

PrimeTime Health Plan

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 24440, Version Number 15

This formulary was updated on 08/20/2024. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means PrimeTime Health Plan. When it refers to “plan” or “our plan,” it means PrimeTime Health Plan.

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

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

What is the PrimeTime Health Plan Formulary?

A formulary is a list of covered drugs selected by PrimeTime Health Plan 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. PrimeTime Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PrimeTime Health Plan 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 PrimeTime Health Plan 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 PrimeTime Health Plan’s 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

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immediately remove the drug from our formulary and provide notice to members who take the drug.

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

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

The enclosed formulary is current as of September 1, 2024. To get updated information about the drugs covered by PrimeTime Health Plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, PrimeTime Health Plan will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

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 number 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 78. 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

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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?

PrimeTime Health Plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** PrimeTime Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from PrimeTime Health Plan before you fill your prescriptions. If you don't get approval, PrimeTime Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, PrimeTime Health Plan limits the amount of the drug that PrimeTime Health Plan will cover. For example, PrimeTime Health Plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, PrimeTime Health Plan 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, PrimeTime Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, PrimeTime Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask PrimeTime Health Plan 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 PrimeTime Health Plan's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that PrimeTime Health Plan does not cover your drug, you have two options:

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

How do I request an exception to the PrimeTime Health Plan’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, PrimeTime Health Plan 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, PrimeTime Health Plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

For more information

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

If you have questions about PrimeTime Health Plan, 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>.

PrimeTime Health Plan Formulary

The formulary below provides coverage information about the drugs covered by PrimeTime Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

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

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by our plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

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

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **GC:** Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	GC
<i>diclofenac potassium tablet 50mg</i>	2	GC
<i>diclofenac sodium dr</i>	2	GC
<i>diclofenac sodium er</i>	2	GC
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	GC
<i>diflunisal tablet 500mg</i>	2	GC
<i>ec-naproxen tablet delayed release 500mg</i>	2	GC
<i>etodolac er</i>	4	
<i>etodolac capsule, tablet</i>	2	GC
<i>flurbiprofen tablet</i>	2	GC
<i>ibu</i>	1	GC
<i>ibuprofen suspension</i>	2	GC
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	GC
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	4	
<i>ketoprofen capsule</i>	4	
<i>meloxicam tablet</i>	1	GC
<i>nabumetone tablet</i>	2	GC
<i>naproxen dr tablet delayed release 375mg</i>	2	GC
<i>naproxen sodium tablet 275mg, 550mg</i>	2	GC
<i>naproxen tablet delayed release 500mg</i>	2	GC
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	GC
<i>piroxicam capsule</i>	2	GC
<i>sulindac tablet</i>	2	GC
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	5	QL(15 EA per 30 days)
<i>methadone hcl tablet</i>	2	GC
<i>methadone hcl solution</i>	4	
<i>methadone hydrochloride intensol</i>	2	GC
<i>methadone hydrochloride concentrate</i>	2	GC
<i>methadose sugar-free</i>	2	GC
<i>methadose concentrate 10mg/ml</i>	2	GC
<i>morphine sulfate er capsule extended release 24 hour 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL(30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate er tablet extended release</i>	2	QL(120 EA per 30 days); GC
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	5	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	3	QL(60 EA per 30 days)
<i>tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL(30 EA per 30 days)
<i>tramadol hcl er tablet extended release 24 hour</i>	4	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tablet</i>	2	QL(360 EA per 30 days); GC
<i>acetaminophen/codeine solution</i>	3	QL(3240 ML per 30 days)
<i>ascomp/codeine</i>	4	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	4	QL(180 EA per 30 days)
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL(180 EA per 30 days)
<i>butorphanol tartrate solution</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	5	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 10mg</i>	2	QL(180 EA per 30 days); GC
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl tablet</i>	2	QL(180 EA per 30 days); GC
<i>hydromorphone hcl liquid</i>	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lorcet</i>	2	QL(360 EA per 30 days); GC
<i>lorcet hd</i>	2	QL(180 EA per 30 days); GC
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC
<i>morphine sulfate tablet</i>	2	QL(180 EA per 30 days); GC
<i>morphine sulfate injection 2mg/ml, 4mg/ml, 8mg/ml</i>	4	
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	4	
<i>nalocet</i>	5	
NUCYNTA	4	QL(180 EA per 30 days)
<i>oxycodone hcl capsule</i>	2	GC
<i>oxycodone hydrochloride tablet</i>	2	QL(180 EA per 30 days); GC
<i>oxycodone hydrochloride capsule, concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
<i>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	5	
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	3	
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days); GC
<i>tramadol hydrochloride/acetaminophen</i>	2	GC
<i>tramadol hydrochloride tablet 25mg</i>	2	
<i>tramadol hydrochloride tablet 100mg, 50mg</i>	2	GC
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	GC
<i>lidocaine hcl jelly</i>	2	GC
<i>lidocaine hcl prefilled syringe 2%</i>	2	GC
<i>lidocaine hydrochloride solution</i>	4	
<i>lidocaine/prilocaine cream</i>	2	GC
<i>lidocaine ointment 5%</i>	2	GC
LIDOCAINE PATCH 5%	3	QL(90 EA 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	GC
VIVITROL	5	
Opioid Dependence		
BUNAVAIL FILM 4.2MG; 0.7MG, 6.3MG; 1MG	4	
<i>buprenorphine hcl/naloxone hcl</i>	2	GC
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL(360 EA per 30 days); GC
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL(90 EA per 30 days); GC
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	GC
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml</i>	2	GC
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	GC
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	4	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	GC
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	GC
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	GC
<i>neomycin/polymyxin b sulfates</i>	2	GC
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE INJECTION 1GM	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindamycin hcl capsule 300mg, 75mg</i>	2	GC
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	GC
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	GC
<i>clindamycin/sodium chloride</i>	2	GC
<i>colistimethate sodium</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
DALVANCE	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 500MG	5	
<i>fosfomycin tromethamine</i>	3	
<i>linezolid tablet</i>	4	
<i>linezolid suspension reconstituted</i>	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid injection 600mg/300ml; 0.9%</i>	5	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	GC
<i>metronidazole capsule 375mg</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	GC
<i>nitrofurantoin macrocrystals</i>	2	GC
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	GC
<i>nitrofurantoin suspension</i>	5	
SIVEXTRO	5	
SOLOSEC	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	GC
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	GC
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	GC
VANCOMYCIN HYDROCHLORIDE CAPSULE	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED 25MG/ML	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	2	GC
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	GC
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	GC
<i>cefadroxil tablet</i>	3	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	2	GC
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection 100gm, 10gm, 1gm, 300gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefazolin injection 2gm/100ml; 4%</i>	2	GC
<i>cefdinir capsule</i>	2	GC
<i>cefdinir suspension reconstituted</i>	4	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	GC
<i>cefotetan/dextrose</i>	2	GC
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 1gm; 4%, 2gm; 2.2%</i>	2	GC
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil tablet</i>	3	
<i>cefprozil suspension reconstituted</i>	4	
<i>ceftazidime/dextrose</i>	2	GC
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	GC
<i>ceftriaxone sodium injection</i>	4	
<i>ceftriaxone/dextrose</i>	2	GC
<i>cefuroxime axetil tablet</i>	2	GC
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	GC
<i>cephalexin capsule 750mg</i>	3	
<i>cephalexin suspension reconstituted, tablet</i>	2	GC
SUPRAX TABLET CHEWABLE	4	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	4	
TAZICEF INJECTION 1GM, 2GM, 6GM	4	
<i>tazicef injection 1gm</i>	4	
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable, tablet</i>	2	GC
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	GC
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	GC
<i>ampicillin sodium injection</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	GC

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BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	GC
<i>nafcillin</i>	5	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	GC
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
<i>meropenem/sodium chloride</i>	4	
VABOMERE	4	
Macrolides		
<i>azithromycin tablet</i>	2	GC
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	ST
<i>erythrocin stearate tablet 250mg</i>	4	
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tablet</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin capsule delayed release particles 250mg</i>	4	
Quinolones		
BAXDELA TABLET	5	
<i>ciprofloxacin hcl tablet 750mg</i>	2	GC
<i>ciprofloxacin hcl tablet 100mg</i>	3	

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<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	GC
<i>ciprofloxacin i.v.-in d5w</i>	4	
<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	GC
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	GC
<i>sulfamethoxazole/trimethoprim tablet</i>	2	GC
<i>sulfamethoxazole/trimethoprim suspension</i>	4	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline</i>	4	
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	4	
<i>doxycycline hyclate capsule</i>	2	GC
<i>doxycycline hyclate injection</i>	4	
<i>doxycycline hyclate tablet 100mg, 20mg, 50mg, 75mg</i>	2	GC
<i>doxycycline hyclate tablet 150mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	GC
<i>doxycycline monohydrate capsule 150mg, 75mg</i>	4	
<i>doxycycline monohydrate tablet</i>	2	GC
<i>minocycline hcl capsule 75mg</i>	2	GC
<i>minocycline hcl tablet</i>	4	
<i>minocycline hydrochloride er tablet extended release 24 hour 105mg, 80mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	GC
<i>mondoxyne nl capsule 100mg</i>	3	
<i>mondoxyne nl capsule 75mg</i>	4	
<i>morgidox 1x50mg</i>	2	GC
<i>okebo capsule 75mg</i>	2	GC
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT	5	

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ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500MG	5	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
LAMICTAL XR KIT	4	
<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 chewable, tablet</i>	2	GC
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	GC
NAYZILAM	5	
<i>roweepra</i>	2	GC
<i>roweepra xr</i>	4	
SPRITAM	4	
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 25MG, 50MG	4	
<i>topiramate er capsule er 24 hour sprinkle 200mg</i>	4	
<i>topiramate er capsule extended release 24 hour</i>	4	
<i>topiramate capsule sprinkle, tablet</i>	2	GC
<i>valproic acid</i>	2	GC
XCOPRI TABLET THERAPY PACK 0	4	
XCOPRI TABLET THERAPY PACK 0	5	
XCOPRI TABLET 100MG, 150MG, 50MG	4	
XCOPRI TABLET 200MG, 25MG	5	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule</i>	3	
<i>ethosuximide solution</i>	4	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	4	

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<i>clonazepam tablet</i>	2	GC
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	GC
<i>divalproex sodium er</i>	2	GC
<i>divalproex sodium capsule delayed release sprinkle</i>	2	GC
<i>gabapentin capsule</i>	2	GC
<i>gabapentin solution</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	GC
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>	2	GC
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days); GC
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days); GC
<i>pregabalin solution</i>	3	
<i>primidone tablet</i>	2	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
VIGABATRIN TABLET	5	
<i>vigabatrin packet</i>	5	
<i>vigadrone</i>	5	
<i>vigpoder</i>	5	
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	2	GC
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine tablet chewable, tablet</i>	2	GC
<i>carbamazepine suspension</i>	4	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	GC
<i>oxcarbazepine suspension</i>	4	
<i>phenytek</i>	2	GC
<i>phenytoin sodium extended</i>	2	GC
<i>phenytoin tablet chewable, suspension</i>	2	GC

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<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	
<i>zonisamide</i>	2	GC
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
NAMZARIC	3	
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	GC
<i>donepezil hcl tablet 10mg</i>	1	GC
<i>donepezil hcl tablet 23mg</i>	2	GC
<i>donepezil hydrochloride tablet 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION	4	
<i>galantamine hydrobromide tablet</i>	4	
<i>rivastigmine tartrate</i>	2	GC
<i>rivastigmine transdermal system</i>	4	QL(30 EA per 30 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	GC
<i>memantine hydrochloride er</i>	2	QL(30 EA per 30 days); GC
<i>memantine hydrochloride tablet</i>	2	QL(60 EA per 30 days); GC
<i>memantine hydrochloride solution</i>	4	
NAMENDA XR TITRATION PACK	3	
Antidepressants		
<i>Antidepressants, Other</i>		
ALENZIN	5	
AUVELITY	4	
<i>bupropion hcl tablet 100mg</i>	2	GC
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	GC
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	4	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	GC
<i>bupropion hydrochloride tablet 75mg</i>	2	GC
<i>chlordiazepoxide/amitriptyline</i>	2	GC
FORFIVO XL	4	
<i>maprotiline hcl</i>	4	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	GC
<i>perphenazine/amitriptyline</i>	4	
ZURZUVAE	5	PA

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Monoamine Oxidase Inhibitors		
EMSAM	5	
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	GC
<i>citalopram hydrobromide capsule, solution</i>	4	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	2	GC
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	GC
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	GC
<i>escitalopram oxalate tablet</i>	2	GC
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride capsule, solution</i>	2	GC
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl er</i>	3	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	GC
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
PEXEVA	4	
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	GC
SERTRALINE HYDROCHLORIDE CAPSULE	4	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	GC
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tablet 300mg</i>	2	GC
TRINTELLIX	4	
VENLAFAXINE BESYLATE ER	4	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	QL(90 EA per 30 days); GC

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<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days); GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days); GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er tablet extended release 24 hour</i>	3	QL(30 EA per 30 days)
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	GC
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	GC
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hcl tablet</i>	2	GC
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 100mg, 10mg, 50mg, 75mg</i>	2	GC
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	GC
<i>imipramine hcl tablet 25mg, 50mg</i>	2	GC
<i>imipramine hydrochloride tablet 10mg</i>	2	GC
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	GC
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	GC
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	GC
<i>phenadoz suppository 25mg</i>	2	GC
<i>prochlorperazine maleate tablet</i>	2	GC
<i>prochlorperazine suppository 25mg</i>	2	GC
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	GC
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	GC
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D

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EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	4	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hcl tablet 24mg</i>	2	B/D; GC
<i>ondansetron hydrochloride tablet</i>	2	B/D; GC
ONDANSETRON ODT TABLET DISINTEGRATING 16MG	4	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D; GC
VARUBI TABLET THERAPY PACK	4	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
AMPHOTERICIN B LIPOSOME	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, solution, troche</i>	2	GC
CRESEMBA CAPSULE 186MG	5	
<i>econazole nitrate cream</i>	2	GC
ERAXIS	5	
ERTACZO	5	
EXELDERM	4	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tablet</i>	2	GC
<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	
<i>itraconazole solution</i>	5	
<i>ketoconazole cream, shampoo, tablet</i>	2	GC
<i>klayesta</i>	2	
<i>micafungin injection 100mg</i>	4	
<i>micafungin injection 50mg</i>	5	
<i>miconazole 3 suppository</i>	4	
<i>naftifine hydrochloride gel</i>	2	GC
NOXAFIL PACKET, SUSPENSION	5	
<i>nyamyc</i>	2	GC
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2	GC
<i>nystop</i>	2	GC
ORAVIG	4	
<i>posaconazole</i>	5	
<i>posaconazole dr</i>	5	

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<i>tavaborole</i>	4	
<i>terbinafine hcl tablet</i>	2	GC
<i>terconazole</i>	2	GC
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	B/D
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	GC
COLCHICINE CAPSULE	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat</i>	2	ST; GC
MITIGARE	3	QL(120 EA per 30 days)
<i>probenecid/colchicine</i>	2	GC
<i>probenecid tablet</i>	2	GC
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE SOLUTION	4	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	3	
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>frovatriptan succinate</i>	4	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL(9 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days); GC
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days); GC
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL(5 ML per 30 days); GC
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL(9 ML per 30 days); GC
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days); GC
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan odt</i>	4	QL(6 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(6 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl</i>	4	

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<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet</i>	2	GC
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid tablet</i>	2	GC
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	4	
<i>cyclophosphamide capsule, tablet</i>	3	B/D
<i>dacarbazine injection 100mg, 200mg</i>	2	GC
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	5	
<i>ifosfamide</i>	4	
KEMOPLAT	4	
LEUKERAN	5	
MATULANE	5	
<i>oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	4	
<i>oxaliplatin injection 100mg, 50mg</i>	5	
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	4	
VALCHLOR	5	
<i>Antiandrogens</i>		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>bicalutamide</i>	2	GC
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	QL(120 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
YONSA	5	QL(120 EA per 30 days); PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(28 EA per 28 days); PA
POMALYST	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	5	QL(28 EA per 28 days); PA
TABRECTA	5	PA
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	GC
TOREMIFENE CITRATE	5	
Antimetabolites		
<i>cytarabine aqueous</i>	4	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	4	B/D
DROXIA	3	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>gemcitabine hcl</i>	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	3	
<i>hydroxyurea capsule</i>	2	GC
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	4	B/D
AKEEGA	5	PA
<i>azacitidine</i>	5	
BESREMI	5	PA
<i>bleomycin sulfate</i>	4	B/D
<i>bortezomib injection 3.5mg/1.4ml</i>	4	
<i>bortezomib injection 3.5mg</i>	5	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>docetaxel injection 20mg/2ml</i>	5	

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<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	4	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride injection 10mg</i>	4	B/D
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	4	
EPKINLY	5	PA
GAVRETO	5	QL(120 EA per 30 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
<i>idarubicin hcl</i>	4	
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	QL(120 EA per 30 days); 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
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 5mg</i>	2	GC
<i>leucovorin calcium tablet 10mg, 15mg, 25mg</i>	3	
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	QL(3 EA per 28 days); PA
OGSIVEO	5	PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU	5	PA
<i>paclitaxel</i>	4	
PEMAZYRE	5	QL(30 EA per 30 days); PA
PROLEUKIN	5	
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
SCSEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCSEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCSEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>vinblastine sulfate injection 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate injection 1mg/ml</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VONJO	5	QL(120 EA per 30 days); PA

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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>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	QL(30 EA per 30 days); GC
EXEMESTANE	3	
<i>letrozole</i>	2	GC
<i>Enzyme Inhibitors</i>		
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	GC
<i>irinotecan hydrochloride</i>	4	
<i>irinotecan injection 500mg/25ml</i>	4	
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	GC
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF CAPSULE 50MG	5	QL(30 EA per 30 days); PA
BOSULIF CAPSULE 100MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	QL(60 EA per 30 days); PA
COTELLIC	5	PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 25MG	4	PA
ERLOTINIB HYDROCHLORIDE TABLET 150MG	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(120 EA per 30 days); PA
FRUZAQLA	5	PA
<i>gefitinib</i>	5	QL(30 EA per 30 days); PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA TABLET	5	QL(30 EA per 30 days); PA
IMBRUVICA SUSPENSION	5	QL(324 ML per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); 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 TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA
MEKINIST SOLUTION RECONSTITUTED	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI	5	QL(180 EA per 30 days); PA
NERLYNX	5	PA
ODOMZO	5	QL(30 EA per 30 days); PA
OJEMDA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK PACKET	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(120 EA per 30 days); PA
RYDAPT	5	PA
<i>sorafenib</i>	5	QL(120 EA per 30 days); PA
<i>sorafenib tosylate</i>	5	QL(120 EA per 30 days); PA
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA
STIVARGA	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE	5	QL(30 EA per 30 days); PA
TAFINLAR TABLET SOLUBLE	5	PA
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA
TAGRISSE	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA
TEPMETKO	5	PA
TIBSOVO	5	PA
<i>torpenz</i>	5	PA
TRUQAP	5	PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA
VIZIMPRO	5	QL(30 EA per 30 days); PA
VOTRIENT	5	QL(120 EA per 30 days); PA
WELIREG	5	PA
XALKORI CAPSULE	5	QL(60 EA per 30 days); PA

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XALKORI CAPSULE SPRINKLE 50MG	5	QL(120 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(180 EA per 30 days); PA
XALKORI CAPSULE SPRINKLE 20MG	5	QL(240 EA per 30 days); PA
XOSPATA	5	PA
ZEJULA TABLET	5	PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(240 EA per 30 days); PA
ZYDELIG	5	QL(60 EA per 30 days); PA
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA
Monoclonal Antibody/Antibody-Drug Conjugate		
LOQTORZI	5	PA
Retinoids		
BEXAROTENE CAPSULE	5	PA
<i>bexarotene gel</i>	5	PA
PANRETIN	5	
TRETINOIN CAPSULE 10MG	5	
Treatment Adjuncts		
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
ALBENDAZOLE TABLET	5	
EMVERM	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ATOVAQUONE	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet</i>	2	GC
<i>mefloquine hcl</i>	2	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
<i>primaquine phosphate tablet</i>	4	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	GC
<i>trihexyphenidyl hcl solution</i>	2	GC
<i>trihexyphenidyl hydrochloride</i>	2	GC
Antiparkinson Agents, Other		

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<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	5	
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate tablet</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	GC
<i>ropinirole er</i>	2	GC
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	GC
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	GC
<i>carbidopa/levodopa er</i>	2	GC
<i>carbidopa/levodopa odt</i>	2	GC
<i>carbidopa tablet</i>	4	
DUOPA	5	B/D
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	GC
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	3	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	GC
<i>loxapine</i>	2	GC
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	

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<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL(1 EA per 28 days)
ABILIFY MYCITE	5	
ABILIFY MYCITE MAINTENANCE KIT	5	
ABILIFY MYCITE STARTER KIT	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days); GC
<i>aripiprazole solution</i>	4	
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	
CAPLYTA	5	
FANAPT TITRATION PACK	4	
FANAPT TABLET 4MG	4	
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	
INVEGA HAFYERA	5	PA
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	PA
<i>lurasidone hydrochloride</i>	4	
LYBALVI	5	
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt</i>	4	
<i>olanzapine tablet</i>	2	GC
<i>olanzapine injection</i>	4	
<i>paliperidone er</i>	4	
PERSERIS	5	
<i>quetiapine fumarate</i>	2	GC
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
REXULTI	5	
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone</i>	2	GC
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	

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<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
SECUADO	5	
VRAYLAR CAPSULE THERAPY PACK	4	
VRAYLAR CAPSULE	5	
<i>ziprasidone hcl</i>	2	GC
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine odt tablet disintegrating 200mg</i>	5	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 15mg</i>	2	
<i>baclofen tablet 10mg, 20mg, 5mg</i>	2	GC
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	GC
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	GC
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
VALGANCICLOVIR HYDROCHLORIDE	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	
ENTECAVIR	4	
EPIVIR HBV SOLUTION	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET	5	PA
EPCLUSA TABLET	5	QL(28 EA per 28 days); PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET PACKET	5	PA
MAVYRET TABLET	5	QL(84 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin capsule</i>	3	
<i>ribavirin tablet 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL(28 EA per 28 days); PA
VOSEVI	5	QL(28 EA per 28 days); PA
ZEPATIER	5	PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er</i>	4	
<i>nevirapine tablet</i>	3	
<i>nevirapine suspension</i>	4	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	5	
CIMDUO	5	
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>stavudine capsule</i>	4	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule, tablet</i>	3	
<i>zidovudine syrup</i>	4	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TYBOST	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
CRIXIVAN CAPSULE 400MG	4	
<i>darunavir tablet 600mg</i>	4	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule</i>	3	
<i>oseltamivir phosphate suspension reconstituted</i>	4	
RELENZA DISKHALER	4	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	4	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	GC
<i>acyclovir suspension 200mg/5ml</i>	3	
<i>acyclovir tablet 400mg, 800mg</i>	2	GC
<i>famciclovir tablet</i>	2	GC
<i>valacyclovir hydrochloride</i>	2	GC
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	GC
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	GC
Benzodiazepines		
<i>alprazolam</i>	2	GC
<i>alprazolam er</i>	4	
<i>alprazolam intensol</i>	4	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol</i>	4	
<i>diazepam tablet</i>	2	QL(120 EA per 30 days); GC
<i>diazepam concentrate, solution</i>	4	
<i>lorazepam intensol</i>	2	GC
<i>lorazepam tablet</i>	2	GC
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium</i>	2	GC
<i>lithium carbonate er</i>	2	GC
<i>lithium carbonate capsule</i>	1	GC
<i>lithium carbonate tablet</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE	4	QL(30 EA per 30 days)
BYDUREON BCISE	4	QL(4 ML per 28 days); PA
FARXIGA	3	QL(30 EA per 30 days)
<i>glimepiride</i>	1	GC
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL(240 EA per 30 days); GC
<i>glyburide micronized</i>	2	QL(60 EA per 30 days); PA; GC
<i>glyburide/metformin hydrochloride</i>	2	PA; GC
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA; GC
<i>glyburide tablet 1.25mg, 1.5mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA; GC
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
JENTADUETO	3	QL(60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
KAZANO	4	QL(60 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	4	QL(30 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	4	QL(60 EA per 30 days); ST
LIRAGLUTIDE	3	QL(9 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	GC
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	2	GC
NESINA	4	QL(30 EA per 30 days); ST
ONGLYZA	4	QL(30 EA per 30 days); ST
OSENI	4	QL(30 EA per 30 days)
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>	2	GC
<i>pioglitazone hcl tablet 45mg</i>	1	GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	GC
QTERN	4	QL(30 EA per 30 days)
<i>repaglinide</i>	2	GC
RYBELSUS	3	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	4	QL(60 EA per 30 days); ST
SOLIQUA 100/33	3	QL(90 ML per 30 days); PA
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
<i>tolbutamide</i>	2	GC
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
XIGDUO XR	3	QL(30 EA per 30 days)
XULTOPHY 100/3.6	3	
Glycemic Agents		

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Drug Name	Drug Tier	Requirements/Limits
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<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	
HUMALOG TEMPO PEN	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	
INSULIN LISPRO	3	vial
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML, 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/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	GC
<i>jantoven</i>	1	GC
<i>warfarin sodium tablet</i>	1	GC
XARELTO STARTER PACK	3	
XARELTO TABLET	3	
XARELTO SUSPENSION RECONSTITUTED	5	
ZONTIVITY	4	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
FULPHILA	5	
GRANIX	5	
LEUKINE INJECTION 250MCG	5	
NEULASTA	5	

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NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NYVEPRIA	5	
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	
UDENYCA ONBODY	5	
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
<i>cilostazol</i>	2	GC
<i>clopidogrel</i>	2	GC
<i>prasugrel hydrochloride</i>	2	GC
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	2	GC
<i>clonidine hydrochloride tablet</i>	1	GC
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	2	GC
<i>methyldopa tablet 250mg, 500mg</i>	2	GC
<i>midodrine hcl</i>	2	GC
Alpha-adrenergic Blocking Agents		
PHENOXYBENZAMINE HYDROCHLORIDE	5	
<i>prazosin hydrochloride capsule</i>	2	GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	GC
<i>irbesartan</i>	1	GC
<i>losartan potassium tablet</i>	1	GC
<i>olmesartan medoxomil tablet</i>	1	GC
<i>telmisartan</i>	2	GC

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<i>valsartan tablet</i>	1	GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride tablet 20mg</i>	1	GC
<i>captopril tablet</i>	2	GC
<i>enalapril maleate tablet</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril tablet</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	2	GC
<i>quinapril hydrochloride</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
Antiarrhythmics		
<i>amiodarone hcl tablet 400mg</i>	2	GC
<i>amiodarone hydrochloride tablet 200mg</i>	1	GC
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	2	GC
<i>digitek tablet 0.25mg</i>	2	PA; GC
<i>digitek tablet 0.125mg</i>	2	QL(30 EA per 30 days); GC
<i>digoxin tablet 250mcg</i>	2	PA; GC
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>digox tablet 250mcg</i>	2	PA; GC
<i>digox tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>dofetilide</i>	2	GC
<i>flecainide acetate</i>	2	GC
<i>mexiletine hcl</i>	4	
MULTAQ	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	GC
<i>propafenone hcl</i>	2	GC
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tablet</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hydrochloride (af)</i>	2	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	GC
<i>atenolol tablet</i>	1	GC
<i>bisoprolol fumarate</i>	2	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tablet</i>	2	GC

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<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	GC
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>nebivolol tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>pindolol tablet</i>	2	GC
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	GC
<i>propranolol hcl solution</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	GC
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	GC
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	GC
<i>felodipine er</i>	2	GC
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	GC
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	GC
<i>diltiazem hcl cd</i>	2	GC
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	GC
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	GC
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	GC
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	GC
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>diltiazem hydrochloride tablet 120mg</i>	2	GC
<i>matzim la</i>	2	GC
<i>taztia xt</i>	2	GC
<i>tiadylt er</i>	2	GC
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	2	GC
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	GC
<i>verapamil hcl sr capsule extended release 24 hour</i>	2	GC
<i>verapamil hcl tablet 40mg, 80mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	2	GC
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	GC
<i>verapamil hydrochloride tablet 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	2	GC
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	1	GC
<i>amlodipine/olmesartan medoxomil</i>	2	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	GC
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	GC
<i>captopril/hydrochlorothiazide</i>	2	GC
CORLANOR TABLET	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
IVABRADINE HYDROCHLORIDE	4	
KERENDIA	4	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>methyldopa/hydrochlorothiazide</i>	3	
<i>metoprolol/hydrochlorothiazide</i>	2	GC
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	GC
<i>pentoxifylline er</i>	2	GC
<i>propranolol/hydrochlorothiazide</i>	2	GC
<i>quinapril/hydrochlorothiazide</i>	2	GC
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	2	QL(60 EA per 30 days); GC
<i>ranolazine er tablet extended release 12 hour 500mg</i>	2	QL(90 EA per 30 days); GC
<i>spironolactone/hydrochlorothiazide</i>	2	GC
<i>telmisartan/amlodipine</i>	3	
<i>telmisartan/hydrochlorothiazide</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	GC
<i>triamterene/hydrochlorothiazide tablet</i>	1	GC

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<i>valsartan/hydrochlorothiazide</i>	1	GC
Diuretics, Loop		
<i>bumetanide tablet</i>	2	GC
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	GC
<i>furosemide oral solution</i>	2	GC
<i>furosemide injection</i>	4	
<i>toremide tablet</i>	2	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	GC
<i>eplerenone</i>	2	GC
<i>spironolactone tablet</i>	1	GC
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	GC
<i>hydrochlorothiazide capsule, tablet</i>	1	GC
<i>indapamide tablet</i>	1	GC
<i>metolazone</i>	2	GC
Dyslipidemics, Fibrin Acid Derivatives		
ANTARA CAPSULE 30MG, 90MG	3	
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	GC
<i>fenofibrate capsule 130mg, 134mg, 43mg</i>	2	GC
<i>fenofibrate capsule 150mg, 50mg</i>	3	
<i>fenofibrate tablet</i>	2	GC
<i>fenofibric acid dr</i>	2	GC
<i>fenofibric acid tablet 35mg</i>	2	GC
FIBRICOR TABLET 35MG	2	
<i>gemfibrozil tablet</i>	2	GC
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium tablet</i>	1	GC
<i>simvastatin tablet</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	GC
<i>cholestyramine packet, powder</i>	2	GC
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl granules, tablet</i>	2	GC
<i>colestipol hcl packet</i>	3	
<i>ezetimibe</i>	2	QL(30 EA per 30 days); GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe/simvastatin</i>	2	QL(30 EA per 30 days); GC
<i>icosapent ethyl</i>	3	
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	2	GC
<i>niacin tablet 500mg</i>	4	
NIACOR	4	
<i>omega-3-acid ethyl esters</i>	2	GC
PRALUENT	3	PA
<i>prevalite</i>	2	GC
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	3	
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	GC
<i>isosorbide dinitrate tablet 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	2	GC
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	GC
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	GC
VERQUVO	4	QL(30 EA per 30 days)
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	2	GC
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	GC
<i>minoxidil tablet</i>	2	GC
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	GC; Tablet 10mg

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	GC; Tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	GC; Tablet 15mg
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	GC; Tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	GC; Tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	GC; Tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	GC; Tablet 7.5mg
<i>dextroamphetamine sulfate er</i>	4	
<i>dextroamphetamine sulfate tablet 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	GC
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	3	
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	3	
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg, 5mg</i>	4	
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	GC
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	4	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	GC
<i>guanfacine hydrochloride er</i>	4	
<i>metadate er tablet extended release 20mg</i>	4	
<i>methylphenidate hydrochloride er (la)</i>	4	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	GC
<i>methylphenidate hydrochloride tablet chewable, solution</i>	4	
Central Nervous System, Other		
AUSTEDO	5	PA
<i>butalbital/acetaminophen/caffeine capsule</i>	2	GC
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	GC
<i>butalbital/aspirin/caffeine capsule</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	3	
TETRABENAZINE TABLET 25MG	4	QL(120 EA per 30 days); PA
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
ZTALMY	5	PA
<i>Fibromyalgia Agents</i>		
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	4	QL(30 EA per 30 days)
<i>pregabalin er tablet extended release 24 hour 330mg</i>	4	QL(60 EA per 30 days)
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<i>Multiple Sclerosis Agents</i>		
AUBAGIO	5	PA
AVONEX PEN	5	
AVONEX INJECTION 30MCG/0.5ML	5	
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	PA
<i>dimethyl fumarate starterpack</i>	5	PA
<i>fingolimod hydrochloride</i>	5	PA
GILENYA CAPSULE 0.25MG	5	PA
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAYZENT	5	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	PA
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
<i>teriflunomide</i>	4	PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	GC
<i>kourzeq</i>	2	GC
<i>lidocaine hcl solution 4%</i>	2	GC
<i>lidocaine hydrochloride viscous</i>	2	GC
<i>lidocaine viscous</i>	2	GC
<i>oralone dental paste</i>	2	GC
<i>paroex</i>	2	GC
<i>periogard</i>	2	GC
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane</i>	4	
<i>acitretin</i>	3	
<i>adapalene gel 0.1%</i>	3	
<i>adapalene gel 0.3%</i>	4	
<i>amnestem</i>	4	
<i>avita</i>	3	
<i>azelaic acid</i>	2	GC
CLARAVIS	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	GC
<i>metronidazole gel 0.75%, 1%</i>	2	GC
<i>metronidazole lotion 0.75%</i>	4	
MYORISAN	4	
<i>rosadan</i>	2	GC
<i>tazarotene gel</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin microsphere</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	
<i>vitazol</i>	2	GC
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	GC
<i>alclometasone dipropionate cream</i>	2	GC
<i>ammonium lactate cream, lotion</i>	2	GC
<i>bese lotion</i>	4	
<i>betamethasone dipropionate augmented cream</i>	2	GC
<i>betamethasone dipropionate augmented gel, lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	2	GC
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	2	GC
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, solution</i>	2	GC
<i>clobetasol propionate ointment, shampoo</i>	4	
<i>clodan</i>	4	
<i>desoximetasone cream, gel, ointment</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide cream, ointment</i>	2	GC
<i>fluocinolone acetonide solution</i>	4	
<i>fluocinonide</i>	2	GC
<i>fluocinonide emulsified base</i>	2	GC
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate lotion 0.05%</i>	4	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	2	GC
<i>hydrocortisone butyrate (lipid)</i>	2	GC
<i>hydrocortisone butyrate (lipophilic)</i>	2	GC
<i>hydrocortisone butyrate cream, ointment, solution</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	GC
<i>hydrocortisone lotion 2.5%</i>	2	GC
<i>hydrocortisone ointment 2.5%</i>	2	GC
<i>mometasone furoate cream 0.1%</i>	2	GC
<i>mometasone furoate ointment 0.1%</i>	2	GC
<i>mometasone furoate solution 0.1%</i>	2	GC
<i>prednicarbate cream</i>	4	
<i>selenium sulfide</i>	2	GC
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	2	GC
<i>triamcinolone acetonide aerosol solution</i>	4	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	GC
<i>triamcinolone acetonide ointment 0.05%</i>	4	
<i>trianex</i>	4	
<i>triderm</i>	2	GC
<i>tritocin</i>	4	
Dermatological Agents, Other		
CALCIPOTRIENE FOAM	4	
<i>calcipotriene cream, ointment, solution</i>	4	
<i>calcitriol ointment 3mcg/gm</i>	4	
CARAC	5	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	GC
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	
CONDYLOX GEL	4	
DICLOFENAC SODIUM GEL 3%	4	PA
EPIFOAM	4	
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil cream 0.5%</i>	5	
<i>fluorouracil external solution 2%, 5%</i>	4	
IMIQUIMOD PUMP	5	

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<i>imiquimod cream 5%</i>	2	GC
METHOXSALLEN CAPSULE	5	
NEO-SYNALAR	4	
<i>nystatin/triamcinolone</i>	4	
<i>nystatin/triamcinolone acetonide</i>	4	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	GC
<i>ssd</i>	2	GC
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	2	GC
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution</i>	2	GC
<i>ciclopirox nail lacquer</i>	2	GC
<i>ciclopirox olamine</i>	2	GC
<i>ciclopirox suspension</i>	2	GC
<i>ciclopirox shampoo</i>	3	
<i>ciclopirox gel</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>dapsone gel 5%</i>	4	
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pad 2%</i>	2	GC
<i>erythromycin solution 2%</i>	2	GC
<i>mupirocin ointment</i>	2	GC
<i>mupirocin cream</i>	4	
<i>penciclovir cream</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

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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, 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	4	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	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
CARGLUMIC ACID	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
CLINISOL SF 15%	4	B/D
<i>dextrose 10%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10%/sodium chloride 0.2%</i>	4	
<i>dextrose 10%/sodium chloride 0.45%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	4	
<i>dextrose 20%</i>	4	
<i>dextrose 25% injection 250mg/ml</i>	4	
<i>dextrose 30%</i>	4	
<i>dextrose 40%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	GC
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.225%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
<i>dextrose 5%/sodium chloride 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
FREAMINE HBC 6.9%	4	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	

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<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	GC
<i>klor-con 8</i>	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>klor-con sprinkle</i>	2	GC
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	2	GC
NEPHRAMINE	4	B/D
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride cr tablet extended release 10meq</i>	2	GC
<i>potassium chloride er</i>	2	GC
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium citrate er</i>	2	GC
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 2.5meq/ml</i>	2	GC
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>sodium chloride injection 3%, 4meq/ml, 5%</i>	4	
SYNTHAMIN 17	4	B/D
TPN ELECTROLYTES	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
<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>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone</i>	5	PA
FERRIPROX TWICE-A-DAY	5	PA
FERRIPROX SOLUTION	5	PA
FERRIPROX TABLET 1000MG	5	PA
<i>penicillamine capsule 250mg</i>	5	
<i>sodium polystyrene sulfonate powder 0</i>	2	GC
<i>tolvaptan</i>	5	
TRIENTINE HYDROCHLORIDE	5	
<i>Phosphate Binders</i>		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	2	GC
<i>calcium acetate tablet 667mg</i>	2	GC
FOSRENOL PACKET	5	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate tablet</i>	2	GC
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer hydrochloride</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	2	
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	2	GC
<i>sps</i>	2	GC
VELTASSA	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>generlac</i>	2	GC
<i>lactulose solution 10gm/15ml</i>	2	GC
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK	3	QL(30 EA per 30 days)
RELISTOR	5	PA
TRULANCE	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	GC
<i>diphenoxylate/atropine liquid</i>	4	
<i>loperamide hcl capsule</i>	2	GC
MYTESI	4	
VIBERZI	5	QL(60 EA per 30 days); PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	GC
<i>dicyclomine hydrochloride injection</i>	4	
<i>glycate</i>	2	GC
<i>glycopyrrolate tablet</i>	2	GC
<i>methscopolamine bromide tablet</i>	4	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	4	
GATTEX	5	PA
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-h</i>	2	GC
<i>gavilyte-n/flavor pack</i>	2	GC
<i>lansoprazole/amoxicillin/clarithromycin therapy pack</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl solution</i>	2	GC
<i>metoclopramide hcl tablet 5mg</i>	1	GC
<i>metoclopramide hydrochloride tablet 10mg</i>	1	GC
MYALEPT	5	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes/ascorbate</i>	2	GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	GC
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	2	GC
PYLERA	5	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
<i>trilyte</i>	2	GC
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet</i>	3	
XIFAXAN TABLET 200MG	4	
XIFAXAN TABLET 550MG	5	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl solution</i>	3	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	3	
<i>cimetidine tablet</i>	3	
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	1	GC
<i>nizatidine capsule</i>	2	GC
<i>nizatidine solution</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	GC
<i>sucralfate suspension</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days); GC
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days); GC
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days); GC
<i>rabeprazole sodium</i>	2	QL(30 EA per 30 days); GC
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

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Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INJECTION 500MG	4	PA
ARALAST NP INJECTION 1000MG	5	PA
<i>betaine anhydrous</i>	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>dichlorphenamide</i>	5	
ENDARI	5	PA
GLASSIA	5	PA
<i>l-glutamine</i>	5	PA
MIGLUSTAT	5	PA
<i>nitisinone</i>	5	
ORFADIN SUSPENSION	5	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	5	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	4	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	5	
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
YARGESA	5	PA
ZEMAIRA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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	4	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er</i>	4	QL(30 EA per 30 days)
<i>fesoterodine fumarate er</i>	3	QL(30 EA per 30 days)
<i>flavoxate hcl</i>	4	
GEMTESA	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL(60 EA per 30 days); GC
<i>oxybutynin chloride solution, tablet</i>	2	GC
<i>solifenacin succinate</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	2	QL(60 EA per 30 days); GC
<i>tolterodine tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>tropium chloride</i>	2	QL(60 EA per 30 days); GC
<i>tropium chloride er</i>	2	QL(30 EA per 30 days); GC
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	GC
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	GC
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	GC
<i>finasteride tablet</i>	1	GC
<i>tadalafil tablet 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride capsule 2mg</i>	1	GC
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	GC
<i>penicillamine tablet 250mg</i>	5	
<i>tiopronin</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate +rfid</i>	2	GC
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	GC

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<i>dexamethasone elixir, solution</i>	4	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	GC
<i>fludrocortisone acetate tablet</i>	2	GC
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	GC
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	GC
<i>methylprednisolone dose pack tablet therapy pack</i>	2	GC
<i>methylprednisolone sodium succinate</i>	2	GC
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	2	GC
<i>methylprednisolone tablet</i>	2	GC
MILLIPRED TABLET	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution</i>	2	GC
<i>prednisolone tablet</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone solution</i>	2	GC
<i>prednisone tablet therapy pack</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	
LUPRON DEPOT-PED (6-MONTH)	5	
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE	5	PA
ZOMACTON	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	PA
MIFEPRISTONE TABLET 300MG	5	PA

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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
<i>oxandrolone tablet 2.5mg</i>	3	QL(120 EA per 30 days); PA
<i>oxandrolone tablet 10mg</i>	3	QL(60 EA per 30 days); PA
Androgens		
<i>danazol capsule</i>	4	
METHITEST	4	
<i>methyltestosterone capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	GC
<i>testosterone enanthate injection</i>	2	GC
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 1.62%</i>	3	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution</i>	4	
Estrogens		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>amethia lo</i>	4	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	4	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	4	
<i>camrese lo</i>	4	
<i>caziant</i>	4	
<i>cryselle-28</i>	4	
<i>cyclafem 1/35</i>	4	
<i>cyclafem 7/7/7</i>	4	
<i>cyred eq</i>	3	
<i>desogestrel/ethinyl estradiol</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tablet</i>	1	GC
<i>estradiol cream, vaginal tablet</i>	2	GC
<i>estradiol patch twice weekly, patch weekly</i>	3	
<i>estradiol gel</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	
<i>femynor</i>	3	
<i>fyavolv</i>	3	
<i>gemmily</i>	2	GC
<i>gianvi</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i>	3	
<i>jinteli</i>	3	
<i>joyeaux</i>	4	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</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>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28</i>	3	
<i>lopreeza</i>	4	
<i>loryna</i>	3	
<i>low-ogestrel</i>	4	
<i>lutra</i>	3	
<i>lyllana</i>	3	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>merzee</i>	2	GC
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin 24 fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>mili</i>	3	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</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>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>nylia 1/35</i>	4	
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>orsythia</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>reclipsen</i>	3	
<i>rivelsa</i>	4	
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 eq</i>	3	
<i>taysofy</i>	2	GC
<i>tilia fe</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	4	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	4	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>yuvafem</i>	2	GC
<i>zarah</i>	4	
<i>zovia 1/35</i>	4	
<i>zovia 1/35e</i>	4	
Progestins		
<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	4	
<i>heather</i>	4	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	5	

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<i>incassia</i>	4	
<i>lyleq</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone acetate tablet</i>	2	GC
<i>medroxyprogesterone acetate injection</i>	4	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>norethindrone acetate tablet</i>	2	GC
<i>norethindrone tablet</i>	4	
<i>progesterone capsule</i>	2	GC
<i>sharobel</i>	4	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	GC
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	GC
<i>levothyroxine sodium injection 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	5	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	GC
SYNTHROID TABLET	3	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	5	
RECORLEV	5	QL(240 EA per 30 days); PA
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	2	GC
CAMCEVI	4	
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days)
FIRMAGON INJECTION 120MG/VIAL	5	QL(2 EA per 28 days)
LANREOTIDE ACETATE	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	

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<i>leuprolide acetate injection 1mg/0.2ml</i>	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 30MG	4	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	
OCTREOTIDE ACETATE INJECTION 1000MCG/ML	4	
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
ORGOVYX	5	PA
SIGNIFOR	5	
SIGNIFOR LAR	5	
SOMATULINE DEPOT	5	PA
SOMAVERT	5	
SYNAREL	5	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	GC
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
ICATIBANT ACETATE	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
PRIVIGEN	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	4	
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	
BENLYSTA INJECTION 200MG/ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	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
KEVZARA	5	QL(2.28 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	PA
RIDAURA	3	
RINVOQ LQ	5	QL(360 ML per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	4	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL(2 EA per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 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	5	QL(0.5 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(1 ML per 28 days); 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
Immunostimulants		
ACTIMMUNE	5	
PEGASYS	5	
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D; GC
BENLYSTA INJECTION 120MG, 400MG	5	PA
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	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

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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	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	3	B/D
<i>gengraf solution</i>	3	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(4 EA per 30 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 30 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML	5	PA; Abbvie labeled products only
JYLAMVO	4	
<i>leflunomide</i>	2	GC
<i>methotrexate sodium tablet</i>	2	GC
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	GC
<i>methotrexate injection 50mg/2ml</i>	2	GC
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D; GC
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D; GC
MYHIBBIN	5	B/D
ORENCIA INJECTION 250MG	5	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(30 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
TREXALL	4	
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
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	
BCG VACCINE INJECTION 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISA V-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXCHIQ	3	
IXIARO	4	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	

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Drug Name	Drug Tier	Requirements/Limits
MRESVIA	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	4	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLUTION	4	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	GC
DIPENTUM	5	
<i>mesalamine dr</i>	3	
<i>mesalamine er capsule extended release 24 hour</i>	3	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine kit</i>	2	GC
<i>mesalamine suppository</i>	3	
<i>mesalamine enema</i>	4	
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	GC
<i>Glucocorticoids</i>		
BUDESONIDE ER	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
<i>hydrocortisone cream 1%</i>	2	GC
<i>hydrocortisone enema 100mg/60ml</i>	4	

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<i>procto-med hc</i>	2	GC
<i>procto-pak</i>	2	GC
<i>proctosol hc</i>	2	GC
<i>proctozone-hc</i>	2	GC
UCERIS FOAM	4	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	GC
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	GC
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol capsule 0.5mcg</i>	3	
<i>doxercalciferol capsule 1mcg, 2.5mcg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	
<i>ibandronate sodium</i>	2	GC
NATPARA	5	
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	
<i>paricalcitol capsule</i>	4	
PROLIA	4	
RAYALDEE	5	
<i>risedronate sodium dr</i>	3	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
TERIPARATIDE INJECTION 620MCG/2.48ML	5	
<i>teriparatide injection 600mcg/2.4ml</i>	5	
TYMLOS	5	
XGEVA	5	PA
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	GC
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine injection 200mg/ml</i>	2	GC
<i>alcohol prep pads</i>	3	
AUGTYRO	5	PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	

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Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINOLIPID	4	B/D
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	4	QL(40 EA per 5 days)
<i>levocarnitine injection, oral solution, tablet</i>	4	
NUTRILIPID	4	B/D
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
<i>sodium chloride 0.9%</i>	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	GC
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTADROPS	5	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	GC
<i>neo-polycin</i>	2	GC
<i>neo-polycin hc</i>	2	GC
<i>neomycin/bacitracin/polymyxin</i>	2	GC
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	GC
<i>neomycin/polymyxin/dexamethasone</i>	2	GC
<i>neomycin/polymyxin/gramicidin</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	GC
<i>proparacaine hcl</i>	2	GC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	GC
TOBRADEX OINTMENT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	GC
<i>cromolyn sodium solution 4%</i>	2	GC
<i>epinastine hcl</i>	2	GC
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	2	GC
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	GC
<i>erythromycin ointment 5mg/gm</i>	2	GC
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	GC
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	GC
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium solution</i>	2	GC
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin sulfate ophthalmic solution 0.3%</i>	2	GC
<i>tobramycin solution 0.3%</i>	2	GC
<i>trifluridine</i>	3	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	3	
<i>bromfenac sodium solution 0.07%, 0.075%</i>	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	GC
<i>difluprednate</i>	2	GC
<i>fluorometholone</i>	2	GC
<i>flurbiprofen sodium</i>	2	GC
FML	4	
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine</i>	2	GC
LOTEMAX SM	4	
LOTEMAX OINTMENT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC

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Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>carteolol hcl</i>	2	GC
<i>levobunolol hcl solution 0.5%</i>	2	GC
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	GC
<i>timolol maleate solution 0.5%</i>	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	GC
<i>brimonidine tartrate solution 0.15%</i>	2	GC
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	2	GC
<i>dorzolamide hcl</i>	2	GC
<i>dorzolamide hydrochloride</i>	2	GC
<i>methazolamide tablet</i>	4	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	3	
<i>travoprost</i>	3	ST
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	GC
<i>ciprofloxacin/dexamethasone</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	GC
<i>ofloxacin otic solution 0.3%</i>	2	GC
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	

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<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	2	GC
<i>fluticasone propionate suspension 50mcg/act</i>	2	GC
<i>mometasone furoate suspension 50mcg/act</i>	4	
QNASL CHILDRENS	4	
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(10.6 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	GC
<i>azelastine hydrochloride solution 0.1%</i>	2	GC
<i>carbinoxamine maleate solution, tablet</i>	2	GC
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>desloratadine</i>	2	GC
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	2	GC
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	GC
<i>hydroxyzine pamoate capsule</i>	2	GC
<i>levocetirizine dihydrochloride tablet</i>	1	GC
<i>levocetirizine dihydrochloride solution</i>	4	
<i>olopatadine hcl nasal solution 0.6%</i>	4	
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	GC
<i>montelukast sodium packet</i>	3	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D; GC
<i>ipratropium bromide nasal solution</i>	2	GC
SPIRIVA HANDIHALER	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT	3	QL(4 GM per 30 days)

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<i>tiotropium bromide</i>	3	QL(90 EA per 30 days)
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa</i>	2	GC
<i>albuterol sulfate nebulization solution</i>	2	B/D; GC
<i>albuterol sulfate syrup, tablet</i>	3	
<i>arformoterol tartrate</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPIPEN 2-PAK	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL(4 GM per 30 days)
SYMJEPI	4	
VENTOLIN HFA	3	
XOPENEX HFA	4	
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK	5	QL(90 EA per 30 days); PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast</i>	3	QL(30 EA per 30 days)
THEO-24	4	
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour</i>	2	GC
<i>theophylline solution</i>	3	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	PA
ALYQ	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA

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OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	2	PA; GC
<i>sildenafil citrate suspension reconstituted</i>	4	PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	PA
UPTRAVI	5	PA
UPTRAVI TITRATION PACK	5	PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET CAPSULE	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 267MG	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 801MG	5	QL(90 EA per 30 days); PA
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D
ANORO ELLIPTA	3	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days)
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA	4	QL(13 GM per 30 days)
FASENRA PEN	5	QL(1 ML per 28 days); PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	QL(1 ML per 28 days); PA
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D; GC
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(4 GM per 30 days)
SYMBICORT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)

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<i>wixela inhub</i>	2	QL(60 EA per 30 days); GC
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 500mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA; GC
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	4	QL(30 EA per 30 days)
<i>eszopiclone</i>	2	QL(30 EA per 30 days); GC
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam</i>	2	GC
<i>zaleplon</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days); GC
Wakefulness Promoting Agents		
<i>armodafinil</i>	4	PA
<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>modafinil tablet 200mg</i>	2	QL(60 EA per 30 days); PA; GC
SODIUM OXYBATE	5	QL(540 ML per 30 days); PA

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		<i>amitriptyline hcl</i>	20
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<i>aspirin/dipyridamole</i>	40	BD INSULIN SYRINGE	70
<i>aspirin/dipyridamole er</i>	40	SAFETYGLIDE/1ML/29G X 1/2"	
ASTAGRAF XL	66	B-D INSULIN SYRINGE ULTRAFINE	70
<i>atazanavir</i>	34	II/0.3ML/31G X 5/16"	
<i>atazanavir sulfate</i>	34	BD INSULIN SYRINGE ULTRA-	70
<i>atenolol</i>	41	FINE/0.5ML/30G X 12.7MM	
<i>atenolol/chlorthalidone</i>	43	BD INSULIN SYRINGE ULTRA-	70
<i>atomoxetine</i>	46	FINE/1ML/31G X 8MM	
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BENLYSTA	66	<i>bromfenac sodium</i>	72
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<i>betamethasone dipropionate augmented</i>	48	BUDESONIDE ER	69
<i>betamethasone valerate</i>	48	<i>bumetanide</i>	44
<i>betaxolol hcl</i>	73	BUNAVAIL	10
<i>bethanechol chloride</i>	58	<i>buprenorphine</i>	8
BETIMOL	73	<i>buprenorphine hcl</i>	10
BETOPTIC-S	73	<i>buprenorphine hcl/naloxone hcl</i>	10
BEVESPI AEROSPHERE	76	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	10
BEXAROTENE	29	<i>bupropion hcl</i>	18
BEXSERO	68	<i>bupropion hydrochloride</i>	18
<i>bicalutamide</i>	23	<i>bupropion hydrochloride er (sr)</i>	11
BICILLIN C-R	14	<i>bupropion hydrochloride er (sr)</i>	18
BICILLIN L-A	14	BUPROPION HYDROCHLORIDE ER	18
BIKTARVY	33	(XL)	
<i>bismuth subcitrate</i>	55	<i>buspirone hcl</i>	35
<i>pot/metronidazole/tetracycline hydrochloride</i>		<i>buspirone hydrochloride</i>	35
<i>bisoprolol fumarate</i>	41	<i>butalbital/acetaminophen/caffeine</i>	46
<i>bisoprolol fumarate/hydrochlorothiazide</i>	43	<i>butalbital/acetaminophen/caffeine/codeine</i>	9
BIVIGAM	65	<i>butalbital/aspirin/caffeine</i>	46
<i>bleomycin sulfate</i>	24	<i>butalbital/aspirin/caffeine/codeine</i>	9
BLEPHAMIDE	71	<i>butorphanol tartrate</i>	9
BLEPHAMIDE S.O.P.	71	BYDUREON BCISE	36
<i>blisovi 24 fe</i>	60	CABENUVA	33
<i>blisovi fe 1.5/30</i>	60	<i>cabergoline</i>	64
BOOSTRIX	68	CABOMETYX	26
<i>bortezomib</i>	24	CALCIPOTRIENE	49
<i>bosentan</i>	75	<i>calcitonin-salmon</i>	70
BOSULIF	26	<i>calcitriol</i>	49
BRAFTOVI	26	<i>calcitriol</i>	70
BREO ELLIPTA	76	<i>calcium acetate</i>	54
<i>briellyn</i>	60	CALQUENCE	26
BRILINTA	40	CAMCEVI	64
<i>brimonidine tartrate</i>	73	<i>camila</i>	63
		<i>camrese lo</i>	60

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<i>candesartan cilexetil</i>	40	<i>ceftriaxone sodium</i>	13
<i>candesartan cilexetil/hydrochlorothiazide</i>	43	<i>ceftriaxone/dextrose</i>	13
CAPLYTA	31	<i>cefuroxime axetil</i>	13
CAPRELSA	26	<i>cefuroxime sodium</i>	13
<i>captopril</i>	41	<i>celecoxib</i>	8
<i>captopril/hydrochlorothiazide</i>	43	<i>cephalexin</i>	13
CARAC	49	<i>cevimeline hydrochloride</i>	47
<i>carbamazepine</i>	17	CHEMET	54
<i>carbamazepine er</i>	17	<i>chlordiazepoxide/amitriptyline</i>	18
<i>carbidopa</i>	30	<i>chlorhexidine gluconate</i>	47
<i>carbidopa/levodopa</i>	30	<i>chloroquine phosphate</i>	29
<i>carbidopa/levodopa er</i>	30	<i>chlorpromazine hcl</i>	30
<i>carbidopa/levodopa odt</i>	30	CHLORPROMAZINE	30
<i>carbidopa/levodopa/entacapone</i>	30	HYDROCHLORIDE	
<i>carbinoxamine maleate</i>	74	<i>chlorthalidone</i>	44
<i>carboplatin</i>	23	<i>chlorzoxazone</i>	77
CARDURA XL	58	CHOLBAM	57
CARGLUMIC ACID	51	<i>cholestyramine</i>	44
<i>carteolol hcl</i>	73	<i>cholestyramine light</i>	44
<i>cartia xt</i>	42	<i>ciclodan</i>	50
<i>carvedilol</i>	41	<i>ciclopirox</i>	50
<i>carvedilol phosphate er</i>	41	<i>ciclopirox nail lacquer</i>	50
<i>caspofungin acetate</i>	21	<i>ciclopirox olamine</i>	50
CAYSTON	75	<i>cilostazol</i>	40
<i>caziant</i>	60	CIMDUO	33
<i>cefaclor</i>	12	<i>cimetidine</i>	56
<i>cefaclor er</i>	12	<i>cimetidine hcl</i>	56
<i>cefadroxil</i>	12	<i>cimetidine hydrochloride</i>	56
CEFAZOLIN	13	<i>cinacalcet hydrochloride</i>	70
<i>cefazolin sodium</i>	12	CINRYZE	65
<i>cefazolin sodium/dextrose</i>	12	<i>ciprofloxacin</i>	15
<i>cefdinir</i>	13	<i>ciprofloxacin hcl</i>	14
<i>cefepime</i>	13	<i>ciprofloxacin hydrochloride</i>	15
<i>cefepime hydrochloride</i>	13	<i>ciprofloxacin hydrochloride</i>	72
<i>cefepime/dextrose</i>	13	<i>ciprofloxacin i.v.-in d5w</i>	15
<i>cefixime</i>	13	<i>ciprofloxacin/dexamethasone</i>	73
<i>cefotaxime sodium</i>	13	<i>cisplatin</i>	23
<i>cefotetan</i>	13	<i>citalopram hydrobromide</i>	19
<i>cefotetan/dextrose</i>	13	CLARAVIS	48
<i>cefoxitin sodium</i>	13	<i>clarithromycin</i>	14
<i>cefpodoxime proxetil</i>	13	<i>clarithromycin er</i>	14
<i>cefprozil</i>	13	<i>clindamycin hcl</i>	11
<i>ceftazidime</i>	13	<i>clindamycin hydrochloride</i>	11
<i>ceftazidime/dextrose</i>	13	<i>clindamycin palmitate hydrochloride</i>	11
<i>ceftriaxone in iso-osmotic dextrose</i>	13	<i>clindamycin phosphate</i>	11

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<i>clindamycin phosphate</i>	50	CORLANOR	43
<i>clindamycin phosphate/dextrose</i>	11	<i>cortisone acetate</i>	58
<i>clindamycin/sodium chloride</i>	11	COSENTYX	66
CLINIMIX 4.25%/DEXTROSE 10%	51	COSENTYX SENSOREADY PEN	66
CLINIMIX 4.25%/DEXTROSE 5%	51	COSENTYX UNOREADY	66
CLINIMIX 5%/DEXTROSE 15%	51	COTELLIC	26
CLINIMIX 5%/DEXTROSE 20%	51	CREON	57
CLINIMIX 6/5	51	CRESEMBA	21
CLINIMIX 8/10	51	CRIXIVAN	34
CLINIMIX E 2.75%/DEXTROSE 5%	51	<i>cromolyn sodium</i>	57
CLINIMIX E 4.25%/DEXTROSE 10%	51	<i>cromolyn sodium</i>	72
CLINIMIX E 4.25%/DEXTROSE 5%	51	<i>cromolyn sodium</i>	75
CLINIMIX E 5%/DEXTROSE 15%	51	<i>cryselle-28</i>	60
CLINIMIX E 5%/DEXTROSE 20%	51	CURITY GAUZE PADS 2"X2" 12 PLY	71
CLINIMIX E 8/10	51	<i>cyclafem 1/35</i>	60
CLINISOL SF 15%	51	<i>cyclafem 7/7/7</i>	60
CLINOLIPID	71	<i>cyclobenzaprine hydrochloride</i>	77
<i>clobazam</i>	16	<i>cyclophosphamide</i>	23
<i>clobetasol propionate</i>	48	<i>cyclosporine</i>	66
<i>clobetasol propionate e</i>	48	<i>cyclosporine</i>	71
<i>clodan</i>	48	<i>cyclosporine modified</i>	66
<i>clomipramine hydrochloride</i>	20	CYLTEZO	67
<i>clonazepam</i>	17	CYLTEZO STARTER PACKAGE FOR	66
<i>clonazepam odt</i>	16	CROHNS DISEASE/UC/HS	
<i>clonidine</i>	40	CYLTEZO STARTER PACKAGE FOR	66
<i>clonidine hydrochloride</i>	40	PSORIASIS	
<i>clonidine hydrochloride er</i>	46	CYLTEZO STARTER PACKAGE FOR	67
<i>clopidogrel</i>	40	PSORIASIS/UVEITIS	
<i>clorazepate dipotassium</i>	35	<i>cyproheptadine hcl</i>	74
<i>clotrimazole</i>	21	<i>cyproheptadine hydrochloride</i>	74
<i>clotrimazole/betamethasone dipropionate</i>	49	<i>cyred eq</i>	60
<i>clozapine</i>	32	CYSTADROPS	71
<i>clozapine odt</i>	32	CYSTARAN	71
COARTEM	29	<i>cytarabine</i>	24
COLCHICINE	22	<i>cytarabine aqueous</i>	24
<i>colesevelam hydrochloride</i>	44	<i>dacarbazine</i>	23
<i>colestipol hcl</i>	44	<i>dalfampridine er</i>	47
<i>colistimethate sodium</i>	11	DALVANCE	12
COMBIVENT RESPIMAT	76	<i>danazol</i>	60
COMETRIQ	26	<i>dantrolene sodium</i>	32
COMPLERA	33	<i>dapsone</i>	23
<i>compro</i>	20	<i>dapsone</i>	50
CONDYLOX	49	DAPTACEL	68
<i>constulose</i>	55	DAPTOMYCIN	12
COPIKTRA	26	DAPTOMYCIN/SODIUM CHLORIDE	12

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<i>darunavir</i>	34	<i>dextrose 5%/sodium chloride 0.9%</i>	52
DAURISMO	26	<i>dextrose/sodium chloride</i>	52
<i>deblitane</i>	63	DIACOMIT	17
<i>deferasirox</i>	54	<i>diazepam</i>	35
<i>deferiprone</i>	54	<i>diazepam intensol</i>	35
DELSTRIGO	33	<i>diazepam rectal gel</i>	17
<i>demeclocycline hcl</i>	15	<i>diazoxide</i>	38
DENGVAXIA	68	<i>dichlorphenamide</i>	57
DEPO-SUBQ PROVERA 104	63	<i>diclofenac potassium</i>	8
DESCOVY	33	<i>diclofenac sodium</i>	8
<i>desipramine hcl</i>	20	DICLOFENAC SODIUM	49
<i>desipramine hydrochloride</i>	20	<i>diclofenac sodium</i>	72
<i>desloratadine</i>	74	<i>diclofenac sodium dr</i>	8
<i>desmopressin acetate</i>	59	<i>diclofenac sodium er</i>	8
<i>desogestrel/ethinyl estradiol</i>	60	<i>diclofenac sodium/misoprostol</i>	8
<i>desoximetasone</i>	48	<i>dicloxacin sodium</i>	14
DESVENLAFAXINE ER	19	<i>dicyclomine hcl</i>	55
<i>dexamethasone</i>	59	<i>dicyclomine hydrochloride</i>	55
<i>dexamethasone intensol</i>	58	DIFICID	14
<i>dexamethasone sodium phosphate</i>	58	<i>diflunisal</i>	8
<i>dexamethasone sodium phosphate</i>	72	<i>difluprednate</i>	72
<i>dexamethasone sodium phosphate +rfid</i>	58	<i>digitek</i>	41
<i>dexmethylphenidate hcl</i>	46	<i>digox</i>	41
<i>dexmethylphenidate hcl er</i>	46	<i>digoxin</i>	41
<i>dexmethylphenidate hydrochloride</i>	46	DIHYDROERGOTAMINE MESYLATE	22
<i>dexmethylphenidate hydrochloride er</i>	46	DILANTIN	17
<i>dextroamphetamine sulfate</i>	46	<i>diltiazem hcl</i>	42
<i>dextroamphetamine sulfate er</i>	46	<i>diltiazem hcl cd</i>	42
<i>dextrose 10%</i>	51	<i>diltiazem hcl er</i>	42
<i>dextrose 10%/sodium chloride 0.2%</i>	52	<i>diltiazem hydrochloride</i>	42
<i>dextrose 10%/sodium chloride 0.45%</i>	52	<i>diltiazem hydrochloride er</i>	42
<i>dextrose 2.5%/sodium chloride 0.45%</i>	52	<i>dilt-xr</i>	42
<i>dextrose 20%</i>	52	<i>dimethyl fumarate</i>	47
<i>dextrose 25%</i>	52	<i>dimethyl fumarate starterpack</i>	47
<i>dextrose 30%</i>	52	DIPENTUM	69
<i>dextrose 40%</i>	52	<i>diphenhydramine hcl</i>	74
<i>dextrose 5%</i>	52	<i>diphenoxylate hydrochloride/atropine</i>	55
<i>dextrose 5%/lactated ringers</i>	52	<i>sulfate</i>	
<i>dextrose 5%/nacl 0.3%</i>	52	<i>diphenoxylate/atropine</i>	55
<i>dextrose 5%/nacl 0.33%</i>	52	DIPHThERIA/TETANUS TOXOIDS	68
<i>dextrose 5%/sodium chloride 0.2%</i>	52	ADSORBED PEDIATRIC	
<i>dextrose 5%/sodium chloride 0.225%</i>	52	<i>disulfiram</i>	10
<i>dextrose 5%/sodium chloride 0.3%</i>	52	<i>divalproex sodium</i>	17
<i>dextrose 5%/sodium chloride 0.33%</i>	52	<i>divalproex sodium dr</i>	17

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<i>divalproex sodium er</i>	17	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	33
<i>docetaxel</i>	24	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	33
<i>dofetilide</i>	41	ELEPSIA XR	16
<i>dolishale</i>	60	ELIGARD	64
<i>donepezil hcl</i>	18	ELIQUIS	39
<i>donepezil hydrochloride</i>	18	ELIQUIS STARTER PACK	39
<i>dorzolamide hcl</i>	73	<i>eluryng</i>	60
<i>dorzolamide hcl/timolol maleate</i>	71	EMCYT	24
<i>dorzolamide hydrochloride</i>	73	EMEND	21
<i>dorzolamide hydrochloride/timolol maleate pf</i>	71	<i>emoquette</i>	60
<i>dotti</i>	60	EMSAM	19
DOVATO	33	<i>emtricitabine</i>	33
<i>doxazosin mesylate</i>	58	<i>emtricitabine/tenofovir disoproxil fumarate</i>	34
<i>doxepin hcl</i>	20	<i>emtricitabine/tenofovir disoproxil fumarate</i>	34
<i>doxepin hydrochloride</i>	20	EMTRIVA	34
<i>doxepin hydrochloride</i>	77	EMVERM	29
<i>doxercalciferol</i>	70	<i>enalapril maleate</i>	41
<i>doxorubicin hcl</i>	25	<i>enalapril maleate/hydrochlorothiazide</i>	43
<i>doxorubicin hydrochloride</i>	25	ENBREL	67
<i>doxorubicin hydrochloride liposomal</i>	25	ENBREL MINI	67
<i>doxy 100</i>	15	ENBREL SURECLICK	67
<i>doxycycline</i>	15	ENDARI	57
<i>doxycycline hyclate</i>	15	<i>endocet</i>	9
<i>doxycycline hyclate dr</i>	15	ENGERIX-B	68
<i>doxycycline monohydrate</i>	15	<i>enilloring</i>	61
DRIZALMA SPRINKLE	19	<i>enoxaparin sodium</i>	39
<i>dronabinol</i>	20	<i>enpresse-28</i>	61
<i>drospirenone/ethinyl estradiol</i>	60	<i>enskyce</i>	61
DROXIA	24	<i>entacapone</i>	30
<i>droxidopa</i>	40	ENTECAVIR	32
DUAVEE	64	ENTRESTO	43
DULERA	76	<i>enulose</i>	55
<i>duloxetine hcl</i>	19	ENVARBUS XR	67
<i>duloxetine hydrochloride</i>	19	EPCLUSA	32
DUOPA	30	EPIDIOLEX	16
DUPIXENT	66	EPIFOAM	49
<i>dutasteride</i>	58	<i>epinastine hcl</i>	72
<i>dutasteride/tamsulosin hydrochloride</i>	58	<i>epinephrine</i>	43
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	71	EPINEPHRINE	75
<i>ec-naproxen</i>	8	EPIPEN 2-PAK	75
<i>econazole nitrate</i>	21	<i>epirubicin hcl</i>	25
EDURANT	33	<i>epitol</i>	17
<i>efavirenz</i>	33	EPIVIR HBV	32

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EPKINLY	25	<i>ezetimibe/simvastatin</i>	45
<i>eplerenone</i>	44	<i>falmina</i>	61
EPRONTIA	16	<i>famciclovir</i>	35
EQUETRO	35	<i>famotidine</i>	56
ERAXIS	21	FANAPT	31
<i>ergotamine tartrate/caffeine</i>	22	FANAPT TITRATION PACK	31
ERIVEDGE	27	FARXIGA	36
ERLEADA	23	FASENRA	76
ERLOTINIB HYDROCHLORIDE	27	FASENRA PEN	76
<i>errin</i>	63	<i>fayosim</i>	61
ERTACZO	21	<i>febuxostat</i>	22
<i>ertapenem</i>	14	<i>felbamate</i>	16
<i>ertapenem sodium</i>	14	<i>felodipine er</i>	42
<i>ery</i>	50	<i>femynor</i>	61
<i>erythrocin stearate</i>	14	<i>fenofibrate</i>	44
<i>erythromycin</i>	14	FENOFIBRATE MICRONIZED	44
<i>erythromycin</i>	50	<i>fenofibric acid</i>	44
<i>erythromycin</i>	72	<i>fenofibric acid dr</i>	44
<i>erythromycin base</i>	14	<i>fentanyl</i>	8
<i>erythromycin dr</i>	14	FENTANYL CITRATE ORAL	9
<i>erythromycin ethylsuccinate</i>	14	TRANSMUCOSAL	
<i>erythromycin lactobionate</i>	14	FERRIPROX	54
<i>erythromycin/benzoyl peroxide</i>	48	FERRIPROX TWICE-A-DAY	54
ESBRIET	76	<i>fesoterodine fumarate er</i>	58
<i>escitalopram oxalate</i>	19	FETZIMA	19
<i>esomeprazole magnesium</i>	56	FETZIMA TITRATION PACK	19
<i>estradiol</i>	61	FIBRICOR	44
<i>estradiol valerate</i>	61	FINACEA	48
<i>eszopiclone</i>	77	<i>finasteride</i>	58
<i>ethambutol hydrochloride</i>	23	<i>fingolimod hydrochloride</i>	47
<i>ethosuximide</i>	16	FINTEPLA	16
<i>ethynodiol diacetate/ethinyl estradiol</i>	61	FIRMAGON	64
<i>etodolac</i>	8	<i>flavoxate hcl</i>	58
<i>etodolac er</i>	8	FLEBOGAMMA DIF	65
<i>etonogestrel/ethinyl estradiol</i>	61	<i>flecainide acetate</i>	41
<i>etoposide</i>	26	FLOVENT DISKUS	74
<i>etravirine</i>	33	FLOVENT HFA	74
<i>euthyrox</i>	64	<i>fluconazole</i>	21
<i>everolimus</i>	27	<i>fluconazole in sodium chloride</i>	21
<i>everolimus</i>	67	<i>flucytosine</i>	21
EVOTAZ	34	<i>fludrocortisone acetate</i>	59
EXELDERM	21	<i>flunisolide</i>	74
EXEMESTANE	26	<i>fluocinolone acetonide</i>	49
EXKIVITY	27	<i>fluocinolone acetonide body</i>	48
<i>ezetimibe</i>	44	<i>fluocinolone acetonide scalp</i>	48

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<i>fluocinonide</i>	49	GAMMAGARD LIQUID	65
<i>fluocinonide emulsified base</i>	49	GAMMAKED	65
<i>fluorometholone</i>	72	GAMMAPLEX	65
<i>fluorouracil</i>	24	GAMUNEX-C	65
<i>fluorouracil</i>	49	GARDASIL 9	68
<i>fluoxetine dr</i>	19	<i>gatifloxacin</i>	72
<i>fluoxetine hydrochloride</i>	19	GATTEX	55
<i>fluphenazine decanoate</i>	30	<i>gavilyte-c</i>	55
<i>fluphenazine hcl</i>	30	<i>gavilyte-g</i>	55
<i>fluphenazine hydrochloride</i>	30	<i>gavilyte-h</i>	55
<i>flurbiprofen</i>	8	<i>gavilyte-n/flavor pack</i>	55
<i>flurbiprofen sodium</i>	72	GAVRETO	25
<i>flutamide</i>	23	<i>gefitinib</i>	27
<i>fluticasone propionate</i>	49	<i>gemcitabine hcl</i>	24
<i>fluticasone propionate</i>	74	<i>gemcitabine hydrochloride</i>	24
<i>fluvastatin</i>	44	<i>gemfibrozil</i>	44
<i>fluvastatin sodium er</i>	44	<i>gemmily</i>	61
<i>fluvoxamine maleate</i>	19	GEMTESA	58
<i>fluvoxamine maleate er</i>	19	<i>generlac</i>	55
FML	72	<i>gengraf</i>	67
FML FORTE	72	GENOTROPIN	59
FONDAPARINUX SODIUM	39	GENOTROPIN MINIQUICK	59
FORFIVO XL	18	<i>gentak</i>	72
<i>formoterol fumarate</i>	75	<i>gentamicin sulfate</i>	11
FORTEO	70	<i>gentamicin sulfate</i>	72
<i>fosamprenavir calcium</i>	34	<i>gentamicin sulfate/0.9% sodium chloride</i>	11
<i>fosfomycin tromethamine</i>	12	GENVOYA	33
<i>fosinopril sodium</i>	41	<i>gianvi</i>	61
<i>fosinopril sodium/hydrochlorothiazide</i>	43	GILENYA	47
FOSRENOL	54	GILOTRIF	27
FOTIVDA	24	GLASSIA	57
FRAGMIN	39	<i>glatiramer acetate</i>	47
FREAMINE HBC 6.9%	52	<i>glatopa</i>	47
FREAMINE III	52	GLEOSTINE	23
<i>frovatriptan succinate</i>	22	<i>glimepiride</i>	36
FRUZAQLA	27	<i>glipizide</i>	36
FULPHILA	39	<i>glipizide er</i>	36
<i>fulvestrant</i>	24	<i>glipizide/metformin hydrochloride</i>	36
<i>furosemide</i>	44	GLUCAGEN HYPOKIT	38
FUZEON	34	GLUCAGON EMERGENCY KIT	38
<i>fyavolv</i>	61	GLUCAGON EMERGENCY KIT FOR	38
FYCOMPA	16	LOW BLOOD SUGAR	
<i>gabapentin</i>	17	<i>glyburide</i>	36
GALANTAMINE HYDROBROMIDE	18	<i>glyburide micronized</i>	36

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<i>glyburide/metformin hydrochloride</i>	36	HUMIRA PEN	67
<i>glycate</i>	55	HUMIRA PEN-CD/UC/HS STARTER	67
<i>glycopyrrolate</i>	55	HUMIRA PEN-PEDIATRIC UC	67
<i>glydo</i>	10	STARTER PACK	
GLYXAMBI	36	HUMIRA PEN-PS/UV STARTER	67
<i>granisetron hydrochloride</i>	21	HUMULIN 70/30	38
GRANIX	39	HUMULIN 70/30 KWIKPEN	38
<i>griseofulvin microsize</i>	21	HUMULIN N	38
<i>griseofulvin ultramicrosize</i>	21	HUMULIN N KWIKPEN	38
<i>guanfacine hydrochloride</i>	40	HUMULIN R	38
<i>guanfacine hydrochloride er</i>	46	HUMULIN R U-500 (CONCENTRATED)	38
<i>guanidine hcl</i>	22	HUMULIN R U-500 KWIKPEN	38
GVOKE HYPOPEN 1-PACK	38	<i>hydralazine hcl</i>	45
GVOKE HYPOPEN 2-PACK	38	<i>hydralazine hydrochloride</i>	45
GVOKE KIT	38	<i>hydrochlorothiazide</i>	44
GVOKE PFS	38	<i>hydrocodone bitartrate/acetaminophen</i>	9
<i>hailey 24 fe</i>	61	<i>hydrocodone/acetaminophen</i>	9
<i>halobetasol propionate</i>	49	<i>hydrocodone/ibuprofen</i>	9
<i>haloette</i>	61	<i>hydrocortisone</i>	49
<i>haloperidol</i>	30	<i>hydrocortisone</i>	59
<i>haloperidol decanoate</i>	30	<i>hydrocortisone</i>	69
<i>haloperidol lactate</i>	30	<i>hydrocortisone butyrate</i>	49
HARVONI	32	<i>hydrocortisone butyrate (lipid)</i>	49
HAVRIX	68	<i>hydrocortisone butyrate (lipophilic)</i>	49
<i>heather</i>	63	<i>hydrocortisone valerate</i>	49
<i>heparin sodium</i>	39	<i>hydrocortisone/acetic acid</i>	73
<i>heparin sodium/nacl 0.45%</i>	39	<i>hydromorphone hcl</i>	9
<i>heparin sodium/sodium chloride</i>	39	<i>hydromorphone hydrochloride</i>	9
<i>heparin sodium/sodium chloride 0.9%</i>	39	<i>hydromorphone hydrochloride dosette</i>	9
<i>heparin sodium/sodium chloride 0.9% premix</i>	39	<i>hydroxychloroquine sulfate</i>	29
HEPATAMINE	52	<i>hydroxyprogesterone caproate</i>	63
HEPLISAV-B	68	<i>hydroxyurea</i>	24
HIBERIX	68	<i>hydroxyzine hcl</i>	74
HUMALOG	38	<i>hydroxyzine hydrochloride</i>	74
HUMALOG JUNIOR KWIKPEN	38	<i>hydroxyzine pamoate</i>	74
HUMALOG KWIKPEN	38	<i>ibandronate sodium</i>	70
HUMALOG MIX 50/50	38	IBRANCE	25
HUMALOG MIX 50/50 KWIKPEN	38	IBRANCE	27
HUMALOG MIX 75/25	38	<i>ibu</i>	8
HUMALOG MIX 75/25 KWIKPEN	38	<i>ibuprofen</i>	8
HUMALOG TEMPO PEN	38	ICATIBANT ACETATE	65
HUMIRA	67	<i>iclevia</i>	61
HUMIRA PEDIATRIC CROHNS	67	ICLUSIG	27
DISEASE STARTER PACK		<i>icosapent ethyl</i>	45
		<i>idarubicin hcl</i>	25

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<i>ifosfamide</i>	23	<i>hydrochloride</i>	
ILEVRO	72	<i>isosorbide mononitrate</i>	45
<i>imatinib mesylate</i>	27	<i>isosorbide mononitrate er</i>	45
IMBRUVICA	27	<i>isotonic gentamicin</i>	11
<i>imipenem/cilastatin</i>	14	<i>isotretinoin</i>	48
<i>imipramine hcl</i>	20	<i>itraconazole</i>	21
<i>imipramine hydrochloride</i>	20	IVABRADINE HYDROCHLORIDE	43
<i>imipramine pamoate</i>	20	<i>ivermectin</i>	29
<i>imiquimod</i>	50	IWILFIN	25
IMIQUIMOD PUMP	49	IXCHIQ	68
IMOVAX RABIES (H.D.C.V.)	68	IXIARO	68
<i>incassia</i>	64	JAKAFI	27
INCRELEX	59	<i>jantoven</i>	39
INCRUSE ELLIPTA	74	JANUMET	36
<i>indapamide</i>	44	JANUMET XR	36
INFANRIX	68	JANUVIA	36
INGREZZA	47	JARDIANCE	36
INLYTA	27	<i>jasmiel</i>	61
INQOVI	27	JAYPIRCA	27
INREBIC	25	JENTADUETO	36
INSULIN LISPRO	38	JENTADUETO XR	36
INTELENCE	33	<i>jinteli</i>	61
INTRALIPID	71	<i>joyeaux</i>	61
<i>introvale</i>	61	<i>juleber</i>	61
INVEGA HAFYERA	31	JULUCA	33
INVEGA SUSTENNA	31	<i>junel 1.5/30</i>	61
INVEGA TRINZA	31	<i>junel 1/20</i>	61
INVIRASE	34	<i>junel fe 1.5/30</i>	61
IONOSOL-MB/DEXTROSE 5%	52	<i>junel fe 1/20</i>	61
IPOL INACTIVATED IPV	68	<i>junel fe 24</i>	61
<i>ipratropium bromide</i>	74	JUXTAPID	45
<i>ipratropium bromide/albuterol sulfate</i>	76	JYLAMVO	67
<i>irbesartan</i>	40	JYNNEOS	68
<i>irbesartan/hydrochlorothiazide</i>	43	<i>kaitlib fe</i>	61
<i>irinotecan</i>	26	KALYDECO	75
<i>irinotecan hydrochloride</i>	26	<i>kariva</i>	61
ISENTRESS	33	KAZANO	36
ISENTRESS HD	33	<i>kcl 0.075%/d5w/nacl 0.45%</i>	52
<i>isibloom</i>	61	<i>kcl 0.15%/d5w/nacl 0.2%</i>	52
ISOLYTE-P/DEXTROSE 5%	52	<i>kcl 0.15%/d5w/nacl 0.225%</i>	52
ISOLYTE-S	52	<i>kcl 0.15%/d5w/nacl 0.45%</i>	52
ISOLYTE-S PH 7.4	52	<i>kcl 0.15%/d5w/nacl 0.9%</i>	53
<i>isoniazid</i>	23	<i>kcl 0.3%/d5w/nacl 0.45%</i>	53
<i>isosorbide dinitrate</i>	45	<i>kcl 0.3%/d5w/nacl 0.9%</i>	53

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<i>kelnor 1/35</i>	61	LANREOTIDE ACETATE	64
<i>kelnor 1/50</i>	61	<i>lansoprazole</i>	56
KEMOPLAT	23	<i>lansoprazole/amoxicillin/clarithromycin</i>	55
KERENDIA	43	<i>lanthanum carbonate</i>	54
<i>ketoconazole</i>	21	LANTUS	38
<i>ketoprofen</i>	8	LANTUS SOLOSTAR	38
<i>ketoprofen er</i>	8	<i>lapatinib ditosylate</i>	27
<i>ketorolac tromethamine</i>	72	<i>larin 1.5/30</i>	61
KEVZARA	66	<i>larin 1/20</i>	61
KINERET	66	<i>larin fe 1.5/30</i>	61
KINRIX	68	<i>larin fe 1/20</i>	61
<i>kionex</i>	55	<i>larissia</i>	61
KISQALI	27	<i>latanoprost</i>	73
KISQALI FEMARA 200 DOSE	25	LEDIPASVIR/SOFOSBUVIR	32
KISQALI FEMARA 400 DOSE	25	<i>leflunomide</i>	67
KISQALI FEMARA 600 DOSE	25	<i>lenalidomide</i>	24
<i>klayesta</i>	21	LENVIMA 10 MG DAILY DOSE	27
<i>klor-con</i>	53	LENVIMA 12MG DAILY DOSE	27
<i>klor-con 10</i>	53	LENVIMA 14 MG DAILY DOSE	27
<i>klor-con 8</i>	53	LENVIMA 18 MG DAILY DOSE	27
<i>klor-con m10</i>	53	LENVIMA 20 MG DAILY DOSE	27
<i>klor-con m15</i>	53	LENVIMA 24 MG DAILY DOSE	27
<i>klor-con m20</i>	53	LENVIMA 4 MG DAILY DOSE	27
<i>klor-con sprinkle</i>	53	LENVIMA 8 MG DAILY DOSE	27
KOMBIGLYZE XR	36	<i>lessina</i>	61
KORLYM	59	<i>letrozole</i>	26
KOSELUGO	27	<i>leucovorin calcium</i>	25
<i>kourzeq</i>	47	LEUKERAN	23
KRAZATI	25	LEUKINE	39
<i>kurvelo</i>	61	LEUPROLIDE ACETATE	64
<i>labetalol hydrochloride</i>	41	<i>levalbuterol</i>	75
<i>lacosamide</i>	17	<i>levalbuterol hcl</i>	75
<i>lactulose</i>	55	<i>levalbuterol hydrochloride</i>	75
LAGEVRIO	71	LEVEMIR	38
LAMICTAL XR	16	LEVEMIR FLEXPEN	38
<i>lamivudine</i>	32	LEVEMIR FLEXTOUCH	38
<i>lamivudine</i>	34	<i>levetiracetam</i>	16
<i>lamivudine/zidovudine</i>	34	<i>levetiracetam er</i>	16
<i>lamotrigine</i>	16	<i>levobunolol hcl</i>	73
<i>lamotrigine er</i>	16	<i>levocarnitine</i>	71
<i>lamotrigine odt</i>	16	<i>levocetirizine dihydrochloride</i>	74
<i>lamotrigine starter kit/blue</i>	16	<i>levofloxacin</i>	15
<i>lamotrigine starter kit/green</i>	16	<i>levofloxacin</i>	72
<i>lamotrigine starter kit/orange</i>	16	<i>levofloxacin in d5w</i>	15
<i>lamotrigine titration</i>	16	<i>levonest</i>	61

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<i>levonorgestrel/ethinyl estradiol</i>	62	<i>loxapine</i>	30
<i>levora 0.15/30-28</i>	62	<i>lubiprostone</i>	55
<i>levo-t</i>	64	LUMAKRAS	25
<i>levothyroxine sodium</i>	64	LUMIGAN	73
LEVOXYL	64	LUPRON DEPOT (1-MONTH)	65
LEXIVA	34	LUPRON DEPOT (3-MONTH)	65
<i>l-glutamine</i>	57	LUPRON DEPOT (4-MONTH)	65
LIBERVANT	17	LUPRON DEPOT (6-MONTH)	65
<i>lidocaine</i>	10	LUPRON DEPOT-PED (1-MONTH)	65
<i>lidocaine hcl</i>	10	LUPRON DEPOT-PED (3-MONTH)	65
<i>lidocaine hcl</i>	47	LUPRON DEPOT-PED (6-MONTH)	59
<i>lidocaine hcl jelly</i>	10	<i>lurasidone hydrochloride</i>	31
<i>lidocaine hydrochloride</i>	10	<i>lutura</i>	62
<i>lidocaine hydrochloride viscous</i>	47	LYBALVI	31
<i>lidocaine viscous</i>	47	<i>lyleq</i>	64
<i>lidocaine/prilocaine</i>	10	<i>lyllana</i>	62
<i>linezolid</i>	12	LYNPARZA	27
LINZESS	55	LYSODREN	64
<i>liothyronine sodium</i>	64	LYTGOBI	25
LIRAGLUTIDE	36	<i>lyza</i>	64
<i>lisinopril</i>	41	<i>magnesium sulfate</i>	53
<i>lisinopril/hydrochlorothiazide</i>	43	<i>malathion</i>	50
<i>lithium</i>	35	<i>maprotiline hcl</i>	18
<i>lithium carbonate</i>	35	<i>maraviroc</i>	34
<i>lithium carbonate er</i>	35	<i>marlissa</i>	62
LOKELMA	55	MARPLAN	19
LONSURF	25	MATULANE	23
<i>loperamide hcl</i>	55	<i>matzim la</i>	42
<i>lopinavir/ritonavir</i>	34	MAVYRET	32
<i>loprezza</i>	62	MAYZENT	47
LOQTORZI	29	MAYZENT STARTER PACK	47
<i>lorazepam</i>	35	<i>meclizine hcl</i>	20
<i>lorazepam intensol</i>	35	<i>medroxyprogesterone acetate</i>	64
LORBRENA	27	<i>mefloquine hcl</i>	29
<i>lorcet</i>	10	<i>megestrol acetate</i>	64
<i>lorcet hd</i>	10	MEKINIST	27
<i>lorcet plus</i>	10	MEKTOVI	27
<i>loryna</i>	62	<i>meloxicam</i>	8
<i>losartan potassium</i>	40	<i>memantine hcl titration pak</i>	18
<i>losartan potassium/hydrochlorothiazide</i>	43	<i>memantine hydrochloride</i>	18
LOTEMAX	72	<i>memantine hydrochloride er</i>	18
LOTEMAX SM	72	MENACTRA	68
<i>loteprednol etabonate</i>	72	MENEST	62
<i>lovastatin</i>	44	MENQUADFI	68

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mercaptapurine	24	metyrosine	43
meropenem	14	mexiletine hcl	41
meropenem/sodium chloride	14	micafungin	21
merzee	62	miconazole 3	21
mesalamine	69	microgestin 1.5/30	62
mesalamine dr	69	microgestin 1/20	62
mesalamine er	69	microgestin 24 fe	62
MESNEX	29	microgestin fe 1.5/30	62
metadate er	46	microgestin fe 1/20	62
metformin hydrochloride	37	midodrine hcl	40
metformin hydrochloride er	37	MIFEPRISTONE	59
methadone hcl	8	MIGERGOT	22
methadone hydrochloride	8	MIGLUSTAT	57
methadone hydrochloride intensol	8	mili	62
methadose	8	MILLIPRED	59
methadose sugar-free	8	minocycline hcl	15
methazolamide	73	minocycline hydrochloride	15
methenamine hippurate	12	minocycline hydrochloride er	15
methimazole	65	minoxidil	45
METHITEST	60	mirtazapine	18
methotrexate	67	mirtazapine odt	18
methotrexate sodium	67	misoprostol	56
METHOXSALEN	50	MITIGARE	22
methscopolamine bromide	55	M-M-R II	68
methsuximide	16	modafinil	77
methyl dopa	40	moexipril hcl	41
methyl dopa/hydrochlorothiazide	43	molindone hydrochloride	30
methylphenidate hydrochloride	46	mometasone furoate	49
methylphenidate hydrochloride er	46	mometasone furoate	74
methylphenidate hydrochloride er (la)	46	mondoxylene nl	15
methylprednisolone	59	montelukast sodium	74
methylprednisolone acetate	59	morgidox 1x50mg	15
methylprednisolone dose pack	59	morphine sulfate	10
methylprednisolone sodium succinate	59	morphine sulfate er	8
methylprednisolone sodiumsuccinate	59	MOUNJARO	37
methyltestosterone	60	MOVANTIK	55
metoclopramide hcl	56	moxifloxacin hydrochloride/sodium hydrochloride	15
metoclopramide hydrochloride	56	moxifloxacin hydrochloride	15
metolazone	44	moxifloxacin hydrochloride	72
metoprolol succinate er	42	MRESVIA	69
metoprolol tartrate	42	MULTAQ	41
metoprolol/hydrochlorothiazide	43	multiple electrolytes injection type 1	53
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<i>mycophenolate mofetil</i>	67	NESINA	37
<i>mycophenolic acid dr</i>	67	NEULASTA	39
MYHIBBIN	67	NEULASTA ONPRO KIT	40
MYORISAN	48	NEUPOGEN	40
MYRBETRIQ	58	NEUPRO	30
MYTESI	55	<i>nevirapine</i>	33
<i>nabumetone</i>	8	<i>nevirapine er</i>	33
<i>nadolol</i>	42	<i>niacin</i>	45
<i>nafcillin</i>	14	<i>niacin er</i>	45
<i>nafcillin sodium</i>	14	NIACOR	45
<i>naftifine hydrochloride</i>	21	<i>nicardipine hcl</i>	42
<i>nalocet</i>	10	NICOTROL INHALER	11
<i>naloxone hcl</i>	11	NICOTROL NS	11
<i>naloxone hydrochloride</i>	11	<i>nifedipine er</i>	42
<i>naltrexone hcl</i>	10	<i>nikki</i>	62
NAMENDA XR TITRATION PACK	18	<i>nilutamide</i>	23
NAMZARIC	18	<i>nimodipine</i>	42
<i>naproxen</i>	8	NINLARO	25
<i>naproxen dr</i>	8	<i>nitazoxanide</i>	29
<i>naproxen sodium</i>	8	<i>nitisinone</i>	57
<i>naratriptan hcl</i>	22	NITRO-BID	45
NATACYN	72	<i>nitrofurantoin</i>	12
<i>nateglinide</i>	37	<i>nitrofurantoin macrocrystals</i>	12
NATPARA	70	<i>nitrofurantoin monohydrate/macrocrystals</i>	12
NAYZILAM	16	<i>nitroglycerin</i>	45
<i>nebivolol</i>	42	<i>nitroglycerin</i>	56
<i>nebivolol hydrochloride</i>	42	<i>nitroglycerin transdermal</i>	45
<i>necon 0.5/35-28</i>	62	NIVESTYM	40
<i>nefazodone hydrochloride</i>	19	<i>nizatidine</i>	56
<i>neomycin sulfate</i>	11	<i>norethindrone</i>	64
<i>neomycin/bacitracin/polymyxin</i>	71	<i>norethindrone acetate</i>	64
<i>neomycin/polymyxin b sulfates</i>	11	<i>norethindrone acetate/ethinyl estradiol</i>	62
<i>neomycin/polymyxin/bacitracin zinc</i>	71	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	62
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	71	<i>norgestimate/ethinyl estradiol</i>	62
<i>neomycin/polymyxin/dexamethasone</i>	71	NORMOSOL -R	53
<i>neomycin/polymyxin/gramicidin</i>	71	NORMOSOL-M IN D5W	53
<i>neomycin/polymyxin/hc</i>	73	NORMOSOL-R	53
<i>neomycin/polymyxin/hydrocortisone</i>	71	<i>nortrel 0.5/35 (28)</i>	62
<i>neomycin/polymyxin/hydrocortisone</i>	73	<i>nortrel 1/35</i>	62
<i>neo-polycin</i>	71	<i>nortrel 7/7/7</i>	62
<i>neo-polycin hc</i>	71	<i>nortriptyline hcl</i>	20
NEO-SYNALAR	50	<i>nortriptyline hydrochloride</i>	20
NEPHRAMINE	53	NORVIR	34

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NOVOLIN 70/30 FLEXPEN	38	<i>olmesartan medoxomil</i>	40
NOVOLIN N	38	<i>olmesartan</i>	43
NOVOLIN N FLEXPEN	38	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN R	38	<i>olmesartan medoxomil/hydrochlorothiazide</i>	43
NOVOLIN R FLEXPEN	38	<i>olopatadine hcl</i>	72
NOVOLOG	38	<i>olopatadine hcl</i>	74
NOVOLOG FLEXPEN	38	<i>olopatadine hydrochloride</i>	72
NOVOLOG MIX 70/30	38	<i>omega-3-acid ethyl esters</i>	45
NOVOLOG MIX 70/30 PREFILLED	39	<i>omeprazole</i>	56
FLEXPEN		<i>omeprazole dr</i>	56
NOVOLOG PENFILL	39	OMNITROPE	59
NOXAFIL	21	<i>ondansetron hcl</i>	21
NUBEQA	23	<i>ondansetron hydrochloride</i>	21
NUCALA	76	ONDANSETRON ODT	21
NUCYNTA	10	ONGLYZA	37
NUCYNTA ER	8	ONUREG	25
NUEDEXTA	47	OPSUMIT	76
NUPLAZID	31	<i>oralone dental paste</i>	47
NUTRILIPID	71	ORAVIG	21
NUTROPIN AQ NUSPIN 10	59	ORENCIA	66
NUTROPIN AQ NUSPIN 20	59	ORENCIA	67
NUTROPIN AQ NUSPIN 5	59	ORENCIA CLICKJECT	66
<i>nyamyc</i>	21	ORENITRAM	76
<i>nylia 1/35</i>	62	ORENITRAM TITRATION KIT MONTH	76
<i>nylia 7/7/7</i>	62	1	
<i>nymyo</i>	62	ORENITRAM TITRATION KIT MONTH	76
<i>nystatin</i>	21	2	
<i>nystatin/triamcinolone</i>	50	ORENITRAM TITRATION KIT MONTH	76
<i>nystatin/triamcinolone acetonide</i>	50	3	
<i>nystop</i>	21	ORFADIN	57
NYVEPRIA	40	ORGOVYX	65
<i>ocella</i>	62	ORKAMBI	75
OCTREOTIDE ACETATE	65	ORSERDU	25
ODEFSEY	34	<i>orsythia</i>	62
ODOMZO	27	<i>oseltamivir phosphate</i>	35
OFEV	76	OSENI	37
<i>ofloxacin</i>	15	OSPHENA	64
<i>ofloxacin</i>	72	OTEZLA	50
<i>ofloxacin</i>	73	OTEZLA	66
OGSIVEO	25	OTREXUP	67
OJEMDA	27	<i>oxacillin sodium</i>	14
OJJAARA	28	<i>oxaliplatin</i>	23
<i>okebo</i>	15	<i>oxandrolone</i>	60
<i>olanzapine</i>	31	<i>oxcarbazepine</i>	17

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<i>oxycodone hcl</i>	10	PENTASA	69
<i>oxycodone hydrochloride</i>	10	<i>pentoxifylline er</i>	43
<i>oxycodone/acetaminophen</i>	10	<i>perindopril erbumine</i>	41
<i>oxycodone/aspirin</i>	10	<i>perio gard</i>	47
<i>oxymorphone hydrochloride</i>	10	<i>permethrin</i>	50
<i>oxymorphone hydrochloride er</i>	9	<i>perphenazine</i>	30
<i>oxymorphone hydrochloride er</i>	9	<i>perphenazine/amitriptyline</i>	18
OZEMPIC	37	PERSERIS	31
<i>pacerone</i>	41	PERTZYE	57
<i>paclitaxel</i>	25	PEXEVA	19
<i>paliperidone er</i>	31	<i>phenadoz</i>	20
<i>pamidronate disodium</i>	70	<i>phenelzine sulfate</i>	19
PANCREAZE	57	<i>phenobarbital</i>	17
PANRETIN	29	PHENOXYBENZAMINE	40
<i>pantoprazole sodium</i>	56	HYDROCHLORIDE	
<i>paraplatin</i>	23	<i>phenytek</i>	17
<i>paricalcitol</i>	70	<i>phenytoin</i>	17
<i>paroex</i>	47	<i>phenytoin sodium extended</i>	17
<i>paromomycin sulfate</i>	11	PHOSPHOLINE IODIDE	73
<i>paroxetine hcl</i>	19	PIFELTRO	33
<i>paroxetine hcl er</i>	19	<i>pilocarpine hcl</i>	73
<i>paroxetine hydrochloride</i>	19	<i>pilocarpine hydrochloride</i>	47
PASER	23	<i>pimozide</i>	30
PAXLOVID	71	<i>pimtrea</i>	62
<i>pazopanib hydrochloride</i>	28	<i>pindolol</i>	42
PEDIARIX	69	<i>pioglitazone hcl</i>	37
PEDVAX HIB	69	<i>pioglitazone hcl/metformin hcl</i>	37
<i>peg 3350/electrolytes</i>	56	<i>pioglitazone hydrochloride</i>	37
<i>peg-3350/electrolytes</i>	56	<i>piperacillin sodium/tazobactam sodium</i>	14
<i>peg-3350/electrolytes/ascorbate</i>	56	PIQRAY 200MG DAILY DOSE	28
<i>peg-3350/nacl/na bicarbonate/kcl</i>	56	PIQRAY 250MG DAILY DOSE	28
<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	56	PIQRAY 300MG DAILY DOSE	28
<i>ascorbate/ascorbic</i>		<i>pirfenidone</i>	76
PEGASYS	66	<i>pirmella 1/35</i>	62
PEMAZYRE	25	<i>piroxicam</i>	8
PENBRAYA	69	PLASMA-LYTE A	53
<i>penciclovir</i>	50	PLASMA-LYTE-148	53
<i>penicillamine</i>	54	PLEGRIDY	47
<i>penicillamine</i>	58	PLEGRIDY STARTER PACK	47
<i>penicillin g potassium</i>	14	<i>plenamine</i>	53
<i>penicillin g procaine</i>	14	<i>podofilox</i>	50
<i>penicillin g sodium</i>	14	<i>polycin</i>	71
<i>penicillin v potassium</i>	14	<i>polymyxin b sulfate/trimethoprim sulfate</i>	71

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<i>portia-28</i>	62	<i>probenecid/colchicine</i>	22
<i>posaconazole</i>	21	PROCALAMINE	53
<i>posaconazole dr</i>	21	<i>prochlorperazine</i>	20
<i>potassium chloride</i>	53	<i>prochlorperazine maleate</i>	20
<i>potassium chloride cr</i>	53	PROCRIT	40
<i>potassium chloride er</i>	53	<i>procto-med hc</i>	70
<i>potassium chloride/dextrose</i>	53	<i>procto-pak</i>	70
<i>potassium chloride/dextrose/lactated</i>	53	<i>proctosol hc</i>	70
<i>ringers</i>		<i>proctozone-hc</i>	70
<i>potassium chloride/dextrose/sodium</i>	53	<i>progesterone</i>	64
<i>chloride</i>		PROGRAF	68
<i>potassium chloride/sodium chloride</i>	53	PROLASTIN-C	57
<i>potassium citrate er</i>	53	PROLEUKIN	25
PRALUENT	45	PROLIA	70
<i>pramipexole dihydrochloride</i>	30	PROMACTA	40
<i>prasugrel hydrochloride</i>	40	<i>promethazine hcl</i>	20
<i>pravastatin sodium</i>	44	<i>promethazine hydrochloride</i>	20
<i>praziquantel</i>	29	<i>promethegan</i>	20
<i>prazosin hydrochloride</i>	40	<i>propafenone hcl</i>	41
<i>prednicarbate</i>	49	<i>propafenone hydrochloride er</i>	41
<i>prednisolone</i>	59	<i>proparacaine hcl</i>	71
<i>prednisolone acetate</i>	72	<i>propranolol hcl</i>	42
<i>prednisolone sodium phosphate</i>	59	<i>propranolol hcl er</i>	42
<i>prednisolone sodium phosphate</i>	72	<i>propranolol hydrochloride</i>	42
<i>prednisolone sodium phosphate odt</i>	59	<i>propranolol hydrochloride er</i>	42
<i>prednisone</i>	59	<i>propranolol/hydrochlorothiazide</i>	43
<i>prednisone intensol</i>	59	<i>propylthiouracil</i>	65
<i>pregabalin</i>	17	PROQUAD	69
<i>pregabalin er</i>	47	PROSOL	53
PREHEVBRIO	69	<i>protriptyline hcl</i>	20
PREMARIN	63	PULMOZYME	75
PREMASOL	53	PURIXAN	24
PREMPHASE	63	PYLERA	56
PREMPRO	63	<i>pyrazinamide</i>	23
<i>prevalite</i>	45	<i>pyridostigmine bromide</i>	23
<i>previfem</i>	63	<i>pyridostigmine bromide er</i>	23
PREVYMIS	32	<i>pyrimethamine</i>	29
PREZCOBIX	34	QINLOCK	24
PREZISTA	34	QNASL CHILDRENS	74
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<i>primaquine phosphate</i>	29	QUADRACEL	69
<i>primidone</i>	17	<i>quetiapine fumarate</i>	31
PRIORIX	69	<i>quetiapine fumarate er</i>	31
PRIVIGEN	65	<i>quinapril hydrochloride</i>	41

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<i>quinidine gluconate cr</i>	41	RISPERIDONE ODT	31
<i>quinidine sulfate</i>	41	<i>ritonavir</i>	35
<i>quinine sulfate</i>	29	<i>rivastigmine tartrate</i>	18
QVAR REDIHALER	74	<i>rivastigmine transdermal system</i>	18
RABAVERT	69	<i>rivelsa</i>	63
<i>rabeprazole sodium</i>	56	<i>rizatriptan benzoate</i>	22
<i>raloxifene hydrochloride</i>	64	<i>rizatriptan benzoate odt</i>	22
<i>ramipril</i>	41	<i>roflumilast</i>	75
<i>ranolazine er</i>	43	<i>ropinirole er</i>	30
<i>rasagiline mesylate</i>	30	<i>ropinirole hcl</i>	30
RAYALDEE	70	<i>ropinirole hydrochloride</i>	30
<i>reclipsen</i>	63	<i>rosadan</i>	48
RECOMBIVAX HB	69	<i>rosuvastatin calcium</i>	44
RECORLEV	64	ROTARIX	69
RECTIV	56	ROTATEQ	69
REGRANEX	50	<i>roweepra</i>	16
RELENZA DISKHALER	35	<i>roweepra xr</i>	16
RELISTOR	55	ROZLYTREK	28
<i>repaglinide</i>	37	RUBRACA	28
REPATHA	45	<i>rufinamide</i>	18
REPATHA PUSHTRONEX SYSTEM	45	RUKOBIA	34
REPATHA SURECLICK	45	RYBELSUS	37
RESTASIS	71	RYDAPT	28
RESTASIS MULTIDOSE	71	<i>sajazir</i>	65
RETACRIT	40	SANDIMMUNE	68
RETEVMO	25	SANTYL	50
REVLIMID	24	<i>sapropterin dihydrochloride</i>	57
REXULTI	31	SAVELLA	47
REYATAZ	35	SAVELLA TITRATION PACK	47
REZLIDHIA	28	<i>saxagliptin hydrochloride</i>	37
REZUROCK	68	<i>saxagliptin hydrochloride/metformin</i>	37
RHOPRESSA	73	<i>hydrochloride er</i>	
<i>ribavirin</i>	33	SCEMBLIX	25
RIDAURA	66	<i>scopolamine</i>	20
<i>rifabutin</i>	23	SECUADO	32
<i>rifampin</i>	23	<i>selegiline hcl</i>	30
<i>riluzole</i>	47	<i>selenium sulfide</i>	49
<i>rimantadine hydrochloride</i>	35	SELZENTRY	34
RINVOQ	66	SEREVENT DISKUS	75
RINVOQ LQ	66	<i>sertraline hcl</i>	19
<i>risedronate sodium</i>	70	SERTRALINE HYDROCHLORIDE	19
<i>risedronate sodium dr</i>	70	<i>setlakin</i>	63
RISPERDAL CONSTA	31	<i>sevelamer carbonate</i>	54
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SHINGRIX	69	STELARA	66
SIGNIFOR	65	STIOLTO RESPIMAT	76
SIGNIFOR LAR	65	STIVARGA	28
<i>sildenafil citrate</i>	76	STREPTOMYCIN SULFATE	11
<i>silver sulfadiazine</i>	50	STRIBILD	33
SIMBRINZA	71	STRIVERDI RESPIMAT	75
<i>simvastatin</i>	44	<i>sucralfate</i>	56
<i>sirolimus</i>	68	<i>sulfacetamide sodium</i>	72
SIRTURO	23	<i>sulfacetamide sodium/prednisolone sodium</i>	71
SIVEXTRO	12	<i>phosphate</i>	
SKYRIZI	66	<i>sulfadiazine</i>	15
SKYRIZI PEN	66	<i>sulfamethoxazole/trimethoprim</i>	15
<i>sodium chloride</i>	54	<i>sulfamethoxazole/trimethoprim ds</i>	15
<i>sodium chloride 0.45%</i>	54	<i>sulfasalazine</i>	69
<i>sodium chloride 0.9%</i>	71	<i>sulindac</i>	8
SODIUM OXYBATE	77	<i>sumatriptan</i>	22
<i>sodium phenylbutyrate</i>	57	<i>sumatriptan succinate</i>	22
<i>sodium polystyrene sulfonate</i>	54	<i>sumatriptan succinate refill</i>	22
<i>sodium polystyrene sulfonate</i>	55	SUNITINIB MALATE	28
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	56	SUNLENCA	34
SOFOSBUVIR/VELPATASVIR	33	SUPRAX	13
<i>solifenacin succinate</i>	58	<i>syeda</i>	63
SOLQUA 100/33	37	SYMBICORT	76
SOLOSEC	12	SYMJEPI	75
SOLTAMOX	24	SYMLINPEN 120	37
SOMATULINE DEPOT	65	SYMLINPEN 60	37
SOMAVERT	65	SYMPAZAN	17
<i>sorafenib</i>	28	SYMTUZA	35
<i>sorafenib tosylate</i>	28	SYNAREL	65
<i>sorine</i>	41	SYNJARDY	37
<i>sotalol hcl</i>	41	SYNJARDY XR	37
<i>sotalol hydrochloride (af)</i>	41	SYNRIBO	25
SOTYLIZE	41	SYNTHAMIN 17	54
SPIRIVA HANDIHALER	74	SYNTHROID	64
SPIRIVA RESPIMAT	74	TABLOID	24
<i>spironolactone</i>	44	TABRECTA	24
<i>spironolactone/hydrochlorothiazide</i>	43	<i>tacrolimus</i>	49
<i>sprintec 28</i>	63	<i>tacrolimus</i>	68
SPRITAM	16	<i>tadalafil</i>	58
SPRYCEL	28	<i>tadalafil</i>	76
<i>sps</i>	55	TAFINLAR	28
<i>sronyx</i>	63	<i>tafluprost</i>	73
<i>ssd</i>	50	TAGRISSE	28
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<i>tamsulosin hydrochloride</i>	58	<i>timolol maleate</i>	22
<i>tarina 24 fe</i>	63	<i>timolol maleate</i>	73
<i>tarina fe 1/20 eq</i>	63	<i>timolol maleate ophthalmic gel forming</i>	73
TASIGNA	28	<i>tinidazole</i>	12
<i>tasimelton</i>	77	<i>tiopronin</i>	58
<i>tavaborole</i>	22	<i>tiotropium bromide</i>	75
TAVALISSE	40	TIVICAY	33
<i>taysofy</i>	63	TIVICAY PD	33
<i>tazarotene</i>	48	<i>tizanidine hcl</i>	32
TAZICEF	13	<i>tizanidine hydrochloride</i>	32
<i>taztia xt</i>	42	TOBI PODHALER	75
TAZVERIK	25	TOBRADEX	71
TDVAX	69	<i>tobramycin</i>	72
TEFLARO	13	<i>tobramycin</i>	75
<i>telmisartan</i>	40	<i>tobramycin sulfate</i>	11
<i>telmisartan/amlodipine</i>	43	<i>tobramycin sulfate</i>	72
<i>telmisartan/hydrochlorothiazide</i>	43	<i>tobramycin/dexamethasone</i>	72
<i>temazepam</i>	77	<i>tolbutamide</i>	37
TENIVAC	69	<i>tolcapone</i>	30
<i>tenofovir disoproxil fumarate</i>	34	<i>tolterodine tartrate</i>	58
TEPMETKO	28	<i>tolterodine tartrate er</i>	58
<i>terazosin hcl</i>	58	<i>tolvaptan</i>	54
<i>terazosin hydrochloride</i>	58	<i>topiramate</i>	16
<i>terbinafine hcl</i>	22	TOPIRAMATE ER	16
<i>terconazole</i>	22	<i>toposar</i>	26
<i>teriflunomide</i>	47	TOREMIFENE CITRATE	24
TERIPARATIDE	70	<i>torpenz</i>	28
<i>testosterone</i>	60	<i>torsemid</i>	44
<i>testosterone cypionate</i>	60	TOUJEO MAX SOLOSTAR	39
<i>testosterone enanthate</i>	60	TOUJEO SOLOSTAR	39
<i>testosterone pump</i>	60	TPN ELECTROLYTES	54
TETRABENAZINE	47	TRACLEER	76
<i>tetracycline hydrochloride</i>	15	TRADJENTA	37
THALOMID	24	<i>tramadol hcl er</i>	9
THEO-24	75	<i>tramadol hydrochloride</i>	10
<i>theophylline</i>	75	<i>tramadol hydrochloride er</i>	9
<i>theophylline er</i>	75	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>thioridazine hcl</i>	30	<i>trandolapril</i>	41
<i>thiothixene</i>	30	<i>tranexamic acid</i>	40
<i>tiadylt er</i>	42	<i>tranylcyromine sulfate</i>	19
<i>tiagabine hydrochloride</i>	17	TRAVASOL	54
TIBSOVO	28	<i>travoprost</i>	73
TICOVAC	69	<i>trazodone hydrochloride</i>	19
<i>tigecycline</i>	12	TRECATOR	23

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TRESIBA FLEXTOUCH	39	<i>turqoz</i>	63
TRETINOIN	29	TWINRIX	69
<i>tretinoin</i>	48	TYBOST	34
<i>tretinoin microsphere</i>	48	TYMLOS	70
TREXALL	68	TYPHIM VI	69
<i>triamcinolone acetonide</i>	49	UBRELVY	22
<i>triamcinolone acetonide dental paste</i>	47	UCERIS	70
<i>triamterene/hydrochlorothiazide</i>	43	UDENYCA	40
<i>trianex</i>	49	UDENYCA ONBODY	40
<i>triderm</i>	49	<i>unithroid</i>	64
TRIENTINE HYDROCHLORIDE	54	UPTRAVI	76
<i>trifluoperazine hcl</i>	31	UPTRAVI TITRATION PACK	76
<i>trifluoperazine hydrochloride</i>	31	URSODIOL	56
<i>trifluridine</i>	72	VABOMERE	14
<i>trihexyphenidyl hcl</i>	29	<i>valacyclovir hydrochloride</i>	35
<i>trihexyphenidyl hydrochloride</i>	29	VALCHLOR	23
TRIJARDY XR	37	<i>valganciclovir</i>	32
TRIKAFTA	75	VALGANCICLOVIR HYDROCHLORIDE	32
<i>tri-legest fe</i>	63	<i>valproic acid</i>	16
<i>tri-lo-estarylla</i>	63	<i>valsartan</i>	41
<i>tri-lo-sprintec</i>	63	<i>valsartan/hydrochlorothiazide</i>	44
<i>trilyte</i>	56	VALTOCO 10 MG DOSE	17
<i>trimethoprim</i>	12	VALTOCO 15 MG DOSE	17
<i>tri-mili</i>	63	VALTOCO 20 MG DOSE	17
<i>trimipramine maleate</i>	20	VALTOCO 5 MG DOSE	17
TRINTELLIX	19	<i>vancomycin</i>	12
<i>tri-nymyo</i>	63	<i>vancomycin hcl</i>	12
<i>tri-previfem</i>	63	VANCOMYCIN HYDROCHLORIDE	12
<i>tri-sprintec</i>	63	<i>vancomycin hydrochloride/dextrose</i>	12
<i>tritocin</i>	49	VANFLYTA	28
TRIUMEQ	34	VAQTA	69
TRIUMEQ PD	34	<i>varenicline starting month box</i>	11
<i>trivora-28</i>	63	<i>varenicline tartrate</i>	11
<i>tri-vylibra</i>	63	VARIVAX	69
<i>tri-vylibra lo</i>	63	VARIZIG	65
TRIZIVIR	34	VARUBI	21
TROPHAMINE	54	VASCEPA	45
<i>tropium chloride</i>	58	VAXELIS	69
<i>tropium chloride er</i>	58	<i>velivet</i>	63
TRULANCE	55	VELPHORO	55
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VENLAFAXINE BESYLATE ER	19	XALKORI	28
<i>venlafaxine hcl er</i>	19	XARELTO	39
<i>venlafaxine hydrochloride</i>	19	XARELTO STARTER PACK	39
<i>venlafaxine hydrochloride er</i>	20	XATMEP	68
VENTOLIN HFA	75	XCOPRI	16
<i>verapamil hcl</i>	42	XELJANZ	66
<i>verapamil hcl er</i>	42	XELJANZ XR	66
<i>verapamil hcl sr</i>	42	XERMELo	55
<i>verapamil hydrochloride</i>	43	XGEVA	70
<i>verapamil hydrochloride er</i>	43	XIFAXAN	56
VEREGEN	50	XIGDUO XR	37
VERQUVO	45	XIIDRA	72
VERSACLOZ	32	XOFLUZA	35
VERZENIO	28	XOLAIR	66
<i>vestura</i>	63	XOPENEX HFA	75
VIBERZI	55	XOSPATA	29
VICTOZA	37	XPOVIO	26
<i>vienva</i>	63	XPOVIO 100 MG ONCE WEEKLY	26
VIGABATRIN	17	XPOVIO 40 MG ONCE WEEKLY	26
<i>vigadrone</i>	17	XPOVIO 40 MG TWICE WEEKLY	26
<i>vigpoder</i>	17	XPOVIO 60 MG ONCE WEEKLY	26
VIIBRYD STARTER PACK	20	XPOVIO 60 MG TWICE WEEKLY	26
<i>vilazodone hydrochloride</i>	20	XPOVIO 80 MG ONCE WEEKLY	26
<i>vinblastine sulfate</i>	25	XPOVIO 80 MG TWICE WEEKLY	26
<i>vincasar pfs</i>	25	XTANDI	24
<i>vincristine sulfate</i>	25	XULTOPHY 100/3.6	37
<i>vinorelbine tartrate</i>	25	YARGESA	57
VIRACEPT	35	YF-VAX	69
VIREAD	34	YONSA	24
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This formulary was updated on 08/20/2024. For more recent information or other questions, please contact PrimeTime Health Plan Customer Service at 1-800-577-5084 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com.

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