

Prescription Drug Guide Guía de Medicamentos Recetados



Formulary | Formulario

List of Covered Drugs | Lista de Medicamentos Cubiertos

Premier by Ultimate (HMO) Premier Plus by Ultimate (HMO)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 08/22/2022. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY users should call 711), Monday through Sunday from 8 am to 8 pm EST (during certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays) or visit www.ChooseUltimate.com.

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

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

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN. Esta lista de medicamentos cubiertos se actualizó el 08/22/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Ultimate Health Plans Servicios para Miembros al 1-888-657-4170 y para usuarios TTY, 711, de lunes a domingo, de 8:00 a. m. a 8:00 p. m. hora del Este (en ciertos momentos del año podríamos usar tecnologías alternativas para responder sus llamadas los fines de semana y los feriados federales) o visite www.ChooseUltimate.com.

Mensaje importante sobre lo que paga por las vacunas - Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted. Llame a Servicios para miembros para obtener más información.

Mensaje importante sobre lo que paga por la insulina - No pagará más de **\$35** por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre.

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 Ultimate Health Plans. When it refers to “plan” or “our plan,” it means Premier by Ultimate (HMO) and Premier Plus by Ultimate (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 01/01/2023. 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, 2023, and from time to time during the year.

What is the Ultimate Health Plans Formulary?

A formulary is a list of covered drugs selected by our 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Ultimate Health Plans Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **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 Ultimate Health Plans Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 01/01/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of midyear non-maintenance formulary changes, we update our printed formularies at the next printing and we also publish a monthly summary of all drug list changes, which is available for download from our website or in printed format upon request.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins below. 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 69. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 per prescription for alprazolam ER 1 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our 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 1. 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 us 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 Ultimate Health Plans formulary?" on page iv 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Ultimate Health Plans Formulary?

You can ask us 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 a lower cost-sharing level. 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, our 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, we 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.

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 98 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

We will cover a Transition Supply for enrollees who have a level of care change, which is defined as when enrollees:

- Enter a Long-Term-Care (LTC) facility from a hospital or other setting
- Leave a Long-Term-Care (LTC) facility and return to the community
- Are discharged from a hospital to a home
- End a skilled nursing facility (SNF) stay covered under Medicare Part A (where all pharmacy charges are covered), and must revert to coverage under their Part D plan Formulary
- Revert from hospice status to standard Medicare Part A and Part B benefits; or
- Are discharged from a psychiatric hospital with a medication regimen that is highly individualized

For more information

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

If you have questions about our 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>.

Ultimate Health Plans Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 69.

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

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

B/D: This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-888-657-4170, Monday through Sunday from 8 a.m. to 8 p.m. TTY users should call 711.

E: Excluded Drug. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

GC: Coverage in the Gap. 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.

MO: Mail Order Drug. This prescription is available through our mail order service, as well as through our retail network pharmacies. Generally, the drugs provided through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Our plan's mail-order service requires you to order a 90-day supply. Usually, a mail-order pharmacy order will get to you in no more than 14 days. However, if your order is delayed, immediately contact us so we can make arrangements for you to pick up your prescription at your local pharmacy. You may contact us 24 hours a day, 7 days a week at 1-800-311-7517 (TTY users dial 711).

PA: Prior Authorization. We require 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 we limit the amount of the drug that we will cover.

SI: Select Insulin. Our plan provides additional coverage of select insulins. During the Initial Coverage stage your out-of-pocket costs for select insulins will be between \$5 to \$35 copayment for a 30-day prescription supply.

ST: Step Therapy. In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, 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.

The Formulary is Divided into 4 Tiers

Every drug on the plan's Drug List is in one of 4 cost-sharing tiers with a corresponding cost-sharing amount depending on the plan as shown below. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- **Cost-Sharing Tier 1 (Generic)** includes generic drugs. This tier also offers drugs at the lowest cost.
- **Cost-Sharing Tier 2 (Preferred Brand)** includes preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 3 (Non-preferred Drug)** includes non-preferred brand drugs and some generic drugs.
- **Cost-Sharing Tier 4 (Specialty Tier)** includes high-cost drugs brand and generic drugs, which may require special handling and/or close monitoring. This is the highest-cost tier.

Plans		Premier by Ultimate (HMO) 001, 013-3, 013-4		
Cost-Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$15	\$45	\$30	\$15
Tier 3	\$60	\$180	\$120	\$60
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plan		Premier by Ultimate (HMO) 028, 046		
Cost-Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$30	\$90	\$60	\$30
Tier 3	\$60	\$180	\$120	\$60
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plans		Premier by Ultimate (HMO) 031		
Cost-Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$25	\$75	\$50	\$25
Tier 3	\$65	\$195	\$130	\$65
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plan		Premier by Ultimate (HMO) 045		
Cost-Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$25	\$75	\$50	\$25
Tier 3	\$60	\$180	\$120	\$60
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plan		Premier by Ultimate (HMO) 047		
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$35	\$105	\$70	\$35
Tier 3	\$85	\$255	\$170	\$85
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Plans		Premier Plus by Ultimate (HMO) 032		
Cost Sharing Tier	Copay or coinsurance for a 30-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Retail Pharmacy	Copay or coinsurance for a 90-day supply at Mail Order Pharmacy	Copay or coinsurance for a 31-day long-term care supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$5	\$15	\$10	\$5
Tier 3	\$45	\$135	\$90	\$45
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance

Please refer to your Evidence of Coverage for additional information on the applicable co-pays or co-insurance amounts in each formulary tier.

Nota para los miembros actuales: Esta lista de medicamentos cubiertos se modificó desde el año pasado. Revise este documento para asegurarse de que todavía tiene los medicamentos que usted recibe.

En esta lista de medicamentos (lista de medicamentos cubiertos), los términos “nosotros”, “nos” o “nuestro” hacen referencia a Ultimate Health Plans. Cuando dice “plan” o “nuestro plan”, significa Premier by Ultimate (HMO) y Premier Plus by Ultimate (HMO).

Este documento incluye la lista de medicamentos (cubiertos) correspondiente a nuestro plan, que está vigente a partir del 01/01/2023. Comuníquese con nosotros si desea obtener una lista de medicamentos cubiertos actualizada. Nuestra información de contacto y la fecha de la última actualización de la lista de medicamentos cubiertos aparece en la portada y en la cubierta de atrás.

Por lo general, se deben usar farmacias de la red para tener el beneficio de medicamentos recetados. Los beneficios, la lista de medicamentos cubiertos, la red de farmacias o los copagos/el coseguro podrían cambiar a partir del 1 de enero de 2023 y eventualmente durante el año.

¿Qué es la lista de medicamentos cubiertos de Ultimate Health Plans?

Un formulario es una lista de medicamentos cubiertos seleccionados por nuestro plan con el asesoramiento de un equipo de proveedores de atención médica, que representa las terapias recetadas que se cree que podrían ser necesarias en un programa de tratamiento de calidad. Por lo general, nuestro plan cubre los medicamentos mencionados en nuestra lista de medicamentos cubiertos, siempre que el medicamento sea médicamente necesario, se surta la receta en una farmacia de la red del plan y se cumplan otras reglas del plan. Para obtener más información de cómo surtir sus recetas, revise su Evidencia de Cobertura.

¿Puede cambiar la lista de medicamentos cubiertos (el formulario)?

La mayoría de los cambios en la cobertura de los medicamentos se hacen el 1 de enero, pero podemos agregar o quitar medicamentos de la Lista de medicamentos durante el año, pasarlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos cumplir las reglas de Medicare para hacer estos cambios.

Cambios que lo pueden afectar este año: En los casos de abajo, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podríamos quitar inmediatamente de nuestra lista de medicamentos algún medicamento de marca si lo reemplazamos por un nuevo medicamento genérico que se incluirá en el mismo nivel de costo compartido o en uno inferior y con las mismas o con menos restricciones. Además, al agregar el nuevo medicamento genérico, es posible que decidamos conservar el medicamento de marca en nuestra lista de medicamentos, pero que lo traslademos inmediatamente a otro nivel de costos compartidos o que agreguemos nuevas restricciones. Si actualmente toma ese medicamento de marca, es posible que no le avisemos antes de hacer el cambio, pero posteriormente le daremos información sobre los cambios específicos que hayamos hecho.
 - Si hacemos un cambio de este tipo, usted o el proveedor que receta pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca. En el aviso que le daremos también incluiremos información de cómo pedir que se haga una excepción. Además, puede encontrar información en la sección de abajo llamada “¿Cómo pido que se haga una excepción a la lista de medicamentos cubiertos de Ultimate Health Plans?”
- **Medicamentos que se quitan del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento que está incluido en nuestra lista de medicamentos cubiertos no es seguro o si el fabricante del medicamento lo saca del mercado, quitaremos inmediatamente ese medicamento de nuestra lista de medicamentos cubiertos y les avisaremos a los miembros que toman el medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no es nuevo para reemplazar un medicamento de marca que está incluido actualmente en la lista de medicamentos cubiertos

o, podríamos agregar nuevas restricciones al medicamento de marca o pasarlo a otro nivel de costos compartidos o podríamos hacer ambas cosas. También podríamos hacer cambios según las nuevas directrices clínicas. Si quitamos medicamentos de nuestra lista de medicamentos cubiertos, agregamos el requisito de autorización previa, límites de cantidades o restricciones de terapia escalonada de un medicamento o pasamos el medicamento a un nivel superior de costos compartidos, tenemos la obligación de avisarles a los miembros afectados sobre el cambio, al menos 30 días antes de que entre en vigencia o cuando el miembro pida resurtir el medicamento, en ese momento el miembro recibirá un suministro del medicamento para 30 días.

- O Si hacemos estos otros cambios, usted o su proveedor que receta pueden pedirnos que hagamos una excepción y que continuemos cubriendo el medicamento de marca para usted. En el aviso que le daremos también incluiremos información de cómo pedir que se haga una excepción. Además, puede encontrar información en la sección abajo llamada “¿Cómo pido que se haga una excepción a la lista de medicamentos cubiertos de Ultimate Health Plans?”

Cambios que no lo afectarán si está tomando el medicamento actualmente. Por lo general, si está tomando un medicamento que está en nuestra lista de medicamentos cubiertos de 2023 y estaba cubierto a principios del año, no interrumpiremos ni reduciremos la cobertura del medicamento durante la cobertura del año 2023, excepto como se describe arriba. Esto significa que durante el resto del año de cobertura estos medicamentos seguirán estando disponibles con los mismos costos compartidos y sin nuevas restricciones para los miembros que los toman. No recibirá ningún aviso directo este año sobre los cambios que no le afecten. Sin embargo, el 1 de enero del próximo año esos cambios lo afectarán y es importante que revise la Lista de medicamentos del nuevo año de beneficios para ver si hubo algún cambio en los medicamentos.

La lista de medicamentos cubiertos que se adjunta es la que está en vigencia a partir del 01/01/2023. Para obtener información actualizada sobre los medicamentos que cubre nuestro plan, comuníquese con nosotros. Nuestra información de contacto aparece en la cubierta y en la contracubierta. En el caso de que a medio año haya algún cambio en la lista de medicamentos cubiertos que no sean de mantenimiento, actualizaremos nuestra lista de medicamentos cubiertos impresas en la siguiente impresión, y también publicaremos un resumen mensual de todos los cambios en la lista de medicamentos, que puede descargar en nuestro sitio web o puede obtener en formato impreso, si lo pide.

¿Cómo uso la lista de medicamentos cubiertos?

Puede buscar su medicamento de dos formas en la lista de medicamentos cubiertos:

Condición médica

La lista de medicamentos cubiertos comienza en la página 1. Los medicamentos de esta lista de medicamentos cubiertos están agrupados por categorías, según el tipo de condiciones médicas que tratan. Por ejemplo, los medicamentos que se usan para tratar condiciones médicas del corazón se mencionan en categoría Agentes cardiovasculares. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza debajo. Después busque su medicamento en el nombre de su categoría.

Orden alfabético

Si no sabe con seguridad en qué categoría buscar, busque el nombre de su medicamento en el Índice que comienza en la página 69. El Índice da una lista de todos los medicamentos que se incluyen en este documento, en orden alfabético. El Índice menciona los medicamentos de marca y los medicamentos genéricos. Busque su medicamento en el índice. Al lado de su medicamento, verá el número de la página donde podrá encontrar información de la cobertura. Vaya a la página mencionada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre tanto los medicamentos de marca como los medicamentos genéricos. Un medicamento genérico es aquel aprobado por la FDA porque tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos son más asequibles que los medicamentos de marca.

¿Se aplica alguna restricción en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan más requisitos o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** Nuestro plan exige que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de nuestro plan antes de surtir sus recetas. Si no obtiene una aprobación, es posible que nuestro plan no cubra el medicamento.
- **Límites de las cantidades:** Para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que cubre. Por ejemplo, nuestro plan da 30 tabletas de alprazolam ER 1 mg por cada receta. Esto podría ser además del suministro estándar de un mes o de tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan exige que primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el medicamento A y el medicamento B sirven para tratar su condición médica, es posible que no cubramos el medicamento B a menos que antes haya probado el medicamento A. Si el medicamento A no le da resultado, entonces nuestro plan cubrirá el medicamento B.

Para saber si su medicamento tiene más requisitos o límites, consulte la lista de medicamentos cubiertos que comienza en la página 1. También puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a determinados medicamentos cubiertos. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto y la fecha de la última actualización de la lista de medicamentos cubiertos aparece en la portada y en la cubierta de atrás.

Puede pedirnos que hagamos una excepción a estas restricciones o límites o puede pedirnos una lista de otros medicamentos similares que puedan tratar su condición médica. Para obtener más información sobre cómo pedir que se haga una excepción, consulte la sección “¿Cómo pido que se haga una excepción a la lista de medicamentos cubiertos de Ultimate Health Plans?” en la página xi.

¿Qué sucede si mi medicamento no está en la lista de medicamentos cubiertos?

Si su medicamento no está incluido en esta lista de medicamentos cubiertos (formulario), debe comunicarse primero con Servicios para los Miembros y preguntar si su medicamento está cubierto.

Si le informan que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle a Servicios para los Miembros una lista de medicamentos similares que cubra nuestro plan. Cuando reciba la lista, mostrarla a su médico y pedirle que le recete un medicamento similar que cubra nuestro plan.
- Puede pedirnos que hagamos una excepción y cubramos su medicamento. Para obtener información sobre cómo pedir que hagamos una excepción, vea abajo.

¿Cómo pido que se haga una excepción a la lista de medicamentos cubiertos de Ultimate Health Plans?

Puede pedirnos que hagamos una excepción a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedir que hagamos.

- Puede pedirnos que cubramos un medicamento aunque no esté incluido en nuestra lista de medicamentos cubiertos. Si se aprueba, se cubrirá este medicamento con un nivel predeterminado de costo compartido y no nos podrá pedir que le entreguemos el medicamento a un nivel de costo compartido inferior.

- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor. Si se aprueba, bajará la cantidad que deberá pagar por su medicamento.
- Puede pedirnos que no apliquemos las restricciones ni los límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos, nuestro plan limita la cantidad del medicamento que se cubrirá. Si su medicamento tiene límite de cantidad, puede pedirnos que no apliquemos el límite y que cubramos una cantidad mayor.

Por lo general, solo aprobaremos su petición de excepción, si los medicamentos alternativos que se incluyen en la lista de medicamentos cubiertos del plan, el medicamento con costos compartidos más asequibles o las otras restricciones de uso no son tan eficaces para tratar su condición, o podrían hacer que tenga efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de uso, nivel o formulario. **Cuando solicita una excepción de restricción de uso, nivel o formulario, debe enviar una declaración de su médico o médico que respalde su solicitud.** Por lo general, debemos tomar una decisión en un plazo de 72 horas después de haber recibido la declaración del proveedor que receta. Puede pedir que se haga una excepción expedita (rápida) si usted o su médico consideran que su salud podría verse gravemente perjudicada por tener que esperar hasta 72 horas para obtener una decisión. Si su petición es concedida, debemos darle nuestra decisión en un plazo máximo de 24 horas después de recibir la declaración de respaldo de su médico o del proveedor que receta.

¿Qué debo hacer antes de hablar con mi médico sobre cambiar mis medicamentos o pedir que se haga una excepción?

Como miembro nuevo o actual de nuestro plan, es posible que tome medicamentos que no están incluidos en nuestra lista de medicamentos cubiertos. O podría estar recibiendo un medicamento que está incluido en nuestra lista de medicamentos cubiertos, pero su posibilidad de obtenerlo es limitada. Por ejemplo, podría necesitar nuestra autorización previa antes de surtir su receta. Hable con su médico para decidir si debiera cambiar a un medicamento adecuado que esté cubierto o pedir que se haga una excepción a la lista de medicamentos cubiertos para que cubramos el medicamento que toma. Mientras habla con su médico para determinar qué opción es adecuada para usted, es posible que, en ciertos casos, cubramos su medicamento durante los primeros 90 días que usted es miembro de nuestro plan.

Cubriremos un suministro temporal de 30 días para cada uno de los medicamentos que no estén incluidos en nuestra lista de medicamentos cubiertos o si la capacidad para obtenerlos estuviera limitada. Si su receta es para menos días, podremos permitir que se resurta el medicamento hasta un suministro máximo hasta de 30 días. Después de su primer suministro de 30 días, no pagaremos esos medicamentos aunque haya sido miembro del plan menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestra lista de medicamentos cubiertos o si tiene capacidad limitada para obtener sus medicamentos, pero tiene más de 98 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 31 días, mientras pide que se haga una excepción a la lista de medicamentos cubiertos.

Cubriremos un suministro de transición para los inscritos que tengan un nivel de cambio de atención, que se define cuando los afiliados:

- Entran en un centro de atención a largo plazo (LTC) de un hospital u otro entorno
- Dejan un centro de atención a largo plazo (LTC) y regresan a la comunidad
- Reciben el alta hospitalaria para regresar a su casa
- Terminan la estancia en un centro de enfermería especializada (SNF) cubierto según Medicare Parte A (que cubre todos los cargos de farmacia) y deben regresar a la cobertura de la lista de medicamentos cubiertos

del plan de la Parte D

- Regresan del estado de cuidados paliativos a los beneficios estándares de Medicare Parte A y Parte B, o
- Reciben el alta de un hospital psiquiátrico con un tratamiento de medicamentos sumamente personalizado

Para obtener más información

Para obtener información detallada sobre la cobertura de medicamentos recetados de su plan, revise su Evidencia de Cobertura y otro material del plan.

Comuníquese con nosotros si tiene alguna pregunta sobre nuestro plan. Nuestra información de contacto y la fecha de la última actualización de la lista de medicamentos cubiertos aparece en la portada y en la cubierta de atrás.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O, visitar <http://www.medicare.gov>.

Lista de medicamentos cubiertos por nuestro plan

La lista de medicamentos cubiertos que comienza en la página 1 da información sobre la cobertura de los medicamentos que cubre nuestro plan. Si tiene dificultad para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 69.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, ADVAIR) y los medicamentos genéricos están mencionados en minúscula e itálica (por ejemplo, *lisinopril*).

La información que se incluye en la columna Requisitos/Límites le permite saber si su plan tiene requisitos especiales para la cobertura de su medicamento.

B/D: Es posible que este medicamento recetado esté cubierto en nuestro beneficio médico. Para obtener más información, llame a Servicios para los Miembros al 1-888-657-4170, de lunes a domingo, de 8:00 a. m. a 8:00 p. m. Los usuarios de TTY deben llamar al 711.

E: Medicamento excluido. Este medicamento recetado no suele estar cubierto por un plan de medicamentos recetados de Medicare. La cantidad que usted paga al surtir una receta de este medicamento no se tiene en cuenta para el total de sus gastos de medicamentos (es decir, la cantidad que paga no lo ayuda a calificar para una cobertura catastrófica). Además, si recibe más ayuda para pagar sus medicamentos recetados, no recibirá ningún otro tipo de ayuda para pagar este medicamento.

GC: Cobertura en el período sin cobertura. Damos más cobertura para este medicamento recetado durante el período sin cobertura. Para obtener más información sobre esta cobertura, consulte nuestra Evidencia de Cobertura.

MO: Medicamento pedido por correo. Este medicamento recetado está disponible a través de nuestro servicio de pedido por correo y a través de nuestras farmacias de la red. Por lo general, los medicamentos que se entregan por correo son aquellos que usted toma con frecuencia para tratar una condición médica crónica o de largo plazo. Cuando usa el servicio de pedido por correo del plan, es necesario pedir un suministro de 90 días. Generalmente, los pedidos que se hacen a través de este servicio llegarán en un plazo máximo de 14 días. No obstante, si el pedido se demora, comuníquese con nosotros de inmediato para que podamos hacer los arreglos pertinentes para que recoja el medicamento recetado en su farmacia local. Puede comunicarse con nosotros las 24 horas del día, los 7 días de la semana llamando al 1-800-311-7517 (si es usuario de TTY llame al 711).

PA: Autorización previa. Es necesario que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener una aprobación antes de surtir sus recetas. Si no obtiene una aprobación, es posible que no cubramos el medicamento.

QL: Límite de cantidad. Para ciertos medicamentos, limitamos la cantidad que se cubrirá del medicamento.

SI: Insulinas seleccionadas. Nuestro plan da más cobertura para insulinas seleccionadas. Durante la etapa inicial de cobertura, los costos de bolsillo para algunos tipos seleccionados de insulina estarán entre \$5 y \$35 de copago para un suministro de receta de 30 días.

ST: Terapia escalonada. En algunos es necesario que primero pruebe ciertos medicamentos para tratar su condición médica antes de que cubramos otro medicamento para esa condición. Por ejemplo, si el medicamento A y el medicamento B sirven para tratar su condición médica, es posible que no cubramos el medicamento B a menos que antes haya probado el medicamento A. Si el medicamento A no le da resultado, entonces cubriremos el medicamento B.

La lista de medicamentos cubiertos se divide en 4 niveles

Cada medicamento incluido en la lista de medicamentos del plan se asigna a uno de los 4 niveles de costos compartidos con una cantidad de costo compartido que depende del plan, como se muestra abajo. En general, cuanto más alto sea el nivel de costos compartidos, más alto será el costo que deberá pagar por el medicamento:

- **Nivel 1 de costo compartido (genérico)** incluye medicamentos genéricos. Este nivel también tiene medicamentos al menor costo.
- **Nivel 2 de costo compartido (marca preferida)** incluye medicamentos de marca preferida y algunos medicamentos genéricos.
- **Nivel 3 de costo compartido (medicamentos no preferidos)** incluye medicamentos de marca no preferidos y algunos medicamentos genéricos.
- **Nivel 4 de costo compartido (nivel de especialidad)** incluye medicamentos de marca y genéricos de alto costo, que pueden necesitar un manejo especial o una supervisión cercana. Este es el nivel de mayor costo.

Planes		Premier by Ultimate (HMO) 001, 013-3, 013-4		
Nivel de costos compartidos	Copago o coseguro para un suministro de 30 días en una farmacia	Copago o coseguro para un suministro de 90 días en una farmacia	Copago o coseguro para un suministro de 90 días a través de la farmacia de pedido por correo	Copago o coseguro para un suministro de 31 días para atención de largo plazo
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$15	\$45	\$30	\$15
Nivel 3	\$60	\$180	\$120	\$60
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%

Planes		Premier by Ultimate (HMO) 028, 046		
Nivel de costos compartidos	Copago o coseguro para un suministro de 30 días en una farmacia	Copago o coseguro para un suministro de 90 días en una farmacia	Copago o coseguro para un suministro de 90 días a través de la farmacia de pedido por correo	Copago o coseguro para un suministro de 31 días para atención de largo plazo
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$30	\$90	\$60	\$30
Nivel 3	\$60	\$180	\$120	\$60
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%

Planes		Premier by Ultimate (HMO) 031		
Nivel de costos compartidos	Copago o coseguro para un suministro de 30 días en una farmacia	Copago o coseguro para un suministro de 90 días en una farmacia	Copago o coseguro para un suministro de 90 días a través de la farmacia de pedido por correo	Copago o coseguro para un suministro de 31 días para atención de largo plazo
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$25	\$75	\$50	\$25
Nivel 3	\$65	\$195	\$130	\$65
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%

Planes		Premier by Ultimate (HMO) 045		
Nivel de costos compartidos	Copago o coseguro para un suministro de 30 días en una farmacia	Copago o coseguro para un suministro de 90 días en una farmacia	Copago o coseguro para un suministro de 90 días a través de la farmacia de pedido por correo	Copago o coseguro para un suministro de 31 días para atención de largo plazo
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$25	\$75	\$50	\$25
Nivel 3	\$60	\$180	\$120	\$60
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%

Planes		Premier by Ultimate (HMO) 047		
Nivel de costos compartidos	Copago o coseguro para un suministro de 30 días en una farmacia	Copago o coseguro para un suministro de 90 días en una farmacia	Copago o coseguro para un suministro de 90 días a través de la farmacia de pedido por correo	Copago o coseguro para un suministro de 31 días para atención de largo plazo
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$35	\$105	\$70	\$35
Nivel 3	\$85	\$255	\$170	\$85
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%

Planes		Premier Plus by Ultimate (HMO) 032		
Nivel de costos compartidos	Copago o coseguro para un suministro de 30 días en una farmacia	Copago o coseguro para un suministro de 90 días en una farmacia	Copago o coseguro para un suministro de 90 días a través de la farmacia de pedido por correo	Copago o coseguro para un suministro de 31 días para atención de largo plazo
Nivel 1	\$0	\$0	\$0	\$0
Nivel 2	\$5	\$15	\$10	\$5
Nivel 3	\$45	\$135	\$90	\$45
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%

Para obtener más información de las cantidades de copagos o coseguros que se aplican en cada nivel de la lista de medicamentos cubiertos, consulte su Evidencia de Cobertura.

English / Inglés	Spanish / Español
Drug Name	Nombre del medicamento
Drug Tier	Nivel del medicamento
Requirements/Limits	Requisitos/Límites

Categories / Categorías	
English / Inglés	Spanish / Español
Antipsychotics	Antipsicóticos
Dermatological Agents	Agentes dermatológicos
Anti-Addiction/Substance Abuse Treatment Agents	Agentes para tratamientos antiadicción/contra la drogadicción
Antineoplastics	Antineoplásicos
Cardiovascular Agents	Agentes cardiovasculares
Antibacterials	Antibacterianos
Inflammatory Bowel Disease Agents	Agentes de la enfermedad inflamatoria intestinal
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	Agentes hormonales, estimulación/sustitución/modificación (hormonas sexuales/modificadores)
Immunological Agents	Agentes inmunológicos
Antiparasitics	Antiparasitarios
Antiparkinson Agents	Agentes antiparkinsonianos
Blood Products and Modifiers	Productos y modificadores sanguíneos
Gastrointestinal Agents	Agentes gastrointestinales
Anticonvulsants	Anticonvulsivos
Antivirals	Antivírico
Antidementia Agents	Agentes antidemencia
Antidepressants	Antidepresivos
Blood Glucose Regulators	Reguladores de la glucemia
Antiemetics	Antieméticos
Antifungals	Antimicóticos
Antigout Agents	Agentes de antigout
Respiratory Tract/Pulmonary Agents	Agentes para vías respiratorias/pulmonares
Antimycobacterials	Antimicobacterianos
Genitourinary Agents	Agentes genitourinarios
Antispasticity Agents	Agentes antiespásticos
Hormonal Agents, Suppressant (Thyroid)	Agentes hormonales, inhibidor (tiroides)
Anxiolytics	Ansiolíticos
Central Nervous System Agents	Agentes del sistema nervioso central
Dental and Oral Agents	Agentes dentales y orales
Electrolytes/Minerals/Metals/Vitamins	Electrolitos/minerales/metales/vitaminas
Antimigraine Agents	Agentes antijaquecosos
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	Trastorno genético, enzimático o proteico: Reemplazo, modificadores, tratamiento
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	Agentes hormonales, estimulación/sustitución/modificación (suprarrenal)
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	Agentes hormonales, estimulación/sustitución/modificación (hipófisis)
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	Agentes hormonales, estimulación/sustitución/modificación (prostaglandinas)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	Agentes hormonales, estimulación/sustitución/modificación (tiroides)
Hormonal Agents, Suppressant (Adrenal)	Agentes hormonales, inhibidor (suprarrenal)
Hormonal Agents, Suppressant (Pituitary)	Agentes hormonales, inhibidor (hipófisis)
Anesthetics	Anestésicos
Metabolic Bone Disease Agents	Agentes de las enfermedades óseas metabólicas
Miscellaneous Therapeutic Agents	Agentes Terapéuticos, Misceláneos
Bipolar Agents	Agentes para la bipolaridad
Analgesics	Analgésicos
Ophthalmic Agents	Agentes oftálmicos
Otic Agents	Agentes óticos
Antimyasthenic Agents	Agentes antimiasténicos
Skeletal Muscle Relaxants	Relajantes musculares esqueléticos
Sleep Disorder Agents	Agentes del trastorno del sueño

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	1	QL (60 EA per 30 days) MO GC
<i>diclofenac potassium tablet 50mg</i>	1	MO GC
<i>diclofenac sodium dr</i>	1	MO GC
<i>diclofenac sodium er</i>	1	MO GC
<i>diclofenac sodium/misoprostol</i>	3	MO
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) MO GC
<i>diclofenac sodium external solution 1.5%</i>	3	PA MO
<i>diflunisal tablet 500mg</i>	1	MO GC
<i>etodolac er</i>	1	MO GC
<i>etodolac capsule, tablet</i>	1	MO GC
<i>fenoprofen calcium capsule 400mg</i>	3	MO
<i>fenoprofen calcium tablet</i>	3	MO
<i>flurbiprofen tablet</i>	1	MO GC
<i>ibu</i>	1	MO GC
<i>ibuprofen suspension</i>	1	MO GC
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO GC
<i>indomethacin er</i>	1	MO GC
<i>indomethacin capsule 25mg, 50mg</i>	1	MO GC
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	3	MO
<i>ketorolac tromethamine injection 30mg/ml, 60mg/2ml</i>	3	MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) MO GC
<i>meclofenamate sodium capsule</i>	3	MO
<i>mefenamic acid capsule</i>	3	MO
<i>meloxicam tablet</i>	1	MO GC
<i>nabumetone tablet</i>	1	MO GC
<i>naproxen sodium tablet 275mg, 550mg</i>	1	MO GC
<i>naproxen tablet delayed release</i>	1	MO GC
<i>naproxen suspension</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO GC
<i>oxaprozin</i>	1	MO GC
<i>piroxicam capsule</i>	1	MO GC
<i>sulindac tablet</i>	1	MO GC
<i>tolmetin sodium capsule</i>	1	MO GC
<i>tolmetin sodium tablet 600mg</i>	1	MO GC
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	3	QL (4 EA per 28 days)
FENTANYL PATCH 72 HOUR 100MCG/HR, 12MCG/HR, 25MCG/HR, 50MCG/HR, 75MCG/HR	2	
<i>fentanyl patch 72 hour 37.5mcg/hr, 62.5mcg/hr</i>	3	

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	4	
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	3	
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	3	
<i>levorphanol tartrate tablet 2mg</i>	4	
<i>methadone hcl solution, tablet</i>	1	GC
<i>methadone hydrochloride intensol</i>	1	GC
<i>methadone hydrochloride concentrate</i>	1	GC
<i>methadose sugar-free</i>	1	GC
<i>methadose concentrate 10mg/ml</i>	1	GC
<i>mitigo</i>	1	GC
<i>morphine sulfate er tablet extended release</i>	1	GC
<i>morphine sulfate er capsule extended release 24 hour</i>	3	
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	3	
<i>oxymorphone hydrochloride er</i>	3	
<i>tramadol hcl er tablet extended release 24 hour</i>	1	GC
XTAMPZA ER	3	
Opioid Analgesics, Short-acting		
ABSTRAL TABLET SUBLINGUAL 400MCG, 600MCG, 800MCG	4	PA
<i>acetaminophen/codeine #2; #3; #4</i>	1	GC
<i>ascomp/codeine</i>	1	GC
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	GC
<i>butalbital/aspirin/caffeine/codeine</i>	1	GC
<i>butorphanol tartrate solution</i>	1	GC
CODEINE SULFATE TABLET 60MG	2	
<i>codeine sulfate tablet 30mg</i>	1	GC
<i>duramorph</i>	1	GC
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	GC
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	3	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	GC
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	GC
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	GC
<i>hydromorphone hcl liquid, tablet</i>	1	GC
<i>hydromorphone hcl injection 10mg/ml, 2mg/ml</i>	1	GC
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	1	GC
<i>lorcet</i>	1	GC
<i>lorcet hd</i>	1	GC
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	GC
<i>morphine sulfate oral solution, tablet</i>	1	GC
<i>morphine sulfate injection 0.5mg/ml, 1mg/ml, 8mg/ml</i>	1	GC
<i>oxycodone and acetaminophen</i>	4	
<i>oxycodone hydrochloride capsule, solution, tablet</i>	1	GC
<i>oxycodone hydrochloride concentrate</i>	3	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	GC
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 5mg</i>	4	
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	GC
<i>oxycodone/ibuprofen</i>	1	GC
<i>oxymorphone hydrochloride</i>	1	GC
<i>pentazocine/naloxone hcl</i>	3	
PRIMLEV	4	
PROLATE TABLET	4	
<i>tramadol hcl tablet</i>	1	GC
<i>tramadol hydrochloride/acetaminophen</i>	1	GC
<i>tramadol hydrochloride tablet 100mg</i>	1	GC
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL (30 ML per 30 days) PA MO GC
<i>lidocaine hcl jelly</i>	1	QL (30 ML per 30 days) PA MO GC
<i>lidocaine hcl solution</i>	1	QL (250 ML per 30 days) PA MO GC
<i>lidocaine hcl prefilled syringe</i>	1	QL (30 ML per 30 days) PA MO GC
<i>lidocaine/prilocaine cream</i>	1	QL (30 GM per 30 days) PA MO GC
LIDOCAINE OINTMENT 5%	2	QL (150 GM per 30 days) PA MO
LIDOCAINE PATCH 5%	2	PA MO
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	MO GC
<i>disulfiram tablet</i>	1	MO GC
<i>naltrexone hcl tablet</i>	1	MO GC
VIVITROL	4	

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL (360 EA per 30 days) GC
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL (90 EA per 30 days) GC
<i>buprenorphine hcl tablet sublingual</i>	1	GC
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL (60 EA per 30 days) GC
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days) GC
Opioid Reversal Agents		
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	MO GC
NALOXONE HYDROCHLORIDE LIQUID	2	MO
<i>naloxone hydrochloride injection 0.4mg/ml, 2mg/2ml, 4mg/10ml</i>	1	MO GC
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO GC
NICOTROL INHALER	3	QL (2688 EA per 365 days) MO
NICOTROL NS	2	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	1	QL (504 EA per 365 days) MO GC
<i>varenicline tartrate</i>	1	QL (504 EA per 365 days) MO GC
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	MO GC
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	1	MO GC
<i>gentamicin sulfate cream 0.1%</i>	1	MO GC
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO GC
<i>gentamicin sulfate ointment 0.1%</i>	1	MO GC
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	1	MO GC
<i>neomycin sulfate</i>	1	MO GC
<i>paromomycin sulfate</i>	1	MO GC
<i>streptomycin sulfate injection 1gm</i>	4	
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 80mg/2ml</i>	1	MO GC
Antibacterials, Other		
<i>aztreonam</i>	3	MO
<i>clindacin etz pledgets</i>	1	MO GC
<i>clindamycin hcl capsule 300mg</i>	1	MO GC
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO GC
<i>clindamycin palmitate hcl</i>	1	MO GC
<i>clindamycin phosphate/dextrose</i>	1	MO GC
<i>clindamycin phosphate cream 2%</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	MO GC
<i>clindamycin phosphate swab 1%</i>	1	MO GC
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	4	
FOSFOMYCIN TROMETHAMINE	2	MO
IMPAVIDO	4	
<i>linezolid tablet</i>	1	QL (56 EA per 28 days) MO GC
<i>linezolid suspension reconstituted</i>	4	QL (1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	3	MO
<i>methenamine hippurate</i>	3	MO
<i>metronidazole vaginal</i>	1	MO GC
<i>metronidazole capsule 375mg</i>	1	MO GC
<i>metronidazole injection 500mg/100ml</i>	1	MO GC
<i>metronidazole tablet 250mg, 500mg</i>	1	MO GC
<i>nitrofurantoin macrocrystals</i>	1	MO GC
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	MO GC
<i>polymyxin b sulfate injection</i>	1	MO GC
<i>tigecycline</i>	4	
<i>tinidazole</i>	1	MO GC
<i>trimethoprim tablet</i>	1	MO GC
<i>vancomycin hcl injection 10gm</i>	1	MO GC
<i>vancomycin hydrochloride capsule 125mg</i>	3	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	3	QL (240 EA per 30 days) MO
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	1	MO GC
<i>vandazole</i>	1	MO GC
Beta-lactam, Cephalosporins		
AVYCAZ	4	
<i>cefaclor er tablet extended release 12 hour 500mg</i>	1	MO GC
<i>cefaclor capsule</i>	1	MO GC
CEFACTOR SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML, 375MG/5ML	2	MO
<i>cefadroxil</i>	1	MO GC
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	MO GC
<i>cefdinir</i>	1	MO GC
<i>cefepime injection 1gm, 2gm</i>	1	MO GC
CEFIXIME CAPSULE	2	MO
<i>cefixime suspension reconstituted</i>	3	MO
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	MO GC
<i>cefotetan injection 1gm, 2gm</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	MO GC
<i>cefpodoxime proxetil</i>	1	MO GC
<i>cefprozil</i>	1	MO GC
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	MO GC
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	MO GC
<i>cefuroxime axetil tablet</i>	1	MO GC
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	MO GC
<i>cephalexin</i>	1	MO GC
SUPRAX TABLET CHEWABLE	2	MO
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	2	MO
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	MO GC
TEFLARO	4	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	MO GC
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	MO
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	MO GC
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	MO GC
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	1	MO GC
<i>ampicillin-sulbactam</i>	1	MO GC
<i>ampicillin capsule 500mg</i>	1	MO GC
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	3	MO
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	MO
<i>dicloxacillin sodium</i>	1	MO GC
<i>nafcillin sodium injection 2gm</i>	1	MO GC
<i>nafcillin sodium injection 10gm, 1gm</i>	3	MO
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	MO
<i>oxacillin sodium injection 10gm, 2gm</i>	3	MO
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	1	MO GC
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	1	MO GC
<i>pfizerpen injection 5000000unit</i>	1	MO GC
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	MO GC
Carbapenems		
ERTAPENEM	2	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem/cilastatin</i>	3	MO
<i>meropenem injection 500mg</i>	1	MO GC
Macrolides		
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	MO GC
<i>azithromycin injection 500mg</i>	1	MO GC
<i>clarithromycin er</i>	1	MO GC
<i>clarithromycin suspension reconstituted, tablet</i>	1	MO GC
DIFICID	4	
ERYTHROCIN LACTOBIONATE INJECTION 500MG	3	MO
<i>erythrocin stearate tablet 250mg</i>	1	MO GC
<i>erythromycin base tablet</i>	1	MO GC
<i>erythromycin dr</i>	1	MO GC
<i>erythromycin ethylsuccinate tablet</i>	1	MO GC
ERYTHROMYCIN ETHYLSUCCINATE SUSPENSION RECONSTITUTED 400MG/5ML	2	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	MO GC
<i>erythromycin lactobionate</i>	1	MO GC
<i>erythromycin capsule delayed release particles 250mg</i>	1	MO GC
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	3	MO
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO GC
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO GC
<i>ciprofloxacin i.v.-in d5w</i>	1	MO GC
<i>levofloxacin in d5w</i>	1	MO GC
<i>levofloxacin injection 25mg/ml</i>	3	MO
<i>levofloxacin oral solution 25mg/ml</i>	3	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO GC
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3	MO
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO GC
<i>ofloxacin tablet 300mg, 400mg</i>	1	MO GC
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	3	MO
<i>sulfadiazine tablet</i>	3	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	MO GC
<i>sulfatrim pediatric</i>	1	MO GC
Tetracyclines		
<i>avidoxy</i>	1	MO GC
<i>demeclocycline hcl tablet</i>	1	MO GC
<i>doxy 100</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 75mg</i>	1	MO GC
<i>doxycycline hyclate dr tablet delayed release 200mg, 50mg</i>	3	MO
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	MO GC
<i>doxycycline hyclate injection 100mg</i>	1	MO GC
<i>doxycycline hyclate tablet 100mg</i>	1	MO GC
<i>doxycycline monohydrate capsule 100mg, 50mg, 75mg</i>	1	MO GC
<i>doxycycline monohydrate capsule 150mg</i>	3	MO
<i>doxycycline monohydrate tablet</i>	1	MO GC
<i>doxycycline suspension reconstituted</i>	1	MO GC
MINOCIN INJECTION	4	
<i>minocycline hcl capsule 75mg</i>	1	MO GC
<i>minocycline hcl tablet</i>	1	MO GC
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	MO GC
<i>mondoxine nl capsule 100mg, 75mg</i>	1	MO GC
<i>morgidox 1x100mg capsule</i>	1	MO GC
<i>morgidox 2x100mg capsule</i>	1	MO GC
<i>okebo capsule 75mg</i>	1	MO GC
<i>tetracycline hydrochloride capsule</i>	3	MO
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	4	PA
EPIDIOLEX	4	PA
EPRONTIA	3	MO
<i>felbamate tablet</i>	3	MO
<i>felbamate suspension</i>	4	
FINTEPLA	4	PA
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET 2MG	3	MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	
LAMOTRIGINE ER	2	MO
<i>lamotrigine odt</i>	3	MO
<i>lamotrigine starter kit/blue</i>	3	MO
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	3	MO
<i>lamotrigine titration</i>	3	MO
<i>lamotrigine tablet chewable, tablet</i>	1	MO GC
<i>levetiracetam er</i>	1	MO GC
<i>levetiracetam solution, tablet</i>	1	MO GC
NAYZILAM	4	QL (10 EA per 30 days)
<i>roweepra</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra xr</i>	1	MO GC
SPRITAM	3	MO
<i>subvenite</i>	1	MO GC
<i>subvenite starter kit/blue</i>	3	MO
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	3	MO
<i>topiramate er</i>	3	MO
<i>topiramate capsule sprinkle, tablet</i>	1	MO GC
<i>valproic acid</i>	1	MO GC
XCOPRI TABLET	4	PA
XCOPRI TABLET THERAPY PACK 0	3	PA MO
XCOPRI TABLET THERAPY PACK 0	4	PA
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	MO
<i>ethosuximide</i>	1	MO GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	3	MO
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO GC
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO GC
DIACOMIT	4	PA
<i>diazepam rectal gel</i>	3	MO
<i>divalproex sodium dr</i>	1	MO GC
<i>divalproex sodium er</i>	1	MO GC
<i>divalproex sodium capsule delayed release sprinkle</i>	1	MO GC
<i>gabapentin capsule 400mg</i>	1	QL (270 EA per 30 days) MO GC
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days) MO GC
<i>gabapentin solution</i>	1	QL (2160 ML per 30 days) MO GC
<i>gabapentin tablet 800mg</i>	1	QL (150 EA per 30 days) MO GC
<i>gabapentin tablet 600mg</i>	1	QL (180 EA per 30 days) MO GC
<i>phenobarbital elixir 20mg/5ml</i>	1	MO GC
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	MO GC
<i>primidone tablet</i>	1	MO GC
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	3	MO
VALTOCO	4	QL (10 EA per 30 days)
<i>vigabatrin</i>	4	PA
<i>vigadrone</i>	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Sodium Channel Agents		
APTIOM	4	
<i>carbamazepine er</i>	1	MO GC
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	MO GC
DILANTIN CAPSULE 30MG	3	MO
<i>epitol</i>	1	MO GC
LACOSAMIDE SOLUTION	2	MO
<i>lacosamide tablet</i>	3	MO
<i>oxcarbazepine tablet</i>	1	MO GC
<i>oxcarbazepine suspension</i>	3	MO
PEGANONE TABLET 250MG	3	MO
<i>phenytek</i>	1	MO GC
<i>phenytoin sodium extended</i>	1	MO GC
<i>phenytoin tablet chewable, suspension</i>	1	MO GC
<i>rufinamide suspension</i>	4	
<i>rufinamide tablet 200mg</i>	3	MO
<i>rufinamide tablet 400mg</i>	4	
<i>zonisamide</i>	1	MO GC
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABLET	2	MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) ST MO
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL (56 EA per 365 days) ST MO
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	1	MO GC
<i>donepezil hcl tablet 10mg, 23mg</i>	1	MO GC
<i>donepezil hydrochloride tablet 5mg</i>	1	MO GC
<i>galantamine hydrobromide er</i>	1	MO GC
<i>galantamine hydrobromide tablet</i>	1	MO GC
<i>galantamine hydrobromide solution</i>	3	MO
<i>rivastigmine tartrate</i>	1	MO GC
RIVASTIGMINE TRANSDERMAL SYSTEM	2	MO
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	MO GC
MEMANTINE HYDROCHLORIDE ER	2	QL (30 EA per 30 days) MO
<i>memantine hydrochloride solution, tablet</i>	1	MO GC
NAMENDA XR TITRATION PACK	2	QL (56 EA per 365 days) MO
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl tablet 100mg</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO GC
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL (90 EA per 30 days) MO GC
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL (30 EA per 30 days) MO GC
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL (90 EA per 30 days) MO GC
<i>bupropion hydrochloride tablet 75mg</i>	1	MO GC
<i>chlordiazepoxide/amitriptyline</i>	1	MO GC
<i>maprotiline hcl</i>	1	MO GC
<i>mirtazapine odt</i>	1	MO GC
<i>mirtazapine tablet</i>	1	MO GC
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	3	QL (90 EA per 30 days) MO
<i>perphenazine/amitriptyline tablet 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg</i>	1	MO GC
<i>perphenazine/amitriptyline tablet 10mg; 2mg</i>	3	MO
Monoamine Oxidase Inhibitors		
EMSAM	4	QL (30 EA per 30 days) ST
MARPLAN	3	MO
<i>phenelzine sulfate</i>	1	MO GC
<i>tranylcypromine sulfate</i>	3	MO
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution, tablet</i>	1	MO GC
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) ST MO
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL (120 EA per 30 days) MO GC
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO GC
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	1	QL (30 EA per 30 days) ST MO GC
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL (60 EA per 30 days) MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL (90 EA per 30 days) MO
DULOXETINE HCL CAPSULE DELAYED RELEASE PARTICLES 40MG	2	QL (90 EA per 30 days) MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL (60 EA per 30 days) MO GC
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL (90 EA per 30 days) MO GC
<i>escitalopram oxalate solution, tablet</i>	1	MO GC
FETZIMA	3	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days) ST MO
<i>fluoxetine dr</i>	1	QL (4 EA per 28 days) MO GC
<i>fluoxetine hcl capsule 20mg</i>	1	MO GC
<i>fluoxetine hcl solution</i>	1	MO GC
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	MO GC
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	1	MO GC
<i>fluvoxamine maleate</i>	1	MO GC
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days) MO GC
<i>nefazodone hydrochloride</i>	3	MO
<i>paroxetine hcl er</i>	1	MO GC
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	MO GC
<i>paroxetine hydrochloride suspension</i>	1	MO GC
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	MO GC
<i>sertraline hcl concentrate</i>	1	MO GC
<i>sertraline hcl tablet 25mg, 50mg</i>	1	MO GC
<i>sertraline hydrochloride tablet 100mg</i>	1	MO GC
<i>trazodone hydrochloride</i>	1	MO GC
TRINTELLIX	3	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	MO GC
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 37.5MG	2	MO
<i>venlafaxine hydrochloride</i>	1	MO GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	MO GC
VENLAFAXINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 150MG, 225MG, 75MG	2	MO
VIIBRYD STARTER PACK	3	QL (60 EA per 365 days) MO
<i>vilazodone hydrochloride</i>	2	QL (30 EA per 30 days) MO
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	MO GC
<i>amitriptyline hydrochloride tablet 10mg, 25mg, 50mg</i>	1	MO GC
<i>amoxapine</i>	1	MO GC
<i>clomipramine hydrochloride</i>	3	MO
<i>desipramine hydrochloride</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl capsule 75mg</i>	1	MO GC
<i>doxepin hcl concentrate</i>	1	MO GC
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	MO GC
<i>imipramine hcl tablet 25mg, 50mg</i>	1	MO GC
<i>imipramine hydrochloride tablet 10mg</i>	1	MO GC
<i>imipramine pamoate</i>	1	MO GC
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	MO GC
<i>nortriptyline hcl solution</i>	1	MO GC
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	MO GC
<i>protriptyline hcl</i>	1	MO GC
<i>trimipramine maleate capsule</i>	3	MO
Antiemetics		
Antiemetics, Other		
<i>compro</i>	1	MO GC
<i>meclizine hcl tablet</i>	1	MO GC
<i>phenadoz</i>	1	MO GC
PROCHLORPERAZINE EDISYLATE INJECTION 10MG/2ML	2	MO
<i>prochlorperazine maleate tablet</i>	1	MO GC
<i>prochlorperazine suppository 25mg</i>	1	MO GC
<i>promethazine hcl plain</i>	1	MO GC
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	MO GC
<i>promethazine hcl tablet 12.5mg</i>	1	MO GC
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	MO GC
<i>promethegan</i>	1	MO GC
<i>scopolamine</i>	1	MO GC
<i>trimethobenzamide hydrochloride</i>	1	B/D MO GC
Emetogenic Therapy Adjuncts		
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	3	MO
<i>aprepitant capsule 40mg</i>	1	QL (1 EA per 30 days) B/D MO GC
<i>aprepitant capsule 125mg</i>	1	QL (2 EA per 30 days) B/D MO GC
<i>aprepitant capsule 0</i>	1	QL (6 EA per 30 days) B/D MO GC
<i>aprepitant capsule 80mg</i>	1	QL (8 EA per 30 days) B/D MO GC
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	3	QL (6 EA per 30 days) B/D MO
<i>granisetron hydrochloride tablet</i>	1	QL (30 EA per 30 days) B/D MO GC
<i>ondansetron hcl solution</i>	1	QL (450 ML per 30 days) B/D MO GC
<i>ondansetron hcl tablet 24mg</i>	1	QL (14 EA per 28 days) B/D MO GC
<i>ondansetron hydrochloride tablet</i>	1	B/D MO GC
ONDANSETRON HYDROCHLORIDE INJECTION 4MG/2ML	2	MO
<i>ondansetron odt</i>	1	B/D MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
SANCUSO	4	QL (2 EA per 30 days)
Antifungals		
Antifungals		
ABELCET	3	B/D MO
AMBISOME	4	B/D
<i>amphotericin b liposome</i>	4	B/D
<i>amphotericin b injection</i>	3	B/D MO
<i>caspofungin acetate injection 70mg</i>	3	MO
<i>caspofungin acetate injection 50mg</i>	4	
<i>clotrimazole cream, solution, troche</i>	1	MO GC
<i>econazole nitrate cream</i>	1	MO GC
ERAXIS	4	
<i>fluconazole in sodium chloride</i>	1	MO GC
<i>fluconazole suspension reconstituted, tablet</i>	1	MO GC
<i>flucytosine capsule</i>	4	
<i>griseofulvin microsize suspension</i>	1	MO GC
<i>griseofulvin microsize tablet</i>	3	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	3	MO
<i>itraconazole capsule</i>	3	PA MO
<i>itraconazole solution</i>	4	PA
<i>ketoconazole shampoo, tablet</i>	1	MO GC
<i>ketoconazole cream</i>	1	QL (90 GM per 30 days) MO GC
<i>ketoconazole foam</i>	3	MO
<i>ketodan</i>	3	MO
<i>micafungin injection 100mg</i>	3	MO
<i>micafungin injection 50mg</i>	4	
<i>miconazole 3 suppository</i>	1	MO GC
<i>naftifine hcl</i>	3	MO
NAFTIFINE HYDROCHLORIDE GEL	2	MO
<i>naftifine hydrochloride cream</i>	3	MO
NOXAFIL SUSPENSION	4	PA
<i>nyamyc</i>	1	QL (120 GM per 30 days) MO GC
<i>nystatin cream, ointment, suspension, tablet</i>	1	MO GC
<i>nystatin powder</i>	1	QL (120 GM per 30 days) MO GC
<i>nystop</i>	1	QL (120 GM per 30 days) MO GC
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO GC
<i>posaconazole dr</i>	4	PA
<i>terbinafine hcl tablet</i>	1	QL (84 EA per 180 days) MO GC
<i>terconazole</i>	1	MO GC
<i>voriconazole tablet</i>	3	MO
<i>voriconazole suspension reconstituted</i>	4	

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole injection</i>	4	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet</i>	1	MO GC
COLCHICINE TABLET 0.6MG	2	MO
FEBUXOSTAT	2	MO
<i>probenecid/colchicine</i>	1	MO GC
<i>probenecid tablet</i>	1	MO GC
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/cafeine</i>	1	QL (24 EA per 28 days) MO GC
MIGERGOT	4	QL (20 EA per 28 days)
<i>Prophylactic</i>		
EMGALITY INJECTION 120MG/ML	3	QL (1 ML per 30 days) PA MO
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 30 days) PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO GC
UBRELVY	4	QL (16 EA per 30 days) PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	3	QL (12 EA per 30 days) MO
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO GC
REYVOW TABLET 50MG	3	QL (4 EA per 30 days) PA MO
REYVOW TABLET 100MG	3	QL (8 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days) MO GC
<i>rizatriptan benzoate odt</i>	1	QL (18 EA per 30 days) MO GC
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	3	QL (5 ML per 30 days) MO
<i>sumatriptan succinate tablet</i>	1	QL (9 EA per 30 days) MO GC
<i>sumatriptan succinate injection</i>	3	QL (5 ML per 30 days) MO
<i>sumatriptan solution</i>	3	QL (12 EA per 30 days) MO
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL (12 EA per 30 days) MO GC
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL (9 EA per 30 days) MO GC
<i>zolmitriptan tablet</i>	1	QL (12 EA per 30 days) MO GC
ZOLMITRIPTAN SOLUTION 2.5MG	3	QL (18 EA per 30 days) MO
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	3	MO
<i>pyridostigmine bromide er</i>	3	MO
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	1	MO GC
Antimycobacterials		

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Antimycobacterials, Other		
<i>dapsone tablet</i>	1	MO GC
<i>rifabutin</i>	1	MO GC
Antituberculars		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	4	
<i>ethambutol hydrochloride</i>	1	MO GC
ISONIAZID INJECTION	2	MO
<i>isoniazid tablet</i>	1	MO GC
<i>isoniazid syrup</i>	3	MO
PASER	3	MO
PRIFTIN	3	MO
<i>pyrazinamide tablet</i>	1	MO GC
<i>rifampin capsule</i>	1	MO GC
<i>rifampin injection</i>	3	MO
RIFATER	3	MO
SIRTURO	4	
TRECATOR	3	MO
Antineoplastics		
Alkylating Agents		
CYCLOPHOSPHAMIDE CAPSULE, TABLET	2	B/D MO
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	3	MO
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	4	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	MO
LEUKERAN	4	
MATULANE	4	
VALCHLOR	4	PA
ZEPZELCA	4	PA
Antiandrogens		
<i>abiraterone acetate</i>	4	PA
<i>bicalutamide</i>	1	MO GC
ERLEADA	4	PA
<i>flutamide</i>	1	MO GC
<i>nilutamide</i>	4	
NUBEQA	4	PA
XTANDI	4	PA
Antiangiogenic Agents		
FOTIVDA	4	PA
<i>lenalidomide</i>	4	PA
POMALYST	4	PA
QINLOCK	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPSULE 2.5MG, 20MG	4	PA
TABRECTA	4	QL (120 EA per 30 days) PA
THALOMID	4	PA
Antiestrogens/Modifiers		
EMCYT	4	
SOLTAMOX	4	
<i>tamoxifen citrate tablet</i>	1	MO GC
<i>toremifene citrate</i>	4	
Antimetabolites		
<i>hydroxyurea capsule</i>	1	MO GC
<i>mercaptopurine tablet</i>	1	MO GC
<i>nelarabine</i>	4	
PURIXAN	4	
TABLOID	3	MO
Antineoplastics, Other		
ASPARLAS	4	
BESREMI	4	PA
GAVRETO	4	PA
IBRANCE TABLET 100MG, 125MG, 75MG	4	PA
IDHIFA	4	QL (30 EA per 30 days) PA
INREBIC	4	PA
KISQALI FEMARA 200 DOSE	4	PA
KISQALI FEMARA 400 DOSE	4	PA
KISQALI FEMARA 600 DOSE	4	PA
<i>leucovorin calcium tablet</i>	1	MO GC
LONSURF	4	PA
LUMAKRAS	4	PA
NINLARO	4	PA
ONUREG	4	PA
PEMAZYRE	4	QL (30 EA per 30 days) PA
RETEVMO	4	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	4	PA
SCEMBLIX TABLET 40MG	4	PA
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA
SYNRIBO	4	PA
TAZVERIK	4	PA
TICE BCG	3	MO
TRUSELTIQ	4	PA
TUKYSA	4	PA
VONJO	4	PA
XPOVIO	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 100 MG ONCE WEEKLY	4	PA
XPOVIO 40 MG ONCE WEEKLY	4	PA
XPOVIO 40 MG TWICE WEEKLY	4	PA
XPOVIO 60 MG ONCE WEEKLY	4	PA
XPOVIO 60 MG TWICE WEEKLY	4	PA
XPOVIO 80 MG ONCE WEEKLY	4	PA
XPOVIO 80 MG TWICE WEEKLY	4	PA
ZOLINZA	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	MO GC
<i>exemestane</i>	3	MO
<i>letrozole</i>	1	MO GC
Molecular Target Inhibitors		
ALECENSA	4	PA
ALUNBRIG TABLET THERAPY PACK	4	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA
AYVAKIT	4	QL (30 EA per 30 days) PA
BALVERSA	4	PA
BOSULIF	4	PA
BRAFTOVI CAPSULE 75MG	4	PA
BRUKINSA	4	PA
CABOMETYX	4	PA
CALQUENCE CAPSULE	4	PA
CAPRELSA TABLET 300MG	4	PA
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA
COMETRIQ	4	PA
COPIKTRA	4	PA
COTELLIC	4	PA
DAURISMO	4	PA
ERIVEDGE	4	PA
<i>erlotinib hydrochloride</i>	4	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	4	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA
EXKIVITY	4	PA
FARYDAK	4	PA
GILOTRIF	4	QL (30 EA per 30 days) PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	4	PA
ICLUSIG TABLET 30MG, 45MG	4	PA
ICLUSIG TABLET 10MG, 15MG	4	QL (30 EA per 30 days) PA
<i>imatinib mesylate</i>	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA	4	PA
INLYTA	4	PA
INQOVI	4	PA
IRESSA	4	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	4	PA
JAKAFI TABLET 10MG	4	QL (60 EA per 30 days) PA
KISQALI	4	PA
KOSELUGO	4	PA
<i>lapatinib ditosylate</i>	4	PA
LENVIMA 10 MG DAILY DOSE	4	PA
LENVIMA 12MG DAILY DOSE	4	PA
LENVIMA 14 MG DAILY DOSE	4	PA
LENVIMA 18 MG DAILY DOSE	4	PA
LENVIMA 20 MG DAILY DOSE	4	PA
LENVIMA 24 MG DAILY DOSE	4	PA
LENVIMA 4 MG DAILY DOSE	4	PA
LENVIMA 8 MG DAILY DOSE	4	PA
LORBRENA	4	PA
LYNPARZA TABLET	4	PA
MEKINIST	4	PA
MEKTOVI	4	PA
NERLYNX	4	QL (180 EA per 30 days) PA
ODOMZO	4	PA
PIQRAY 200MG DAILY DOSE	4	PA
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
ROZLYTREK	4	PA
RUBRACA	4	PA
RYDAPT	4	PA
<i>sorafenib</i>	4	PA
<i>sorafenib tosylate</i>	4	PA
SPRYCEL	4	PA
STIVARGA	4	PA
<i>sunitinib malate</i>	4	PA
TAFINLAR	4	PA
TAGRISSO TABLET 80MG	4	PA
TAGRISSO TABLET 40MG	4	QL (30 EA per 30 days) PA
TALZENNA	4	PA
TASIGNA	4	PA
TEPMETKO	4	PA
TIBSOVO	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TURALIO	4	PA
UKONIQ	4	PA
VENCLEXTA STARTING PACK	4	PA
VENCLEXTA TABLET 10MG	2	PA MO
VENCLEXTA TABLET 100MG, 50MG	4	PA
VERZENIO	4	PA
VITRAKVI	4	PA
VIZIMPRO	4	PA
VOTRIENT	4	PA
WELIREG	4	PA
XALKORI	4	PA
XOSPATA	4	PA
ZEJULA	4	PA
ZELBORAF	4	PA
ZYDELIG	4	PA
ZYKADIA TABLET	4	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
AVASTIN	4	PA
DANYELZA	4	PA
JEMPERLI	4	PA
PADCEV INJECTION 20MG	4	PA
POLIVY	4	PA
RUXIENCE	4	PA
SARCLISA	4	PA
TRUXIMA	4	PA
Retinoids		
<i>bexarotene</i>	4	PA
PANRETIN	4	
<i>tretinoin capsule 10mg</i>	4	
Treatment Adjuncts		
ELITEK	4	
MESNEX TABLET	4	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet 3mg</i>	1	PA MO GC
PRAZIQUANTEL TABLET	2	MO
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	3	MO
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE	2	MO
<i>chloroquine phosphate tablet</i>	1	MO GC
COARTEM	3	MO
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO GC
<i>mefloquine hcl</i>	1	MO GC
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO GC
<i>pentamidine isethionate injection</i>	3	MO
<i>primaquine phosphate tablet</i>	1	MO GC
<i>pyrimethamine tablet</i>	4	PA
<i>quinine sulfate capsule 324mg</i>	1	PA MO GC
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	1	MO GC
<i>trihexyphenidyl hcl solution</i>	3	MO
<i>trihexyphenidyl hydrochloride</i>	1	MO GC
Antiparkinson Agents, Other		
CARBIDOPA/LEVODOPA/ENTACAPONE TABLET 12.5MG; 200MG; 50MG, 18.75MG; 200MG; 75MG	2	MO
<i>carbidopa/levodopa/entacapone tablet 25mg; 200mg; 100mg, 31.25mg; 200mg; 125mg, 37.5mg; 200mg; 150mg, 50mg; 200mg; 200mg</i>	3	MO
<i>entacapone</i>	1	MO GC
<i>tolcapone</i>	4	QL (180 EA per 30 days)
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	4	QL (90 ML per 30 days) PA
BROMOCRIPTINE MESYLATE TABLET	2	MO
<i>bromocriptine mesylate capsule</i>	3	MO
NEUPRO	3	ST MO
<i>pramipexole dihydrochloride</i>	1	MO GC
<i>pramipexole dihydrochloride er tablet extended release 24 hour 3.75mg</i>	1	MO GC
<i>pramipexole dihydrochloride er tablet extended release 24 hour 0.375mg, 0.75mg, 1.5mg, 2.25mg, 3mg, 4.5mg</i>	3	MO
<i>ropinirole er</i>	1	MO GC
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	MO GC
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	MO GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	MO GC
<i>carbidopa/levodopa er</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa odt</i>	1	MO GC
<i>carbidopa tablet</i>	3	MO
RYTARY	3	ST MO
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	1	MO GC
<i>selegiline hcl capsule, tablet</i>	1	MO GC
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	3	MO
<i>chlorpromazine hydrochloride concentrate</i>	3	MO
<i>fluphenazine decanoate injection</i>	1	MO GC
<i>fluphenazine hcl concentrate, injection, tablet</i>	1	MO GC
<i>fluphenazine hydrochloride elixir</i>	1	MO GC
<i>haloperidol decanoate injection</i>	1	MO GC
<i>haloperidol lactate</i>	1	MO GC
<i>haloperidol concentrate, tablet</i>	1	MO GC
<i>loxapine</i>	1	MO GC
<i>molindone hydrochloride</i>	3	MO
<i>perphenazine tablet</i>	1	MO GC
<i>pimozide</i>	3	MO
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	MO GC
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	MO GC
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	1	MO GC
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	MO GC
2nd Generation/Atypical		
ABILIFY MAINTENA	4	
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days)
<i>aripiprazole tablet</i>	1	QL (30 EA per 30 days) MO GC
<i>aripiprazole solution</i>	1	QL (750 ML per 30 days) MO GC
ARISTADA	4	
ARISTADA INITIO	4	
<i>asenapine maleate sl</i>	1	QL (60 EA per 30 days) MO GC
CAPLYTA CAPSULE 42MG	4	QL (30 EA per 30 days) PA
FANAPT	4	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK	3	QL (8 EA per 180 days) ST MO
INVEGA HAFYERA	4	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	MO
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	4	
INVEGA TRINZA	4	
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days)

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LATUDA TABLET 80MG	4	QL (60 EA per 30 days)
LYBALVI	4	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE	4	PA
NUPLAZID TABLET 10MG	4	PA
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO GC
<i>olanzapine injection</i>	1	MO GC
<i>olanzapine tablet</i>	1	QL (30 EA per 30 days) MO GC
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	3	QL (30 EA per 30 days) MO
<i>paliperidone er tablet extended release 24 hour 6mg</i>	3	QL (60 EA per 30 days) MO
PERSERIS	4	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL (90 EA per 30 days) MO GC
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO GC
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO GC
REXULTI	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	3	MO
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	4	
<i>risperidone odt</i>	1	QL (60 EA per 30 days) MO GC
<i>risperidone solution</i>	1	QL (240 ML per 30 days) MO GC
<i>risperidone tablet</i>	1	QL (60 EA per 30 days) MO GC
SECUADO	4	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE THERAPY PACK	3	QL (14 EA per 365 days) MO
VRAYLAR CAPSULE	4	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days) MO GC
ZIPRASIDONE MESYLATE	2	QL (60 EA per 30 days) MO
ZYPREXA RELPREVV INJECTION 210MG	3	MO
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	3	QL (180 EA per 30 days) MO
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	3	QL (270 EA per 30 days) MO
<i>clozapine odt tablet disintegrating 12.5mg</i>	3	QL (90 EA per 30 days) MO
<i>clozapine odt tablet disintegrating 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days) MO GC
<i>clozapine tablet 50mg</i>	1	QL (180 EA per 30 days) MO GC
<i>clozapine tablet 100mg, 25mg</i>	1	QL (270 EA per 30 days) MO GC
VERSACLOZ	4	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium capsule</i>	1	MO GC
<i>tizanidine hcl tablet 2mg</i>	1	MO GC
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO GC
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	4	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D MO GC
LIVTENCITY	4	
PREVYMIS TABLET	4	
VALGANCICLOVIR	2	MO
<i>valganciclovir hydrochloride</i>	4	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	3	MO
BARACLUDE SOLUTION	4	QL (600 ML per 30 days)
<i>entecavir</i>	3	QL (30 EA per 30 days) MO
EPIVIR HBV SOLUTION	3	MO
<i>lamivudine tablet 100mg</i>	1	MO GC
<i>Anti-hepatitis C (HCV) Agents</i>		
<i>ledipasvir/sofosbuvir</i>	4	QL (168 EA per 365 days) PA
MAVYRET TABLET	4	QL (336 EA per 365 days) PA
MAVYRET PACKET	4	QL (560 EA per 365 days) PA
<i>ribavirin capsule</i>	1	MO GC
<i>ribavirin tablet 200mg</i>	3	MO
<i>sofosbuvir/velpatasvir</i>	4	QL (84 EA per 365 days) PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
BIKTARVY	4	QL (30 EA per 30 days)
DOVATO	4	QL (30 EA per 30 days)
GENVOYA	4	QL (30 EA per 30 days)
ISENTRESS HD	4	
ISENTRESS PACKET, TABLET	4	
ISENTRESS TABLET CHEWABLE 25MG	2	MO
ISENTRESS TABLET CHEWABLE 100MG	4	
JULUCA	4	QL (30 EA per 30 days)
STRIBILD	4	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	3	MO
TIVICAY TABLET 25MG, 50MG	4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	4	QL (30 EA per 30 days)
DELSTRIGO	4	QL (30 EA per 30 days)

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
EDURANT	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
<i>efavirenz capsule 50mg</i>	1	MO GC
<i>efavirenz capsule 200mg</i>	3	MO
<i>efavirenz tablet</i>	3	MO
<i>etravirine</i>	4	
INTELENCE TABLET 25MG	3	MO
<i>nevirapine er</i>	3	MO
<i>nevirapine tablet</i>	1	MO GC
<i>nevirapine suspension</i>	3	MO
PIFELTRO	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	3	MO
<i>abacavir sulfate/lamivudine</i>	3	QL (30 EA per 30 days) MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	4	QL (60 EA per 30 days)
CIMDUO	4	QL (30 EA per 30 days)
DESCOVY	4	QL (30 EA per 30 days)
<i>didanosine capsule delayed release 200mg, 250mg, 400mg</i>	1	MO GC
<i>emtricitabine</i>	3	MO
<i>emtricitabine/tenofovir disoproxil</i>	4	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate</i>	4	QL (30 EA per 30 days)
EMTRIVA SOLUTION	3	MO
<i>lamivudine/zidovudine</i>	1	QL (60 EA per 30 days) MO GC
<i>lamivudine solution 10mg/ml</i>	1	MO GC
<i>lamivudine tablet 150mg, 300mg</i>	1	MO GC
ODEFSEY	4	QL (30 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (20 EA per 5 days)
RETROVIR IV INFUSION	3	MO
<i>stavudine capsule</i>	1	MO GC
TEMIXYS	4	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	3	MO
TRIUMEQ	4	QL (30 EA per 30 days)
TRIUMEQ PD	4	QL (180 EA per 30 days)
TRIZIVIR	4	QL (60 EA per 30 days)
VIREAD POWDER	4	
VIREAD TABLET 150MG, 200MG, 250MG	4	
<i>zidovudine</i>	1	MO GC
Anti-HIV Agents, Other		
FUZEON	4	

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc</i>	4	
RUKOBIA	4	
SELZENTRY SOLUTION	4	
SELZENTRY TABLET 25MG	2	MO
SELZENTRY TABLET 150MG, 300MG, 75MG	4	
TROGARZO	4	
TYBOST	2	MO
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	4	
ATAZANAVIR	2	MO
ATAZANAVIR SULFATE CAPSULE 300MG	2	MO
CRIXIVAN CAPSULE 200MG, 400MG	2	MO
EVOTAZ	4	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	4	
INVIRASE TABLET	4	
LEXIVA SUSPENSION	3	MO
<i>lopinavir/ritonavir</i>	3	MO
NORVIR PACKET, SOLUTION	3	MO
PREZCOBIX	4	QL (30 EA per 30 days)
PREZISTA SUSPENSION	4	
PREZISTA TABLET 75MG	3	MO
PREZISTA TABLET 150MG, 600MG, 800MG	4	
REYATAZ PACKET	4	
<i>ritonavir</i>	3	MO
SYM TUZA	4	QL (30 EA per 30 days)
VIRACEPT	4	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	1	MO GC
<i>oseltamivir phosphate capsule 75mg</i>	1	QL (110 EA per 365 days) MO GC
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO GC
<i>oseltamivir phosphate capsule 45mg</i>	1	QL (84 EA per 365 days) MO GC
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL (1080 ML per 365 days) MO GC
RELENZA DISKHALER	3	QL (240 EA per 365 days) MO
<i>rimantadine hydrochloride</i>	1	MO GC
XOFLUZA TABLET THERAPY PACK 80MG	3	QL (2 EA per 365 days) MO
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	3	B/D MO
<i>acyclovir capsule 200mg</i>	1	MO GC
<i>acyclovir suspension 200mg/5ml</i>	3	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO GC
<i>famciclovir tablet</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tablet 1gm</i>	1	QL (120 EA per 30 days) MO GC
<i>valacyclovir hydrochloride tablet 500mg</i>	1	QL (120 EA per 30 days) MO GC
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl tablet 15mg, 30mg</i>	1	MO GC
<i>buspirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	MO GC
<i>hydroxyzine pamoate capsule</i>	1	MO GC
<i>Benzodiazepines</i>		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (150 EA per 30 days) MO GC
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL (30 EA per 30 days) MO GC
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (90 EA per 30 days) MO GC
<i>alprazolam intensol</i>	1	MO GC
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL (150 EA per 30 days) MO GC
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO GC
<i>alprazolam tablet 2mg</i>	1	QL (150 EA per 30 days) MO GC
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL (120 EA per 30 days) MO GC
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL (900 EA per 30 days) MO GC
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (360 EA per 30 days) MO GC
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) MO GC
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL (360 EA per 30 days) MO GC
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL (720 EA per 30 days) MO GC
<i>diazepam intensol</i>	1	MO GC
<i>diazepam concentrate, oral solution</i>	1	MO GC
DIAZEPAM INJECTION 5MG/ML	2	MO
<i>diazepam tablet 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>diazepam tablet 5mg</i>	1	QL (240 EA per 30 days) MO GC
<i>diazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO GC
<i>lorazepam intensol</i>	1	MO GC
<i>lorazepam tablet 2mg</i>	1	QL (150 EA per 30 days) MO GC
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO GC
<i>oxazepam</i>	1	QL (120 EA per 30 days) MO GC
Bipolar Agents		
<i>Mood Stabilizers</i>		
LITHIUM	2	MO
<i>lithium carbonate er</i>	1	MO GC
<i>lithium carbonate capsule, tablet</i>	1	MO GC
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	MO GC
CYCLOSET	3	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FARXIGA	2	MO
<i>glimepiride</i>	1	MO GC
<i>glipizide er</i>	1	MO GC
<i>glipizide/metformin hydrochloride</i>	1	MO GC
<i>glipizide tablet</i>	1	MO GC
<i>glyburide micronized tablet 3mg</i>	1	QL (120 EA per 30 days) MO GC
<i>glyburide micronized tablet 1.5mg</i>	1	QL (240 EA per 30 days) MO GC
<i>glyburide micronized tablet 6mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glyburide/metformin hydrochloride</i>	1	MO GC
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	MO GC
JANUMET	2	MO
JANUMET XR	2	MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	MO
JENTADUETO	3	MO
JENTADUETO XR	3	MO
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	MO GC
<i>metformin hydrochloride solution</i>	3	QL (765 ML per 30 days) MO
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	MO GC
<i>miglitol</i>	3	MO
<i>nateglinide</i>	1	MO GC
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) ST MO
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL (3 ML per 28 days) ST MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (45 EA per 30 days) MO GC
<i>pioglitazone hcl/metformin hcl</i>	1	MO GC
<i>pioglitazone hcl tablet 45mg</i>	1	MO GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	MO GC
<i>repaglinide</i>	1	MO GC
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY	2	MO
<i>tolbutamide</i>	1	MO GC
TRADJENTA	2	QL (30 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) ST MO
VICTOZA	2	QL (9 ML per 30 days) ST MO
XIGDUO XR	2	MO
Glycemic Agents		
<i>diazoxide suspension</i>	4	
GLUCAGON EMERGENCY KIT	2	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	2	MO
Insulins		
HUMALOG	2	MO SI
HUMALOG JUNIOR KWIKPEN	2	MO SI
HUMALOG KWIKPEN	2	MO SI
HUMALOG MIX 50/50	2	MO SI
HUMALOG MIX 50/50 KWIKPEN	2	MO SI
HUMALOG MIX 75/25	2	MO SI
HUMALOG MIX 75/25 KWIKPEN	2	MO SI
HUMULIN 70/30	2	MO SI
HUMULIN 70/30 KWIKPEN	2	MO SI
HUMULIN N	2	MO SI
HUMULIN N KWIKPEN	2	MO SI
HUMULIN R	2	MO SI
HUMULIN R U-500 (CONCENTRATED)	2	MO SI
HUMULIN R U-500 KWIKPEN	2	MO SI
INSULIN ASPART	2	MO SI
INSULIN ASPART FLEXPEN	2	MO SI
INSULIN ASPART PENFILL	2	MO SI
INSULIN ASPART PROTAMINE/INSULIN ASPART	2	MO SI
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	2	MO SI
INSULIN LISPRO	2	MO SI
INSULIN LISPRO JUNIOR KWIKPEN	2	MO SI
INSULIN LISPRO KWIKPEN	2	MO SI
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	2	MO SI
LANTUS	2	MO SI
LANTUS SOLOSTAR	2	MO SI
LEVEMIR	2	MO SI
LEVEMIR FLEXTOUCH	2	MO SI
NOVOLIN 70/30	2	MO SI
NOVOLIN 70/30 FLEXPEN	2	MO SI
<i>novolin 70/30 flexpen relion</i>	1	MO GC
<i>novolin 70/30 relion</i>	1	MO GC
NOVOLIN N	2	MO SI
NOVOLIN N FLEXPEN	2	MO SI
<i>novolin n flexpen relion</i>	1	MO GC
<i>novolin n relion</i>	1	MO GC
NOVOLIN R	2	MO SI
NOVOLIN R FLEXPEN	2	MO SI
<i>novolin r flexpen relion</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>novolin r relion</i>	1	MO GC
NOVOLOG	2	MO SI
NOVOLOG FLEXPEN	2	MO SI
NOVOLOG MIX 70/30	2	MO SI
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO SI
NOVOLOG PENFILL	2	MO SI
TOUJEO MAX SOLOSTAR	2	MO SI
TOUJEO SOLOSTAR	2	MO SI
TRESIBA	2	MO SI
TRESIBA FLEXTOUCH	2	MO SI
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	2	QL (148 EA per 365 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (90 EA per 30 days) MO
ENOXAPARIN SODIUM INJECTION 30MG/0.3ML	2	QL (10.5 ML per 90 days) MO
ENOXAPARIN SODIUM INJECTION 40MG/0.4ML	2	QL (14 ML per 90 days) MO
ENOXAPARIN SODIUM INJECTION 60MG/0.6ML	2	QL (21 ML per 90 days) MO
ENOXAPARIN SODIUM INJECTION 120MG/0.8ML, 80MG/0.8ML	2	QL (28 ML per 90 days) MO
ENOXAPARIN SODIUM INJECTION 100MG/ML, 150MG/ML	2	QL (35 ML per 90 days) MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	3	QL (17.5 ML per 90 days) MO
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	4	QL (28 ML per 90 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	3	QL (7 ML per 90 days) MO
FRAGMIN INJECTION 7500UNIT/0.3ML	4	QL (10.5 ML per 90 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	4	QL (17.5 ML per 90 days)
FRAGMIN INJECTION 15000UNIT/0.6ML	4	QL (21 ML per 90 days)
FRAGMIN INJECTION 95000UNIT/3.8ML	4	QL (22.8 ML per 90 days)
FRAGMIN INJECTION 18000UNIT/0.72ML	4	QL (25.3 ML per 90 days)
FRAGMIN INJECTION 10000UNIT/ML	4	QL (35 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	1	MO GC
<i>jantoven</i>	1	MO GC
<i>warfarin sodium tablet</i>	1	MO GC
XARELTO STARTER PACK	2	QL (102 EA per 365 days) MO
XARELTO TABLET 10MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 15MG, 2.5MG	2	QL (60 EA per 30 days) MO
<i>Blood Products and Modifiers, Other</i>		

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ADAKVEO	4	PA
<i>anagrelide hydrochloride</i>	1	MO GC
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	PA MO
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA
FULPHILA	4	QL (1.2 ML per 30 days) PA
NEULASTA	4	PA
NIVESTYM INJECTION 300MCG/0.5ML, 480MCG/0.8ML	4	ST
OXBRYTA TABLET SOLUBLE	4	QL (240 EA per 30 days) PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA MO
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA
PROMACTA	4	PA
PYRUKYND TAPER PACK	4	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	4	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	4	QL (60 EA per 30 days) PA
REBLOZYL	4	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA MO
RETACRIT INJECTION 40000UNIT/ML	4	PA
UDENYCA	4	QL (1.2 ML per 30 days) PA
ZARXIO	4	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	1	MO GC
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE	2	MO
ASPIRIN/DIPYRIDAMOLE ER	2	MO
BRILINTA	2	MO
CABLIVI	4	QL (30 EA per 30 days)
<i>cilostazol</i>	1	MO GC
<i>clopidogrel</i>	1	MO GC
<i>dipyridamole tablet</i>	1	MO GC
PRASUGREL	2	MO
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	1	MO GC
<i>clonidine hydrochloride tablet</i>	1	MO GC
<i>droxidopa</i>	4	PA
<i>guanfacine hcl</i>	3	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa tablet 250mg, 500mg</i>	1	MO GC
<i>midodrine hcl</i>	1	MO GC
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	4	
<i>prazosin hydrochloride capsule</i>	1	MO GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	MO GC
<i>irbesartan</i>	1	MO GC
<i>losartan potassium tablet</i>	1	MO GC
<i>olmesartan medoxomil tablet</i>	1	MO GC
<i>telmisartan</i>	1	MO GC
<i>valsartan tablet</i>	1	MO GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO GC
<i>benazepril hydrochloride tablet 20mg</i>	1	MO GC
<i>captopril tablet</i>	1	MO GC
<i>enalapril maleate tablet</i>	1	MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>lisinopril tablet</i>	1	MO GC
<i>moexipril hcl</i>	1	MO GC
<i>perindopril erbumine</i>	1	MO GC
<i>quinapril hcl tablet 20mg, 40mg</i>	1	MO GC
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	MO GC
<i>ramipril</i>	1	MO GC
<i>trandolapril</i>	1	MO GC
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	1	MO GC
<i>digitek</i>	1	MO GC
<i>digox</i>	1	MO GC
DIGOXIN SOLUTION	2	MO
DIGOXIN TABLET 62.5MCG	2	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	MO GC
<i>disopyramide phosphate capsule</i>	1	MO GC
DOFETILIDE	2	MO
<i>flecainide acetate</i>	1	MO GC
MEXILETINE HCL	2	MO
MULTAQ	2	MO
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	MO GC
<i>propafenone hcl</i>	1	MO GC
<i>propafenone hydrochloride er</i>	3	MO
<i>quinidine gluconate cr</i>	3	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate tablet</i>	1	MO GC
<i>sorine</i>	1	MO GC
<i>sotalol hcl</i>	1	MO GC
<i>sotalol hcl (af) tablet 80mg</i>	1	MO GC
<i>sotalol hcl af</i>	1	MO GC
<i>sotalol hydrochloride (af)</i>	1	MO GC
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	MO GC
<i>atenolol tablet</i>	1	MO GC
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO GC
<i>bisoprolol fumarate</i>	1	MO GC
<i>carvedilol</i>	1	MO GC
<i>labetalol hydrochloride tablet</i>	1	MO GC
<i>metoprolol succinate er</i>	1	MO GC
<i>metoprolol tartrate injection 5mg/5ml</i>	1	MO GC
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg, 75mg</i>	1	MO GC
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	MO GC
<i>nebivolol hydrochloride</i>	1	MO GC
<i>nebivolol tablet 5mg</i>	1	MO GC
<i>pindolol tablet</i>	1	MO GC
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	MO GC
<i>propranolol hcl solution</i>	1	MO GC
<i>propranolol hcl tablet 40mg</i>	1	MO GC
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	MO GC
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	MO GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	MO GC
<i>felodipine er</i>	1	MO GC
<i>isradipine</i>	3	MO
<i>nicardipine hcl capsule</i>	3	MO
<i>nifedipine er</i>	1	MO GC
<i>nimodipine capsule</i>	3	MO
<i>nisoldipine er</i>	3	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	MO GC
<i>dilt-xr</i>	1	MO GC
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	MO GC
<i>diltiazem hcl tablet</i>	1	MO GC
<i>diltiazem hydrochloride er</i>	1	MO GC
<i>matzim la</i>	1	MO GC
<i>taztia xt</i>	1	MO GC
<i>tiadylt er</i>	1	MO GC
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	1	MO GC
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	MO GC
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	MO GC
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO GC
<i>verapamil hydrochloride er capsule extended release 24 hour</i>	1	MO GC
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	MO GC
<i>verapamil hydrochloride tablet</i>	1	MO GC
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	1	MO GC
<i>aliskiren</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO GC
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO GC
<i>amlodipine besylate/benazepril hydrochloride</i>	1	MO GC
<i>amlodipine besylate/valsartan</i>	1	MO GC
<i>amlodipine/olmesartan medoxomil</i>	1	MO GC
<i>amlodipine/valsartan/hctz tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	MO GC
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	MO GC
<i>atenolol/chlorthalidone</i>	1	MO GC
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	MO GC
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO GC
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	MO GC
<i>captopril/hydrochlorothiazide</i>	1	MO GC
CORLANOR SOLUTION	3	QL (450 ML per 30 days) PA MO
CORLANOR TABLET	3	QL (60 EA per 30 days) PA MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC
ENTRESTO	3	QL (60 EA per 30 days) MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO GC
<i>irbesartan/hydrochlorothiazide</i>	1	MO GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	MO
KERENDIA	3	QL (30 EA per 30 days) PA MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
<i>losartan potassium/hydrochlorothiazide</i>	1	MO GC
<i>methyldopa/hydrochlorothiazide</i>	1	MO GC
<i>metoprolol/hydrochlorothiazide</i>	1	MO GC
<i>metyrosine</i>	4	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	MO GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	MO GC
<i>pentoxifylline er</i>	1	MO GC
<i>propranolol/hydrochlorothiazide</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	1	MO GC
RANOLAZINE ER	2	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO GC
<i>telmisartan/amlodipine</i>	1	MO GC
<i>telmisartan/hydrochlorothiazide</i>	1	MO GC
<i>trandolapril/verapamil hcl er</i>	1	MO GC
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	MO GC
<i>triamterene/hydrochlorothiazide tablet</i>	1	MO GC
<i>valsartan/hydrochlorothiazide</i>	1	MO GC
VYNDAMAX	4	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	1	MO GC
<i>ethacrynic acid tablet</i>	3	MO
<i>furosemide injection, oral solution, tablet</i>	1	MO GC
<i>torseamide tablet</i>	1	MO GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	MO GC
<i>eplerenone</i>	1	MO GC
<i>spironolactone tablet</i>	1	MO GC
<i>triamterene capsule</i>	1	MO GC
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	MO GC
<i>hydrochlorothiazide capsule, tablet</i>	1	MO GC
<i>indapamide tablet</i>	1	MO GC
<i>metolazone</i>	1	MO GC
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	MO GC
FENOFIBRATE CAPSULE 150MG	2	MO
<i>fenofibrate capsule 130mg, 43mg, 50mg</i>	1	MO GC
<i>fenofibrate tablet</i>	1	MO GC
<i>fenofibric acid dr</i>	1	MO GC
<i>fenofibric acid tablet 105mg</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>gemfibrozil tablet</i>	1	MO GC
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	MO GC
<i>fluvastatin</i>	1	MO GC
<i>fluvastatin sodium er</i>	1	MO GC
<i>lovastatin tablet</i>	1	MO GC
<i>pravastatin sodium</i>	1	MO GC
<i>rosuvastatin calcium</i>	1	MO GC
<i>simvastatin tablet</i>	1	MO GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	1	MO GC
<i>cholestyramine packet, powder</i>	1	MO GC
COLESEVELAM HYDROCHLORIDE	2	MO
<i>colestipol hcl packet, tablet</i>	1	MO GC
<i>ezetimibe</i>	1	MO GC
<i>ezetimibe/simvastatin</i>	1	MO GC
ICOSAPENT ETHYL	2	PA MO
JUXTAPID CAPSULE 10MG, 40MG, 5MG, 60MG	4	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 20MG, 30MG	4	QL (60 EA per 30 days) PA
<i>niacin er</i>	1	MO GC
<i>niacin tablet 500mg</i>	1	MO GC
<i>niacor</i>	1	MO GC
OMEGA-3-ACID ETHYL ESTERS	2	MO
PRALUENT	3	QL (2 ML per 28 days) PA MO
<i>prevalite</i>	1	MO GC
REPATHA	3	QL (3 ML per 28 days) PA MO
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA MO
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA MO
VASCEPA CAPSULE 0.5GM	3	PA MO
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	1	MO GC
<i>isosorbide dinitrate tablet 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	1	MO GC
<i>minitran</i>	1	MO GC
<i>nitro-bid</i>	1	MO GC
<i>nitroglycerin lingual solution</i>	3	MO
<i>nitroglycerin transdermal</i>	1	MO GC
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO GC
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	MO GC
<i>minoxidil tablet</i>	3	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (60 EA per 30 days) MO GC
<i>amphetamine/dextroamphetamine tablet</i>	1	QL (90 EA per 30 days) MO GC
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL (120 EA per 30 days) MO GC
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL (180 EA per 30 days) MO GC
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL (60 EA per 30 days) MO GC
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL (180 EA per 30 days) MO GC
<i>dextroamphetamine sulfate tablet 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 15mg, 20mg</i>	3	QL (90 EA per 30 days) MO
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
ATOMOXETINE HYDROCHLORIDE CAPSULE 25MG	2	QL (30 EA per 30 days) MO
ATOMOXETINE HYDROCHLORIDE CAPSULE 10MG	2	QL (60 EA per 30 days) MO
ATOMOXETINE CAPSULE 100MG, 18MG, 40MG, 60MG, 80MG	2	QL (30 EA per 30 days) MO
<i>clonidine hydrochloride er</i>	3	MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 35mg</i>	1	QL (30 EA per 30 days) MO GC
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days) MO GC
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO GC
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO GC
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	MO
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	3	MO
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la)</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg</i>	3	QL (30 EA per 30 days) MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 54mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	3	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	3	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	3	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days) MO GC
<i>methylphenidate hydrochloride solution</i>	3	MO
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL (180 EA per 30 days) MO GC
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
Central Nervous System, Other		
AUSTEDO	4	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine capsule</i>	1	MO GC
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	1	MO GC
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	1	MO GC
<i>butalbital/aspirin/caffeine capsule</i>	1	MO GC
NUEDEXTA	4	PA
<i>riluzole</i>	1	PA MO GC
<i>tencon tablet 325mg; 50mg</i>	1	MO GC
<i>tetrabenazine</i>	4	PA
VANATOL LQ	4	
VTOL LQ	4	
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	1	QL (60 EA per 30 days) MO GC
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL (90 EA per 30 days) MO GC
<i>pregabalin solution</i>	1	QL (900 ML per 30 days) MO GC
SAVELLA	2	QL (60 EA per 30 days) MO
SAVELLA TITRATION PACK	2	QL (110 EA per 365 days) MO
Multiple Sclerosis Agents		
AUBAGIO	4	QL (30 EA per 30 days) PA
AVONEX PEN	4	QL (4 EA per 28 days) PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
AVONEX INJECTION 30MCG/0.5ML	4	QL (4 EA per 28 days) PA
BETASERON	4	QL (15 EA per 30 days) PA
DALFAMPRIDINE ER	2	QL (60 EA per 30 days) PA MO
<i>dimethyl fumarate</i>	4	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack</i>	4	QL (120 EA per 365 days) PA
GILENYA CAPSULE 0.5MG	4	QL (30 EA per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA
<i>glatopa injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA
<i>glatopa injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (14 EA per 365 days) PA MO
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (24 EA per 365 days) PA
MAYZENT TABLET 0.25MG	4	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	4	QL (30 EA per 30 days) PA
PLEGRIDY	4	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK	4	QL (2 ML per 365 days) PA
REBIF	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE	4	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days) PA
TYSABRI	4	PA
VUMERITY	4	QL (120 EA per 30 days) PA
ZEPOSIA	4	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	4	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	4	QL (74 EA per 365 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	3	MO
<i>chlorhexidine gluconate solution</i>	1	MO GC
<i>doxycycline hyclate tablet 20mg</i>	1	MO GC
<i>lidocaine viscous</i>	1	MO GC
<i>oralone dental paste</i>	1	MO GC
<i>paroex</i>	1	MO GC
<i>periogard</i>	1	MO GC
<i>pilocarpine hydrochloride</i>	1	MO GC
<i>triamcinolone acetonide dental paste</i>	1	MO GC
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	3	PA MO
<i>acitretin</i>	3	MO
ADAPALENE/BENZOYL PEROXIDE GEL 0.1%; 2.5%	2	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene cream, gel</i>	1	MO GC
<i>adapalene solution</i>	4	
<i>amnesteem</i>	3	PA MO
<i>avita cream</i>	1	PA MO GC
AZELAIC ACID	2	MO
<i>claravis</i>	3	PA MO
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	3	MO
<i>clindamycin phosphate/tretinoin</i>	3	MO
<i>clindamycin/benzoyl peroxide</i>	3	MO
<i>erythromycin/benzoyl peroxide</i>	1	MO GC
FINACEA FOAM	2	QL (50 GM per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	3	PA MO
<i>metronidazole cream 0.75%</i>	1	MO GC
<i>metronidazole gel 0.75%, 1%</i>	1	MO GC
<i>metronidazole lotion 0.75%</i>	1	MO GC
<i>myorisan</i>	3	PA MO
<i>neuac</i>	3	MO
<i>rosadan</i>	1	MO GC
TAZAROTENE CREAM	2	MO
TAZORAC GEL	3	QL (100 GM per 30 days) MO
<i>tretinoin microsphere</i>	1	PA MO GC
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA MO GC
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA MO GC
<i>zenatane</i>	3	PA MO
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	1	MO GC
<i>alclometasone dipropionate</i>	1	MO GC
<i>amcinonide</i>	3	MO
<i>ammonium lactate cream, lotion</i>	1	MO GC
APEXICON E	4	
<i>beser lotion</i>	1	MO GC
<i>betamethasone dipropionate augmented</i>	1	MO GC
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	MO GC
<i>betamethasone valerate cream, lotion, ointment</i>	1	MO GC
<i>betamethasone valerate foam</i>	3	QL (100 GM per 30 days) MO
<i>clobetasol propionate e</i>	1	MO GC
<i>clobetasol propionate cream, gel, ointment, solution</i>	1	MO GC
<i>clobetasol propionate shampoo</i>	3	MO
<i>clodan</i>	3	MO
<i>desonide cream, lotion</i>	1	MO GC
<i>desonide ointment</i>	1	QL (120 GM per 30 days) MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>desoximetasone gel, ointment</i>	3	MO
<i>desoximetasone cream</i>	3	QL (100 GM per 30 days) MO
<i>diflorasone diacetate cream</i>	3	MO
<i>diflorasone diacetate ointment</i>	4	QL (60 GM per 30 days)
<i>doxepin hydrochloride cream 5%</i>	3	QL (90 GM per 30 days) PA MO
<i>fluocinolone acetonide scalp</i>	1	MO GC
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	MO GC
<i>fluocinolone acetonide ointment 0.025%</i>	1	MO GC
<i>fluocinolone acetonide solution 0.01%</i>	1	MO GC
<i>fluocinonide emulsified base</i>	1	MO GC
<i>fluocinonide cream 0.1%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment, solution</i>	1	MO GC
<i>flurandrenolide cream</i>	3	MO
<i>fluticasone propionate cream 0.05%</i>	1	MO GC
<i>fluticasone propionate lotion 0.05%</i>	1	MO GC
<i>fluticasone propionate ointment 0.005%</i>	1	MO GC
<i>halobetasol propionate cream, ointment</i>	1	MO GC
<i>hydrocortisone butyrate cream, ointment, solution</i>	1	MO GC
<i>hydrocortisone valerate ointment</i>	1	MO GC
<i>hydrocortisone valerate cream</i>	1	QL (60 GM per 30 days) MO GC
<i>hydrocortisone cream 2.5%</i>	1	MO GC
<i>hydrocortisone lotion 2.5%</i>	1	MO GC
<i>hydrocortisone ointment 2.5%</i>	1	MO GC
<i>mometasone furoate cream 0.1%</i>	1	MO GC
<i>mometasone furoate ointment 0.1%</i>	1	MO GC
<i>mometasone furoate solution 0.1%</i>	1	MO GC
<i>nolix cream</i>	1	MO GC
<i>pimecrolimus</i>	3	MO
PREDNICARBATE CREAM	2	MO
<i>prednicarbate ointment</i>	1	MO GC
<i>selenium sulfide</i>	1	MO GC
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	MO
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	3	MO
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	MO GC
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	MO GC
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO GC
<i>triderm</i>	1	MO GC
Dermatological Agents, Other		
<i>calcipotriene/betamethasone dipropionate ointment</i>	3	QL (400 GM per 30 days) MO
<i>calcipotriene/betamethasone dipropionate suspension</i>	4	QL (400 GM per 30 days)
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days) MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene cream, ointment</i>	3	QL (120 GM per 30 days) MO
<i>calcitriol ointment 3mcg/gm</i>	3	MO
<i>clotrimazole/betamethasone dipropionate</i>	1	MO GC
<i>diclofenac sodium gel 3%</i>	3	QL (300 GM per 30 days) ST MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO GC
<i>fluorouracil cream 0.5%</i>	4	
<i>fluorouracil solution</i>	1	MO GC
<i>imiquimod pump</i>	4	
<i>imiquimod cream 5%</i>	1	MO GC
<i>methoxsalen capsule</i>	4	
<i>nystatin/triamcinolone</i>	1	MO GC
<i>podofilox</i>	1	MO GC
REGRANEX	4	PA
SANTYL	2	MO
<i>silver sulfadiazine</i>	1	MO GC
<i>ssd</i>	1	MO GC
VEREGEN	4	
Pediculicides/Scabicides		
<i>ivermectin cream 1%</i>	3	QL (45 GM per 30 days) MO
<i>ivermectin lotion 0.5%</i>	3	MO
<i>lindane shampoo</i>	3	MO
<i>malathion</i>	3	MO
<i>permethrin cream</i>	1	MO GC
Topical Anti-infectives		
<i>acyclovir cream 5%</i>	3	QL (5 GM per 30 days) MO
<i>acyclovir ointment 5%</i>	3	MO
<i>ciclodan solution</i>	1	PA MO GC
<i>ciclopirox nail lacquer</i>	1	PA MO GC
<i>ciclopirox olamine</i>	1	MO GC
<i>ciclopirox gel, shampoo, suspension</i>	1	MO GC
<i>clindamycin phosphate foam 1%</i>	3	MO
<i>clindamycin phosphate gel 1%</i>	3	MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (75 ML per 30 days) MO GC
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days) MO GC
DENAVIR	4	
<i>ery</i>	1	MO GC
<i>erythromycin gel 2%</i>	1	MO GC
<i>erythromycin solution 2%</i>	1	MO GC
MUPIROCIN CREAM	2	MO
<i>mupirocin ointment</i>	1	QL (110 GM per 30 days) MO GC
Electrolytes/Minerals/Metals/Vitamins		

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D MO
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	3	B/D MO
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; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D MO
<i>carglumic acid</i>	4	
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D MO
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D MO
CLINIMIX 5%/DEXTROSE 15%	3	B/D MO
CLINIMIX 5%/DEXTROSE 20%	3	B/D MO
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D MO
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D MO
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D MO
CLINIMIX E 5%/DEXTROSE 15%	3	B/D MO
CLINIMIX E 5%/DEXTROSE 20%	3	B/D MO
DEXTROSE 10%/NACL 0.45%	2	MO
<i>dextrose 10%</i>	1	MO GC
DEXTROSE 10%/NACL 0.2%	2	MO
DEXTROSE 2.5%/NACL 0.45%	2	MO
<i>dextrose 5%</i>	1	MO GC
<i>dextrose 5%/nacl 0.2%</i>	1	MO GC
DEXTROSE 5%/NACL 0.225%	2	MO
<i>dextrose 5%/nacl 0.45%</i>	1	MO GC
<i>dextrose 5%/nacl 0.9%</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE/SODIUM CHLORIDE	2	MO
<i>fluorabon solution</i>	1	MO GC
<i>fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO GC
<i>fluoritab solution 0.125mg/drop</i>	1	MO GC
<i>flura-drops solution 0.25mg/drop</i>	1	MO GC
FREAMINE HBC 6.9%	3	B/D MO
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	3	B/D MO
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	3	B/D MO
ISOLYTE-P/DEXTROSE 5%	3	MO
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	MO
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	MO GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	MO GC
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	MO GC
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	MO GC
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	MO GC
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	MO GC
<i>klor-con 10</i>	1	MO GC
<i>klor-con 8</i>	1	MO GC
<i>klor-con m10</i>	1	MO GC
<i>klor-con m15</i>	1	MO GC
<i>klor-con m20</i>	1	MO GC
<i>klor-con sprinkle</i>	1	MO GC
<i>magnesium sulfate injection 50%</i>	1	MO GC
<i>nafrinse</i>	1	MO GC
<i>nafrinse drops</i>	1	MO GC
NEPHRAMINE	3	B/D MO
NORMOSOL-M IN D5W	3	MO
NORMOSOL-R	3	MO
NORMOSOL-R IN D5W	2	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A	3	MO
PLASMA-LYTE-148	3	MO
PLENAMINE	3	B/D MO
<i>potassium chloride er</i>	1	MO GC
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	MO GC
<i>potassium chloride/dextrose/sodium chloride injection 5%; 30meq/l; 0.45%</i>	1	MO GC
POTASSIUM CHLORIDE/DEXTROSE INJECTION 5%; 40MEQ/L	2	MO
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	1	MO GC
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	MO GC
<i>potassium chloride oral solution</i>	1	MO GC
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	1	MO GC
<i>potassium citrate er</i>	1	MO 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	3	B/D MO
PROCALAMINE	3	B/D MO
PROSOL	3	B/D MO
<i>sodium chloride 0.45% injection</i>	1	MO GC
<i>sodium chloride injection 0.45%, 0.9%, 3%, 5%</i>	1	MO GC
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO GC
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO GC
SYNTHAMIN 17	3	B/D MO
TPN ELECTROLYTES	2	MO
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	3	B/D MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJECTION 97MEQ/L; 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	3	B/D MO
Electrolyte/Mineral/Metal Modifiers		
<i>clovique</i>	4	PA
<i>deferasirox packet, tablet soluble</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA MO
<i>deferasirox tablet 180mg, 360mg</i>	4	PA
<i>deferiprone</i>	4	PA
FERRIPROX TWICE-A-DAY	4	PA
<i>penicillamine capsule 250mg</i>	4	PA
<i>sodium polystyrene sulfonate powder 0</i>	1	MO GC
<i>tolvaptan tablet 15mg</i>	4	QL (30 EA per 30 days) PA
<i>tolvaptan tablet 30mg</i>	4	QL (60 EA per 30 days) PA
<i>trientine hydrochloride</i>	4	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	1	MO GC
<i>calcium acetate tablet 667mg</i>	1	MO GC
<i>lanthanum carbonate</i>	4	
SEVELAMER CARBONATE TABLET	2	MO
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer hydrochloride tablet 800mg</i>	3	MO
VELPHORO	4	
Potassium Binders		
<i>kionex</i>	1	MO GC
LOKELMA PACKET 5GM	3	QL (30 EA per 30 days) MO
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	MO GC
<i>sps</i>	1	MO GC
VELTASSA	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	MO GC
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	1	MO GC
<i>generlac</i>	1	MO GC
<i>lactulose solution</i>	1	MO GC
<i>lactulose packet</i>	3	MO
LINZESS	2	QL (30 EA per 30 days) MO
<i>lubiprostone</i>	1	QL (60 EA per 30 days) MO GC
RELISTOR TABLET	4	QL (90 EA per 30 days) ST
RELISTOR INJECTION 8MG/0.4ML	4	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	4	QL (18 ML per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	MO GC
<i>diphenoxylate/atropine liquid</i>	1	MO GC
<i>loperamide hcl capsule</i>	1	MO GC
XERMELO	4	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	1	MO GC
<i>dicyclomine hydrochloride capsule, tablet</i>	1	MO GC
<i>glycopyrrolate solution</i>	3	PA MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	PA MO GC
<i>methscopolamine bromide tablet</i>	3	MO
<i>propantheline bromide tablet</i>	3	MO
Gastrointestinal Agents, Other		
CHENODAL	4	PA
GATTEX	4	PA
<i>gavilyte-c</i>	1	MO GC
<i>gavilyte-g</i>	1	MO GC
<i>gavilyte-n/flavor pack</i>	1	MO GC
<i>lansoprazole/amoxicillin/clarithromycin</i>	1	MO GC
<i>metoclopramide hcl injection, oral solution</i>	1	MO GC
<i>metoclopramide hcl tablet 5mg</i>	1	MO GC
<i>metoclopramide hydrochloride tablet 10mg</i>	1	MO GC
<i>metoclopramide odt</i>	3	MO
MYALEPT	4	PA
OCALIVA	4	QL (30 EA per 30 days) PA
<i>peg-3350/electrolytes</i>	1	MO GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO GC
PREPOPIK	2	MO
RECTIV	3	MO
<i>trilyte</i>	1	MO GC
URSODIOL TABLET	2	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN	4	PA
ZORBTIVE	4	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl solution</i>	1	MO GC
<i>cimetidine hydrochloride</i>	1	MO GC
<i>cimetidine tablet</i>	1	MO GC
<i>famotidine suspension reconstituted</i>	1	MO GC
<i>famotidine tablet 20mg, 40mg</i>	1	MO GC
<i>nizatidine capsule</i>	1	MO GC
<i>nizatidine solution</i>	3	MO
Protectants		
<i>misoprostol</i>	1	MO GC
<i>sucralfate suspension, tablet</i>	1	MO GC
Proton Pump Inhibitors		
ESOMEPRAZOLE MAGNESIUM PACKET	2	QL (60 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	1	QL (60 EA per 30 days) MO GC
<i>lansoprazole capsule delayed release</i>	1	QL (60 EA per 30 days) MO GC
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>pantoprazole sodium tablet delayed release</i>	1	QL (60 EA per 30 days) MO GC
<i>rabeprazole sodium</i>	1	QL (60 EA per 30 days) MO GC
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INJECTION 1000MG	4	PA
<i>betaine anhydrous</i>	4	
CERDELGA	4	PA
CHOLBAM	4	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	3	MO
CYSTAGON	3	MO
ELAPRASE	4	
EVRYSDI	4	QL (240 ML per 30 days) PA
GLASSIA	4	PA
KANUMA	4	PA
KEVEYIS	4	QL (120 EA per 30 days) PA
LUMIZYME	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	4	PA
NAGLAZYME	4	PA
<i>nitisinone</i>	4	
ORFADIN SUSPENSION	4	
PROLASTIN-C INJECTION 1000MG	4	PA
RAVICTI	4	PA
REVCIVI	4	PA
<i>sapropterin dihydrochloride</i>	4	PA
<i>sodium phenylbutyrate powder, tablet</i>	4	
STRENSIQ	4	PA
SUCRAID	4	
TEGSEDI	4	PA
VIMIZIM	4	PA
VYONDYS 53	4	PA
ZEMAIRA	4	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	2	MO
ZOKINVY	4	QL (120 EA per 30 days) PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	3	MO
<i>fesoterodine fumarate er</i>	2	MO
<i>flavoxate hcl</i>	1	MO GC
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	2	MO
<i>oxybutynin chloride er</i>	1	MO GC
<i>oxybutynin chloride syrup, tablet</i>	1	MO GC
SOLIFENACIN SUCCINATE	2	MO
<i>tolterodine tartrate</i>	1	MO GC
<i>tolterodine tartrate er</i>	1	MO GC
<i>trospium chloride</i>	1	MO GC
<i>trospium chloride er</i>	1	MO GC
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	MO GC
<i>doxazosin mesylate</i>	1	MO GC
<i>dutasteride/tamsulosin hydrochloride</i>	3	MO
<i>dutasteride capsule</i>	1	MO GC
<i>finasteride tablet</i>	1	MO GC
SILODOSIN	2	MO
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	1	MO GC
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hydrochloride capsule 2mg</i>	1	MO GC
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	1	MO GC
ELMIRON	4	
<i>penicillamine tablet 250mg</i>	4	
<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	1	QL (12 EA per 30 days) MO E
<i>tadalafil tablet 10mg, 20mg</i>	1	QL (10 EA per 30 days) MO E
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	4	PA
<i>cortisone acetate tablet 25mg</i>	1	MO GC
CORTROPHIN	4	PA
<i>dexamethasone intensol</i>	1	MO GC
<i>dexamethasone elixir, solution</i>	1	MO GC
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	MO GC
<i>fludrocortisone acetate tablet</i>	1	MO GC
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO GC
<i>methylprednisolone dose pack tablet therapy pack</i>	1	MO GC
<i>methylprednisolone tablet</i>	1	MO GC
MILLIPRED TABLET	3	MO
<i>prednisolone sodium phosphate oral solution 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	MO GC
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml</i>	3	MO
<i>prednisolone solution</i>	1	MO GC
<i>prednisone intensol</i>	1	MO GC
<i>prednisone solution, tablet therapy pack</i>	1	MO GC
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	MO GC
TRIAMCINOLONE ACETONIDE INJECTION 10MG/ML	2	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	1	MO GC
DESMOPRESSIN ACETATE SOLUTION 1.5MG/ML	4	
<i>desmopressin acetate solution 0.01%, 0.1mg/ml</i>	1	MO GC
EGRIFTA INJECTION 1MG	4	QL (60 EA per 30 days) PA
GENOTROPIN	4	PA
GENOTROPIN MINISQUICK	4	PA
INCRELEX	4	PA
STIMATE SOLUTION	4	

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	4	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	4	PA
OXANDROLONE TABLET 2.5MG	2	QL (240 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	PA MO
<i>danazol capsule</i>	1	MO GC
METHITEST	4	PA
<i>methyltestosterone capsule</i>	4	PA
STRIANT	3	PA MO
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	MO GC
<i>testosterone enanthate injection</i>	1	MO GC
TESTOSTERONE PUMP GEL 1.62%	2	PA MO
TESTOSTERONE GEL 20.25MG/1.25GM, 40.5MG/2.5GM	2	PA MO
<i>Estrogens</i>		
<i>afirmelle</i>	1	MO GC
<i>altavera</i>	1	MO GC
<i>alyacen 1/35</i>	1	MO GC
<i>alyacen 7/7/7</i>	1	MO GC
<i>amabelz</i>	1	MO GC
<i>amethia</i>	1	QL (91 EA per 91 days) MO GC
<i>amethia lo</i>	1	QL (91 EA per 91 days) MO GC
<i>amethyst</i>	1	MO GC
<i>apri</i>	1	MO GC
<i>aranelle</i>	1	MO GC
<i>ashlyna</i>	1	QL (91 EA per 91 days) MO GC
<i>aubra eq</i>	1	MO GC
<i>aurovela 1.5/30</i>	1	MO GC
<i>aurovela 1/20</i>	1	MO GC
<i>aurovela 24 fe</i>	1	MO GC
<i>aurovela fe 1.5/30</i>	1	MO GC
<i>aurovela fe 1/20</i>	1	MO GC
<i>aviane</i>	1	MO GC
<i>ayuna</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	1	MO GC
<i>balziva</i>	1	MO GC
<i>bekyree</i>	1	MO GC
<i>blisovi 24 fe</i>	1	MO GC
<i>blisovi fe 1.5/30</i>	1	MO GC
<i>blisovi fe 1/20</i>	1	MO GC
<i>briellyn</i>	1	MO GC
<i>camrese</i>	1	QL (91 EA per 91 days) MO GC
<i>caziant</i>	1	MO GC
<i>chateal</i>	1	MO GC
<i>chateal eq</i>	1	MO GC
CLIMARA PRO	3	MO
<i>cryselle-28</i>	1	MO GC
<i>cyclafem 1/35</i>	1	MO GC
<i>cyclafem 7/7/7</i>	1	MO GC
<i>cyred eq</i>	1	MO GC
<i>dasetta 1/35</i>	1	MO GC
<i>dasetta 7/7/7</i>	1	MO GC
<i>daysee</i>	1	QL (91 EA per 91 days) MO GC
DEPO-ESTRADIOL INJECTION 5MG/ML	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO GC
DIVIGEL	3	MO
<i>dolishale</i>	3	MO
<i>dotti</i>	1	MO GC
<i>drospirenone/ethinyl estradiol</i>	1	MO GC
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg</i>	1	MO GC
<i>elinest</i>	1	MO GC
<i>eluryng</i>	1	MO GC
<i>emoquette</i>	1	MO GC
<i>enpresse-28</i>	1	MO GC
<i>enskyce</i>	1	MO GC
<i>estarylla</i>	1	MO GC
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	1	MO GC
<i>estradiol/norethindrone acetate</i>	1	MO GC
ESTRADIOL CREAM	2	MO
<i>estradiol patch twice weekly, patch weekly, oral tablet</i>	1	MO GC
<i>estradiol vaginal tablet</i>	3	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO GC
<i>etonogestrel/ethinyl estradiol</i>	1	MO GC
<i>falmina</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>femynor</i>	1	MO GC
<i>fyavolv tablet 5mcg; 1mg</i>	1	MO GC
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	3	MO
<i>gemmily</i>	1	MO GC
<i>gianvi</i>	1	MO GC
<i>hailey 1.5/30</i>	1	MO GC
<i>hailey 24 fe</i>	1	MO GC
<i>iclevia</i>	1	QL (91 EA per 91 days) MO GC
<i>introvale</i>	1	QL (91 EA per 91 days) MO GC
<i>isibloom</i>	1	MO GC
<i>jaimiess</i>	1	QL (91 EA per 91 days) MO GC
<i>jasmiel</i>	1	MO GC
<i>jinteli</i>	1	MO GC
<i>juleber</i>	1	MO GC
<i>junel 1.5/30</i>	1	MO GC
<i>junel 1/20</i>	1	MO GC
<i>junel fe 1.5/30</i>	1	MO GC
<i>junel fe 1/20</i>	1	MO GC
<i>junel fe 24</i>	1	MO GC
<i>kaitlib fe</i>	1	MO GC
<i>kalliga</i>	1	MO GC
<i>kariva</i>	1	MO GC
<i>kelnor 1/35</i>	1	MO GC
<i>kelnor 1/50</i>	1	MO GC
<i>kurvelo</i>	1	MO GC
<i>larin 1.5/30</i>	1	MO GC
<i>larin 1/20</i>	1	MO GC
<i>larin 24 fe</i>	1	MO GC
<i>larin fe 1.5/30</i>	1	MO GC
<i>larin fe 1/20</i>	1	MO GC
<i>larissia</i>	1	MO GC
<i>leena</i>	1	MO GC
<i>lessina</i>	1	MO GC
<i>levonest</i>	1	MO GC
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	MO GC
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL (91 EA per 91 days) MO GC
LEVONORGESTREL/ETHINYL ESTRADIOL TABLET 0; 0	2	QL (91 EA per 91 days) MO
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	MO GC
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL (91 EA per 91 days) MO GC
<i>levora 0.15/30-28</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>lillow</i>	1	MO GC
<i>lo-zumandimine</i>	1	MO GC
<i>lopreeza tablet 1mg; 0.5mg</i>	1	MO GC
<i>loryna</i>	1	MO GC
<i>low-ogestrel</i>	1	MO GC
<i>luteru</i>	1	MO GC
<i>lyllana</i>	1	MO GC
<i>marlissa</i>	1	MO GC
<i>melodetta 24 fe</i>	1	MO GC
MENEST TABLET 0.3MG, 0.625MG, 1.25MG	3	MO
<i>merzee</i>	1	MO GC
<i>mibelas 24 fe</i>	1	MO GC
<i>microgestin 1.5/30</i>	1	MO GC
<i>microgestin 1/20</i>	1	MO GC
<i>microgestin 24 fe</i>	1	MO GC
<i>microgestin fe 1.5/30</i>	1	MO GC
<i>microgestin fe 1/20</i>	1	MO GC
<i>mili</i>	1	MO GC
<i>mimvey</i>	1	MO GC
<i>mono-linyah</i>	1	MO GC
<i>necon 0.5/35-28</i>	1	MO GC
<i>nikki</i>	1	MO GC
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable</i>	1	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	MO GC
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg, 5mcg; 1mg</i>	1	MO GC
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	3	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO GC
<i>norgestimate/ethinyl estradiol</i>	1	MO GC
<i>nortrel 0.5/35 (28)</i>	1	MO GC
<i>nortrel 1/35</i>	1	MO GC
<i>nortrel 7/7/7</i>	1	MO GC
<i>nylia 1/35</i>	1	MO GC
<i>nylia 7/7/7</i>	1	MO GC
<i>nymyo</i>	1	MO GC
<i>ogestrel</i>	1	MO GC
<i>orsythia</i>	1	MO GC
<i>philith</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>pimtreea</i>	1	MO GC
<i>pirmella 1/35</i>	1	MO GC
<i>pirmella 7/7/7</i>	1	MO GC
<i>portia-28</i>	1	MO GC
PREMARIN CREAM	2	MO
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	2	MO
PREMPHASE	3	MO
PREMPRO	2	MO
<i>previfem</i>	1	MO GC
<i>reclipsen</i>	1	MO GC
RIVELSA	2	QL (91 EA per 91 days) MO
<i>setlakin</i>	1	QL (91 EA per 91 days) MO GC
<i>simliya</i>	1	MO GC
<i>simpesse</i>	1	QL (91 EA per 91 days) MO GC
<i>sprintec 28</i>	1	MO GC
<i>sronyx</i>	1	MO GC
<i>syeda</i>	1	MO GC
<i>tarina 24 fe</i>	1	MO GC
<i>tarina fe 1/20 eq</i>	1	MO GC
<i>taysofy</i>	1	MO GC
<i>tilia fe</i>	1	MO GC
<i>tri-estarylla</i>	1	MO GC
<i>tri-legest fe</i>	1	MO GC
<i>tri-lo-estarylla</i>	1	MO GC
<i>tri-lo-sprintec</i>	1	MO GC
<i>tri-mili</i>	1	MO GC
<i>tri-nymyo</i>	1	MO GC
<i>tri-previfem</i>	1	MO GC
<i>tri-sprintec</i>	1	MO GC
<i>tri-vylibra</i>	1	MO GC
<i>tri-vylibra lo</i>	1	MO GC
<i>trivora-28</i>	1	MO GC
<i>velivet</i>	1	MO GC
<i>vestura</i>	1	MO GC
<i>vienva</i>	1	MO GC
<i>viorele</i>	1	MO GC
<i>volnea</i>	1	MO GC
<i>vyfemla</i>	1	MO GC
<i>vylibra</i>	1	MO GC
<i>wera</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>wymzya fe</i>	1	MO GC
<i>xulane</i>	3	MO
<i>yuvaferm</i>	3	MO
<i>zafemy</i>	3	MO
<i>zarah</i>	1	MO GC
<i>zovia 1/35</i>	1	MO GC
<i>zovia 1/35e</i>	1	MO GC
<i>zumandimine</i>	1	MO GC
Progestins		
<i>camila</i>	1	MO GC
<i>deblitane</i>	1	MO GC
DEPO-PROVERA INJECTION 400MG/ML	3	QL (10 ML per 28 days) MO
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days) MO
<i>errin</i>	1	MO GC
<i>heather</i>	1	MO GC
<i>hydroxyprogesterone caproate injection 250mg/ml</i>	4	PA
<i>incassia</i>	1	MO GC
<i>jencycla</i>	1	MO GC
<i>lyleq</i>	1	MO GC
<i>lyza</i>	1	MO GC
<i>medroxyprogesterone acetate tablet</i>	1	MO GC
<i>medroxyprogesterone acetate injection</i>	1	QL (1 ML per 90 days) MO GC
<i>megestrol acetate tablet</i>	1	PA MO GC
<i>megestrol acetate suspension 40mg/ml</i>	1	PA MO GC
<i>megestrol acetate suspension 625mg/5ml</i>	3	PA MO
<i>norethindrone acetate tablet</i>	1	MO GC
<i>norethindrone tablet</i>	1	MO GC
<i>norlyda</i>	1	MO GC
<i>progesterone capsule</i>	1	MO GC
<i>sharobel</i>	1	MO GC
<i>tulana</i>	1	MO GC
Selective Estrogen Receptor Modifying Agents		
DUAVEE	3	QL (30 EA per 30 days) MO
<i>raloxifene hydrochloride</i>	1	MO GC
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levo-t</i>	1	MO GC
LEVOTHYROXINE SODIUM CAPSULE	3	MO
<i>levothyroxine sodium tablet</i>	1	MO GC
<i>liothyronine sodium tablet</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	2	MO
SYNTHROID TABLET 300MCG	3	MO
<i>unithroid</i>	1	MO GC
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
CABERGOLINE	2	MO
FIRMAGON INJECTION 80MG	3	QL (1 EA per 28 days) PA MO
FIRMAGON INJECTION 120MG/VIAL	4	QL (4 EA per 365 days) PA
LANREOTIDE ACETATE	4	PA
<i>leuprolide acetate injection</i>	4	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	4	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	4	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	4	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	4	QL (1 EA per 168 days) PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	3	PA MO
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	4	PA
ORGOVYX	4	PA
SIGNIFOR	4	QL (60 ML per 30 days) PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	
TRIPTODUR	4	QL (1 EA per 168 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	MO GC
<i>propylthiouracil tablet</i>	1	MO GC
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	4	PA
<i>icatibant acetate</i>	4	PA
RUCONEST	4	PA
<i>sajazir</i>	4	PA
<i>Immunoglobulins</i>		
FLEBOGAMMA DIF INJECTION 10GM/200ML	4	PA
GAMUNEX-C INJECTION 1GM/10ML	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM INJECTION 10GM/200ML, 1GM/20ML, 2GM/20ML	4	PA
VARIZIG INJECTION 125UNIT/1.2ML	4	PA
Immunological Agents, Other		
ARCALYST	4	PA
BENLYSTA	4	PA
COSENTYX	4	PA
COSENTYX SENSOREADY PEN	4	PA
DUPIXENT INJECTION 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA
RIDAURA	4	
RINVOQ	4	QL (30 EA per 30 days) PA
SKYRIZI PEN	4	PA
SKYRIZI INJECTION 150MG/ML, 75MG/0.83ML	4	PA
SOLIRIS	4	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	4	QL (3 ML per 84 days) PA
XELJANZ	4	PA
XELJANZ XR	4	PA
XOLAIR	4	PA
Immunostimulants		
ACTIMMUNE	4	PA
INTRON A	4	PA
PEGASYS	4	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	4	PA
Immunosuppressants		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D
<i>azathioprine tablet</i>	1	B/D MO GC
<i>cyclosporine modified</i>	1	B/D MO GC
<i>cyclosporine capsule</i>	1	B/D MO GC
ENBREL	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D MO
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D
<i>gengraf capsule 100mg, 25mg</i>	1	B/D MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf solution</i>	1	B/D MO GC
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0, 80MG/0.8ML	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN-CD/UC/HS STARTER	4	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	4	PA
HUMIRA PEN-PS/UV STARTER	4	PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA
<i>leflunomide</i>	1	MO GC
<i>methotrexate sodium tablet</i>	1	MO GC
<i>methotrexate sodium injection 1gm/40ml, 50mg/2ml</i>	1	MO GC
<i>methotrexate injection 50mg/2ml</i>	1	MO GC
<i>mycophenolate mofetil capsule, tablet</i>	1	B/D MO GC
<i>mycophenolate mofetil suspension reconstituted</i>	4	B/D
<i>mycophenolic acid dr</i>	3	B/D MO
PROGRAF PACKET	3	B/D MO
<i>sirolimus solution</i>	4	B/D
<i>sirolimus tablet 0.5mg, 1mg</i>	3	B/D MO
<i>sirolimus tablet 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO GC
TREXALL	3	MO
XATMEP	3	MO
Vaccines		
ACTHIB INJECTION 0	2	MO
ADACEL	2	MO
BCG VACCINE INJECTION 50MG	3	MO
BEXSERO	2	MO
BOOSTRIX	2	MO
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	MO
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	2	MO
ENGRIX-B	2	B/D MO
GARDASIL 9	2	MO
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	MO
HIBERIX	2	MO
IMOVAX RABIES (H.D.C.V.)	3	B/D MO
INFANRIX	2	MO
IPOL INACTIVATED IPV	2	MO
IXIARO	2	MO
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
M-M-R II	2	MO
MENACTRA	2	MO
MENQUADFI	2	MO
MENVEO	2	MO
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	MO
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	MO
PENTACEL	2	MO
PREHEVBRIO	2	B/D MO
PROQUAD	2	MO
QUADRACEL	2	MO
RABAVERT	3	B/D MO
RECOMBIVAX HB	2	B/D MO
ROTARIX	2	MO
ROTATEQ SOLUTION	2	MO
SHINGRIX	2	MO
TDVAX	2	MO
TENIVAC	2	MO
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	2	MO
TICOVAC INJECTION 2.4MCG/0.5ML	3	MO
TRUMENBA	2	MO
TWINRIX	2	MO
TYPHIM VI	2	MO
VAQTA	2	MO
VARIVAX	2	MO
YF-VAX	2	MO
ZOSTAVAX	2	MO
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	1	MO GC
MESALAMINE DR CAPSULE DELAYED RELEASE	2	MO
MESALAMINE DR TABLET DELAYED RELEASE 1.2GM	2	MO
MESALAMINE ER	2	MO
<i>mesalamine enema, suppository</i>	3	MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	3	MO
<i>sulfasalazine tablet, tablet delayed release</i>	1	MO GC
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	3	MO
<i>colocort</i>	1	MO GC
CORTIFOAM FOAM	3	MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone cream 1%, 2.5%</i>	1	MO GC
<i>hydrocortisone enema 100mg/60ml</i>	1	MO GC
<i>procto-med hc</i>	1	MO GC
<i>procto-pak</i>	1	MO GC
<i>proctosol hc</i>	1	MO GC
<i>proctozone-hc</i>	1	MO GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution</i>	1	MO GC
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	MO GC
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days) MO GC
<i>calcitonin-salmon solution</i>	1	QL (3.7 ML per 30 days) MO GC
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO GC
<i>calcitriol solution 1mcg/ml</i>	1	MO GC
<i>cinacalcet hydrochloride tablet 30mg</i>	3	MO
<i>cinacalcet hydrochloride tablet 60mg, 90mg</i>	4	
<i>doxercalciferol capsule</i>	3	MO
FORTEO INJECTION 600MCG/2.4ML	4	PA
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 28 days) MO GC
NATPARA	4	QL (2 EA per 28 days) PA
<i>paricalcitol capsule</i>	1	MO GC
PROLIA	2	QL (2 ML per 365 days) MO
<i>risedronate sodium dr</i>	1	QL (4 EA per 28 days) MO GC
<i>risedronate sodium tablet 30mg, 5mg</i>	1	MO GC
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO GC
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO GC
XGEVA	4	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pads</i>	1	MO GC
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	QL (200 EA per 30 days) MO GC
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	QL (200 EA per 30 days) MO GC
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	QL (200 EA per 30 days) MO GC
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	QL (200 EA per 30 days) MO GC
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	QL (200 EA per 30 days) MO GC
CLINOLIPID	3	B/D MO
<i>curity gauze pads 2"x2"</i>	1	MO GC
ELLA	2	MO
GIVLAARI	4	PA
INTRALIPID INJECTION 20GM/100ML	3	B/D MO
LAGEVRIO	3	QL (40 EA per 5 days) MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine solution, tablet</i>	1	MO GC
NUTRILIPID	3	B/D MO
PALFORZIA INITIAL DOSE ESCALATION	4	PA
PALFORZIA LEVEL 1	4	PA
PALFORZIA LEVEL 10	4	PA
PALFORZIA LEVEL 11 (MAINTENANCE)	4	PA
PALFORZIA LEVEL 11 (TITRATION)	4	PA
PALFORZIA LEVEL 2	4	PA
PALFORZIA LEVEL 3	4	PA
PALFORZIA LEVEL 4	4	PA
PALFORZIA LEVEL 5	4	PA
PALFORZIA LEVEL 6	4	PA
PALFORZIA LEVEL 7	4	PA
PALFORZIA LEVEL 8	4	PA
PALFORZIA LEVEL 9	4	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 5 days)
<i>sodium chloride 0.9%</i>	1	MO GC
VISTOGARD	4	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
ATROPINE SULFATE SOLUTION	2	MO
<i>bacitracin/polymyxin b</i>	1	MO GC
BEOVU SOLUTION	4	QL (0.5 ML per 28 days) PA
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	2	MO
COMBIGAN	2	MO
CYSTARAN	4	QL (60 ML per 28 days) PA
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
LACRISERT	3	MO
<i>neo-polycin</i>	1	MO GC
<i>neo-polycin hc</i>	1	MO GC
<i>neomycin/bacitracin/polymyxin</i>	1	MO GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	MO GC
<i>neomycin/polymyxin/dexamethasone</i>	1	MO GC
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO GC
<i>polycin</i>	1	MO GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO GC
<i>proparacaine hcl</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
RESTASIS	2	MO
RESTASIS MULTIDOSE	2	MO
ROCKLATAN	3	QL (2.5 ML per 25 days) MO
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	MO
TOBRADEX ST	3	MO
TOBRADEX OINTMENT	2	MO
<i>tobramycin/dexamethasone</i>	1	MO GC
XIIDRA	3	QL (60 EA per 30 days) MO
ZYLET	3	MO
Ophthalmic Anti-allergy Agents		
ALOCRI	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	MO GC
<i>bepotastine besilate</i>	3	MO
<i>cromolyn sodium solution 4%</i>	1	MO GC
<i>epinastine hcl</i>	1	MO GC
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	MO GC
<i>olopatadine hydrochloride solution 0.2%</i>	1	MO GC
PAZEO	2	MO
Ophthalmic Anti-Infectives		
AZASITE	3	MO
<i>bacitracin</i>	1	MO GC
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	MO GC
<i>erythromycin ointment 5mg/gm</i>	1	MO GC
<i>gatifloxacin</i>	1	MO GC
<i>gentak ointment</i>	1	MO GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	MO GC
KLARITY-A	3	MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	MO GC
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	MO
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	MO GC
NATACYN	3	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	MO GC
<i>sulfacetamide sodium ointment 10%</i>	1	MO GC
<i>sulfacetamide sodium solution 10%</i>	1	MO GC
<i>tobramycin solution 0.3%</i>	1	MO GC
TOBREX OINTMENT	3	MO
<i>trifluridine</i>	1	MO GC
ZIRGAN	3	MO
Ophthalmic Anti-inflammatories		

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ALREX	2	MO
<i>dexamethasone sodium phosphate solution</i>	1	MO GC
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	MO GC
DIFLUPREDNATE	2	MO
FLAREX	2	MO
<i>fluorometholone</i>	1	MO GC
<i>flurbiprofen sodium</i>	1	MO GC
ILEVRO	2	QL (4 ML per 30 days) MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO GC
LOTEPREDNOL ETABONATE SUSPENSION	2	MO
<i>loteprednol etabonate gel</i>	3	QL (20 GM per 365 days) MO
NEVANAC	2	QL (4 ML per 30 days) MO
PREDNISOLONE ACETATE	2	MO
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	1	MO GC
PROLENSA	2	QL (12 ML per 365 days) MO
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	1	MO GC
BETIMOL	2	MO
BETOPTIC-S	3	MO
<i>carteolol hcl</i>	1	MO GC
<i>levobunolol hcl solution 0.5%</i>	1	MO GC
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	2	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO GC
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	1	MO GC
<i>acetazolamide tablet 125mg</i>	1	MO GC
ALPHAGAN P SOLUTION 0.1%	2	MO
<i>apraclonidine</i>	1	MO GC
<i>brimonidine tartrate</i>	1	MO GC
<i>brinzolamide</i>	1	MO GC
<i>dorzolamide hydrochloride</i>	1	MO GC
IOPIDINE SOLUTION 1%	3	MO
<i>methazolamide tablet</i>	1	MO GC
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	3	MO
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	MO GC
RHOPRESSA	3	QL (2.5 ML per 25 days) MO
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	1	QL (5 ML per 30 days) MO GC
<i>latanoprost solution</i>	1	MO GC
LUMIGAN	2	QL (2.5 ML per 25 days) MO
<i>travoprost</i>	1	QL (2.5 ML per 25 days) MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	1	MO GC
CIPRO HC	3	MO
<i>ciprofloxacin/dexamethasone</i>	1	MO GC
<i>flac</i>	1	MO GC
<i>fluocinolone acetonide oil 0.01%</i>	1	MO GC
<i>hydrocortisone/acetic acid</i>	1	MO GC
<i>neomycin/polymyxin/hc</i>	1	MO GC
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO GC
<i>ofloxacin otic solution 0.3%</i>	1	MO GC
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (1 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	QL (120 ML per 30 days) B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (60 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
<i>flunisolide solution 0.025%</i>	1	QL (50 ML per 30 days) MO GC
<i>fluticasone propionate suspension 50mcg/act</i>	1	MO GC
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO GC
QVAR REDHALER	2	QL (21.2 GM per 30 days) ST MO
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (60 ML per 30 days) MO GC
<i>azelastine hydrochloride solution 0.1%</i>	1	QL (60 ML per 30 days) MO GC
<i>cetirizine hydrochloride solution 1mg/ml</i>	1	MO GC
<i>cyproheptadine hcl syrup</i>	1	MO GC
<i>cyproheptadine hydrochloride tablet</i>	1	MO GC
<i>desloratadine</i>	1	MO GC
DIPHENHYDRAMINE HCL INJECTION 50MG/ML	2	MO
<i>hydroxyzine hcl tablet 50mg</i>	1	MO GC

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hydrochloride syrup</i>	1	MO GC
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	MO GC
<i>levocetirizine dihydrochloride solution, tablet</i>	1	MO GC
<i>olopatadine hcl nasal solution 0.6%</i>	3	QL (30.5 GM per 30 days) MO
SEMPREX-D	3	MO
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	1	MO GC
<i>montelukast sodium packet</i>	3	MO
<i>zafirlukast</i>	1	MO GC
<i>zileuton er</i>	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
<i>ipratropium bromide nasal solution</i>	1	MO GC
<i>ipratropium bromide inhalation solution</i>	1	QL (312.5 ML per 30 days) B/D MO GC
SPIRIVA HANDIHALER	2	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	2	QL (8 GM per 28 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	2	QL (8 GM per 30 days) MO
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE ER	2	MO
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO GC
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO GC
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (48 GM per 30 days) MO GC
<i>albuterol sulfate syrup, tablet</i>	3	MO
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL (100 EA per 30 days) B/D MO GC
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D MO GC
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL (525 ML per 30 days) B/D MO GC
ARCAPTA NEOHALER	3	QL (30 EA per 30 days) ST MO
<i>arformoterol tartrate</i>	4	QL (120 ML per 30 days) B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML	2	MO
<i>epinephrine injection 0.3mg/0.3ml</i>	1	MO GC
<i>formoterol fumarate nebulization solution</i>	4	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D MO GC
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D MO GC
<i>levalbuterol tartrate hfa</i>	1	QL (30 GM per 30 days) MO GC
<i>levalbuterol nebulization solution</i>	1	QL (90 EA per 30 days) B/D MO GC
PROAIR DIGIHALER	2	QL (2 EA per 30 days) MO
PROAIR RESPICLICK	2	QL (2 EA per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>terbutaline sulfate tablet</i>	3	MO
Cystic Fibrosis Agents		
CAYSTON	4	PA
KALYDECO	4	PA
ORKAMBI TABLET	4	QL (112 EA per 28 days) PA
PULMOZYME	4	PA
TOBI PODHALER	4	QL (224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	4	B/D
TRIKAFTA	4	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	4	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA MO
<i>theophylline er tablet extended release 24 hour</i>	1	MO GC
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 300MG	2	MO
<i>theophylline solution</i>	1	MO GC
Pulmonary Antihypertensives		
ADEMPAS	4	QL (90 EA per 30 days) PA
<i>alyq</i>	4	QL (60 EA per 30 days) PA
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA
OPSUMIT	4	QL (30 EA per 30 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA MO
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA
<i>sildenafil citrate suspension reconstituted 10mg/ml</i>	4	PA
<i>sildenafil citrate tablet 20mg</i>	1	QL (90 EA per 30 days) PA MO GC
<i>tadalafil tablet 20mg</i>	4	QL (60 EA per 30 days) PA
UPTRAVI TABLET THERAPY PACK	4	QL (400 EA per 365 days) PA
UPTRAVI TABLET	4	QL (60 EA per 30 days) PA
VENTAVIS	4	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE	4	PA
OFEV	4	PA
<i>pirfenidone tablet 267mg, 801mg</i>	4	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	1	B/D MO GC
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days) MO
FASENRA	4	PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN	4	PA
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO GC
<i>fluticasone propionate/salmeterol aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO GC
<i>ipratropium bromide/albuterol sulfate</i>	1	QL (540 ML per 30 days) B/D MO GC
<i>promethazine vc</i>	1	MO GC
STIOLTO RESPIMAT	2	QL (4 GM per 30 days) MO
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	2	QL (12 GM per 30 days) MO
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	2	QL (13.8 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO GC
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>carisoprodol tablet 350mg</i>	1	PA MO GC
<i>chlorzoxazone tablet 500mg</i>	1	MO GC
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	MO GC
<i>methocarbamol tablet</i>	1	MO GC
<i>orphenadrine citrate er</i>	1	MO GC
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
DOXEPIN HYDROCHLORIDE TABLET 3MG, 6MG	2	QL (30 EA per 30 days) MO
<i>estazolam</i>	1	QL (30 EA per 30 days) MO GC
<i>eszopiclone</i>	1	QL (30 EA per 30 days) MO GC
HETLIOZ	4	QL (30 EA per 30 days) PA
<i>ramelteon</i>	1	QL (30 EA per 30 days) MO GC
<i>temazepam</i>	1	QL (30 EA per 30 days) MO GC
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) MO GC
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days) MO GC
<i>zolpidem tartrate tablet</i>	1	QL (30 EA per 30 days) MO GC
<i>zolpidem tartrate tablet sublingual</i>	3	QL (30 EA per 30 days) MO
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO GC
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO GC
<i>modafinil</i>	1	QL (30 EA per 30 days) PA MO GC
XYREM	4	QL (540 ML per 30 days) PA

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	25	<i>alendronate sodium</i>	61
<i>abacavir sulfate/lamivudine</i>	25	<i>alfuzosin hcl er</i>	49
<i>abacavir sulfate/lamivudine/zidovudine</i>	25	ALINIA	20
ABELCET	14	<i>aliskiren</i>	34
ABILIFY MAINTENA	22	<i>allopurinol</i>	15
<i>abiraterone acetate</i>	16	<i>almotriptan</i>	15
ABSTRAL	2	ALOCRIAL	63
<i>acamprosate calcium dr</i>	3	ALOMIDE	63
<i>acarbose</i>	27	<i>alosetron hydrochloride</i>	47
<i>accutane</i>	39	ALPHAGAN P	64
<i>acebutolol hydrochloride</i>	33	<i>alprazolam</i>	27
<i>acetaminophen/codeine #2; #3; #4</i>	2	<i>alprazolam er</i>	27
<i>acetazolamide</i>	34	<i>alprazolam intensol</i>	27
<i>acetazolamide</i>	64	<i>alprazolam odt</i>	27
<i>acetazolamide er</i>	64	ALREX	64
<i>acetic acid</i>	65	<i>altavera</i>	51
<i>acetylcysteine</i>	67	ALUNBRIG	18
<i>acitretin</i>	39	<i>alyacen 1/35</i>	51
ACTHAR	50	<i>alyacen 7/7/7</i>	51
ACTHIB	59	<i>alyq</i>	67
ACTIMMUNE	58	<i>amabelz</i>	51
<i>acyclovir</i>	26	<i>amantadine hcl</i>	26
<i>acyclovir</i>	42	AMBISOME	14
<i>acyclovir sodium</i>	26	<i>ambrisentan</i>	67
ADACEL	59	<i>amcinonide</i>	40
ADAKVEO	31	<i>amethia</i>	51
<i>adapalene</i>	40	<i>amethia lo</i>	51
ADAPALENE/BENZOYL PEROXIDE	39	<i>amethyst</i>	51
<i>adefovir dipivoxil</i>	24	<i>amikacin sulfate</i>	4
ADEMPAS	67	<i>amiloride hcl</i>	35
<i>afirmelle</i>	51	<i>amiloride/hydrochlorothiazide</i>	34
AKYNZEO	13	AMINOSYN II	43
<i>ala-cort</i>	40	AMINOSYN-PF	43
<i>albendazole</i>	20	AMINOSYN-PF 7%	43
<i>albuterol sulfate</i>	66	<i>amiodarone hydrochloride</i>	32
ALBUTEROL SULFATE ER	66	<i>amitriptyline hcl</i>	12
<i>albuterol sulfate hfa</i>	66	<i>amitriptyline hydrochloride</i>	12
<i>alclometasone dipropionate</i>	40	<i>amlodipine besylate</i>	33
<i>alcohol prep pads</i>	61	<i>amlodipine besylate/atorvastatin calcium</i>	34
ALECENSA	18	<i>amlodipine besylate/benazepril</i>	34
		<i>hydrochloride</i>	
		<i>amlodipine besylate/valsartan</i>	34
		<i>amlodipine/olmesartan medoxomil</i>	34

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>amlodipine/valsartan/hctz</i>	34	ASMANEX TWISTHALER 120 METERED	65
<i>amlodipine/valsartan/hydrochlorothiazide</i>	34	DOSES	
<i>ammonium lactate</i>	40	ASMANEX TWISTHALER 14 METERED	65
<i>amnestem</i>	40	DOSES	
<i>amoxapine</i>	12	ASMANEX TWISTHALER 30 METERED	65
<i>amoxicillin</i>	6	DOSES	
<i>amoxicillin/clavulanate potassium</i>	6	ASMANEX TWISTHALER 60 METERED	65
AMOXICILLIN/CLAVULANATE POTASSIUM	6	DOSES	
ER		ASMANEX TWISTHALER 7 METERED DOSES	65
<i>amphetamine/dextroamphetamine</i>	37	ASPARLAS	17
<i>amphotericin b</i>	14	ASPIRIN/DIPYRIDAMOLE	31
<i>amphotericin b liposome</i>	14	ASPIRIN/DIPYRIDAMOLE ER	31
<i>ampicillin</i>	6	ASTAGRAF XL	58
<i>ampicillin sodium</i>	6	ATAZANAVIR	26
<i>ampicillin-sulbactam</i>	6	ATAZANAVIR SULFATE	26
ANADROL-50	51	<i>atenolol</i>	33
<i>anagrelide hydrochloride</i>	31	<i>atenolol/chlorthalidone</i>	34
<i>anastrozole</i>	18	ATOMOXETINE	37
ANDRODERM	51	ATOMOXETINE HYDROCHLORIDE	37
ANORO ELLIPTA	67	<i>atorvastatin calcium</i>	36
APEXICON E	40	<i>atovaquone</i>	20
<i>apomorphine hydrochloride</i>	21	<i>atovaquone/proguanil hcl</i>	20
<i>apraclonidine</i>	64	ATROPINE SULFATE	62
<i>aprepitant</i>	13	ATROVENT HFA	66
<i>apri</i>	51	AUBAGIO	38
APTIOM	10	<i>aubra eq</i>	51
APTIVUS	26	AUGMENTIN	6
ARALAST NP	48	<i>aurovela 1.5/30</i>	51
<i>aranella</i>	51	<i>aurovela 1/20</i>	51
ARANESP ALBUMIN FREE	31	<i>aurovela 24 fe</i>	51
ARCALYST	58	<i>aurovela fe 1.5/30</i>	51
ARCAPTA NEOHALER	66	<i>aurovela fe 1/20</i>	51
<i>arformoterol tartrate</i>	66	AUSTEDO	38
<i>aripiprazole</i>	22	AVASTIN	20
<i>aripiprazole odt</i>	22	<i>aviane</i>	51
ARISTADA	22	<i>avidoxy</i>	7
ARISTADA INITIO	22	<i>avita</i>	40
<i>armodafinil</i>	68	AVONEX	39
ARNUITY ELLIPTA	65	AVONEX PEN	38
<i>ascomp/codeine</i>	2	AVYCAZ	5
<i>asenapine maleate sl</i>	22	<i>ayuna</i>	51
<i>ashlyna</i>	51	AYVAKIT	18
ASMANEX HFA	65	AZASITE	63

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>azathioprine</i>	58	<i>betaxolol hcl</i>	33
AZELAIC ACID	40	<i>betaxolol hcl</i>	64
<i>azelastine hcl</i>	63	<i>bethanechol chloride</i>	50
<i>azelastine hcl</i>	65	BETIMOL	64
<i>azelastine hydrochloride</i>	65	BETOPTIC-S	64
<i>azithromycin</i>	7	<i>bexarotene</i>	20
<i>aztreonam</i>	4	BEXSERO	59
<i>azurette</i>	52	<i>bicalutamide</i>	16
<i>bacitracin</i>	63	BICILLIN C-R	6
<i>bacitracin/polymyxin b</i>	62	BICILLIN L-A	6
<i>baclofen</i>	23	BIKTARVY	24
<i>balsalazide disodium</i>	60	<i>bimatoprost</i>	64
BALVERSA	18	<i>bisoprolol fumarate</i>	33
<i>balziva</i>	52	<i>bisoprolol fumarate/hydrochlorothiazide</i>	34
BARACLUDE	24	BLEPHAMIDE	62
BCG VACCINE	59	BLEPHAMIDE S.O.P.	62
<i>bd insulin syringe safetyglide/1ml/29g x</i>	61	<i>blisovi 24 fe</i>	52
<i>1/2"</i>		<i>blisovi fe 1.5/30</i>	52
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	61	<i>blisovi fe 1/20</i>	52
<i>5/16"</i>		BOOSTRIX	59
<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	61	BOSULIF	18
<i>12.7mm</i>		BRAFTOVI	18
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	61	BREO ELLIPTA	67
<i>bd pen needle/original/ultra-fine/29g x</i>	61	<i>briellyn</i>	52
<i>12.7mm</i>		BRILINTA	31
<i>bekyree</i>	52	<i>brimonidine tartrate</i>	64
<i>benazepril hcl</i>	32	BRIMONIDINE TARTRATE/TIMOLOL	62
<i>benazepril hcl/hydrochlorothiazide</i>	34	MALEATE	
<i>benazepril hydrochloride</i>	32	<i>brinzolamide</i>	64
<i>benazepril</i>	34	BRIVIACT	8
<i>hydrochloride/hydrochlorothiazide</i>		BROMOCRIPTINE MESYLATE	21
BENLYSTA	58	BRUKINSA	18
BENZNIDAZOLE	21	<i>budesonide</i>	60
<i>benztropine mesylate</i>	21	<i>budesonide</i>	65
BEOVU	62	<i>budesonide er</i>	60
<i>bepotastine besilate</i>	63	<i>bumetanide</i>	35
<i>beser</i>	40	<i>buprenorphine</i>	1
BESREMI	17	<i>buprenorphine hcl</i>	4
<i>betaine anhydrous</i>	48	<i>buprenorphine hcl/naloxone hcl</i>	4
<i>betamethasone dipropionate</i>	40	<i>buprenorphine hydrochloride/naloxone</i>	4
<i>betamethasone dipropionate augmented</i>	40	<i>hydrochloride</i>	
<i>betamethasone valerate</i>	40	<i>bupropion hcl</i>	10
BETASERON	39	<i>bupropion hydrochloride</i>	11

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>bupropion hydrochloride er (sr)</i>	4	CAYSTON	67
<i>bupropion hydrochloride er (sr)</i>	11	<i>caziant</i>	52
BUPROPION HYDROCHLORIDE ER (XL)	11	<i>cefaclor</i>	5
<i>buspirone hcl</i>	27	<i>cefaclor er</i>	5
<i>buspirone hydrochloride</i>	27	<i>cefadroxil</i>	5
<i>butalbital/acetaminophen</i>	38	<i>cefazolin sodium</i>	5
<i>butalbital/acetaminophen/cafeine</i>	38	<i>cefdinir</i>	5
<i>butalbital/acetaminophen/cafeine/codeine</i>	2	<i>cefepime</i>	5
<i>butalbital/aspirin/cafeine</i>	38	CEFIXIME	5
<i>butalbital/aspirin/cafeine/codeine</i>	2	<i>cefotaxime sodium</i>	5
<i>butorphanol tartrate</i>	2	<i>cefotetan</i>	5
CABERGOLINE	57	<i>cefoxitin sodium</i>	6
CABLIVI	31	<i>cefpodoxime proxetil</i>	6
CABOMETYX	18	<i>cefprozil</i>	6
<i>calcipotriene</i>	41	<i>ceftazidime</i>	6
<i>calcipotriene/betamethasone dipropionate</i>	41	<i>ceftriaxone sodium</i>	6
<i>calcitonin-salmon</i>	61	<i>cefuroxime axetil</i>	6
<i>calcitriol</i>	42	<i>cefuroxime sodium</i>	6
<i>calcitriol</i>	61	<i>celecoxib</i>	1
<i>calcium acetate</i>	46	CELONTIN	9
CALQUENCE	18	<i>cephalexin</i>	6
<i>camila</i>	56	CERDELGA	48
<i>camrese</i>	52	<i>cetirizine hydrochloride</i>	65
<i>candesartan cilexetil</i>	32	<i>cevimeline hydrochloride</i>	39
<i>candesartan cilexetil/hydrochlorothiazide</i>	34	<i>chateal</i>	52
CAPASTAT SULFATE	16	<i>chateal eq</i>	52
CAPLYTA	22	CHENODAL	47
CAPRELSA	18	<i>chlordiazepoxide hcl</i>	27
<i>captopril</i>	32	<i>chlordiazepoxide hydrochloride</i>	27
<i>captopril/hydrochlorothiazide</i>	34	<i>chlordiazepoxide/amitriptyline</i>	11
<i>carbamazepine</i>	10	<i>chlorhexidine gluconate</i>	39
<i>carbamazepine er</i>	10	<i>chloroquine phosphate</i>	21
<i>carbidopa</i>	22	<i>chlorpromazine hcl</i>	22
<i>carbidopa/levodopa</i>	21	<i>chlorpromazine hydrochloride</i>	22
<i>carbidopa/levodopa er</i>	21	<i>chlorthalidone</i>	35
<i>carbidopa/levodopa odt</i>	22	<i>chlorzoxazone</i>	68
CARBIDOPA/LEVODOPA/ENTACAPONE	21	CHOLBAM	48
<i>carglumic acid</i>	43	<i>cholestyramine</i>	36
<i>carisoprodol</i>	68	<i>cholestyramine light</i>	36
<i>carteolol hcl</i>	64	<i>ciclodan</i>	42
<i>cartia xt</i>	33	<i>ciclopirox</i>	42
<i>carvedilol</i>	33	<i>ciclopirox nail lacquer</i>	42
<i>caspofungin acetate</i>	14	<i>ciclopirox olamine</i>	42

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>cidofovir</i>	24	<i>clodan</i>	40
<i>cilostazol</i>	31	<i>clomipramine hydrochloride</i>	12
CIMDUO	25	<i>clonazepam</i>	9
<i>cimetidine</i>	48	<i>clonazepam odt</i>	9
<i>cimetidine hcl</i>	48	<i>clonidine hcl</i>	31
<i>cimetidine hydrochloride</i>	48	<i>clonidine hydrochloride</i>	31
<i>cinacalcet hydrochloride</i>	61	<i>clonidine hydrochloride er</i>	37
CINRYZE	57	<i>clopidogrel</i>	31
CIPRO	7	<i>clorazepate dipotassium</i>	27
CIPRO HC	65	<i>clotrimazole</i>	14
<i>ciprofloxacin hcl</i>	7	<i>clotrimazole/betamethasone dipropionate</i>	42
<i>ciprofloxacin hydrochloride</i>	7	<i>clovique</i>	46
<i>ciprofloxacin hydrochloride</i>	63	<i>clozapine</i>	23
<i>ciprofloxacin i.v.-in d5w</i>	7	<i>clozapine odt</i>	23
<i>ciprofloxacin/dexamethasone</i>	65	COARTEM	21
<i>citalopram hydrobromide</i>	11	CODEINE SULFATE	2
<i>claravis</i>	40	COLCHICINE	15
<i>clarithromycin</i>	7	COLESEVELAM HYDROCHLORIDE	36
<i>clarithromycin er</i>	7	<i>colestipol hcl</i>	36
CLIMARA PRO	52	<i>colistimethate sodium</i>	5
<i>clindacin etz pledgets</i>	4	<i>colocort</i>	60
<i>clindamycin hcl</i>	4	COMBIGAN	62
<i>clindamycin hydrochloride</i>	4	COMBIVENT RESPIMAT	67
<i>clindamycin palmitate hcl</i>	4	COMETRIQ	18
<i>clindamycin phosphate</i>	4	COMPLERA	24
<i>clindamycin phosphate</i>	42	<i>compro</i>	13
<i>clindamycin phosphate/benzoyl peroxide</i>	40	<i>constulose</i>	46
<i>clindamycin phosphate/dextrose</i>	4	COPIKTRA	18
<i>clindamycin phosphate/tretinoin</i>	40	CORLANOR	34
<i>clindamycin/benzoyl peroxide</i>	40	CORTIFOAM	60
CLINIMIX 4.25%/DEXTROSE 10%	43	<i>cortisone acetate</i>	50
CLINIMIX 4.25%/DEXTROSE 5%	43	CORTROPHIN	50
CLINIMIX 5%/DEXTROSE 15%	43	COSENTYX	58
CLINIMIX 5%/DEXTROSE 20%	43	COSENTYX SENSOREADY PEN	58
CLINIMIX E 2.75%/DEXTROSE 5%	43	COTELIC	18
CLINIMIX E 4.25%/DEXTROSE 10%	43	CREON	48
CLINIMIX E 4.25%/DEXTROSE 5%	43	CRIVAN	26
CLINIMIX E 5%/DEXTROSE 15%	43	<i>cromolyn sodium</i>	48
CLINIMIX E 5%/DEXTROSE 20%	43	<i>cromolyn sodium</i>	63
CLINOLIPID	61	<i>cromolyn sodium</i>	67
<i>clobazam</i>	9	<i>cryselle-28</i>	52
<i>clobetasol propionate</i>	40	<i>curity gauze pads 2"x2"</i>	61
<i>clobetasol propionate e</i>	40	<i>cyclafem 1/35</i>	52

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>cyclafem 7/7/7</i>	52	<i>dexamethasone intensol</i>	50
<i>cyclobenzaprine hydrochloride</i>	68	<i>dexamethasone sodium phosphate</i>	64
CYCLOPHOSPHAMIDE	16	<i>dexmethylphenidate hcl</i>	37
<i>cycloserine</i>	16	<i>dexmethylphenidate hcl er</i>	37
CYCLOSET	27	<i>dexmethylphenidate hydrochloride</i>	37
<i>cyclosporine</i>	58	<i>dexmethylphenidate hydrochloride er</i>	37
<i>cyclosporine modified</i>	58	<i>dextroamphetamine sulfate</i>	37
<i>cyproheptadine hcl</i>	65	<i>dextroamphetamine sulfate er</i>	37
<i>cyproheptadine hydrochloride</i>	65	DEXTROSE 10%/NACL 0.45%	43
<i>cyred eq</i>	52	<i>dextrose 10%</i>	43
CYSTAGON	48	DEXTROSE 10%/NACL 0.2%	43
CYSTARAN	62	DEXTROSE 2.5%/NACL 0.45%	43
DALFAMPRIDINE ER	39	<i>dextrose 5%</i>	43
DALIRESP	67	<i>dextrose 5%/nacl 0.2%</i>	43
<i>danazol</i>	51	DEXTROSE 5%/NACL 0.225%	43
<i>dantrolene sodium</i>	24	<i>dextrose 5%/nacl 0.45%</i>	43
DANYELZA	20	<i>dextrose 5%/nacl 0.9%</i>	43
<i>dapsone</i>	16	DEXTROSE/SODIUM CHLORIDE	44
DAPTACEL	59	DIACOMIT	9
<i>daptomycin</i>	5	<i>diazepam</i>	27
<i>darifenacin hydrobromide er</i>	49	<i>diazepam intensol</i>	27
<i>dasetta 1/35</i>	52	<i>diazepam rectal gel</i>	9
<i>dasetta 7/7/7</i>	52	<i>diazoxide</i>	28
DAURISMO	18	<i>diclofenac potassium</i>	1
<i>daysee</i>	52	<i>diclofenac sodium</i>	1
<i>deblitane</i>	56	<i>diclofenac sodium</i>	42
<i>deferasirox</i>	46	<i>diclofenac sodium</i>	64
<i>deferiprone</i>	46	<i>diclofenac sodium dr</i>	1
DELSTRIGO	24	<i>diclofenac sodium er</i>	1
<i>demeclocycline hcl</i>	7	<i>diclofenac sodium/misoprostol</i>	1
DENAVIR	42	<i>dicloxacin sodium</i>	6
DEPO-ESTRADIOL	52	<i>dicyclomine hcl</i>	47
DEPO-PROVERA	56	<i>dicyclomine hydrochloride</i>	47
DEPO-SUBQ PROVERA 104	56	<i>didanosine</i>	25
DESCOVY	25	DIFICID	7
<i>desipramine hydrochloride</i>	12	<i>diflorasone diacetate</i>	41
<i>desloratadine</i>	65	<i>diflunisal</i>	1
<i>desmopressin acetate</i>	50	DIFLUPREDNATE	64
<i>desogestrel/ethinyl estradiol</i>	52	<i>digitek</i>	32
<i>desonide</i>	40	<i>digox</i>	32
<i>desoximetasone</i>	41	DIGOXIN	32
DESVENLAFAXINE ER	11	<i>dihydroergotamine mesylate</i>	15
<i>dexamethasone</i>	50	DILANTIN	10

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>diltiazem hcl</i>	34	<i>drospirenone/ethinyl</i>	52
<i>diltiazem hcl er</i>	33	<i>estradiol/levomefolate calcium</i>	
<i>diltiazem hydrochloride er</i>	34	<i>droxidopa</i>	31
<i>dilt-xr</i>	33	DUAVEE	56
<i>dimethyl fumarate</i>	39	DULOXETINE HCL	11
<i>dimethyl fumarate starterpack</i>	39	<i>duloxetine hydrochloride</i>	12
DIPHENHYDRAMINE HCL	65	DUPIXENT	58
<i>diphenoxylate hydrochloride/atropine</i>	47	<i>duramorph</i>	2
<i>sulfate</i>		<i>dutasteride</i>	49
<i>diphenoxylate/atropine</i>	47	<i>dutasteride/tamsulosin hydrochloride</i>	49
DIPHThERIA/TETANUS TOXOIDS ADSORBED	59	<i>econazole nitrate</i>	14
PEDIATRIC		EDURANT	25
<i>dipyridamole</i>	31	<i>efavirenz</i>	25
<i>disopyramide phosphate</i>	32	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	25
<i>disulfiram</i>	3	<i>fumarate</i>	
<i>divalproex sodium</i>	9	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	25
<i>divalproex sodium dr</i>	9	<i>fumarate</i>	
<i>divalproex sodium er</i>	9	EGRIFTA	50
DIVIGEL	52	ELAPRASE	48
DOFETILIDE	32	<i>elinest</i>	52
<i>dolishale</i>	52	ELIQUIS	30
<i>donepezil hcl</i>	10	ELIQUIS STARTER PACK	30
<i>donepezil hydrochloride</i>	10	ELITEK	20
<i>dorzolamide hcl/timolol maleate</i>	62	ELLA	61
<i>dorzolamide hydrochloride</i>	64	ELMIRON	50
<i>dotti</i>	52	<i>eluryng</i>	52
DOVATO	24	EMCYT	17
<i>doxazosin mesylate</i>	49	EMEND	13
<i>doxepin hcl</i>	13	EMGALITY	15
<i>doxepin hydrochloride</i>	13	<i>emoquette</i>	52
<i>doxepin hydrochloride</i>	41	EMSAM	11
DOXEPIH HYDROCHLORIDE	68	<i>emtricitabine</i>	25
<i>doxercalciferol</i>	61	<i>emtricitabine/tenofovir disoproxil</i>	25
<i>doxy 100</i>	7	<i>emtricitabine/tenofovir disoproxil fumarate</i>	25
<i>doxycycline</i>	8	EMTRIVA	25
<i>doxycycline hyclate</i>	8	<i>enalapril maleate</i>	32
<i>doxycycline hyclate</i>	39	<i>enalapril maleate/hydrochlorothiazide</i>	34
<i>doxycycline hyclate dr</i>	8	ENBREL	58
<i>doxycycline monohydrate</i>	8	ENBREL MINI	58
DRIZALMA SPRINKLE	11	ENBREL SURECLICK	58
<i>dronabinol</i>	13	<i>endocet</i>	2
<i>drospirenone/ethinyl estradiol</i>	52	ENGERIX-B	59
		ENOXAPARIN SODIUM	30

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>enpresse-28</i>	52	<i>ethambutol hydrochloride</i>	16
<i>enskyce</i>	52	<i>ethosuximide</i>	9
<i>entacapone</i>	21	<i>ethynodiol diacetate/ethinyl estradiol</i>	52
<i>entecavir</i>	24	<i>etodolac</i>	1
ENTRESTO	34	<i>etodolac er</i>	1
<i>enulose</i>	47	<i>etonogestrel/ethinyl estradiol</i>	52
ENVARUS XR	58	<i>etravirine</i>	25
EPIDIOLEX	8	<i>everolimus</i>	18
<i>epinastine hcl</i>	63	<i>everolimus</i>	58
EPINEPHRINE	66	EVOTAZ	26
<i>epitol</i>	10	EVRYSDI	48
EPIVIR HBV	24	<i>exemestane</i>	18
<i>eplerenone</i>	35	EXKIVITY	18
EPRONTIA	8	<i>ezetimibe</i>	36
ERAXIS	14	<i>ezetimibe/simvastatin</i>	36
ERGOLOID MESYLATES	10	<i>falmina</i>	52
<i>ergotamine tartrate/caffeine</i>	15	<i>famciclovir</i>	26
ERIVEDGE	18	<i>famotidine</i>	48
ERLEADA	16	FANAPT	22
<i>erlotinib hydrochloride</i>	18	FANAPT TITRATION PACK	22
<i>errin</i>	56	FARXIGA	28
ERTAPENEM	6	FARYDAK	18
<i>ery</i>	42	FASENRA	67
ERYTHROCIN LACTOBIONATE	7	FASENRA PEN	68
<i>erythrocine stearate</i>	7	FEBUXOSTAT	15
<i>erythromycin</i>	7	<i>felbamate</i>	8
<i>erythromycin</i>	42	<i>felodipine er</i>	33
<i>erythromycin</i>	63	<i>femynor</i>	53
<i>erythromycin base</i>	7	FENOFIBRATE	35
<i>erythromycin dr</i>	7	<i>fenofibrate micronized</i>	35
<i>erythromycin ethylsuccinate</i>	7	<i>fenofibric acid</i>	35
<i>erythromycin lactobionate</i>	7	<i>fenofibric acid dr</i>	35
<i>erythromycin/benzoyl peroxide</i>	40	<i>fenoprofen calcium</i>	1
ESBRIET	67	FENTANYL	1
<i>escitalopram oxalate</i>	12	<i>fentanyl citrate oral transmucosal</i>	2
ESOMEPRAZOLE MAGNESIUM	48	FERRIPROX TWICE-A-DAY	46
<i>estarylla</i>	52	<i>fesoterodine fumarate er</i>	49
<i>estazolam</i>	68	FETZIMA	12
ESTRADIOL	52	FETZIMA TITRATION PACK	12
<i>estradiol valerate</i>	52	FINACEA	40
<i>estradiol/norethindrone acetate</i>	52	<i>finasteride</i>	49
<i>eszopiclone</i>	68	FINTEPLA	8
<i>ethacrynic acid</i>	35	FIRMAGON	57

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>flac</i>	65	FORTEO	61
FLAREX	64	<i>fosamprenavir calcium</i>	26
<i>flavoxate hcl</i>	49	FOSFOMYCIN TROMETHAMINE	5
FLEBOGAMMA DIF	57	<i>fosinopril sodium</i>	32
<i>flecainide acetate</i>	32	<i>fosinopril sodium/hydrochlorothiazide</i>	34
FLOVENT DISKUS	65	FOTIVDA	16
FLOVENT HFA	65	FRAGMIN	30
<i>fluconazole</i>	14	FREAMINE HBC 6.9%	44
<i>fluconazole in sodium chloride</i>	14	FREAMINE III	44
<i>flucytosine</i>	14	<i>frovatriptan succinate</i>	15
<i>fludrocortisone acetate</i>	50	FULPHILA	31
<i>flunisolide</i>	65	<i>furosemide</i>	35
<i>fluocinolone acetonide</i>	41	FUZEON	25
<i>fluocinolone acetonide</i>	65	<i>fyavolv</i>	53
<i>fluocinolone acetonide scalp</i>	41	FYCOMPA	8
<i>fluocinonide</i>	41	<i>gabapentin</i>	9
<i>fluocinonide emulsified base</i>	41	<i>galantamine hydrobromide</i>	10
<i>fluorabon</i>	44	<i>galantamine hydrobromide er</i>	10
<i>fluoride</i>	44	GAMUNEX-C	57
<i>fluoritab</i>	44	<i>ganciclovir</i>	24
<i>fluorometholone</i>	64	GARDASIL 9	59
<i>fluorouracil</i>	42	<i>gatifloxacin</i>	63
<i>fluoxetine dr</i>	12	GATTEX	47
<i>fluoxetine hcl</i>	12	<i>gavilyte-c</i>	47
<i>fluoxetine hydrochloride</i>	12	<i>gavilyte-g</i>	47
<i>fluphenazine decanoate</i>	22	<i>gavilyte-n/flavor pack</i>	47
<i>fluphenazine hcl</i>	22	GAVRETO	17
<i>fluphenazine hydrochloride</i>	22	<i>gemfibrozil</i>	36
<i>flura-drops</i>	44	<i>gemmily</i>	53
<i>flurandrenolide</i>	41	<i>generlac</i>	47
<i>flurbiprofen</i>	1	<i>gengraf</i>	58
<i>flurbiprofen sodium</i>	64	GENOTROPIN	50
<i>flutamide</i>	16	GENOTROPIN MINISQUICK	50
<i>fluticasone propionate</i>	41	<i>gentak</i>	63
<i>fluticasone propionate</i>	65	<i>gentamicin sulfate</i>	4
<i>fluticasone propionate/salmeterol</i>	68	<i>gentamicin sulfate</i>	63
<i>fluticasone propionate/salmeterol diskus</i>	68	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
<i>fluvastatin</i>	36	GENVOYA	24
<i>fluvastatin sodium er</i>	36	<i>gianvi</i>	53
<i>fluvoxamine maleate</i>	12	GILENYA	39
<i>fluvoxamine maleate er</i>	12	GILOTRIF	18
<i>fondaparinux sodium</i>	30	GIVLAARI	61
<i>formoterol fumarate</i>	66	GLASSIA	48

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>glatiramer acetate</i>	39	HUMIRA PEDIATRIC CROHNS DISEASE	59
<i>glatopa</i>	39	STARTER PACK	
GLEOSTINE	16	HUMIRA PEN	59
<i>glimepiride</i>	28	HUMIRA PEN-CD/UC/HS STARTER	59
<i>glipizide</i>	28	HUMIRA PEN-PEDIATRIC UC STARTER PACK	59
<i>glipizide er</i>	28	HUMIRA PEN-PS/UV STARTER	59
<i>glipizide/metformin hydrochloride</i>	28	HUMULIN 70/30	29
GLUCAGON EMERGENCY KIT	28	HUMULIN 70/30 KWIKPEN	29
GLUCAGON EMERGENCY KIT FOR LOW	29	HUMULIN N	29
BLOOD SUGAR		HUMULIN N KWIKPEN	29
<i>glyburide</i>	28	HUMULIN R	29
<i>glyburide micronized</i>	28	HUMULIN R U-500 (CONCENTRATED)	29
<i>glyburide/metformin hydrochloride</i>	28	HUMULIN R U-500 KWIKPEN	29
<i>glycopyrrolate</i>	47	<i>hydralazine hcl</i>	36
<i>glydo</i>	3	<i>hydralazine hydrochloride</i>	37
<i>granisetron hydrochloride</i>	13	<i>hydrochlorothiazide</i>	35
<i>griseofulvin microsize</i>	14	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocodone/acetaminophen</i>	2
<i>guanfacine er</i>	37	<i>hydrocodone/ibuprofen</i>	3
<i>guanfacine hcl</i>	31	<i>hydrocortisone</i>	41
<i>guanfacine hydrochloride</i>	37	<i>hydrocortisone</i>	50
GUANIDINE HCL	15	<i>hydrocortisone</i>	61
<i>hailey 1.5/30</i>	53	<i>hydrocortisone butyrate</i>	41
<i>hailey 24 fe</i>	53	<i>hydrocortisone valerate</i>	41
<i>halobetasol propionate</i>	41	<i>hydrocortisone/acetic acid</i>	65
<i>haloperidol</i>	22	<i>hydromorphone hcl</i>	3
<i>haloperidol decanoate</i>	22	<i>hydromorphone hcl er</i>	2
<i>haloperidol lactate</i>	22	<i>hydromorphone hydrochloride</i>	3
HAVRIX	59	<i>hydromorphone hydrochloride er</i>	2
<i>heather</i>	56	<i>hydroxychloroquine sulfate</i>	21
<i>heparin sodium</i>	30	<i>hydroxyprogesterone caproate</i>	56
HEPATAMINE	44	<i>hydroxyurea</i>	17
HETLIOZ	68	<i>hydroxyzine hcl</i>	65
HIBERIX	59	<i>hydroxyzine hydrochloride</i>	66
HUMALOG	29	<i>hydroxyzine pamoate</i>	27
HUMALOG JUNIOR KWIKPEN	29	HYPERHEP B	58
HUMALOG KWIKPEN	29	<i>ibandronate sodium</i>	61
HUMALOG MIX 50/50	29	IBRANCE	17
HUMALOG MIX 50/50 KWIKPEN	29	IBRANCE	18
HUMALOG MIX 75/25	29	<i>ibu</i>	1
HUMALOG MIX 75/25 KWIKPEN	29	<i>ibuprofen</i>	1
HUMIRA	59	<i>icatibant acetate</i>	57
		<i>iclevia</i>	53

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
ICLUSIG	18	IOPIDINE	64
ICOSAPENT ETHYL	36	IPOLE INACTIVATED IPV	59
IDHIFA	17	<i>ipratropium bromide</i>	66
ILEVRO	64	<i>ipratropium bromide/albuterol sulfate</i>	68
<i>imatinib mesylate</i>	18	<i>irbesartan</i>	32
IMBRUVICA	19	<i>irbesartan/hydrochlorothiazide</i>	34
<i>imipenem/cilastatin</i>	7	IRESSA	19
<i>imipramine hcl</i>	13	ISENTRESS	24
<i>imipramine hydrochloride</i>	13	ISENTRESS HD	24
<i>imipramine pamoate</i>	13	<i>isibloom</i>	53
<i>imiquimod</i>	42	ISOLYTE-P/DEXTROSE 5%	44
<i>imiquimod pump</i>	42	ISOLYTE-S	44
IMOVAX RABIES (H.D.C.V.)	59	ISONIAZID	16
IMPAVIDO	5	<i>isosorbide dinitrate</i>	36
<i>incassia</i>	56	<i>isosorbide dinitrate/hydralazine</i>	34
INCRELEX	50	<i>hydrochloride</i>	
<i>indapamide</i>	35	<i>isosorbide mononitrate</i>	36
<i>indomethacin</i>	1	<i>isosorbide mononitrate er</i>	36
<i>indomethacin er</i>	1	<i>isotonic gentamicin</i>	4
INFANRIX	59	<i>isotretinoin</i>	40
INLYTA	19	<i>isradipine</i>	33
INQOVI	19	<i>itraconazole</i>	14
INREBIC	17	<i>ivermectin</i>	20
INSULIN ASPART	29	<i>ivermectin</i>	42
INSULIN ASPART FLEXPEN	29	IXIARO	59
INSULIN ASPART PENFILL	29	<i>jaimiess</i>	53
INSULIN ASPART PROTAMINE/INSULIN	29	JAKAFI	19
ASPART		<i>jantoven</i>	30
INSULIN ASPART PROTAMINE/INSULIN	29	JANUMET	28
ASPART FLEXPEN		JANUMET XR	28
INSULIN LISPRO	29	JANUVIA	28
INSULIN LISPRO JUNIOR KWIKPEN	29	JARDIANCE	28
INSULIN LISPRO KWIKPEN	29	<i>jasmiel</i>	53
INSULIN LISPRO PROTAMINE/INSULIN	29	JEMPERLI	20
LISPRO KWIKPEN		<i>jencycla</i>	56
INTELENCE	25	JENTADUETO	28
INTRALIPID	61	JENTADUETO XR	28
INTRON A	58	<i>jinteli</i>	53
<i>introvale</i>	53	<i>juleber</i>	53
INVEGA HAFYERA	22	JULUCA	24
INVEGA SUSTENNA	22	<i>june 1.5/30</i>	53
INVEGA TRINZA	22	<i>june 1/20</i>	53
INVIRASE	26	<i>june fe 1.5/30</i>	53

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>junel fe 1/20</i>	53	LAGEVRIO	61
<i>junel fe 24</i>	53	<i>lamivudine</i>	24
JUXTAPID	36	<i>lamivudine</i>	25
<i>kaitlib fe</i>	53	<i>lamivudine/zidovudine</i>	25
<i>kalliga</i>	53	<i>lamotrigine</i>	8
KALYDECO	67	LAMOTRIGINE ER	8
KANUMA	48	<i>lamotrigine odt</i>	8
<i>kariva</i>	53	<i>lamotrigine starter kit/blue</i>	8
<i>kcl 0.075%/d5w/nacl 0.45%</i>	44	<i>lamotrigine starter kit/green</i>	8
<i>kcl 0.15%/d5w/nacl 0.2%</i>	44	<i>lamotrigine starter kit/orange</i>	8
<i>kcl 0.15%/d5w/nacl 0.45%</i>	44	<i>lamotrigine titration</i>	8
<i>kcl 0.15%/d5w/nacl 0.9%</i>	44	LANREOTIDE ACETATE	57
<i>kcl 0.3%/d5w/nacl 0.45%</i>	44	<i>lansoprazole</i>	48
<i>kcl 0.3%/d5w/nacl 0.9%</i>	44	<i>lansoprazole/amoxicillin/clarithromycin</i>	47
<i>kelnor 1/35</i>	53	<i>lanthanum carbonate</i>	46
<i>kelnor 1/50</i>	53	LANTUS	29
KERENDIA	34	LANTUS SOLOSTAR	29
<i>ketoconazole</i>	14	<i>lapatinib ditosylate</i>	19
<i>ketodan</i>	14	<i>larin 1.5/30</i>	53
<i>ketoprofen er</i>	1	<i>larin 1/20</i>	53
<i>ketorolac tromethamine</i>	1	<i>larin 24 fe</i>	53
<i>ketorolac tromethamine</i>	64	<i>larin fe 1.5/30</i>	53
KEVEYIS	48	<i>larin fe 1/20</i>	53
KINRIX	59	<i>larissia</i>	53
<i>kionex</i>	46	<i>latanoprost</i>	64
KISQALI	19	LATUDA	22
KISQALI FEMARA 200 DOSE	17	<i>ledipasvir/sofosbuvir</i>	24
KISQALI FEMARA 400 DOSE	17	<i>leena</i>	53
KISQALI FEMARA 600 DOSE	17	<i>leflunomide</i>	59
KLARITY-A	63	<i>lenalidomide</i>	16
<i>klor-con 10</i>	44	LENVIMA 10 MG DAILY DOSE	19
<i>klor-con 8</i>	44	LENVIMA 12MG DAILY DOSE	19
<i>klor-con m10</i>	44	LENVIMA 14 MG DAILY DOSE	19
<i>klor-con m15</i>	44	LENVIMA 18 MG DAILY DOSE	19
<i>klor-con m20</i>	44	LENVIMA 20 MG DAILY DOSE	19
<i>klor-con sprinkle</i>	44	LENVIMA 24 MG DAILY DOSE	19
KORLYM	51	LENVIMA 4 MG DAILY DOSE	19
KOSELUGO	19	LENVIMA 8 MG DAILY DOSE	19
<i>kurvelo</i>	53	<i>lessina</i>	53
<i>labetalol hydrochloride</i>	33	<i>letrozole</i>	18
LACOSAMIDE	10	<i>leucovorin calcium</i>	17
LACRISERT	62	LEUKERAN	16
<i>lactulose</i>	47	<i>leuprolide acetate</i>	57

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>levalbuterol</i>	66	<i>lorazepam intensol</i>	27
<i>levalbuterol hcl</i>	66	LORBRENA	19
<i>levalbuterol tartrate hfa</i>	66	<i>lorcet</i>	3
LEVEMIR	29	<i>lorcet hd</i>	3
LEVEMIR FLEXTOUCH	29	<i>lorcet plus</i>	3
<i>levetiracetam</i>	8	<i>loryna</i>	54
<i>levetiracetam er</i>	8	<i>losartan potassium</i>	32
<i>levobunolol hcl</i>	64	<i>losartan potassium/hydrochlorothiazide</i>	35
<i>levocarnitine</i>	62	LOTEPREDNOL ETABONATE	64
<i>levocetirizine dihydrochloride</i>	66	<i>lovastatin</i>	36
<i>levofloxacin</i>	7	<i>low-ogestrel</i>	54
<i>levofloxacin</i>	63	<i>loxapine</i>	22
<i>levofloxacin in d5w</i>	7	<i>lo-zumandimine</i>	54
<i>levonest</i>	53	<i>lubiprostone</i>	47
<i>levonorgestrel and ethinyl estradiol</i>	53	LUMAKRAS	17
LEVONORGESTREL/ETHINYL ESTRADIOL	53	LUMIGAN	64
<i>levora 0.15/30-28</i>	53	LUMIZYME	48
<i>levorphanol tartrate</i>	2	LUPRON DEPOT (1-MONTH)	57
<i>levo-t</i>	56	LUPRON DEPOT (3-MONTH)	57
LEVOTHYROXINE SODIUM	56	LUPRON DEPOT (4-MONTH)	57
LEXIVA	26	LUPRON DEPOT (6-MONTH)	57
LIDOCAINE	3	<i>lutura</i>	54
<i>lidocaine hcl</i>	3	LYBALVI	23
<i>lidocaine hcl jelly</i>	3	<i>lyleq</i>	56
<i>lidocaine viscous</i>	39	<i>lyllana</i>	54
<i>lidocaine/prilocaine</i>	3	LYNPARZA	19
<i>lillow</i>	54	LYSODREN	57
<i>lindane</i>	42	<i>lyza</i>	56
<i>linezolid</i>	5	<i>magnesium sulfate</i>	44
LINZESS	47	<i>malathion</i>	42
<i>liothyronine sodium</i>	56	<i>maprotiline hcl</i>	11
<i>lisinopril</i>	32	<i>maraviroc</i>	26
<i>lisinopril/hydrochlorothiazide</i>	35	<i>marlissa</i>	54
LITHIUM	27	MARPLAN	11
<i>lithium carbonate</i>	27	MATULANE	16
<i>lithium carbonate er</i>	27	<i>matzim la</i>	34
LIVTENCITY	24	MAVYRET	24
LOKELMA	46	MAYZENT	39
LONSURF	17	MAYZENT STARTER PACK	39
<i>loperamide hcl</i>	47	<i>meclizine hcl</i>	13
<i>lopinavir/ritonavir</i>	26	<i>meclofenamate sodium</i>	1
<i>loprezza</i>	54	<i>medroxyprogesterone acetate</i>	56
<i>lorazepam</i>	27	<i>mefenamic acid</i>	1

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>mefloquine hcl</i>	21	<i>methylprednisolone dose pack</i>	50
<i>megestrol acetate</i>	56	<i>methyltestosterone</i>	51
MEKINIST	19	<i>metoclopramide hcl</i>	47
MEKTOVI	19	<i>metoclopramide hydrochloride</i>	47
<i>melodetta 24 fe</i>	54	<i>metoclopramide odt</i>	47
<i>meloxicam</i>	1	<i>metolazone</i>	35
<i>memantine hcl titration pak</i>	10	<i>metoprolol succinate er</i>	33
<i>memantine hydrochloride</i>	10	<i>metoprolol tartrate</i>	33
MEMANTINE HYDROCHLORIDE ER	10	<i>metoprolol/hydrochlorothiazide</i>	35
MENACTRA	60	<i>metronidazole</i>	5
MENEST	54	<i>metronidazole</i>	40
MENQUADFI	60	<i>metronidazole vaginal</i>	5
MENVEO	60	<i>metyrosine</i>	35
<i>mercaptopurine</i>	17	MEXILETINE HCL	32
<i>meropenem</i>	7	<i>mibelas 24 fe</i>	54
<i>merzee</i>	54	<i>micafungin</i>	14
<i>mesalamine</i>	60	<i>miconazole 3</i>	14
MESALAMINE DR	60	<i>microgestin 1.5/30</i>	54
MESALAMINE ER	60	<i>microgestin 1/20</i>	54
MESNEX	20	<i>microgestin 24 fe</i>	54
<i>metformin hydrochloride</i>	28	<i>microgestin fe 1.5/30</i>	54
<i>metformin hydrochloride er</i>	28	<i>microgestin fe 1/20</i>	54
<i>methadone hcl</i>	2	<i>midodrine hcl</i>	32
<i>methadone hydrochloride</i>	2	MIGERGOT	15
<i>methadone hydrochloride intensol</i>	2	<i>miglitol</i>	28
<i>methadose</i>	2	<i>miglustat</i>	49
<i>methadose sugar-free</i>	2	<i>mili</i>	54
<i>methazolamide</i>	64	MILLIPRED	50
<i>methenamine hippurate</i>	5	<i>mimvey</i>	54
<i>methimazole</i>	57	<i>minitrin</i>	36
METHITEST	51	MINOCIN	8
<i>methocarbamol</i>	68	<i>minocycline hcl</i>	8
<i>methotrexate</i>	59	<i>minocycline hydrochloride</i>	8
<i>methotrexate sodium</i>	59	<i>minoxidil</i>	37
<i>methoxsalen</i>	42	<i>mirtazapine</i>	11
<i>methscopolamine bromide</i>	47	<i>mirtazapine odt</i>	11
<i>methyldopa</i>	32	<i>misoprostol</i>	48
<i>methyldopa/hydrochlorothiazide</i>	35	<i>mitigo</i>	2
<i>methylphenidate hydrochloride</i>	38	M-M-R II	60
<i>methylphenidate hydrochloride cd</i>	37	<i>modafinil</i>	68
<i>methylphenidate hydrochloride er</i>	37	<i>moexipril hcl</i>	32
<i>methylphenidate hydrochloride er (la)</i>	37	<i>molindone hydrochloride</i>	22
<i>methylprednisolone</i>	50	<i>mometasone furoate</i>	41

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>mometasone furoate</i>	65	<i>nefazodone hydrochloride</i>	12
<i>mondoxyne nl</i>	8	<i>nelarabine</i>	17
<i>mono-lynyah</i>	54	<i>neomycin sulfate</i>	4
<i>montelukast sodium</i>	66	<i>neomycin/bacitracin/polymyxin</i>	62
<i>morgidox 1x100mg</i>	8	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	62
<i>morgidox 2x100mg</i>	8	<i>one</i>	
<i>morphine sulfate</i>	3	<i>neomycin/polymyxin/dexamethasone</i>	62
<i>morphine sulfate er</i>	2	NEOMYCIN/POLYMYXIN/GRAMICIDIN	62
<i>moxifloxacin hydrochloride/sodium</i>	7	<i>neomycin/polymyxin/hc</i>	65
<i>hydrochloride</i>		<i>neomycin/polymyxin/hydrocortisone</i>	62
<i>moxifloxacin hydrochloride</i>	7	<i>neomycin/polymyxin/hydrocortisone</i>	65
MOXIFLOXACIN HYDROCHLORIDE	63	<i>neo-polycin</i>	62
MULTAQ	32	<i>neo-polycin hc</i>	62
MUPIROCIN	42	NEPHRAMINE	44
MYALEPT	47	NERLYNX	19
<i>mycophenolate mofetil</i>	59	<i>neuac</i>	40
<i>mycophenolic acid dr</i>	59	NEULASTA	31
<i>myorisan</i>	40	NEUPRO	21
MYRBETRIQ	49	NEVANAC	64
NABI-HB	58	<i>nevirapine</i>	25
<i>nabumetone</i>	1	<i>nevirapine er</i>	25
<i>nadolol</i>	33	<i>niacin</i>	36
<i>nafcillin sodium</i>	6	<i>niacin er</i>	36
<i>nafrinse</i>	44	<i>niacor</i>	36
<i>nafrinse drops</i>	44	<i>nicardipine hcl</i>	33
<i>naftifine hcl</i>	14	NICOTROL INHALER	4
NAFTIFINE HYDROCHLORIDE	14	NICOTROL NS	4
NAGLAZYME	49	<i>nifedipine er</i>	33
<i>naloxone hcl</i>	4	<i>nikki</i>	54
NALOXONE HYDROCHLORIDE	4	<i>nilutamide</i>	16
<i>naltrexone hcl</i>	3	<i>nimodipine</i>	33
NAMENDA XR TITRATION PACK	10	NINLARO	17
NAMZARIC	10	<i>nisoldipine er</i>	33
<i>naproxen</i>	1	<i>nitazoxanide</i>	21
<i>naproxen sodium</i>	1	<i>nitisinone</i>	49
<i>naratriptan hcl</i>	15	<i>nitro-bid</i>	36
NATACYN	63	<i>nitrofurantoin macrocrystals</i>	5
<i>nateglinide</i>	28	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
NATPARA	61	<i>nitroglycerin</i>	36
NAYZILAM	8	<i>nitroglycerin lingual</i>	36
<i>nebivolol</i>	33	<i>nitroglycerin transdermal</i>	36
<i>nebivolol hydrochloride</i>	33	NIVESTYM	31
<i>necon 0.5/35-28</i>	54	<i>nizatidine</i>	48

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>nolix</i>	41	<i>nyamyc</i>	14
<i>norethindrone</i>	56	<i>nylia 1/35</i>	54
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	54	<i>nylia 7/7/7</i>	54
<i>norethindrone acetate</i>	56	<i>nymyo</i>	54
<i>norethindrone acetate/ethinyl estradiol</i>	54	<i>nystatin</i>	14
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	54	<i>nystatin/triamcinolone</i>	42
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	54	<i>nystop</i>	14
<i>norgestimate/ethinyl estradiol</i>	54	OICALIVA	47
<i>norlyda</i>	56	OCTAGAM	58
NORMOSOL-M IN D5W	44	<i>octreotide acetate</i>	57
NORMOSOL-R	44	ODEFSEY	25
NORMOSOL-R IN D5W	44	ODOMZO	19
<i>nortrel 0.5/35 (28)</i>	54	OFEV	67
<i>nortrel 1/35</i>	54	<i>ofloxacin</i>	7
<i>nortrel 7/7/7</i>	54	<i>ofloxacin</i>	63
<i>nortriptyline hcl</i>	13	<i>ofloxacin</i>	65
<i>nortriptyline hydrochloride</i>	13	<i>ogestrel</i>	54
NORVIR	26	<i>okebo</i>	8
NOVOLIN 70/30	29	<i>olanzapine</i>	23
NOVOLIN 70/30 FLEXPEN	29	<i>olanzapine odt</i>	23
<i>novolin 70/30 flexpen relion</i>	29	<i>olanzapine/fluoxetine</i>	11
<i>novolin 70/30 relion</i>	29	<i>olmesartan medoxomil</i>	32
NOVOLIN N	29	<i>olmesartan</i>	35
NOVOLIN N FLEXPEN	29	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	35
<i>novolin n flexpen relion</i>	29	<i>olmesartan medoxomil/hydrochlorothiazide</i>	35
<i>novolin n relion</i>	29	<i>olopatadine hcl</i>	63
NOVOLIN R	29	<i>olopatadine hcl</i>	66
NOVOLIN R FLEXPEN	29	<i>olopatadine hydrochloride</i>	63
<i>novolin r flexpen relion</i>	29	OMEGA-3-ACID ETHYL ESTERS	36
<i>novolin r relion</i>	30	<i>omeprazole</i>	48
NOVOLOG	30	<i>omeprazole dr</i>	48
NOVOLOG FLEXPEN	30	<i>ondansetron hcl</i>	13
NOVOLOG MIX 70/30	30	<i>ondansetron hydrochloride</i>	13
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	30	<i>ondansetron odt</i>	13
NOVOLOG PENFILL	30	ONUREG	17
NOXAFIL	14	OPSUMIT	67
NUBEQA	16	<i>oralone dental paste</i>	39
NUDEXTA	38	ORENITRAM	67
NUPLAZID	23	ORFADIN	49
NUTRILIPID	62	ORGOVYX	57
		ORKAMBI	67
		<i>orphenadrine citrate er</i>	68
		<i>orsythia</i>	54

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>oseltamivir phosphate</i>	26	PASER	16
OXACILLIN SODIUM	6	PAXLOVID	25
OXANDROLONE	51	PAXLOVID	62
<i>oxaprozin</i>	1	PAZEO	63
<i>oxazepam</i>	27	PEDIARIX	60
OXBRYTA	31	PEDVAX HIB	60
<i>oxcarbazepine</i>	10	<i>peg-3350/electrolytes</i>	47
<i>oxiconazole nitrate</i>	14	<i>peg-3350/nacl/na bicarbonate/kcl</i>	47
<i>oxybutynin chloride</i>	49	PEGANONE	10
<i>oxybutynin chloride er</i>	49	PEGASYS	58
<i>oxycodone and acetaminophen</i>	3	PEGASYS PROCLICK	58
<i>oxycodone hydrochloride</i>	3	PEMAZYRE	17
<i>oxycodone/acetaminophen</i>	3	<i>penicillamine</i>	46
<i>oxycodone/aspirin</i>	3	<i>penicillamine</i>	50
<i>oxycodone/ibuprofen</i>	3	<i>penicillin g potassium</i>	6
<i>oxymorphone hydrochloride</i>	3	<i>penicillin g sodium</i>	6
<i>oxymorphone hydrochloride er</i>	2	<i>penicillin v potassium</i>	6
<i>oxymorphone hydrochlorideer</i>	2	PENTACEL	60
OZEMPIC	28	<i>pentamidine isethionate</i>	21
<i>pacerone</i>	32	PENTASA	60
PADCEV	20	<i>pentazocine/naloxone hcl</i>	3
PALFORZIA INITIAL DOSE ESCALATION	62	<i>pentoxifylline er</i>	35
PALFORZIA LEVEL 1	62	<i>perindopril erbumine</i>	32
PALFORZIA LEVEL 10	62	<i>periogard</i>	39
PALFORZIA LEVEL 11 (MAINTENANCE)	62	<i>permethrin</i>	42
PALFORZIA LEVEL 11 (TITRATION)	62	<i>perphenazine</i>	22
PALFORZIA LEVEL 2	62	<i>perphenazine/amitriptyline</i>	11
PALFORZIA LEVEL 3	62	PERSERIS	23
PALFORZIA LEVEL 4	62	<i>pfizerpen</i>	6
PALFORZIA LEVEL 5	62	<i>phenadoz</i>	13
PALFORZIA LEVEL 6	62	<i>phenelzine sulfate</i>	11
PALFORZIA LEVEL 7	62	<i>phenobarbital</i>	9
PALFORZIA LEVEL 8	62	<i>phenoxybenzamine hydrochloride</i>	32
PALFORZIA LEVEL 9	62	<i>phenytek</i>	10
<i>paliperidone er</i>	23	<i>phenytoin</i>	10
PANRETIN	20	<i>phenytoin sodium extended</i>	10
<i>pantoprazole sodium</i>	48	<i>philith</i>	54
<i>paricalcitol</i>	61	PHOSPHOLINE IODIDE	64
<i>paroex</i>	39	PIFELTRO	25
<i>paromomycin sulfate</i>	4	<i>pilocarpine hcl</i>	64
<i>paroxetine hcl</i>	12	<i>pilocarpine hydrochloride</i>	39
<i>paroxetine hcl er</i>	12	<i>pimecrolimus</i>	41
<i>paroxetine hydrochloride</i>	12	<i>pimozide</i>	22

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>pimtrex</i>	55	PREDNICARBATE	41
<i>pindolol</i>	33	<i>prednisolone</i>	50
<i>pioglitazone hcl</i>	28	PREDNISOLONE ACETATE	64
<i>pioglitazone hcl/metformin hcl</i>	28	<i>prednisolone sodium phosphate</i>	50
<i>pioglitazone hcl-glimepiride</i>	28	<i>prednisolone sodium phosphate</i>	64
<i>pioglitazone hydrochloride</i>	28	<i>prednisone</i>	50
<i>piperacillin sodium/tazobactam sodium</i>	6	<i>prednisone intensol</i>	50
PIQRAY 200MG DAILY DOSE	19	<i>pregabalin</i>	38
PIQRAY 250MG DAILY DOSE	19	PREHEVBRIO	60
PIQRAY 300MG DAILY DOSE	19	PREMARIN	55
<i>pirfenidone</i>	67	PREMASOL	45
<i>pirmella 1/35</i>	55	PREMPHASE	55
<i>pirmella 7/7/7</i>	55	PREMPRO	55
<i>piroxicam</i>	1	<i>prenatal</i>	46
PLASMA-LYTE A	45	PREPOPIK	47
PLASMA-LYTE-148	45	<i>prevalite</i>	36
PLEGRIDY	39	<i>previfem</i>	55
PLEGRIDY STARTER PACK	39	PREVYMIS	24
PLENAMINE	45	PREZCOBIX	26
<i>podofilox</i>	42	PREZISTA	26
POLIVY	20	PRIFTIN	16
<i>polycin</i>	62	<i>primaquine phosphate</i>	21
<i>polymyxin b sulfate</i>	5	<i>primidone</i>	9
<i>polymyxin b sulfate/trimethoprim sulfate</i>	62	PRIMLEV	3
POMALYST	16	PROAIR DIGIHALER	66
<i>portia-28</i>	55	PROAIR RESPICLICK	66
<i>posaconazole dr</i>	14	<i>probenecid</i>	15
<i>potassium chloride</i>	45	<i>probenecid/colchicine</i>	15
<i>potassium chloride er</i>	45	PROCALAMINE	45
POTASSIUM CHLORIDE/DEXTROSE	45	<i>prochlorperazine</i>	13
<i>potassium chloride/dextrose/lactated</i>	45	PROCHLORPERAZINE EDISYLATE	13
<i>ringers</i>		<i>prochlorperazine maleate</i>	13
<i>potassium chloride/dextrose/sodium</i>	45	PROCRIT	31
<i>chloride</i>		<i>procto-med hc</i>	61
<i>potassium chloride/sodium chloride</i>	45	<i>procto-pak</i>	61
<i>potassium citrate er</i>	45	<i>proctosol hc</i>	61
PRALUENT	36	<i>proctozone-hc</i>	61
<i>pramipexole dihydrochloride</i>	21	<i>progesterone</i>	56
<i>pramipexole dihydrochloride er</i>	21	PROGRAF	59
PRASUGREL	31	PROLASTIN-C	49
<i>pravastatin sodium</i>	36	PROLATE	3
PRAZQUANTEL	20	PROLENSA	64
<i>prazosin hydrochloride</i>	32	PROLIA	61

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
PROMACTA	31	RANOLAZINE ER	35
<i>promethazine hcl</i>	13	<i>rasagiline mesylate</i>	22
<i>promethazine hcl plain</i>	13	RAVICTI	49
<i>promethazine hydrochloride</i>	13	REBIF	39
<i>promethazine vc</i>	68	REBIF REBIDOSE	39
<i>promethegan</i>	13	REBIF REBIDOSE TITRATION PACK	39
<i>propafenone hcl</i>	32	REBIF TITRATION PACK	39
<i>propafenone hydrochloride er</i>	32	REBLOZYL	31
<i>propantheline bromide</i>	47	<i>reclipsen</i>	55
<i>proparacaine hcl</i>	62	RECOMBIVAX HB	60
<i>propranolol hcl</i>	33	RECTIV	47
<i>propranolol hcl er</i>	33	REGRANEX	42
<i>propranolol hydrochloride</i>	33	RELENZA DISKHALER	26
<i>propranolol hydrochloride er</i>	33	RELISTOR	47
<i>propranolol/hydrochlorothiazide</i>	35	<i>repaglinide</i>	28
<i>propylthiouracil</i>	57	REPATHA	36
PROQUAD	60	REPATHA PUSHTRONEX SYSTEM	36
PROSOL	45	REPATHA SURECLICK	36
<i>protriptyline hcl</i>	13	RESTASIS	63
PULMOZYME	67	RESTASIS MULTIDOSE	63
PURIXAN	17	RETACRIT	31
<i>pyrazinamide</i>	16	RETEVMO	17
<i>pyridostigmine bromide</i>	15	RETROVIR IV INFUSION	25
<i>pyridostigmine bromide er</i>	15	REVCovi	49
<i>pyrimethamine</i>	21	REVLIMID	17
PYRUKYND	31	REXULTI	23
PYRUKYND TAPER PACK	31	REYATAZ	26
QINLOCK	16	REYVOW	15
QUADRACEL	60	RHOPRESSA	64
<i>quetiapine fumarate</i>	23	<i>ribavirin</i>	24
<i>quetiapine fumarate er</i>	23	RIDAURA	58
<i>quinapril hcl</i>	32	<i>rifabutin</i>	16
<i>quinapril hydrochloride</i>	32	<i>rifampin</i>	16
<i>quinapril/hydrochlorothiazide</i>	35	RIFATER	16
<i>quinidine gluconate cr</i>	32	<i>riluzole</i>	38
<i>quinidine sulfate</i>	33	<i>rimantadine hydrochloride</i>	26
<i>quinine sulfate</i>	21	RINVOQ	58
QVAR REDHALER	65	<i>risedronate sodium</i>	61
RABAVERT	60	<i>risedronate sodium dr</i>	61
<i>rabeprazole sodium</i>	48	RISPERDAL CONSTA	23
<i>raloxifene hydrochloride</i>	56	<i>risperidone</i>	23
<i>ramelteon</i>	68	<i>risperidone odt</i>	23
<i>ramipril</i>	32	<i>ritonavir</i>	26

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>rivastigmine tartrate</i>	10	<i>sevelamer hydrochloride</i>	46
RIVASTIGMINE TRANSDERMAL SYSTEM	10	<i>sharobel</i>	56
RIVELSA	55	SHINGRIX	60
<i>rizatriptan benzoate</i>	15	SIGNIFOR	57
<i>rizatriptan benzoate odt</i>	15	<i>sildenafil citrate</i>	50
ROCKLATAN	63	<i>sildenafil citrate</i>	67
ROMIDEPSIN	17	SILODOSIN	49
<i>ropinirole er</i>	21	<i>silver sulfadiazine</i>	42
<i>ropinirole hcl</i>	21	<i>simliya</i>	55
<i>ropinirole hydrochloride</i>	21	<i>simpesse</i>	55
<i>rosadan</i>	40	<i>simvastatin</i>	36
<i>rosuvastatin calcium</i>	36	<i>sirolimus</i>	59
ROTARIX	60	SIRTURO	16
ROTATEQ	60	SKYRIZI	58
<i>roweepra</i>	8	SKYRIZI PEN	58
<i>roweepra xr</i>	9	<i>sodium chloride</i>	45
ROZLYTREK	19	<i>sodium chloride 0.45%</i>	45
RUBRACA	19	<i>sodium chloride 0.9%</i>	62
RUCONEST	57	<i>sodium fluoride</i>	45
<i>rufinamide</i>	10	<i>sodium phenylbutyrate</i>	49
RUKOBIA	26	<i>sodium polystyrene sulfonate</i>	46
RUXIENCE	20	<i>sodium polystyrene sulfonate</i>	46
RYDAPT	19	<i>sofosbuvir/velpatasvir</i>	24
RYTARY	22	SOLIFENACIN SUCCINATE	49
<i>sajazir</i>	57	SOLIRIS	58
SANCUSO	14	SOLTAMOX	17
SANTYL	42	SOMATULINE DEPOT	57
<i>sapropterin dihydrochloride</i>	49	SOMAVERT	57
SARCLISA	20	<i>sorafenib</i>	19
SAVELLA	38	<i>sorafenib tosylate</i>	19
SAVELLA TITRATION PACK	38	<i>sorine</i>	33
SCSEMBLIX	17	<i>sotalol hcl</i>	33
<i>scopolamine</i>	13	<i>sotalol hcl (af)</i>	33
SECUADO	23	<i>sotalol hcl af</i>	33
<i>selegiline hcl</i>	22	<i>sotalol hydrochloride (af)</i>	33
<i>selenium sulfide</i>	41	SPIRIVA HANDHALER	66
SELZENTRY	26	SPIRIVA RESPIMAT	66
SEMPREX-D	66	<i>spironolactone</i>	35
SEREVENT DISKUS	66	<i>spironolactone/hydrochlorothiazide</i>	35
<i>sertraline hcl</i>	12	<i>sprintec 28</i>	55
<i>sertraline hydrochloride</i>	12	SPRITAM	9
<i>setlakin</i>	55	SPRYCEL	19
SEVELAMER CARBONATE	46	<i>sps</i>	46

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>sronyx</i>	55	TABLOID	17
<i>ssd</i>	42	TABRECTA	17
<i>stavudine</i>	25	<i>tacrolimus</i>	41
STELARA	58	<i>tacrolimus</i>	59
STIMATE	50	<i>tadalafil</i>	49
STIOLTO RESPIMAT	68	<i>tadalafil</i>	50
STIVARGA	19	<i>tadalafil</i>	67
STRENSIQ	49	TAFINLAR	19
<i>streptomycin sulfate</i>	4	TAGRISSE	19
STRIANT	51	TALZENNA	19
STRIBILD	24	<i>tamoxifen citrate</i>	17
<i>subvenite</i>	9	<i>tamsulosin hydrochloride</i>	49
<i>subvenite starter kit/blue</i>	9	<i>tarina 24 fe</i>	55
<i>subvenite starter kit/green</i>	9	<i>tarina fe 1/20 eq</i>	55
<i>subvenite starter kit/orange</i>	9	TASIGNA	19
SUCRAID	49	<i>taysofy</i>	55
<i>sucrafate</i>	48	TAZAROTENE	40
<i>sulfacetamide sodium</i>	7	<i>tazicef</i>	6
<i>sulfacetamide sodium</i>	63	TAZORAC	40
SULFACETAMIDE SODIUM/PREDNISOLONE	63	<i>taztia xt</i>	34
SODIUM PHOSPHATE		TAZVERIK	17
<i>sulfadiazine</i>	7	TDVAX	60
<i>sulfamethoxazole/trimethoprim</i>	7	TEFLARO	6
<i>sulfamethoxazole/trimethoprim ds</i>	7	TEGSEDI	49
<i>sulfasalazine</i>	60	<i>telmisartan</i>	32
<i>sulfatrim pediatric</i>	7	<i>telmisartan/amlodipine</i>	35
<i>sulindac</i>	1	<i>telmisartan/hydrochlorothiazide</i>	35
<i>sumatriptan</i>	15	<i>temazepam</i>	68
<i>sumatriptan succinate</i>	15	TEMIXYS	25
<i>sumatriptan succinate refill</i>	15	<i>tencon</i>	38
<i>sunitinib malate</i>	19	TENIVAC	60
SUPRAX	6	<i>tenofovir disoproxil fumarate</i>	25
<i>syeda</i>	55	TEPMETKO	19
SYMBICORT	68	<i>terazosin hcl</i>	49
SYMLINPEN 120	28	<i>terazosin hydrochloride</i>	50
SYMLINPEN 60	28	<i>terbinafine hcl</i>	14
SYMPAZAN	9	<i>terbutaline sulfate</i>	67
SYMTUZA	26	<i>terconazole</i>	14
SYNAREL	57	TESTOSTERONE	51
SYNJARDY	28	<i>testosterone cypionate</i>	51
SYNRIBO	17	<i>testosterone enanthate</i>	51
SYNTHAMIN 17	45	TESTOSTERONE PUMP	51
SYNTHROID	57		

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	60	TOUJEO MAX SOLOSTAR	30
ADULT		TOUJEO SOLOSTAR	30
<i>tetrabenazine</i>	38	TPN ELECTROLYTES	45
<i>tetracycline hydrochloride</i>	8	TRADJENTA	28
THALOMID	17	<i>tramadol hcl</i>	3
<i>theophylline</i>	67	<i>tramadol hcl er</i>	2
<i>theophylline er</i>	67	<i>tramadol hydrochloride</i>	3
<i>thioridazine hcl</i>	22	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>thiothixene</i>	22	<i>trandolapril</i>	32
<i>tiadylt er</i>	34	<i>trandolapril/verapamil hcl er</i>	35
<i>tiagabine hydrochloride</i>	9	<i>tranexamic acid</i>	31
TIBSOVO	19	<i>tranylcypromine sulfate</i>	11
TICE BCG	17	TRAVASOL	45
TICOVAC	60	<i>travoprost</i>	64
<i>tigecycline</i>	5	<i>trazodone hydrochloride</i>	12
<i>tilia fe</i>	55	TRECTOR	16
<i>timolol maleate</i>	15	TRELEGY ELLIPTA	68
<i>timolol maleate</i>	64	TRESIBA	30
TIMOLOL MALEATE OPHTHALMIC GEL	64	TRESIBA FLEXTOUCH	30
FORMING		<i>tretinoin</i>	20
<i>tinidazole</i>	5	<i>tretinoin</i>	40
TIVICAY	24	<i>tretinoin microsphere</i>	40
TIVICAY PD	24	TREXALL	59
<i>tizanidine hcl</i>	24	<i>triamcinolone acetanide</i>	41
<i>tizanidine hydrochloride</i>	24	TRIAMCINOLONE ACETONIDE	50
TOBI PODHALER	67	<i>triamcinolone acetanide dental paste</i>	39
TOBRADEX	63	<i>triamterene</i>	35
TOBRADEX ST	63	<i>triamterene/hydrochlorothiazide</i>	35
<i>tobramycin</i>	63	<i>triderm</i>	41
<i>tobramycin</i>	67	<i>trientine hydrochloride</i>	46
<i>tobramycin sulfate</i>	4	<i>tri-estarylla</i>	55
<i>tobramycin/dexamethasone</i>	63	<i>trifluoperazine hcl</i>	22
TOBEX	63	<i>trifluoperazine hydrochloride</i>	22
<i>tolbutamide</i>	28	<i>trifluridine</i>	63
<i>tolcapone</i>	21	<i>trihexyphenidyl hcl</i>	21
<i>tolmetin sodium</i>	1	<i>trihexyphenidyl hydrochloride</i>	21
<i>tolterodine tartrate</i>	49	TRIKAFTA	67
<i>tolterodine tartrate er</i>	49	<i>tri-legest fe</i>	55
<i>tolvaptan</i>	46	<i>tri-lo-estarylla</i>	55
<i>topiramate</i>	9	<i>tri-lo-sprintec</i>	55
<i>topiramate er</i>	9	<i>trilyte</i>	47
<i>toremifene citrate</i>	17	<i>trimethobenzamide hydrochloride</i>	13
<i>torsemide</i>	35	<i>trimethoprim</i>	5

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
<i>tri-mili</i>	55	VANATOL LQ	38
<i>trimipramine maleate</i>	13	<i>vancomycin hcl</i>	5
TRINTELLIX	12	<i>vancomycin hydrochloride</i>	5
<i>tri-nymyo</i>	55	<i>vandazole</i>	5
<i>tri-previfem</i>	55	VAQTA	60
TRIPTODUR	57	<i>varenicline starting month box</i>	4
<i>tri-sprintec</i>	55	<i>varenicline tartrate</i>	4
TRIUMEQ	25	VARIVAX	60
TRIUMEQ PD	25	VARIZIG	58
<i>trivora-28</i>	55	VASCEPA	36
<i>tri-vylibra</i>	55	<i>velivet</i>	55
<i>tri-vylibra lo</i>	55	VELPHORO	46
TRIZIVIR	25	VELTASSA	46
TROGARZO	26	VENCLEXTA	20
TROPHAMINE	46	VENCLEXTA STARTING PACK	20
<i>tropium chloride</i>	49	<i>venlafaxine hcl er</i>	12
<i>tropium chloride er</i>	49	<i>venlafaxine hydrochloride</i>	12
TRULICITY	28	<i>venlafaxine hydrochloride er</i>	12
TRUMENBA	60	VENTAVIS	67
TRUSELTIQ	17	<i>verapamil hcl</i>	34
TRUXIMA	20	<i>verapamil hcl er</i>	34
TUKYSA	17	<i>verapamil hcl sr</i>	34
<i>tulana</i>	56	<i>verapamil hydrochloride</i>	34
TURALIO	20	<i>verapamil hydrochloride er</i>	34
TWINRIX	60	VEREGEN	42
TYBOST	26	VERSACLOZ	23
TYPHIM VI	60	VERZENIO	20
TYSABRI	39	<i>vestura</i>	55
UBRELVY	15	VICTOZA	28
UDENYCA	31	<i>vienva</i>	55
UKONIQ	20	<i>vigabatrin</i>	9
<i>unithroid</i>	57	<i>vigadrone</i>	9
UPTRAVI	67	VIIBRYD STARTER PACK	12
URSODIOL	47	<i>vilazodone hydrochloride</i>	12
<i>valacyclovir hcl</i>	27	VIMIZIM	49
<i>valacyclovir hydrochloride</i>	27	<i>viorele</i>	55
VALCHLOR	16	VIRACEPT	26
VALGANCICLOVIR	24	VIREAD	25
<i>valganciclovir hydrochloride</i>	24	VISTOGARD	62
<i>valproic acid</i>	9	VITRAKVI	20
<i>valsartan</i>	32	VIVITROL	3
<i>valsartan/hydrochlorothiazide</i>	35	VIZIMPRO	20
VALTOCO	9	<i>volnea</i>	55

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Drug Name	Page #	Drug Name	Page #
VONJO	17	<i>xulane</i>	56
<i>voriconazole</i>	14	XYREM	68
VOTRIENT	20	YF-VAX	60
VRAYLAR	23	<i>yuvafem</i>	56
VTOL LQ	38	<i>zafemy</i>	56
VUMERITY	39	<i>zafirlukast</i>	66
<i>vyfemla</i>	55	<i>zaleplon</i>	68
<i>vylibra</i>	55	<i>zarah</i>	56
VYNDAMAX	35	ZARXIO	31
VYONDYS 53	49	ZEJULA	20
<i>warfarin sodium</i>	30	ZELBORAF	20
WELIREG	20	ZEMAIRA	49
<i>wera</i>	55	<i>zenatane</i>	40
<i>wixela inhub</i>	68	ZENPEP	49
<i>wymzya fe</i>	56	ZEPOSIA	39
XALKORI	20	ZEPOSIA 7-DAY STARTER PACK	39
XARELTO	30	ZEPOSIA STARTER KIT	39
XARELTO STARTER PACK	30	ZEPZELCA	16
XATMEP	59	<i>zidovudine</i>	25
XCOPRI	9	<i>zileuton er</i>	66
XELJANZ	58	<i>ziprasidone hcl</i>	23
XELJANZ XR	58	ZIPRASIDONE MESYLATE	23
XERMELO	47	ZIRGAN	63
XGEVA	61	ZOKINVY	49
XIFAXAN	48	ZOLINZA	18
XIGDUO XR	28	<i>zolmitriptan</i>	15
XIIDRA	63	<i>zolmitriptan odt</i>	15
XOFLUZA	26	<i>zolpidem tartrate</i>	68
XOLAIR	58	<i>zolpidem tartrate er</i>	68
XOSPATA	20	<i>zonisamide</i>	10
XPOVIO	17	ZORBTIVE	48
XPOVIO 100 MG ONCE WEEKLY	18	ZOSTAVAX	60
XPOVIO 40 MG ONCE WEEKLY	18	<i>zovia 1/35</i>	56
XPOVIO 40 MG TWICE WEEKLY	18	<i>zovia 1/35e</i>	56
XPOVIO 60 MG ONCE WEEKLY	18	<i>zumandimine</i>	56
XPOVIO 60 MG TWICE WEEKLY	18	ZYDELIG	20
XPOVIO 80 MG ONCE WEEKLY	18	ZYKADIA	20
XPOVIO 80 MG TWICE WEEKLY	18	ZYLET	63
XTAMPZA ER	2	ZYPREXA RELPREVV	23
XTANDI	16		

Formulary ID: 23540, Version: 05, Effective Date: 01/01/2023
Last Updated: August 2022

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

Ultimate Health Plans' Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-657-4170 (TTY: 711). Someone who speaks English or the needed language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-657-4170 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-657-4170 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-657-4170 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-657-4170 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-657-4170 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-657-4170 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-888-657-4170 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-657-4170 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-657-4170 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-657-4170 (برقياً: 711). سيقوم شخص بمساعدتك. هذه خدمة مجانية ما يتحدث العربية

Hindi: हमारे स्वास्थ्य या दवा योजना से संबंधित आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त इंटरप्रेटर सेवाएं हैं। इंटरप्रेटर प्राप्त करने के लिए, हमें तुरंत 1-888-657-4170 (TTY: 711) पर कॉल करें। जो कोई भी व्यक्ति [हिंदी/गुजराती/थाई] बोलता हो, वह आपकी सहायता कर सकता है। यह सेवा बिल्कुल मुफ्त है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-657-4170 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-657-4170 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-657-4170 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-657-4170 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-657-4170 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Gujarati: અમારા આરોગ્ય અથવા દવાના યોજના વિશે તમને જ કોઈ પણ પ્રશ્ન હોય તોના જવાબ આપવા માટે અમારા પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, કૃત અમને 1-888-657-4170 પર કોલ કરો (TTY: 711). જ વ્યક્તિ [હિન્દી/ગુજરાતી/થાઇ] બોલે છે તે તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Thai: เรามีบริการสามฟรีเพื่อตอบข้อสงสัยต่าง ๆ ของคุณเกี่ยวกับแผนด้านสุขภาพและยาของเรา หากต้องการถามเพียงโทรติดต่อเราที่ 888-657-4170 (TTY: 711) เจ้าหน้าที่ของเราที่พูดภาษา [ฮินดี/คุชราต/ไทย] จะคอยช่วยเหลือคุณ บริการนี้ไม่มีค่าใช้จ่าย



Visit our website at www.ChooseUltimate.com
or stop into one of our local offices.

Visite nuestro sitio web en www.ChooseUltimate.com
o pasa por una de nuestras oficinas locales.

Community Outreach Offices
Oficina de Extensión Comunitaria

2713 Forest Rd
Spring Hill, FL 34606

4058 Tampa Rd, STE 7
Oldsmar, FL 34677

17820 SE 109th Ave, STE 103
Summerfield, FL 34491

600 N US Highway 1, STE A
Fort Pierce, FL 34950

To learn more, call
1-855-858-7526 (TTY 711)
Monday – Sunday 8 am to 8 pm

Para obtener mas información, llame
1-855-858-7526 (TTY 711)
Lunes - Domingo 8 am to 8 pm



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 08/22/2022. For more recent information or other questions, please contact Ultimate Health Plans Member Services at 1-888-657-4170 (TTY users should call 711), Monday through Sunday from 8 am to 8 pm EST (during certain times of the year we may use alternative technologies to answer your call on weekends and Federal holidays) or visit www.ChooseUltimate.com.

LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRE ESTE PLAN. Esta lista de medicamentos cubiertos se actualizó el 08/22/2022. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Ultimate Health Plans Servicios para Miembros al 1-888-657-4170 y para usuarios TTY, 711, de lunes a domingo, de 8:00 a. m. a 8:00 p. m. hora del Este (en ciertos momentos del año podríamos usar tecnologías alternativas para responder sus llamadas los fines de semana y los feriados federales) o visite www.ChooseUltimate.com.