



A Medicare Advantage Plan from Hometown Health.

Senior Care Plus

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: 24083 Version Number: 14

This formulary was updated on 07/01/2024. For more recent information or other questions, please contact Senior Care Plus at 775-982-3112 or toll-free 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit www.SeniorCarePlus.com.

Senior Care Plus is a Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services are available to you, free of charge. Call 775-982-3112 or toll-free at 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

ATENCIÓN: Si habla español, servicios de asistencia lingüística están disponible para usted sin cargo alguno. Llame al 775-982-3112 o al número gratuito al 888-775-7003 (Los usuarios de TTY deben llamar al Servicio de Retransmisión del Estado al 711). (No estamos abiertos los 7 días de la semana durante todo el año) El horario es de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre.

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.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

When this drug list (formulary) refers to "we," "us", or "our," it means Senior Care Plus. When it refers to "plan" or "our plan," it means Senior Care Plus.

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

This document includes a list of the drugs (formulary) for our plan which is current as of 08/01/2024. 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 Senior Care Plus Formulary?

A formulary is a list of covered drugs selected by Senior Care Plus 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. Senior Care Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Senior Care Plus 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 Senior Care Plus 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 Senior Care Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a 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 we may make changes based on new

clinical guidelines. If we 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 must notify

Senior Care Plus

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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 Senior Care Plus 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 08/01/2024. To get updated information about the drugs covered by Senior Care Plus, please contact us. Our contact information appears on the front and back cover pages.

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.

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 70. 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?

Senior Care Plus 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:

Senior Care Plus

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- **Prior Authorization:** Senior Care Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Care Plus before you fill your prescriptions. If you don't get approval, Senior Care Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Care Plus limits the amount of the drug that Senior Care Plus covers. For example, Senior Care Plus provides 30 tablets per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Senior Care Plus 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, Senior Care Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you Senior Care Plus 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 Web site. We have posted online documents that explain our prior authorization restriction 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 Senior Care Plus 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 Senior Care Plus formulary?" on page 4 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

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.

If you learn that Senior Care Plus does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Senior Care Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Senior Care Plus.
- You can ask Senior Care Plus to make an exception to cover your drug. See below for information about how to request an exception.

How do I request an exception to the Senior Care Plus Formulary?

You can ask Senior Care Plus 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.

Senior Care Plus

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- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not 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, Senior Care Plus 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, Senior Care Plus 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 or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90-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.

Transition fills include the transition of new Enrollees into a Medicare Part D Plan following the annual coordinated election period; the transition of newly eligible Enrollees into a Medicare Part D Plan from other coverage; the transition of enrollees from one plan to another after the start of a plan year (i.e. after January 1); Enrollees residing in a Long-Term- Care (LTC) Facility; and current Enrollees in a Medicare Part D Plan affected by Formulary changes from one plan year to the next.

The transition period is the first 90 days of coverage under a Medicare Part D Plan following a transition, coverage will be extended across contract years if an Enrollee has an effective enrollment date of either November 1 or December 1 to allow for the full 90 days of coverage. During this time, Medicare Part D Plans must provide temporary fill of a Non-Formulary Drug to an Enrollee.

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

For Enrollees who are residents of Long-Term Care Facilities and obtain their prescriptions from a Long-Term Care Network Pharmacy or who experience a transition characterized as a level of care change from one treatment setting to another, Senior Care Plus will provide up to a 31-day supply of Non-Formulary Drug. An override for up to a 31-day supply is entered to allow the Non-Formulary Drug claim to process.

For more information

For more detailed information about your Senior Care Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Senior Care Plus, 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>.

Senior Care Plus Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by Senior Care Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

The information in the Requirements/Limits column tells you if Senior Care Plus has any special requirements for coverage of your drug.

NOTES KEY

The symbol **B/D** next to a drug name indicates that the drug is Part D vs Part B with prior authorization only.

The symbol **PA** next to a drug name indicates that prior authorization may apply.

The symbol **QL** next to a drug name indicates that quantities dispensed may be limited.

The symbol **ST** next to a drug name indicates that Step Therapy may apply.

The symbol **NDS** next to a drug name indicates that Non-Extended Day Supply may apply.

You will be notified when a generic is available throughout the year for certain brand name drugs. Certain prescription drugs related to Home Infusion Therapy that are normally covered under our outpatient prescription drug benefit may instead be covered under our medical benefit.

For more information, please call Customer Service at 888-775-7003. TTY users should call the State Relay Service at 711. (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit

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Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

Tier Key						
	1	2	3	4	5	6
	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Drug	Specialty	Select Care Drugs
PLAN TYPE						
Essential (HMO)-012	\$5	\$12	\$47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Complete (HMO)-019	\$2	\$8	\$47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Renown Preferred (HMO)-023	\$5	\$12	\$47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Select (HMO)-018	\$0	\$0	\$ 47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Extensive Duals (HMO D-SNP)-024	\$0	\$0	\$0	\$0	33% coinsurance	\$0

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 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, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	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</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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Drug Name	Drug Tier	Requirements/Limits
Opioid Dependence		
<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</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</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, 250mg, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>mondoxyne nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg-150mg)
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
<i>vigpoder</i>	5	PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</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 er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days); ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</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>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</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 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL(120 EA per 30 days); PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
AKEEGA	5	PA
BESREMI	5	PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
COLUMVI	5	PA
EPKINLY	5	PA
GAVRETO	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
NINLARO	5	PA
OGSIVEO	5	PA
ONUREG	5	PA
ORSERDU	5	PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PHESGO	5	PA
RETEVMO	5	PA
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
<i>Antineoplastics</i>		
OPDUALAG	5	PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	2	PA
<i>imatinib mesylate tablet 400mg</i>	4	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL(180 EA per 30 days); PA
ODOMZO	5	PA
OJEMDA	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL(30 EA per 30 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
TRUQAP	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA CAPSULE	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO	5	PA
KANJINTI	5	PA
LOQTORZI	5	PA
RUXIENCE	5	PA
TRAZIMERA	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI	5	QL(150 EA per 30 days); PA
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl concentrate, injection</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA
FANAPT	5	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</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)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</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 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	5	
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</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 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)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<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 suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 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 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	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	3	
<i>glimepiride</i>	6	
<i>glipizide er</i>	6	
<i>glipizide xl</i>	6	
<i>glipizide/metformin hydrochloride</i>	6	
<i>glipizide tablet</i>	6	
<i>glyburide/metformin hydrochloride</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	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</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	6	
EDARBI	4	
<i>irbesartan</i>	6	
<i>losartan potassium tablet</i>	6	
<i>olmesartan medoxomil tablet</i>	6	
<i>telmisartan</i>	6	
<i>valsartan tablet</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	6	
<i>benazepril hydrochloride tablet 20mg</i>	6	
<i>captopril tablet</i>	6	
<i>enalapril maleate tablet</i>	6	
<i>fosinopril sodium</i>	6	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>lisinopril tablet</i>	6	
<i>moexipril hcl</i>	6	
<i>perindopril erbumine</i>	6	
<i>quinapril hydrochloride</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate tablet</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadytl er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	6	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	6	
<i>amlodipine besylate/valsartan</i>	6	
<i>amlodipine/olmesartan medoxomil</i>	6	
<i>atenolol/chlorthalidone</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hydrochloride/hydrochlorothiazide</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	6	
<i>captopril/hydrochlorothiazide</i>	6	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	6	
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	6	
<i>irbesartan/hydrochlorothiazide</i>	6	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	6	
<i>losartan potassium/hydrochlorothiazide</i>	6	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	6	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	6	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	6	
<i>trandolapril/verapamil hcl er</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	6	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tablet</i>	6	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	6	
<i>rosuvastatin calcium tablet</i>	6	
<i>simvastatin tablet</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	6	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	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>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	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>	3	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>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
REBIF	5	QL(6 ML per 28 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
KEPIVANCE	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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>Dermatitis and Pruitus Agents</i>		
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</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, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<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>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>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; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	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</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTTEGRITY	3	QL(30 EA per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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>pegylax</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML 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</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
Protectants		
<i>misoprostol</i>	3	
<i>sucrafate tablet</i>	2	
<i>sucrafate suspension</i>	4	
Proton Pump Inhibitors		
DEXILANT	4	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM	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)		
Androgens		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA
Estrogens		

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-lynyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	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	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(6 ML per 28 days); PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 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 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	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
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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 0	5	QL(4 EA per 365 days); PA
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 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 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
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
YUFLYMA 2-PEN KIT	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	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
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
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA
LAGEVRIO	3	QL(40 EA per 5 days)
NUTRILIPID	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OXLUMO	5	PA
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 Pak) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatory		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 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(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA	3	QL(24 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 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
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</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</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	4	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024
Last Updated: July 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>	30	<i>alfuzosin hcl er</i>	50
<i>abacavir sulfate/lamivudine</i>	30	ALINIA	25
<i>abacavir sulfate/lamivudine/zidovudine</i>	30	<i>aliskiren</i>	38
ABELCET	19	<i>allopurinol</i>	19
ABILIFY MAINTENA	27	<i>alosectron hydrochloride</i>	48
<i>abiraterone acetate</i>	21	ALPHAGAN P	66
ABRYSVO	61	<i>alprazolam</i>	32
<i>acamprosate calcium dr</i>	9	<i>altavera</i>	52
<i>acarbose</i>	32	ALUNBRIG	23
AC CUTANE	43	<i>alyacen 1/35</i>	52
<i>acebutolol hcl</i>	37	<i>alyacen 7/7/7</i>	52
<i>acebutolol hydrochloride</i>	37	<i>alyq</i>	68
<i>acetaminophen/codeine</i>	8	<i>amabelz</i>	52
<i>acetazolamide</i>	38	<i>amantadine hcl</i>	31
<i>acetazolamide er</i>	66	<i>ambrisentan</i>	68
<i>acetic acid</i>	66	<i>amethia</i>	52
<i>acetic acid 0.25%</i>	50	<i>amethia lo</i>	52
<i>acitretin</i>	43	<i>amethyst</i>	52
ACTHIB	61	<i>amikacin sulfate</i>	10
ACTIMMUNE	59	<i>amiloride hcl</i>	39
<i>acyclovir</i>	31	<i>amiloride/hydrochlorothiazide</i>	38
<i>acyclovir</i>	45	AMINOSYN II	46
<i>acyclovir sodium</i>	31	AMINOSYN-PF	46
ADACEL	61	<i>amiodarone hydrochloride</i>	37
ADBRY	58	<i>amitriptyline hcl</i>	18
<i>adefovir dipivoxil</i>	29	<i>amitriptyline hydrochloride</i>	18
ADEMPAS	68	<i>amlodipine besylate</i>	38
ADTHYZA	56	<i>amlodipine besylate/benazepril hydrochloride</i>	38
ADVAIR HFA	68	<i>amlodipine besylate/valsartan</i>	38
<i>afirmelle</i>	52	<i>amlodipine/olmesartan medoxomil</i>	38
AIMOVIG	20	<i>ammonium lactate</i>	44
AKEEGA	21	<i>amnestem</i>	43
ALA-CORT	44	<i>amoxapine</i>	18
<i>albendazole</i>	25	<i>amoxicillin</i>	12
<i>albuterol sulfate</i>	67	<i>amoxicillin/clavulanate potassium</i>	12
<i>albuterol sulfate er</i>	67	<i>amoxicillin/clavulanate potassium er</i>	12
<i>albuterol sulfate hfa</i>	67	<i>amphetamine/dextroamphetamine</i>	41
<i>alclometasone dipropionate</i>	44	<i>amphotericin b</i>	19
ALCOHOL PREP PADS	63	<i>amphotericin b liposome</i>	19
ALDURAZYME	49	<i>ampicillin</i>	12
ALECENSA	23	<i>ampicillin sodium</i>	12
<i>alendronate sodium</i>	62	<i>ampicillin/sulbactam</i>	12
		<i>ampicillin-sulbactam</i>	12
		<i>anagrelide hydrochloride</i>	35
		<i>anastrozole</i>	23

Drug Name	Page #	Drug Name	Page #
ANORO ELLIPTA	68	<i>aurovela 1/20</i>	52
<i>aprepitant</i>	18	<i>aurovela fe 1.5/30</i>	52
APRETUDE	29	<i>aurovela fe 1/20</i>	52
APTIOM	15	AUSTEDO	42
APTIVUS	31	AUVELITY	16
AREXVY	61	<i>aviane</i>	52
<i>arformoterol tartrate</i>	67	AVONEX	42
<i>aripiprazole</i>	27	AVONEX PEN	42
<i>aripiprazole odt</i>	27	<i>ayuna</i>	52
ARISTADA	27	AYVAKIT	23
ARISTADA INITIO	27	<i>azathioprine</i>	59
<i>armodafinil</i>	69	<i>azelaic acid</i>	43
ARMOUR THYROID	56	<i>azelastine hcl</i>	65
ARNUITY ELLIPTA	66	<i>azelastine hcl</i>	66
ASCENIV	58	<i>azelastine hydrochloride</i>	67
<i>asenapine maleate sl</i>	27	<i>azithromycin</i>	12
<i>ashlyna</i>	52	<i>aztreonam</i>	10
ASMANEX HFA	66	<i>azurette</i>	52
ASMANEX TWISTHALER 120	66	<i>bacitracin</i>	65
METERED DOSES		<i>bacitracin/polymyxin b</i>	64
ASMANEX TWISTHALER 14 METERED	66	<i>baclofen</i>	28
DOSES		BACTROBAN NASAL	45
ASMANEX TWISTHALER 30 METERED	66	BAFIERTAM	42
DOSES		<i>balsalazide disodium</i>	62
ASMANEX TWISTHALER 60 METERED	66	BALVERSA	23
DOSES		<i>balziva</i>	52
ASMANEX TWISTHALER 7 METERED	66	BAQSIMI ONE PACK	33
DOSES		BAQSIMI TWO PACK	33
<i>aspirin/dipyridamole</i>	36	BARACLUDE	29
<i>aspirin/dipyridamole er</i>	36	<i>bcg vaccine</i>	61
ASTAGRAF XL	59	BD INSULIN SYRINGE	63
<i>atazanavir</i>	31	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atazanavir sulfate</i>	31	B-D INSULIN SYRINGE ULTRAFINE	63
<i>atenolol</i>	37	II/0.3ML/31G X 5/16"	
<i>atenolol/chlorthalidone</i>	38	BD INSULIN SYRINGE ULTRA-	63
<i>atomoxetine</i>	41	FINE/0.5ML/30G X 12.7MM	
<i>atomoxetine hydrochloride</i>	41	BD INSULIN SYRINGE ULTRA-	63
<i>atorvastatin calcium</i>	40	FINE/1ML/31G X 8MM	
<i>atovaquone</i>	25	BD PEN NEEDLE/ORIGINAL/ULTRA-	63
<i>atovaquone/proguanil hcl</i>	25	FINE/29G X 12.7MM	
<i>atropine sulfate</i>	64	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	63
ATROVENT HFA	67	<i>6mm</i>	
<i>aubra eq</i>	52	<i>bekyree</i>	52
AUGMENTIN	12	BELSOMRA	69
AUGTYRO	63	<i>benazepril hcl</i>	36
<i>aurovela 1.5/30</i>	52	<i>benazepril hydrochloride</i>	36

Drug Name	Page #	Drug Name	Page #
<i>cefazolin sodium</i>	11	<i>ciprofloxacin/dexamethasone</i>	66
<i>cefdinir</i>	11	<i>cisplatin</i>	21
<i>cefepime</i>	11	<i>citalopram hydrobromide</i>	17
<i>cefepime hydrochloride</i>	11	<i>claravis</i>	43
<i>cefixime</i>	11	<i>clarithromycin</i>	13
<i>cefotaxime sodium</i>	11	<i>clarithromycin er</i>	13
<i>cefotetan</i>	11	CLENPIQ	48
<i>cefoxitin sodium</i>	11	CLIMARA PRO	52
<i>cefpodoxime proxetil</i>	11	<i>clindacin etz pledgets</i>	10
<i>cefprozil</i>	11	<i>clindamycin hcl</i>	10
<i>ceftazidime</i>	11	<i>clindamycin hydrochloride</i>	10
<i>ceftazidime/dextrose</i>	11	<i>clindamycin palmitate hydrochloride</i>	10
<i>ceftriaxone sodium</i>	11	<i>clindamycin phosphate</i>	10
<i>cefuroxime axetil</i>	12	<i>clindamycin phosphate</i>	45
<i>cefuroxime sodium</i>	12	<i>clobazam</i>	15
<i>celecoxib</i>	8	<i>clobetasol propionate</i>	44
<i>cephalexin</i>	12	<i>clobetasol propionate e</i>	44
CERDELGA	49	<i>clomipramine hydrochloride</i>	18
<i>chateal</i>	52	<i>clonazepam</i>	15
<i>chateal eq</i>	52	<i>clonazepam odt</i>	15
CHEMET	47	<i>clonidine</i>	36
<i>chlorhexidine gluconate</i>	43	<i>clonidine hydrochloride</i>	36
<i>chloroquine phosphate</i>	26	<i>clopidogrel</i>	36
<i>chlorothiazide</i>	39	<i>clorazepate dipotassium</i>	32
<i>chlorpromazine hcl</i>	26	<i>clotrimazole</i>	19
<i>chlorpromazine hydrochloride</i>	26	<i>clotrimazole/betamethasone dipropionate</i>	45
<i>chlorthalidone</i>	39	CLOVIQUE	47
CHOLBAM	49	<i>clozapine</i>	28
<i>cholestyramine</i>	40	<i>clozapine odt</i>	28
<i>cholestyramine light</i>	40	COARTEM	26
<i>ciclodan</i>	45	<i>colchicine</i>	19
<i>ciclopirox</i>	45	<i>colesevelam hydrochloride</i>	40
<i>ciclopirox nail lacquer</i>	45	<i>colestipol hcl</i>	40
<i>ciclopirox olamine</i>	45	<i>colistimethate sodium</i>	11
<i>cidofovir</i>	29	<i>colocort</i>	62
<i>cilostazol</i>	36	COLUMVI	22
CIMDUO	30	COMBIGAN	64
<i>cinacalcet hydrochloride</i>	63	COMBIVENT RESPIMAT	68
CINRYZE	57	COMETRIQ	23
CIPRO	13	COMPLERA	29
<i>ciprofloxacin</i>	13	<i>compro</i>	18
<i>ciprofloxacin</i>	66	<i>constulose</i>	47
<i>ciprofloxacin hcl</i>	13	COPIKTRA	23
<i>ciprofloxacin hydrochloride</i>	13	CORLANOR	39
<i>ciprofloxacin hydrochloride</i>	65	<i>cortisone acetate</i>	51
<i>ciprofloxacin i.v.-in d5w</i>	13	COSENTYX	58

Drug Name	Page #	Drug Name	Page #
COSENTYX SENSOREADY PEN	58	<i>demeclocycline hcl</i>	13
COSENTYX UNOREADY	58	<i>demeclocycline hydrochloride</i>	13
COTELLIC	23	DENGVAXIA	61
CREON	49	DEPO-PROVERA	55
<i>cromolyn sodium</i>	49	DEPO-SUBQ PROVERA 104	55
<i>cromolyn sodium</i>	65	DESCOVY	30
<i>cromolyn sodium</i>	68	<i>desipramine hydrochloride</i>	18
<i>cryselle-28</i>	52	<i>desmopressin acetate</i>	51
CURITY GAUZE PADS 2"X2" 12 PLY	63	<i>desogestrel/ethinyl estradiol</i>	52
CUTAQUIG	58	<i>desonide</i>	44
CUVITRU	58	<i>desoximetasone</i>	44
<i>cyclafem 1/35</i>	52	<i>desvenlafaxine er</i>	17
<i>cyclafem 7/7/7</i>	52	<i>dexamethasone</i>	51
<i>cyclobenzaprine hydrochloride</i>	69	<i>dexamethasone sodium phosphate</i>	65
<i>cyclophosphamide</i>	21	DEXILANT	49
<i>cycloserine</i>	20	<i>dexlansoprazole</i>	49
<i>cyclosporine</i>	59	<i>dextroamphetamine sulfate</i>	41
<i>cyclosporine</i>	64	<i>dextroamphetamine sulfate er</i>	41
<i>cyclosporine modified</i>	59	<i>dextrose 5%</i>	46
CYLTEZO	59	<i>dextrose 5%/sodium chloride 0.45%</i>	46
CYLTEZO STARTER PACKAGE FOR	59	<i>dextrose 5%/sodium chloride 0.9%</i>	46
CROHNS DISEASE/UC/HS		DIACOMIT	15
CYLTEZO STARTER PACKAGE FOR	59	<i>diazepam</i>	32
PSORIASIS		<i>diazepam intensol</i>	32
CYLTEZO STARTER PACKAGE FOR	59	<i>diazepam rectal gel</i>	15
PSORIASIS/UEVITIS		<i>diazoxide</i>	33
<i>cyproheptadine hydrochloride</i>	67	<i>diclofenac potassium</i>	8
CYSTAGON	49	<i>diclofenac sodium</i>	8
CYSTARAN	64	<i>diclofenac sodium</i>	45
<i>dalfampridine er</i>	42	<i>diclofenac sodium</i>	65
<i>danazol</i>	51	<i>diclofenac sodium dr</i>	8
<i>dantrolene sodium</i>	28	<i>diclofenac sodium er</i>	8
<i>dapsone</i>	20	<i>dicloxacillin sodium</i>	12
DAPTACEL	61	<i>dicyclomine hcl</i>	48
<i>daptomycin</i>	11	<i>dicyclomine hydrochloride</i>	48
DAPTOMYCIN/SODIUM CHLORIDE	11	DIFICID	13
<i>darunavir</i>	31	<i>diflunisal</i>	8
DARZALEX FASPRO	25	<i>digitek</i>	37
<i>dasetta 1/35</i>	52	<i>digox</i>	37
<i>dasetta 7/7/7</i>	52	<i>digoxin</i>	37
DAURISMO	23	<i>dihydroergotamine mesylate</i>	20
<i>daysee</i>	52	DILANTIN	15
<i>deblitane</i>	55	<i>diltiazem hcl</i>	38
<i>deferasirox</i>	47	<i>diltiazem hcl cd</i>	38
DELSTRIGO	29	<i>diltiazem hcl er</i>	38
<i>delyla</i>	52	<i>diltiazem hydrochloride</i>	38

Drug Name	Page #	Drug Name	Page #
<i>diltiazem hydrochloride er</i>	38	EDARBYCLOR	39
<i>dilt-xr</i>	38	EDURANT	29
<i>dimethyl fumarate</i>	42	<i>efavirenz</i>	30
<i>dimethyl fumarate starterpack</i>	42	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	30
<i>diphenhydramine hcl</i>	67	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	30
<i>diphenhydramine hydrochloride</i>	67	<i>effe-r-k</i>	46
<i>diphenoxylate hydrochloride/atropine sulfate</i>	48	ELAPRASE	49
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	61	<i>elinest</i>	52
<i>disulfiram</i>	9	ELIQUIS	35
<i>divalproex sodium</i>	15	ELIQUIS STARTER PACK	35
<i>divalproex sodium dr</i>	15	ELLA	63
<i>divalproex sodium er</i>	15	ELMIRON	50
<i>dofetilide</i>	37	<i>eluryng</i>	52
<i>dolishale</i>	52	EMCYT	21
<i>donepezil hcl</i>	16	EMGALITY	20
<i>donepezil hydrochloride</i>	16	EMPAVELI	58
DOPTELET	36	EMSAM	17
<i>dorzolamide hcl/timolol maleate</i>	64	<i>emtricitabine</i>	30
<i>dorzolamide hydrochloride</i>	66	<i>emtricitabine/tenofovir disoproxil fumarate</i>	30
DOTTI	52	<i>emtricitabine/tenofovir disoproxil fumarate</i>	30
DOVATO	29	EMTRIVA	30
<i>doxazosin mesylate</i>	50	<i>emzahh</i>	55
<i>doxepin hcl</i>	18	<i>enalapril maleate</i>	36
<i>doxepin hydrochloride</i>	18	<i>enalapril maleate/hydrochlorothiazide</i>	39
<i>doxy 100</i>	13	ENBREL	59
<i>doxycycline</i>	13	ENBREL MINI	59
<i>doxycycline hyclate</i>	13	ENBREL SURECLICK	59
<i>doxycycline hyclate</i>	43	ENDARI	49
<i>doxycycline monohydrate</i>	13	<i>endocet</i>	8
<i>d-penamamine</i>	50	ENGERIX-B	61
DRIZALMA SPRINKLE	17	<i>enilloring</i>	52
<i>dronabinol</i>	18	ENJAYMO	58
DROXIA	21	<i>enoxaparin sodium</i>	35
<i>droxidopa</i>	36	<i>enpresse-28</i>	52
DULERA	69	<i>entacapone</i>	26
<i>duloxetine hydrochloride</i>	17	<i>entecavir</i>	29
DUPIXENT	58	ENTRESTO	39
<i>dutasteride</i>	50	<i>enulose</i>	47
<i>dutasteride/tamsulosin hydrochloride</i>	50	ENVARBUS XR	59
EASY COMFORT INSULIN	63	EPIDIOLEX	14
SYRINGE/0.3ML/31G X 1/2"		<i>epinephrine</i>	39
<i>ec-naproxen</i>	8	<i>epinephrine</i>	67
<i>econazole nitrate</i>	19	<i>epitol</i>	15
EDARBI	36	EPKINLY	22

Drug Name	Page #	Drug Name	Page #
<i>eplerenone</i>	39	FARXIGA	32
<i>epoprostenol sodium</i>	68	FARYDAK	23
EPRONTIA	14	FASENRA	69
<i>ergoloid mesylates</i>	16	FASENRA PEN	69
<i>ergotamine tartrate/caffeine</i>	20	<i>fayosim</i>	53
ERIVEDGE	23	<i>febuxostat</i>	20
ERLEADA	21	<i>felbamate</i>	14
<i>erlotinib hydrochloride</i>	23	<i>felodipine er</i>	38
<i>errin</i>	55	<i>femynor</i>	53
<i>ertapenem</i>	12	<i>fenofibrate</i>	40
<i>ertapenem sodium</i>	12	<i>fenofibrate micronized</i>	40
<i>ery</i>	45	<i>fenofibric acid dr</i>	40
<i>erythromycin</i>	45	<i>fentanyl</i>	8
<i>erythromycin</i>	65	<i>fentanyl citrate oral transmucosal</i>	8
<i>erythromycin dr</i>	13	FETZIMA	17
<i>erythromycin ethylsuccinate</i>	13	FETZIMA TITRATION PACK	17
<i>erythromycin/benzoyl peroxide</i>	43	FINACEA	43
<i>escitalopram oxalate</i>	17	<i>finasteride</i>	50
<i>esomeprazole magnesium</i>	49	<i>fingolimod hydrochloride</i>	42
<i>estarylla</i>	52	FINTEPLA	14
<i>estradiol</i>	53	FIRMAGON	57
<i>estradiol/norethindrone acetate</i>	53	FLAREX	65
ESTRING	53	<i>flecainide acetate</i>	37
<i>eszopiclone</i>	69	<i>fluconazole</i>	19
<i>ethambutol hydrochloride</i>	20	<i>fluconazole in dextrose</i>	19
<i>ethosuximide</i>	14	<i>fluconazole in sodium chloride</i>	19
<i>ethynodiol diacetate/ethinyl estradiol</i>	53	<i>flucytosine</i>	19
<i>etodolac</i>	8	<i>fludrocortisone acetate</i>	51
<i>etonogestrel/ethinyl estradiol</i>	53	<i>flunisolide</i>	66
<i>etravirine</i>	30	<i>fluocinolone acetonide</i>	44
EUCRISA	44	<i>fluocinolone acetonide body</i>	44
EUTHYROX	56	<i>fluocinolone acetonide scalp</i>	44
<i>everolimus</i>	23	<i>fluocinolone acetonide topical</i>	44
<i>everolimus</i>	59	<i>fluocinonide</i>	44
EVOTAZ	31	<i>fluorometholone</i>	65
EVRYSDI	49	<i>fluorouracil</i>	45
<i>exemestane</i>	23	<i>fluoxetine hydrochloride</i>	17
EXKIVITY	23	<i>fluphenazine decanoate</i>	26
<i>ezetimibe</i>	40	<i>fluphenazine hcl</i>	27
<i>ezetimibe/simvastatin</i>	40	<i>fluphenazine hydrochloride</i>	27
FABRAZYME	49	<i>flurbiprofen</i>	8
<i>falmina</i>	53	<i>flurbiprofen sodium</i>	65
<i>famciclovir</i>	31	<i>flutamide</i>	21
<i>famotidine</i>	48	<i>fluticasone propionate</i>	44
FANAPT	27	<i>fluticasone propionate</i>	66
FANAPT TITRATION PACK	27	<i>fluticasone propionate/salmeterol</i>	69

Drug Name	Page #	Drug Name	Page #
<i>fluticasone propionate/salmeterol diskus</i>	69	GLEOSTINE	21
<i>fluvastatin</i>	40	<i>glimepiride</i>	32
<i>fluvastatin sodium er</i>	40	<i>glipizide</i>	32
<i>fluvoxamine maleate</i>	17	<i>glipizide er</i>	32
<i>fondaparinux sodium</i>	35	<i>glipizide xl</i>	32
<i>formoterol fumarate</i>	67	<i>glipizide/metformin hydrochloride</i>	32
FORTEO	63	GLUCAGEN HYPOKIT	33
<i>fosamprenavir calcium</i>	31	<i>glucagon emergency kit</i>	33
<i>fosinopril sodium</i>	36	GLUCAGON EMERGENCY KIT FOR	33
<i>fosinopril sodium/hydrochlorothiazide</i>	39	LOW BLOOD SUGAR	
FOTIVDA	21	<i>glyburide</i>	32
FRAGMIN	35	<i>glyburide/metformin hydrochloride</i>	32
FRUZAQLA	23	<i>glycopyrrolate</i>	48
<i>furosemide</i>	39	GLYXAMBI	33
FUZEON	31	<i>griseofulvin microsize</i>	19
FYAVOLV	53	<i>griseofulvin ultramicrosize</i>	19
FYCOMPA	14	<i>guanfacine hydrochloride</i>	36
<i>gabapentin</i>	15	<i>guanfacine hydrochloride er</i>	41
<i>galantamine hydrobromide</i>	16	GUANIDINE HCL	20
<i>galantamine hydrobromide er</i>	16	GVOKE HYPOPEN 1-PACK	33
GAMASTAN	58	GVOKE HYPOPEN 2-PACK	33
GAMMAKED	58	GVOKE KIT	33
GAMUNEX-C	58	GVOKE PFS	33
<i>ganciclovir</i>	29	<i>hailey 1.5/30</i>	53
GARDASIL 9	61	<i>hailey fe 1.5/30</i>	53
<i>gatifloxacin</i>	65	<i>hailey fe 1/20</i>	53
<i>gavilyte-c</i>	48	<i>halobetasol propionate</i>	44
<i>gavilyte-g</i>	48	<i>haloette</i>	53
<i>gavilyte-h</i>	48	<i>haloperidol</i>	27
<i>gavilyte-n/fluor pack</i>	48	<i>haloperidol decanoate</i>	27
GAVRETO	22	<i>haloperidol lactate</i>	27
<i>gefitinib</i>	23	HAVRIX	61
GELNIQUE PUMP	50	<i>heather</i>	55
<i>gemfibrozil</i>	40	HEPAGAM B	58
GEMTESA	50	<i>heparin sodium</i>	35
<i>generlac</i>	47	HEPLISAV-B	61
<i>gengraf</i>	59	HIBERIX	61
GENOTROPIN	51	HIZENTRA	58
GENOTROPIN MINIQUICK	51	HUMALOG	34
<i>gentak</i>	65	HUMALOG JUNIOR KWIKPEN	34
<i>gentamicin sulfate</i>	10	HUMALOG KWIKPEN	34
<i>gentamicin sulfate</i>	65	HUMALOG MIX 50/50	34
<i>gentamicin sulfate pediatric</i>	10	HUMALOG MIX 50/50 KWIKPEN	34
GENVOYA	29	HUMALOG MIX 75/25	34
GILOTRIF	23	HUMALOG MIX 75/25 KWIKPEN	34
<i>glatiramer acetate</i>	42	HUMATIN	10

Drug Name	Page #	Drug Name	Page #
HUMIRA	60	ILEVRO	65
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	60	<i>imatinib mesylate</i>	23
HUMIRA PEN	60	IMBRUVICA	23
HUMIRA PEN-CD/UC/HS STARTER HUMIRA PEN-PEDIATRIC UC STARTER PACK	60	<i>imipenem/cilastatin</i>	12
HUMIRA PEN-PS/UV STARTER	60	<i>imipramine hcl</i>	18
HUMULIN 70/30	34	<i>imipramine hydrochloride</i>	18
HUMULIN 70/30 KWIKPEN	34	<i>imiquimod</i>	45
HUMULIN N	34	IMOVAX RABIES (H.D.C.V.)	61
HUMULIN N KWIKPEN	34	IMPAVIDO	11
HUMULIN R	34	INBRIJA	26
HUMULIN R U-500 (CONCENTRATED)	34	<i>incassia</i>	55
HUMULIN R U-500 KWIKPEN	34	INCRELEX	51
<i>hydralazine hcl</i>	41	INCRUSE ELLIPTA	67
<i>hydralazine hydrochloride</i>	41	<i>indapamide</i>	39
<i>hydrochlorothiazide</i>	39	<i>indomethacin</i>	8
<i>hydrocodone bitartrate/acetaminophen</i>	9	<i>indomethacin er</i>	8
<i>hydrocodone/acetaminophen</i>	9	INFANRIX	61
<i>hydrocortisone</i>	44	INFLECTRA	60
<i>hydrocortisone</i>	51	INFLIXIMAB	60
<i>hydrocortisone</i>	62	INGREZZA	42
<i>hydrocortisone valerate</i>	44	INLYTA	23
<i>hydrocortisone/acetic acid</i>	66	INQOVI	23
<i>hydromorphone hcl</i>	9	INREBIC	22
<i>hydromorphone hydrochloride</i>	9	<i>insulin lispro</i>	34
<i>hydromorphone hydrochloride dosette</i>	9	INTELENCE	30
<i>hydroxychloroquine sulfate</i>	26	INTRON A	59
<i>hydroxyurea</i>	21	<i>introvale</i>	53
<i>hydroxyzine hcl</i>	67	INVEGA HAFYERA	27
<i>hydroxyzine hydrochloride</i>	67	INVEGA SUSTENNA	27
<i>hydroxyzine pamoate</i>	32	INVEGA TRINZA	27
HYPERHEP B	58	INVIRASE	31
<i>ibandronate sodium</i>	63	IPOL INACTIVATED IPV	61
IBRANCE	22	<i>ipratropium bromide</i>	67
IBRANCE	23	<i>ipratropium bromide/albuterol sulfate</i>	69
<i>ibu</i>	8	<i>irbesartan</i>	36
<i>ibuprofen</i>	8	<i>irbesartan/hydrochlorothiazide</i>	39
<i>icatibant acetate</i>	57	ISENTRESS	29
<i>iclevia</i>	53	ISENTRESS HD	29
ICLUSIG	23	ISONIAZID	20
<i>icosapent ethyl</i>	40	<i>isosorbide dinitrate</i>	40
IDHIFA	22	<i>isosorbide dinitrate/hydralazine</i>	39
IGALMI	63	<i>hydrochloride</i>	
ILARIS	58	<i>isosorbide mononitrate</i>	40
		<i>isosorbide mononitrate er</i>	40
		<i>isotretinoin</i>	43
		<i>isradipine</i>	38

Drug Name	Page #	Drug Name	Page #
ISTURISA	57	KISQALI FEMARA 200 DOSE	22
<i>itraconazole</i>	19	KISQALI FEMARA 400 DOSE	22
<i>ivermectin</i>	25	KISQALI FEMARA 600 DOSE	22
IWILFIN	22	<i>klayesta</i>	19
IXCHIQ	61	KLISYRI	45
IXIARO	61	<i>klor-con</i>	46
<i>jaimiess</i>	53	<i>klor-con 10</i>	46
JAKAFI	23	<i>klor-con 8</i>	46
<i>jantoven</i>	35	<i>klor-con m10</i>	46
JANUMET	33	<i>klor-con m15</i>	46
JANUMET XR	33	<i>klor-con m20</i>	46
JANUVIA	33	<i>klor-con sprinkle</i>	46
JARDIANCE	33	<i>klor-con/ef</i>	46
JAVYGTOR	49	KORLYM	51
JAYPIRCA	24	KOSELUGO	24
<i>jencycla</i>	55	<i>kourzeq</i>	43
JENTADUETO	33	KRAZATI	22
JENTADUETO XR	33	<i>kurvelo</i>	53
<i>jinteli</i>	53	KYNMOBI	26
<i>jolessa</i>	53	KYNMOBI TITRATION KIT	26
<i>jolivette</i>	55	<i>labetalol hydrochloride</i>	37
JUBLIA	19	<i>lacosamide</i>	15
JULUCA	29	<i>lactulose</i>	47
<i>junel 1.5/30</i>	53	LAGEVRIO	63
<i>junel 1/20</i>	53	<i>lamivudine</i>	29
<i>junel fe 1.5/30</i>	53	<i>lamivudine</i>	30
<i>junel fe 1/20</i>	53	<i>lamivudine/zidovudine</i>	30
JYLAMVO	60	<i>lamotrigine</i>	14
JYNNEOS	61	<i>lamotrigine er</i>	14
KALYDECO	68	<i>lamotrigine odt</i>	14
KANJINTI	25	<i>lamotrigine starter kit/blue</i>	14
KANUMA	49	<i>lamotrigine starter kit/green</i>	14
<i>kariva</i>	53	<i>lamotrigine starter kit/orange</i>	14
<i>kelnor 1/35</i>	53	<i>lamotrigine titration</i>	14
<i>kelnor 1/50</i>	53	LANREOTIDE ACETATE	57
KEPIVANCE	43	<i>lansoprazole</i>	49
KERENDIA	39	LANTUS	34
KESIMPTA	42	LANTUS SOLOSTAR	34
<i>ketoconazole</i>	19	<i>lapatinib ditosylate</i>	24
<i>ketorolac tromethamine</i>	8	<i>larin 1.5/30</i>	53
<i>ketorolac tromethamine</i>	65	<i>larin 1/20</i>	53
<i>kimidess</i>	53	<i>larin fe 1.5/30</i>	53
KINERET	58	<i>larin fe 1/20</i>	53
KINRIX	61	<i>larissia</i>	53
<i>kionex</i>	47	<i>latanoprost</i>	66
KISQALI	24	<i>leflunomide</i>	60

Drug Name	Page #	Drug Name	Page #
<i>lenalidomide</i>	21	<i>lisinopril</i>	37
LENVIMA 10 MG DAILY DOSE	24	<i>lisinopril/hydrochlorothiazide</i>	39
LENVIMA 12MG DAILY DOSE	24	<i>lithium</i>	32
LENVIMA 14 MG DAILY DOSE	24	<i>lithium carbonate</i>	32
LENVIMA 18 MG DAILY DOSE	24	<i>lithium carbonate er</i>	32
LENVIMA 20 MG DAILY DOSE	24	LIVALO	40
LENVIMA 24 MG DAILY DOSE	24	LIVTENCITY	29
LENVIMA 4 MG DAILY DOSE	24	<i>lojaimiess</i>	54
LENVIMA 8 MG DAILY DOSE	24	LOKELMA	47
<i>lessina</i>	53	LONHALA MAGNAIR REFILL KIT	67
<i>letrozole</i>	23	LONSURF	22
<i>leucovorin calcium</i>	25	<i>loperamide hcl</i>	48
LEUKERAN	21	<i>lopinavir/ritonavir</i>	31
<i>leuprolide acetate</i>	57	<i>lopreeza</i>	54
<i>levabuterol</i>	68	LOQTORZI	25
<i>levabuterol hcl</i>	67	<i>lorazepam</i>	32
<i>levabuterol hydrochloride</i>	67	<i>lorazepam intensol</i>	32
<i>levabuterol tartrate hfa</i>	68	LORBRENA	24
LEVEMIR	34	<i>lorcet</i>	9
LEVEMIR FLEXPEN	34	<i>lorcet hd</i>	9
LEVEMIR FLEXTOUCH	34	<i>lorcet plus</i>	9
<i>levetiracetam</i>	14	<i>losartan potassium</i>	36
<i>levetiracetam er</i>	14	<i>losartan potassium/hydrochlorothiazide</i>	39
<i>levobunolol hcl</i>	66	LOTEMAX SM	65
<i>levocetirizine dihydrochloride</i>	67	<i>lovastatin</i>	40
<i>levofloxacin</i>	13	<i>low-ogestrel</i>	54
<i>levofloxacin</i>	65	<i>loxapine</i>	27
<i>levofloxacin in d5w</i>	13	<i>lubiprostone</i>	47
<i>levonest</i>	53	LUMAKRAS	22
<i>levonorgestrel and ethinyl estradiol</i>	53	LUMIGAN	66
<i>levonorgestrel/ethinyl estradiol</i>	53	LUMIZYME	49
<i>levora 0.15/30-28</i>	54	LUPRON DEPOT (1-MONTH)	57
LEVO-T	56	LUPRON DEPOT (3-MONTH)	57
<i>levothyroxine sodium</i>	56	LUPRON DEPOT (4-MONTH)	57
LEVOXYL	56	LUPRON DEPOT (6-MONTH)	57
LEXIVA	31	LUPRON DEPOT-PED (1-MONTH)	57
LIBERVANT	15	LUPRON DEPOT-PED (3-MONTH)	57
<i>lidocaine</i>	9	LUPRON DEPOT-PED (6-MONTH)	51
<i>lidocaine hydrochloride viscous</i>	43	<i>lurasidone hydrochloride</i>	27
<i>lidocaine viscous</i>	43	<i>lutera</i>	54
<i>lidocaine/prilocaine</i>	9	LYBALVI	27
<i>lidocaine-prilocaine-cream base</i>	9	<i>lyleq</i>	56
<i>lillow</i>	54	<i>lyllana</i>	54
<i>linezolid</i>	11	LYNPARZA	24
LINZESS	47	LYSODREN	57
<i>liothyronine sodium</i>	56	LYTGOBI	22

Drug Name	Page #	Drug Name	Page #
LYUMJEV	34	<i>methylidopa</i>	36
LYUMJEV KWIKPEN	34	<i>methylphenidate hydrochloride</i>	42
<i>lyza</i>	56	<i>methylphenidate hydrochloride er</i>	41
<i>magnesium sulfate</i>	46	<i>methylprednisolone</i>	51
<i>malathion</i>	45	<i>methylprednisolone dose pack</i>	51
<i>maprotiline hcl</i>	17	<i>metoclopramide hcl</i>	48
<i>maraviroc</i>	31	<i>metoclopramide hydrochloride</i>	48
<i>marlissa</i>	54	<i>metolazone</i>	39
MARPLAN	17	<i>metoprolol succinate er</i>	37
MATULANE	21	<i>metoprolol tartrate</i>	37
<i>matzim la</i>	38	<i>metronidazole</i>	11
MAVYRET	29	<i>metronidazole</i>	43
MAYZENT	42	<i>metronidazole vaginal</i>	11
MAYZENT STARTER PACK	42	<i>metyrosine</i>	39
<i>meclizine hcl</i>	18	<i>mexiletine hcl</i>	37
<i>medroxyprogesterone acetate</i>	56	<i>microgestin 1.5/30</i>	54
<i>mefloquine hcl</i>	26	<i>microgestin 1/20</i>	54
<i>megestrol acetate</i>	56	<i>microgestin fe 1.5/30</i>	54
MEKINIST	24	<i>microgestin fe 1/20</i>	54
MEKTOVI	24	<i>midodrine hcl</i>	36
<i>meloxicam</i>	8	<i>mifepristone</i>	51
<i>memantine hcl titration pak</i>	16	<i>miglustat</i>	49
<i>memantine hydrochloride</i>	16	<i>mili</i>	54
<i>memantine hydrochloride er</i>	16	<i>mimvey</i>	54
MENACTRA	61	<i>mimvey lo</i>	54
MENEST	54	<i>minocycline hcl</i>	13
MENQUADFI	61	<i>minocycline hydrochloride</i>	13
MENVEO	61	<i>minoxidil</i>	41
<i>mercaptapurine</i>	21	<i>mirtazapine</i>	17
<i>meropenem</i>	12	<i>mirtazapine odt</i>	17
<i>mesalamine</i>	62	<i>misoprostol</i>	49
<i>mesalamine dr</i>	62	M-M-R II	61
<i>mesalamine er</i>	62	<i>modafinil</i>	69
MESNEX	25	<i>moexipril hcl</i>	37
<i>metformin hydrochloride</i>	33	<i>molindone hydrochloride</i>	27
<i>metformin hydrochloride er</i>	33	<i>mometasone furoate</i>	44
<i>methadone hcl</i>	8	<i>mometasone furoate</i>	66
<i>methadone hydrochloride</i>	8	<i>mondoxyne nl</i>	14
<i>methadone hydrochloride intensol</i>	8	<i>mono-lynyah</i>	54
<i>methazolamide</i>	66	<i>mononessa</i>	54
<i>methenamine hippurate</i>	11	<i>montelukast sodium</i>	67
<i>methimazole</i>	57	<i>morgidox 1x100mg</i>	14
<i>methocarbamol</i>	69	<i>morgidox 2x100mg</i>	14
<i>methotrexate</i>	60	<i>morphine sulfate</i>	9
<i>methotrexate sodium</i>	60	<i>morphine sulfate er</i>	8
<i>methsuximide</i>	14	MOTTEGRITY	47

Drug Name	Page #	Drug Name	Page #
MOUNJARO	33	nevirapine	30
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	13	<i>nevirapine er</i>	30
<i>moxifloxacin hydrochloride</i>	13	NEXLETOL	40
<i>moxifloxacin hydrochloride</i>	65	NEXLIZET	40
MULTAQ	37	<i>niacin er</i>	40
<i>mupirocin</i>	45	NICOTROL NS	10
<i>mycophenolate mofetil</i>	60	<i>nifedipine er</i>	38
<i>mycophenolic acid dr</i>	60	<i>nilutamide</i>	21
<i>myorisan</i>	43	<i>nimodipine</i>	38
MYRBETRIQ	50	NINLARO	22
NABI-HB	58	<i>nitazoxanide</i>	26
<i>nabumetone</i>	8	<i>nitisinone</i>	49
<i>nadolol</i>	37	NITRO-BID	40
<i>nafcillin sodium</i>	12	<i>nitrofurantoin macrocrystals</i>	11
NAGLAZYME	49	<i>nitrofurantoin monohydrate</i>	11
<i>naloxone hcl</i>	10	<i>nitrofurantoin monohydrate/macrocrystals</i>	11
<i>naloxone hydrochloride</i>	10	<i>nitroglycerin</i>	40
<i>naltrexone hcl</i>	9	<i>nitroglycerin</i>	48
NAMZARIC	16	<i>nitroglycerin transdermal</i>	40
<i>naproxen</i>	8	NIVA THYROID	56
<i>naproxen sodium</i>	8	<i>nizatidine</i>	48
<i>naratriptan hcl</i>	20	<i>nora-be</i>	56
NATACYN	65	<i>norethindrone</i>	56
<i>nateglinide</i>	33	<i>norethindrone acetate</i>	56
NAYZILAM	14	<i>norethindrone acetate/ethinyl estradiol</i>	54
<i>nebivolol</i>	37	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	54
<i>nebivolol hydrochloride</i>	37	<i>norgestimate/ethinyl estradiol</i>	54
<i>necon 0.5/35-28</i>	54	<i>norlyda</i>	56
<i>necon 7/7/7</i>	54	<i>norlyroc</i>	56
<i>nefazodone hydrochloride</i>	17	<i>nortrel 0.5/35 (28)</i>	54
<i>neomycin sulfate</i>	10	<i>nortrel 1/35</i>	54
<i>neomycin/bacitracin/polymyxin</i>	64	<i>nortrel 7/7/7</i>	54
<i>neomycin/polymyxin/bacitracin</i>	64	<i>nortriptyline hcl</i>	18
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	64	<i>nortriptyline hydrochloride</i>	18
<i>neomycin/polymyxin/dexamethasone</i>	64	NORVIR	31
<i>neomycin/polymyxin/gramicidin</i>	64	NOVOLIN 70/30	34
<i>neomycin/polymyxin/hc</i>	66	NOVOLIN 70/30 FLEXPEN	34
<i>neomycin/polymyxin/hydrocortisone</i>	66	NOVOLIN 70/30 FLEXPEN RELION	34
<i>neo-polycin</i>	64	NOVOLIN 70/30 RELION	34
<i>neo-polycin hc</i>	64	NOVOLIN N	34
NERLYNX	24	NOVOLIN N FLEXPEN	34
NEULASTA	35	NOVOLIN N FLEXPEN RELION	34
NEULASTA ONPRO KIT	35	NOVOLIN N RELION	34
NEUPRO	26	NOVOLIN R	34
		NOVOLIN R FLEXPEN	34

Drug Name	Page #	Drug Name	Page #
NOVOLIN R FLEXPEN RELION	34	<i>olopatadine hcl</i>	65
NOVOLIN R RELION	34	<i>olopatadine hydrochloride</i>	65
NOVOLOG	34	<i>omega-3-acid ethyl esters</i>	40
NOVOLOG FLEXPEN	34	<i>omeprazole</i>	49
NOVOLOG FLEXPEN RELION	34	<i>omeprazole dr</i>	49
NOVOLOG MIX 70/30	34	OMNIPOD 5 G6 INTRO KIT (GEN 5)	63
NOVOLOG MIX 70/30 PREFILLED	34	OMNIPOD 5 G6 PODS (GEN 5)	63
FLEXPEN		OMNIPOD 5 G7 INTRO KIT (GEN 5)	63
NOVOLOG MIX 70/30 PREFILLED	34	OMNIPOD 5 G7 PODS (GEN 5)	63
FLEXPEN RELION		OMNIPOD CLASSIC PDM STARTER	63
NOVOLOG MIX 70/30 RELION	34	KIT (GEN 3)	
NOVOLOG PENFILL	35	OMNIPOD CLASSIC PODS (GEN 3)	63
NOVOLOG RELION	35	OMNIPOD DASH INTRO KIT (GEN 4)	64
<i>np thyroid 120</i>	56	OMNIPOD DASH PDM KIT (GEN 4)	64
<i>np thyroid 15</i>	56	OMNIPOD DASH PODS (GEN 4)	64
<i>np thyroid 30</i>	56	<i>ondansetron hcl</i>	19
<i>np thyroid 60</i>	56	<i>ondansetron hydrochloride</i>	19
<i>np thyroid 90</i>	56	<i>ondansetron odt</i>	19
NUBEQA	21	ONUREG	22
NUCALA	69	OPDUALAG	22
NUEDEXTA	42	OPSUMIT	68
NUPLAZID	27	<i>oralone dental paste</i>	43
NURTEC	20	ORENCIA	58
NUTRILIPID	63	ORENCIA	60
<i>nyamyc</i>	19	ORENCIA CLICKJECT	58
<i>nylia 1/35</i>	54	ORENITRAM	68
<i>nylia 7/7/7</i>	54	ORENITRAM TITRATION KIT MONTH	68
NYMALIZE	38	1	
<i>nymyo</i>	54	ORENITRAM TITRATION KIT MONTH	68
<i>nystatin</i>	19	2	
<i>nystatin/triamcinolone</i>	45	ORENITRAM TITRATION KIT MONTH	68
<i>nystop</i>	19	3	
OCREVUS	42	ORGOVYX	57
<i>octreotide acetate</i>	57	ORKAMBI	68
ODEFSEY	30	<i>orphenadrine citrate er</i>	69
ODOMZO	24	ORSERDU	22
OFEV	68	<i>orsythia</i>	54
<i>ofloxacin</i>	65	<i>oseltamivir phosphate</i>	31
<i>ofloxacin</i>	66	OSMOLEX ER	26
OGSIVEO	22	OSPHERA	56
OJEMDA	24	OTEZLA	45
OJJAARA	24	OTEZLA	58
<i>olanzapine</i>	27	<i>oxacillin sodium</i>	12
<i>olanzapine odt</i>	27	<i>oxaprozin</i>	8
<i>olmesartan medoxomil</i>	36	OXBRYTA	35
<i>olmesartan medoxomil/hydrochlorothiazide</i>	39	<i>oxcarbazepine</i>	16

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

Drug Name	Page #	Drug Name	Page #
OXLUMO	64	PHESGO	22
<i>oxybutynin chloride</i>	50	<i>philith</i>	54
<i>oxybutynin chloride er</i>	50	PIFELTRO	30
<i>oxycodone hydrochloride</i>	9	<i>pilocarpine hcl</i>	66
<i>oxycodone/acetaminophen</i>	9	<i>pilocarpine hydrochloride</i>	43
OZEMPIC	33	<i>pimozide</i>	27
PACERONE	37	<i>pimtrea</i>	54
<i>paliperidone er</i>	28	<i>pindolol</i>	37
PANRETIN	25	<i>pioglitazone hcl</i>	33
<i>pantoprazole sodium</i>	49	<i>pioglitazone hcl/metformin hcl</i>	33
PANZYGA	58	<i>pioglitazone hydrochloride</i>	33
<i>paricalcitol</i>	63	<i>piperacillin sodium/tazobactam sodium</i>	12
<i>paroex</i>	43	PIQRAY 200MG DAILY DOSE	24
<i>paromomycin sulfate</i>	10	PIQRAY 250MG DAILY DOSE	24
<i>paroxetine hcl</i>	17	PIQRAY 300MG DAILY DOSE	24
<i>paroxetine hydrochloride</i>	17	<i>pirfenidone</i>	68
PASER	20	<i>pirmella 1/35</i>	54
PAXLOVID	64	<i>pirmella 7/7/7</i>	54
<i>pazopanib hydrochloride</i>	24	<i>piroxicam</i>	8
PEDIARIX	61	<i>pitavastatin calcium</i>	40
PEDVAX HIB	61	PLENAMINE	46
<i>peg 3350/electrolytes</i>	48	<i>podofilox</i>	45
<i>peg-3350/electrolytes</i>	48	<i>polycin</i>	64
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	<i>polymyxin b sulfate/trimethoprim sulfate</i>	64
PEGANONE	16	POMALYST	21
PEGASYS	59	<i>portia-28</i>	54
<i>pegylax</i>	48	<i>posaconazole</i>	19
PEMAZYRE	22	<i>posaconazole dr</i>	19
PENBRAYA	61	<i>potassium chloride</i>	47
<i>penicillamine</i>	50	<i>potassium chloride er</i>	46
<i>penicillin g sodium</i>	12	<i>potassium chloride sr</i>	47
<i>penicillin v potassium</i>	12	<i>potassium citrate er</i>	47
PENTACEL	61	PRALUENT	40
<i>pentamidine isethionate</i>	26	<i>pramipexole dihydrochloride</i>	26
<i>pentoxifylline er</i>	39	<i>prasugrel hydrochloride</i>	36
<i>perindopril erbumine</i>	37	<i>pravastatin sodium</i>	40
<i>permethrin</i>	45	<i>praziquantel</i>	25
<i>perphenazine</i>	27	<i>prazosin hydrochloride</i>	36
PERSERIS	28	<i>prednisolone</i>	51
<i>phenadoz</i>	18	<i>prednisolone acetate</i>	65
<i>phenelzine sulfate</i>	17	<i>prednisolone sodium phosphate</i>	51
<i>phenobarbital</i>	15	<i>prednisone</i>	51
PHENYTEK	16	<i>pregabalin</i>	42
<i>phenytoin</i>	16	PREHEVBRIO	61
<i>phenytoin infatabs</i>	16	PREMARIN	54
<i>phenytoin sodium extended</i>	16	<i>premium lidocaine</i>	9

Drug Name	Page #	Drug Name	Page #
PREMPHASE	55	<i>pyrimethamine</i>	26
PREMPRO	55	PYRUKYND	35
<i>prenatal</i>	47	PYRUKYND TAPER PACK	35
<i>prevalite</i>	40	QINLOCK	21
<i>previfem</i>	55	QUADRACEL	62
PREVYMIS	29	<i>quetiapine fumarate</i>	28
PREZCOBIX	31	<i>quetiapine fumarate er</i>	28
PREZISTA	31	<i>quinapril hydrochloride</i>	37
PRIFTIN	20	<i>quinapril/hydrochlorothiazide</i>	39
<i>primaquine phosphate</i>	26	<i>quinidine sulfate</i>	37
<i>primidone</i>	15	<i>quinine sulfate</i>	26
PRIORIX	61	QULIPTA	20
PRIVIGEN	58	QVAR REDIHALER	66
PROAIR RESPICLICK	68	RABAVERT	62
<i>probenecid</i>	20	<i>rabeprazole sodium</i>	49
<i>probenecid/colchicine</i>	20	<i>raloxifene hydrochloride</i>	56
<i>prochlorperazine</i>	18	<i>ramelteon</i>	69
<i>prochlorperazine edisylate</i>	18	<i>ramipril</i>	37
<i>prochlorperazine maleate</i>	18	<i>ranolazine er</i>	39
PROCRIT	35	<i>rasagiline mesylate</i>	26
<i>procto-med hc</i>	62	RAYALDEE	63
<i>proctosol hc</i>	62	REBETOL	29
<i>proctozone-hc</i>	62	REBIF	42
<i>progesterone</i>	56	REBIF REBIDOSE	43
PROGRAF	60	REBIF REBIDOSE TITRATION PACK	43
PROLASTIN-C	49	REBIF TITRATION PACK	43
PROLENSA	65	RECOMBIVAX HB	62
PROLIA	63	RECTIV	48
PROMACTA	35	RELENZA DISKHALER	31
<i>promethazine hcl</i>	18	RELISTOR	48
<i>promethazine hydrochloride</i>	18	REMICADE	60
<i>promethazine hydrochloride plain</i>	18	RENFLEXIS	60
<i>promethegan</i>	18	<i>repaglinide</i>	33
<i>propafenone hcl</i>	37	REPATHA	40
<i>propafenone hydrochloride er</i>	37	REPATHA PUSHTRONEX SYSTEM	40
<i>propranolol hcl</i>	38	REPATHA SURECLICK	40
<i>propranolol hcl er</i>	38	RESTASIS	64
<i>propranolol hydrochloride</i>	38	RESTASIS MULTIDOSE	64
<i>propranolol hydrochloride er</i>	38	RETACRIT	35
<i>propylthiouracil</i>	57	RETEVMO	22
PROQUAD	61	RETROVIR IV INFUSION	30
<i>protriptyline hcl</i>	18	REVCovi	49
PULMOZYME	68	REVLIMID	21
PURIXAN	21	REXULTI	28
<i>pyrazinamide</i>	20	REYATAZ	31
<i>pyridostigmine bromide</i>	20	REZLIDHIA	24

Formulary ID: 24083, Version: 14, Effective Date: 08/01/2024

Last Updated: July 2024

Drug Name	Page #	Drug Name	Page #
REZUROCK	60	SAVELLA TITRATION PACK	42
RHOPRESSA	66	SCEMBLIX	22
<i>ribavirin</i>	29	<i>scopolamine</i>	18
<i>rifabutin</i>	20	SECUADO	28
<i>rifampin</i>	20	<i>selegiline hcl</i>	26
<i>riluzole</i>	42	<i>selenium sulfide</i>	44
RINVOQ	58	SELZENTRY	31
RINVOQ LQ	58	SEREVENT DISKUS	68
<i>risedronate sodium</i>	63	<i>sertraline hcl</i>	17
<i>risedronate sodium dr</i>	63	<i>sertraline hydrochloride</i>	17
RISPERDAL CONSTA	28	<i>setlakin</i>	55
<i>risperidone</i>	28	<i>sevelamer carbonate</i>	47
<i>risperidone er</i>	28	SFROWASA	62
<i>risperidone odt</i>	28	<i>sharobel</i>	56
<i>ritonavir</i>	31	SHINGRIX	62
<i>rivastigmine tartrate</i>	16	SIGNIFOR	57
<i>rivastigmine transdermal system</i>	16	SIGNIFOR LAR	57
<i>rivelsa</i>	55	<i>sildenafil citrate</i>	68
<i>rizatriptan benzoate</i>	20	<i>silodosin</i>	50
<i>rizatriptan benzoate odt</i>	20	<i>silver sulfadiazine</i>	45
ROCKLATAN	64	SIMBRINZA	64
<i>roflumilast</i>	68	<i>simliya</i>	55
ROLVEDON	36	<i>simpesse</i>	55
<i>ropinirole er</i>	26	<i>simvastatin</i>	40
<i>ropinirole hcl</i>	26	<i>sirolimus</i>	60
<i>ropinirole hydrochloride</i>	26	SIRTURO	21
<i>rosadan</i>	43	SKYCLARYS	64
<i>rosuvastatin calcium</i>	40	SKYRIZI	59
ROTARIX	62	SKYRIZI PEN	58
ROTATEQ	62	<i>sodium chloride</i>	47
<i>rowepra</i>	14	<i>sodium chloride 0.45%</i>	47
<i>rowepra xr</i>	14	<i>sodium chloride 0.9%</i>	64
ROZLYTREK	24	<i>sodium oxybate</i>	69
RUBRACA	24	<i>sodium phenylbutyrate</i>	49
<i>rufinamide</i>	16	<i>sodium polystyrene sulfonate</i>	47
RUKOBIA	31	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48
RUXIENCE	25	<i>sofosbuvir/velpatasvir</i>	29
RYBELSUS	33	<i>solifenacin succinate</i>	50
RYDAPT	24	SOLIQUA 100/33	33
RYTARY	26	SOLTAMOX	21
<i>sajazir</i>	57	SOMATULINE DEPOT	57
SANDIMMUNE	60	SOMAVERT	57
SANTYL	45	<i>sorafenib</i>	24
SAPHNELO	58	<i>sorafenib tosylate</i>	24
<i>sapropterin dihydrochloride</i>	49	<i>sorine</i>	37
SAVELLA	42		

Drug Name	Page #	Drug Name	Page #
<i>sotalol hcl</i>	37	SYNJARDY	33
<i>sotalol hydrochloride</i>	37	SYNJARDY XR	33
<i>sotalol hydrochloride (af)</i>	37	SYNRIBO	22
SOTYKTU	45	SYNTHROID	56
SPIRIVA HANDIHALER	67	TABLOID	21
SPIRIVA RESPIMAT	67	TABRECTA	21
<i>spironolactone</i>	39	<i>tacrolimus</i>	44
<i>spironolactone/hydrochlorothiazide</i>	39	<i>tacrolimus</i>	60
SPRAVATO 56MG DOSE	17	<i>tadalafil</i>	50
SPRAVATO 84MG DOSE	17	<i>tadalafil</i>	68
<i>sprintec 28</i>	55	TAFINLAR	24
SPRITAM	14	TAGRISSE	24
SPRYCEL	24	TALZENNA	24
<i>sps</i>	47	<i>tamoxifen citrate</i>	21
<i>sronyx</i>	55	<i>tamsulosin hydrochloride</i>	50
<i>ssd</i>	45	<i>tarina fe 1/20</i>	55
STAMARIL	62	<i>tarina fe 1/20 eq</i>	55
<i>stavudine</i>	30	TASIGNA	24
STELARA	59	<i>tazarotene</i>	43
STIOLTO RESPIMAT	69	TAZICEF	12
STIVARGA	24	<i>taztia xt</i>	38
STRENSIQ	50	TAZVERIK	22
<i>streptomycin sulfate</i>	10	TDVAX	62
STRIBILD	29	TEFLARO	12
<i>subvenite</i>	14	TEGSEDI	50
<i>subvenite starter kit/blue</i>	14	<i>telmisartan</i>	36
<i>subvenite starter kit/green</i>	14	<i>telmisartan/hydrochlorothiazide</i>	39
<i>subvenite starter kit/orange</i>	14	<i>temazepam</i>	69
SUCRAID	50	TEMIXYS	30
<i>sucrafate</i>	49	TENIVAC	62
<i>sulfacetamide sodium</i>	65	<i>tenofovir disoproxil fumarate</i>	30
<i>sulfacetamide sodium/prednisolone sodium</i>	64	TEPMETKO	24
<i>phosphate</i>		<i>terazosin hcl</i>	36
<i>sulfadiazine</i>	13	<i>terazosin hydrochloride</i>	36
<i>sulfamethoxazole/trimethoprim</i>	13	<i>terbinafine hcl</i>	19
<i>sulfamethoxazole/trimethoprim ds</i>	13	<i>terconazole</i>	19
<i>sulfasalazine</i>	62	<i>teriparatide</i>	63
<i>sulindac</i>	8	<i>testosterone</i>	51
<i>sumatriptan</i>	20	<i>testosterone cypionate</i>	51
<i>sumatriptan succinate</i>	20	<i>testosterone enanthate</i>	51
<i>sunitinib malate</i>	24	<i>testosterone pump</i>	51
SUNLENCA	31	TETANUS/DIPHThERIA TOXOIDS-	62
SUTAB	48	ADSORBED ADULT	
SYMPAZAN	15	<i>tetrabenazine</i>	42
SYMTUZA	31	<i>tetracycline hydrochloride</i>	14
SYNAGIS	58	THALOMID	21

Drug Name	Page #	Drug Name	Page #
<i>theophylline er</i>	68	TRELEGY ELLIPTA	69
<i>thioridazine hcl</i>	27	TRELSTAR MIXJECT	57
<i>thiothixene</i>	27	TRESIBA	35
THYROID	56	TRESIBA FLEXTOUCH	35
THYROLAR-1	56	<i>tretinoin</i>	25
THYROLAR-1/2	56	<i>tretinoin</i>	43
THYROLAR-1/4	56	<i>tri femynor</i>	55
THYROLAR-2	57	<i>triamcinolone acetonide</i>	44
THYROLAR-3	57	<i>triamcinolone acetonide</i>	51
<i>tiadylt er</i>	38	<i>triamcinolone acetonide dental paste</i>	43
<i>tiagabine hydrochloride</i>	15	<i>triamterene/hydrochlorothiazide</i>	39
TIBSOVO	24	<i>triderm</i>	45
TICOVAC	62	<i>trientine hydrochloride</i>	47
<i>timolol maleate</i>	66	<i>tri-estarylla</i>	55
<i>tinidazole</i>	11	<i>trifluoperazine hcl</i>	27
<i>tiotropium bromide</i>	67	<i>trifluoperazine hydrochloride</i>	27
TIVICAY	29	<i>trifluridine</i>	65
TIVICAY PD	29	<i>trihexyphenidyl hydrochloride</i>	26
<i>tizanidine hcl</i>	28	TRIJARDY XR	33
<i>tizanidine hydrochloride</i>	29	TRIKAFTA	68
TOBI PODHALER	68	<i>tri-linyah</i>	55
TOBRADEX	65	<i>trilyte</i>	48
TOBRADEX ST	64	<i>trimethoprim</i>	11
<i>tobramycin</i>	65	<i>tri-mili</i>	55
<i>tobramycin</i>	68	<i>trimipramine maleate</i>	18
<i>tobramycin sulfate</i>	10	<i>trinessa</i>	55
<i>tobramycin/dexamethasone</i>	65	TRINTELLIX	17
<i>tolazamide</i>	33	<i>tri-nymyo</i>	55
<i>tolterodine tartrate</i>	50	<i>tri-previfem</i>	55
<i>tolterodine tartrate er</i>	50	TRIPTODUR	57
<i>topiramate</i>	14	<i>tri-sprintec</i>	55
<i>toremifene citrate</i>	21	TRIUMEQ	30
<i>torpenz</i>	24	TRIUMEQ PD	30
<i>torse mide</i>	39	<i>trivora-28</i>	55
TOUJEO MAX SOLOSTAR	35	<i>tri-vylibra</i>	55
TOUJEO SOLOSTAR	35	TRIZIVIR	30
TRADJENTA	33	TROGARZO	31
<i>tramadol hydrochloride</i>	9	<i>trospium chloride</i>	50
<i>tramadol hydrochloride/acetaminophen</i>	9	<i>trospium chloride er</i>	50
<i>trandolapril</i>	37	TRULICITY	33
<i>trandolapril/verapamil hcl er</i>	39	TRUMENBA	62
<i>tranexamic acid</i>	36	TRUQAP	25
<i>tranylcyromine sulfate</i>	17	TRUSELTIQ	22
TRAZIMERA	25	TUKYSA	22
<i>trazodone hydrochloride</i>	17	<i>tulana</i>	56
TRECTOR	21	TURALIO	25

Drug Name	Page #	Drug Name	Page #
<i>turqoz</i>	55	<i>verapamil hydrochloride</i>	38
TWINRIX	62	<i>verapamil hydrochloride er</i>	38
TYBOST	31	VERQUVO	40
TYMLOS	63	VERSACLOZ	28
TYPHIM VI	62	VERZENIO	25
TYRVAYA	64	V-GO 20	64
TYSABRI	43	V-GO 30	64
UBRELVY	20	V-GO 40	64
UDENYCA	36	<i>vicodin hp</i>	9
UDENYCA ONBODY	36	VIDEX EC	30
<i>ulticare micro pen needles/32g x 5/32"</i>	64	VIDEX PEDIATRIC	30
<i>unifine pentips 32gx6mm</i>	64	<i>vienna</i>	55
UNITHROID	57	<i>vigabatrin</i>	15
<i>urea</i>	45	<i>vigadrone</i>	15
<i>ursodiol</i>	48	<i>vigpoder</i>	15
<i>valacyclovir hydrochloride</i>	32	VIIBRYD STARTER PACK	18
VALCHLOR	21	<i>vilazodone hydrochloride</i>	18
<i>valganciclovir</i>	29	VIMIZIM	50
<i>valganciclovir hydrochloride</i>	29	<i>viorele</i>	55
<i>valproic acid</i>	32	VIRACEPT	31
<i>valsartan</i>	36	VIREAD	30
<i>valsartan/hydrochlorothiazide</i>	39	VISTOGARD	64
VALTOCO 10 MG DOSE	15	VITRAKVI	25
VALTOCO 15 MG DOSE	15	VIVITROL	9
VALTOCO 20 MG DOSE	15	VIZIMPRO	25
VALTOCO 5 MG DOSE	15	VOCABRIA	29
<i>vancomycin hcl</i>	11	<i>volnea</i>	55
<i>vancomycin hydrochloride</i>	11	VONJO	22
VANFLYTA	25	<i>voriconazole</i>	19
VAQTA	62	VOSEVI	29
<i>varenicline starting month box</i>	10	VOTRIENT	25
<i>varenicline tartrate</i>	10	VOWST	48
VARIVAX	62	VRAYLAR	28
VARIZIG	58	VUMERITY	43
VAXELIS	62	<i>vyfemla</i>	55
VELPHORO	47	VYJUVEK	64
VELTASSA	47	<i>vylibra</i>	55
VENCLEXTA	25	VYNDAMAX	39
VENCLEXTA STARTING PACK	25	VYVGART HYTRULO	59
<i>venlafaxine hydrochloride</i>	18	VYZULTA	66
<i>venlafaxine hydrochloride er</i>	18	<i>warfarin sodium</i>	35
VENTAVIS	68	WELIREG	25
VEOPOZ	59	<i>wera</i>	55
<i>verapamil hcl</i>	38	<i>wixela inhub</i>	69
<i>verapamil hcl er</i>	38	XALKORI	25
<i>verapamil hcl sr</i>	38	XARELTO	35

Drug Name	Page #	Drug Name	Page #
XARELTO STARTER PACK	35	ZOKINVY	50
XATMEP	60	ZOLINZA	22
XCOPRI	14	<i>zolmitriptan</i>	20
XELJANZ	59	<i>zolpidem tartrate</i>	69
XELJANZ XR	59	<i>zolpidem tartrate er</i>	69
XEMBIFY	58	ZONISADE	16
XERMELO	48	<i>zonisamide</i>	16
XGEVA	63	<i>zovia 1/35</i>	55
XIFAXAN	48	<i>zovia 1/35e</i>	55
XIGDUO XR	33	ZTALMY	42
XIIDRA	65	ZURZUVAE	17
XOFLUZA	31	ZYDELIG	25
XOLAIR	59	ZYKADIA	25
XOSPATA	25	ZYLET	65
XPOVIO	22	ZYPREXA RELPREVV	28
XPOVIO 100 MG ONCE WEEKLY	22		
XPOVIO 40 MG ONCE WEEKLY	22		
XPOVIO 40 MG TWICE WEEKLY	22		
XPOVIO 60 MG ONCE WEEKLY	22		
XPOVIO 60 MG TWICE WEEKLY	22		
XPOVIO 80 MG ONCE WEEKLY	22		
XPOVIO 80 MG TWICE WEEKLY	22		
XTAMPZA ER	8		
XTANDI	21		
<i>yargesa</i>	50		
YF-VAX	62		
YUFLYMA 1-PEN KIT	60		
YUFLYMA 2-PEN KIT	61		
YUFLYMA 2-SYRINGE KIT	61		
YUFLYMA CD/UC/HS STARTER	61		
YUPELRI	67		
<i>yuvafem</i>	55		
<i>zafirlukast</i>	67		
<i>zaleplon</i>	69		
ZARXIO	36		
ZEJULA	25		
ZELBORAF	25		
<i>zenatane</i>	43		
ZENPEP	50		
ZEPOSIA	43		
ZEPOSIA 7-DAY STARTER PACK	43		
ZEPOSIA STARTER KIT	43		
<i>zidovudine</i>	30		
<i>ziprasidone hcl</i>	28		
<i>ziprasidone mesylate</i>	28		
ZIRGAN	65		

Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

This formulary was updated on 07/01/2024. For more recent information or other questions, please contact Senior Care Plus at 775-982-3112 or toll-free at 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit www.SeniorCarePlus.com.

Senior Care Plus is a Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

The formulary may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our customer service number at 775-982-3112 or toll-free at 888-775-7003. TTY users should call the State Relay Service at 711. We are available Monday through Sunday, 8:00 am to 8:00 pm.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente de Senior Care Plus al 775-982-3112 o al número gratuito al 888-775-7003. Los usuarios de TTY deben llamar al Servicio de Retransmisión del Estado al 711. Estamos disponibles de lunes a domingo, de 8:00 am a 8:00 pm.