



P.O. Box 204
Columbia, TN 38402

Farm Bureau Essential Rx PDP

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24061, Version Number 18

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Member Services at 1-855-540-4744. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1 – March 31 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.mhinsurance.com/part-d.

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Members Health Insurance Company. When it refers to “plan” or “our plan,” it means Farm Bureau Essential Rx PDP.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Members Health Insurance Company Formulary?

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

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

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

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Members Health Insurance Company’s Formulary?”

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

The enclosed formulary is current as of December 2024. To get updated information about the drugs covered by Members Health Insurance Company please contact us. Our contact information appears on the front and back cover pages. If we have a mid-year, non-maintenance formulary change (i.e., remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will update our formulary and post it on our website. You will also be notified in your Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website at www.mhinsurance.com/part-d or by calling Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back pages. We will notify members in writing prior to making this type of change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. 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?

Members Health Insurance Company 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:** Members Health Insurance Company requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Members Health Insurance Company before you fill your prescriptions. If you don't get approval, Members Health Insurance Company may not cover the drug.
- **Quantity Limits:** For certain drugs, Members Health Insurance Company limits the amount of the drug that Members Health Insurance Company will cover. For example, Members Health Insurance Company provides 60 per prescription for LYRICA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Members Health Insurance Company 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, Members Health Insurance Company may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Members Health Insurance Company will then cover Drug B.

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

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

You can ask Members Health Insurance Company 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 Members Health Insurance Company’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Members Health Insurance Company does not cover your drug, you have two options:

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

How do I request an exception to the Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Members Health Insurance Company 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, Members Health Insurance Company 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.

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 100 days you are a member of our plan.

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

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

If you are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary, 30-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from Members Health Insurance Company. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

For more information

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

If you have questions about Members Health Insurance Company, 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>.

Members Health Insurance Company's Formulary

The Members Health Insurance Company's formulary that begins on the next page provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

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

EA: Each.

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

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

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

ST: Step Therapy. In some cases, Members Health Insurance Company 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, Members Health Insurance Company may not cover drug B unless you try Drug A first.

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

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

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C

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

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	3	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml</i>	4	NDS
<i>morphine sulfate tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	4	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride solution</i>	4	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 7.5mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	4	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	2	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream</i>	3	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

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

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	4	
<i>metronidazole injection 500mg/100ml</i>	3	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1.75gm, 1gm, 250mg, 2gm, 500mg, 750mg</i>	3	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm</i>	3	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose injection 2gm/50ml; 5%</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	3	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 750mg</i>	3	
<i>cefuroxime sodium injection 1.5gm</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 1GM, 2GM, 6GM	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	4	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 6000000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcilin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	3	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	3	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	4	
<i>erythromycin dr tablet delayed release</i>	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim tablet</i>	2	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	3	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>mondoxylene nl capsule 100mg</i>	3	
<i>morgidox 1x100mg capsule</i>	3	
<i>morgidox 2x100mg capsule</i>	3	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA NSO

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET THERAPY PACK 0	4	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET 25MG	5	PA NSO
XCOPRI TABLET 100MG, 150MG, 200MG, 50MG	5	PA NSO
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	3	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr tablet delayed release</i>	2	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	3	
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA NSO
<i>vigadrone</i>	5	PA NSO
VIGAFYDE	5	PA NSO
<i>vigpoder</i>	5	PA NSO
Sodium Channel Agents		
APTiom	5	
<i>carbamazepine er</i>	4	
<i>carbamazepine suspension, tablet</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
<i>phenytek</i>	3	
<i>phenytoin sodium extended</i>	3	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	2	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide tablet</i>	3	
<i>galantamine hydrobromide solution</i>	4	
<i>rivastigmine tartrate</i>	4	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	3	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	4	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	4	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	2	
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate tablet 100mg</i>	2	
<i>fluvoxamine maleate tablet 25mg, 50mg</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	3	
<i>promethazine hydrochloride plain</i>	4	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	3	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	3	B/D
Antifungals		
<i>Antifungals</i>		
<i>ABELCET</i>	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream</i>	3	
<i>clotrimazole troche</i>	4	
<i>econazole nitrate cream</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	4	
<i>ketoconazole shampoo</i>	2	
<i>ketoconazole tablet</i>	3	
<i>ketoconazole cream</i>	3	QL(90 GM per 30 days)
<i>klayesta</i>	3	QL(120 GM per 30 days)
<i>nyamyc</i>	3	QL(120 GM per 30 days)
<i>nystatin cream, ointment</i>	2	
<i>nystatin suspension</i>	3	
<i>nystatin powder</i>	3	QL(120 GM per 30 days)
<i>nystatin tablet</i>	4	
<i>nystop</i>	3	QL(120 GM per 30 days)
<i>posaconazole dr</i>	4	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole suspension reconstituted, tablet</i>	4	
<i>voriconazole injection</i>	4	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	2	
<i>colchicine tablet 0.6mg</i>	4	
<i>probenecid/colchicine</i>	3	
<i>probenecid tablet</i>	4	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	3	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	2	
<i>isoniazid syrup</i>	3	
<i>paser</i>	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule, injection</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
Antiandrogens		
<i>abiraterone acetate</i>	4	PA NSO
<i>bicalutamide</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
ERLEADA	5	PA NSO
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
THALOMID	5	PA NSO
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	4	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
PURIXAN	5	
TABLOID	4	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA NSO
BESREMI	5	PA NSO
COLUMVI	5	PA NSO
EPKINLY	5	PA NSO
GAVRETO	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
INREBIC	5	PA NSO
ITOVEBI TABLET 9MG	5	PA NSO
ITOVEBI TABLET 3MG	5	QL(60 EA per 30 days); PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
KRAZATI	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
LONSURF	5	PA NSO
LUMAKRAS	5	PA NSO
LYTGOBI	5	PA NSO
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONUREG	5	PA NSO
ORSERDU	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PHEGO	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SYNRIBO	5	
TAZVERIK	5	PA NSO
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZOLINZA	5	PA NSO
Antineoplastics		
OPDUALAG	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
Molecular Target Inhibitors		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
<i>dasatinib</i>	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LYNPARZA TABLET	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
ODOMZO	5	PA NSO
OJEMDA	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSO TABLET 80MG	5	PA NSO
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
<i>torpenz</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
Monoclonal Antibody/Antibody-Drug Conjugate		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TEVIMBRA	5	PA NSO
TRAZIMERA	5	PA NSO
Retinoids		
bexarotene	5	PA NSO
PANRETIN	5	
tretinoin capsule 10mg	5	
Treatment Adjuncts		
leucovorin calcium tablet	3	
MESNEX TABLET	4	
Antiparasitics		
Anthelmintics		
albendazole tablet	4	
ivermectin tablet	2	PA
praziquantel tablet	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
atovaquone	4	
atovaquone/proguanil hcl	4	
benznidazole	4	
chloroquine phosphate tablet	4	
COARTEM	4	
hydroxychloroquine sulfate tablet 100mg, 200mg	2	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i>	3	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>pentamidine isethionate injection</i>	4	
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	3	
<i>Antiparkinson Agents, Other</i>		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
<i>Dopamine Agonists</i>		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
KYNMOBI FILM 15MG, 20MG, 25MG, 30MG	5	QL(150 EA per 30 days); PA
<i>kynmobi film 10mg</i>	5	QL(150 EA per 30 days); PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
<i>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</i>		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride injection</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	3	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	4	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	3	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	4	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	4	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	2	QL(60 EA per 30 days)
<i>risperidone solution</i>	3	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg</i>	3	B/D

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

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

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tablet</i>	2	
<i>nevirapine suspension</i>	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	3	
NORVIR SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl solution</i>	2	
<i>amantadine hcl capsule</i>	3	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	2	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	3	
<i>diazepam concentrate, oral solution</i>	3	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	3	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	3	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	3	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	3	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	2	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
FARXIGA	3	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	3	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	2	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	4	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	3	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	3	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium</i>	4	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRT INJECTION 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRT INJECTION 10000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
<i>Hemostasis Agents</i>		
<i>tranexamic acid tablet</i>	3	
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	4	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	4	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	2	
<i>droxidopa</i>	4	PA
<i>guanfacine hydrochloride</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	3	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	2	
<i>telmisartan</i>	3	
<i>valsartan tablet</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	2	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	3	
<i>perindopril erbumine</i>	3	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	4	
PACERONE TABLET 200MG	2	
PACERONE TABLET 100MG, 400MG	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	3	
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl tablet 40mg, 80mg</i>	2	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	4	
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	3	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	3	
<i>irbesartan/hydrochlorothiazide</i>	3	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days); PA
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	3	
<i>quinapril/hydrochlorothiazide</i>	3	
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	2	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection</i>	2	
<i>bumetanide tablet</i>	3	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>torsemide tablet</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	2	
Diuretics, Thiazide		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	2	
<i>metolazone</i>	3	
<i>Dyslipidemics, Fibrin Acid Derivatives</i>		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>gemfibrozil tablet</i>	2	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium</i>	1	
<i>lovastatin tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	4	
<i>colestipol hcl</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	4	
<i>icosapent ethyl</i>	4	
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	3	
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	3	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
NUEDEXTA	4	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZTALMY	5	PA NSO
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
TYSABRI	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	2	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%, 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	4	
<i>tazarotene cream 0.1%</i>	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ALA-CORT CREAM 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	3	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, ointment, solution</i>	3	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>EUCRISA</i>	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream, ointment</i>	2	
<i>mometasone furoate solution</i>	3	
<i>selenium sulfide</i>	2	
<i>SPEVIGO INJECTION 150MG/ML</i>	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
PICATO	5	
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	3	
<i>ciclodan solution</i>	3	PA
<i>ciclopirox nail lacquer</i>	3	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, shampoo, suspension</i>	3	
<i>clindamycin phosphate external solution 1%</i>	3	QL(60 ML per 30 days)
ERY	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9%</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	3	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
Potassium Binders		
<i>kionex suspension</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
SPS	3	
VELTASSA PACKET 1GM	4	
VELTASSA PACKET 16.8GM, 25.2GM, 8.4GM	4	
Vitamins		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>difenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	3	
XERMELO	5	QL(90 EA per 30 days); PA
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
<i>Gastrointestinal Agents, Other</i>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABLET 550MG	5	PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine capsule</i>	4	
<i>nizatidine solution</i>	4	
<i>Protectants</i>		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	3	
<i>Proton Pump Inhibitors</i>		
<i>esomeprazole magnesium capsule delayed release</i>	3	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
KANUMA	5	PA
<i>l-glutamine</i>	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone capsule 20mg</i>	5	
<i>nitisinone capsule 10mg, 2mg, 5mg</i>	5	
PROLASTIN-C	5	PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VYNDAQEL	5	QL(120 EA per 30 days); PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>tolterodine tartrate</i>	4	
<i>tolterodine tartrate er</i>	4	
<i>tropium chloride</i>	3	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	3	
<i>finasteride tablet</i>	2	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tablet</i>	3	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone elixir, solution</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	4	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	4	
<i>ashlyna</i>	4	QL(91 EA per 91 days)

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>aubra</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol oral tablet</i>	2	
<i>estradiol cream, patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
<i>fyavolv tablet 5mcg; 1mg</i>	3	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	3	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mono-linyah</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg, 5mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>vioarele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvaferm</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	4	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	3	PA NSO
<i>megestrol acetate suspension 40mg/ml</i>	4	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
LYSODREN	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
<i>lanreotide acetate</i>	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
<i>octreotide acetate injection 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	4	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	3	
Immunological Agents		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
Angioedema Agents		
CINRYZE	5	PA
icatibant acetate	5	PA
sajazir	5	PA
Immunoglobulins		
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	PA
Immunological Agents, Other		
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
INTRON A	5	PA NSO
PEGASYS	5	PA
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraft capsule 100mg, 25mg</i>	4	B/D
<i>engraft solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO	4	
<i>leflunomide</i>	3	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted, tablet</i>	4	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	2	
<i>alendronate sodium tablet 70mg</i>	2	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	4	
PROLIA	4	QL(2 ML per 365 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
AUGTYRO CAPSULE 40MG	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	3	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA NSO
LAGEVRIO	3	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
NUTRILIPID	4	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pack) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
sodium chloride 0.9%	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	3	
brimonidine tartrate/timolol maleate	4	
COMBIGAN	4	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	3	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
polycin	3	
polymyxin b sulfate/trimethoprim sulfate	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
tobramycin/dexamethasone	4	
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		
azelastine hcl ophthalmic solution 0.05%	3	
cromolyn sodium solution 4%	2	
olopatadine hcl	3	
olopatadine hydrochloride solution 0.2%	3	
<i>Ophthalmic Anti-Infectives</i>		
bacitracin	4	

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	3	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	3	
FLAREX	4	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	3	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution</i>	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	3	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>neomycin/polymyxin/hc</i>	4	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	4	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	
QVAR REDIHALER	3	QL(21.2 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
<i>Antileukotrienes</i>		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable</i>	2	
<i>zafirlukast</i>	4	
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
<i>ipratropium bromide nasal solution</i>	3	
<i>ipratropium bromide inhalation solution</i>	3	QL(312.5 ML per 30 days); B/D
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
EPINEPHRINE INJECTION 0.15MG/0.15ML	3	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>levalbuterol tartrate hfa</i>	4	QL(30 GM per 30 days)
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	3	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>bosentan</i>	5	QL(60 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone capsule</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
ANORO ELLIPTA	3	QL(60 EA per 30 days)

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	3	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	3	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	3	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>orphenadrine citrate er</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	3	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Index of Drugs

Drug Name	Page #
<i>abacavir</i>	30
<i>abacavir sulfate</i>	30
<i>abacavir sulfate/lamivudine</i>	30
<i>abacavir sulfate/lamivudine/zidovudine</i>	30
ABELCET	18
ABILIFY MAINTENA	27
<i>abiraterone acetate</i>	20
ABRYSVO	56
<i>acamprosate calcium dr</i>	9
<i>acarbose</i>	32
<i>acebutolol hcl</i>	37
<i>acebutolol hydrochloride</i>	37
<i>acetaminophen/codeine</i>	8
<i>acetazolamide</i>	38
<i>acetazolamide er</i>	61
<i>acetic acid</i>	62
<i>acetic acid 0.25%</i>	47
<i>acitretin</i>	41
ACTHIB	56
ACTIMMUNE	55
<i>acyclovir</i>	31
<i>acyclovir</i>	43
<i>acyclovir sodium</i>	31
ADACEL	56
<i>adefovir dipivoxil</i>	29
ADEMPAS	63
<i>afirmelle</i>	48
AIMOVIG	19
AKEEGA	21
ALA-CORT	42
<i>albendazole</i>	25
<i>albuterol sulfate</i>	63
<i>albuterol sulfate hfa</i>	62
<i>alclometasone dipropionate</i>	42
ALCOHOL PREP PADS	59
ALDURAZYME	46
ALECENSA	22
<i>alendronate sodium</i>	58
<i>alfuzosin hcl er</i>	47
ALINIA	25

Drug Name	Page #
<i>aliskiren</i>	38
<i>allopurinol</i>	19
<i>alosetron hydrochloride</i>	45
ALPHAGAN P	61
<i>alprazolam</i>	32
<i>altavera</i>	48
ALUNBRIG	22
<i>alyacen 1/35</i>	48
<i>alyacen 7/7/7</i>	48
<i>alyq</i>	63
<i>amantadine hcl</i>	31
<i>amethia</i>	48
<i>amethyst</i>	48
<i>amiloride hcl</i>	38
<i>amiloride/hydrochlorothiazide</i>	38
<i>aminosyn ii</i>	43
<i>amiodarone hydrochloride</i>	36
<i>amitriptyline hcl</i>	17
<i>amitriptyline hydrochloride</i>	17
<i>amlodipine besylate</i>	37
<i>amlodipine besylate/benazepril hydrochloride</i>	38
<i>amlodipine besylate/valsartan</i>	38
<i>ammonium lactate</i>	42
<i>amnestem</i>	41
<i>amoxapine</i>	17
<i>amoxicillin</i>	12
<i>amoxicillin/clavulanate potassium</i>	12
<i>amoxicillin/clavulanate potassium er</i>	12
<i>amphetamine/dextroamphetamine</i>	40
<i>amphotericin b</i>	18
<i>amphotericin b liposome</i>	18
<i>ampicillin</i>	12
<i>ampicillin sodium</i>	12
<i>ampicillin/sulbactam</i>	12
<i>ampicillin-sulbactam</i>	12
<i>anagrelide hydrochloride</i>	35
<i>anastrozole</i>	22
ANORO ELLIPTA	63
<i>aprepitant</i>	18
APTIOM	15
APTIVUS	31
AREXVY	56
<i>arformoterol tartrate</i>	63

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>aripiprazole</i>	27	<i>aztreonam</i>	10
<i>aripiprazole odt</i>	27	<i>azurette</i>	49
ARISTADA	27	<i>bacitracin</i>	60
ARISTADA INITIO	27	<i>bacitracin/polymyxin b</i>	60
<i>armodafinil</i>	64	<i>baclofen</i>	28
ARNUITY ELLIPTA	62	BAFIERTAM	41
<i>asenapine maleate sl</i>	27	<i>balsalazide disodium</i>	58
<i>ashlyna</i>	48	BALVERSA	23
<i>aspirin/dipyridamole</i>	35	<i>balziva</i>	49
<i>aspirin/dipyridamole er</i>	35	BAQSIMI ONE PACK	33
ASTAGRAF XL	55	BAQSIMI TWO PACK	33
<i>atazanavir</i>	31	BARACLUDE	29
<i>atazanavir sulfate</i>	31	<i>bcg vaccine</i>	56
<i>atenolol</i>	37	BD INSULIN SYRINGE	59
<i>atenolol/chlorthalidone</i>	38	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	40	B-D INSULIN SYRINGE ULTRAFINE	59
<i>atomoxetine hydrochloride</i>	40	II/0.3ML/31G X 5/16"	
<i>atorvastatin calcium</i>	39	BD INSULIN SYRINGE ULTRA-	59
<i>atovaquone</i>	25	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone/proguanil hcl</i>	25	BD INSULIN SYRINGE ULTRA-	59
<i>atropine sulfate</i>	60	FINE/1ML/31G X 8MM	
ATROVENT HFA	62	BD INSULIN SYRINGE/1ML/29G X	59
<i>aubra</i>	49	12.7MM	
<i>aubra eq</i>	49	BD PEN NEEDLE/ORIGINAL/ULTRA-	59
AUGMENTIN	12	FINE/29G X 12.7MM	
AUGTYRO	59	BD VEO INSULIN SYRINGE ULTRA-	59
<i>aurovela 1.5/30</i>	49	FINE/0.3ML/31G X 6MM	
<i>aurovela 1/20</i>	49	BELSOMRA	64
<i>aurovela fe 1.5/30</i>	49	<i>benazepril hcl</i>	36
<i>aurovela fe 1/20</i>	49	<i>benazepril hydrochloride</i>	36
AUSTEDO	40	<i>benazepril</i>	38
AUSTEDO XR	40	<i>hydrochloride/hydrochlorothiazide</i>	
AUSTEDO XR PATIENT TITRATION	40	BENLYSTA	54
KIT		<i>benznidazole</i>	25
AUVELITY	16	<i>benztropine mesylate</i>	26
<i>aviane</i>	49	BESIVANCE	61
<i>ayuna</i>	49	BESREMI	21
AYVAKIT	23	<i>betaine anhydrous</i>	46
<i>azathioprine</i>	55	<i>betamethasone dipropionate</i>	42
<i>azelaic acid</i>	41	<i>betamethasone dipropionate augmented</i>	42
<i>azelastine hcl</i>	60	<i>betamethasone valerate</i>	42
<i>azelastine hcl</i>	62	BETASERON	41
<i>azelastine hydrochloride</i>	62	<i>betaxolol hcl</i>	37
<i>azithromycin</i>	12	<i>betaxolol hcl</i>	61

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>bethanechol chloride</i>	47	BYETTA	32
<i>bexarotene</i>	25	CABENUVA	29
BEXSERO	56	<i>cabergoline</i>	53
<i>bicalutamide</i>	20	CABLIVI	35
BICILLIN L-A	12	CABOMETYX	23
BIKTARVY	29	<i>calcipotriene</i>	42
<i>bisoprolol fumarate</i>	37	<i>calcitonin-salmon</i>	58
<i>bisoprolol fumarate/hydrochlorothiazide</i>	38	<i>calcitriol</i>	58
BIVIGAM	54	<i>calcium acetate</i>	44
<i>blisovi fe 1.5/30</i>	49	CALQUENCE	23
<i>blisovi fe 1/20</i>	49	<i>camila</i>	52
BOOSTRIX	56	<i>camrese</i>	49
<i>bosentan</i>	63	<i>camrese lo</i>	49
BOSULIF	23	<i>candesartan cilexetil</i>	36
BRAFTOVI	23	CAPLYTA	27
BREO ELLIPTA	64	CAPRELSA	23
BREZTRI AEROSPHERE	62	<i>carbamazepine</i>	15
<i>briellyn</i>	49	<i>carbamazepine er</i>	15
BRILINTA	35	<i>carbidopa</i>	26
BRIMONIDINE TARTRATE	61	<i>carbidopa/levodopa</i>	26
<i>brimonidine tartrate/timolol maleate</i>	60	<i>carbidopa/levodopa er</i>	26
<i>brinzolamide</i>	61	<i>carbidopa/levodopa odt</i>	26
BRIVIACT	13	<i>carglumic acid</i>	43
<i>bromfenac sodium</i>	61	<i>carteolol hcl</i>	61
<i>bromocriptine mesylate</i>	26	<i>cartia xt</i>	37
BRONCHITOL	64	<i>carvedilol</i>	37
BRUKINSA	23	<i>caspofungin acetate</i>	18
<i>budesonide</i>	58	CAYSTON	63
<i>budesonide</i>	62	<i>cefaclor</i>	11
<i>budesonide er</i>	58	<i>cefadroxil</i>	11
<i>bumetanide</i>	38	CEFAZOLIN	11
<i>buprenorphine</i>	8	<i>cefazolin sodium</i>	11
<i>buprenorphine hcl</i>	10	<i>cefdinir</i>	11
<i>buprenorphine hcl/naloxone hcl</i>	9	<i>cefepime</i>	11
<i>buprenorphine hydrochloride/naloxone</i>	10	<i>cefepime hydrochloride</i>	11
<i>hydrochloride</i>		<i>cefepime/dextrose</i>	11
<i>bupropion hcl</i>	16	<i>cefixime</i>	11
<i>bupropion hydrochloride</i>	16	<i>cefotaxime sodium</i>	11
<i>bupropion hydrochloride er (sr)</i>	10	<i>cefotetan</i>	11
<i>bupropion hydrochloride er (sr)</i>	16	<i>cefoxitin sodium</i>	11
<i>bupropion hydrochloride er (xl)</i>	16	<i>cefpodoxime proxetil</i>	11
<i>buspirone hcl</i>	31	<i>cefprozil</i>	11
<i>buspirone hydrochloride</i>	31	<i>ceftazidime</i>	11
BYDUREON BCISE	32	<i>ceftazidime/dextrose</i>	11

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>ceftriaxone sodium</i>	11	<i>clindamycin hydrochloride</i>	10
<i>cefuroxime axetil</i>	11	<i>clindamycin palmitate hydrochloride</i>	10
<i>cefuroxime sodium</i>	11	<i>clindamycin phosphate</i>	10
<i>celecoxib</i>	8	<i>clindamycin phosphate</i>	43
<i>cephalexin</i>	12	<i>clobazam</i>	14
CERDELGA	46	<i>clobetasol propionate</i>	42
<i>chateal</i>	49	<i>clobetasol propionate e</i>	42
<i>chateal eq</i>	49	<i>clomipramine hydrochloride</i>	17
CHEMET	44	<i>clonazepam</i>	14
<i>chlorhexidine gluconate</i>	41	<i>clonazepam odt</i>	14
<i>chloroquine phosphate</i>	25	<i>clonidine</i>	36
<i>chlorpromazine hcl</i>	26	<i>clonidine hydrochloride</i>	36
<i>chlorpromazine hydrochloride</i>	26	<i>clopidogrel</i>	35
<i>chlorthalidone</i>	39	<i>clorazepate dipotassium</i>	32
CHOLBAM	46	<i>clotrimazole</i>	18
<i>cholestyramine</i>	39	<i>clotrimazole/betamethasone dipropionate</i>	42
<i>cholestyramine light</i>	39	CLOVIQUE	44
<i>ciclodan</i>	43	<i>clozapine</i>	28
<i>ciclopirox</i>	43	<i>clozapine odt</i>	28
<i>ciclopirox nail lacquer</i>	43	COARTEM	25
<i>ciclopirox olamine</i>	43	COBENFY	40
<i>cidofovir</i>	28	COBENFY STARTER PACK	40
<i>cilostazol</i>	35	<i>colchicine</i>	19
CIMDUO	30	<i>colestipol hcl</i>	39
<i>cinacalcet hydrochloride</i>	58	<i>colistimethate sodium</i>	10
CINRYZE	54	COLUMVI	21
CIPRO	13	COMBIGAN	60
<i>ciprofloxacin</i>	13	COMBIVENT RESPIMAT	64
<i>ciprofloxacin</i>	62	COMETRIQ	23
<i>ciprofloxacin hcl</i>	13	COMPLERA	29
<i>ciprofloxacin hydrochloride</i>	13	<i>compro</i>	18
<i>ciprofloxacin hydrochloride</i>	61	<i>constulose</i>	45
<i>ciprofloxacin i.v.-in d5w</i>	13	COPIKTRA	23
<i>ciprofloxacin/dexamethasone</i>	62	CORLANOR	38
<i>cisplatin</i>	20	COSENTYX	54
<i>citalopram hydrobromide</i>	17	COSENTYX SENSOREADY PEN	54
<i>claravis</i>	41	COSENTYX UNOREADY	54
<i>clarithromycin</i>	13	COTELLIC	23
<i>clarithromycin er</i>	12	CREON	46
CLENPIQ	45	<i>cromolyn sodium</i>	46
CLIMARA PRO	49	<i>cromolyn sodium</i>	60
<i>clindacin etz pledgets</i>	10	<i>cromolyn sodium</i>	63
<i>clindacin-p</i>	10	<i>cryselle-28</i>	49
<i>clindamycin hcl</i>	10	CURITY GAUZE PADS 2"X2" 12 PLY	59

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
CUVITRU	54	desogestrel/ethinyl estradiol	49
cyclafem 1/35	49	desonide	42
cyclafem 7/7/7	49	desvenlafaxine er	17
cyclobenzaprine hydrochloride	64	dexamethasone	48
cyclophosphamide	20	dexamethasone sodium phosphate	61
cycloserine	20	dextroamphetamine sulfate	40
cyclosporine	55	dextrose 5%	43
cyclosporine	60	dextrose 5%/sodium chloride 0.45%	43
cyclosporine modified	55	dextrose 5%/sodium chloride 0.9%	43
CYLTEZO	55	DIACOMIT	14
CYLTEZO STARTER PACKAGE FOR	55	diazepam	32
CROHNS DISEASE/UC/HS		diazepam intensol	32
CYLTEZO STARTER PACKAGE FOR	55	diazepam rectal gel	14
PSORIASIS		diazoxide	33
CYLTEZO STARTER PACKAGE FOR	55	diclofenac potassium	8
PSORIASIS/UVEITIS		diclofenac sodium	8
cycloheptadine hydrochloride	62	diclofenac sodium	43
CYSTAGON	46	diclofenac sodium	61
CYSTARAN	60	diclofenac sodium dr	8
dalfampridine er	41	diclofenac sodium er	8
danazol	48	dicloxacillin sodium	12
dantrolene sodium	28	dicyclomine hydrochloride	45
dapsone	20	DIFICID	13
DAPTACEL	57	digitek	36
daptomycin	10	digox	36
DAPTOMYCIN/SODIUM CHLORIDE	11	digoxin	36
darunavir	31	dihydroergotamine mesylate	19
DARZALEX FASPRO	25	DILANTIN	15
dasatinib	23	diltiazem hcl	37
dasetta 1/35	49	diltiazem hcl cd	37
dasetta 7/7/7	49	diltiazem hcl er	37
DAURISMO	23	diltiazem hydrochloride	37
daysee	49	diltiazem hydrochloride er	37
deblitane	52	dilt-xr	37
deferasirox	44	dimethyl fumarate	41
DELSTRIGO	29	dimethyl fumarate starterpack	41
delyla	49	diphenhydramine hcl	62
demeclocycline hcl	13	diphenhydramine hydrochloride	62
demeclocycline hydrochloride	13	diphenoxylate hydrochloride/atropine	45
DENG VAXIA	57	sulfate	
DEPO-SUBQ PROVERA 104	52	diphtheria/tetanus toxoids adsorbed	57
DESCOVY	30	pediatric	
desipramine hydrochloride	17	disulfiram	9
desmopressin acetate	48	divalproex sodium	15

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>divalproex sodium dr</i>	14	EMCYT	21
<i>divalproex sodium er</i>	15	EMGALITY	19
<i>dofetilide</i>	36	EMPAVELI	54
<i>dolishale</i>	49	EMSAM	16
<i>donepezil hcl</i>	16	<i>emtricitabine</i>	30
<i>donepezil hydrochloride</i>	16	<i>emtricitabine/tenofovir disoproxil</i>	30
DOPTELET	35	<i>emtricitabine/tenofovir disoproxil fumarate</i>	30
<i>dorzolamide hcl/timolol maleate</i>	60	EMTRIVA	30
<i>dorzolamide hydrochloride</i>	61	<i>emzahh</i>	52
<i>dotti</i>	49	<i>enalapril maleate</i>	36
DOVATO	29	<i>enalapril maleate/hydrochlorothiazide</i>	38
<i>doxazosin mesylate</i>	47	ENBREL	55
<i>doxepin hcl</i>	18	ENBREL MINI	55
<i>doxepin hydrochloride</i>	18	ENBREL SURECLICK	55
<i>doxy 100</i>	13	ENDARI	46
<i>doxycycline</i>	13	<i>endocet</i>	8
<i>doxycycline hyclate</i>	13	ENGERIX-B	57
<i>doxycycline hyclate</i>	41	<i>enilloring</i>	49
<i>doxycycline monohydrate</i>	13	ENJAYMO	54
DRIZALMA SPRINKLE	17	<i>enoxaparin sodium</i>	35
<i>dronabinol</i>	18	<i>enpresse-28</i>	49
DROXIA	21	<i>entacapone</i>	26
<i>droxidopa</i>	36	<i>entecavir</i>	29
DULERA	64	ENTRESTO	38
<i>duloxetine hydrochloride</i>	17	<i>enulose</i>	45
DUPIXENT	54	ENVARUSUS XR	55
<i>dutasteride</i>	47	EPIDIOLEX	14
EASY COMFORT INSULIN	59	EPINEPHRINE	63
SYRINGE/0.3ML/31G X 1/2"		<i>epitol</i>	15
<i>ec-naproxen</i>	8	EPKINLY	21
<i>econazole nitrate</i>	18	<i>eplerenone</i>	38
EDURANT	29	<i>epoprostenol sodium</i>	63
<i>efavirenz</i>	29	EPRONTIA	14
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	29	<i>ergoloid mesylates</i>	16
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	29	<i>ergotamine tartrate/caffeine</i>	19
<i>effer-k</i>	44	ERIVEDGE	23
ELAPRASE	46	ERLEADA	21
<i>elinest</i>	49	<i>erlotinib hydrochloride</i>	23
ELIQUIS	35	<i>errin</i>	52
ELIQUIS STARTER PACK	35	<i>ertapenem</i>	12
ELLA	59	<i>ertapenem sodium</i>	12
<i>eluryng</i>	49	ERY	43
		<i>erythromycin</i>	43
		<i>erythromycin</i>	61

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>erythromycin dr</i>	13	FINACEA	41
<i>erythromycin/benzoyl peroxide</i>	41	<i>finasteride</i>	47
<i>escitalopram oxalate</i>	17	<i>fingolimod hydrochloride</i>	41
<i>esomeprazole magnesium</i>	46	FINTEPLA	14
<i>estarylla</i>	49	FIRMAGON	53
<i>estradiol</i>	49	FLAREX	61
ESTRING	49	<i>flecainide acetate</i>	36
<i>eszopiclone</i>	64	<i>fluconazole</i>	19
<i>ethambutol hydrochloride</i>	20	<i>fluconazole in sodium chloride</i>	19
<i>ethosuximide</i>	14	<i>flucytosine</i>	19
<i>ethynodiol diacetate/ethinyl estradiol</i>	49	<i>fludrocortisone acetate</i>	48
<i>etodolac</i>	8	<i>fluocinolone acetonide</i>	42
<i>etonogestrel/ethinyl estradiol</i>	49	<i>fluocinonide</i>	42
<i>etravirine</i>	29	<i>fluorouracil</i>	43
EUCRISA	42	<i>fluoxetine hydrochloride</i>	17
<i>euthyrox</i>	53	<i>fluphenazine decanoate</i>	26
<i>everolimus</i>	23	<i>fluphenazine hcl</i>	26
<i>everolimus</i>	55	<i>fluphenazine hydrochloride</i>	26
EVOTAZ	31	<i>flurbiprofen</i>	8
EVRYSDI	46	<i>flurbiprofen sodium</i>	61
<i>exemestane</i>	22	<i>flutamide</i>	21
EXKIVITY	23	<i>fluticasone propionate</i>	42
<i>ezetimibe</i>	39	<i>fluticasone propionate</i>	62
<i>ezetimibe/simvastatin</i>	39	<i>fluticasone propionate/salmeterol</i>	64
FABRAZYME	46	<i>fluticasone propionate/salmeterol diskus</i>	64
<i>falmina</i>	49	<i>fluvoxamine maleate</i>	17
<i>famciclovir</i>	31	<i>fondaparinux sodium</i>	35
<i>famotidine</i>	46	FORTEO	58
FANAPT	27	<i>fosamprenavir calcium</i>	31
FANAPT TITRATION PACK	27	<i>fosinopril sodium</i>	36
FARXIGA	32	<i>fosinopril sodium/hydrochlorothiazide</i>	38
FARYDAK	23	FOTIVDA	21
FASENRA	64	FRUZAQLA	23
FASENRA PEN	64	<i>furosemide</i>	38
<i>fayosim</i>	50	FUZEON	30
<i>felbamate</i>	14	<i>fyavolv</i>	50
<i>felodipine er</i>	37	FYCOMPA	14
<i>femynor</i>	50	<i>gabapentin</i>	15
<i>fenofibrate</i>	39	<i>galantamine hydrobromide</i>	16
<i>fenofibrate micronized</i>	39	<i>galantamine hydrobromide er</i>	16
<i>fentanyl</i>	8	<i>gallifrey</i>	52
<i>fentanyl citrate oral transmucosal</i>	9	GAMASTAN	54
FETZIMA	17	<i>ganciclovir</i>	28
FETZIMA TITRATION PACK	17	GARDASIL 9	57

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>gatifloxacin</i>	61	<i>halobetasol propionate</i>	42
<i>gavilyte-c</i>	45	<i>haloette</i>	50
<i>gavilyte-g</i>	45	<i>haloperidol</i>	27
<i>gavilyte-n/flavor pack</i>	45	<i>haloperidol decanoate</i>	27
GAVRETO	21	<i>haloperidol lactate</i>	27
<i>gefitinib</i>	23	HAVRIX	57
<i>gemfibrozil</i>	39	<i>heather</i>	52
GEMTESA	47	<i>heparin sodium</i>	35
<i>generlac</i>	45	HEPLISAV-B	57
<i>engraf</i>	55	HIBERIX	57
GENOTROPIN	48	HUMALOG	33
GENOTROPIN MINIQUICK	48	HUMALOG JUNIOR KWIKPEN	33
<i>gentak</i>	61	HUMALOG KWIKPEN	33
<i>gentamicin sulfate</i>	10	HUMALOG MIX 50/50	33
<i>gentamicin sulfate</i>	61	HUMALOG MIX 50/50 KWIKPEN	33
GENVOYA	29	HUMALOG MIX 75/25	33
GILOTRIF	23	HUMALOG MIX 75/25 KWIKPEN	34
<i>glatiramer acetate</i>	41	HUMATIN	10
GLEOSTINE	20	HUMIRA	56
<i>glimepiride</i>	32	HUMIRA PEDIATRIC CROHNS	55
<i>glipizide</i>	32	DISEASE STARTER PACK	
<i>glipizide er</i>	32	HUMIRA PEN	56
<i>glipizide xl</i>	32	HUMIRA PEN-CD/UC/HS STARTER	55
<i>glipizide/metformin hydrochloride</i>	32	HUMIRA PEN-PEDIATRIC UC	55
GLUCAGEN HYPOKIT	33	STARTER PACK	
<i>glucagon emergency kit</i>	33	HUMIRA PEN-PS/UV STARTER	56
GLUCAGON EMERGENCY KIT FOR	33	HUMULIN 70/30	34
LOW BLOOD SUGAR		HUMULIN 70/30 KWIKPEN	34
<i>glyburide</i>	32	HUMULIN N	34
<i>glyburide/metformin hydrochloride</i>	32	HUMULIN N KWIKPEN	34
<i>glycopyrrolate</i>	45	HUMULIN R	34
GLYXAMBI	32	HUMULIN R U-500 (CONCENTRATED)	34
<i>griseofulvin microsize</i>	19	HUMULIN R U-500 KWIKPEN	34
<i>griseofulvin ultramicrosize</i>	19	<i>hydralazine hcl</i>	39
<i>guanfacine hydrochloride</i>	36	<i>hydralazine hydrochloride</i>	39
<i>guanfacine hydrochloride er</i>	40	<i>hydrochlorothiazide</i>	39
<i>guanidine hcl</i>	20	<i>hydrocodone bitartrate/acetaminophen</i>	9
GVOKE HYPOPEN 1-PACK	33	<i>hydrocodone/acetaminophen</i>	9
GVOKE HYPOPEN 2-PACK	33	<i>hydrocortisone</i>	42
GVOKE KIT	33	<i>hydrocortisone</i>	48
GVOKE PFS	33	<i>hydrocortisone</i>	58
<i>hailey 1.5/30</i>	50	<i>hydrocortisone valerate</i>	42
<i>hailey fe 1.5/30</i>	50	<i>hydromorphone hcl</i>	9
<i>hailey fe 1/20</i>	50	<i>hydromorphone hydrochloride</i>	9

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>hydromorphone hydrochloride dosette</i>	9	IPOL INACTIVATED IPV	57
<i>hydroxychloroquine sulfate</i>	25	<i>ipratropium bromide</i>	62
<i>hydroxyurea</i>	21	<i>ipratropium bromide/albuterol sulfate</i>	64
<i>hydroxyzine hcl</i>	62	<i>irbesartan</i>	36
<i>hydroxyzine hydrochloride</i>	62	<i>irbesartan/hydrochlorothiazide</i>	38
<i>hydroxyzine pamoate</i>	32	ISENTRESS	29
HYPERHEP B	54	ISENTRESS HD	29
<i>ibandronate sodium</i>	58	ISONIAZID	20
IBRANCE	21	<i>isosorbide dinitrate</i>	39
IBRANCE	23	<i>isosorbide mononitrate</i>	39
<i>ibu</i>	8	<i>isosorbide mononitrate er</i>	39
<i>ibuprofen</i>	8	<i>isotretinoin</i>	41
<i>icatibant acetate</i>	54	ISTURISA	53
<i>iclevia</i>	50	ITOVEBI	21
ICLUSIG	23	<i>itraconazole</i>	19
<i>icosapent ethyl</i>	39	<i>ivabradine hydrochloride</i>	38
IDHIFA	21	<i>ivermectin</i>	25
IGALMI	59	IWILFIN	21
<i>imatinib mesylate</i>	23	IXCHIQ	57
IMBRUVICA	23	IXIARO	57
<i>imipenem/cilastatin</i>	12	<i>jaimiess</i>	50
<i>imipramine hcl</i>	18	JAKAFI	23
<i>imipramine hydrochloride</i>	18	<i>jantoven</i>	35
<i>imiquimod</i>	43	JANUMET	32
IMOVAX RABIES (H.D.C.V.)	57	JANUMET XR	32
IMPAVIDO	11	JANUVIA	32
INBRIJA	26	JARDIANCE	32
<i>incassia</i>	52	JAYPIRCA	23
INCRELEX	48	<i>jencycla</i>	52
<i>indapamide</i>	39	JENTADUETO	33
<i>indomethacin</i>	8	JENTADUETO XR	33
<i>indomethacin er</i>	8	<i>jinteli</i>	50
INFANRIX	57	<i>jolessa</i>	50
INLYTA	23	JUBLIA	19
INQOVI	23	JULUCA	29
INREBIC	21	<i>junel 1.5/30</i>	50
<i>insulin lispro</i>	34	<i>junel 1/20</i>	50
INTELENCE	29	<i>junel fe 1.5/30</i>	50
INTRON A	55	<i>junel fe 1/20</i>	50
<i>introvale</i>	50	JYLAMVO	56
INVEGA HAFYERA	27	JYNNEOS	57
INVEGA SUSTENNA	27	KALYDECO	63
INVEGA TRINZA	27	KANJINTI	25
INVIRASE	31	KANUMA	46

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>kariva</i>	50	<i>lansoprazole</i>	46
<i>kelnor 1/35</i>	50	LANTUS	34
<i>kelnor 1/50</i>	50	LANTUS SOLOSTAR	34
KERENDIA	38	<i>lapatinib ditosylate</i>	23
KESIMPTA	41	<i>larin 1.5/30</i>	50
<i>ketoconazole</i>	19	<i>larin 1/20</i>	50
<i>ketorolac tromethamine</i>	8	<i>larin fe 1.5/30</i>	50
<i>ketorolac tromethamine</i>	61	<i>larin fe 1/20</i>	50
KINERET	54	<i>larissia</i>	50
KINRIX	57	<i>latanoprost</i>	61
<i>kionex</i>	44	LAZCLUZE	21
KISQALI	23	<i>leflunomide</i>	56
KISQALI FEMARA 200 DOSE	21	<i>lenalidomide</i>	21
KISQALI FEMARA 400 DOSE	21	LENVIMA 10 MG DAILY DOSE	23
KISQALI FEMARA 600 DOSE	21	LENVIMA 12MG DAILY DOSE	24
<i>klayesta</i>	19	LENVIMA 14 MG DAILY DOSE	24
KLISYRI	43	LENVIMA 18 MG DAILY DOSE	24
<i>klor-con</i>	44	LENVIMA 20 MG DAILY DOSE	24
<i>klor-con 10</i>	44	LENVIMA 24 MG DAILY DOSE	24
<i>klor-con 8</i>	44	LENVIMA 4 MG DAILY DOSE	24
<i>klor-con m10</i>	44	LENVIMA 8 MG DAILY DOSE	24
<i>klor-con m15</i>	44	<i>lessina</i>	50
<i>klor-con m20</i>	44	<i>letrozole</i>	22
<i>klor-con/ef</i>	44	<i>leucovorin calcium</i>	25
KORLYM	48	LEUKERAN	20
KOSELUGO	23	<i>leuprolide acetate</i>	53
<i>kourzeq</i>	41	<i>levalbuterol tartrate hfa</i>	63
KRAZATI	21	LEVEMIR	34
<i>kurvelo</i>	50	LEVEMIR FLEXPEN	34
KYNMOBI	26	LEVEMIR FLEXTOUCH	34
KYNMOBI TITRATION KIT	26	<i>levetiracetam</i>	14
<i>labetalol hydrochloride</i>	37	<i>levetiracetam er</i>	14
<i>lacosamide</i>	15	<i>levobunolol hcl</i>	61
<i>lactulose</i>	45	<i>levocetirizine dihydrochloride</i>	62
LAGEVRIO	59	<i>levofloxacin</i>	13
<i>lamivudine</i>	29	<i>levofloxacin</i>	61
<i>lamivudine</i>	30	<i>levofloxacin in d5w</i>	13
<i>lamivudine/zidovudine</i>	30	<i>levonest</i>	50
<i>lamotrigine</i>	14	<i>levonorgestrel and ethinyl estradiol</i>	50
<i>lamotrigine starter kit/blue</i>	14	<i>levonorgestrel/ethinyl estradiol</i>	50
<i>lamotrigine starter kit/green</i>	14	<i>levora 0.15/30-28</i>	50
<i>lamotrigine starter kit/orange</i>	14	<i>levothyroxine sodium</i>	53
<i>lamotrigine titration</i>	14	LEVOXYL	53
<i>lanreotide acetate</i>	53	LEXIVA	31

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>l-glutamine</i>	46	LYNPARZA	24
LIBERVANT	15	LYSODREN	53
<i>lidocaine</i>	9	LYTGOBI	22
<i>lidocaine hydrochloride viscous</i>	41	LYUMJEV	34
<i>lidocaine viscous</i>	41	LYUMJEV KWIKPEN	34
<i>lidocaine/prilocaine</i>	9	<i>lyza</i>	52
<i>lillow</i>	50	<i>magnesium sulfate</i>	44
<i>linezolid</i>	11	<i>malathion</i>	43
LINZESS	45	<i>maprotiline hcl</i>	16
<i>liothyronine sodium</i>	53	<i>maraviroc</i>	30
<i>lisinopril</i>	36	<i>marlissa</i>	50
<i>lisinopril/hydrochlorothiazide</i>	38	MARPLAN	16
<i>lithium</i>	32	MATULANE	20
<i>lithium carbonate</i>	32	MAVYRET	29
<i>lithium carbonate er</i>	32	<i>meclizine hcl</i>	18
LIVMARLI	59	<i>medroxyprogesterone acetate</i>	52
LIVTENCITY	29	<i>mefloquine hcl</i>	26
<i>lojaimiess</i>	50	<i>megestrol acetate</i>	52
LONSURF	22	MEKINIST	24
<i>loperamide hcl</i>	45	MEKTOVI	24
<i>lopinavir/ritonavir</i>	31	<i>meloxicam</i>	8
LOQTORZI	25	<i>memantine hcl titration pak</i>	16
<i>lorazepam</i>	32	<i>memantine hydrochloride</i>	16
<i>lorazepam intensol</i>	32	<i>memantine hydrochloride er</i>	16
LORBRENA	24	MENACTRA	57
<i>losartan potassium</i>	36	MENEST	50
<i>losartan potassium/hydrochlorothiazide</i>	38	MENQUADFI	57
LOTEMAX SM	61	MENVEO	57
<i>lovastatin</i>	39	<i>mercaptopurine</i>	21
<i>low-ogestrel</i>	50	<i>meropenem</i>	12
<i>loxapine</i>	27	<i>mesalamine</i>	58
<i>lubiprostone</i>	45	<i>mesalamine dr</i>	58
LUMAKRAS	22	<i>mesalamine er</i>	58
LUMIGAN	61	MESNEX	25
LUMIZYME	46	<i>metformin hydrochloride</i>	33
LUPRON DEPOT (1-MONTH)	53	<i>metformin hydrochloride er</i>	33
LUPRON DEPOT (3-MONTH)	53	<i>methadone hcl</i>	8
LUPRON DEPOT (4-MONTH)	53	<i>methadone hydrochloride</i>	8
LUPRON DEPOT (6-MONTH)	53	<i>methadone hydrochloride intensol</i>	8
<i>lurasidone hydrochloride</i>	27	<i>methenamine hippurate</i>	11
<i>luteal</i>	50	<i>methimazole</i>	53
LYBALVI	27	<i>methotrexate</i>	56
<i>lyleq</i>	52	<i>methotrexate sodium</i>	56
<i>lyllana</i>	50	<i>methsuximide</i>	14

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>methyldopa</i>	36	<i>moxifloxacin hydrochloride</i>	13
<i>methylphenidate hydrochloride</i>	40	<i>moxifloxacin hydrochloride</i>	61
<i>methylprednisolone</i>	48	MRESVIA	57
<i>methylprednisolone dose pack</i>	48	<i>mupirocin</i>	43
<i>metoclopramide hcl</i>	45	<i>mycophenolate mofetil</i>	56
<i>metoclopramide hydrochloride</i>	45	<i>mycophenolic acid dr</i>	56
<i>metolazone</i>	39	<i>myorisan</i>	41
<i>metoprolol succinate er</i>	37	MYRBETRIQ	47
<i>metoprolol tartrate</i>	37	NABI-HB	54
<i>metronidazole</i>	11	<i>nabumetone</i>	8
<i>metronidazole</i>	41	<i>nadolol</i>	37
<i>metronidazole vaginal</i>	11	<i>nafcillin sodium</i>	12
<i>metirosine</i>	38	NAGLAZYME	46
<i>mexiletine hcl</i>	36	<i>naloxone hcl</i>	10
<i>microgestin 1.5/30</i>	50	<i>naloxone hydrochloride</i>	10
<i>microgestin 1/20</i>	51	<i>naltrexone hcl</i>	9
<i>microgestin fe 1.5/30</i>	51	NAMZARIC	16
<i>microgestin fe 1/20</i>	51	<i>naproxen</i>	8
<i>midodrine hcl</i>	36	<i>naproxen dr</i>	8
<i>mifepristone</i>	48	<i>naproxen sodium</i>	8
<i>miglustat</i>	46	<i>naratriptan hcl</i>	20
<i>mili</i>	51	NATACYN	61
<i>minocycline hcl</i>	13	<i>nateglinide</i>	33
<i>minocycline hydrochloride</i>	13	NAYZILAM	14
<i>minoxidil</i>	39	<i>nebivolol</i>	37
<i>mirtazapine</i>	16	<i>nebivolol hydrochloride</i>	37
<i>mirtazapine odt</i>	16	<i>necon 0.5/35-28</i>	51
<i>misoprostol</i>	46	<i>nefazodone hydrochloride</i>	17
M-M-R II	57	<i>neomycin sulfate</i>	10
<i>modafinil</i>	64	<i>neomycin/bacitracin/polymyxin</i>	60
<i>moexipril hcl</i>	36	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	60
<i>molindone hydrochloride</i>	27	<i>one</i>	
<i>mometasone furoate</i>	42	<i>neomycin/polymyxin/dexamethasone</i>	60
<i>mondoxyne nl</i>	13	<i>neomycin/polymyxin/gramicidin</i>	60
<i>mono-lynyah</i>	51	<i>neomycin/polymyxin/hc</i>	62
<i>montelukast sodium</i>	62	<i>neomycin/polymyxin/hydrocortisone</i>	62
<i>morgidox 1x100mg</i>	13	<i>neo-polycin</i>	60
<i>morgidox 2x100mg</i>	13	<i>neo-polycin hc</i>	60
<i>morphine sulfate</i>	9	NERLYNX	24
<i>morphine sulfate er</i>	8	NEULASTA	35
MOTEGRITY	45	NEULASTA ONPRO KIT	35
MOUNJARO	33	NEUPRO	26
<i>moxifloxacin hydrochloride/sodium</i>	13	<i>nevirapine</i>	30
<i>hydrochloride</i>		<i>nevirapine er</i>	29

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>niacin er</i>	39	NOVOLOG FLEXPEN	34
NICOTROL NS	10	NOVOLOG FLEXPEN RELION	34
<i>nifedipine er</i>	37	NOVOLOG MIX 70/30	34
<i>nilutamide</i>	21	NOVOLOG MIX 70/30 PREFILLED	34
<i>nimodipine</i>	37	FLEXPEN	
NINLARO	22	NOVOLOG MIX 70/30 PREFILLED	34
<i>nitazoxanide</i>	26	FLEXPEN RELION	
<i>nitisinone</i>	46	NOVOLOG MIX 70/30 RELION	34
NITRO-BID	39	NOVOLOG PENFILL	34
<i>nitrofurantoin macrocrystals</i>	11	NOVOLOG RELION	34
<i>nitrofurantoin monohydrate</i>	11	NUBEQA	21
<i>nitrofurantoin monohydrate/macrocrystals</i>	11	NUEDEXTA	40
<i>nitroglycerin</i>	39	NUPLAZID	27
<i>nitroglycerin</i>	45	NURTEC	19
<i>nitroglycerin transdermal</i>	39	NUTRILIPID	59
<i>nizatidine</i>	46	<i>nyamyc</i>	19
<i>nora-be</i>	52	<i>nylia 1/35</i>	51
<i>norethindrone</i>	52	<i>nylia 7/7/7</i>	51
<i>norethindrone acetate</i>	52	<i>nymyo</i>	51
<i>norethindrone acetate/ethinyl estradiol</i>	51	<i>nystatin</i>	19
<i>norethindrone acetate/ethinyl</i>	51	<i>nystatin/triamcinolone</i>	43
<i>estradiol/ferrous fumarate</i>		<i>nystatin/triamcinolone acetonide</i>	43
<i>norgestimate/ethinyl estradiol</i>	51	<i>nystop</i>	19
<i>norlyda</i>	52	<i>octreotide acetate</i>	53
<i>norlyroc</i>	52	ODEFSEY	30
<i>nortrel 0.5/35 (28)</i>	51	ODOMZO	24
<i>nortrel 1/35</i>	51	OFEV	63
<i>nortrel 7/7/7</i>	51	<i>ofloxacin</i>	61
<i>nortriptyline hcl</i>	18	<i>ofloxacin</i>	62
<i>nortriptyline hydrochloride</i>	18	OGSIVEO	22
NORVIR	31	OJEMDA	24
NOVOLIN 70/30	34	OJJAARA	24
NOVOLIN 70/30 FLEXPEN	34	<i>olanzapine</i>	27
NOVOLIN 70/30 FLEXPEN RELION	34	<i>olanzapine odt</i>	27
NOVOLIN 70/30 RELION	34	<i>olmesartan medoxomil</i>	36
NOVOLIN N	34	<i>olmesartan medoxomil/hydrochlorothiazide</i>	38
NOVOLIN N FLEXPEN	34	<i>olopatadine hcl</i>	60
NOVOLIN N FLEXPEN RELION	34	<i>olopatadine hydrochloride</i>	60
NOVOLIN N RELION	34	<i>omega-3-acid ethyl esters</i>	39
NOVOLIN R	34	<i>omeprazole</i>	46
NOVOLIN R FLEXPEN	34	<i>omeprazole dr</i>	46
NOVOLIN R FLEXPEN RELION	34	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	59
NOVOLIN R RELION	34	(GEN 5)	
NOVOLOG	34		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	59	oxycodone/acetaminophen	9
OMNIPOD 5 G7 INTRO KIT (GEN 5)	59	OZEMPIC	33
OMNIPOD 5 G7 PODS (GEN 5)	59	PACERONE	36
OMNIPOD 5 LIBRE2 PLUS G6	59	paliperidone er	27
OMNIPOD 5 LIBRE2 PLUS G6 PODS	59	PANRETIN	25
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	59	pantoprazole sodium	46
OMNIPOD CLASSIC PODS (GEN 3)	59	paricalcitol	58
OMNIPOD DASH INTRO KIT (GEN 4)	59	paromomycin sulfate	10
OMNIPOD DASH PDM KIT (GEN 4)	59	paroxetine hcl	17
OMNIPOD DASH PODS (GEN 4)	59	paroxetine hydrochloride	17
OMNIPOD GO 10 UNITS/DAY	59	paser	20
OMNIPOD GO 15 UNITS/DAY	59	PAXLOVID	59
OMNIPOD GO 20 UNITS/DAY	59	pazopanib hydrochloride	24
OMNIPOD GO 25 UNITS/DAY	59	PEDIARIX	57
OMNIPOD GO 30 UNITS/DAY	59	PEDVAX HIB	57
OMNIPOD GO 35 UNITS/DAY	59	peg-3350/electrolytes	45
OMNIPOD GO 40 UNITS/DAY	59	peg-3350/nacl/na bicarbonate/kcl	45
ondansetron hcl	18	PEGASYS	55
ondansetron hydrochloride	18	PEMAZYRE	22
ondansetron odt	18	PENBRAYA	57
ONUREG	22	penicillamine	47
OPDUALAG	22	penicillin g sodium	12
OPSUMIT	63	penicillin v potassium	12
ORENCIA	54	PENTACEL	57
ORENCIA	56	pentamidine isethionate	26
ORENCIA CLICKJECT	54	pentoxifylline er	38
ORGOVYX	53	perindopril erbumine	36
ORKAMBI	63	permethrin	43
orphenadrine citrate er	64	perphenazine	27
ORSERDU	22	PERSERIS	27
orsythia	51	phenelzine sulfate	16
oseltamivir phosphate	31	phenobarbital	15
OSMOLEX ER	26	phenytek	15
OSPHENA	52	phenytoin	15
OTEZLA	43	phenytoin sodium extended	15
OTEZLA	54	PHESGO	22
oxaprozin	8	philith	51
OXBRYTA	35	PICATO	43
oxcarbazepine	15	PIFELTRO	30
oxybutynin chloride	47	pilocarpine hcl	61
oxybutynin chloride er	47	pilocarpine hydrochloride	41
oxycodone hydrochloride	9	pimozide	27
		pimtrea	51
		pioglitazone hcl	33

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>pioglitazone hcl/metformin hcl</i>	33	<i>primidone</i>	15
<i>pioglitazone hydrochloride</i>	33	PRIORIX	57
<i>piperacillin sodium/tazobactam sodium</i>	12	PRIVIGEN	54
PIQRAY 200MG DAILY DOSE	24	PROAIR RESPICLICK	63
PIQRAY 250MG DAILY DOSE	24	<i>probenecid</i>	19
PIQRAY 300MG DAILY DOSE	24	<i>probenecid/colchicine</i>	19
<i>pirfenidone</i>	63	<i>prochlorperazine</i>	18
<i>pirmella 1/35</i>	51	<i>prochlorperazine edisylate</i>	18
<i>pirmella 7/7/7</i>	51	<i>prochlorperazine maleate</i>	18
PLENAMINE	44	PROCRIT	35
<i>podofilox</i>	43	<i>procto-med hc</i>	58
<i>polycin</i>	60	<i>proctosol hc</i>	58
<i>polymyxin b sulfate/trimethoprim sulfate</i>	60	<i>proctozone-hc</i>	58
POMALYST	21	PROGRAF	56
<i>portia-28</i>	51	PROLASTIN-C	46
<i>posaconazole</i>	19	PROLENSA	61
<i>posaconazole dr</i>	19	PROLIA	58
<i>potassium chloride</i>	44	PROMACTA	35
<i>potassium chloride er</i>	44	<i>promethazine hcl</i>	18
<i>potassium chloride sr</i>	44	<i>promethazine hydrochloride</i>	18
<i>potassium citrate er</i>	44	<i>promethazine hydrochloride plain</i>	18
<i>pramipexole dihydrochloride</i>	26	<i>propafenone hcl</i>	36
<i>prasugrel hydrochloride</i>	35	<i>propafenone hydrochloride</i>	37
<i>pravastatin sodium</i>	39	<i>propafenone hydrochloride er</i>	36
<i>praziquantel</i>	25	<i>propranolol hcl</i>	19
<i>prazosin hydrochloride</i>	36	<i>propranolol hcl er</i>	37
<i>prednisolone</i>	48	<i>propranolol hydrochloride</i>	19
<i>prednisolone acetate</i>	61	<i>propranolol hydrochloride er</i>	37
<i>prednisolone sodium phosphate</i>	48	<i>propylthiouracil</i>	53
<i>prednisone</i>	48	PROQUAD	57
<i>pregabalin</i>	41	<i>protriptyline hcl</i>	18
PREHEVBRIO	57	PULMOZYME	63
PREMARIN	51	PURIXAN	21
<i>premium lidocaine</i>	9	<i>pyrazinamide</i>	20
PREMPHASE	51	<i>pyridostigmine bromide</i>	20
PREMPRO	51	<i>pyrimethamine</i>	26
<i>prenatal</i>	45	PYRUKYND	35
<i>prevalite</i>	39	PYRUKYND TAPER PACK	35
<i>previfem</i>	51	QINLOCK	21
PREVYMIS	29	QUADRACEL	57
PREZCOBIX	31	<i>quetiapine fumarate</i>	28
PREZISTA	31	<i>quetiapine fumarate er</i>	28
PRIFTIN	20	<i>quinapril hydrochloride</i>	36
<i>primaquine phosphate</i>	26	<i>quinapril/hydrochlorothiazide</i>	38

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>quinidine sulfate</i>	37	ROCKLATAN	60
<i>quinine sulfate</i>	26	<i>roflumilast</i>	63
QULIPTA	20	<i>ropinirole hcl</i>	26
QVAR REDIHALER	62	<i>ropinirole hydrochloride</i>	26
RABAVERT	57	<i>rosadan</i>	41
<i>rabeprazole sodium</i>	46	<i>rosuvastatin calcium</i>	39
<i>raloxifene hydrochloride</i>	52	ROTARIX	57
<i>ramipril</i>	36	ROTATEQ	57
<i>ranolazine er</i>	38	<i>roweepra</i>	14
<i>rasagiline mesylate</i>	26	ROZLYTREK	24
RECOMBIVAX HB	57	RUBRACA	24
RECTIV	45	<i>rufinamide</i>	15
RELISTOR	45	RUKOBIA	30
<i>repaglinide</i>	33	RUXIENCE	25
REPATHA	39	RYBELSUS	33
REPATHA PUSHTRONEX SYSTEM	39	RYDAPT	24
REPATHA SURECLICK	39	<i>sajazir</i>	54
RESTASIS	60	SANDIMMUNE	56
RESTASIS MULTIDOSE	60	SANTYL	43
RETEVMO	22	<i>sapropterin dihydrochloride</i>	47
RETROVIR IV INFUSION	30	SAVELLA	41
REVCovi	47	SAVELLA TITRATION PACK	41
REVLIMID	21	SCSEMBLIX	22
REXULTI	28	<i>scopolamine</i>	18
REYATAZ	31	SECUADO	28
REZLIDHIA	24	<i>selegiline hcl</i>	26
REZUROCK	56	<i>selenium sulfide</i>	42
RHOPRESSA	61	SELZENTRY	30
<i>ribavirin</i>	29	SEREVENT DISKUS	63
<i>rifabutin</i>	20	<i>sertraline hcl</i>	17
<i>rifampin</i>	20	<i>sertraline hydrochloride</i>	17
<i>riluzole</i>	40	<i>setlakin</i>	51
RINVOQ	54	<i>sevelamer carbonate</i>	44
RINVOQ LQ	54	SFROWASA	58
RISPERDAL CONSTA	28	<i>sharobel</i>	52
<i>risperidone</i>	28	SHINGRIX	57
<i>risperidone er</i>	28	SIGNIFOR	53
<i>risperidone odt</i>	28	<i>sildenafil citrate</i>	63
<i>ritonavir</i>	31	<i>silodosin</i>	47
<i>rivastigmine tartrate</i>	16	<i>silver sulfadiazine</i>	43
<i>rivastigmine transdermal system</i>	16	SIMBRINZA	60
<i>rivelsa</i>	51	<i>simliya</i>	51
<i>rizatriptan benzoate</i>	20	<i>simpesse</i>	51
<i>rizatriptan benzoate odt</i>	20	<i>simvastatin</i>	39

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024

Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>sirolimus</i>	56	STRIBILD	29
SIRTURO	20	<i>subvenite</i>	14
SKYCLARYS	60	<i>subvenite starter kit/blue</i>	14
SKYRIZI	54	<i>subvenite starter kit/green</i>	14
SKYRIZI PEN	54	<i>subvenite starter kit/orange</i>	14
<i>sodium chloride</i>	44	SUCRAID	47
<i>sodium chloride 0.45%</i>	44	<i>sucralfate</i>	46
<i>sodium chloride 0.9%</i>	60	<i>sulfacetamide sodium</i>	61
<i>sodium oxybate</i>	64	<i>sulfacetamide sodium/prednisolone sodium</i>	60
<i>sodium phenylbutyrate</i>	47	<i>phosphate</i>	
<i>sodium polystyrene sulfonate</i>	44	<i>sulfadiazine</i>	13
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	45	<i>sulfamethoxazole/trimethoprim</i>	13
SOLQUA 100/33	33	<i>sulfamethoxazole/trimethoprim ds</i>	13
SOLTAMOX	21	<i>sulfasalazine</i>	58
SOMATULINE DEPOT	53	<i>sulindac</i>	8
SOMAVERT	53	<i>sumatriptan</i>	20
<i>sorafenib</i>	24	<i>sumatriptan succinate</i>	20
<i>sorafenib tosylate</i>	24	<i>sunitinib malate</i>	24
<i>sorine</i>	37	SUNLENCA	30
<i>sotalol hcl</i>	37	SUTAB	45
<i>sotalol hydrochloride</i>	37	SYMPAZAN	15
<i>sotalol hydrochloride (af)</i>	37	SYMTUZA	31
SOTYKTU	43	SYNAGIS	54
SPEVIGO	42	SYNJARDY	33
SPIRIVA HANDIHALER	62	SYNJARDY XR	33
SPIRIVA RESPIMAT	62	SYNRIBO	22
<i>spironolactone</i>	38	TABLOID	21
<i>spironolactone/hydrochlorothiazide</i>	38	TABRECTA	21
SPRAVATO 56MG DOSE	16	<i>tacrolimus</i>	42
SPRAVATO 84MG DOSE	16	<i>tacrolimus</i>	56
<i>sprintec 28</i>	51	<i>tadalafil</i>	63
SPRITAM	14	TAFINLAR	24
SPRYCEL	24	TAGRISSO	24
SPS	44	TALZENNA	24
<i>sronyx</i>	51	<i>tamoxifen citrate</i>	21
<i>ssd</i>	43	<i>tamsulosin hydrochloride</i>	47
STAMARIL	57	<i>tarina fe 1/20</i>	51
<i>stavudine</i>	30	<i>tarina fe 1/20 eq</i>	51
STELARA	54	TASIGNA	24
STIOLTO RESPIMAT	64	<i>tazarotene</i>	41
STIVARGA	24	TAZICEF	12
STRENSIQ	47	<i>taztia xt</i>	37
<i>streptomycin sulfate</i>	10	TAZVERIK	22
		TDVAX	58

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
TEFLARO	12	topiramate	14
TEGSEDI	47	topotecan hcl	22
telmisartan	36	topotecan hydrochloride	22
temazepam	64	toremifene citrate	21
TEMIXYS	30	torpenz	24
TENIVAC	58	torseamide	38
tenofovir disoproxil fumarate	30	TOUJEO MAX SOLOSTAR	34
TEPMETKO	24	TOUJEO SOLOSTAR	34
terazosin hcl	36	TRADJENTA	33
terazosin hydrochloride	36	tramadol hydrochloride	9
terbinafine hcl	19	tramadol hydrochloride/acetaminophen	9
terconazole	19	trandolapril	36
teriparatide	58	tranexamic acid	35
testosterone	48	tranylcypromine sulfate	16
testosterone cypionate	48	TRAZIMERA	25
testosterone enanthate	48	trazodone hydrochloride	17
testosterone pump	48	TRECATOR	20
TETANUS/DIPHTheria TOXOIDS- ADSORBED ADULT	58	TRELEGY ELLIPTA	64
tetrabenazine	40	TRELSTAR MIXJECT	53
tetracycline hydrochloride	13	TRESIBA	34
TEVIMBRA	25	TRESIBA FLEXTOUCH	34
THALOMID	21	tretinoin	25
theophylline er	63	tretinoin	42
thioridazine hcl	27	tri femynor	51
thiothixene	27	triamcinolone acetonide	42
tiadylt er	37	triamcinolone acetonide dental paste	41
tiagabine hydrochloride	15	triamterene/hydrochlorothiazide	38
TIBSOVO	24	triderm	42
TICOVAC	58	trientine hydrochloride	44
timolol maleate	61	tri-estarylla	51
tinidazole	11	trifluoperazine hcl	27
tiotropium bromide	62	trifluoperazine hydrochloride	27
TIVICAY	29	trifluridine	61
TIVICAY PD	29	trihexyphenidyl hydrochloride	26
tizanidine hcl	28	TRIJDY XR	33
tizanidine hydrochloride	28	tri-lynyah	51
TOBRADEX ST	60	trimethoprim	11
tobramycin	61	tri-mili	51
tobramycin	63	trimipramine maleate	18
tobramycin sulfate	10	TRINTELLIX	17
tobramycin/dexamethasone	60	tri-nymyo	52
tolterodine tartrate	47	tri-previfem	52
tolterodine tartrate er	47	TRIPTODUR	53
		tri-sprintec	52

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
TRIUMEQ	30	VARIZIG	54
TRIUMEQ PD	30	VAXCHORA	58
<i>trivora-28</i>	52	VAXELIS	58
<i>tri-vylibra</i>	52	VELTASSA	44
TRIZIVIR	30	VENCLEXTA	24
TROGARZO	31	VENCLEXTA STARTING PACK	24
<i>tropium chloride</i>	47	<i>venlafaxine hydrochloride</i>	17
TRULICITY	33	<i>venlafaxine hydrochloride er</i>	17
TRUMENBA	58	VENTAVIS	63
TRUQAP	24	VEOPOZ	54
TRUSELTIQ	22	<i>verapamil hcl</i>	37
TUKYSA	22	<i>verapamil hcl er</i>	37
<i>tulana</i>	52	<i>verapamil hydrochloride</i>	38
TURALIO	24	<i>verapamil hydrochloride er</i>	38
<i>turqoz</i>	52	VERQUVO	39
TWINRIX	58	VERSACLOZ	28
TYBOST	31	VERZENIO	25
TYMLOS	58	V-GO 20	60
TYPHIM VI	58	V-GO 30	60
TYRVAYA	60	V-GO 40	60
TYSABRI	41	<i>vienva</i>	52
UBRELVY	20	<i>vigabatrin</i>	15
UDENYCA	35	<i>vigadrone</i>	15
UDENYCA ONBODY	35	VIGAFYDE	15
<i>urea</i>	43	<i>vigpoder</i>	15
<i>ursodiol</i>	45	VIIBRYD STARTER PACK	17
<i>valacyclovir hydrochloride</i>	31	<i>vilazodone hydrochloride</i>	17
VALCHLOR	20	VIMIZIM	47
<i>valganciclovir</i>	29	<i>viorele</i>	52
<i>valganciclovir hydrochloride</i>	29	VIRACEPT	31
<i>valproic acid</i>	32	VIREAD	30
<i>valsartan</i>	36	VISTOGARD	60
<i>valsartan/hydrochlorothiazide</i>	38	VITRAKVI	25
VALTOCO 10 MG DOSE	15	VIVITROL	9
VALTOCO 15 MG DOSE	15	VIZIMPRO	25
VALTOCO 20 MG DOSE	15	VOCABRIA	29
VALTOCO 5 MG DOSE	15	<i>volnea</i>	52
<i>vancomycin hcl</i>	11	VONJO	22
<i>vancomycin hydrochloride</i>	11	VORANIGO	25
VANFLYTA	24	<i>voriconazole</i>	19
VAQTA	58	VOSEVI	29
<i>varenicline starting month</i>	10	VOTRIENT	25
<i>varenicline tartrate</i>	10	VOWST	45
VARIVAX	58	VRAYLAR	28

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

Drug Name	Page #	Drug Name	Page #
<i>vyfemla</i>	52	ZARXIO	35
VYJUVEK	60	ZEJULA	25
<i>vylibra</i>	52	ZELBORAF	25
VYNDAMAX	38	<i>zenatane</i>	42
VYNDAQEL	47	ZENPEP	47
VYZULTA	62	<i>zidovudine</i>	30
<i>warfarin sodium</i>	35	<i>ziprasidone hcl</i>	28
WELIREG	25	<i>ziprasidone mesylate</i>	28
<i>wera</i>	52	ZIRGAN	61
<i>wixela inhub</i>	64	ZOKINVY	47
XALKORI	25	ZOLINZA	22
XARELTO	35	<i>zolmitriptan</i>	20
XARELTO STARTER PACK	35	<i>zolpidem tartrate</i>	64
XATMEP	56	ZONISADE	15
XCOPRI	14	<i>zonisamide</i>	15
XELJANZ	55	<i>zovia 1/35</i>	52
XELJANZ XR	54	<i>zovia 1/35e</i>	52
XERMELO	45	ZTALMY	41
XGEVA	58	ZURZUVAE	16
XIFAXAN	45	ZYDELIG	25
XIGDUO XR	33	ZYKADIA	25
XOFLUZA	31	ZYLET	60
XOLAIR	55	ZYPREXA RELPREVV	28
XOLREMDI	35		
XOSPATA	25		
XPOVIO	22		
XPOVIO 100 MG ONCE WEEKLY	22		
XPOVIO 40 MG ONCE WEEKLY	22		
XPOVIO 40 MG TWICE WEEKLY	22		
XPOVIO 60 MG ONCE WEEKLY	22		
XPOVIO 60 MG TWICE WEEKLY	22		
XPOVIO 80 MG ONCE WEEKLY	22		
XPOVIO 80 MG TWICE WEEKLY	22		
XTAMPZA ER	8		
XTANDI	21		
<i>yargesa</i>	47		
YF-VAX	58		
YUFLYMA 1-PEN KIT	56		
YUFLYMA 2-PEN KIT	56		
YUFLYMA 2-SYRINGE KIT	56		
YUFLYMA CD/UC/HS STARTER	56		
<i>yuvafem</i>	52		
<i>zafirlukast</i>	62		
<i>zaleplon</i>	64		

Formulary ID: 24061, Version: 18, Effective Date: 12/01/2024
Last Updated: November 2024

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

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Member Services at 1-855-540-4744. TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week, October 1 – March 31 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.mhinsurance.com/part-d.

November 2024

Members Health Insurance Company is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Members Health Insurance Company depends on contract renewal.

S2668_MHALFL24392FRE_C