
<i>glyburide tablet 1.25mg</i>	2	
<i>glyburide tablet 2.5mg</i>	2	
<i>glyburide tablet 5mg</i>	2	
GLYXAMBI TABLET 10MG; 5MG	3	
GLYXAMBI TABLET 25MG; 5MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG	3	
JANUMET TABLET 500MG; 50MG	3	
JANUVIA TABLET 100MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 25MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 50MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	
JARDIANCE TABLET 25MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG	3	

Formulary ID: 24059, Version: 11, 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
JENTADUETO TABLET 2.5MG; 500MG	3	
JENTADUETO TABLET 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg</i>	1	
<i>metformin hydrochloride tablet 500mg</i>	1	
<i>metformin hydrochloride tablet 850mg</i>	1	
MOUNJARO INJECTION 10MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 15MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	1	
<i>nateglinide tablet 60mg</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 4MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	2	
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg</i>	1	
<i>pioglitazone hydrochloride tablet 30mg</i>	1	
<i>repaglinide tablet 0.5mg</i>	1	
<i>repaglinide tablet 1mg</i>	1	
<i>repaglinide tablet 2mg</i>	1	
RYBELSUS TABLET 14MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
RYBELSUS TABLET 7MG	3	QL(30 EA per 30 days); PA
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	

Formulary ID: 24059, Version: 11, 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
SYNJARDY TABLET 12.5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 500MG	3	
SYNJARDY TABLET 5MG; 1000MG	3	
SYNJARDY TABLET 5MG; 500MG	3	
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	
TRULICITY INJECTION 0.75MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 1.5MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 3MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	
<i>glucagon emergency kit injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJECTION 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	

Formulary ID: 24059, Version: 11, 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
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
<i>Insulins</i>		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
<i>insulin lispro injection 100unit/ml</i>	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LEVEMIR FLEXPEN INJECTION 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	
LEVEMIR INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	

Formulary ID: 24059, Version: 11, 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 N FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN N RELION INJECTION 100UNIT/ML	3	
NOVOLIN N INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLIN R RELION INJECTION 100UNIT/ML	3	
NOVOLIN R INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN RELION INJECTION 100UNIT/ML	3	
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 RELION INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	
NOVOLOG RELION INJECTION 100UNIT/ML	3	
NOVOLOG INJECTION 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml</i>	4	
<i>enoxaparin sodium injection 120mg/0.8ml</i>	4	
<i>enoxaparin sodium injection 150mg/ml</i>	4	
<i>enoxaparin sodium injection 300mg/3ml</i>	4	
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	
<i>enoxaparin sodium injection 80mg/0.8ml</i>	4	

Formulary ID: 24059, Version: 11, 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>fondaparinux sodium injection 10mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	
<i>jantoven tablet 3mg</i>	1	
<i>jantoven tablet 4mg</i>	1	
<i>jantoven tablet 5mg</i>	1	
<i>jantoven tablet 6mg</i>	1	
<i>jantoven tablet 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg</i>	1	
<i>warfarin sodium tablet 1mg</i>	1	
<i>warfarin sodium tablet 2.5mg</i>	1	
<i>warfarin sodium tablet 2mg</i>	1	
<i>warfarin sodium tablet 3mg</i>	1	
<i>warfarin sodium tablet 4mg</i>	1	
<i>warfarin sodium tablet 5mg</i>	1	
<i>warfarin sodium tablet 6mg</i>	1	
<i>warfarin sodium tablet 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(60 EA per 30 days)
XARELTO TABLET 20MG	3	QL(30 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride capsule 0.5mg</i>	3	
<i>anagrelide hydrochloride capsule 1mg</i>	3	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML	5	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA
PROCRIT INJECTION 3000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	PA
PROMACTA PACKET 25MG	5	PA

Formulary ID: 24059, Version: 11, 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
PROMACTA TABLET 12.5MG	5	PA
PROMACTA TABLET 25MG	5	PA
PROMACTA TABLET 50MG	5	PA
PROMACTA TABLET 75MG	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 20MG	5	QL(60 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 5MG	5	QL(60 EA per 30 days); PA
UDENYCA ONBODY INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg</i>	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
BRILINTA TABLET 60MG	4	
BRILINTA TABLET 90MG	4	
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
<i>prasugrel tablet 10mg</i>	4	
<i>prasugrel tablet 5mg</i>	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hydrochloride tablet 0.1mg</i>	2	
<i>clonidine hydrochloride tablet 0.2mg</i>	2	
<i>clonidine hydrochloride tablet 0.3mg</i>	2	
<i>clonidine patch weekly 0.1mg/24hr</i>	4	
<i>clonidine patch weekly 0.2mg/24hr</i>	4	

Formulary ID: 24059, Version: 11, 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>clonidine patch weekly 0.3mg/24hr</i>	4	
<i>droxidopa capsule 100mg</i>	4	PA
<i>droxidopa capsule 200mg</i>	4	PA
<i>droxidopa capsule 300mg</i>	4	PA
<i>guanfacine hydrochloride tablet 1mg</i>	4	
<i>guanfacine hydrochloride tablet 2mg</i>	4	
<i>methyldopa tablet 250mg</i>	4	
<i>methyldopa tablet 500mg</i>	4	
<i>midodrine hcl tablet 10mg</i>	2	
<i>midodrine hcl tablet 2.5mg</i>	2	
<i>midodrine hcl tablet 5mg</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride capsule 1mg</i>	2	
<i>prazosin hydrochloride capsule 2mg</i>	2	
<i>prazosin hydrochloride capsule 5mg</i>	2	
<i>terazosin hcl capsule 10mg</i>	2	
<i>terazosin hcl capsule 1mg</i>	2	
<i>terazosin hcl capsule 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil tablet 16mg</i>	2	
<i>candesartan cilexetil tablet 32mg</i>	2	
<i>candesartan cilexetil tablet 4mg</i>	2	
<i>candesartan cilexetil tablet 8mg</i>	2	
<i>irbesartan tablet 150mg</i>	1	
<i>irbesartan tablet 300mg</i>	1	
<i>irbesartan tablet 75mg</i>	1	
<i>losartan potassium tablet 100mg</i>	1	
<i>losartan potassium tablet 25mg</i>	1	
<i>losartan potassium tablet 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg</i>	2	
<i>olmesartan medoxomil tablet 40mg</i>	2	
<i>olmesartan medoxomil tablet 5mg</i>	2	
<i>telmisartan tablet 20mg</i>	2	
<i>telmisartan tablet 40mg</i>	2	
<i>telmisartan tablet 80mg</i>	2	
<i>valsartan tablet 160mg</i>	2	
<i>valsartan tablet 320mg</i>	2	
<i>valsartan tablet 40mg</i>	2	
<i>valsartan tablet 80mg</i>	2	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg</i>	1	

Formulary ID: 24059, Version: 11, 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>benazepril hcl tablet 40mg</i>	1	
<i>benazepril hcl tablet 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>enalapril maleate tablet 10mg</i>	1	
<i>enalapril maleate tablet 2.5mg</i>	1	
<i>enalapril maleate tablet 20mg</i>	1	
<i>enalapril maleate tablet 5mg</i>	1	
<i>fosinopril sodium tablet 10mg</i>	2	
<i>fosinopril sodium tablet 20mg</i>	2	
<i>fosinopril sodium tablet 40mg</i>	2	
<i>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	
<i>lisinopril tablet 30mg</i>	1	
<i>lisinopril tablet 40mg</i>	1	
<i>lisinopril tablet 5mg</i>	1	
<i>moexipril hcl tablet 15mg</i>	3	
<i>moexipril hcl tablet 7.5mg</i>	3	
<i>perindopril erbumine tablet 2mg</i>	3	
<i>perindopril erbumine tablet 4mg</i>	3	
<i>perindopril erbumine tablet 8mg</i>	3	
<i>quinapril hydrochloride tablet 10mg</i>	1	
<i>quinapril hydrochloride tablet 20mg</i>	1	
<i>quinapril hydrochloride tablet 40mg</i>	1	
<i>quinapril hydrochloride tablet 5mg</i>	1	
<i>ramipril capsule 1.25mg</i>	1	
<i>ramipril capsule 10mg</i>	1	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 5mg</i>	1	
<i>trandolapril tablet 1mg</i>	2	
<i>trandolapril tablet 2mg</i>	2	
<i>trandolapril tablet 4mg</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 400mg</i>	4	
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg</i>	2	
<i>digoxin tablet 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	2	

Formulary ID: 24059, Version: 11, 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>digox tablet 125mcg</i>	2	
<i>digox tablet 250mcg</i>	2	
<i>dofetilide capsule 125mcg</i>	4	
<i>dofetilide capsule 250mcg</i>	4	
<i>dofetilide capsule 500mcg</i>	4	
<i>flecainide acetate tablet 100mg</i>	2	
<i>flecainide acetate tablet 150mg</i>	2	
<i>flecainide acetate tablet 50mg</i>	2	
<i>mexiletine hcl capsule 150mg</i>	4	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hcl capsule 250mg</i>	4	
PACERONE TABLET 100MG	4	
PACERONE TABLET 200MG	2	
PACERONE TABLET 400MG	4	
<i>propafenone hcl tablet 150mg</i>	2	
<i>propafenone hcl tablet 225mg</i>	2	
<i>propafenone hcl tablet 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 325mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 425mg</i>	4	
<i>quinidine sulfate tablet 200mg</i>	3	
<i>quinidine sulfate tablet 300mg</i>	3	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 240mg</i>	2	
<i>sorine tablet 80mg</i>	2	
<i>sotalol hcl tablet 120mg</i>	2	
<i>sotalol hcl tablet 160mg</i>	2	
<i>sotalol hcl tablet 240mg</i>	2	
<i>sotalol hcl tablet 80mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg</i>	2	
<i>sotalol hydrochloride (af) tablet 160mg</i>	2	
<i>sotalol hydrochloride (af) tablet 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg</i>	2	
<i>sotalol hydrochloride tablet 160mg</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride capsule 200mg</i>	2	

Formulary ID: 24059, Version: 11, 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>acebutolol hydrochloride capsule 400mg</i>	2	
<i>atenolol tablet 100mg</i>	1	
<i>atenolol tablet 25mg</i>	1	
<i>atenolol tablet 50mg</i>	1	
<i>betaxolol hcl tablet 10mg</i>	3	
<i>betaxolol hcl tablet 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg</i>	2	
<i>bisoprolol fumarate tablet 5mg</i>	2	
<i>carvedilol tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	
<i>carvedilol tablet 3.125mg</i>	1	
<i>carvedilol tablet 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg</i>	2	
<i>labetalol hydrochloride tablet 200mg</i>	2	
<i>labetalol hydrochloride tablet 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg</i>	1	
<i>metoprolol tartrate tablet 25mg</i>	1	
<i>metoprolol tartrate tablet 37.5mg</i>	1	
<i>metoprolol tartrate tablet 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg</i>	4	
<i>nadolol tablet 40mg</i>	4	
<i>nadolol tablet 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg</i>	4	
<i>nebivolol hydrochloride tablet 2.5mg</i>	4	
<i>nebivolol hydrochloride tablet 20mg</i>	4	
<i>nebivolol hydrochloride tablet 5mg</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	3	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg</i>	1	

Formulary ID: 24059, Version: 11, 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>amlodipine besylate tablet 2.5mg</i>	1	
<i>amlodipine besylate tablet 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg</i>	2	
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	2	
<i>felodipine er tablet extended release 24 hour 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	
<i>diltiazem hcl tablet 30mg</i>	2	
<i>diltiazem hcl tablet 60mg</i>	2	
<i>diltiazem hcl tablet 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	

Formulary ID: 24059, Version: 11, 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>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 180mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 240mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 300mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl er tablet extended release 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	4	
<i>verapamil hcl tablet 40mg</i>	2	
<i>verapamil hcl tablet 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 125mg</i>	4	
<i>acetazolamide tablet 250mg</i>	4	
<i>aliskiren tablet 150mg</i>	3	
<i>aliskiren tablet 300mg</i>	3	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	3	

Formulary ID: 24059, Version: 11, 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>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg</i>	2	
<i>amlodipine besylate/valsartan tablet 10mg; 320mg</i>	2	
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	2	
<i>amlodipine besylate/valsartan tablet 5mg; 320mg</i>	2	
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	2	
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>	2	
CORLANOR TABLET 5MG	4	QL(60 EA per 30 days); PA
CORLANOR TABLET 7.5MG	4	QL(60 EA per 30 days); PA
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	
ENTRESTO TABLET 24MG; 26MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 97MG; 103MG	3	QL(60 EA per 30 days)

Formulary ID: 24059, Version: 11, 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>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	2	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	
KERENDIA TABLET 10MG	4	QL(30 EA per 30 days); PA
KERENDIA TABLET 20MG	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	1	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg</i>	2	
<i>pentoxifylline er tablet extended release 400mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	2	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	4	
<i>ranolazine er tablet extended release 12 hour 500mg</i>	4	
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	3	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	1	
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg</i>	2	
<i>bumetanide tablet 1mg</i>	2	

Formulary ID: 24059, Version: 11, 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>bumetanide tablet 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	3	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>toremide tablet 100mg</i>	2	
<i>toremide tablet 10mg</i>	2	
<i>toremide tablet 20mg</i>	2	
<i>toremide tablet 5mg</i>	2	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet 5mg</i>	2	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	
<i>spironolactone tablet 100mg</i>	2	
<i>spironolactone tablet 25mg</i>	2	
<i>spironolactone tablet 50mg</i>	2	
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone tablet 25mg</i>	2	
<i>chlorthalidone tablet 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 25mg</i>	1	
<i>hydrochlorothiazide tablet 50mg</i>	1	
<i>indapamide tablet 1.25mg</i>	2	
<i>indapamide tablet 2.5mg</i>	2	
<i>metolazone tablet 10mg</i>	3	
<i>metolazone tablet 2.5mg</i>	3	
<i>metolazone tablet 5mg</i>	3	
<i>Dyslipidemics, Fibrin Acid Derivatives</i>		
<i>fenofibrate micronized capsule 134mg</i>	2	
<i>fenofibrate micronized capsule 200mg</i>	2	
<i>fenofibrate micronized capsule 67mg</i>	2	
<i>fenofibrate capsule 200mg</i>	2	
<i>fenofibrate capsule 67mg</i>	2	
<i>fenofibrate tablet 145mg</i>	2	
<i>fenofibrate tablet 160mg</i>	2	
<i>fenofibrate tablet 48mg</i>	2	
<i>fenofibrate tablet 54mg</i>	2	
<i>fenofibrin acid dr capsule delayed release 135mg</i>	4	
<i>fenofibrin acid dr capsule delayed release 45mg</i>	4	
<i>gemfibrozil tablet 600mg</i>	2	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		

Formulary ID: 24059, Version: 11, 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>atorvastatin calcium tablet 10mg</i>	1	
<i>atorvastatin calcium tablet 20mg</i>	1	
<i>atorvastatin calcium tablet 40mg</i>	1	
<i>atorvastatin calcium tablet 80mg</i>	1	
<i>fluvastatin capsule 20mg</i>	4	
<i>fluvastatin capsule 40mg</i>	4	
LIVALO TABLET 1MG	4	ST
LIVALO TABLET 2MG	4	ST
LIVALO TABLET 4MG	4	ST
<i>lovastatin tablet 10mg</i>	1	
<i>lovastatin tablet 20mg</i>	1	
<i>lovastatin tablet 40mg</i>	1	
<i>pitavastatin calcium tablet 1mg</i>	4	
<i>pitavastatin calcium tablet 2mg</i>	4	
<i>pitavastatin calcium tablet 4mg</i>	4	
<i>pravastatin sodium tablet 10mg</i>	1	
<i>pravastatin sodium tablet 20mg</i>	1	
<i>pravastatin sodium tablet 40mg</i>	1	
<i>pravastatin sodium tablet 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg</i>	1	
<i>rosuvastatin calcium tablet 20mg</i>	1	
<i>rosuvastatin calcium tablet 40mg</i>	1	
<i>rosuvastatin calcium tablet 5mg</i>	1	
<i>simvastatin tablet 10mg</i>	1	
<i>simvastatin tablet 20mg</i>	1	
<i>simvastatin tablet 40mg</i>	1	
<i>simvastatin tablet 5mg</i>	1	
<i>simvastatin tablet 80mg</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hcl granules 5gm</i>	4	
<i>colestipol hcl packet 5gm</i>	4	
<i>colestipol hcl tablet 1gm</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 10mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 20mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 40mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 80mg</i>	2	
<i>ezetimibe tablet 10mg</i>	2	

Formulary ID: 24059, Version: 11, 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>icosapent ethyl capsule 0.5gm</i>	4	
<i>icosapent ethyl capsule 1gm</i>	4	
<i>niacin er tablet extended release 1000mg</i>	4	
<i>niacin er tablet extended release 500mg</i>	4	
<i>niacin er tablet extended release 750mg</i>	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg</i>	3	
<i>isosorbide dinitrate tablet 20mg</i>	3	
<i>isosorbide dinitrate tablet 30mg</i>	3	
<i>isosorbide dinitrate tablet 5mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg</i>	2	
<i>isosorbide mononitrate tablet 20mg</i>	2	
NITRO-BID OINTMENT 2%	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg</i>	2	
<i>nitroglycerin tablet sublingual 0.4mg</i>	2	
<i>nitroglycerin tablet sublingual 0.6mg</i>	2	
VERQUVO TABLET 10MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 5MG	3	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	2	
<i>hydralazine hydrochloride tablet 50mg</i>	2	
<i>minoxidil tablet 10mg</i>	3	

Formulary ID: 24059, Version: 11, 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>minoxidil tablet 2.5mg</i>	3	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 18mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 40mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 60mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg</i>	3	

Formulary ID: 24059, Version: 11, 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>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 4mg</i>	3	
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABLET 12MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 6MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 9MG	5	QL(120 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	4	PA
<i>riluzole tablet 50mg</i>	4	
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	4	PA
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
Fibromyalgia Agents		
<i>pregabalin capsule 100mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 150mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 200mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 225mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 25mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 50mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin capsule 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL(900 ML per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 12.5MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 25MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL(120 EA per 30 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack capsule delayed release therapy pack 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate capsule delayed release 120mg</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate capsule delayed release 240mg</i>	4	QL(60 EA per 30 days); PA
<i>fingolimod hydrochloride capsule 0.5mg</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA

Formulary ID: 24059, Version: 11, 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>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
TYSABRI INJECTION 300MG/15ML	5	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution 0.12%</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq paste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous solution 2%</i>	2	
<i>lidocaine viscous solution 2%</i>	2	
<i>pilocarpine hydrochloride tablet 5mg</i>	4	
<i>pilocarpine hydrochloride tablet 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>acitretin capsule 10mg</i>	4	
<i>acitretin capsule 17.5mg</i>	4	
<i>acitretin capsule 25mg</i>	4	
<i>amnesteem capsule 10mg</i>	4	
<i>amnesteem capsule 20mg</i>	4	
<i>amnesteem capsule 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	
<i>claravis capsule 20mg</i>	4	
<i>claravis capsule 30mg</i>	4	
<i>claravis capsule 40mg</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg</i>	4	
<i>isotretinoin capsule 20mg</i>	4	
<i>isotretinoin capsule 30mg</i>	4	
<i>isotretinoin capsule 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>myorisan capsule 10mg</i>	4	
<i>myorisan capsule 20mg</i>	4	
<i>myorisan capsule 30mg</i>	4	
<i>myorisan capsule 40mg</i>	4	
<i>rosadan cream 0.75%</i>	4	
<i>rosadan gel 0.75%</i>	4	
<i>tazarotene cream 0.1%</i>	4	

Formulary ID: 24059, Version: 11, 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>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg</i>	4	
<i>zenatane capsule 20mg</i>	4	
<i>zenatane capsule 30mg</i>	4	
<i>zenatane capsule 40mg</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ALA-CORT CREAM 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<i>ammonium lactate cream 12%</i>	3	
<i>ammonium lactate lotion 12%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate e cream 0.05%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	3	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	3	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	3	QL(120 GM per 30 days)
<i>EUCRISA OINTMENT 2%</i>	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	3	
<i>fluocinonide ointment 0.05%</i>	3	
<i>fluocinonide solution 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	

Formulary ID: 24059, Version: 11, 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>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	3	
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%</i>	4	
<i>tacrolimus ointment 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%</i>	2	
<i>triamcinolone acetonide ointment 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.1%</i>	2	
<i>triderm cream 0.5%</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	

Formulary ID: 24059, Version: 11, 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>permethrin cream 5%</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	3	
<i>ciclodan solution 8%</i>	2	PA
<i>ciclopirox nail lacquer solution 8%</i>	2	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate solution 1%</i>	2	QL(60 ML per 30 days)
ERY PAD 2%	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin cream 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% injection 5%; 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9% injection 5%; 0.9%</i>	3	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	
<i>magnesium sulfate injection 50%</i>	3	

Formulary ID: 24059, Version: 11, 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
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq</i>	2	
<i>potassium chloride er capsule extended release 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 8meq</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride solution 10%</i>	4	
<i>potassium chloride solution 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg</i>	4	
<i>potassium citrate er tablet extended release 15meq</i>	4	
<i>potassium citrate er tablet extended release 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	
<i>sodium chloride injection 0.45%</i>	3	
<i>sodium chloride injection 0.9%</i>	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	5	PA
<i>deferasirox packet 180mg</i>	5	PA
<i>deferasirox packet 360mg</i>	5	PA
<i>deferasirox packet 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
<i>calcium acetate capsule 667mg</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate packet 0.8gm</i>	4	

Formulary ID: 24059, Version: 11, 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>sevelamer carbonate packet 2.4gm</i>	4	
<i>sevelamer carbonate tablet 800mg</i>	4	
Potassium Binders		
<i>sodium polystyrene sulfonate powder 0</i>	3	
SPS SUSPENSION 15GM/60ML	3	
VELTASSA PACKET 16.8GM	4	
VELTASSA PACKET 25.2GM	4	
VELTASSA PACKET 8.4GM	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 290MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 72MCG	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	4	QL(60 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	4	QL(60 EA per 30 days)
MOTTEGRITY TABLET 1MG	3	QL(30 EA per 30 days)
MOTTEGRITY TABLET 2MG	3	QL(30 EA per 30 days)
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	3	
<i>loperamide hcl capsule 2mg</i>	2	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg</i>	3	PA
<i>glycopyrrolate tablet 2mg</i>	3	PA

Formulary ID: 24059, Version: 11, 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>Gastrointestinal Agents, Other</i>		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride injection 5mg/ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
RECTIV OINTMENT 0.4%	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol tablet 250mg</i>	3	
<i>ursodiol tablet 500mg</i>	3	
VOWST CAPSULE 0	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine tablet 20mg</i>	2	
<i>famotidine tablet 40mg</i>	2	
<i>nizatidine capsule 150mg</i>	4	
<i>nizatidine capsule 300mg</i>	4	
<i>nizatidine solution 15mg/ml</i>	4	
<i>Protectants</i>		
<i>misoprostol tablet 100mcg</i>	3	
<i>misoprostol tablet 200mcg</i>	3	
<i>sucralfate tablet 1gm</i>	3	
<i>Proton Pump Inhibitors</i>		

Formulary ID: 24059, Version: 11, 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>esomeprazole magnesium capsule delayed release 20mg</i>	3	QL(60 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 40mg</i>	3	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME INJECTION 2.9MG/5ML	5	PA
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG	5	PA
CHOLBAM CAPSULE 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 18000UNIT; 36000UNIT; 114000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG	4	
CYSTAGON CAPSULE 50MG	4	
ELAPRASE INJECTION 6MG/3ML	5	PA
ENDARI PACKET 5GM	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG	5	PA
FABRAZYME INJECTION 5MG	5	PA
KANUMA INJECTION 20MG/10ML	5	PA
LUMIZYME INJECTION 50MG	5	PA
<i>miglustat capsule 100mg</i>	5	PA
NAGLAZYME INJECTION 1MG/ML	5	PA

Formulary ID: 24059, Version: 11, 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>nitisinone capsule 10mg</i>	5	
<i>nitisinone capsule 20mg</i>	5	
<i>nitisinone capsule 2mg</i>	5	
<i>nitisinone capsule 5mg</i>	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg</i>	5	PA
<i>sapropterin dihydrochloride packet 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
STRENSIQ INJECTION 18MG/0.45ML	5	PA
STRENSIQ INJECTION 28MG/0.7ML	5	PA
STRENSIQ INJECTION 40MG/ML	5	PA
STRENSIQ INJECTION 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	PA
TEGSEDI INJECTION 284MG/1.5ML	5	PA
VIMIZIM INJECTION 5MG/5ML	5	PA
VYNDAQEL CAPSULE 20MG	5	QL(120 EA per 30 days); PA
<i>yargesa capsule 100mg</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPSULE 50MG	5	QL(120 EA per 30 days); PA
ZOKINVY CAPSULE 75MG	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	

Formulary ID: 24059, Version: 11, 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
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg</i>	4	
<i>tolterodine tartrate er capsule extended release 24 hour 4mg</i>	4	
<i>tolterodine tartrate tablet 1mg</i>	4	
<i>tolterodine tartrate tablet 2mg</i>	4	
<i>tropium chloride tablet 20mg</i>	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg</i>	2	
<i>doxazosin mesylate tablet 2mg</i>	2	
<i>doxazosin mesylate tablet 4mg</i>	2	
<i>doxazosin mesylate tablet 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	3	
<i>finasteride tablet 5mg</i>	2	
<i>silodosin capsule 4mg</i>	3	
<i>silodosin capsule 8mg</i>	3	
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg</i>	3	
<i>bethanechol chloride tablet 25mg</i>	3	
<i>bethanechol chloride tablet 50mg</i>	3	
<i>bethanechol chloride tablet 5mg</i>	3	
<i>d-penamamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg</i>	2	
<i>dexamethasone tablet 0.75mg</i>	2	
<i>dexamethasone tablet 1.5mg</i>	2	
<i>dexamethasone tablet 1mg</i>	2	

Formulary ID: 24059, Version: 11, 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>dexamethasone tablet 2mg</i>	2	
<i>dexamethasone tablet 4mg</i>	2	
<i>dexamethasone tablet 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg</i>	2	
<i>hydrocortisone tablet 20mg</i>	2	
<i>hydrocortisone tablet 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg</i>	2	
<i>methylprednisolone tablet 4mg</i>	2	
<i>methylprednisolone tablet 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet 10mg</i>	2	
<i>prednisone tablet 1mg</i>	2	
<i>prednisone tablet 2.5mg</i>	2	
<i>prednisone tablet 20mg</i>	2	
<i>prednisone tablet 50mg</i>	2	
<i>prednisone tablet 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA

Formulary ID: 24059, Version: 11, 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
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABLET 300MG	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule 100mg</i>	4	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
<i>testosterone pump gel 1%</i>	4	PA
<i>testosterone pump gel 1.62%</i>	4	PA
<i>testosterone gel 25mg/2.5gm</i>	4	PA
<i>testosterone gel 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 0; 0</i>	3	
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aubra tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	

Formulary ID: 24059, Version: 11, 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>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
<i>chateal tablet 0.03mg; 0.15mg</i>	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	3	
<i>cyclafem 7/7/7 tablet 0; 0</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 0; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale tablet 20mcg; 90mcg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr</i>	4	
<i>dotti patch twice weekly 0.0375mg/24hr</i>	4	
<i>dotti patch twice weekly 0.05mg/24hr</i>	4	
<i>dotti patch twice weekly 0.075mg/24hr</i>	4	
<i>dotti patch twice weekly 0.1mg/24hr</i>	4	
<i>elinest tablet 30mcg; 0.3mg</i>	3	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol cream 0.1mg/gm</i>	4	
<i>estradiol gel 0.25mg/0.25gm</i>	4	
<i>estradiol gel 0.5mg/0.5gm</i>	4	
<i>estradiol gel 0.75mg/0.75gm</i>	4	
<i>estradiol gel 1.25mg/1.25gm</i>	4	
<i>estradiol gel 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.05mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.075mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr</i>	4	
<i>estradiol patch weekly 0.05mg/24hr</i>	4	
<i>estradiol patch weekly 0.06mg/24hr</i>	4	

Formulary ID: 24059, Version: 11, 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>estradiol patch weekly 0.075mg/24hr</i>	4	
<i>estradiol patch weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 37.5mcg/24hr</i>	4	
<i>estradiol tablet 0.5mg</i>	2	
<i>estradiol tablet 1mg</i>	2	
<i>estradiol tablet 2mg</i>	2	
<i>estradiol tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>fayosim tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>femynor tablet 35mcg; 0.25mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>jinteli tablet 5mcg; 1mg</i>	3	
<i>jolessa tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>junel 1/20 tablet 20mcg; 1mg</i>	3	
<i>junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>junel fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>kariva tablet 0; 0</i>	3	
<i>kelnor 1/35 tablet 35mcg; 1mg</i>	3	
<i>kelnor 1/50 tablet 50mcg; 1mg</i>	3	
<i>kurvelo tablet 0.03mg; 0.15mg</i>	3	
<i>larin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>larin 1/20 tablet 20mcg; 1mg</i>	3	
<i>larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>larin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>larissia tablet 20mcg; 0.1mg</i>	3	
<i>lessina tablet 20mcg; 0.1mg</i>	3	
<i>levonest tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)

Formulary ID: 24059, Version: 11, 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>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg</i>	3	
<i>levora 0.15/30-28 tablet 0.03mg; 0.15mg</i>	3	
<i>lillow tablet 30mcg; 0.15mg</i>	3	
<i>lojaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel tablet 30mcg; 0.3mg</i>	3	
<i>luteru tablet 20mcg; 0.1mg</i>	3	
<i>lyllana patch twice weekly 0.025mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.0375mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.05mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.075mg/24hr</i>	4	
<i>lyllana patch twice weekly 0.1mg/24hr</i>	4	
<i>marlissa tablet 0.03mg; 0.15mg</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>microgestin 1/20 tablet 20mcg; 1mg</i>	3	
<i>microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>microgestin fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>mili tablet 35mcg; 0.25mg</i>	3	
<i>mono-linyah tablet 35mcg; 0.25mg</i>	3	
<i>necon 0.5/35-28 tablet 35mcg; 0.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	3	
<i>norgestimate/ethinyl estradiol tablet 0; 0</i>	3	
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 0; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 0; 0</i>	3	

Formulary ID: 24059, Version: 11, 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>nymyo tablet 35mcg; 0.25mg</i>	3	
<i>orsythia tablet 20mcg; 0.1mg</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrex tablet 0; 0</i>	3	
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	3	
<i>pirmella 7/7/7 tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG	4	
PREMARIN TABLET 0.45MG	4	
PREMARIN TABLET 0.625MG	4	
PREMARIN TABLET 0.9MG	4	
PREMARIN TABLET 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG	4	
PREMPRO TABLET 0.45MG; 1.5MG	4	
PREMPRO TABLET 0.625MG; 2.5MG	4	
PREMPRO TABLET 0.625MG; 5MG	4	
<i>previfem tablet 35mcg; 0.25mg</i>	3	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpess tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tarina fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri femynor tablet 0; 0</i>	3	
<i>tri-estarylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-previfem tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>turqoz tablet 30mcg; 0.3mg</i>	3	
<i>vienva tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	

Formulary ID: 24059, Version: 11, 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>wera tablet 35mcg; 0.5mg</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zovia 1/35e tablet 35mcg; 1mg</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	QL(0.65 ML per 90 days)
<i>errin tablet 0.35mg</i>	3	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	
<i>jencycla tablet 0.35mg</i>	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	QL(1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg</i>	1	
<i>medroxyprogesterone acetate tablet 2.5mg</i>	1	
<i>medroxyprogesterone acetate tablet 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	4	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>megestrol acetate tablet 20mg</i>	3	PA NSO
<i>megestrol acetate tablet 40mg</i>	3	PA NSO
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyda tablet 0.35mg</i>	3	
<i>norlyroc tablet 0.35mg</i>	3	
<i>sharobel tablet 0.35mg</i>	3	
<i>tulana tablet 0.35mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tablet 60mg</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg</i>	1	
<i>euthyrox tablet 112mcg</i>	1	
<i>euthyrox tablet 125mcg</i>	1	
<i>euthyrox tablet 137mcg</i>	1	
<i>euthyrox tablet 150mcg</i>	1	
<i>euthyrox tablet 175mcg</i>	1	
<i>euthyrox tablet 200mcg</i>	1	

Formulary ID: 24059, Version: 11, 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>euthyrox tablet 25mcg</i>	1	
<i>euthyrox tablet 50mcg</i>	1	
<i>euthyrox tablet 75mcg</i>	1	
<i>euthyrox tablet 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg</i>	1	
<i>levothyroxine sodium tablet 112mcg</i>	1	
<i>levothyroxine sodium tablet 125mcg</i>	1	
<i>levothyroxine sodium tablet 137mcg</i>	1	
<i>levothyroxine sodium tablet 150mcg</i>	1	
<i>levothyroxine sodium tablet 175mcg</i>	1	
<i>levothyroxine sodium tablet 200mcg</i>	1	
<i>levothyroxine sodium tablet 25mcg</i>	1	
<i>levothyroxine sodium tablet 300mcg</i>	1	
<i>levothyroxine sodium tablet 50mcg</i>	1	
<i>levothyroxine sodium tablet 75mcg</i>	1	
<i>levothyroxine sodium tablet 88mcg</i>	1	
LEVOXYL TABLET 100MCG	3	
LEVOXYL TABLET 112MCG	3	
LEVOXYL TABLET 125MCG	3	
LEVOXYL TABLET 137MCG	3	
LEVOXYL TABLET 150MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200MCG	3	
LEVOXYL TABLET 25MCG	3	
LEVOXYL TABLET 50MCG	3	
LEVOXYL TABLET 75MCG	3	
LEVOXYL TABLET 88MCG	3	
<i>liothyronine sodium tablet 25mcg</i>	3	
<i>liothyronine sodium tablet 50mcg</i>	3	
<i>liothyronine sodium tablet 5mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(60 EA per 30 days); PA
LYSODREN TABLET 500MG	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA NSO

Formulary ID: 24059, Version: 11, 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>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
<i>octreotide acetate injection 1000mcg/ml</i>	4	PA
<i>octreotide acetate injection 100mcg/ml</i>	4	PA
<i>octreotide acetate injection 200mcg/ml</i>	4	PA
<i>octreotide acetate injection 500mcg/ml</i>	4	PA
<i>octreotide acetate injection 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	PA NSO
SIGNIFOR INJECTION 0.3MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.6MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	PA
SOMAVERT INJECTION 15MG	5	PA
SOMAVERT INJECTION 20MG	5	PA
SOMAVERT INJECTION 25MG	5	PA
SOMAVERT INJECTION 30MG	5	PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>sajazir injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA

Formulary ID: 24059, Version: 11, 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
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	
SYNAGIS INJECTION 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
<i>Immunological Agents, Other</i>		
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJECTION 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(10 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 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
ENJAYMO INJECTION 1100MG/22ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	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

Formulary ID: 24059, Version: 11, 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
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	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	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ INJECTION 400MG/2ML	5	PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL(30 EA per 30 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG	5	PA
XOLAIR INJECTION 300MG/2ML	5	PA
XOLAIR INJECTION 300MG/2ML	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	PA NSO
INTRON A INJECTION 10000000UNIT/ML	5	PA NSO
INTRON A INJECTION 10000000UNIT	5	PA NSO
INTRON A INJECTION 18000000UNIT	5	PA NSO
INTRON A INJECTION 50000000UNIT	5	PA NSO
INTRON A INJECTION 6000000UNIT/ML	5	PA NSO
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
<i>Immunosuppressants</i>		

Formulary ID: 24059, Version: 11, 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
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified capsule 25mg</i>	4	B/D
<i>cyclosporine modified capsule 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg</i>	4	B/D
<i>cyclosporine capsule 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg</i>	5	B/D
<i>everolimus tablet 0.75mg</i>	5	B/D
<i>everolimus tablet 1mg</i>	5	B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf capsule 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA

Formulary ID: 24059, Version: 11, 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 PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	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 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
JYLAMVO SOLUTION 2MG/ML	4	
<i>leflunomide tablet 10mg</i>	3	
<i>leflunomide tablet 20mg</i>	3	
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	4	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET 0.2MG	4	B/D
PROGRAF PACKET 1MG	4	B/D
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D

Formulary ID: 24059, Version: 11, 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>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg</i>	4	B/D
<i>tacrolimus capsule 1mg</i>	4	B/D
<i>tacrolimus capsule 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric injection 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D

Formulary ID: 24059, Version: 11, 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
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXCHIQ INJECTION 0	3	
IXIARO INJECTION 0	3	
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENACTRA INJECTION 0	3	
MENQUADFI INJECTION 0	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	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 INJECTION 0; 0	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	

Formulary ID: 24059, Version: 11, 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
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
YF-VAX INJECTION 0	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	4	
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution 70mg/75ml</i>	4	

Formulary ID: 24059, Version: 11, 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>alendronate sodium tablet 10mg</i>	2	
<i>alendronate sodium tablet 35mg</i>	2	
<i>alendronate sodium tablet 5mg</i>	2	
<i>alendronate sodium tablet 70mg</i>	2	QL(4 EA per 28 days)
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	4	
<i>cinacalcet hydrochloride tablet 60mg</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule 1mcg</i>	4	
<i>paricalcitol capsule 2mcg</i>	4	
<i>paricalcitol capsule 4mcg</i>	4	
PROLIA INJECTION 60MG/ML	4	QL(2 ML per 365 days)
<i>teriparatide injection 600mcg/2.4ml</i>	5	PA
<i>teriparatide injection 620mcg/2.48ml</i>	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PAD 70%	3	
AUGTYRO CAPSULE 40MG	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISCELLANEOUS	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2" MISCELLANEOUS	3	QL(200 EA per 30 days)
ELLA TABLET 30MG	3	

Formulary ID: 24059, Version: 11, 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
IGALMI FILM 120MCG	4	PA NSO
IGALMI FILM 180MCG	4	PA NSO
LAGEVRIO CAPSULE 200MG	3	QL(40 EA per 5 days)
NUTRILIPID INJECTION 20GM/100ML	4	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY KIT	3	QL(10 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pack) \$0 Copay
SKYCLARYS CAPSULE 50MG	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9% solution 0.9%</i>	2	
TYRVAYA SOLUTION 0.03MG/ACT	4	QL(8.4 ML per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	
VISTOGARD PACKET 10GM	5	
VYJUVEK GEL 0	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	3	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	4	
COMBIGAN SOLUTION 0.2%; 0.5%	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	3	

Formulary ID: 24059, Version: 11, 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>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	3	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentak ointment 0.3%</i>	3	
<i>gentamicin sulfate solution 0.3%</i>	2	
<i>levofloxacin solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	

Formulary ID: 24059, Version: 11, 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
NATACYN SUSPENSION 5%	4	
<i>ofloxacin solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	4	
ZIRGAN GEL 0.15%	4	
<i>Ophthalmic Anti-inflammatories</i>		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	3	
FLAREX SUSPENSION 0.1%	4	
<i>fluorometholone suspension 0.1%</i>	4	
<i>flurbiprofen sodium solution 0.03%</i>	2	
<i>ketorolac tromethamine solution 0.4%</i>	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
<i>prednisolone acetate suspension 1%</i>	3	
PROLENSA SOLUTION 0.07%	4	QL(12 ML per 365 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%</i>	2	
<i>timolol maleate solution 0.5%</i>	2	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	3	
<i>pilocarpine hcl solution 1%</i>	3	
<i>pilocarpine hcl solution 2%</i>	3	
<i>pilocarpine hcl solution 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		

Formulary ID: 24059, Version: 11, 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>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>ofloxacin solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	

Formulary ID: 24059, Version: 11, 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>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
Antihistamines		
<i>azelastine hcl solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	4	QL(23 GM per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg</i>	3	
<i>hydroxyzine hydrochloride tablet 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet chewable 4mg</i>	2	
<i>montelukast sodium tablet chewable 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg</i>	4	
<i>zafirlukast tablet 20mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
<i>ipratropium bromide solution 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
<i>ipratropium bromide solution 0.03%</i>	3	
<i>ipratropium bromide solution 0.06%</i>	3	
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
<i>tiotropium bromide capsule 18mcg</i>	3	QL(30 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>arformoterol tartrate nebulization solution 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
EPINEPHRINE INJECTION 0.15MG/0.15ML	3	
<i>epinephrine injection 0.15mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	

Formulary ID: 24059, Version: 11, 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>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 13.4MG	5	PA
KALYDECO PACKET 25MG	5	PA
KALYDECO PACKET 5.8MG	5	PA
KALYDECO PACKET 50MG	5	PA
KALYDECO PACKET 75MG	5	PA
KALYDECO TABLET 150MG	5	PA
ORKAMBI TABLET 125MG; 100MG	5	QL(112 EA per 28 days); PA
ORKAMBI TABLET 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast tablet 250mcg</i>	4	PA
<i>roflumilast tablet 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 300mg</i>	4	
<i>theophylline er tablet extended release 12 hour 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg</i>	3	
<i>theophylline er tablet extended release 24 hour 600mg</i>	3	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS TABLET 0.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(60 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA

Formulary ID: 24059, Version: 11, 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
VENTAVIS SOLUTION 10MCG/ML	5	QL(270 ML per 30 days); PA
VENTAVIS SOLUTION 20MCG/ML	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV CAPSULE 100MG	5	PA
OFEV CAPSULE 150MG	5	PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)

Formulary ID: 24059, Version: 11, 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>wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>wixela inhub aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg</i>	3	
<i>cyclobenzaprine hydrochloride tablet 5mg</i>	3	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 15MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 20MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 2mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 3mg</i>	3	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg</i>	3	QL(30 EA per 30 days)
<i>temazepam capsule 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	3	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	3	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 24059, Version: 11, 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>abacavir</i>	48	<i>aliskiren</i>	64
<i>abacavir sulfate</i>	48	<i>allopurinol</i>	29
<i>abacavir sulfate/lamivudine</i>	48	<i>alose tron hydrochloride</i>	77
<i>abacavir sulfate/lamivudine/zidovudine</i>	48	ALPHAGAN P	101
ABELCET	28	<i>alprazolam</i>	51
ABILIFY MAINTENA	43	<i>altavera</i>	83
<i>abiraterone acetate</i>	31	ALUNBRIG	34
ABRYSVO	95	<i>alyacen 1/35</i>	83
<i>acamprosate calcium dr</i>	11	<i>alyacen 7/7/7</i>	83
<i>acarbose</i>	51	<i>alyq</i>	104
<i>acebutolol hcl</i>	61	<i>amantadine hcl</i>	50
<i>acebutolol hydrochloride</i>	61	<i>amethia</i>	83
<i>acetaminophen/codeine</i>	9	<i>amethyst</i>	83
<i>acetazolamide</i>	64	<i>amiloride hcl</i>	67
<i>acetazolamide er</i>	101	<i>amiloride/hydrochlorothiazide</i>	64
<i>acetic acid</i>	102	AMINOSYN II	75
<i>acetic acid 0.25%</i>	81	<i>amiodarone hydrochloride</i>	60
<i>acitretin</i>	72	<i>amitriptyline hcl</i>	26
ACTHIB	95	<i>amitriptyline hydrochloride</i>	26
ACTIMMUNE	92	<i>amlodipine besylate</i>	62
<i>acyclovir</i>	50	<i>amlodipine besylate/benazepril hydrochloride</i>	65
<i>acyclovir</i>	75	<i>amlodipine besylate/valsartan</i>	65
<i>acyclovir sodium</i>	50	<i>ammonium lactate</i>	73
ADACEL	95	<i>amnesteem</i>	72
<i>adefovir dipivoxil</i>	47	<i>amoxapine</i>	26
ADEMPAS	104	<i>amoxicillin</i>	15
<i>afirmelle</i>	83	<i>amoxicillin/clavulanate potassium</i>	15
AIMOVIG	29	<i>amoxicillin/clavulanate potassium er</i>	15
AKEEGA	32	<i>amphetamine/dextroamphetamine</i>	70
ALA-CORT	73	<i>amphotericin b</i>	28
<i>albendazole</i>	39	<i>amphotericin b liposome</i>	28
<i>albuterol sulfate</i>	103	<i>ampicillin</i>	16
<i>albuterol sulfate hfa</i>	103	<i>ampicillin sodium</i>	15
<i>alclometasone dipropionate</i>	73	<i>ampicillin/sulbactam</i>	15
ALCOHOL PREP PADS	98	<i>ampicillin-sulbactam</i>	15
ALDURAZYME	79	<i>anagrelide hydrochloride</i>	57
ALECENSA	34	<i>anastrozole</i>	34
<i>alendronate sodium</i>	97	ANORO ELLIPTA	105
<i>alfuzosin hcl er</i>	81	<i>aprepitant</i>	27
ALINIA	40	APRETUDE	47
		APTIOM	21
		APTIVUS	49
		AREXVY	95

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>arformoterol tartrate</i>	103	<i>aviane</i>	83
<i>aripiprazole</i>	43	<i>ayuna</i>	83
<i>aripiprazole odt</i>	43	AYVAKIT	34
ARISTADA	43	<i>azathioprine</i>	93
ARISTADA INITIO	43	<i>azelaic acid</i>	72
<i>armodafinil</i>	106	<i>azelastine hcl</i>	100
ARNUITY ELLIPTA	102	<i>azelastine hcl</i>	103
<i>asenapine maleate sl</i>	43	<i>azelastine hydrochloride</i>	103
<i>ashlyna</i>	83	<i>azelastine hydrochloride/fluticasone</i>	103
ASMANEX HFA	102	<i>propionate</i>	
ASMANEX TWISTHALER 120	102	<i>azithromycin</i>	16
METERED DOSES		<i>aztreonam</i>	12
ASMANEX TWISTHALER 14 METERED	102	<i>azurette</i>	83
DOSES		<i>bacitracin</i>	100
ASMANEX TWISTHALER 30 METERED	102	<i>bacitracin/polymyxin b</i>	99
DOSES		<i>baclofen</i>	46
ASMANEX TWISTHALER 60 METERED	102	BAFIERTAM	71
DOSES		<i>balsalazide disodium</i>	97
ASMANEX TWISTHALER 7 METERED	102	BALVERSA	34
DOSES		<i>balziva</i>	83
<i>aspirin/dipyridamole</i>	58	BAQSIMI ONE PACK	54
<i>aspirin/dipyridamole er</i>	58	BAQSIMI TWO PACK	54
ASTAGRAF XL	93	BARACLUDGE	47
<i>atazanavir</i>	49	<i>bcg vaccine</i>	95
<i>atazanavir sulfate</i>	49	BD INSULIN SYRINGE	98
<i>atenolol</i>	62	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atenolol/chlorthalidone</i>	65	B-D INSULIN SYRINGE ULTRAFINE	98
<i>atomoxetine</i>	70	II/0.3ML/31G X 5/16"	
<i>atomoxetine hydrochloride</i>	70	BD INSULIN SYRINGE ULTRA-	98
<i>atorvastatin calcium</i>	68	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone</i>	40	BD INSULIN SYRINGE ULTRA-	98
<i>atovaquone/proguanil hcl</i>	40	FINE/1ML/31G X 8MM	
<i>atropine sulfate</i>	99	BD INSULIN SYRINGE/1ML/29G X	98
ATROVENT HFA	103	12.7MM	
<i>abra</i>	83	BD PEN NEEDLE/ORIGINAL/ULTRA-	98
<i>abra eq</i>	83	FINE/29G X 12.7MM	
AUGMENTIN	16	BD VEO INSULIN SYRINGE ULTRA-	98
AUGTYRO	98	FINE/0.3ML/31G X 6MM	
<i>aurovela 1.5/30</i>	83	BELSOMRA	106
<i>aurovela 1/20</i>	83	<i>benazepril hcl</i>	59
<i>aurovela fe 1.5/30</i>	83	<i>benazepril hydrochloride</i>	60
<i>aurovela fe 1/20</i>	83	<i>benazepril</i>	65
AUSTEDO	71	<i>hydrochloride/hydrochlorothiazide</i>	
AUVELITY	23	BENLYSTA	91

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>benznidazole</i>	40	<i>buprenorphine hcl/naloxone hcl</i>	11
<i>benztropine mesylate</i>	40	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	11
BESIVANCE	100	<i>bupropion hcl</i>	23
BESREMI	32	<i>bupropion hydrochloride</i>	24
<i>betaine anhydrous</i>	79	<i>bupropion hydrochloride er (sr)</i>	12
<i>betamethasone dipropionate</i>	73	<i>bupropion hydrochloride er (sr)</i>	23
<i>betamethasone dipropionate augmented</i>	73	<i>bupropion hydrochloride er (xl)</i>	24
<i>betamethasone valerate</i>	73	<i>bupirone hcl</i>	50
BETASERON	71	<i>bupirone hydrochloride</i>	50
<i>betaxolol hcl</i>	62	BYDUREON BCISE	51
<i>betaxolol hcl</i>	101	BYETTA	51
<i>bethanechol chloride</i>	81	CABENUVA	47
<i>bexarotene</i>	39	<i>cabergoline</i>	89
BEXSERO	95	CABLIVI	58
<i>bicalutamide</i>	31	CABOMETYX	35
BICILLIN L-A	16	<i>calcipotriene</i>	74
BIKTARVY	47	<i>calcitonin-salmon</i>	98
<i>bisoprolol fumarate</i>	62	<i>calcitriol</i>	98
<i>bisoprolol fumarate/hydrochlorothiazide</i>	65	<i>calcium acetate</i>	76
BIVIGAM	90	CALQUENCE	35
<i>blisovi fe 1.5/30</i>	84	<i>camila</i>	88
<i>blisovi fe 1/20</i>	84	<i>camrese</i>	84
BOOSTRIX	95	<i>camrese lo</i>	84
<i>bosentan</i>	104	<i>candesartan cilexetil</i>	59
BOSULIF	34	<i>candesartan cilexetil/hydrochlorothiazide</i>	65
BRAFTOVI	35	CAPLYTA	43
BREO ELLIPTA	105	CAPRELSA	35
BREZTRI AEROSPHERE	102	<i>carbamazepine</i>	21
<i>briellyn</i>	84	<i>carbamazepine er</i>	21
BRILINTA	58	<i>carbidopa</i>	41
BRIMONIDINE TARTRATE	101	<i>carbidopa/levodopa</i>	41
<i>brimonidine tartrate/timolol maleate</i>	99	<i>carbidopa/levodopa er</i>	41
<i>brinzolamide</i>	101	<i>carbidopa/levodopa odt</i>	41
BRIVIACT	18	<i>carglumic acid</i>	75
<i>bromfenac sodium</i>	101	<i>carteolol hcl</i>	101
<i>bromocriptine mesylate</i>	40	<i>cartia xt</i>	63
BRONCHITOL	105	<i>carvedilol</i>	62
BRUKINSA	35	<i>caspofungin acetate</i>	28
<i>budesonide</i>	97	CAYSTON	104
<i>budesonide</i>	102	CEFACLOR	13
<i>budesonide er</i>	97	<i>cefadroxil</i>	13
<i>bumetanide</i>	66	CEFAZOLIN	13
<i>buprenorphine</i>	9	<i>cefazolin sodium</i>	13
<i>buprenorphine hcl</i>	11		

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>cefdinir</i>	13	<i>ciprofloxacin i.v.-in d5w</i>	17
<i>cefepime</i>	14	<i>ciprofloxacin/dexamethasone</i>	102
<i>cefepime hydrochloride</i>	14	<i>cisplatin</i>	31
<i>cefepime/dextrose</i>	14	<i>citalopram hydrobromide</i>	24
<i>cefixime</i>	14	<i>claravis</i>	72
<i>cefotaxime sodium</i>	14	<i>clarithromycin</i>	17
<i>cefotetan</i>	14	<i>clarithromycin er</i>	16
<i>cefoxitin sodium</i>	14	CLENPIQ	78
<i>cefpodoxime proxetil</i>	14	CLIMARA PRO	84
<i>cefprozil</i>	14	<i>clindacin etz pledgets</i>	12
<i>ceftazidime</i>	14	<i>clindacin-p</i>	12
<i>ceftazidime/dextrose</i>	14	<i>clindamycin hcl</i>	12
<i>ceftriaxone sodium</i>	14	<i>clindamycin hydrochloride</i>	12
<i>cefuroxime axetil</i>	14	<i>clindamycin palmitate hydrochloride</i>	12
<i>cefuroxime sodium</i>	14	<i>clindamycin phosphate</i>	12
<i>celecoxib</i>	8	<i>clindamycin phosphate</i>	75
<i>cephalexin</i>	14	<i>clobazam</i>	20
CERDELGA	79	<i>clobetasol propionate</i>	73
<i>chateal</i>	84	<i>clobetasol propionate e</i>	73
<i>chateal eq</i>	84	<i>clomipramine hydrochloride</i>	26
CHEMET	76	<i>clonazepam</i>	20
<i>chlorhexidine gluconate</i>	72	<i>clonazepam odt</i>	20
<i>chloroquine phosphate</i>	40	<i>clonidine</i>	58
<i>chlorpromazine hcl</i>	41	<i>clonidine hydrochloride</i>	58
<i>chlorpromazine hydrochloride</i>	42	<i>clopidogrel</i>	58
<i>chlorthalidone</i>	67	<i>clorazepate dipotassium</i>	51
CHOLBAM	79	<i>clotrimazole</i>	28
<i>cholestyramine</i>	68	<i>clotrimazole/betamethasone dipropionate</i>	74
<i>cholestyramine light</i>	68	CLOVIQUE	76
<i>ciclodan</i>	75	<i>clozapine</i>	46
<i>ciclopirox</i>	75	<i>clozapine odt</i>	46
<i>ciclopirox nail lacquer</i>	75	COARTEM	40
<i>ciclopirox olamine</i>	75	<i>colchicine</i>	29
<i>cidofovir</i>	46	<i>colesevelam hydrochloride</i>	68
<i>cilostazol</i>	58	<i>colestipol hcl</i>	68
CIMDUO	48	<i>colistimethate sodium</i>	12
<i>cinacalcet hydrochloride</i>	98	COLUMVI	32
CINRYZE	90	COMBIGAN	99
CIPRO	17	COMBIVENT RESPIMAT	105
<i>ciprofloxacin</i>	17	COMETRIQ	35
<i>ciprofloxacin</i>	102	COMPLERA	47
<i>ciprofloxacin hcl</i>	17	<i>compro</i>	27
<i>ciprofloxacin hydrochloride</i>	17	<i>constulose</i>	77
<i>ciprofloxacin hydrochloride</i>	100	COPIKTRA	35

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
CORLANOR	65	<i>delyla</i>	84
COSENTYX	91	<i>demeclocycline hcl</i>	17
COSENTYX SENSOREADY PEN	91	<i>demeclocycline hydrochloride</i>	17
COSENTYX UNOREADY	91	DENGVAXIA	95
COTELIC	35	DEPO-SUBQ PROVERA 104	88
CREON	79	DESCOVY	48
<i>cromolyn sodium</i>	79	<i>desipramine hydrochloride</i>	26
<i>cromolyn sodium</i>	100	<i>desmopressin acetate</i>	82
<i>cromolyn sodium</i>	104	<i>desogestrel/ethinyl estradiol</i>	84
<i>cryselle-28</i>	84	<i>desonide</i>	73
CURITY GAUZE PADS 2"X2" 12 PLY	98	<i>desvenlafaxine er</i>	24
CUVITRU	90	<i>dexamethasone</i>	81
<i>cyclafem 1/35</i>	84	<i>dexamethasone sodium phosphate</i>	101
<i>cyclafem 7/7/7</i>	84	<i>dextroamphetamine sulfate</i>	70
<i>cyclobenzaprine hydrochloride</i>	106	<i>dextrose 5%</i>	75
<i>cyclophosphamide</i>	31	<i>dextrose 5%/sodium chloride 0.45%</i>	75
<i>cycloserine</i>	30	<i>dextrose 5%/sodium chloride 0.9%</i>	75
<i>cyclosporine</i>	93	DIACOMIT	20
<i>cyclosporine</i>	99	<i>diazepam</i>	51
<i>cyclosporine modified</i>	93	<i>diazepam intensol</i>	51
CYLTEZO	93	<i>diazepam rectal gel</i>	20
CYLTEZO STARTER PACKAGE FOR	93	<i>diazoxide</i>	54
CROHNS DISEASE/UC/HS		<i>diclofenac potassium</i>	8
CYLTEZO STARTER PACKAGE FOR	93	<i>diclofenac sodium</i>	8
PSORIASIS		<i>diclofenac sodium</i>	74
<i>cyproheptadine hydrochloride</i>	103	<i>diclofenac sodium</i>	101
CYSTAGON	79	<i>diclofenac sodium dr</i>	8
CYSTARAN	99	<i>diclofenac sodium er</i>	8
<i>dalfampridine er</i>	71	<i>dicloxacillin sodium</i>	16
<i>danazol</i>	83	<i>dicyclomine hydrochloride</i>	77
<i>dantrolene sodium</i>	46	DIFICID	17
<i>dapsone</i>	30	<i>digitek</i>	60
DAPTACEL	95	<i>digox</i>	61
<i>daptomycin</i>	13	<i>digoxin</i>	60
DAPTOMYCIN/SODIUM CHLORIDE	12	<i>dihydroergotamine mesylate</i>	29
<i>darunavir</i>	49	DILANTIN	22
DARZALEX FASPRO	39	<i>diltiazem hcl</i>	63
<i>dasetta 1/35</i>	84	<i>diltiazem hcl cd</i>	63
<i>dasetta 7/7/7</i>	84	<i>diltiazem hcl er</i>	63
DAURISMO	35	<i>diltiazem hydrochloride</i>	64
<i>daysee</i>	84	<i>diltiazem hydrochloride er</i>	63
<i>deblitane</i>	88	<i>dilt-xr</i>	63
<i>deferasirox</i>	76	<i>dimethyl fumarate</i>	71
DELSTRIGO	47	<i>dimethyl fumarate starterpack</i>	71

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>diphenhydramine hcl</i>	103	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	48
<i>diphenhydramine hydrochloride</i>	103	<i>effe-k</i>	75
<i>diphenoxylate hydrochloride/atropine sulfate</i>	77	ELAPRASE	79
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	95	<i>elinst</i>	84
<i>disulfiram</i>	11	ELIQUIS	56
<i>divalproex sodium</i>	20	ELIQUIS STARTER PACK	56
<i>divalproex sodium dr</i>	20	ELLA	98
<i>divalproex sodium er</i>	20	ELMIRON	81
<i>dofetilide</i>	61	<i>eluryng</i>	84
<i>dolishale</i>	84	EMCYT	32
<i>donepezil hcl</i>	22	EMGALITY	29
<i>donepezil hydrochloride</i>	22	EMPAVELI	91
DOPTELET	58	EMSAM	24
<i>dorzolamide hcl/timolol maleate</i>	99	<i>emtricitabine</i>	48
<i>dorzolamide hydrochloride</i>	101	<i>emtricitabine/tenofovir disoproxil fumarate</i>	48
<i>dotti</i>	84	<i>emtricitabine/tenofovir disoproxil fumarate</i>	48
DOVATO	47	EMTRIVA	48
<i>doxazosin mesylate</i>	81	<i>enalapril maleate</i>	60
<i>doxepin hcl</i>	27	<i>enalapril maleate/hydrochlorothiazide</i>	65
<i>doxepin hydrochloride</i>	27	ENBREL	93
<i>doxy 100</i>	18	ENBREL MINI	93
<i>doxycycline</i>	18	ENBREL SURECLICK	93
<i>doxycycline hyclate</i>	18	ENDARI	79
<i>doxycycline hyclate</i>	72	<i>endocet</i>	10
<i>doxycycline monohydrate</i>	18	ENGERIX-B	95
<i>d-penammine</i>	81	<i>enilloring</i>	84
DRIZALMA SPRINKLE	24	ENJAYMO	91
<i>dronabinol</i>	27	<i>enoxaparin sodium</i>	56
DROXIA	32	<i>enpresse-28</i>	84
<i>droxidopa</i>	59	<i>entacapone</i>	40
DULERA	105	<i>entecavir</i>	47
<i>duloxetine hydrochloride</i>	25	ENTRESTO	65
DUPIXENT	91	<i>enulose</i>	77
<i>dutasteride</i>	81	ENVARUSUS XR	93
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	98	EPIDIOLEX	18
<i>ec-naproxen</i>	8	EPINEPHRINE	103
<i>econazole nitrate</i>	28	<i>epitol</i>	22
EDURANT	47	EPKINLY	32
<i>efavirenz</i>	48	<i>eplerenone</i>	67
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	47	<i>epoprostenol sodium</i>	104
		EPRONTIA	18
		<i>ergoloid mesylates</i>	22
		<i>ergotamine tartrate/caffeine</i>	29

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
ERIVEDGE	35	<i>febuxostat</i>	29
ERLEADA	31	<i>felbamate</i>	18
<i>erlotinib hydrochloride</i>	35	<i>felodipine er</i>	63
<i>errin</i>	88	<i>femynor</i>	85
<i>ertapenem</i>	16	<i>fenofibrate</i>	67
<i>ertapenem sodium</i>	16	<i>fenofibrate micronized</i>	67
ERY	75	<i>fenofibric acid dr</i>	67
<i>erythromycin</i>	75	<i>fentanyl</i>	9
<i>erythromycin</i>	100	<i>fentanyl citrate oral transmucosal</i>	10
<i>erythromycin dr</i>	17	FETZIMA	25
<i>erythromycin/benzoyl peroxide</i>	72	FETZIMA TITRATION PACK	25
<i>escitalopram oxalate</i>	25	FINACEA	72
<i>esomeprazole magnesium</i>	79	<i>finasteride</i>	81
<i>estarylla</i>	84	<i>fingolimod hydrochloride</i>	71
<i>estradiol</i>	84	FINTEPLA	18
ESTRING	85	FIRMAGON	89
<i>eszopiclone</i>	106	FLAREX	101
<i>ethambutol hydrochloride</i>	30	<i>flecainide acetate</i>	61
<i>ethosuximide</i>	20	<i>fluconazole</i>	28
<i>ethynodiol diacetate/ethinyl estradiol</i>	85	<i>fluconazole in sodium chloride</i>	28
<i>etodolac</i>	8	<i>flucytosine</i>	28
<i>etonogestrel/ethinyl estradiol</i>	85	<i>fludrocortisone acetate</i>	82
<i>etravirine</i>	48	<i>fluocinolone acetonide</i>	73
EUCRISA	73	<i>fluocinonide</i>	73
<i>euthyrox</i>	88	<i>fluorometholone</i>	101
<i>everolimus</i>	35	<i>fluorouracil</i>	74
<i>everolimus</i>	93	<i>fluoxetine hydrochloride</i>	25
EVOTAZ	49	<i>fluphenazine decanoate</i>	42
EVRYSDI	79	<i>fluphenazine hcl</i>	42
<i>exemestane</i>	34	<i>fluphenazine hydrochloride</i>	42
EXKIVITY	35	<i>flurbiprofen</i>	8
<i>ezetimibe</i>	68	<i>flurbiprofen sodium</i>	101
<i>ezetimibe/simvastatin</i>	68	<i>flutamide</i>	31
FABRAZYME	79	<i>fluticasone propionate</i>	73
<i>falmina</i>	85	<i>fluticasone propionate</i>	102
<i>famciclovir</i>	50	<i>fluticasone propionate/salmeterol</i>	105
<i>famotidine</i>	78	<i>fluticasone propionate/salmeterol diskus</i>	105
FANAPT	43	<i>fluvastatin</i>	68
FANAPT TITRATION PACK	43	<i>fluvoxamine maleate</i>	25
FARXIGA	51	<i>fondaparinux sodium</i>	57
FARYDAK	35	FORTEO	98
FASENRA	105	<i>fosamprenavir calcium</i>	49
FASENRA PEN	105	<i>fosinopril sodium</i>	60
<i>fayosim</i>	85	<i>fosinopril sodium/hydrochlorothiazide</i>	66

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
FOTIVDA	31	<i>griseofulvin microsize</i>	28
FRUZAQLA	35	<i>griseofulvin ultramicrosize</i>	28
<i>furosemide</i>	67	<i>guanfacine er</i>	70
FUZEON	49	<i>guanfacine hydrochloride</i>	59
<i>fyavolv</i>	85	<i>guanfacine hydrochloride</i>	70
FYCOMPA	18	<i>guanidine hcl</i>	30
<i>gabapentin</i>	20	GVOKE HYPOPEN 1-PACK	54
<i>galantamine hydrobromide</i>	23	GVOKE HYPOPEN 2-PACK	54
<i>galantamine hydrobromide er</i>	23	GVOKE KIT	54
GAMASTAN	91	GVOKE PFS	55
<i>ganciclovir</i>	46	<i>hailey 1.5/30</i>	85
GARDASIL 9	95	<i>hailey fe 1.5/30</i>	85
<i>gatifloxacin</i>	100	<i>hailey fe 1/20</i>	85
<i>gavilyte-c</i>	78	<i>halobetasol propionate</i>	73
<i>gavilyte-g</i>	78	<i>haloette</i>	85
<i>gavilyte-n/flavor pack</i>	78	<i>haloperidol</i>	42
GAVRETO	32	<i>haloperidol decanoate</i>	42
<i>gefitinib</i>	35	<i>haloperidol lactate</i>	42
<i>gemfibrozil</i>	67	HAVRIX	95
GEMTESA	80	<i>heather</i>	88
<i>generlac</i>	77	<i>heparin sodium</i>	57
<i>gengraf</i>	93	HEPLISAV-B	95
GENOTROPIN	82	HIBERIX	96
GENOTROPIN MINIQUICK	82	HIZENTRA	91
<i>gentak</i>	100	HUMALOG	55
<i>gentamicin sulfate</i>	12	HUMALOG JUNIOR KWIKPEN	55
<i>gentamicin sulfate</i>	100	HUMALOG KWIKPEN	55
GENVOYA	47	HUMALOG MIX 50/50	55
GILOTRIF	35	HUMALOG MIX 50/50 KWIKPEN	55
<i>glatiramer acetate</i>	71	HUMALOG MIX 75/25	55
GLEOSTINE	31	HUMALOG MIX 75/25 KWIKPEN	55
<i>glimepiride</i>	52	HUMATIN	12
<i>glipizide</i>	52	HUMIRA	94
<i>glipizide er</i>	52	HUMIRA PEDIATRIC CROHNS	93
<i>glipizide xl</i>	52	DISEASE STARTER PACK	
<i>glipizide/metformin hydrochloride</i>	52	HUMIRA PEN	94
GLUCAGEN HYPOKIT	54	HUMIRA PEN-CD/UC/HS STARTER	94
<i>glucagon emergency kit</i>	54	HUMIRA PEN-PEDIATRIC UC	94
GLUCAGON EMERGENCY KIT FOR	54	STARTER PACK	
LOW BLOOD SUGAR		HUMIRA PEN-PS/UV STARTER	94
<i>glyburide</i>	52	HUMULIN 70/30	55
<i>glyburide/metformin hydrochloride</i>	52	HUMULIN 70/30 KWIKPEN	55
<i>glycopyrrolate</i>	77	HUMULIN N	55
GLYXAMBI	52	HUMULIN N KWIKPEN	55

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
HUMULIN R	55	<i>indomethacin</i>	8
HUMULIN R U-500 (CONCENTRATED)	55	<i>indomethacin er</i>	8
HUMULIN R U-500 KWIKPEN	55	INFANRIX	96
<i>hydralazine hcl</i>	69	INLYTA	36
<i>hydralazine hydrochloride</i>	69	INQOVI	36
<i>hydrochlorothiazide</i>	67	INREBIC	32
<i>hydrocodone bitartrate/acetaminophen</i>	10	<i>insulin lispro</i>	55
<i>hydrocodone/acetaminophen</i>	10	INTELENCE	48
<i>hydrocortisone</i>	73	INTRON A	92
<i>hydrocortisone</i>	82	<i>introvale</i>	85
<i>hydrocortisone</i>	97	INVEGA HAFYERA	44
<i>hydrocortisone valerate</i>	73	INVEGA SUSTENNA	44
<i>hydromorphone hcl</i>	10	INVEGA TRINZA	44
<i>hydromorphone hydrochloride</i>	10	INVIRASE	49
<i>hydromorphone hydrochloride dosette</i>	10	IPOL INACTIVATED IPV	96
<i>hydroxychloroquine sulfate</i>	40	<i>ipratropium bromide</i>	103
<i>hydroxyurea</i>	32	<i>ipratropium bromide/albuterol sulfate</i>	105
<i>hydroxyzine hcl</i>	103	<i>irbesartan</i>	59
<i>hydroxyzine hydrochloride</i>	103	<i>irbesartan/hydrochlorothiazide</i>	66
<i>hydroxyzine pamoate</i>	51	ISENTRESS	47
HYPERHEP B	91	ISENTRESS HD	47
<i>ibandronate sodium</i>	98	ISONIAZID	30
IBRANCE	32	<i>isosorbide dinitrate</i>	69
IBRANCE	35	<i>isosorbide mononitrate</i>	69
<i>ibu</i>	8	<i>isosorbide mononitrate er</i>	69
<i>ibuprofen</i>	8	<i>isotretinoin</i>	72
<i>icatibant acetate</i>	90	ISTURISA	89
<i>iclevia</i>	85	<i>itraconazole</i>	28
ICLUSIG	36	<i>ivermectin</i>	39
<i>icosapent ethyl</i>	69	IWILFIN	32
IDHIFA	32	IXCHIQ	96
IGALMI	99	IXIARO	96
<i>imatinib mesylate</i>	36	<i>jaimiess</i>	85
IMBRUVICA	36	JAKAFI	36
<i>imipenem/cilastatin</i>	16	<i>jantoven</i>	57
<i>imipramine hcl</i>	27	JANUMET	52
<i>imipramine hydrochloride</i>	27	JANUMET XR	52
<i>imiquimod</i>	74	JANUVIA	52
IMOVAX RABIES (H.D.C.V.)	96	JARDIANCE	52
IMPAVIDO	13	JAYPIRCA	36
INBRIJA	41	<i>jencycla</i>	88
<i>incassia</i>	88	JENTADUETO	52
INCRELEX	83	JENTADUETO XR	52
<i>indapamide</i>	67	<i>jinteli</i>	85

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>jolessa</i>	85	<i>lactulose</i>	77
JUBLIA	28	LAGEVRIO	99
JULUCA	47	<i>lamivudine</i>	47
<i>junel 1.5/30</i>	85	<i>lamivudine</i>	48
<i>junel 1/20</i>	85	<i>lamivudine/zidovudine</i>	48
<i>junel fe 1.5/30</i>	85	<i>lamotrigine</i>	19
<i>junel fe 1/20</i>	85	<i>lamotrigine starter kit/blue</i>	18
JYLAMVO	94	<i>lamotrigine starter kit/green</i>	18
JYNNEOS	96	<i>lamotrigine starter kit/orange</i>	18
KALYDECO	104	<i>lamotrigine titration</i>	19
KANJINTI	39	<i>lanreotide acetate</i>	89
KANUMA	79	<i>lansoprazole</i>	79
<i>kariva</i>	85	LANTUS	55
<i>kelnor 1/35</i>	85	LANTUS SOLOSTAR	55
<i>kelnor 1/50</i>	85	<i>lapatinib ditosylate</i>	36
KERENDIA	66	<i>larin 1.5/30</i>	85
KESIMPTA	72	<i>larin 1/20</i>	85
<i>ketoconazole</i>	28	<i>larin fe 1.5/30</i>	85
<i>ketorolac tromethamine</i>	8	<i>larin fe 1/20</i>	85
<i>ketorolac tromethamine</i>	101	<i>larissia</i>	85
KINERET	91	<i>latanoprost</i>	101
KINRIX	96	<i>leflunomide</i>	94
KISQALI	36	<i>lenalidomide</i>	31
KISQALI FEMARA 200 DOSE	33	LENVIMA 10 MG DAILY DOSE	36
KISQALI FEMARA 400 DOSE	33	LENVIMA 12MG DAILY DOSE	36
KISQALI FEMARA 600 DOSE	33	LENVIMA 14 MG DAILY DOSE	36
<i>klayesta</i>	28	LENVIMA 18 MG DAILY DOSE	36
KLISYRI	74	LENVIMA 20 MG DAILY DOSE	36
<i>klor-con</i>	75	LENVIMA 24 MG DAILY DOSE	37
<i>klor-con 10</i>	75	LENVIMA 4 MG DAILY DOSE	37
<i>klor-con 8</i>	75	LENVIMA 8 MG DAILY DOSE	37
<i>klor-con m10</i>	75	<i>lessina</i>	85
<i>klor-con m15</i>	75	<i>letrozole</i>	34
<i>klor-con m20</i>	75	<i>leucovorin calcium</i>	39
<i>klor-con/ef</i>	75	LEUKERAN	31
KORLYM	83	<i>leuprolide acetate</i>	90
KOSELUGO	36	<i>levalbuterol tartrate hfa</i>	104
<i>kourzeq</i>	72	LEVEMIR	55
KRAZATI	33	LEVEMIR FLEXPEN	55
<i>kurvelo</i>	85	LEVEMIR FLEXTOUCH	55
<i>kynmobi</i>	40	<i>levetiracetam</i>	19
KYNMOBI TITRATION KIT	40	<i>levetiracetam er</i>	19
<i>labetalol hydrochloride</i>	62	<i>levobunolol hcl</i>	101
<i>lacosamide</i>	22	<i>levocetirizine dihydrochloride</i>	103

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>levofloxacin</i>	17	LUPRON DEPOT (3-MONTH)	90
<i>levofloxacin</i>	100	LUPRON DEPOT (4-MONTH)	90
<i>levofloxacin in d5w</i>	17	LUPRON DEPOT (6-MONTH)	90
<i>levonest</i>	85	<i>lurasidone hydrochloride</i>	44
<i>levonorgestrel and ethinyl estradiol</i>	85	<i>lutera</i>	86
<i>levonorgestrel/ethinyl estradiol</i>	86	LYBALVI	44
<i>levora 0.15/30-28</i>	86	<i>lyleq</i>	88
<i>levothyroxine sodium</i>	89	<i>lyllana</i>	86
LEVOXYL	89	LYNPARZA	37
LEXIVA	49	LYSODREN	89
<i>lidocaine</i>	11	LYTGOBI	33
<i>lidocaine hydrochloride viscous</i>	72	LYUMJEV	55
<i>lidocaine viscous</i>	72	LYUMJEV KWIKPEN	55
<i>lidocaine/prilocaine</i>	11	<i>lyza</i>	88
<i>lillow</i>	86	<i>magnesium sulfate</i>	75
<i>linezolid</i>	13	<i>malathion</i>	74
LINZESS	77	<i>maprotiline hcl</i>	24
<i>liothyronine sodium</i>	89	<i>maraviroc</i>	49
<i>lisinopril</i>	60	<i>marlissa</i>	86
<i>lisinopril/hydrochlorothiazide</i>	66	MARPLAN	24
<i>lithium</i>	51	MATULANE	31
<i>lithium carbonate</i>	51	MAVYRET	47
<i>lithium carbonate er</i>	51	<i>meclizine hcl</i>	27
LIVALO	68	<i>medroxyprogesterone acetate</i>	88
LIVTENCITY	46	<i>mefloquine hcl</i>	40
<i>lojaimiess</i>	86	<i>megestrol acetate</i>	88
LONSURF	33	MEKINIST	37
<i>loperamide hcl</i>	77	MEKTOVI	37
<i>lopinavir/ritonavir</i>	49	<i>meloxicam</i>	8
LOQTORZI	39	<i>memantine hcl titration pak</i>	23
<i>lorazepam</i>	51	<i>memantine hydrochloride</i>	23
<i>lorazepam intensol</i>	51	<i>memantine hydrochloride er</i>	23
LORBRENA	37	MENACTRA	96
<i>losartan potassium</i>	59	MENEST	86
<i>losartan potassium/hydrochlorothiazide</i>	66	MENQUADFI	96
LOTEMAX SM	101	MENVEO	96
<i>lovastatin</i>	68	<i>mercaptopurine</i>	32
<i>low-ogestrel</i>	86	<i>meropenem</i>	16
<i>loxapine</i>	42	<i>mesalamine</i>	97
<i>lubiprostone</i>	77	<i>mesalamine dr</i>	97
LUMAKRAS	33	<i>mesalamine er</i>	97
LUMIGAN	101	MESNEX	39
LUMIZYME	79	<i>metformin hydrochloride</i>	53
LUPRON DEPOT (1-MONTH)	90	<i>metformin hydrochloride er</i>	53

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>methadone hcl</i>	9	<i>montelukast sodium</i>	103
<i>methadone hydrochloride</i>	9	<i>morgidox 1x100mg</i>	18
<i>methadone hydrochloride intensol</i>	9	<i>morgidox 2x100mg</i>	18
<i>methenamine hippurate</i>	13	<i>morphine sulfate</i>	10
<i>methimazole</i>	90	<i>morphine sulfate er</i>	9
<i>methotrexate</i>	94	MOTEGRITY	77
<i>methotrexate sodium</i>	94	MOUNJARO	53
<i>methsuximide</i>	20	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	17
<i>methyldopa</i>	59	<i>moxifloxacin hydrochloride</i>	17
<i>methylphenidate hydrochloride</i>	71	<i>moxifloxacin hydrochloride</i>	100
<i>methylprednisolone</i>	82	<i>mupirocin</i>	75
<i>methylprednisolone dose pack</i>	82	<i>mycophenolate mofetil</i>	94
<i>metoclopramide hcl</i>	78	<i>mycophenolic acid dr</i>	94
<i>metoclopramide hydrochloride</i>	78	<i>myorisan</i>	72
<i>metolazone</i>	67	MYRBETRIQ	80
<i>metoprolol succinate er</i>	62	NABI-HB	91
<i>metoprolol tartrate</i>	62	<i>nabumetone</i>	8
<i>metronidazole</i>	13	<i>nadolol</i>	62
<i>metronidazole</i>	72	<i>nafcillin sodium</i>	16
<i>metronidazole vaginal</i>	13	NAGLAZYME	79
<i>metyrosine</i>	66	<i>naloxone hcl</i>	11
<i>mexiletine hcl</i>	61	<i>naloxone hydrochloride</i>	11
<i>microgestin 1.5/30</i>	86	<i>naltrexone hcl</i>	11
<i>microgestin 1/20</i>	86	NAMZARIC	22
<i>microgestin fe 1.5/30</i>	86	<i>naproxen</i>	8
<i>microgestin fe 1/20</i>	86	<i>naproxen sodium</i>	8
<i>midodrine hcl</i>	59	<i>naratriptan hcl</i>	30
<i>mifepristone</i>	83	NATACYN	101
<i>miglustat</i>	79	<i>nateglinide</i>	53
<i>mili</i>	86	NAYZILAM	19
<i>minocycline hcl</i>	18	<i>nebivolol</i>	62
<i>minocycline hydrochloride</i>	18	<i>nebivolol hydrochloride</i>	62
<i>minoxidil</i>	69	<i>necon 0.5/35-28</i>	86
<i>mirtazapine</i>	24	<i>nefazodone hydrochloride</i>	25
<i>mirtazapine odt</i>	24	<i>neomycin sulfate</i>	12
<i>misoprostol</i>	78	<i>neomycin/bacitracin/polymyxin</i>	100
M-M-R II	96	<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	100
<i>modafinil</i>	106	<i>neomycin/polymyxin/dexamethasone</i>	100
<i>moexipril hcl</i>	60	<i>neomycin/polymyxin/gramicidin</i>	100
<i>molindone hydrochloride</i>	42	<i>neomycin/polymyxin/hc</i>	102
<i>mometasone furoate</i>	74	<i>neomycin/polymyxin/hydrocortisone</i>	102
<i>mometasone furoate</i>	103	<i>neo-polycin</i>	100
<i>mondoxyne nl</i>	18		
<i>mono-lynyah</i>	86		

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>neo-polycin hc</i>	100	NOVOLIN N FLEXPEN RELION	56
NERLYNX	37	NOVOLIN N RELION	56
NEULASTA	57	NOVOLIN R	56
NEULASTA ONPRO KIT	57	NOVOLIN R FLEXPEN	56
NEUPRO	41	NOVOLIN R FLEXPEN RELION	56
<i>nevirapine</i>	48	NOVOLIN R RELION	56
<i>nevirapine er</i>	48	NOVOLOG	56
<i>niacin er</i>	69	NOVOLOG FLEXPEN	56
NICOTROL NS	12	NOVOLOG FLEXPEN RELION	56
<i>nifedipine er</i>	63	NOVOLOG MIX 70/30	56
<i>nilutamide</i>	31	NOVOLOG MIX 70/30 PREFILLED	56
<i>nimodipine</i>	63	FLEXPEN	
NINLARO	33	NOVOLOG MIX 70/30 PREFILLED	56
<i>nitazoxanide</i>	40	FLEXPEN RELION	
<i>nitisinone</i>	80	NOVOLOG MIX 70/30 RELION	56
NITRO-BID	69	NOVOLOG PENFILL	56
<i>nitrofurantoin macrocrystals</i>	13	NOVOLOG RELION	56
<i>nitrofurantoin monohydrate</i>	13	NUBEQA	31
<i>nitrofurantoin monohydrate/macrocrystals</i>	13	NUDEXTA	71
<i>nitroglycerin</i>	69	NUPLAZID	44
<i>nitroglycerin</i>	78	NURTEC	29
<i>nitroglycerin transdermal</i>	69	NUTRILIPID	99
<i>nizatidine</i>	78	<i>nyamyc</i>	28
<i>nora-be</i>	88	<i>nylia 1/35</i>	86
<i>norethindrone</i>	88	<i>nylia 7/7/7</i>	86
<i>norethindrone acetate</i>	88	<i>nymyo</i>	87
<i>norethindrone acetate/ethinyl estradiol</i>	86	<i>nystatin</i>	28
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	86	<i>nystatin/triamcinolone</i>	74
<i>norgestimate/ethinyl estradiol</i>	86	<i>nystop</i>	29
<i>norlyda</i>	88	<i>octreotide acetate</i>	90
<i>norlyroc</i>	88	ODEFSEY	48
<i>nortrel 0.5/35 (28)</i>	86	ODOMZO	37
<i>nortrel 1/35</i>	86	OFEV	105
<i>nortrel 7/7/7</i>	86	<i>ofloxacin</i>	101
<i>nortriptyline hcl</i>	27	<i>ofloxacin</i>	102
<i>nortriptyline hydrochloride</i>	27	OGSIVEO	33
NORVIR	50	OJJAARA	37
NOVOLIN 70/30	55	<i>olanzapine</i>	44
NOVOLIN 70/30 FLEXPEN	55	<i>olanzapine odt</i>	44
NOVOLIN 70/30 FLEXPEN RELION	55	<i>olmesartan medoxomil</i>	59
NOVOLIN 70/30 RELION	55	<i>olmesartan medoxomil/hydrochlorothiazide</i>	66
NOVOLIN N	56	<i>olopatadine hcl</i>	100
NOVOLIN N FLEXPEN	56	<i>olopatadine hydrochloride</i>	100
		<i>omega-3-acid ethyl esters</i>	69

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>omeprazole</i>	79	<i>oxycodone/acetaminophen</i>	11
<i>omeprazole dr</i>	79	OZEMPIC	53
OMNIPOD 5 G6 INTRO KIT (GEN 5)	99	PACERONE	61
OMNIPOD 5 G6 PODS (GEN 5)	99	<i>paliperidone er</i>	44
OMNIPOD 5 G7 INTRO KIT (GEN 5)	99	PANRETIN	39
OMNIPOD 5 G7 PODS (GEN 5)	99	<i>pantoprazole sodium</i>	79
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	99	<i>paricalcitol</i>	98
OMNIPOD CLASSIC PODS (GEN 3)	99	<i>paromomycin sulfate</i>	12
OMNIPOD DASH INTRO KIT (GEN 4)	99	<i>paroxetine hcl</i>	25
OMNIPOD DASH PDM KIT (GEN 4)	99	<i>paroxetine hydrochloride</i>	25
OMNIPOD DASH PODS (GEN 4)	99	<i>paser</i>	30
OMNIPOD GO 10 UNITS/DAY	99	PAXLOVID	99
OMNIPOD GO 15 UNITS/DAY	99	<i>pazopanib hydrochloride</i>	37
OMNIPOD GO 20 UNITS/DAY	99	PEDIARIX	96
OMNIPOD GO 25 UNITS/DAY	99	PEDVAX HIB	96
OMNIPOD GO 30 UNITS/DAY	99	<i>peg-3350/electrolytes</i>	78
OMNIPOD GO 35 UNITS/DAY	99	<i>peg-3350/nacl/na bicarbonate/kcl</i>	78
OMNIPOD GO 40 UNITS/DAY	99	PEGASYS	92
<i>ondansetron hcl</i>	28	PEMAZYRE	33
<i>ondansetron hydrochloride</i>	28	PENBRAYA	96
<i>ondansetron odt</i>	28	<i>penicillamine</i>	81
ONUREG	33	<i>penicillin g sodium</i>	16
OPDUALAG	34	<i>penicillin v potassium</i>	16
OPSUMIT	104	PENTACEL	96
ORENCIA	91	<i>pentamidine isethionate</i>	40
ORENCIA	94	<i>pentoxifylline er</i>	66
ORENCIA CLICKJECT	91	<i>perindopril erbumine</i>	60
ORGOVYX	90	<i>permethrin</i>	75
ORKAMBI	104	<i>perphenazine</i>	42
<i>orphenadrine citrate er</i>	106	PERSERIS	44
ORSERDU	33	<i>phenelzine sulfate</i>	24
<i>orsythia</i>	87	<i>phenobarbital</i>	20
<i>oseltamivir phosphate</i>	50	<i>phenytek</i>	22
OSMOLEX ER	40	<i>phenytoin</i>	22
OSPHENA	88	<i>phenytoin sodium extended</i>	22
OTEZLA	74	PHESGO	33
OTEZLA	92	<i>philith</i>	87
<i>oxaprozin</i>	9	PICATO	74
OXBRYTA	57	PIFELTRO	48
<i>oxcarbazepine</i>	22	<i>pilocarpine hcl</i>	101
<i>oxybutynin chloride</i>	81	<i>pilocarpine hydrochloride</i>	72
<i>oxybutynin chloride er</i>	81	<i>pimozide</i>	42
<i>oxycodone hydrochloride</i>	10	<i>pimtrea</i>	87
		<i>pioglitazone hcl</i>	53

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>pioglitazone hcl/metformin hcl</i>	53	<i>primaquine phosphate</i>	40
<i>pioglitazone hydrochloride</i>	53	<i>primidone</i>	21
<i>piperacillin sodium/tazobactam sodium</i>	16	PRIORIX	96
PIQRAY 200MG DAILY DOSE	37	PRIVIGEN	91
PIQRAY 250MG DAILY DOSE	37	PROAIR RESPICLICK	104
PIQRAY 300MG DAILY DOSE	37	<i>probenecid</i>	29
<i>pirfenidone</i>	105	<i>probenecid/colchicine</i>	29
<i>pirmella 1/35</i>	87	<i>prochlorperazine</i>	27
<i>pirmella 7/7/7</i>	87	<i>prochlorperazine edisylate</i>	27
<i>pitavastatin calcium</i>	68	<i>prochlorperazine maleate</i>	27
PLENAMINE	76	PROCRIT	57
<i>podofilox</i>	74	<i>procto-med hc</i>	97
<i>polycin</i>	100	<i>proctosol hc</i>	97
<i>polymyxin b sulfate/trimethoprim sulfate</i>	100	<i>proctozone-hc</i>	97
POMALYST	31	PROGRAF	94
<i>portia-28</i>	87	PROLASTIN-C	80
<i>posaconazole</i>	29	PROLENSA	101
<i>posaconazole dr</i>	29	PROLIA	98
<i>potassium chloride</i>	76	PROMACTA	57
<i>potassium chloride er</i>	76	<i>promethazine hcl</i>	27
<i>potassium chloride sr</i>	76	<i>promethazine hydrochloride</i>	27
<i>potassium citrate er</i>	76	<i>promethazine hydrochloride plain</i>	27
<i>pramipexole dihydrochloride</i>	41	<i>propafenone hcl</i>	61
<i>prasugrel</i>	58	<i>propafenone hydrochloride er</i>	61
<i>pravastatin sodium</i>	68	<i>propranolol hcl</i>	29
<i>praziquantel</i>	39	<i>propranolol hcl er</i>	62
<i>prazosin hydrochloride</i>	59	<i>propranolol hydrochloride</i>	29
<i>prednisolone</i>	82	<i>propranolol hydrochloride er</i>	62
<i>prednisolone acetate</i>	101	<i>propylthiouracil</i>	90
<i>prednisolone sodium phosphate</i>	82	PROQUAD	96
<i>prednisone</i>	82	<i>protriptyline hcl</i>	27
<i>pregabalin</i>	71	PULMOZYME	104
PREHEVBRIO	96	PURIXAN	32
PREMARIN	87	<i>pyrazinamide</i>	30
<i>premium lidocaine</i>	11	<i>pyridostigmine bromide</i>	30
PREMPHASE	87	<i>pyrimethamine</i>	40
PREMPRO	87	PYRUKYND	58
<i>prenatal</i>	77	PYRUKYND TAPER PACK	58
<i>prevalite</i>	69	QINLOCK	31
<i>previfem</i>	87	QUADRACEL	96
PREVYMIS	46	<i>quetiapine fumarate</i>	45
PREZCOBIX	50	<i>quetiapine fumarate er</i>	45
PREZISTA	50	<i>quinapril hydrochloride</i>	60
PRIFTIN	30	<i>quinapril/hydrochlorothiazide</i>	66

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>quinidine sulfate</i>	61	<i>roflumilast</i>	104
<i>quinine sulfate</i>	40	<i>ropinirole hcl</i>	41
QULIPTA	29	<i>ropinirole hydrochloride</i>	41
RABAVERT	96	<i>rosadan</i>	72
<i>rabeprazole sodium</i>	79	<i>rosuvastatin calcium</i>	68
<i>raloxifene hydrochloride</i>	88	ROTARIX	96
<i>ramelteon</i>	106	ROTATEQ	96
<i>ramipril</i>	60	<i>roweepra</i>	19
<i>ranolazine er</i>	66	ROZLYTREK	37
<i>rasagiline mesylate</i>	41	RUBRACA	37
RECOMBIVAX HB	96	<i>rufinamide</i>	22
RECTIV	78	RUKOBIA	49
RELISTOR	77	RUXIENCE	39
<i>repaglinide</i>	53	RYBELSUS	53
REPATHA	69	RYDAPT	37
REPATHA PUSHTRONEX SYSTEM	69	<i>sajazir</i>	90
REPATHA SURECLICK	69	SANDIMMUNE	94
RESTASIS	100	SANTYL	74
RESTASIS MULTIDOSE	100	<i>sapropterin dihydrochloride</i>	80
RETEVMO	33	SAVELLA	71
RETROVIR IV INFUSION	48	SAVELLA TITRATION PACK	71
REVCOVI	80	SCEMBLIX	33
REVLIMID	32	<i>scopolamine</i>	27
REXULTI	45	SECUADO	45
REYATAZ	50	<i>selegiline hcl</i>	41
REZLIDHIA	37	<i>selenium sulfide</i>	74
REZUROCK	94	SELZENTRY	49
RHOPRESSA	101	SEREVENT DISKUS	104
<i>ribavirin</i>	47	<i>sertraline hcl</i>	25
<i>rifabutin</i>	30	<i>sertraline hydrochloride</i>	25
<i>rifampin</i>	30	<i>setlakin</i>	87
<i>riluzole</i>	71	<i>sevelamer carbonate</i>	76
RINVOQ	92	SFROWASA	97
RISPERDAL CONSTA	45	<i>sharobel</i>	88
<i>risperidone</i>	45	SHINGRIX	96
<i>risperidone er</i>	45	SIGNIFOR	90
<i>risperidone odt</i>	45	<i>sildenafil citrate</i>	104
<i>ritonavir</i>	50	<i>silodosin</i>	81
<i>rivastigmine tartrate</i>	23	<i>silver sulfadiazine</i>	74
<i>rivastigmine transdermal system</i>	23	SIMBRINZA	100
<i>rivelsa</i>	87	<i>simliya</i>	87
<i>rizatriptan benzoate</i>	30	<i>simpesse</i>	87
<i>rizatriptan benzoate odt</i>	30	<i>simvastatin</i>	68
ROCKLATAN	100	<i>sirolimus</i>	95

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
SIRTURO	31	<i>subvenite starter kit/green</i>	19
SKYCLARYS	99	<i>subvenite starter kit/orange</i>	19
SKYRIZI	92	SUCRAID	80
SKYRIZI PEN	92	<i>sucralfate</i>	78
<i>sodium chloride</i>	76	<i>sulfacetamide sodium</i>	101
<i>sodium chloride 0.45%</i>	76	<i>sulfacetamide sodium/prednisolone sodium</i>	100
<i>sodium chloride 0.9%</i>	99	<i>phosphate</i>	
<i>sodium oxybate</i>	106	<i>sulfadiazine</i>	17
<i>sodium phenylbutyrate</i>	80	<i>sulfamethoxazole/trimethoprim</i>	17
<i>sodium polystyrene sulfonate</i>	77	<i>sulfamethoxazole/trimethoprim ds</i>	17
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	78	<i>sulfasalazine</i>	97
SOLQUA 100/33	53	<i>sulindac</i>	9
SOLTAMOX	32	<i>sumatriptan</i>	30
SOMATULINE DEPOT	90	<i>sumatriptan succinate</i>	30
SOMAVERT	90	<i>sunitinib malate</i>	38
<i>sorafenib</i>	37	SUNLENCA	49
<i>sorafenib tosylate</i>	37	SUTAB	78
<i>sorine</i>	61	SYMPAZAN	21
<i>sotalol hcl</i>	61	SYMTUZA	50
<i>sotalol hydrochloride</i>	61	SYNAGIS	91
<i>sotalol hydrochloride (af)</i>	61	SYNJARDY	54
SPIRIVA HANDIHALER	103	SYNJARDY XR	53
SPIRIVA RESPIMAT	103	SYNRIBO	33
<i>spironolactone</i>	67	TABLOID	32
<i>spironolactone/hydrochlorothiazide</i>	66	TABRECTA	32
SPRAVATO 56MG DOSE	24	<i>tacrolimus</i>	74
SPRAVATO 84MG DOSE	24	<i>tacrolimus</i>	95
<i>sprintec 28</i>	87	<i>tadalafil</i>	104
SPRITAM	19	TAFINLAR	38
SPRYCEL	37	TAGRISSO	38
SPS	77	TALZENNA	38
<i>sronyx</i>	87	<i>tamoxifen citrate</i>	32
<i>ssd</i>	74	<i>tamsulosin hydrochloride</i>	81
STAMARIL	97	<i>tarina fe 1/20</i>	87
<i>stavudine</i>	48	<i>tarina fe 1/20 eq</i>	87
STELARA	92	TASIGNA	38
STIOLTO RESPIMAT	105	<i>tazarotene</i>	72
STIVARGA	38	TAZICEF	15
STRENSIQ	80	<i>taztia xt</i>	64
<i>streptomycin sulfate</i>	12	TAZVERIK	33
STRIBILD	47	TDVAX	97
<i>subvenite</i>	19	TEFLARO	15
<i>subvenite starter kit/blue</i>	19	TEGSEDI	80
		<i>telmisartan</i>	59

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
<i>telmisartan/hydrochlorothiazide</i>	66	<i>torseamide</i>	67
<i>temazepam</i>	106	TOUJEO MAX SOLOSTAR	56
TEMIXYS	49	TOUJEO SOLOSTAR	56
TENIVAC	97	TRADJENTA	54
<i>tenofovir disoproxil fumarate</i>	49	<i>tramadol hydrochloride</i>	11
TEPMETKO	38	<i>tramadol hydrochloride/acetaminophen</i>	11
<i>terazosin hcl</i>	59	<i>trandolapril</i>	60
<i>terazosin hydrochloride</i>	59	<i>tranexamic acid</i>	58
<i>terbinafine hcl</i>	29	<i>tranylcypromine sulfate</i>	24
<i>terconazole</i>	29	TRAZIMERA	39
<i>teriparatide</i>	98	<i>trazodone hydrochloride</i>	26
<i>testosterone</i>	83	TRECTOR	31
<i>testosterone cypionate</i>	83	TRELEGY ELLIPTA	105
<i>testosterone enanthate</i>	83	TRELSTAR MIXJECT	90
<i>testosterone pump</i>	83	TRESIBA	56
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	97	TRESIBA FLEXTOUCH	56
<i>tetrabenazine</i>	71	<i>tretinoin</i>	39
<i>tetracycline hydrochloride</i>	18	<i>tretinoin</i>	73
THALOMID	32	<i>tri femynor</i>	87
<i>theophylline er</i>	104	<i>triamcinolone acetamide</i>	74
<i>thioridazine hcl</i>	43	<i>triamcinolone acetamide dental paste</i>	72
<i>thiothixene</i>	43	<i>triamterene/hydrochlorothiazide</i>	66
<i>tiadylt er</i>	64	<i>triderm</i>	74
<i>tiagabine hydrochloride</i>	21	<i>trientine hydrochloride</i>	76
TIBSOVO	38	<i>tri-estarylla</i>	87
TICOVAC	97	<i>trifluoperazine hcl</i>	43
<i>timolol maleate</i>	101	<i>trifluoperazine hydrochloride</i>	43
<i>tinidazole</i>	13	<i>trifluridine</i>	101
<i>tiotropium bromide</i>	103	<i>trihexyphenidyl hydrochloride</i>	40
TIVICAY	47	TRIJARDY XR	54
TIVICAY PD	47	<i>tri-linyah</i>	87
<i>tizanidine hcl</i>	46	<i>trimethoprim</i>	13
<i>tizanidine hydrochloride</i>	46	<i>tri-mili</i>	87
TOBRADEX	100	<i>trimipramine maleate</i>	27
TOBRADEX ST	100	TRINTELLIX	26
<i>tobramycin</i>	101	<i>tri-nymyo</i>	87
<i>tobramycin</i>	104	<i>tri-previfem</i>	87
<i>tobramycin sulfate</i>	12	TRIPTODUR	90
<i>tobramycin/dexamethasone</i>	100	<i>tri-sprintec</i>	87
<i>tolterodine tartrate</i>	81	TRIUMEQ	49
<i>tolterodine tartrate er</i>	81	TRIUMEQ PD	49
<i>topiramate</i>	19	<i>trivora-28</i>	87
<i>toremifene citrate</i>	32	<i>tri-vylibra</i>	87
		TRIZIVIR	49

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
TROGARZO	49	<i>venlafaxine hydrochloride</i>	26
<i>tropium chloride</i>	81	<i>venlafaxine hydrochloride er</i>	26
TRULICITY	54	VENTAVIS	105
TRUMENBA	97	VEOPOZ	92
TRUQAP	38	<i>verapamil hcl</i>	64
TRUSELTIQ	33	<i>verapamil hcl er</i>	64
TUKYSA	33	<i>verapamil hcl sr</i>	64
<i>tulana</i>	88	<i>verapamil hydrochloride</i>	64
TURALIO	38	<i>verapamil hydrochloride er</i>	64
<i>turqoz</i>	87	VERQUVO	69
TWINRIX	97	VERSACLOZ	46
TYBOST	49	VERZENIO	38
TYMLOS	98	V-GO 20	99
TYPHIM VI	97	V-GO 30	99
TYRVAYA	99	V-GO 40	99
TYSABRI	72	<i>vienna</i>	87
UBRELVY	29	<i>vigabatrin</i>	21
UDENYCA	58	<i>vigadrone</i>	21
UDENYCA ONBODY	58	<i>vigpoder</i>	21
<i>urea</i>	74	VIIBRYD STARTER PACK	26
<i>ursodiol</i>	78	<i>vilazodone hydrochloride</i>	26
<i>valacyclovir hydrochloride</i>	50	VIMIZIM	80
VALCHLOR	31	<i>viorele</i>	87
<i>valganciclovir</i>	47	VIRACEPT	50
<i>valganciclovir hydrochloride</i>	47	VIREAD	49
<i>valproic acid</i>	51	VISTOGARD	99
<i>valsartan</i>	59	VITRAKVI	38
<i>valsartan/hydrochlorothiazide</i>	66	VIVITROL	11
VALTOCO 10 MG DOSE	21	VIZIMPRO	38
VALTOCO 15 MG DOSE	21	VOCABRIA	47
VALTOCO 20 MG DOSE	21	<i>volnea</i>	87
VALTOCO 5 MG DOSE	21	VONJO	33
<i>vancomycin hcl</i>	13	<i>voriconazole</i>	29
<i>vancomycin hydrochloride</i>	13	VOSEVI	47
VANFLYTA	38	VOTRIENT	39
VAQTA	97	VOWST	78
<i>varenicline starting month box</i>	12	VRAYLAR	46
<i>varenicline tartrate</i>	12	<i>vyfemla</i>	87
VARIVAX	97	VYJUVEK	99
VARIZIG	91	<i>vylibra</i>	87
VAXELIS	97	VYNDAMAX	66
VELTASSA	77	VYNDAQEL	80
VENCLEXTA	38	VYZULTA	101
VENCLEXTA STARTING PACK	38	<i>warfarin sodium</i>	57

Formulary ID: 24059, Version: 11, 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	Page #	Drug Name	Page #
WELIREG	39	<i>ziprasidone mesylate</i>	46
<i>wera</i>	88	ZIRGAN	101
<i>wixela inhub</i>	106	ZOKINVY	80
XALKORI	39	ZOLINZA	34
XARELTO	57	<i>zolmitriptan</i>	30
XARELTO STARTER PACK	57	<i>zolpidem tartrate</i>	106
XATMEP	95	ZONISADE	22
XCOPRI	19	<i>zonisamide</i>	22
XELJANZ	92	<i>zovia 1/35</i>	88
XELJANZ XR	92	<i>zovia 1/35e</i>	88
XERMELO	77	ZTALMY	71
XGEVA	98	ZURZUVAE	24
XIFAXAN	78	ZYDELIG	39
XIGDUO XR	54	ZYKADIA	39
XIIDRA	100	ZYLET	100
XOFLUZA	50	ZYPREXA RELPREVV	46
XOLAIR	92		
XOSPATA	39		
XPOVIO	34		
XPOVIO 100 MG ONCE WEEKLY	34		
XPOVIO 40 MG ONCE WEEKLY	34		
XPOVIO 40 MG TWICE WEEKLY	34		
XPOVIO 60 MG ONCE WEEKLY	34		
XPOVIO 60 MG TWICE WEEKLY	34		
XPOVIO 80 MG ONCE WEEKLY	34		
XPOVIO 80 MG TWICE WEEKLY	34		
XTAMPZA ER	9		
XTANDI	31		
<i>yargesa</i>	80		
YF-VAX	97		
YUFLYMA 1-PEN KIT	95		
YUFLYMA 2-PEN KIT	95		
YUFLYMA 2-SYRINGE KIT	95		
YUFLYMA CD/UC/HS STARTER	95		
<i>yuvafem</i>	88		
<i>zafirlukast</i>	103		
<i>zaleplon</i>	106		
ZARXIO	58		
ZEJULA	39		
ZELBORAF	39		
<i>zenatane</i>	73		
ZENPEP	80		
<i>zidovudine</i>	49		
<i>ziprasidone hcl</i>	46		

Formulary ID: 24059, Version: 11, 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.

This formulary was updated on 04/01/2024. For more recent information or other questions, please contact Member Services at 1-866-643-6924. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1 – March 31 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.fbhp.com/part-d.

April 2024

Farm Bureau Health Plans is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

S2668_FBTNFL24391FRS_C