

Prescription Drug Guide Guía de Medicamentos Recetados



Formulary | Formulario

List of Covered Drugs | Lista de Medicamentos Cubiertos

Advantage Care by Ultimate (HMO C-SNP)
Advantage Care CHF by Ultimate (HMO C-SNP)
Advantage Care COPD by Ultimate (HMO C-SNP)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 11/21/2023. 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 **\$10** 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 11/21/2023. 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 **\$10** 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 Advantage Care by Ultimate (HMO C-SNP), Advantage Care CHF by Ultimate (HMO C-SNP), and Advantage Care COPD by Ultimate (HMO C-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2023. 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 12/01/2023. 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 72. 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 the 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 unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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>.

Our Plan's 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 72.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *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 drug may be eligible for payment under Medicare Part B or Part D. Drugs covered under Medicare Part B are subject to the cost-sharing amount outlined in your Evidence of Coverage and Summary of Benefits. Authorization rules may also apply. Please call 800-311-7517 (TTY 711) for more information on cost-sharing and authorization requirements. We are available 24 hours a day, 7 days a week.

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 and Coverage Gap stage, your out-of-pocket costs for select insulins will be a \$10 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 5 Tiers

Every drug on the plan's Drug List is in one of 5 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.
- **Cost-Sharing Tier 5 (Select Care Drugs)** includes **select** generic and brand drugs that treat Respiratory Disease, Cardiovascular Disease, and Diabetes.

Plans		Advantage Care by Ultimate (HMO C-SNP) 019-1, 019-2		
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	\$10	\$30	\$20	\$10
Tier 3	\$50	\$150	\$100	\$50
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care by Ultimate (HMO C-SNP) 021, 029 Advantage Care CHF by Ultimate (HMO C-SNP) 022 Advantage Care COPD by Ultimate (HMO C-SNP) 023, 034		
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	\$20	\$60	\$40	\$20
Tier 3	\$60	\$180	\$120	\$60
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care CHF by Ultimate (HMO C-SNP) 024		
		Advantage Care COPD by Ultimate (HMO C-SNP) 025		
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	\$10	\$30	\$20	\$10
Tier 3	\$50	\$150	\$100	\$50
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care by Ultimate (HMO C-SNP) 026		
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	\$55	\$165	\$110	\$55
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care by Ultimate (HMO C-SNP) 033		
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	\$20	\$60	\$40	\$20
Tier 3	\$70	\$210	\$140	\$70
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care by Ultimate (HMO C-SNP) 050		
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
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care by Ultimate (HMO C-SNP) 051		
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
Tier 5	\$10	\$30	\$20	\$10

Plans		Advantage Care by Ultimate (HMO C-SNP) 052		
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	\$70	\$210	\$140	\$70
Tier 4	33% coinsurance	Not Covered	Not Covered	33% coinsurance
Tier 5	\$10	\$30	\$20	\$10

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 se menciona “plan” o “nuestro plan” se refiere a Advantage Care by Ultimate (HMO C-SNP), Advantage Care CHF by Ultimate (HMO C-SNP) y Advantage Care COPD (HMO C-SNP) by Ultimate (HMO C-SNP).

Este documento incluye la lista de medicamentos (cubiertos) correspondiente a nuestro plan, que está vigente a partir del 12/01/2023. 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 enviemos, 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.
 - 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 enviemos, 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?”

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 12/01/2023. 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 impresos 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 la 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 72. 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.

¿Hay 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 xiii.

¿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, a menos que el medicamento esté en el nivel de especialidad. 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 72.

En la primera columna de la tabla aparece el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, JANUVIA) 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: Este medicamento puede ser eligible para pago bajo la Parte B o la Parte D de Medicare. Los medicamentos cubiertos por la Parte B de Medicare están sujetos al monto del costo compartido que se describe en su Evidencia de Cobertura y Resumen de Beneficios. También se pueden aplicar reglas de autorización. Llame al 800-311-7517 (TTY 711) para obtener más información sobre los costos compartidos y los requisitos de autorización. Estamos disponibles las 24 horas del día, los 7 días de la semana.

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 y en la etapa de período sin cobertura, los costos de bolsillo para algunos tipos seleccionados de insulina serán de \$10 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 5 niveles

Cada medicamento incluido en la lista de medicamentos del plan está en uno de los 5 niveles de costos compartidos con una cantidad de costo compartido dependiendo 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.
- **Nivel 5 de costo compartido (medicamentos de atención especializada)** incluye medicamentos genéricos y de marca selectos para el tratamiento de enfermedades respiratorias, enfermedades cardiovasculares y diabetes.

Planes		Advantage Care by Ultimate (HMO C-SNP) 019-1, 019-2		
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	\$10	\$30	\$20	\$10
Nivel 3	\$50	\$150	\$100	\$50
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care by Ultimate (HMO C-SNP) 021, 029 Advantage Care CHF by Ultimate (HMO C-SNP) 022 Advantage Care COPD by Ultimate (HMO C-SNP) 023, 034		
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	\$20	\$60	\$40	\$20
Nivel 3	\$60	\$180	\$120	\$60
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care CHF by Ultimate (HMO C-SNP) 024		
		Advantage Care COPD by Ultimate (HMO C-SNP) 025		
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	\$10	\$30	\$20	\$10
Nivel 3	\$50	\$150	\$100	\$50
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care by Ultimate (HMO C-SNP) 026		
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	\$55	\$165	\$110	\$55
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care by Ultimate (HMO C-SNP) 033		
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	\$20	\$60	\$40	\$20
Nivel 3	\$70	\$210	\$140	\$70
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care by Ultimate (HMO C-SNP) 050		
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%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care by Ultimate (HMO C-SNP) 051		
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%
Nivel 5	\$10	\$30	\$20	\$10

Planes		Advantage Care by Ultimate (HMO C-SNP) 052		
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	\$70	\$210	\$140	\$70
Nivel 4	Coseguro del 33%	Sin cobertura	Sin cobertura	Coseguro del 33%
Nivel 5	\$10	\$30	\$20	\$10

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 antiaquecosos
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: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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 hydrochloride er</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: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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 hydrochloride injection 2gm</i>	1	MO; GC
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	1	MO; GC
<i>cefepime injection 1gm, 2gm/100ml, 2gm</i>	1	MO; GC
CEFIXIME CAPSULE	2	MO
<i>cefixime suspension reconstituted</i>	3	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>cefotaxime sodium injection 1gm, 2gm</i>	1	MO; GC
<i>cefotetan injection 1gm, 2gm</i>	1	MO; GC
<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 injection 10gm; 5gm, 1gm; 0.5gm</i>	1	MO; GC
<i>ampicillin/sulbactam injection 2gm; 1gm</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>naficillin sodium injection 2gm</i>	1	MO; GC
<i>naficillin 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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<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>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	3	MO
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<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>mondoxylene 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		
Anticonvulsants, Other		
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine titration</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
<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 capsule er 24 hour sprinkle</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
<i>methsuximide</i>	3	MO
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tablet 100mg, 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 10 MG DOSE	4	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days)
<i>vigabatrin</i>	4	PA
<i>vigadrone</i>	4	PA
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	
ZONISADE	3	ST; MO
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>galantamine hydrobromide solution</i>	3	MO
<i>rivastigmine tartrate</i>	1	MO; GC
RIVASTIGMINE TRANSDERMAL SYSTEM	2	MO
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<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		
<i>Antidepressants, Other</i>		
AUVELITY	3	QL(60 EA per 30 days); ST; MO
<i>bupropion hcl tablet 100mg</i>	1	MO; GC
<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
<i>Monoamine Oxidase Inhibitors</i>		
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
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide solution, tablet</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
<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 solution</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
VENLAFAXINE BESYLATE ER	3	ST; MO
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HOUR 37.5MG	2	MO
<i>venlafaxine hydrochloride</i>	1	MO; GC
VENLAFAXINE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR	2	MO
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	MO; GC
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 100mg, 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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
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>miconazole injection 100mg</i>	3	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>micafungin injection 50mg</i>	4	
<i>miconazole 3 suppository</i>	1	MO; GC
<i>naftifine hcl</i>	3	MO
NAFTIFINE HYDROCHLORIDE GEL 1%	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>posaconazole suspension</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	
<i>voriconazole injection</i>	4	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</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		
Ergot Alkaloids		
<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)
Prophylactic		
EMGALITY INJECTION 120MG/ML	3	QL(2 ML per 28 days); PA; MO
EMGALITY INJECTION 100MG/ML	4	QL(3 ML per 28 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO; GC
UBRELVY	4	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	1	MO; GC
<i>rifabutin</i>	1	MO; GC
<i>Antituberculars</i>		
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		
<i>Alkylating Agents</i>		
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN	4	
MATULANE	4	
VALCHLOR	4	PA
ZEPZELCA	4	PA
Antiangiogenesis		
<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
REVLIMID	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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
KRAZATI	4	PA
<i>leucovorin calcium tablet</i>	1	MO; GC
LONSURF	4	PA
LUMAKRAS	4	PA
LYTGOBI	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
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
Antineoplastics		
ORSERDU	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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI CAPSULE 75MG	4	PA
BRUKINSA	4	PA
CABOMETYX	4	PA
CALQUENCE	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 tablet</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	
<i>gefitinib</i>	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
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
JAYPIRCA TABLET 100MG	4	PA
JAYPIRCA TABLET 50MG	4	QL(30 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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
OJJAARA	4	PA
PAZOPANIB HYDROCHLORIDE	4	PA
PIQRAY 200MG DAILY DOSE	4	PA
PIQRAY 250MG DAILY DOSE	4	PA
PIQRAY 300MG DAILY DOSE	4	PA
REZLIDHIA	4	PA
ROZLYTREK CAPSULE	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
TURALIO	4	PA
UKONIQ	4	PA
VANFLYTA	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 CAPSULE	4	PA

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABLET 200MG, 300MG	4	PA
ZEJULA TABLET 100MG	4	QL(30 EA per 30 days); 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
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	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
<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, tablet</i>	3	MO
<i>fluphenazine decanoate injection</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl concentrate, injection, 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	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)
LATUDA TABLET 80MG	4	QL(60 EA per 30 days)
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL(30 EA per 30 days); MO
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL(60 EA per 30 days); MO
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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, 150mg, 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
<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		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	4	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D; MO; GC
LIVTENCITY	4	

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABLET	4	
VALGANCICLOVIR	2	MO
<i>valganciclovir hydrochloride</i>	4	
Anti-hepatitis B (HBV) Agents		
<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
Anti-hepatitis C (HCV) Agents		
<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
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
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	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	4	QL(30 EA per 30 days)
DELSTRIGO	4	QL(30 EA per 30 days)
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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	
<i>maraviroc</i>	4	
RUKOBIA	4	
SELZENTRY SOLUTION	4	
SELZENTRY TABLET 25MG	2	MO
SELZENTRY TABLET 150MG, 300MG, 75MG	4	
SUNLENCA TABLET THERAPY PACK	4	
TROGARZO	4	
TYBOST	2	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	4	
ATAZANAVIR	2	MO
ATAZANAVIR SULFATE CAPSULE 300MG	2	MO
CRIXIVAN CAPSULE 200MG, 400MG	2	MO
DARUNAVIR TABLET 800MG	4	
<i>darunavir tablet 600mg</i>	3	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
SYMTUZA	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
Antihypertensive 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
<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		
Anxiolytics, Other		
<i>bupropion hcl tablet 15mg, 30mg</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>buspirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	MO; GC
<i>hydroxyzine pamoate capsule</i>	1	MO; GC
Benzodiazepines		
<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		
Mood Stabilizers		
LITHIUM	2	MO
<i>lithium carbonate er</i>	1	MO; GC
<i>lithium carbonate capsule, tablet</i>	1	MO; GC
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	MO; GC
CYCLOSET	5	MO; GC
FARXIGA	5	MO; GC
<i>glimepiride</i>	1	MO; GC
<i>glipizide er</i>	1	MO; GC
<i>glipizide/metformin hydrochloride</i>	1	MO; GC
<i>glipizide tablet 10mg, 5mg</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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	5	MO; GC
JANUMET XR	5	MO; GC
JANUVIA	5	QL(30 EA per 30 days); MO; GC
JARDIANCE	5	MO; GC
JENTADUETO	5	MO; GC
JENTADUETO XR	5	MO; GC
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	MO; GC
<i>metformin hydrochloride solution</i>	5	QL(765 ML per 30 days); MO; GC
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	MO; GC
<i>miglitol</i>	5	MO; GC
<i>nateglinide</i>	1	MO; GC
OZEMPIC INJECTION 2MG/1.5ML	5	QL(1.5 ML per 28 days); ST; MO; GC
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	5	QL(3 ML per 28 days); ST; MO; GC
<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	5	MO; GC
<i>tolbutamide</i>	1	MO; GC
TRADJENTA	5	QL(30 EA per 30 days); MO; GC
TRULICITY	5	QL(2 ML per 28 days); ST; MO; GC
VICTOZA	5	QL(9 ML per 30 days); ST; MO; GC
XIGDUO XR	5	MO; GC
Glycemic Agents		
<i>diazoxide suspension</i>	4	
GLUCAGON EMERGENCY KIT	5	MO; GC
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	5	MO; GC
Insulins		
HUMALOG	5	MO; GC; SI
HUMALOG JUNIOR KWIKPEN	5	MO; GC; SI

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN	5	MO; GC; SI
HUMALOG MIX 50/50	5	MO; GC; SI
HUMALOG MIX 50/50 KWIKPEN	5	MO; GC; SI
HUMALOG MIX 75/25	5	MO; GC; SI
HUMALOG MIX 75/25 KWIKPEN	5	MO; GC; SI
HUMULIN 70/30	5	MO; GC; SI
HUMULIN 70/30 KWIKPEN	5	MO; GC; SI
HUMULIN N	5	MO; GC; SI
HUMULIN N KWIKPEN	5	MO; GC; SI
HUMULIN R	5	MO; GC; SI
HUMULIN R U-500 (CONCENTRATED)	5	MO; GC; SI
HUMULIN R U-500 KWIKPEN	5	MO; GC; SI
INSULIN ASPART	5	MO; GC; SI
INSULIN ASPART FLEXPEN	5	MO; GC; SI
INSULIN ASPART PENFILL	5	MO; GC; SI
INSULIN ASPART PROTAMINE/INSULIN ASPART	5	MO; GC; SI
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	5	MO; GC; SI
INSULIN LISPRO	5	MO; GC; SI
INSULIN LISPRO JUNIOR KWIKPEN	5	MO; GC; SI
INSULIN LISPRO KWIKPEN	5	MO; GC; SI
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	5	MO; GC; SI
LANTUS	5	MO; GC; SI
LANTUS SOLOSTAR	5	MO; GC; SI
LEVEMIR	5	MO; GC; SI
LEVEMIR FLEXPEN	5	MO; GC; SI
LEVEMIR FLEXTOUCH	5	MO; GC; SI
NOVOLIN 70/30	5	MO; GC; SI
NOVOLIN 70/30 FLEXPEN	5	MO; GC; SI
<i>novolin 70/30 flexpen relion</i>	1	MO; GC
<i>novolin 70/30 relion</i>	1	MO; GC
NOVOLIN N	5	MO; GC; SI
NOVOLIN N FLEXPEN	5	MO; GC; SI
<i>novolin n flexpen relion</i>	1	MO; GC
<i>novolin n relion</i>	1	MO; GC
NOVOLIN R	5	MO; GC; SI
NOVOLIN R FLEXPEN	5	MO; GC; SI
<i>novolin r flexpen relion</i>	1	MO; GC
<i>novolin r relion</i>	1	MO; GC
NOVOLOG	5	MO; GC; SI
NOVOLOG FLEXPEN	5	MO; GC; SI
NOVOLOG MIX 70/30	5	MO; GC; SI

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023

Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	5	MO; GC; SI
NOVOLOG PENFILL	5	MO; GC; SI
TOUJEO MAX SOLOSTAR	5	MO; GC; SI
TOUJEO SOLOSTAR	5	MO; GC; SI
TRESIBA	5	MO; GC; SI
TRESIBA FLEXTOUCH	5	MO; GC; SI
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>dabigatran etexilate</i>	5	MO; GC
ELIQUIS STARTER PACK	5	QL(148 EA per 365 days); MO; GC
ELIQUIS TABLET 2.5MG	5	QL(60 EA per 30 days); MO; GC
ELIQUIS TABLET 5MG	5	QL(90 EA per 30 days); MO; GC
ENOXAPARIN SODIUM INJECTION 100MG/ML, 120MG/0.8ML, 150MG/ML, 30MG/0.3ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	2	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	3	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
FRAGMIN INJECTION 2500UNIT/0.2ML	3	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	4	
<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	5	QL(102 EA per 365 days); MO; GC
XARELTO TABLET 10MG, 20MG	5	QL(30 EA per 30 days); MO; GC
XARELTO TABLET 15MG, 2.5MG	5	QL(60 EA per 30 days); MO; GC
<i>Blood Products and Modifiers, Other</i>		
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
OXBRYTA TABLET 300MG	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 INJECTION 6MG/0.6ML	4	PA
UDENYCA INJECTION 6MG/0.6ML	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 hydrochloride tablet 1mg, 2mg</i>	3	MO
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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</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 tablet 0.125mg, 0.25mg</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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	MO; GC
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	MO; GC
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	1	MO; GC
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	MO; GC
<i>diltiazem hydrochloride tablet 120mg</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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl 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 200mg</i>	1	MO; GC
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	MO; GC
<i>verapamil hydrochloride tablet 120mg</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</i>	1	MO; GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</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
<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	

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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>torsemide 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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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 CAPSULE 1GM	2	MO
<i>icosapent ethyl capsule 0.5gm</i>	3	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	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
<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		

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023

Last Updated: November 2023

You can find information on 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>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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 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	
ZTALMY	4	PA
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
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod</i>	4	QL(30 EA per 30 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
<i>teriflunomide</i>	4	QL(30 EA per 30 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 CAPSULE THERAPY PACK 0	4	QL(56 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	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 hydrochloride viscous</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	MO
<i>acitretin</i>	3	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
ADAPALENE/BENZOYL PEROXIDE GEL 0.1%; 2.5%	2	MO
<i>adapalene cream, gel</i>	1	MO; GC
<i>adapalene solution</i>	4	
<i>amnesteem</i>	3	MO
<i>avita cream</i>	1	PA; MO; GC
AZELAIC ACID	2	MO
<i>claravis</i>	3	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	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	MO
<i>neuac</i>	3	MO
<i>rosadan</i>	1	MO; GC
TAZAROTENE CREAM	2	MO
<i>tazarotene gel</i>	3	QL(100 GM per 30 days); MO
TAZORAC GEL	3	QL(100 GM per 30 days); MO
<i>tretinoin microsphere gel 0.04%, 0.1%</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	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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>desonide cream, lotion</i>	1	MO; GC
<i>desonide ointment</i>	1	QL(120 GM per 30 days); MO; GC
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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/betamethasone dipropionate suspension</i>	4	QL(400 GM per 30 days)
<i>calcipotriene solution</i>	1	QL(60 ML per 30 days); MO; GC
<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	
<i>Pediculicides/Scabicides</i>		
<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
<i>Topical Anti-infectives</i>		
<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>clindacin</i>	3	MO
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
MUPIROCIN CREAM	2	MO
<i>mupirocin ointment</i>	1	QL(110 GM per 30 days); MO; GC
<i>penciclovir cream</i>	3	MO
Electrolytes/Minerals/Metals/Vitamins		
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 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
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% injection 5%; 10meq/l; 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% injection 5%; 20meq/l; 0.45%</i>	1	MO; GC
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	1	MO; GC
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	1	MO; GC
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 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
MULTIPLE ELECTROLYTES INJECTION TYPE 1	3	MO
<i>nafrinse</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
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%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	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 capsule 250mg</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 suspension</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		

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<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	MO
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	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 therapy pack</i>	1	MO; GC
<i>metoclopramide hcl solution</i>	1	MO; GC
<i>metoclopramide hcl tablet 5mg</i>	1	MO; GC
<i>metoclopramide hydrochloride injection</i>	1	MO; GC
<i>metoclopramide hydrochloride tablet 10mg</i>	1	MO; GC
<i>metoclopramide odt</i>	3	MO
MYALEPT	4	PA

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
XIFAXAN	4	PA
ZORBTIVE	4	PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl solution</i>	1	MO; GC
<i>cimetidine hydrochloride solution 300mg/5ml</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>sucalfate 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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON	3	MO
<i>dichlorphenamide</i>	4	QL(120 EA per 30 days); PA
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
<i>miglustat</i>	4	PA
NAGLAZYME	4	PA
<i>nitisinone</i>	4	
ORFADIN SUSPENSION	4	
PROLASTIN-C INJECTION 1000MG	4	PA
RAVICTI	4	PA
REVCovi	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
<i>yargesa</i>	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 solution</i>	1	MO; GC
<i>oxybutynin chloride tablet 5mg</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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Benign Prostatic Hypertrophy Agents		
<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
<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>prednisolone tablet</i>	3	MO
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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 (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	1	MO; GC
DESMOPRESSIN ACETATE SOLUTION 1.5MG/ML	4	
<i>desmopressin acetate solution 0.01%</i>	1	MO; GC
EGRIFTA INJECTION 1MG	4	QL(60 EA per 30 days); PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
INCRELEX	4	PA
LUPRON DEPOT-PED (6-MONTH)	4	QL(1 EA per 168 days); PA
STIMATE SOLUTION	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	4	QL(120 EA per 30 days); PA
<i>mifepristone</i>	3	MO
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023

Last Updated: November 2023

You can find information on 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>emoquette</i>	1	MO; GC
<i>enilloring</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</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 gel, 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
<i>femynor</i>	1	MO; GC
<i>finzala</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>haloette</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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023

Last Updated: November 2023

You can find information on 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>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
<i>lillow</i>	1	MO; GC
LO LOESTRIN FE	3	MO
<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>lutra</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	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-lynyah</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</i>	1	MO; GC

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<i>pimtrea</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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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>tyblume</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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
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)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
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
LEUPROLIDE ACETATE INJECTION 22.5MG	3	QL(1 EA per 84 days); PA; MO
<i>leuprolide acetate injection 1mg/0.2ml</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
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	4	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	4	QL(1 EA per 84 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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
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
<i>Immunological Agents, Other</i>		
ARCALYST	4	PA
BENLYSTA	4	PA
COSENTYX SENSOREADY PEN	4	PA
COSENTYX UNOREADY	4	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	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, 180MG/1.2ML, 360MG/2.4ML, 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
<i>Immunostimulants</i>		

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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
CYLTEZO	4	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	4	PA
ENBREL	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D; MO
ENVARSUS 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>engraft capsule 100mg, 25mg</i>	1	B/D; MO; GC
<i>engraft 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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus 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
YUFLYMA 1-PEN KIT	4	PA
YUFLYMA 2-PEN KIT	4	PA
YUFLYMA 2-SYRINGE KIT	4	PA
Vaccines		
ABRYSVO	2	MO
ACTHIB INJECTION 0	2	MO
ADACEL	2	MO
AREXVY	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
HEPLISAV-B	2	B/D; 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
JYNNEOS	2	MO
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	MO
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
PRIORIX	2	MO
PROQUAD	2	MO
QUADRACEL	2	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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	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
<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		
<i>Metabolic Bone Disease Agents</i>		
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
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)
SKYCLARYS	4	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	1	MO; GC
VISTOGARD	4	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
ATROPINE SULFATE SOLUTION 1%	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)
<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
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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-allergy Agents		
ALOCRI	3	MO
ALOMIDE	3	MO
azelastine hcl ophthalmic solution 0.05%	1	MO; GC
bepotastine besilate	3	MO
cromolyn sodium solution 4%	1	MO; GC
epinastine hcl	1	MO; GC
olopatadine hcl ophthalmic solution 0.1%	1	MO; GC
olopatadine hydrochloride solution 0.2%	1	MO; GC
PAZEO	2	MO
Ophthalmic Anti-Infectives		
AZASITE	3	MO
bacitracin	1	MO; GC
ciprofloxacin hydrochloride solution 0.3%	1	MO; GC
erythromycin ointment 5mg/gm	1	MO; GC
gatifloxacin	1	MO; GC
gentak ointment	1	MO; GC
gentamicin sulfate ophthalmic solution 0.3%	1	MO; GC
KLARITY-A	3	MO
levofloxacin ophthalmic solution 0.5%	1	MO; GC
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	MO
moxifloxacin hydrochloride solution 0.5%	1	MO; GC
NATACYN	3	MO
ofloxacin ophthalmic solution 0.3%	1	MO; GC
sulfacetamide sodium ointment 10%	1	MO; GC
sulfacetamide sodium solution 10%	1	MO; GC
tobramycin solution 0.3%	1	MO; GC
TOBREX OINTMENT	3	MO
trifluridine	1	MO; GC
ZIRGAN	3	MO
Ophthalmic Anti-inflammatories		
ALREX	2	MO
dexamethasone sodium phosphate solution	1	MO; GC
diclofenac sodium ophthalmic solution 0.1%	1	MO; GC
DIFLUPREDNATE	2	MO
FLAREX	2	MO
fluorometholone	1	MO; GC
flurbiprofen sodium	1	MO; GC
ILEVRO	2	QL(4 ML per 30 days); MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	1	MO; GC
LOTEPREDNOL ETABONATE SUSPENSION	2	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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 solution 0.15%, 0.2%</i>	1	MO; GC
<i>brimonidine tartrate solution 0.1%</i>	2	MO
<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
Otic Agents		
Otic Agents		
<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

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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	5	QL(30 EA per 30 days); MO; GC
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	5	QL(240 EA per 30 days); MO; GC
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	5	QL(60 EA per 30 days); MO; GC
FLOVENT HFA AEROSOL 44MCG/ACT	5	QL(21.2 GM per 30 days); MO; GC
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	5	QL(24 GM per 30 days); MO; GC
<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	5	QL(21.2 GM per 30 days); ST; MO; GC
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL(60 ML per 30 days); MO; GC
<i>azelastine hydrochloride</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
<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
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet chewable, tablet</i>	1	MO; GC
<i>montelukast sodium packet</i>	3	MO

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>zafirlukast</i>	1	MO; GC
<i>zileuton er</i>	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	5	QL(25.8 GM per 30 days); MO; GC
<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	5	QL(30 EA per 30 days); MO; GC
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	5	QL(8 GM per 28 days); MO; GC
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	5	QL(8 GM per 30 days); MO; GC
<i>tiotropium bromide</i>	5	QL(30 EA per 30 days); MO; GC
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	5	QL(30 EA per 30 days); ST; MO; GC
<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 hydrochloride nebulization solution 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	5	QL(2 EA per 30 days); MO; GC
PROAIR RESPICLICK	5	QL(2 EA per 30 days); MO; GC
SEREVENT DISKUS	5	QL(60 EA per 30 days); MO; GC
<i>terbutaline sulfate tablet</i>	3	MO
Cystic Fibrosis Agents		

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
CAYSTON	4	PA
KALYDECO TABLET	4	PA
KALYDECO PACKET 13.4MG, 25MG, 50MG, 75MG	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 THERAPY PACK	4	QL(56 EA per 28 days); PA
TRIKAFTA TABLET THERAPY PACK	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>elixophyllin</i>	1	MO; GC
<i>roflumilast</i>	3	PA; MO
<i>theophylline</i>	1	MO; GC
<i>theophylline er tablet extended release 24 hour</i>	1	MO; GC
THEOPHYLLINE ER TABLET EXTENDED RELEASE 12 HOUR 300MG	2	MO
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 TITRATION KIT MONTH 1	4	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	4	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	4	QL(504 EA per 365 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
TADLIQ	4	QL(300 ML per 30 days); PA
UPTRAVI TITRATION 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</i>	4	PA

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

Drug Name	Drug Tier	Requirements/Limits
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	1	B/D; MO; GC
ANORO ELLIPTA	5	QL(60 EA per 30 days); MO; GC
BREO ELLIPTA	5	QL(60 EA per 30 days); MO; GC
COMBIVENT RESPIMAT	5	QL(8 GM per 30 days); MO; GC
FASENRA	4	PA
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	5	QL(4 GM per 30 days); MO; GC
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	5	QL(12 GM per 30 days); MO; GC
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	5	QL(13.8 GM per 30 days); MO; GC
TRELEGY ELLIPTA	5	QL(60 EA per 30 days); MO; GC
<i>wixela inhub</i>	1	QL(60 EA per 30 days); MO; GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<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 500mg, 750mg</i>	1	MO; GC
<i>orphenadrine citrate er</i>	1	MO; GC
Sleep Disorder Agents		
Sleep Promoting Agents		
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>tasimelteon</i>	4	QL(30 EA per 30 days); PA
<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
Wakefulness Promoting Agents		

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You can find information on 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>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
<i>sodium oxybate</i>	4	QL(540 ML per 30 days); PA
XYREM	4	QL(540 ML per 30 days); PA

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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>	26	ALECENSA	18
<i>abacavir sulfate/lamivudine</i>	26	<i>alendronate sodium</i>	62
<i>abacavir sulfate/lamivudine/zidovudine</i>	26	<i>alfuzosin hcl er</i>	51
ABELCET	14	ALINIA	21
ABILIFY MAINTENA	23	<i>aliskiren</i>	35
<i>abiraterone acetate</i>	17	<i>allopurinol</i>	15
ABRYSVO	61	<i>almotriptan</i>	15
ABSTRAL	2	ALOCRIAL	65
<i>acamprosate calcium dr</i>	3	ALOMIDE	65
<i>acarbose</i>	28	<i>alosetron hydrochloride</i>	48
<i>accutane</i>	40	ALPHAGAN P	66
<i>acebutolol hydrochloride</i>	33	<i>alprazolam</i>	28
<i>acetaminophen/codeine #2; #3; #4</i>	2	<i>alprazolam er</i>	28
<i>acetazolamide</i>	35	<i>alprazolam intensol</i>	28
<i>acetazolamide</i>	66	<i>alprazolam odt</i>	28
<i>acetazolamide er</i>	66	ALREX	65
<i>acetic acid</i>	66	<i>altavera</i>	52
<i>acetylcysteine</i>	70	ALUNBRIG	18
<i>acitretin</i>	40	<i>alyacen 1/35</i>	52
ACTHAR	51	<i>alyacen 7/7/7</i>	52
ACTHIB	61	<i>alyq</i>	69
ACTIMMUNE	60	<i>amabelz</i>	52
<i>acyclovir</i>	27	<i>amantadine hcl</i>	27
<i>acyclovir</i>	43	AMBISOME	14
<i>acyclovir sodium</i>	27	<i>ambrisentan</i>	69
ADACEL	61	<i>amcinonide</i>	41
ADAKVEO	31	<i>amethia</i>	52
<i>adapalene</i>	41	<i>amethia lo</i>	52
ADAPALENE/BENZOYL PEROXIDE	41	<i>amethyst</i>	53
<i>adefovir dipivoxil</i>	25	<i>amikacin sulfate</i>	4
ADEMPAS	69	<i>amiloride hcl</i>	36
<i>afirmelle</i>	52	<i>amiloride/hydrochlorothiazide</i>	35
AKYNZEO	14	AMINOSYN II	44
<i>ala-cort</i>	41	AMINOSYN-PF	44
<i>albendazole</i>	21	AMINOSYN-PF 7%	44
<i>albuterol sulfate</i>	68	<i>amiodarone hydrochloride</i>	33
ALBUTEROL SULFATE ER	68	<i>amitriptyline hcl</i>	13
<i>albuterol sulfate hfa</i>	68	<i>amitriptyline hydrochloride</i>	13
<i>alclometasone dipropionate</i>	41	<i>amlodipine besylate</i>	34
<i>alcohol prep pads</i>	63	<i>amlodipine besylate/atorvastatin calcium</i>	35
		<i>amlodipine besylate/benazepril</i>	35
		<i>hydrochloride</i>	
		<i>amlodipine besylate/valsartan</i>	35

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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/olmesartan medoxomil</i>	35	<i>asenapine maleate sl</i>	23
<i>amlodipine/valsartan/hctz</i>	35	<i>ashlyna</i>	53
<i>amlodipine/valsartan/hydrochlorothiazide</i>	35	ASMANEX HFA	67
<i>ammonium lactate</i>	41	ASMANEX TWISTHALER 120 METERED	67
<i>amnestem</i>	41	DOSES	
<i>amoxapine</i>	13	ASMANEX TWISTHALER 14 METERED	67
<i>amoxicillin</i>	6	DOSES	
<i>amoxicillin/clavulanate potassium</i>	6	ASMANEX TWISTHALER 30 METERED	67
AMOXICILLIN/CLAVULANATE POTASSIUM	6	DOSES	
ER		ASMANEX TWISTHALER 60 METERED	67
<i>amphetamine/dextroamphetamine</i>	38	DOSES	
<i>amphotericin b</i>	14	ASMANEX TWISTHALER 7 METERED DOSES	67
<i>amphotericin b liposome</i>	14	ASPARLAS	17
<i>ampicillin</i>	6	ASPIRIN/DIPYRIDAMOLE	32
<i>ampicillin sodium</i>	6	ASPIRIN/DIPYRIDAMOLE ER	32
<i>ampicillin/sulbactam</i>	6	ASTAGRAF XL	60
<i>ampicillin-sulbactam</i>	6	ATAZANAVIR	27
ANADROL-50	52	ATAZANAVIR SULFATE	27
<i>anagrelide hydrochloride</i>	31	<i>atenolol</i>	33
<i>anastrozole</i>	18	<i>atenolol/chlorthalidone</i>	35
ANDRODERM	52	ATOMOXETINE	38
ANORO ELLIPTA	70	ATOMOXETINE HYDROCHLORIDE	38
APEXICON E	41	<i>atorvastatin calcium</i>	36
<i>apomorphine hydrochloride</i>	22	<i>atovaquone</i>	21
<i>apraclonidine</i>	66	<i>atovaquone/proguanil hcl</i>	21
<i>aprepitant</i>	14	ATROPINE SULFATE	64
<i>apri</i>	53	ATROVENT HFA	68
APTIOM	10	AUBAGIO	39
APTIVUS	27	<i>aubra eq</i>	53
ARALAST NP	49	AUGMENTIN	6
<i>aranelle</i>	53	<i>aurovela 1.5/30</i>	53
ARANESP ALBUMIN FREE	31	<i>aurovela 1/20</i>	53
ARCALYST	59	<i>aurovela 24 fe</i>	53
ARCAPTA NEOHALER	68	<i>aurovela fe 1.5/30</i>	53
AREXVY	61	<i>aurovela fe 1/20</i>	53
<i>arformoterol tartrate</i>	68	AUSTEDO	39
<i>aripiprazole</i>	23	AUVELITY	11
<i>aripiprazole odt</i>	23	AVASTIN	21
ARISTADA	23	<i>aviane</i>	53
ARISTADA INITIO	23	<i>avidoxy</i>	8
<i>armodafinil</i>	71	<i>avita</i>	41
ARNUITY ELLIPTA	67	AVONEX	39
<i>ascomp/codeine</i>	2	AVONEX PEN	39

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
AVYCAZ	5	<i>betamethasone dipropionate</i>	41
<i>ayuna</i>	53	<i>betamethasone dipropionate augmented</i>	41
AYVAKIT	18	<i>betamethasone valerate</i>	41
AZASITE	65	BETASERON	39
<i>azathioprine</i>	60	<i>betaxolol hcl</i>	34
AZELAIC ACID	41	<i>betaxolol hcl</i>	66
<i>azelastine hcl</i>	65	<i>bethanechol chloride</i>	51
<i>azelastine hcl</i>	67	BETIMOL	66
<i>azelastine hydrochloride</i>	67	BETOPTIC-S	66
<i>azithromycin</i>	7	<i>bexarotene</i>	21
<i>aztreonam</i>	4	BEXSERO	61
<i>azurette</i>	53	<i>bicalutamide</i>	17
<i>bacitracin</i>	65	BICILLIN C-R	6
<i>bacitracin/polymyxin b</i>	64	BICILLIN L-A	6
<i>baclofen</i>	24	BIKTARVY	25
<i>balsalazide disodium</i>	62	<i>bimatoprost</i>	66
BALVERSA	18	<i>bisoprolol fumarate</i>	34
<i>balziva</i>	53	<i>bisoprolol fumarate/hydrochlorothiazide</i>	35
BARACLUDE	25	BLEPHAMIDE	64
BCG VACCINE	61	BLEPHAMIDE S.O.P.	64
<i>bd insulin syringe safetyglide/1ml/29g x</i>	63	<i>blisovi 24 fe</i>	53
<i>1/2"</i>		<i>blisovi fe 1.5/30</i>	53
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	63	<i>blisovi fe 1/20</i>	53
<i>5/16"</i>		BOOSTRIX	61
<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	63	BOSULIF	18
<i>12.7mm</i>		BRAFTOVI	19
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	63	BREO ELLIPTA	70
<i>bd pen needle/original/ultra-fine/29g x</i>	63	<i>briellyn</i>	53
<i>12.7mm</i>		BRILINTA	32
<i>bekyree</i>	53	<i>brimonidine tartrate</i>	66
<i>benazepril hcl</i>	33	BRIMONIDINE TARTRATE/TIMOLOL	64
<i>benazepril hcl/hydrochlorothiazide</i>	35	MALEATE	
<i>benazepril hydrochloride</i>	33	<i>brinzolamide</i>	66
<i>benazepril</i>	35	BRIVIACT	8
<i>hydrochloride/hydrochlorothiazide</i>		BROMOCRIPTINE MESYLATE	22
BENLYSTA	59	BRUKINSA	19
BENZNIDAZOLE	21	<i>budesonide</i>	62
<i>benztropine mesylate</i>	22	<i>budesonide</i>	67
BEOVU	64	<i>budesonide er</i>	62
<i>bepotastine besilate</i>	65	<i>bumetanide</i>	36
<i>beser</i>	41	<i>buprenorphine</i>	1
BESREMI	17	<i>buprenorphine hcl</i>	4
<i>betaine anhydrous</i>	49	<i>buprenorphine hcl/naloxone hcl</i>	4

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>buprenorphine hydrochloride/naloxone</i>	4	<i>carteolol hcl</i>	66
<i>hydrochloride</i>		<i>cartia xt</i>	34
<i>bupropion hcl</i>	11	<i>carvedilol</i>	34
<i>bupropion hydrochloride</i>	11	<i>caspofungin acetate</i>	14
<i>bupropion hydrochloride er (sr)</i>	4	CAYSTON	69
<i>bupropion hydrochloride er (sr)</i>	11	<i>caziant</i>	53
BUPROPION HYDROCHLORIDE ER (XL)	11	<i>cefaclor</i>	5
<i>buspirone hcl</i>	27	<i>cefaclor er</i>	5
<i>buspirone hydrochloride</i>	28	<i>cefadroxil</i>	5
<i>butalbital/acetaminophen</i>	39	<i>cefazolin sodium</i>	5
<i>butalbital/acetaminophen/caffeine</i>	39	<i>cefdinir</i>	5
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	<i>cefepime</i>	5
<i>butalbital/aspirin/caffeine</i>	39	<i>cefepime hydrochloride</i>	5
<i>butalbital/aspirin/caffeine/codeine</i>	2	<i>cefepime/dextrose</i>	5
<i>butorphanol tartrate</i>	2	CEFIXIME	5
CABERGOLINE	58	<i>cefotaxime sodium</i>	6
CABLIVI	32	<i>cefotetan</i>	6
CABOMETYX	19	<i>cefoxitin sodium</i>	6
<i>calcipotriene</i>	43	<i>cefpodoxime proxetil</i>	6
<i>calcipotriene/betamethasone dipropionate</i>	42	<i>cefprozil</i>	6
<i>calcitonin-salmon</i>	63	<i>ceftazidime</i>	6
<i>calcitriol</i>	43	<i>ceftriaxone sodium</i>	6
<i>calcitriol</i>	63	<i>cefuroxime axetil</i>	6
<i>calcium acetate</i>	47	<i>cefuroxime sodium</i>	6
CALQUENCE	19	<i>celecoxib</i>	1
<i>camila</i>	57	CELONTIN	9
<i>camrese</i>	53	<i>cephalexin</i>	6
<i>candesartan cilexetil</i>	32	CERDELGA	49
<i>candesartan cilexetil/hydrochlorothiazide</i>	35	<i>cetirizine hydrochloride</i>	67
CAPASTAT SULFATE	16	<i>cevimeline hydrochloride</i>	40
CAPLYTA	23	<i>chateal</i>	53
CAPRELSA	19	<i>chateal eq</i>	53
<i>captopril</i>	33	CHENODAL	48
<i>captopril/hydrochlorothiazide</i>	35	<i>chlordiazepoxide hcl</i>	28
<i>carbamazepine</i>	10	<i>chlordiazepoxide hydrochloride</i>	28
<i>carbamazepine er</i>	10	<i>chlordiazepoxide/amitriptyline</i>	11
<i>carbidopa</i>	22	<i>chlorhexidine gluconate</i>	40
<i>carbidopa/levodopa</i>	22	<i>chloroquine phosphate</i>	21
<i>carbidopa/levodopa er</i>	22	<i>chlorpromazine hcl</i>	22
<i>carbidopa/levodopa odt</i>	22	<i>chlorpromazine hydrochloride</i>	22
CARBIDOPA/LEVODOPA/ENTACAPONE	22	<i>chlorthalidone</i>	36
<i>carglumic acid</i>	44	<i>chlorzoxazone</i>	70
<i>carisoprodol</i>	70	CHOLBAM	49

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>cholestyramine</i>	37	CLINIMIX E 4.25%/DEXTROSE 10%	44
<i>cholestyramine light</i>	37	CLINIMIX E 4.25%/DEXTROSE 5%	44
<i>ciclodan</i>	43	CLINIMIX E 5%/DEXTROSE 15%	44
<i>ciclopirox</i>	43	CLINIMIX E 5%/DEXTROSE 20%	44
<i>ciclopirox nail lacquer</i>	43	CLINOLIPID	63
<i>ciclopirox olamine</i>	43	<i>clobazam</i>	9
<i>cidofovir</i>	24	<i>clobetasol propionate</i>	41
<i>cilostazol</i>	32	<i>clobetasol propionate e</i>	41
CIMDUO	26	<i>clodan</i>	41
<i>cimetidine</i>	49	<i>clomipramine hydrochloride</i>	13
<i>cimetidine hcl</i>	49	<i>clonazepam</i>	9
<i>cimetidine hydrochloride</i>	49	<i>clonazepam odt</i>	9
<i>cinacalcet hydrochloride</i>	63	<i>clonidine hcl</i>	32
CINRYZE	59	<i>clonidine hydrochloride</i>	32
CIPRO	7	<i>clonidine hydrochloride er</i>	38
CIPRO HC	66	<i>clopidogrel</i>	32
<i>ciprofloxacin</i>	7	<i>clorazepate dipotassium</i>	28
<i>ciprofloxacin hcl</i>	7	<i>clotrimazole</i>	14
<i>ciprofloxacin hydrochloride</i>	7	<i>clotrimazole/betamethasone dipropionate</i>	43
<i>ciprofloxacin hydrochloride</i>	65	<i>clovique</i>	47
<i>ciprofloxacin i.v.-in d5w</i>	7	<i>clozapine</i>	24
<i>ciprofloxacin/dexamethasone</i>	66	<i>clozapine odt</i>	24
<i>citalopram hydrobromide</i>	11	COARTEM	21
<i>claravis</i>	41	CODEINE SULFATE	2
<i>clarithromycin</i>	7	COLCHICINE	15
<i>clarithromycin er</i>	7	COLESEVELAM HYDROCHLORIDE	37
CLIMARA PRO	53	<i>colestipol hcl</i>	37
<i>clindacin</i>	43	<i>colistimethate sodium</i>	5
<i>clindacin etz pledgets</i>	4	<i>colocort</i>	62
<i>clindamycin hcl</i>	4	COMBIGAN	64
<i>clindamycin hydrochloride</i>	4	COMBIVENT RESPIMAT	70
<i>clindamycin palmitate hcl</i>	4	COMETRIQ	19
<i>clindamycin phosphate</i>	4	COMPLERA	25
<i>clindamycin phosphate</i>	43	<i>compro</i>	13
<i>clindamycin phosphate/benzoyl peroxide</i>	41	<i>constulose</i>	48
<i>clindamycin phosphate/dextrose</i>	4	COPIKTRA	19
<i>clindamycin phosphate/tretinoin</i>	41	CORLANOR	35
<i>clindamycin/benzoyl peroxide</i>	41	CORTIFOAM	62
CLINIMIX 4.25%/DEXTROSE 10%	44	<i>cortisone acetate</i>	51
CLINIMIX 4.25%/DEXTROSE 5%	44	CORTROPHIN	51
CLINIMIX 5%/DEXTROSE 15%	44	COSENTYX	59
CLINIMIX 5%/DEXTROSE 20%	44	COSENTYX SENSOREADY PEN	59
CLINIMIX E 2.75%/DEXTROSE 5%	44	COSENTYX UNOREADY	59

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
COTELLIC	19	DELSTRIGO	25
CREON	49	<i>demeclocycline hcl</i>	8
CRIXIVAN	27	DENAVIR	43
<i>cromolyn sodium</i>	49	DEPO-ESTRADIOL	53
<i>cromolyn sodium</i>	65	DEPO-PROVERA	57
<i>cromolyn sodium</i>	69	DEPO-SUBQ PROVERA 104	57
<i>cryselle-28</i>	53	DESCOVY	26
<i>curity gauze pads 2"x2"</i>	63	<i>desipramine hydrochloride</i>	13
<i>cyclafem 1/35</i>	53	<i>desloratadine</i>	67
<i>cyclafem 7/7/7</i>	53	<i>desmopressin acetate</i>	52
<i>cyclobenzaprine hydrochloride</i>	70	<i>desogestrel/ethinyl estradiol</i>	53
CYCLOPHOSPHAMIDE	16	<i>desonide</i>	42
<i>cycloserine</i>	16	<i>desoximetasone</i>	42
CYCLOSET	28	DESVENLAFAXINE ER	12
<i>cyclosporine</i>	60	<i>dexamethasone</i>	51
<i>cyclosporine modified</i>	60	<i>dexamethasone intensol</i>	51
CYLTEZO	60	<i>dexamethasone sodium phosphate</i>	65
CYLTEZO STARTER PACKAGE FOR CROHNS	60	<i>dexmethylphenidate hcl</i>	38
DISEASE/UC/HS		<i>dexmethylphenidate hcl er</i>	38
CYLTEZO STARTER PACKAGE FOR PSORIASIS	60	<i>dexmethylphenidate hydrochloride</i>	38
<i>cyproheptadine hcl</i>	67	<i>dexmethylphenidate hydrochloride er</i>	38
<i>cyproheptadine hydrochloride</i>	67	<i>dextroamphetamine sulfate</i>	38
<i>cyred eq</i>	53	<i>dextroamphetamine sulfate er</i>	38
CYSTAGON	50	DEXTROSE 10%/NACL 0.45%	44
CYSTARAN	64	<i>dextrose 10%</i>	44
<i>dabigatran etexilate</i>	31	DEXTROSE 10%/NACL 0.2%	44
DALFAMPRIDINE ER	39	DEXTROSE 2.5%/NACL 0.45%	44
DALIRESP	69	<i>dextrose 5%</i>	44
<i>danazol</i>	52	<i>dextrose 5%/nacl 0.2%</i>	45
<i>dantrolene sodium</i>	24	DEXTROSE 5%/NACL 0.225%	45
DANYELZA	21	<i>dextrose 5%/nacl 0.45%</i>	45
<i>dapsone</i>	16	<i>dextrose 5%/nacl 0.9%</i>	45
DAPTACEL	61	DEXTROSE/SODIUM CHLORIDE	45
<i>daptomycin</i>	5	DIACOMIT	9
<i>darifenacin hydrobromide er</i>	50	<i>diazepam</i>	28
DARUNAVIR	27	<i>diazepam intensol</i>	28
<i>dasetta 1/35</i>	53	<i>diazepam rectal gel</i>	9
<i>dasetta 7/7/7</i>	53	<i>diazoxide</i>	29
DAURISMO	19	<i>dichlorphenamide</i>	50
<i>daysee</i>	53	<i>diclofenac potassium</i>	1
<i>deblitane</i>	57	<i>diclofenac sodium</i>	1
<i>deferasirox</i>	47	<i>diclofenac sodium</i>	43
<i>deferiprone</i>	47	<i>diclofenac sodium</i>	65

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>diclofenac sodium dr</i>	1	DOVATO	25
<i>diclofenac sodium er</i>	1	<i>doxazosin mesylate</i>	51
<i>diclofenac sodium/misoprostol</i>	1	<i>doxepin hcl</i>	13
<i>dicloxacillin sodium</i>	6	<i>doxepin hydrochloride</i>	13
<i>dicyclomine hcl</i>	48	<i>doxepin hydrochloride</i>	42
<i>dicyclomine hydrochloride</i>	48	DOXEPIN HYDROCHLORIDE	70
<i>didanosine</i>	26	<i>doxercalciferol</i>	63
DIFICID	7	<i>doxy 100</i>	8
<i>diflorasone diacetate</i>	42	<i>doxycycline</i>	8
<i>diflunisal</i>	1	<i>doxycycline hyclate</i>	8
DIFLUPREDNATE	65	<i>doxycycline hyclate</i>	40
<i>digitek</i>	33	<i>doxycycline hyclate dr</i>	8
<i>digox</i>	33	<i>doxycycline monohydrate</i>	8
DIGOXIN	33	DRIZALMA SPRINKLE	12
<i>dihydroergotamine mesylate</i>	15	<i>dronabinol</i>	14
DILANTIN	10	<i>drospirenone/ethinyl estradiol</i>	53
<i>diltiazem hcl</i>	34	<i>drospirenone/ethinyl</i>	53
<i>diltiazem hcl er</i>	34	<i>estradiol/levomefolate calcium</i>	
<i>diltiazem hydrochloride</i>	34	<i>droxidopa</i>	32
<i>diltiazem hydrochloride er</i>	34	DUAVEE	58
<i>dilt-xr</i>	34	DULOXETINE HCL	12
<i>dimethyl fumarate</i>	40	<i>duloxetine hydrochloride</i>	12
<i>dimethyl fumarate starterpack</i>	40	DUPIXENT	59
DIPHENHYDRAMINE HCL	67	<i>duramorph</i>	2
<i>diphenoxylate hydrochloride/atropine</i>	48	<i>dutasteride</i>	51
<i>sulfate</i>		<i>dutasteride/tamsulosin hydrochloride</i>	51
<i>diphenoxylate/atropine</i>	48	<i>econazole nitrate</i>	14
DIPHThERIA/TETANUS TOXOIDS ADSORBED	61	EDURANT	25
PEDIATRIC		<i>efavirenz</i>	25
<i>dipyridamole</i>	32	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	25
<i>disopyramide phosphate</i>	33	<i>fumarate</i>	
<i>disulfiram</i>	3	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	25
<i>divalproex sodium</i>	9	<i>fumarate</i>	
<i>divalproex sodium dr</i>	9	EGRIFTA	52
<i>divalproex sodium er</i>	9	ELAPRASE	50
DIVIGEL	53	<i>elinest</i>	53
DOFETILIDE	33	ELIQUIS	31
<i>dolishale</i>	53	ELIQUIS STARTER PACK	31
<i>donepezil hcl</i>	10	ELITEK	21
<i>donepezil hydrochloride</i>	10	<i>elixophyllin</i>	69
<i>dorzolamide hcl/timolol maleate</i>	64	ELLA	63
<i>dorzolamide hydrochloride</i>	66	ELMIRON	51
<i>dotti</i>	53	<i>eluryng</i>	53

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
EMCYT	17	<i>erythromycin</i>	7
EMEND	14	<i>erythromycin</i>	43
EMGALITY	15	<i>erythromycin</i>	65
<i>emoquette</i>	54	<i>erythromycin base</i>	7
EMSAM	11	<i>erythromycin dr</i>	7
<i>emtricitabine</i>	26	<i>erythromycin ethylsuccinate</i>	7
<i>emtricitabine/tenofovir disoproxil</i>	26	<i>erythromycin lactobionate</i>	7
<i>emtricitabine/tenofovir disoproxil fumarate</i>	26	<i>erythromycin/benzoyl peroxide</i>	41
EMTRIVA	26	ESBRIET	69
<i>enalapril maleate</i>	33	<i>escitalopram oxalate</i>	12
<i>enalapril maleate/hydrochlorothiazide</i>	35	ESOMEPRAZOLE MAGNESIUM	49
ENBREL	60	<i>estarylla</i>	54
ENBREL MINI	60	<i>estazolam</i>	70
ENBREL SURECLICK	60	ESTRADIOL	54
<i>endocet</i>	2	<i>estradiol valerate</i>	54
ENGERIX-B	61	<i>estradiol/norethindrone acetate</i>	54
<i>enilloring</i>	54	<i>eszopiclone</i>	70
ENOXAPARIN SODIUM	31	<i>ethacrynic acid</i>	36
<i>enpresse-28</i>	54	<i>ethambutol hydrochloride</i>	16
<i>enskyce</i>	54	<i>ethosuximide</i>	9
<i>entacapone</i>	22	<i>ethynodiol diacetate/ethinyl estradiol</i>	54
<i>entecavir</i>	25	<i>etodolac</i>	1
ENTRESTO	35	<i>etodolac er</i>	1
<i>enulose</i>	48	<i>etonogestrel/ethinyl estradiol</i>	54
ENVARUS XR	60	<i>etravirine</i>	25
EPIDIOLEX	8	<i>everolimus</i>	19
<i>epinastine hcl</i>	65	<i>everolimus</i>	60
EPINEPHRINE	68	EVOTAZ	27
<i>epitol</i>	10	EVRYSDI	50
EPIVIR HBV	25	<i>exemestane</i>	18
<i>eplerenone</i>	36	EXKIVITY	19
EPRONTIA	8	<i>ezetimibe</i>	37
ERAXIS	14	<i>ezetimibe/simvastatin</i>	37
ERGOLOID MESYLATES	10	<i>falmina</i>	54
<i>ergotamine tartrate/cafeine</i>	15	<i>famciclovir</i>	27
ERIVEDGE	19	<i>famotidine</i>	49
ERLEADA	17	FANAPT	23
<i>erlotinib hydrochloride</i>	19	FANAPT TITRATION PACK	23
<i>errin</i>	57	FARXIGA	28
ERTAPENEM	7	FARYDAK	19
<i>ery</i>	43	FASENRA	70
ERYTHROCIN LACTOBIONATE	7	FASENRA PEN	70
<i>erythrocin stearate</i>	7	FEBUXOSTAT	15

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>felbamate</i>	8	<i>fluoxetine hcl</i>	12
<i>felodipine er</i>	34	<i>fluoxetine hydrochloride</i>	12
<i>femynor</i>	54	<i>fluphenazine decanoate</i>	22
FENOFIBRATE	36	<i>fluphenazine hcl</i>	23
<i>fenofibrate micronized</i>	36	<i>fluphenazine hydrochloride</i>	23
<i>fenofibric acid</i>	36	<i>flura-drops</i>	45
<i>fenofibric acid dr</i>	36	<i>flurandrenolide</i>	42
<i>fenoprofen calcium</i>	1	<i>flurbiprofen</i>	1
FENTANYL	1	<i>flurbiprofen sodium</i>	65
<i>fentanyl citrate oral transmucosal</i>	2	<i>flutamide</i>	17
FERRIPROX TWICE-A-DAY	47	<i>fluticasone propionate</i>	42
<i>fesoterodine fumarate er</i>	50	<i>fluticasone propionate</i>	67
FETZIMA	12	<i>fluticasone propionate/salmeterol</i>	70
FETZIMA TITRATION PACK	12	<i>fluticasone propionate/salmeterol diskus</i>	70
FINACEA	41	<i>fluvastatin</i>	36
<i>finasteride</i>	51	<i>fluvastatin sodium er</i>	36
<i>fingolimod</i>	40	<i>fluvoxamine maleate</i>	12
FINTEPLA	8	<i>fluvoxamine maleate er</i>	12
<i>finzala</i>	54	<i>fondaparinux sodium</i>	31
FIRMAGON	58	<i>formoterol fumarate</i>	68
<i>flac</i>	66	FORTEO	63
FLAREX	65	<i>fosamprenavir calcium</i>	27
<i>flavoxate hcl</i>	50	FOSFOMYCIN TROMETHAMINE	5
FLEBOGAMMA DIF	59	<i>fosinopril sodium</i>	33
<i>flecainide acetate</i>	33	<i>fosinopril sodium/hydrochlorothiazide</i>	35
FLOVENT DISKUS	67	FOTIVDA	17
FLOVENT HFA	67	FRAGMIN	31
<i>fluconazole</i>	14	FREAMINE HBC 6.9%	45
<i>fluconazole in sodium chloride</i>	14	FREAMINE III	45
<i>flucytosine</i>	14	<i>frovatriptan succinate</i>	15
<i>fludrocortisone acetate</i>	51	FULPHILA	31
<i>flunisolide</i>	67	<i>furosemide</i>	36
<i>fluocinolone acetonide</i>	42	FUZEON	26
<i>fluocinolone acetonide</i>	66	<i>fyavolv</i>	54
<i>fluocinolone acetonide scalp</i>	42	FYCOMPA	8
<i>fluocinonide</i>	42	<i>gabapentin</i>	9
<i>fluocinonide emulsified base</i>	42	<i>galantamine hydrobromide</i>	10
<i>fluorabon</i>	45	<i>galantamine hydrobromide er</i>	10
<i>fluoride</i>	45	GAMUNEX-C	59
<i>fluoritab</i>	45	<i>ganciclovir</i>	24
<i>fluorometholone</i>	65	GARDASIL 9	61
<i>fluorouracil</i>	43	<i>gatifloxacin</i>	65
<i>fluoxetine dr</i>	12	GATTEX	48

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>gavilyte-c</i>	48	<i>hailey 1.5/30</i>	54
<i>gavilyte-g</i>	48	<i>hailey 24 fe</i>	54
<i>gavilyte-n/flavor pack</i>	48	<i>halobetasol propionate</i>	42
GAVRETO	17	<i>haloette</i>	54
<i>gefitinib</i>	19	<i>haloperidol</i>	23
<i>gemfibrozil</i>	36	<i>haloperidol decanoate</i>	23
<i>gemmily</i>	54	<i>haloperidol lactate</i>	23
<i>generlac</i>	48	HAVRIX	61
<i>gengraf</i>	60	<i>heather</i>	57
GENOTROPIN	52	<i>heparin sodium</i>	31
GENOTROPIN MINIQUICK	52	HEPATAMINE	45
<i>gentak</i>	65	HEPLISAV-B	61
<i>gentamicin sulfate</i>	4	HETLIOZ	70
<i>gentamicin sulfate</i>	65	HIBERIX	61
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	HUMALOG	29
GENVOYA	25	HUMALOG JUNIOR KWIKPEN	29
<i>gianvi</i>	54	HUMALOG KWIKPEN	30
GILENYA	40	HUMALOG MIX 50/50	30
GILOTRIF	19	HUMALOG MIX 50/50 KWIKPEN	30
GIVLAARI	63	HUMALOG MIX 75/25	30
GLASSIA	50	HUMALOG MIX 75/25 KWIKPEN	30
<i>glatiramer acetate</i>	40	HUMIRA	60
<i>glatopa</i>	40	HUMIRA PEDIATRIC CROHNS DISEASE	60
GLEOSTINE	16	STARTER PACK	
<i>glimepiride</i>	28	HUMIRA PEN	60
<i>glipizide</i>	28	HUMIRA PEN-CD/UC/HS STARTER	60
<i>glipizide er</i>	28	HUMIRA PEN-PEDIATRIC UC STARTER PACK	60
<i>glipizide/metformin hydrochloride</i>	28	HUMIRA PEN-PS/UV STARTER	60
GLUCAGON EMERGENCY KIT	29	HUMULIN 70/30	30
GLUCAGON EMERGENCY KIT FOR LOW	29	HUMULIN 70/30 KWIKPEN	30
BLOOD SUGAR		HUMULIN N	30
<i>glyburide</i>	29	HUMULIN N KWIKPEN	30
<i>glyburide micronized</i>	29	HUMULIN R	30
<i>glyburide/metformin hydrochloride</i>	29	HUMULIN R U-500 (CONCENTRATED)	30
<i>glycopyrrolate</i>	48	HUMULIN R U-500 KWIKPEN	30
<i>glydo</i>	3	<i>hydralazine hcl</i>	37
<i>granisetron hydrochloride</i>	14	<i>hydralazine hydrochloride</i>	37
<i>griseofulvin microsize</i>	14	<i>hydrochlorothiazide</i>	36
<i>griseofulvin ultramicrosize</i>	14	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>guanfacine er</i>	38	<i>hydrocodone/acetaminophen</i>	2
<i>guanfacine hydrochloride</i>	32	<i>hydrocodone/ibuprofen</i>	3
<i>guanfacine hydrochloride</i>	38	<i>hydrocortisone</i>	42
GUANIDINE HCL	16	<i>hydrocortisone</i>	51

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>hydrocortisone</i>	62	INQOVI	19
<i>hydrocortisone butyrate</i>	42	INREBIC	17
<i>hydrocortisone valerate</i>	42	INSULIN ASPART	30
<i>hydrocortisone/acetic acid</i>	66	INSULIN ASPART FLEXPEN	30
<i>hydromorphone hcl</i>	3	INSULIN ASPART PENFILL	30
<i>hydromorphone hcl er</i>	2	INSULIN ASPART PROTAMINE/INSULIN	30
<i>hydromorphone hydrochloride</i>	3	ASPART	
<i>hydromorphone hydrochloride er</i>	2	INSULIN ASPART PROTAMINE/INSULIN	30
<i>hydroxychloroquine sulfate</i>	21	ASPART FLEXPEN	
<i>hydroxyprogesterone caproate</i>	57	INSULIN LISPRO	30
<i>hydroxyurea</i>	17	INSULIN LISPRO JUNIOR KWIKPEN	30
<i>hydroxyzine hcl</i>	67	INSULIN LISPRO KWIKPEN	30
<i>hydroxyzine hydrochloride</i>	67	INSULIN LISPRO PROTAMINE/INSULIN	30
<i>hydroxyzine pamoate</i>	28	LISPRO KWIKPEN	
HYPERHEP B	59	INTELENCE	25
<i>ibandronate sodium</i>	63	INTRALIPID	63
IBRANCE	17	INTRON A	60
IBRANCE	19	<i>introvale</i>	54
<i>ibu</i>	1	INVEGA HAFYERA	23
<i>ibuprofen</i>	1	INVEGA SUSTENNA	23
<i>icatibant acetate</i>	59	INVEGA TRINZA	23
<i>iclevia</i>	54	INVIRASE	27
ICLUSIG	19	IOPIDINE	66
ICOSAPENT ETHYL	37	IPOL INACTIVATED IPV	61
IDHIFA	17	<i>ipratropium bromide</i>	68
ILEVRO	65	<i>ipratropium bromide/albuterol sulfate</i>	70
<i>imatinib mesylate</i>	19	<i>irbesartan</i>	32
IMBRUVICA	19	<i>irbesartan/hydrochlorothiazide</i>	35
<i>imipenem/cilastatin</i>	7	IRESSA	19
<i>imipramine hcl</i>	13	ISENTRESS	25
<i>imipramine hydrochloride</i>	13	ISENTRESS HD	25
<i>imipramine pamoate</i>	13	<i>isibloom</i>	54
<i>imiquimod</i>	43	ISOLYTE-P/DEXTROSE 5%	45
<i>imiquimod pump</i>	43	ISOLYTE-S	45
IMOVAX RABIES (H.D.C.V.)	61	ISONIAZID	16
IMPAVIDO	5	<i>isosorbide dinitrate</i>	37
<i>incassia</i>	57	<i>isosorbide dinitrate/hydralazine</i>	35
INCRELEX	52	<i>hydrochloride</i>	
<i>indapamide</i>	36	<i>isosorbide mononitrate</i>	37
<i>indomethacin</i>	1	<i>isosorbide mononitrate er</i>	37
<i>indomethacin er</i>	1	<i>isotonic gentamicin</i>	4
INFANRIX	61	<i>isotretinoin</i>	41
INLYTA	19	<i>isradipine</i>	34

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>itraconazole</i>	14	<i>ketoprofen er</i>	1
<i>ivermectin</i>	21	<i>ketorolac tromethamine</i>	1
<i>ivermectin</i>	43	<i>ketorolac tromethamine</i>	65
IXIARO	61	KEVEYIS	50
<i>jaimiess</i>	54	KINRIX	61
JAKAFI	19	<i>kionex</i>	47
<i>jantoven</i>	31	KISQALI	19
JANUMET	29	KISQALI FEMARA 200 DOSE	17
JANUMET XR	29	KISQALI FEMARA 400 DOSE	17
JANUVIA	29	KISQALI FEMARA 600 DOSE	17
JARDIANCE	29	KLARITY-A	65
<i>jasmiel</i>	54	<i>klor-con 10</i>	45
JAYPIRCA	19	<i>klor-con 8</i>	45
JEMPERLI	21	<i>klor-con m10</i>	45
<i>jencycla</i>	57	<i>klor-con m15</i>	45
JENTADUETO	29	<i>klor-con m20</i>	45
JENTADUETO XR	29	<i>klor-con sprinkle</i>	45
<i>jinteli</i>	54	KORLYM	52
<i>juleber</i>	54	KOSELUGO	19
JULUCA	25	KRAZATI	18
<i>junel 1.5/30</i>	54	<i>kurvelo</i>	54
<i>junel 1/20</i>	54	<i>labetalol hydrochloride</i>	34
<i>junel fe 1.5/30</i>	54	LACOSAMIDE	10
<i>junel fe 1/20</i>	54	LACRISERT	64
<i>junel fe 24</i>	54	<i>lactulose</i>	48
JUXTAPID	37	LAGEVRIO	63
JYNNEOS	61	<i>lamivudine</i>	25
<i>kaitlib fe</i>	54	<i>lamivudine</i>	26
<i>kalliga</i>	54	<i>lamivudine/zidovudine</i>	26
KALYDECO	69	<i>lamotrigine</i>	9
KANUMA	50	LAMOTRIGINE ER	8
<i>kariva</i>	54	<i>lamotrigine odt</i>	8
<i>kcl 0.075%/d5w/nacl 0.45%</i>	45	<i>lamotrigine starter kit/blue</i>	8
<i>kcl 0.15%/d5w/nacl 0.2%</i>	45	<i>lamotrigine starter kit/green</i>	8
<i>kcl 0.15%/d5w/nacl 0.45%</i>	45	<i>lamotrigine starter kit/orange</i>	8
<i>kcl 0.15%/d5w/nacl 0.9%</i>	45	<i>lamotrigine titration</i>	9
<i>kcl 0.3%/d5w/nacl 0.45%</i>	45	LANREOTIDE ACETATE	58
<i>kcl 0.3%/d5w/nacl 0.9%</i>	45	<i>lansoprazole</i>	49
<i>kelnor 1/35</i>	54	<i>lansoprazole/amoxicillin/clarithromycin</i>	48
<i>kelnor 1/50</i>	54	<i>lanthanum carbonate</i>	47
KERENDIA	35	LANTUS	30
<i>ketoconazole</i>	14	LANTUS SOLOSTAR	30
<i>ketodan</i>	14	<i>lapatinib ditosylate</i>	19

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>larin 1.5/30</i>	54	<i>levora 0.15/30-28</i>	55
<i>larin 1/20</i>	55	<i>levorphanol tartrate</i>	2
<i>larin 24 fe</i>	55	<i>levo-t</i>	58
<i>larin fe 1.5/30</i>	55	LEVOTHYROXINE SODIUM	58
<i>larin fe 1/20</i>	55	LEXIVA	27
<i>larissia</i>	55	LIDOCAINE	3
<i>latanoprost</i>	66	<i>lidocaine hcl</i>	3
LATUDA	23	<i>lidocaine hcl jelly</i>	3
<i>ledipasvir/sofosbuvir</i>	25	<i>lidocaine hydrochloride viscous</i>	40
<i>leena</i>	55	<i>lidocaine viscous</i>	40
<i>leflunomide</i>	60	<i>lidocaine/prilocaine</i>	3
<i>lenalidomide</i>	17	<i>lillow</i>	55
LENVIMA 10 MG DAILY DOSE	19	<i>lindane</i>	43
LENVIMA 12MG DAILY DOSE	19	<i>linezolid</i>	5
LENVIMA 14 MG DAILY DOSE	19	LINZESS	48
LENVIMA 18 MG DAILY DOSE	19	<i>liothyronine sodium</i>	58
LENVIMA 20 MG DAILY DOSE	19	<i>lisinopril</i>	33
LENVIMA 24 MG DAILY DOSE	19	<i>lisinopril/hydrochlorothiazide</i>	35
LENVIMA 4 MG DAILY DOSE	19	LITHIUM	28
LENVIMA 8 MG DAILY DOSE	19	<i>lithium carbonate</i>	28
<i>lessina</i>	55	<i>lithium carbonate er</i>	28
<i>letrozole</i>	18	LIVTENCITY	24
<i>leucovorin calcium</i>	18	LO LOESTRIN FE	55
LEUKERAN	17	LOKELMA	47
LEUPROLIDE ACETATE	58	LONSURF	18
<i>levalbuterol</i>	68	<i>loperamide hcl</i>	48
<i>levalbuterol hcl</i>	68	<i>lopinavir/ritonavir</i>	27
<i>levalbuterol hydrochloride</i>	68	<i>lopreeza</i>	55
<i>levalbuterol tartrate hfa</i>	68	<i>lorazepam</i>	28
LEVEMIR	30	<i>lorazepam intensol</i>	28
LEVEMIR FLEXPEN	30	LORBRENA	20
LEVEMIR FLEXTOUCH	30	<i>lorcet</i>	3
<i>levetiracetam</i>	9	<i>lorcet hd</i>	3
<i>levetiracetam er</i>	9	<i>lorcet plus</i>	3
<i>levobunolol hcl</i>	66	<i>loryna</i>	55
<i>levocarnitine</i>	63	<i>losartan potassium</i>	32
<i>levocetirizine dihydrochloride</i>	67	<i>losartan potassium/hydrochlorothiazide</i>	35
<i>levofloxacin</i>	7	LOTEPREDNOL ETABONATE	65
<i>levofloxacin</i>	65	<i>lovastatin</i>	37
<i>levofloxacin in d5w</i>	7	<i>low-ogestrel</i>	55
<i>levonest</i>	55	<i>loxapine</i>	23
<i>levonorgestrel and ethinyl estradiol</i>	55	<i>lo-zumandimine</i>	55
LEVONORGESTREL/ETHINYL ESTRADIOL	55	<i>lubiprostone</i>	48

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
LUMAKRAS	18	MENACTRA	61
LUMIGAN	66	MENEST	55
LUMIZYME	50	MENQUADFI	61
LUPRON DEPOT (1-MONTH)	58	MENVEO	61
LUPRON DEPOT (3-MONTH)	58	<i>mercaptopurine</i>	17
LUPRON DEPOT (4-MONTH)	58	<i>meropenem</i>	7
LUPRON DEPOT (6-MONTH)	58	<i>merzee</i>	55
LUPRON DEPOT-PED (1-MONTH)	58	<i>mesalamine</i>	62
LUPRON DEPOT-PED (3-MONTH)	58	MESALAMINE DR	62
LUPRON DEPOT-PED (6-MONTH)	52	MESALAMINE ER	62
<i>lurasidone hydrochloride</i>	23	MESNEX	21
<i>lutea</i>	55	<i>metformin hydrochloride</i>	29
LYBALVI	23	<i>metformin hydrochloride er</i>	29
<i>lyleq</i>	57	<i>methadone hcl</i>	2
<i>lyllana</i>	55	<i>methadone hydrochloride</i>	2
LYNPARZA	20	<i>methadone hydrochloride intensol</i>	2
LYSODREN	58	<i>methadose</i>	2
LYTGOBI	18	<i>methadose sugar-free</i>	2
<i>lyza</i>	57	<i>methazolamide</i>	66
<i>magnesium sulfate</i>	45	<i>methenamine hippurate</i>	5
<i>malathion</i>	43	<i>methimazole</i>	59
<i>maprotiline hcl</i>	11	METHITEST	52
<i>maraviroc</i>	26	<i>methocarbamol</i>	70
<i>marlissa</i>	55	<i>methotrexate</i>	60
MARPLAN	11	<i>methotrexate sodium</i>	60
MATULANE	17	<i>methoxsalen</i>	43
<i>matzim la</i>	34	<i>methscopolamine bromide</i>	48
MAVYRET	25	<i>methsuximide</i>	9
MAYZENT	40	<i>methyldopa</i>	32
MAYZENT STARTER PACK	40	<i>methyldopa/hydrochlorothiazide</i>	35
<i>meclizine hcl</i>	13	<i>methylphenidate hydrochloride</i>	39
<i>meclofenamate sodium</i>	1	<i>methylphenidate hydrochloride cd</i>	38
<i>medroxyprogesterone acetate</i>	57	<i>methylphenidate hydrochloride er</i>	38
<i>mefenamic acid</i>	1	<i>methylphenidate hydrochloride er (la)</i>	38
<i>mefloquine hcl</i>	21	<i>methylprednisolone</i>	51
<i>megestrol acetate</i>	57	<i>methylprednisolone dose pack</i>	51
MEKINIST	20	<i>methyltestosterone</i>	52
MEKTOVI	20	<i>metoclopramide hcl</i>	48
<i>melodetta 24 fe</i>	55	<i>metoclopramide hydrochloride</i>	48
<i>meloxicam</i>	1	<i>metoclopramide odt</i>	48
<i>memantine hcl titration pak</i>	11	<i>metolazone</i>	36
<i>memantine hydrochloride</i>	11	<i>metoprolol succinate er</i>	34
MEMANTINE HYDROCHLORIDE ER	11	<i>metoprolol tartrate</i>	34

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>metoprolol/hydrochlorothiazide</i>	35	<i>morphine sulfate er</i>	2
<i>metronidazole</i>	5	<i>moxifloxacin hydrochloride/sodium</i>	7
<i>metronidazole</i>	41	<i>hydrochloride</i>	
<i>metronidazole vaginal</i>	5	<i>moxifloxacin hydrochloride</i>	7
<i>metirosine</i>	35	MOXIFLOXACIN HYDROCHLORIDE	65
MEXILETINE HCL	33	MULTAQ	33
<i>mibelas 24 fe</i>	55	MULTIPLE ELECTROLYTES INJECTION TYPE 1	45
<i>micafungin</i>	14	MUPIROCIN	44
<i>miconazole 3</i>	15	MYALEPT	48
<i>microgestin 1.5/30</i>	55	<i>mycophenolate mofetil</i>	60
<i>microgestin 1/20</i>	55	<i>mycophenolic acid dr</i>	60
<i>microgestin 24 fe</i>	55	<i>myorisan</i>	41
<i>microgestin fe 1.5/30</i>	55	MYRBETRIQ	50
<i>microgestin fe 1/20</i>	55	NABI-HB	59
<i>midodrine hcl</i>	32	<i>nabumetone</i>	1
<i>mifepristone</i>	52	<i>nadolol</i>	34
MIGERGOT	15	<i>nafcillin sodium</i>	6
<i>miglitol</i>	29	<i>nafrinse</i>	45
<i>miglustat</i>	50	<i>nafrinse drops</i>	46
<i>mili</i>	55	<i>naftifine hcl</i>	15
MILLIPRED	51	NAFTIFINE HYDROCHLORIDE	15
<i>mimvey</i>	55	NAGLAZYME	50
<i>minitran</i>	37	<i>naloxone hcl</i>	4
MINOCIN	8	NALOXONE HYDROCHLORIDE	4
<i>minocycline hcl</i>	8	<i>naltrexone hcl</i>	3
<i>minocycline hydrochloride</i>	8	NAMENDA XR TITRATION PACK	11
<i>minoxidil</i>	37	NAMZARIC	10
<i>mirtazapine</i>	11	<i>naproxen</i>	1
<i>mirtazapine odt</i>	11	<i>naproxen sodium</i>	1
<i>misoprostol</i>	49	<i>naratriptan hcl</i>	15
<i>mitigo</i>	2	NATACYN	65
M-M-R II	61	<i>nateglinide</i>	29
<i>modafinil</i>	71	NATPARA	63
<i>moexipril hcl</i>	33	NAYZILAM	9
<i>molindone hydrochloride</i>	23	<i>nebivolol</i>	34
<i>mometasone furoate</i>	42	<i>nebivolol hydrochloride</i>	34
<i>mometasone furoate</i>	67	<i>necon 0.5/35-28</i>	55
<i>mondoxylene nl</i>	8	<i>nefazodone hydrochloride</i>	12
<i>mono-lynyah</i>	55	<i>nelarabine</i>	17
<i>montelukast sodium</i>	67	<i>neomycin sulfate</i>	4
<i>morgidox 1x100mg</i>	8	<i>neomycin/bacitracin/polymyxin</i>	64
<i>morgidox 2x100mg</i>	8	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	64
<i>morphine sulfate</i>	3	<i>one</i>	

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>neomycin/polymyxin/dexamethasone</i>	64	<i>norethindrone acetate/ethinyl</i>	55
NEOMYCIN/POLYMYXIN/GRAMICIDIN	64	<i>estradiol/ferrous fumarate</i>	
<i>neomycin/polymyxin/hc</i>	66	<i>norethindrone/ethinyl estradiol/ferrous</i>	56
<i>neomycin/polymyxin/hydrocortisone</i>	64	<i>fumarate</i>	
<i>neomycin/polymyxin/hydrocortisone</i>	67	<i>norgestimate/ethinyl estradiol</i>	56
<i>neo-polycin</i>	64	<i>norlyda</i>	58
<i>neo-polycin hc</i>	64	NORMOSOL-M IN D5W	46
NEPHRAMINE	46	NORMOSOL-R	46
NERLYNX	20	NORMOSOL-R IN D5W	46
<i>neuac</i>	41	<i>nortrel 0.5/35 (28)</i>	56
NEULASTA	31	<i>nortrel 1/35</i>	56
NEUPRO	22	<i>nortrel 7/7/7</i>	56
NEVANAC	66	<i>nortriptyline hcl</i>	13
<i>nevirapine</i>	26	<i>nortriptyline hydrochloride</i>	13
<i>nevirapine er</i>	26	NORVIR	27
<i>niacin</i>	37	NOVOLIN 70/30	30
<i>niacin er</i>	37	NOVOLIN 70/30 FLEXPEN	30
<i>niacor</i>	37	<i>novolin 70/30 flexpen relion</i>	30
<i>nicardipine hcl</i>	34	<i>novolin 70/30 relion</i>	30
NICOTROL INHALER	4	NOVOLIN N	30
NICOTROL NS	4	NOVOLIN N FLEXPEN	30
<i>nifedipine er</i>	34	<i>novolin n flexpen relion</i>	30
<i>nikki</i>	55	<i>novolin n relion</i>	30
<i>nilutamide</i>	17	NOVOLIN R	30
<i>nimodipine</i>	34	NOVOLIN R FLEXPEN	30
NINLARO	18	<i>novolin r flexpen relion</i>	30
<i>nisoldipine er</i>	34	<i>novolin r relion</i>	30
<i>nitazoxanide</i>	21	NOVOLOG	30
<i>nitisinone</i>	50	NOVOLOG FLEXPEN	30
<i>nitro-bid</i>	37	NOVOLOG MIX 70/30	30
<i>nitrofurantoin macrocrystals</i>	5	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	31
<i>nitrofurantoin monohydrate/macrocrystals</i>	5	NOVOLOG PENFILL	31
<i>nitroglycerin</i>	37	NOXAFIL	15
<i>nitroglycerin lingual</i>	37	NUBEQA	17
<i>nitroglycerin transdermal</i>	37	NUDEXTA	39
NIVESTYM	31	NUPLAZID	23
<i>nizatidine</i>	49	NUTRILIPID	63
<i>nolix</i>	42	<i>nyamyc</i>	15
<i>norethindrone</i>	58	<i>nylia 1/35</i>	56
<i>norethindrone & ethinyl estradiol ferrous</i>	55	<i>nylia 7/7/7</i>	56
<i>fumarate</i>		<i>nymyo</i>	56
<i>norethindrone acetate</i>	57	<i>nystatin</i>	15
<i>norethindrone acetate/ethinyl estradiol</i>	56	<i>nystatin/triamcinolone</i>	43

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>nystop</i>	15	OXACILLIN SODIUM	6
OCALIVA	49	OXANDROLONE	52
OCTAGAM	59	<i>oxaprozin</i>	1
<i>octreotide acetate</i>	58	<i>oxazepam</i>	28
ODEFSEY	26	OXBRYTA	31
ODOMZO	20	<i>oxcarbazepine</i>	10
OFEV	69	<i>oxiconazole nitrate</i>	15
<i>ofloxacin</i>	7	<i>oxybutynin chloride</i>	50
<i>ofloxacin</i>	65	<i>oxybutynin chloride er</i>	50
<i>ofloxacin</i>	67	<i>oxycodone and acetaminophen</i>	3
<i>ogestrel</i>	56	<i>oxycodone hydrochloride</i>	3
OJJAARA	20	<i>oxycodone/acetaminophen</i>	3
<i>okebo</i>	8	<i>oxycodone/aspirin</i>	3
<i>olanzapine</i>	23	<i>oxycodone/ibuprofen</i>	3
<i>olanzapine odt</i>	23	<i>oxymorphone hydrochloride</i>	3
<i>olanzapine/fluoxetine</i>	11	<i>oxymorphone hydrochloride er</i>	2
<i>olmesartan medoxomil</i>	33	<i>oxymorphone hydrochlorideer</i>	2
<i>olmesartan</i>	36	OZEMPIC	29
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>pacerone</i>	33
<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	PADCEV	21
<i>olopatadine hcl</i>	65	PALFORZIA INITIAL DOSE ESCALATION	63
<i>olopatadine hcl</i>	67	PALFORZIA LEVEL 1	63
<i>olopatadine hydrochloride</i>	65	PALFORZIA LEVEL 10	63
OMEGA-3-ACID ETHYL ESTERS	37	PALFORZIA LEVEL 11 (MAINTENANCE)	63
<i>omeprazole</i>	49	PALFORZIA LEVEL 11 (TITRATION)	63
<i>omeprazole dr</i>	49	PALFORZIA LEVEL 2	63
<i>ondansetron hcl</i>	14	PALFORZIA LEVEL 3	63
<i>ondansetron hydrochloride</i>	14	PALFORZIA LEVEL 4	63
<i>ondansetron odt</i>	14	PALFORZIA LEVEL 5	63
ONUREG	18	PALFORZIA LEVEL 6	64
OPSUMIT	69	PALFORZIA LEVEL 7	64
<i>oralone dental paste</i>	40	PALFORZIA LEVEL 8	64
ORENITRAM	69	PALFORZIA LEVEL 9	64
ORENITRAM TITRATION KIT MONTH 1	69	<i>paliperidone er</i>	23
ORENITRAM TITRATION KIT MONTH 2	69	PANRETIN	21
ORENITRAM TITRATION KIT MONTH 3	69	<i>pantoprazole sodium</i>	49
ORFADIN	50	<i>paricalcitol</i>	63
ORGOVYX	58	<i>paroex</i>	40
ORKAMBI	69	<i>paromomycin sulfate</i>	4
<i>orphenadrine citrate er</i>	70	<i>paroxetine hcl</i>	12
ORSERDU	18	<i>paroxetine hcl er</i>	12
<i>orsythia</i>	56	<i>paroxetine hydrochloride</i>	12
<i>oseltamivir phosphate</i>	27	PASER	16

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
PAXLOVID	26	<i>pimozide</i>	23
PAXLOVID	64	<i>pimtrea</i>	56
PAZEO	65	<i>pindolol</i>	34
PAZOPANIB HYDROCHLORIDE	20	<i>pioglitazone hcl</i>	29
PEDIARIX	61	<i>pioglitazone hcl/metformin hcl</i>	29
PEDVAX HIB	61	<i>pioglitazone hcl-glimepiride</i>	29
<i>peg-3350/electrolytes</i>	49	<i>pioglitazone hydrochloride</i>	29
<i>peg-3350/nacl/na bicarbonate/kcl</i>	49	<i>piperacillin sodium/tazobactam sodium</i>	7
PEGANONE	10	PIQRAY 200MG DAILY DOSE	20
PEGASYS	60	PIQRAY 250MG DAILY DOSE	20
PEGASYS PROCLICK	60	PIQRAY 300MG DAILY DOSE	20
PEMAZYRE	18	<i>pirfenidone</i>	69
<i>penciclovir</i>	44	<i>pirmella 1/35</i>	56
<i>penicillamine</i>	47	<i>pirmella 7/7/7</i>	56
<i>penicillamine</i>	51	<i>piroxicam</i>	1
<i>penicillin g potassium</i>	6	PLASMA-LYTE A	46
<i>penicillin g sodium</i>	6	PLASMA-LYTE-148	46
<i>penicillin v potassium</i>	6	PLEGRIDY	40
PENTACEL	61	PLEGRIDY STARTER PACK	40
<i>pentamidine isethionate</i>	21	PLENAMINE	46
PENTASA	62	<i>podofilox</i>	43
<i>pentazocine/naloxone hcl</i>	3	POLIVY	21
<i>pentoxifylline er</i>	36	<i>polycin</i>	64
<i>perindopril erbumine</i>	33	<i>polymyxin b sulfate</i>	5
<i>periogard</i>	40	<i>polymyxin b sulfate/trimethoprim sulfate</i>	64
<i>permethrin</i>	43	POMALYST	17
<i>perphenazine</i>	23	<i>portia-28</i>	56
<i>perphenazine/amitriptyline</i>	11	<i>posaconazole</i>	15
PERSERIS	24	<i>posaconazole dr</i>	15
<i>pfizerpen</i>	6	<i>potassium chloride</i>	46
<i>phenadoz</i>	13	<i>potassium chloride er</i>	46
<i>phenelzine sulfate</i>	11	POTASSIUM CHLORIDE/DEXTROSE	46
<i>phenobarbital</i>	9	<i>potassium chloride/dextrose/lactated</i>	46
<i>phenoxybenzamine hydrochloride</i>	32	<i>ringers</i>	
<i>phenytek</i>	10	<i>potassium chloride/dextrose/sodium</i>	46
<i>phenytoin</i>	10	<i>chloride</i>	
<i>phenytoin sodium extended</i>	10	<i>potassium chloride/sodium chloride</i>	46
<i>philith</i>	56	<i>potassium citrate er</i>	46
PHOSPHOLINE IODIDE	66	PRALUENT	37
PIFELTRO	26	<i>pramipexole dihydrochloride</i>	22
<i>pilocarpine hcl</i>	66	<i>pramipexole dihydrochloride er</i>	22
<i>pilocarpine hydrochloride</i>	40	PRASUGREL	32
<i>pimecrolimus</i>	42	<i>pravastatin sodium</i>	37

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
PRAZIQUANTEL	21	PROLATE	3
<i>prazosin hydrochloride</i>	32	PROLENSA	66
PREDNICARBATE	42	PROLIA	63
<i>prednisolone</i>	51	PROMACTA	32
PREDNISOLONE ACETATE	66	<i>promethazine hcl</i>	13
<i>prednisolone sodium phosphate</i>	51	<i>promethazine hcl plain</i>	13
<i>prednisolone sodium phosphate</i>	66	<i>promethazine hydrochloride</i>	13
<i>prednisone</i>	51	<i>promethazine vc</i>	70
<i>prednisone intensol</i>	51	<i>promethegan</i>	13
<i>pregabalin</i>	39	<i>propafenone hcl</i>	33
PREHEVBRIO	61	<i>propafenone hydrochloride er</i>	33
PREMARIN	56	<i>propantheline bromide</i>	48
PREMASOL	46	<i>proparacaine hcl</i>	64
PREMPHASE	56	<i>propranolol hcl</i>	34
PREMPRO	56	<i>propranolol hcl er</i>	34
<i>prenatal</i>	48	<i>propranolol hydrochloride</i>	34
PREPOPIK	49	<i>propranolol hydrochloride er</i>	34
<i>prevalite</i>	37	<i>propranolol/hydrochlorothiazide</i>	36
<i>previfem</i>	56	<i>propylthiouracil</i>	59
PREVYMIS	25	PROQUAD	61
PREZCOBIX	27	PROSOL	46
PREZISTA	27	<i>protriptyline hcl</i>	13
PRIFTIN	16	PULMOZYME	69
<i>primaquine phosphate</i>	21	PURIXAN	17
<i>primidone</i>	10	<i>pyrazinamide</i>	16
PRIMLEV	3	<i>pyridostigmine bromide</i>	16
PRIORIX	61	<i>pyridostigmine bromide er</i>	16
PROAIR DIGIHALER	68	<i>pyrimethamine</i>	21
PROAIR RESPICLICK	68	PYRUKYND	32
<i>probenecid</i>	15	PYRUKYND TAPER PACK	32
<i>probenecid/colchicine</i>	15	QINLOCK	17
PROCALAMINE	46	QUADRACEL	61
<i>prochlorperazine</i>	13	<i>quetiapine fumarate</i>	24
PROCHLORPERAZINE EDISYLATE	13	<i>quetiapine fumarate er</i>	24
<i>prochlorperazine maleate</i>	13	<i>quinapril hcl</i>	33
PROCRIIT	32	<i>quinapril hydrochloride</i>	33
<i>procto-med hc</i>	62	<i>quinapril/hydrochlorothiazide</i>	36
<i>procto-pak</i>	62	<i>quinidine gluconate cr</i>	33
<i>proctosol hc</i>	62	<i>quinidine sulfate</i>	33
<i>proctozone-hc</i>	62	<i>quinine sulfate</i>	21
<i>progesterone</i>	58	QVAR REDIHALER	67
PROGRAF	60	RABAVERT	62
PROLASTIN-C	50	<i>rabeprazole sodium</i>	49

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>raloxifene hydrochloride</i>	58	RISPERDAL CONSTA	24
<i>ramelteon</i>	70	<i>risperidone</i>	24
<i>ramipril</i>	33	<i>risperidone odt</i>	24
RANOLAZINE ER	36	<i>ritonavir</i>	27
<i>rasagiline mesylate</i>	22	<i>rivastigmine tartrate</i>	11
RAVICTI	50	RIVASTIGMINE TRANSDERMAL SYSTEM	11
REBIF	40	RIVELSA	56
REBIF REBIDOSE	40	<i>rizatriptan benzoate</i>	16
REBIF REBIDOSE TITRATION PACK	40	<i>rizatriptan benzoate odt</i>	16
REBIF TITRATION PACK	40	ROCKLATAN	64
REBLOZYL	32	<i>roflumilast</i>	69
<i>reclipsen</i>	56	ROMIDEPSIN	18
RECOMBIVAX HB	62	<i>ropinirole er</i>	22
RECTIV	49	<i>ropinirole hcl</i>	22
REGRANEX	43	<i>ropinirole hydrochloride</i>	22
RELENZA DISKHALER	27	<i>rosadan</i>	41
RELISTOR	48	<i>rosuvastatin calcium</i>	37
<i>repaglinide</i>	29	ROTARIX	62
REPATHA	37	ROTATEQ	62
REPATHA PUSHTRONEX SYSTEM	37	<i>roweepra</i>	9
REPATHA SURECLICK	37	<i>roweepra xr</i>	9
RESTASIS	64	ROZLYTREK	20
RESTASIS MULTIDOSE	64	RUBRACA	20
RETACRIT	32	RUCONEST	59
RETEVMO	18	<i>rufinamide</i>	10
RETROVIR IV INFUSION	26	RUKOBIA	26
REVCOVI	50	RUXIENCE	21
REVLIMID	17	RYDAPT	20
REXULTI	24	RYTARY	22
REYATAZ	27	<i>sajazir</i>	59
REYVOW	15	SANCUSO	14
REZLIDHIA	20	SANTYL	43
RHOPRESSA	66	<i>sapropterin dihydrochloride</i>	50
<i>ribavirin</i>	25	SARCLISA	21
RIDAURA	59	SAVELLA	39
<i>rifabutin</i>	16	SAVELLA TITRATION PACK	39
<i>rifampin</i>	16	SCSEMBLIX	18
RIFATER	16	<i>scopolamine</i>	13
<i>riluzole</i>	39	SECUADO	24
<i>rimantadine hydrochloride</i>	27	<i>selegiline hcl</i>	22
RINVOQ	59	<i>selenium sulfide</i>	42
<i>risedronate sodium</i>	63	SELZENTRY	26
<i>risedronate sodium dr</i>	63	SEMPREX-D	67

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
SEREVENT DISKUS	68	SPIRIVA RESPIMAT	68
<i>sertraline hcl</i>	12	<i>spironolactone</i>	36
<i>sertraline hydrochloride</i>	12	<i>spironolactone/hydrochlorothiazide</i>	36
<i>setlakin</i>	56	<i>sprintec 28</i>	56
SEVELAMER CARBONATE	47	SPRITAM	9
<i>sevelamer hydrochloride</i>	47	SPRYCEL	20
<i>sharobel</i>	58	<i>sps</i>	47
SHINGRIX	62	<i>sronyx</i>	56
SIGNIFOR	58	<i>ssd</i>	43
<i>sildenafil citrate</i>	51	<i>stavudine</i>	26
<i>sildenafil citrate</i>	69	STELARA	59
SILODOSIN	51	STIMATE	52
<i>silver sulfadiazine</i>	43	STIOLTO RESPIMAT	70
<i>simliya</i>	56	STIVARGA	20
<i>simpesse</i>	56	STRENSIQ	50
<i>simvastatin</i>	37	<i>streptomycin sulfate</i>	4
<i>sirolimus</i>	60	STRIANT	52
SIRTURO	16	STRIBILD	25
SKYCLARYS	64	<i>subvenite</i>	9
SKYRIZI	59	<i>subvenite starter kit/blue</i>	9
SKYRIZI PEN	59	<i>subvenite starter kit/green</i>	9
<i>sodium chloride</i>	46	<i>subvenite starter kit/orange</i>	9
<i>sodium chloride 0.45%</i>	46	SUCRAID	50
<i>sodium chloride 0.9%</i>	64	<i>sucralfate</i>	49
<i>sodium fluoride</i>	46	<i>sulfacetamide sodium</i>	7
<i>sodium oxybate</i>	71	<i>sulfacetamide sodium</i>	65
<i>sodium phenylbutyrate</i>	50	SULFACETAMIDE SODIUM/PREDNISOLONE	64
<i>sodium polystyrene sulfonate</i>	47	SODIUM PHOSPHATE	
<i>sodium polystyrene sulfonate</i>	47	<i>sulfadiazine</i>	7
<i>sofosbuvir/velpatasvir</i>	25	<i>sulfamethoxazole/trimethoprim</i>	8
SOLIFENACIN SUCCINATE	50	<i>sulfamethoxazole/trimethoprim ds</i>	7
SOLIRIS	59	<i>sulfasalazine</i>	62
SOLTAMOX	17	<i>sulfatrim pediatric</i>	8
SOMATULINE DEPOT	59	<i>sulindac</i>	1
SOMAVERT	59	<i>sumatriptan</i>	16
<i>sorafenib</i>	20	<i>sumatriptan succinate</i>	16
<i>sorafenib tosylate</i>	20	<i>sumatriptan succinate refill</i>	16
<i>sorine</i>	33	<i>sunitinib malate</i>	20
<i>sotalol hcl</i>	33	SUNLENCA	26
<i>sotalol hcl (af)</i>	33	SUPRAX	6
<i>sotalol hcl af</i>	33	<i>syeda</i>	56
<i>sotalol hydrochloride (af)</i>	33	SYMBICORT	70
SPIRIVA HANDIHALER	68	SYMLINPEN 120	29

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
SYMLINPEN 60	29	<i>terazosin hcl</i>	51
SYMPAZAN	10	<i>terazosin hydrochloride</i>	51
SYMTUZA	27	<i>terbinafine hcl</i>	15
SYNAREL	59	<i>terbutaline sulfate</i>	68
SYNJARDY	29	<i>terconazole</i>	15
SYNRIBO	18	<i>teriflunomide</i>	40
SYNTHAMIN 17	46	TESTOSTERONE	52
SYNTHROID	58	<i>testosterone cypionate</i>	52
TABLOID	17	<i>testosterone enanthate</i>	52
TABRECTA	17	TESTOSTERONE PUMP	52
<i>tacrolimus</i>	42	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED	62
<i>tacrolimus</i>	61	ADULT	
<i>tadalafil</i>	51	<i>tetrabenazine</i>	39
<i>tadalafil</i>	51	<i>tetracycline hydrochloride</i>	8
<i>tadalafil</i>	69	THALOMID	17
TADLIQ	69	<i>theophylline</i>	69
TAFINLAR	20	<i>theophylline er</i>	69
TAGRISSO	20	<i>thioridazine hcl</i>	23
TALZENNA	20	<i>thiothixene</i>	23
<i>tamoxifen citrate</i>	17	<i>tiadylt er</i>	34
<i>tamsulosin hydrochloride</i>	51	<i>tiagabine hydrochloride</i>	10
<i>tarina 24 fe</i>	56	TIBSOVO	20
<i>tarina fe 1/20 eq</i>	56	TICE BCG	18
TASIGNA	20	TICOVAC	62
<i>tasimelteon</i>	70	<i>tigecycline</i>	5
<i>taysofy</i>	56	<i>tilia fe</i>	56
TAZAROTENE	41	<i>timolol maleate</i>	15
<i>tazicef</i>	6	<i>timolol maleate</i>	66
TAZORAC	41	TIMOLOL MALEATE OPHTHALMIC GEL	66
<i>taztia xt</i>	34	FORMING	
TAZVERIK	18	<i>tinidazole</i>	5
TDVAX	62	<i>tiotropium bromide</i>	68
TEFLARO	6	TIVICAY	25
TEGSEDI	50	TIVICAY PD	25
<i>telmisartan</i>	33	<i>tizanidine hcl</i>	24
<i>telmisartan/amlodipine</i>	36	<i>tizanidine hydrochloride</i>	24
<i>telmisartan/hydrochlorothiazide</i>	36	TOBI PODHALER	69
<i>temazepam</i>	70	TOBRADEX	64
TEMIXYS	26	TOBRADEX ST	64
<i>tencon</i>	39	<i>tobramycin</i>	65
TENIVAC	62	<i>tobramycin</i>	69
<i>tenofovir disoproxil fumarate</i>	26	<i>tobramycin sulfate</i>	4
TEPMETKO	20	<i>tobramycin/dexamethasone</i>	64

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
TOBREX	65	<i>trifluoperazine hydrochloride</i>	23
<i>tolbutamide</i>	29	<i>trifluridine</i>	65
<i>tolcapone</i>	22	<i>trihexyphenidyl hcl</i>	22
<i>tolmetin sodium</i>	1	<i>trihexyphenidyl hydrochloride</i>	22
<i>tolterodine tartrate</i>	50	TRIKAFTA	69
<i>tolterodine tartrate er</i>	50	<i>tri-legest fe</i>	56
<i>tolvaptan</i>	47	<i>tri-lo-estarylla</i>	56
<i>topiramate</i>	9	<i>tri-lo-sprintec</i>	56
<i>topiramate er</i>	9	<i>trilyte</i>	49
<i>toremifene citrate</i>	17	<i>trimethobenzamide hydrochloride</i>	14
<i>torseamide</i>	36	<i>trimethoprim</i>	5
TOUJEO MAX SOLOSTAR	31	<i>tri-mili</i>	56
TOUJEO SOLOSTAR	31	<i>trimipramine maleate</i>	13
TPN ELECTROLYTES	46	TRINTELLIX	12
TRADJENTA	29	<i>tri-nymyo</i>	57
<i>tramadol hcl</i>	3	<i>tri-previfem</i>	57
<i>tramadol hydrochloride</i>	3	TRIPTODUR	59
<i>tramadol hydrochloride er</i>	2	<i>tri-sprintec</i>	57
<i>tramadol hydrochloride/acetaminophen</i>	3	TRIUMEQ	26
<i>trandolapril</i>	33	TRIUMEQ PD	26
<i>trandolapril/verapamil hcl er</i>	36	<i>trivora-28</i>	57
<i>tranexamic acid</i>	32	<i>tri-vylibra</i>	57
<i>tranylcypromine sulfate</i>	11	<i>tri-vylibra lo</i>	57
TRAVASOL	47	TRIZIVIR	26
<i>travoprost</i>	66	TROGARZO	26
<i>trazodone hydrochloride</i>	12	TROPHAMINE	47
TRECTOR	16	<i>trospium chloride</i>	50
TRELEGY ELLIPTA	70	<i>trospium chloride er</i>	50
TRESIBA	31	TRULICITY	29
TRESIBA FLEXTOUCH	31	TRUMENBA	62
<i>tretinoin</i>	21	TRUSELTIQ	18
<i>tretinoin</i>	41	TRUXIMA	21
<i>tretinoin microsphere</i>	41	TUKYSA	18
TREXALL	61	<i>tulana</i>	58
<i>triamcinolone acetonide</i>	42	TURALIO	20
TRIAMCINOLONE ACETONIDE	51	TWINRIX	62
<i>triamcinolone acetonide dental paste</i>	40	<i>tyblume</i>	57
<i>triamterene</i>	36	TYBOST	26
<i>triamterene/hydrochlorothiazide</i>	36	TYPHIM VI	62
<i>triderm</i>	42	TYSABRI	40
<i>trientine hydrochloride</i>	47	UBRELVY	15
<i>tri-estarylla</i>	56	UDENYCA	32
<i>trifluoperazine hcl</i>	23	UKONIQ	20

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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>unithroid</i>	58	VERSACLOZ	24
UPTRAVI	69	VERZENIO	20
UPTRAVI TITRATION PACK	69	<i>vestura</i>	57
URSODIOL	49	VICTOZA	29
<i>valacyclovir hcl</i>	27	<i>vienva</i>	57
<i>valacyclovir hydrochloride</i>	27	<i>vigabatrin</i>	10
VALCHLOR	17	<i>vigadrone</i>	10
VALGANCICLOVIR	25	VIIBRYD STARTER PACK	13
<i>valganciclovir hydrochloride</i>	25	<i>vilazodone hydrochloride</i>	13
<i>valproic acid</i>	9	VIMIZIM	50
<i>valsartan</i>	33	<i>viorele</i>	57
<i>valsartan/hydrochlorothiazide</i>	36	VIRACEPT	27
VALTOCO 10 MG DOSE	10	VIREAD	26
VALTOCO 15 MG DOSE	10	VISTOGARD	64
VALTOCO 20 MG DOSE	10	VITRAKVI	20
VALTOCO 5 MG DOSE	10	VIVITROL	3
VANATOL LQ	39	VIZIMPRO	20
<i>vancomycin hcl</i>	5	<i>volnea</i>	57
<i>vancomycin hydrochloride</i>	5	VONJO	18
<i>vandazole</i>	5	<i>voriconazole</i>	15
VANFLYTA	20	VOTRIENT	20
VAQTA	62	VRAYLAR	24
<i>varenicline starting month box</i>	4	VTOL LQ	39
<i>varenicline tartrate</i>	4	VUMERITY	40
VARIVAX	62	<i>vyfemla</i>	57
VARIZIG	59	<i>vylibra</i>	57
VASCEPA	37	VYNDAMAX	36
<i>velivet</i>	57	VYONDYS 53	50
VELPHORO	47	<i>warfarin sodium</i>	31
VELTASSA	47	WELIREG	20
VENCLEXTA	20	<i>wera</i>	57
VENCLEXTA STARTING PACK	20	<i>wixela inhub</i>	70
VENLAFAXINE BESYLATE ER	12	<i>wymzya fe</i>	57
<i>venlafaxine hcl er</i>	12	XALKORI	20
<i>venlafaxine hydrochloride</i>	13	XARELTO	31
VENLAFAXINE HYDROCHLORIDE ER	13	XARELTO STARTER PACK	31
VENTAVIS	69	XATMEP	61
<i>verapamil hcl</i>	35	XCOPRI	9
<i>verapamil hcl er</i>	35	XELJANZ	59
<i>verapamil hcl sr</i>	35	XELJANZ XR	59
<i>verapamil hydrochloride</i>	35	XERMELO	48
<i>verapamil hydrochloride er</i>	35	XGEVA	63
VEREGEN	43	XIFAXAN	49

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

You 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 #
XIGDUO XR	29	ZOLINZA	18
XIIDRA	64	<i>zolmitriptan</i>	16
XOFLUZA	27	<i>zolmitriptan odt</i>	16
XOLAIR	59	<i>zolpidem tartrate</i>	70
XOSPATA	20	<i>zolpidem tartrate er</i>	70
XPOVIO	18	ZONISADE	10
XPOVIO 100 MG ONCE WEEKLY	18	<i>zonisamide</i>	10
XPOVIO 40 MG ONCE WEEKLY	18	ZORBTIVE	49
XPOVIO 40 MG TWICE WEEKLY	18	ZOSTAVAX	62
XPOVIO 60 MG ONCE WEEKLY	18	<i>zovia 1/35</i>	57
XPOVIO 60 MG TWICE WEEKLY	18	<i>zovia 1/35e</i>	57
XPOVIO 80 MG ONCE WEEKLY	18	ZTALMY	39
XPOVIO 80 MG TWICE WEEKLY	18	<i>zumandimine</i>	57
XTAMPZA ER	2	ZYDELIG	21
XTANDI	17	ZYKADIA	21
<i>xulane</i>	57	ZYLET	64
XYREM	71	ZYPREXA RELPREVV	24
<i>yargesa</i>	50		
YF-VAX	62		
YUFLYMA 1-PEN KIT	61		
YUFLYMA 2-PEN KIT	61		
YUFLYMA 2-SYRINGE KIT	61		
<i>yuvaferm</i>	57		
<i>zafemy</i>	57		
<i>zafirlukast</i>	68		
<i>zaleplon</i>	70		
<i>zarah</i>	57		
ZARXIO	32		
ZEJULA	20		
ZELBORAF	21		
ZEMAIRA	50		
<i>zenatane</i>	41		
ZENPEP	50		
ZEPOSIA	40		
ZEPOSIA 7-DAY STARTER PACK	40		
ZEPOSIA STARTER KIT	40		
ZEPZELCA	17		
<i>zidovudine</i>	26		
<i>zileuton er</i>	68		
<i>ziprasidone hcl</i>	24		
ZIPRASIDONE MESYLATE	24		
ZIRGAN	65		
ZOKINVY	50		

Formulary ID: 23544, Version: 19, Effective Date: 12/01/2023
Last Updated: November 2023

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

303 SE 17th St, STE 305
Ocala, FL 34471

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

To learn more, call

1-855-858-7526 (TTY 711)

October 1 - March 31: Monday - Sunday, 8 a.m. - 8 p.m.

April 1 - September 30: Monday - Friday, 8 a.m. - 8 p.m.

Para obtener mas información, llame

1-855-858-7526 (TTY 711)

Octubre 1 - Marzo 31: Lunes - Domingo 8 a.m. - 8 p.m.

Abril 1 - Septiembre 30: Lunes - Viernes 8 a.m. - 8 p.m.



PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. This formulary was updated on 11/21/2023. 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 a.m. to 8 p.m. 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 11/21/2023. 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.