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Tufts Medicare Preferred PDP Group Retiree 2024 Formulary (List of Covered Drugs)

Tufts Medicare Preferred PDP Plans

PLEASE READ: This document contains information about the drugs we cover in this plan

24524 Version 8

This formulary was updated on 02/01/2024. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

Tufts Medicare Preferred PDP Group Retiree 2024 Formulary (List of Covered Drugs)

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 Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred PDP.

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

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

What is the Tufts Medicare Preferred PDP Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred PDP 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. Tufts Medicare Preferred PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred PDP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow 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 titled *"How do I request an exception to the Tufts Medicare Preferred PDP Formulary?"*
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *"How do I request an exception to the Tufts Medicare Preferred PDP 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 February 2024. To get updated information about the drugs covered by Tufts Medicare Preferred PDP, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “*Cardiovascular Drugs*.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. 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?

Tufts Medicare Preferred PDP 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:** Tufts Medicare Preferred PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred PDP before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred PDP limits the amount of the drug that Tufts Medicare Preferred PDP will cover. For example, Tufts Medicare Preferred PDP provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred PDP 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, Tufts Medicare Preferred PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Tufts Medicare Preferred PDP 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 Tufts Medicare Preferred PDP Formulary?”* on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Tufts Medicare Preferred PDP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred PDP. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred PDP.
- You can ask Tufts Medicare Preferred PDP 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 Tufts Medicare Preferred PDP Formulary?

You can ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred PDP 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, Tufts Medicare Preferred PDP will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional

utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first one-month 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.

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred PDP Member Services department.

For more information

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

If you have questions about Tufts Medicare Preferred PDP, 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 **www.medicare.gov**.

Tufts Medicare Preferred PDP Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred PDP has any special requirements for coverage of your drug.

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred PDP has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "*How do I request an exception to the Tufts Medicare Preferred PDP Formulary?*" on page V for information about how to request an exception.

EC: Enhanced Coverage Drug

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

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only:

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

ST: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to Tufts Medicare Preferred PDP for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask Tufts Medicare Preferred PDP to make an exception to our coverage rules. See the section, "*How do I request an exception to the Tufts Medicare Preferred PDP Formulary?*" on page V for information about how to request an exception.

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-800-265-1705**

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| Anti-infective Agents | | |
| Anthelmintics | | |
| <i>albendazole tabs</i> | 3 | NEDS |
| <i>ivermectin tabs 3mg</i> | 1 | |
| <i>praziquantel tabs</i> | 2 | |
| Antibacterials | | |
| <i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i> | 3 | |
| <i>amoxicillin/clavulanate potassium</i> | 1 | |
| <i>amoxicillin/clavulanate potassium er</i> | 1 | |
| <i>amoxicillin chew 125mg, 250mg</i> | 1 | |
| <i>amoxicillin caps, susr, tabs</i> | 1 | |
| <i>ampicillin sodium inj</i> | 3 | |
| <i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i> | 3 | |
| <i>ampicillin/sulbactam inj 2gm; 1gm</i> | 3 | |
| <i>ampicillin caps 500mg</i> | 1 | |
| ARIKAYCE | 3 | PA; NEDS |
| AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML | 3 | |
| AVYCAZ | 3 | NEDS |
| <i>azithromycin pack, susr, tabs</i> | 1 | |
| <i>azithromycin inj 500mg</i> | 1 | |
| <i>aztreonam inj 1gm</i> | 1 | |
| <i>aztreonam inj 2gm</i> | 3 | NEDS |
| BAXDELA TABS | 3 | NEDS |
| BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML | 2 | |
| BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML | 2 | |
| CAYSTON | 3 | PA; NEDS |
| <i>cefaclor caps</i> | 1 | |
| <i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i> | 1 | |
| <i>cefadroxil</i> | 1 | |
| <i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i> | 1 | |
| <i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i> | 1 | |
| <i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i> | 1 | |
| <i>cefdinir</i> | 1 | |
| <i>cefepime</i> | 3 | |
| <i>cefepime hydrochloride inj 2gm</i> | 3 | |
| <i>cefepime/dextrose</i> | 3 | |
| <i>cefixime</i> | 2 | |
| <i>cefotetan inj 1gm, 2gm</i> | 1 | |
| <i>cefoxitin sodium inj 10gm, 1gm, 2gm</i> | 1 | |
| <i>cefpodoxime proxetil susr</i> | 2 | |
| <i>cefpodoxime proxetil tabs 100mg</i> | 1 | |
| <i>cefpodoxime proxetil tabs 200mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>cefprozil</i> | 1 | |
| <i>ceftazidime inj 1gm, 2gm, 6gm</i> | 3 | |
| <i>ceftriaxone in iso-osmotic dextrose</i> | 1 | |
| <i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i> | 3 | |
| <i>ceftriaxone/dextrose inj 1gm; 3.74%</i> | 1 | |
| <i>cefuroxime axetil tabs</i> | 1 | |
| <i>cefuroxime sodium inj 1.5gm, 750mg</i> | 1 | |
| <i>cephalexin</i> | 1 | |
| <i>ciprofloxacin hcl tabs 100mg, 750mg</i> | 1 | |
| <i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i> | 1 | |
| <i>ciprofloxacin i.v.-in d5w</i> | 1 | |
| <i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i> | 3 | |
| <i>clarithromycin er</i> | 2 | |
| <i>clarithromycin tabs</i> | 1 | |
| <i>clarithromycin susr</i> | 2 | |
| <i>clindamycin hcl caps 300mg</i> | 1 | |
| <i>clindamycin hydrochloride caps 150mg, 75mg</i> | 1 | |
| <i>clindamycin palmitate hydrochloride</i> | 2 | |
| <i>clindamycin phosphate/dextrose</i> | 1 | |
| <i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i> | 1 | |
| <i>colistimethate sodium inj</i> | 3 | NEDS |
| DALVANCE | 2 | |
| <i>daptomycin</i> | 3 | |
| <i>daptomycin/sodium chloride</i> | 3 | |
| <i>demeclocycline hcl tabs</i> | 3 | |
| <i>dicloxacillin sodium</i> | 2 | |
| DIFICID | 3 | NEDS |
| DOXY 100 | 2 | |
| <i>doxycycline</i> | 2 | |
| <i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i> | 2 | |
| <i>doxycycline hyclate caps, tabs</i> | 1 | |
| <i>doxycycline hyclate inj</i> | 2 | |
| <i>doxycycline monohydrate caps, tabs</i> | 1 | |
| <i>ertapenem</i> | 3 | |
| <i>erythromycin base tabs</i> | 2 | |
| <i>erythromycin dr</i> | 2 | |
| <i>erythromycin ethylsuccinate susr, tabs</i> | 1 | |
| <i>erythromycin cpep 250mg</i> | 1 | |
| FIRVANQ | 3 | |
| <i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i> | 1 | |
| <i>gentamicin sulfate inj 40mg/ml</i> | 3 | |
| <i>imipenem/cilastatin</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i> | 1 | |
| <i>levofloxacin in d5w</i> | 1 | |
| <i>levofloxacin inj 25mg/ml</i> | 1 | |
| <i>levofloxacin oral soln 25mg/ml</i> | 2 | |
| <i>levofloxacin tabs 250mg, 500mg, 750mg</i> | 1 | |
| <i>linezolid tabs</i> | 3 | |
| <i>linezolid susr</i> | 3 | NEDS |
| <i>linezolid inj 600mg/300ml</i> | 1 | |
| <i>meropenem</i> | 3 | |
| <i>minocycline hcl caps 75mg</i> | 1 | |
| <i>minocycline hcl tabs</i> | 3 | |
| <i>minocycline hydrochloride caps 100mg, 50mg</i> | 1 | |
| <i>mondoxyne nl caps 100mg</i> | 1 | |
| <i>moxifloxacin hydrochloride/sodium hydrochloride</i> | 1 | |
| <i>moxifloxacin hydrochloride tabs 400mg</i> | 1 | |
| <i>nafcillin sodium inj 10gm, 1gm, 2gm</i> | 1 | |
| <i>neomycin sulfate tabs</i> | 1 | |
| NUZYRA TABS | 3 | NEDS |
| <i>ofloxacin tabs 300mg, 400mg</i> | 1 | |
| <i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i> | 1 | |
| <i>penicillin g potassium in iso-osmotic dextrose</i> | 1 | |
| <i>penicillin g potassium inj 2000000unit, 5000000unit</i> | 3 | |
| PENICILLIN G SODIUM | 3 | NEDS |
| <i>penicillin v potassium</i> | 1 | |
| <i>piperacillin sodium/tazobactam sodium</i> | 3 | |
| SIVEXTRO TABS | 3 | NEDS |
| <i>streptomycin sulfate inj 1gm</i> | 1 | |
| <i>sulfadiazine tabs</i> | 1 | |
| <i>sulfamethoxazole/trimethoprim ds</i> | 1 | |
| <i>sulfamethoxazole/trimethoprim susp, tabs</i> | 1 | |
| <i>sulfasalazine tabs, tbec</i> | 1 | |
| SUPRAX CHEW | 3 | |
| SUPRAX SUSR 500MG/5ML | 3 | |
| <i>tazicef inj 1gm, 2gm, 6gm</i> | 3 | |
| TEFLARO | 3 | NEDS |
| <i>tetracycline hydrochloride caps</i> | 2 | |
| TOBI PODHALER | 3 | NEDS; SP-Optum Specialty |
| <i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i> | 1 | |
| <i>tobramycin nebu 300mg/4ml, 300mg/5ml</i> | 3 | PA BvD; NEDS; SP-Optum Specialty |
| <i>vancomycin hcl inj 0.9%; 1gm/200ml</i> | 1 | |
| <i>vancomycin hcl inj 100gm, 10gm</i> | 3 | |
| <i>vancomycin hydrochloride caps</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>vancomycin hydrochloride oral solr</i> | 3 | |
| <i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i> | 3 | |
| <i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i> | 1 | |
| VIBRAMYCIN SYRP | 3 | |
| XENLETA TABS | 3 | NEDS |
| XIFAXAN TABS 200MG | 3 | |
| XIFAXAN TABS 550MG | 3 | PA; NEDS |
| ZERBAXA | 3 | NEDS |
| ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML | 2 | |
| Antifungals | | |
| ABELCET | 3 | PA |
| <i>amphotericin b liposome</i> | 3 | PA; NEDS |
| <i>amphotericin b inj</i> | 1 | PA |
| <i>casposfungin acetate inj 70mg</i> | 3 | |
| <i>casposfungin acetate inj 50mg</i> | 3 | NEDS |
| <i>fluconazole in sodium chloride</i> | 1 | |
| <i>fluconazole susr, tabs</i> | 1 | |
| <i>flucytosine caps</i> | 3 | NEDS |
| <i>griseofulvin microsize susp</i> | 1 | |
| <i>griseofulvin microsize tabs</i> | 2 | |
| <i>griseofulvin ultramicrosize tabs 125mg, 250mg</i> | 2 | |
| <i>itraconazole caps</i> | 1 | |
| <i>itraconazole soln</i> | 2 | |
| <i>ketoconazole tabs 200mg</i> | 1 | |
| <i>micafungin inj 100mg</i> | 2 | |
| <i>micafungin inj 50mg</i> | 3 | NEDS |
| NOXAFIL PACK, SUSP | 3 | NEDS |
| <i>nystatin susp 100000unit/ml</i> | 1 | |
| <i>nystatin tabs 500000unit</i> | 1 | |
| <i>posaconazole dr</i> | 3 | NEDS |
| <i>posaconazole susp</i> | 3 | NEDS |
| <i>terbinafine hcl tabs</i> | 1 | QL(42 EA per 42 days) |
| <i>voriconazole tabs</i> | 3 | |
| <i>voriconazole susr</i> | 3 | NEDS |
| <i>voriconazole inj</i> | 3 | PA; NEDS |
| Antimycobacterials | | |
| <i>dapsone tabs</i> | 3 | |
| <i>ethambutol hydrochloride</i> | 2 | |
| <i>isoniazid syrp, tabs</i> | 1 | |
| PASER | 3 | |
| PRIFTIN | 2 | |
| <i>pyrazinamide tabs</i> | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------|
| <i>rifabutin</i> | 2 | |
| <i>rifampin inj</i> | 1 | |
| <i>rifampin caps</i> | 2 | |
| SIRTURO | 3 | PA; NEDS |
| TRECTOR | 3 | |
| Antiprotozoals | | |
| <i>atovaquone/proguanil hcl</i> | 3 | |
| <i>atovaquone susp</i> | 3 | NEDS |
| BENZNIDAZOLE | 3 | |
| <i>chloroquine phosphate tabs</i> | 1 | |
| COARTEM | 2 | QL(24 EA per 3 days) |
| <i>hydroxychloroquine sulfate tabs 200mg</i> | 1 | |
| IMPAVIDO | 3 | NEDS |
| <i>mefloquine hcl</i> | 1 | |
| <i>metronidazole caps 375mg</i> | 1 | |
| <i>metronidazole inj 500mg/100ml</i> | 1 | |
| <i>metronidazole tabs 250mg, 500mg</i> | 1 | |
| <i>nitazoxanide tabs</i> | 2 | |
| <i>paromomycin sulfate caps</i> | 1 | |
| <i>pentamidine isethionate inj</i> | 2 | |
| <i>pentamidine isethionate inhalation solr</i> | 2 | PA BvD |
| <i>primaquine phosphate tabs</i> | 1 | |
| <i>pyrimethamine tabs</i> | 3 | |
| <i>quinine sulfate caps 324mg</i> | 3 | PA |
| SOLOSEC | 3 | |
| <i>tinidazole tabs</i> | 1 | |
| Antivirals | | |
| <i>abacavir</i> | 2 | |
| <i>abacavir sulfate/lamivudine</i> | 2 | |
| <i>abacavir sulfate/lamivudine/zidovudine</i> | 3 | NEDS |
| <i>acyclovir sodium inj 50mg/ml</i> | 3 | PA |
| <i>acyclovir caps 200mg</i> | 1 | |
| <i>acyclovir susp 200mg/5ml</i> | 2 | |
| <i>acyclovir tabs 400mg, 800mg</i> | 1 | |
| <i>adefovir dipivoxil</i> | 3 | |
| APTIVUS CAPS | 3 | NEDS |
| <i>atazanavir</i> | 3 | |
| <i>atazanavir sulfate caps 300mg</i> | 3 | |
| BIKTARVY | 3 | NEDS |
| <i>cidofovir</i> | 3 | NEDS |
| CIMDUO | 3 | NEDS |
| COMPLERA | 3 | NEDS |
| <i>darunavir</i> | 3 | NEDS |
| DELSTRIGO | 2 | |
| DESCOVY | 3 | NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| DOVATO | 3 | NEDS |
| EDURANT | 3 | NEDS |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | 3 | NEDS |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> | 3 | NEDS |
| <i>efavirenz caps</i> | 2 | |
| <i>efavirenz tabs</i> | 3 | |
| <i>emtricitabine</i> | 2 | |
| <i>emtricitabine/tenofovir disoproxil</i> | 3 | NEDS |
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i> | 3 | |
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i> | 3 | NEDS |
| EMTRIVA SOLN | 2 | |
| <i>entecavir</i> | 3 | |
| EPCLUSA | 3 | PA; NEDS; SP-Optum Specialty |
| <i>etravirine tabs 100mg</i> | 2 | |
| <i>etravirine tabs 200mg</i> | 3 | NEDS |
| EVOTAZ | 3 | NEDS |
| <i>famciclovir tabs</i> | 2 | |
| <i>fosamprenavir calcium</i> | 3 | NEDS |
| FUZEON | 3 | NEDS |
| GENVOYA | 3 | NEDS |
| HARVONI PACK | 3 | PA; NEDS; SP-Optum Specialty |
| HARVONI TABS 90MG; 400MG | 3 | PA; NEDS; SP-Optum Specialty |
| INTELENCE TABS 25MG | 2 | |
| ISENTRESS HD | 3 | QL(60 EA per 30 days); NEDS |
| ISENTRESS PACK | 2 | |
| ISENTRESS TABS | 3 | QL(120 EA per 30 days); NEDS |
| ISENTRESS CHEW 25MG | 2 | QL(720 EA per 30 days) |
| ISENTRESS CHEW 100MG | 3 | QL(180 EA per 30 days); NEDS |
| JULUCA | 3 | NEDS |
| LAGEVRIO | 2 | QL(20 EA per 5 days) |
| <i>lamivudine</i> | 1 | |
| <i>lamivudine/zidovudine</i> | 3 | |
| LEXIVA SUSP | 2 | |
| LIVTENCITY | 3 | PA; NEDS |
| <i>lopinavir/ritonavir soln</i> | 2 | |
| <i>lopinavir/ritonavir tabs 100mg; 25mg</i> | 2 | |
| <i>lopinavir/ritonavir tabs 200mg; 50mg</i> | 3 | |
| <i>maraviroc tabs 300mg</i> | 3 | QL(120 EA per 30 days); NEDS |
| <i>maraviroc tabs 150mg</i> | 3 | QL(60 EA per 30 days); NEDS |
| MAVYRET | 3 | PA; NEDS; SP-Optum Specialty |
| <i>nevirapine</i> | 1 | |
| <i>nevirapine er</i> | 1 | |
| NORVIR PACK, SOLN | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| ODEFSEY | 3 | NEDS |
| <i>oseltamivir phosphate caps, susr</i> | 1 | |
| PAXLOVID TBPK 150MG; 100MG | 2 | QL(20 EA per 5 days) |
| PAXLOVID TBPK 150MG; 100MG | 2 | QL(30 EA per 5 days) |
| PEGASYS | 3 | QL(4 ML per 28 days); NEDS; SP-Optum Specialty |
| PIFELTRO | 3 | NEDS |
| PREVYMIS TABS | 3 | PA; NEDS |
| PREZCOBIX | 3 | NEDS |
| PREZISTA SUSP | 3 | NEDS |
| PREZISTA TABS 75MG | 3 | |
| PREZISTA TABS 150MG, 600MG, 800MG | 3 | NEDS |
| RELENZA DISKHALER | 2 | |
| REYATAZ PACK | 3 | NEDS |
| <i>ribavirin caps</i> | 1 | SP-Optum Specialty |
| <i>ribavirin tabs 200mg</i> | 1 | SP-Optum Specialty |
| <i>rimantadine hydrochloride</i> | 1 | |
| <i>ritonavir</i> | 2 | |
| RUKOBIA | 3 | NEDS |
| SELZENTRY SOLN | 2 | QL(1800 ML per 30 days) |
| SELZENTRY TABS 25MG | 3 | |
| SELZENTRY TABS 75MG | 3 | NEDS |
| STRIBILD | 3 | NEDS |
| SUNLENCA TBPK | 3 | NEDS |
| SYMTUZA | 3 | NEDS |
| TEMIXYS | 3 | NEDS |
| <i>tenofovir disoproxil fumarate</i> | 2 | |
| TIVICAY PD | 3 | |
| TIVICAY TABS 10MG | 2 | |
| TIVICAY TABS 25MG, 50MG | 3 | NEDS |
| TRIUMEQ | 3 | NEDS |
| TRIUMEQ PD | 3 | NEDS |
| TRIZIVIR | 3 | NEDS |
| <i>valacyclovir hydrochloride tabs 500mg</i> | 1 | |
| <i>valacyclovir hydrochloride tabs 1gm</i> | 2 | |
| <i>valganciclovir</i> | 2 | |
| <i>valganciclovir hydrochloride</i> | 3 | NEDS |
| VEMLIDY | 3 | NEDS |
| VIRACEPT TABS 250MG | 2 | |
| VIRACEPT TABS 625MG | 3 | NEDS |
| VIREAD POWD | 3 | NEDS |
| VIREAD TABS 150MG, 200MG, 250MG | 3 | NEDS |
| VOSEVI | 3 | PA; NEDS; SP-Optum Specialty |
| XOFLUZA TBPK 40MG, 80MG | 2 | QL(1 EA per 7 days) |
| XOFLUZA TBPK 20MG | 2 | QL(2 EA per 7 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| <i>zidovudine</i> | 1 | |
| Urinary Anti-infectives | | |
| <i>fosfomycin tromethamine</i> | 2 | |
| <i>methenamine hippurate</i> | 2 | |
| <i>methenamine mandelate tabs 0.5gm, 1gm</i> | 1 | |
| <i>nitrofurantoin macrocrystals</i> | 1 | |
| <i>nitrofurantoin monohydrate/macrocrystals</i> | 1 | |
| <i>trimethoprim tabs</i> | 1 | |
| Antihistamine Drugs | | |
| First Generation Antihistamines | | |
| <i>cyproheptadine hcl syrp</i> | 1 | |
| <i>cyproheptadine hydrochloride tabs</i> | 1 | |
| <i>diphenhydramine hydrochloride inj</i> | 1 | |
| <i>promethazine hcl inj</i> | 1 | |
| <i>promethazine hcl tabs 12.5mg</i> | 1 | |
| <i>promethazine hydrochloride plain</i> | 1 | |
| <i>promethazine hydrochloride tabs 25mg, 50mg</i> | 1 | |
| Second Generation Antihistamines | | |
| <i>desloratadine</i> | 1 | |
| <i>desloratadine odt</i> | 3 | |
| <i>levocetirizine dihydrochloride tabs</i> | 1 | |
| Antineoplastic Agents | | |
| Antineoplastic Agents | | |
| <i>abiraterone acetate</i> | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ALECENSA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ALUNBRIG | 3 | PA NSO; NEDS |
| AYVAKIT | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| BALVERSA | 3 | PA NSO; NEDS |
| BESREMI | 3 | PA NSO; NEDS |
| <i>bexarotene caps 75mg</i> | 3 | NEDS; SP-Optum Specialty |
| <i>bicalutamide</i> | 1 | |
| <i>bortezomib inj 1mg, 2.5mg</i> | 3 | |
| <i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i> | 3 | NEDS |
| BOSULIF CAPS 50MG | 3 | PA NSO; NEDS |
| BOSULIF CAPS 100MG | 3 | QL(120 EA per 30 days); PA NSO; NEDS |
| BOSULIF TABS 100MG | 3 | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| BOSULIF TABS 400MG, 500MG | 3 | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| BRAFTOVI CAPS 75MG | 3 | PA NSO; NEDS; SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| BRUKINSA | 3 | PA NSO; NEDS |
| CABOMETYX | 3 | PA NSO; NEDS; SP-Optum Specialty |
| CALQUENCE TABS | 3 | PA NSO; NEDS |
| CALQUENCE CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| CAPRELSA TABS 300MG | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| CAPRELSA TABS 100MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| COMETRIQ | 3 | PA NSO; NEDS; SP-Optum Specialty |
| COPIKTRA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| COTELLIC | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>cyclophosphamide tabs</i> | 2 | PA BvD |
| <i>cyclophosphamide caps</i> | 2 | PA BvD; SP-Optum Specialty |
| DARZALEX | 3 | NEDS |
| DAURISMO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| DOCETAXEL INJ 160MG/8ML | 3 | |
| <i>docetaxel inj 20mg/ml, 80mg/4ml</i> | 3 | |
| DROXIA | 2 | |
| EMCYT | 2 | |
| ERIVEDGE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ERLEADA TABS 240MG | 3 | PA NSO; NEDS |
| ERLEADA TABS 60MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>erlotinib hydrochloride tabs 150mg, 25mg</i> | 3 | QL(30 EA per 30 days); NEDS; SP-Optum Specialty |
| <i>erlotinib hydrochloride tabs 100mg</i> | 3 | QL(90 EA per 30 days); NEDS; SP-Optum Specialty |
| <i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i> | 3 | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>everolimus tbso 2mg, 3mg, 5mg</i> | 3 | QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| EXKIVITY | 3 | PA NSO; NEDS |
| <i>flutamide</i> | 1 | |
| FOTIVDA | 3 | PA NSO; NEDS |
| FRUZAQLA | 3 | PA NSO; NEDS |
| GAVRETO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>gefitinib</i> | 3 | PA NSO; NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| GILOTRIF | 3 | PA NSO; NEDS |
| GLEOSTINE CAPS 100MG, 10MG, 40MG | 3 | |
| <i>hydroxyurea caps</i> | 1 | |
| IBRANCE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ICLUSIG | 3 | PA NSO; NEDS |
| IDHIFA | 3 | QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>imatinib mesylate</i> | 3 | NEDS; SP-Optum Specialty |
| IMBRUVICA SUSP | 3 | PA NSO; NEDS |
| IMBRUVICA CAPS, TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| INLYTA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| INQOVI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| INREBIC | 3 | PA NSO; NEDS; SP-Optum Specialty |
| INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT | 2 | SP-Optum Specialty |
| IRESSA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| JAKAFI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| JAYPIRCA | 3 | PA NSO; NEDS |
| JYLAMVO | 3 | PA BvD |
| KISQALI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| KOSELUGO | 3 | PA NSO; NEDS |
| KRAZATI | 3 | PA NSO; NEDS |
| KYPROLIS | 3 | NEDS |
| <i>lapatinib ditosylate</i> | 3 | QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>lenalidomide caps 2.5mg, 20mg</i> | 3 | PA NSO; NEDS |
| <i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i> | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 10 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 12MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 14 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 18 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| LENVIMA 20 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 24 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 4 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LENVIMA 8 MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LEUKERAN | 2 | |
| LONSURF | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LORBRENA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LUMAKRAS TABS 320MG | 3 | PA NSO; NEDS |
| LUMAKRAS TABS 120MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LYNPARZA TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| LYSODREN | 2 | |
| LYTGOBI | 3 | PA NSO; NEDS |
| MATULANE | 3 | NEDS |
| MEKINIST SOLR | 3 | PA NSO; NEDS |
| MEKINIST TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| MEKTOVI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>mercaptopurine tabs</i> | 1 | |
| <i>methotrexate sodium tabs</i> | 1 | PA BvD |
| <i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i> | 1 | PA BvD |
| <i>methotrexate inj 50mg/2ml</i> | 1 | PA BvD |
| NERLYNX | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>nilutamide</i> | 3 | NEDS |
| NINLARO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| NUBEQA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ODOMZO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| OJJAARA | 3 | PA NSO; NEDS |
| ONUREG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| OPDIVO | 3 | NEDS |
| ORSERDU | 3 | PA NSO; NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i> | 1 | |
| <i>pazopanib hydrochloride</i> | 3 | QL(120 EA per 30 days); PA NSO; NEDS |
| PEMAZYRE | 3 | PA NSO; NEDS |
| PIQRAY 200MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| PIQRAY 250MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| PIQRAY 300MG DAILY DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| POMALYST | 3 | PA NSO; NEDS; SP-Optum Specialty |
| PURIXAN | 3 | NEDS |
| QINLOCK | 3 | PA NSO; NEDS |
| RETEVMO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| REVLIMID | 3 | PA NSO; NEDS |
| REZLIDHIA | 3 | PA NSO; NEDS |
| ROZLYTREK PACK | 3 | PA NSO; NEDS |
| ROZLYTREK CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| RUBRACA | 3 | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| RYDAPT | 3 | PA NSO; NEDS; SP-Optum Specialty |
| SCSEMBLIX | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>sorafenib</i> | 3 | QL(220 EA per 30 days); PA NSO; NEDS |
| <i>sorafenib tosylate tabs</i> | 3 | QL(220 EA per 30 days); PA NSO; NEDS |
| SPRYCEL | 3 | PA NSO; NEDS; SP-Optum Specialty |
| STIVARGA | 3 | QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| <i>sunitinib malate</i> | 3 | PA NSO; NEDS; SP-Optum Specialty |
| SYNRIBO | 3 | NEDS |
| TABLOID | 2 | SP-Optum Specialty |
| TABRECTA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TAFINLAR TBSO | 3 | PA NSO; NEDS |
| TAFINLAR CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| TAGRISSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TALZENNA CAPS 0.1MG, 0.35MG | 3 | PA NSO; NEDS |
| TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TASIGNA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| TAZVERIK | 3 | PA NSO; NEDS |
| TEPMETKO | 3 | PA NSO; NEDS |
| TIBSOVO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>tretinoin caps 10mg</i> | 3 | NEDS; SP-Optum Specialty |
| TREXALL | 3 | PA BvD |
| TRUQAP | 3 | PA NSO; NEDS |
| TRUSELTIQ | 3 | PA NSO; NEDS |
| TUKYSA | 3 | PA NSO; NEDS |
| TURALIO | 3 | PA NSO; NEDS |
| VANFLYTA | 3 | PA NSO; NEDS |
| VENCLEXTA STARTING PACK | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VENCLEXTA TABS 10MG, 50MG | 2 | PA NSO; SP-Optum Specialty |
| VENCLEXTA TABS 100MG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VERZENIO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VITRAKVI | 3 | PA NSO; NEDS |
| VIZIMPRO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VONJO | 3 | PA NSO; NEDS; SP-Optum Specialty |
| VOTRIENT | 3 | QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty |
| WELIREG | 3 | PA NSO; NEDS |
| XALKORI CPSP | 3 | PA NSO; NEDS |
| XALKORI CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| XATMEP | 3 | PA BvD |
| XOSPATA | 3 | PA NSO; NEDS |
| XPOVIO | 3 | PA NSO; NEDS |
| XPOVIO 100 MG ONCE WEEKLY | 3 | PA NSO; NEDS |
| XPOVIO 40 MG ONCE WEEKLY | 3 | PA NSO; NEDS |
| XPOVIO 40 MG TWICE WEEKLY | 3 | PA NSO; NEDS |
| XPOVIO 60 MG ONCE WEEKLY | 3 | PA NSO; NEDS |
| XPOVIO 60 MG TWICE WEEKLY | 3 | PA NSO; NEDS |
| XPOVIO 80 MG ONCE WEEKLY | 3 | PA NSO; NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| XPOVIO 80 MG TWICE WEEKLY | 3 | PA NSO; NEDS |
| XTANDI | 3 | PA NSO; NEDS; SP-Optum Specialty |
| YERVOY | 3 | NEDS |
| YONSA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZEJULA TABS | 3 | PA NSO; NEDS |
| ZEJULA CAPS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZELBORAF | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZOLINZA | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZYDELIG | 3 | PA NSO; NEDS; SP-Optum Specialty |
| ZYKADIA TABS | 3 | PA NSO; NEDS; SP-Optum Specialty |
| Antitoxins, Immune Globulins, Toxoids, and Vaccines | | |
| <i>Antitoxins and Immune Globulins</i> | | |
| BIVIGAM INJ 10%, 5GM/50ML | 3 | PA BvD; NEDS |
| CUVITRU | 3 | PA BvD; NEDS |
| FLEBOGAMMA DIF | 3 | PA BvD; NEDS |
| GAMMAGARD LIQUID | 3 | PA BvD; NEDS |
| GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML | 3 | PA BvD; NEDS |
| GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML | 3 | PA BvD; NEDS |
| GAMUNEX-C | 3 | PA BvD; NEDS |
| HIZENTRA | 3 | PA BvD; NEDS |
| OCTAGAM | 3 | PA BvD; NEDS |
| PANZYGA | 3 | PA BvD; NEDS |
| PRIVIGEN | 3 | PA BvD; NEDS |
| VARIZIG INJ 125UNIT/1.2ML | 2 | |
| <i>Toxoids</i> | | |
| ADACEL | 2 | |
| BOOSTRIX | 2 | |
| DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML | 2 | |
| <i>diphtheria/tetanus toxoids adsorbed pediatric</i> | 2 | |
| INFANRIX | 2 | |
| KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 2 | |
| QUADRACEL | 2 | |
| <i>tdvax</i> | 2 | |
| TENIVAC | 2 | |
| <i>Vaccines</i> | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| ABRYSVO | 2 | |
| ACTHIB | 2 | |
| AREXVY | 2 | |
| BCG VACCINE INJ 50MG | 2 | |
| BEXSERO | 2 | |
| DENGVAXIA | 2 | |
| ENGERIX-B | 2 | PA BvD |
| GARDASIL 9 | 2 | |
| HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML | 2 | |
| HEPLISAV-B | 2 | PA BvD |
| HIBERIX | 2 | |
| IMOVAX RABIES (H.D.C.V.) | 2 | |
| IPOL INACTIVATED IPV | 2 | |
| IXCHIQ | 2 | |
| IXIARO | 2 | |
| JYNNEOS | 2 | |
| M-M-R II | 2 | |
| MENACTRA | 2 | |
| MENQUADFI | 2 | |
| MENVEO | 2 | |
| PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML | 2 | |
| PEDVAX HIB INJ 7.5MCG/0.5ML | 2 | |
| PENBRAYA | 2 | |
| PENTACEL | 2 | |
| PREHEVBRIO | 2 | PA BvD |
| PRIORIX | 2 | |
| PROQUAD | 2 | |
| RABAVERT | 2 | |
| RECOMBIVAX HB | 2 | PA BvD |
| ROTARIX | 2 | |
| ROTATEQ SOLN | 2 | |
| SHINGRIX | 2 | |
| STAMARIL | 2 | |
| TICOVAC | 2 | |
| TRUMENBA | 2 | |
| TWINRIX | 2 | |
| TYPHIM VI | 2 | |
| VAQTA | 2 | |
| VARIVAX | 2 | |
| YF-VAX | 2 | |
| Autonomic Drugs | | |
| <i>Anticholinergic Agents</i> | | |
| ANORO ELLIPTA | 2 | QL(180 EA per 90 days) |
| ATROVENT HFA | 2 | QL(77.4 GM per 90 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| BEVESPI AEROSPHERE | 2 | QL(10.7 GM per 30 days) |
| <i>dicyclomine hcl soln</i> | 1 | |
| <i>dicyclomine hydrochloride caps, tabs</i> | 1 | |
| <i>glycopyrrolate soln</i> | 2 | |
| <i>glycopyrrolate tabs 1mg, 2mg</i> | 1 | |
| INCRUSE ELLIPTA | 2 | QL(30 EA per 30 days) |
| <i>ipratropium bromide inhalation soln</i> | 1 | PA BvD |
| <i>ipratropium bromide nasal soln 0.03%</i> | 1 | QL(180 ML per 90 days) |
| <i>ipratropium bromide nasal soln 0.06%</i> | 1 | QL(90 ML per 90 days) |
| LONHALA MAGNAIR REFILL KIT | 3 | NEDS |
| LONHALA MAGNAIR STARTER KIT | 3 | NEDS |
| SPIRIVA RESPIMAT | 2 | QL(12 GM per 90 days) |
| STIOLTO RESPIMAT | 2 | QL(12 GM per 90 days) |
| YUPELRI | 3 | PA BvD; NEDS |
| Autonomic Drugs, Miscellaneous | | |
| NICOTROL INHALER | 2 | |
| NICOTROL NS | 3 | |
| <i>varenicline starting month box</i> | 2 | QL(53 EA per 28 days) |
| <i>varenicline tartrate</i> | 2 | QL(60 EA per 30 days) |
| Parasympathomimetic (Cholinergic) Agents | | |
| <i>bethanechol chloride tabs</i> | 2 | |
| <i>cevimeline hydrochloride</i> | 2 | |
| <i>donepezil hcl tbdp</i> | 1 | |
| <i>donepezil hcl tabs 10mg</i> | 1 | |
| <i>donepezil hcl tabs 23mg</i> | 2 | |
| <i>donepezil hydrochloride tabs 5mg</i> | 1 | |
| <i>galantamine hydrobromide er</i> | 1 | |
| <i>galantamine hydrobromide tabs</i> | 1 | |
| <i>galantamine hydrobromide soln</i> | 2 | |
| <i>pilocarpine hydrochloride</i> | 1 | |
| <i>pyridostigmine bromide er</i> | 3 | |
| <i>pyridostigmine bromide tabs</i> | 1 | |
| <i>pyridostigmine bromide soln</i> | 2 | |
| <i>rivastigmine tartrate</i> | 1 | |
| <i>rivastigmine transdermal system</i> | 2 | |
| Skeletal Muscle Relaxants | | |
| <i>baclofen tabs</i> | 1 | |
| <i>cyclobenzaprine hydrochloride tabs</i> | 2 | |
| <i>dantrolene sodium caps</i> | 1 | |
| <i>tizanidine hcl caps 4mg</i> | 2 | |
| <i>tizanidine hcl tabs 2mg</i> | 1 | |
| <i>tizanidine hydrochloride caps 2mg, 6mg</i> | 2 | |
| <i>tizanidine hydrochloride tabs 4mg</i> | 1 | |
| Sympatholytic (Adrenergic Blocking) Agents | | |
| <i>alfuzosin hcl er</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| <i>dihydroergotamine mesylate soln</i> | 3 | QL(8 ML per 30 days); NEDS |
| <i>ergoloid mesylates tabs</i> | 1 | |
| <i>phenoxybenzamine hydrochloride</i> | 2 | |
| <i>silodosin</i> | 2 | |
| <i>tamsulosin hydrochloride</i> | 1 | |
| Sympathomimetic (Adrenergic) Agents | | |
| <i>albuterol sulfate hfa aers 108mcg/act</i> | 1 | QL(108 GM per 90 days) |
| <i>albuterol sulfate hfa aers 108mcg/act</i> | 1 | QL(40.2 GM per 90 days) |
| <i>albuterol sulfate hfa aers 108mcg/act</i> | 1 | QL(51 GM per 90 days) |
| <i>albuterol sulfate syrp</i> | 1 | |
| <i>albuterol sulfate nebu</i> | 1 | PA BvD |
| <i>albuterol sulfate tabs</i> | 2 | |
| <i>arformoterol tartrate</i> | 2 | PA BvD |
| COMBIVENT RESPIMAT | 2 | QL(24 GM per 90 days) |
| <i>droxidopa</i> | 3 | PA; NEDS |
| <i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i> | 1 | QL(2 EA per 1 days) |
| <i>fluticasone propionate/salmeterol diskus</i> | 2 | QL(180 EA per 90 days) |
| <i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i> | 1 | QL(3 EA per 90 days) |
| <i>formoterol fumarate nebu</i> | 2 | PA BvD |
| <i>ipratropium bromide/albuterol sulfate</i> | 1 | PA BvD |
| <i>levalbuterol hcl nebu</i> | 1 | PA BvD |
| <i>levalbuterol hydrochloride nebu 0.63mg/3ml</i> | 1 | PA BvD |
| <i>levalbuterol tartrate hfa</i> | 2 | QL(90 GM per 90 days) |
| <i>levalbuterol nebu</i> | 1 | PA BvD |
| <i>midodrine hcl</i> | 1 | |
| PROAIR RESPICLICK | 2 | QL(6 EA per 90 days) |
| SEREVENT DISKUS | 2 | QL(180 EA per 90 days) |
| STRIVERDI RESPIMAT | 2 | QL(12 GM per 90 days) |
| <i>terbutaline sulfate tabs</i> | 1 | |
| <i>wixela inhub</i> | 2 | QL(180 EA per 90 days) |
| Blood Formation,Coagulation & Thrombosis | | |
| Antihemorrhagic Agents | | |
| <i>aminocaproic acid</i> | 1 | |
| <i>tranexamic acid</i> | 1 | |
| Antithrombotic Agents | | |
| <i>anagrelide hydrochloride</i> | 1 | |
| <i>aspirin/dipyridamole er</i> | 2 | |
| BRILINTA | 2 | |
| CABLIVI | 3 | NEDS |
| <i>cilostazol</i> | 1 | |
| <i>clopidogrel</i> | 1 | |
| <i>dabigatran etexilate</i> | 2 | |
| ELIQUIS | 2 | |
| ELIQUIS STARTER PACK | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>enoxaparin sodium</i> | 2 | |
| <i>fondaparinux sodium inj 2.5mg/0.5ml</i> | 3 | |
| <i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i> | 3 | NEDS |
| FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML | 2 | |
| FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML | 3 | NEDS |
| <i>heparin sodium</i> | 1 | |
| HEPARIN SODIUM/D5W | 1 | |
| <i>jantoven</i> | 1 | |
| <i>prasugrel</i> | 2 | |
| <i>warfarin sodium</i> | 1 | |
| XARELTO | 2 | |
| XARELTO STARTER PACK | 2 | |
| <i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i> | | |
| OXBRYTA | 3 | NEDS |
| PYRUKYND | 3 | PA; NEDS; SP-Optum Specialty |
| PYRUKYND TAPER PACK | 3 | PA; NEDS; SP-Optum Specialty |
| TAVALISSE | 3 | QL(60 EA per 30 days); NEDS |
| <i>Hematopoietic Agents</i> | | |
| DOPTELET | 3 | PA; NEDS; SP-Optum Specialty |
| MOZOBIL | 3 | NEDS |
| NEULASTA | 3 | NEDS; SP-Optum Specialty |
| NEULASTA ONPRO KIT | 3 | NEDS |
| <i>plerixafor</i> | 3 | NEDS |
| PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 2 | SP-Optum Specialty |
| PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML | 3 | NEDS; SP-Optum Specialty |
| PROMACTA | 3 | PA; NEDS; SP-Optum Specialty |
| RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 2 | SP-Optum Specialty |
| RETACRIT INJ 40000UNIT/ML | 3 | NEDS; SP-Optum Specialty |
| UDENYCA INJ 6MG/0.6ML | 3 | NEDS |
| UDENYCA INJ 6MG/0.6ML | 3 | NEDS; SP-Optum Specialty |
| ZARXIO | 3 | NEDS; SP-Optum Specialty |
| ZIEXTENZO | 3 | NEDS; SP-Optum Specialty |
| <i>Hemorrhologic Agents</i> | | |
| <i>pentoxifylline er</i> | 1 | |
| Cardiovascular Drugs | | |
| <i>alpha-Adrenergic Blocking Agents</i> | | |
| CARDURA XL | 3 | |
| <i>doxazosin mesylate tabs</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>prazosin hydrochloride caps</i> | 1 | |
| <i>terazosin hcl caps 10mg, 1mg, 5mg</i> | 1 | |
| <i>terazosin hydrochloride caps 2mg</i> | 1 | |
| Antilipemic Agents | | |
| <i>atorvastatin calcium tabs</i> | 1 | |
| <i>cholestyramine light</i> | 2 | |
| <i>cholestyramine pack, powd</i> | 2 | |
| <i>colesevelam hydrochloride tabs</i> | 2 | |
| <i>colesevelam hydrochloride pack</i> | 3 | |
| <i>colestipol hcl gran, pack</i> | 1 | |
| <i>colestipol hcl tabs</i> | 2 | |
| <i>ezetimibe</i> | 1 | |
| <i>ezetimibe/simvastatin</i> | 1 | |
| <i>fenofibrate micronized caps 134mg, 200mg, 67mg</i> | 1 | |
| <i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i> | 1 | |
| <i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i> | 1 | |
| <i>fenofibrate tabs 120mg, 40mg</i> | 2 | |
| <i>fenofibric acid dr</i> | 2 | |
| FLOLIPID | 2 | |
| <i>fluvastatin</i> | 1 | |
| <i>fluvastatin sodium er</i> | 1 | |
| <i>gemfibrozil tabs</i> | 1 | |
| <i>icosapent ethyl</i> | 3 | |
| JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG | 3 | PA; NEDS |
| LIVALO | 2 | |
| <i>lovastatin tabs</i> | 1 | |
| NEXLETOL | 2 | PA |
| NEXLIZET | 2 | PA |
| <i>niacin er</i> | 2 | |
| <i>omega-3-acid ethyl esters</i> | 1 | |
| <i>pitavastatin calcium</i> | 1 | |
| PRALUENT | 2 | PA |
| <i>pravastatin sodium</i> | 1 | |
| <i>prevalite</i> | 2 | |
| REPATHA | 2 | PA |
| REPATHA PUSHTRONEX SYSTEM | 2 | PA |
| REPATHA SURECLICK | 2 | PA |
| <i>rosuvastatin calcium</i> | 1 | |
| <i>simvastatin tabs</i> | 1 | |
| VASCEPA | 3 | |
| beta-Adrenergic Blocking Agents | | |
| <i>acebutolol hydrochloride</i> | 1 | |
| <i>atenolol/chlorthalidone</i> | 1 | |
| <i>atenolol tabs</i> | 1 | |
| <i>betaxolol hcl tabs 10mg, 20mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | 1 | |
| <i>bisoprolol fumarate tabs</i> | 1 | |
| <i>carvedilol</i> | 1 | |
| <i>carvedilol phosphate er</i> | 3 | |
| <i>labetalol hydrochloride tabs</i> | 1 | |
| <i>metoprolol succinate er</i> | 1 | |
| <i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i> | 1 | |
| <i>metoprolol tartrate tabs 37.5mg, 75mg</i> | 2 | |
| <i>metoprolol/hydrochlorothiazide</i> | 1 | |
| <i>nadolol tabs 20mg, 40mg, 80mg</i> | 1 | |
| <i>nebivolol hydrochloride</i> | 2 | |
| <i>pindolol</i> | 2 | |
| <i>propranolol hcl er cp24 120mg, 160mg</i> | 2 | |
| <i>propranolol hcl soln</i> | 1 | |
| <i>propranolol hcl tabs 40mg</i> | 1 | |
| <i>propranolol hydrochloride er cp24 60mg, 80mg</i> | 2 | |
| <i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i> | 1 | |
| <i>sorine</i> | 1 | |
| <i>sotalol hcl</i> | 1 | |
| <i>sotalol hydrochloride (af)</i> | 1 | |
| <i>timolol maleate tabs 10mg, 20mg, 5mg</i> | 1 | |
| Calcium-Channel Blocking Agents | | |
| <i>amlodipine besylate/atorvastatin calcium</i> | 1 | |
| <i>amlodipine besylate/benazepril hydrochloride</i> | 1 | |
| <i>amlodipine besylate/valsartan</i> | 1 | |
| <i>amlodipine besylate tabs</i> | 1 | |
| <i>amlodipine/olmesartan medoxomil</i> | 1 | |
| <i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i> | 1 | |
| <i>cartia xt</i> | 1 | |
| <i>dilt-xr</i> | 1 | |
| <i>diltiazem hcl cd</i> | 1 | |
| <i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i> | 1 | |
| <i>diltiazem hcl er cp12, tb24</i> | 1 | |
| <i>diltiazem hcl tabs 30mg, 60mg, 90mg</i> | 1 | |
| <i>diltiazem hydrochloride er cp24</i> | 1 | |
| <i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 1 | |
| <i>diltiazem hydrochloride tabs 120mg</i> | 1 | |
| <i>felodipine er</i> | 1 | |
| <i>isradipine</i> | 3 | |
| <i>matzim la</i> | 1 | |
| <i>nicardipine hcl caps</i> | 3 | |
| <i>nifedipine er</i> | 1 | |

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|--|-----------|---------------------------------|
| <i>nifedipine caps</i> | 1 | |
| <i>nimodipine caps</i> | 3 | |
| <i>nisoldipine er</i> | 3 | |
| NYMALIZE SOLN 6MG/ML | 3 | NEDS |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i> | 1 | |
| <i>taztia xt</i> | 1 | |
| <i>telmisartan/amlodipine</i> | 1 | |
| <i>tiadylt er</i> | 1 | |
| <i>trandolapril/verapamil hcl er</i> | 1 | |
| <i>verapamil hcl er cp24 100mg, 300mg</i> | 2 | |
| <i>verapamil hcl er tbc 120mg, 240mg</i> | 1 | |
| <i>verapamil hcl sr cp24</i> | 2 | |
| <i>verapamil hcl tabs 40mg, 80mg</i> | 1 | |
| <i>verapamil hydrochloride er cp24 200mg</i> | 2 | |
| <i>verapamil hydrochloride er tbc 180mg</i> | 1 | |
| <i>verapamil hydrochloride tabs 120mg</i> | 1 | |
| Cardiac Drugs | | |
| <i>amiodarone hydrochloride tabs 200mg</i> | 1 | |
| <i>amiodarone hydrochloride tabs 100mg, 400mg</i> | 2 | |
| CAMZYOS | 3 | QL(30 EA per 30 days); PA; NEDS |
| CORLANOR | 3 | |
| <i>digitek tabs 0.125mg, 0.25mg</i> | 1 | |
| <i>digox</i> | 1 | |
| <i>digoxin oral soln</i> | 1 | |
| <i>digoxin inj 0.25mg/ml</i> | 1 | |
| <i>digoxin tabs 125mcg, 250mcg</i> | 1 | |
| <i>digoxin tabs 62.5mcg</i> | 3 | |
| <i>disopyramide phosphate</i> | 3 | |
| <i>dofetilide</i> | 3 | |
| <i>flecainide acetate</i> | 1 | |
| <i>mexiletine hcl</i> | 1 | |
| MULTAQ | 2 | |
| NORPACE CR | 3 | |
| <i>propafenone hcl</i> | 1 | |
| <i>propafenone hydrochloride er</i> | 3 | |
| <i>quinidine gluconate cr</i> | 2 | |
| <i>quinidine sulfate tabs</i> | 1 | |
| <i>ranolazine er</i> | 2 | |
| Hypotensive Agents | | |
| <i>clonidine hcl ptwk</i> | 2 | |
| <i>clonidine hydrochloride er tb12</i> | 2 | |
| <i>clonidine hydrochloride tabs</i> | 1 | |
| <i>hydralazine hcl tabs 10mg</i> | 1 | |
| <i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i> | 1 | |
| <i>minoxidil tabs</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| Renin-Angiotensin-Aldosterone Sys Inhib | | |
| <i>aliskiren</i> | 1 | |
| <i>benazepril hcl tabs 10mg, 40mg, 5mg</i> | 1 | |
| <i>benazepril hydrochloride/hydrochlorothiazide</i> | 1 | |
| <i>benazepril hydrochloride tabs 20mg</i> | 1 | |
| <i>candesartan cilexetil</i> | 1 | |
| <i>candesartan cilexetil/hydrochlorothiazide</i> | 1 | |
| <i>captopril tabs</i> | 1 | |
| <i>enalapril maleate/hydrochlorothiazide</i> | 1 | |
| <i>enalapril maleate tabs</i> | 1 | |
| ENTRESTO | 2 | |
| <i>eplerenone</i> | 1 | |
| <i>fosinopril sodium</i> | 1 | |
| <i>fosinopril sodium/hydrochlorothiazide</i> | 1 | |
| <i>irbesartan</i> | 1 | |
| <i>irbesartan/hydrochlorothiazide</i> | 1 | |
| KERENDIA | 3 | PA |
| <i>lisinopril/hydrochlorothiazide</i> | 1 | |
| <i>lisinopril tabs</i> | 1 | |
| <i>losartan potassium/hydrochlorothiazide</i> | 1 | |
| <i>losartan potassium tabs</i> | 1 | |
| <i>moexipril hcl</i> | 1 | |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | 1 | |
| <i>olmesartan medoxomil tabs</i> | 1 | |
| <i>perindopril erbumine</i> | 1 | |
| <i>quinapril hydrochloride</i> | 1 | |
| <i>quinapril/hydrochlorothiazide</i> | 1 | |
| <i>ramipril</i> | 1 | |
| <i>spironolactone/hydrochlorothiazide</i> | 1 | |
| <i>spironolactone tabs</i> | 1 | |
| TEKTURNA HCT | 2 | |
| <i>telmisartan</i> | 1 | |
| <i>telmisartan/hydrochlorothiazide</i> | 1 | |
| <i>trandolapril</i> | 1 | |
| <i>valsartan/hydrochlorothiazide</i> | 1 | |
| <i>valsartan tabs</i> | 1 | |
| Vasodilating Agents | | |
| <i>alyq</i> | 3 | PA; NEDS; SP-Optum Specialty |
| CAVERJECT IMPULSE | 3 | EC |
| CAVERJECT INJ 20MCG, 40MCG | 3 | EC |
| <i>dipyridamole tabs</i> | 2 | |
| EDEX INJ 10MCG, 20MCG, 40MCG | 3 | EC |
| <i>isosorbide dinitrate/hydralazine hydrochloride</i> | 2 | |
| <i>isosorbide dinitrate tabs</i> | 1 | |
| <i>isosorbide mononitrate</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>isosorbide mononitrate er</i> | 1 | |
| MUSE | 3 | EC |
| NITRO-BID | 3 | |
| <i>nitroglycerin transdermal</i> | 1 | |
| <i>nitroglycerin soln</i> | 2 | |
| <i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i> | 1 | |
| <i>sildenafil citrate tabs 20mg</i> | 2 | PA; SP-Optum Specialty |
| <i>sildenafil citrate tabs 100mg, 25mg, 50mg</i> | 2 | QL(4 EA per 30 days); EC |
| <i>tadalafil tabs 2.5mg, 5mg</i> | 2 | QL(30 EA per 30 days); PA |
| <i>tadalafil tabs 10mg, 20mg</i> | 2 | QL(4 EA per 30 days); EC |
| <i>tadalafil tabs 20mg</i> | 3 | PA; NEDS; SP-Optum Specialty |
| <i>vardenafil hydrochloride odt</i> | 2 | QL(4 EA per 30 days); EC |
| <i>vardenafil hydrochloride tabs</i> | 2 | QL(4 EA per 30 days); EC |
| VERQUVO | 3 | |
| Central Nervous System Agents | | |
| <i>Analgesics and Antipyretics</i> | | |
| <i>acetaminophen/codeine tabs</i> | 1 | QL(240 EA per 30 days) |
| <i>acetaminophen/codeine soln</i> | 1 | QL(3600 ML per 30 days) |
| BELBUCA | 3 | QL(60 EA per 30 days) |
| <i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i> | 1 | QL(360 EA per 30 days) |
| <i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i> | 1 | QL(90 EA per 30 days) |
| <i>buprenorphine hcl subl 2mg</i> | 1 | QL(360 EA per 30 days) |
| <i>buprenorphine hcl subl 8mg</i> | 1 | QL(90 EA per 30 days) |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i> | 1 | QL(180 EA per 30 days) |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i> | 1 | QL(360 EA per 30 days) |
| <i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i> | 1 | QL(90 EA per 30 days) |
| <i>buprenorphine ptwk</i> | 2 | QL(4 EA per 28 days) |
| <i>butorphanol tartrate soln</i> | 2 | QL(7.5 ML per 30 days) |
| <i>celecoxib caps 100mg, 200mg, 50mg</i> | 1 | |
| <i>celecoxib caps 400mg</i> | 2 | |
| <i>codeine sulfate tabs</i> | 2 | QL(180 EA per 30 days) |
| <i>diclofenac epolamine</i> | 2 | QL(60 EA per 30 days); PA |
| <i>diclofenac potassium tabs 50mg</i> | 2 | |
| <i>diclofenac sodium dr</i> | 1 | |
| <i>diclofenac sodium er</i> | 1 | |
| <i>diclofenac sodium/misoprostol</i> | 3 | |
| <i>diflunisal tabs 500mg</i> | 2 | |
| <i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i> | 2 | QL(240 EA per 30 days) |
| <i>etodolac er</i> | 2 | |
| <i>etodolac tabs</i> | 1 | |
| <i>etodolac caps</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>fentanyl citrate oral transmucosal lpop 200mcg</i> | 3 | QL(120 EA per 30 days); PA |
| <i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> | 3 | QL(120 EA per 30 days); PA; NEDS |
| <i>fentanyl citrate tabs</i> | 3 | QL(120 EA per 30 days); PA; NEDS |
| <i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i> | 1 | QL(10 EA per 30 days) |
| <i>flurbiprofen tabs 100mg</i> | 1 | |
| <i>hydrocodone bitartrate er t24a</i> | 2 | QL(60 EA per 30 days) |
| <i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i> | 1 | QL(3600 ML per 30 days) |
| <i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i> | 1 | QL(240 EA per 30 days) |
| <i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i> | 1 | QL(240 EA per 30 days) |
| <i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i> | 1 | QL(240 EA per 30 days) |
| <i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i> | 2 | QL(30 EA per 30 days) |
| <i>hydromorphone hcl liqd</i> | 1 | QL(1350 ML per 30 days) |
| <i>hydromorphone hcl tabs 8mg</i> | 1 | QL(120 EA per 30 days) |
| <i>hydromorphone hcl tabs 2mg, 4mg</i> | 1 | QL(240 EA per 30 days) |
| <i>hydromorphone hydrochloride er tb24 32mg</i> | 2 | QL(30 EA per 30 days) |
| <i>ibu</i> | 1 | |
| <i>ibuprofen susp</i> | 1 | |
| <i>ibuprofen tabs 400mg, 600mg, 800mg</i> | 1 | |
| <i>indomethacin er</i> | 2 | |
| <i>indomethacin caps 25mg, 50mg</i> | 1 | |
| <i>ketoprofen er cp24 200mg</i> | 3 | |
| <i>ketoprofen caps 25mg, 50mg</i> | 1 | |
| LAZANDA SOLN 400MCG/ACT | 3 | QL(15 EA per 30 days); PA; NEDS |
| LAZANDA SOLN 100MCG/ACT | 3 | QL(30 EA per 30 days); PA; NEDS |
| <i>levorphanol tartrate tabs</i> | 3 | QL(240 EA per 30 days); NEDS |
| <i>meclofenamate sodium caps</i> | 3 | |
| <i>mefenamic acid caps</i> | 3 | |
| <i>meloxicam tabs</i> | 1 | |
| <i>meloxicam caps</i> | 2 | |
| <i>methadone hcl tabs</i> | 1 | QL(120 EA per 30 days) |
| <i>methadone hcl soln 5mg/5ml</i> | 1 | QL(1200 ML per 30 days) |
| <i>methadone hcl soln 10mg/5ml</i> | 1 | QL(600 ML per 30 days) |
| <i>morphine sulfate er cp24</i> | 3 | QL(60 EA per 30 days) |
| <i>morphine sulfate er tbc1 15mg</i> | 1 | QL(60 EA per 30 days) |
| <i>morphine sulfate er tbc1 100mg, 200mg, 30mg, 60mg</i> | 2 | QL(60 EA per 30 days) |
| <i>morphine sulfate tabs</i> | 1 | QL(180 EA per 30 days) |
| <i>morphine sulfate soln 20mg/ml</i> | 1 | QL(180 ML per 30 days) |
| <i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i> | 1 | QL(900 ML per 30 days) |
| <i>nabumetone tabs</i> | 1 | |
| <i>naproxen sodium cr</i> | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------------|
| <i>naproxen sodium er tb24 375mg</i> | 3 | |
| <i>naproxen sodium er tb24 500mg</i> | 3 | NEDS |
| <i>naproxen sodium tabs 275mg, 550mg</i> | 1 | |
| <i>naproxen sodium tb24 750mg</i> | 3 | |
| <i>naproxen tbec</i> | 1 | |
| <i>naproxen susp</i> | 2 | |
| <i>naproxen tabs 250mg, 375mg, 500mg</i> | 1 | |
| <i>oxaprozin tabs</i> | 3 | |
| <i>oxycodone hcl er t12a</i> | 2 | QL(60 EA per 30 days) |
| <i>oxycodone hydrochloride er t12a 10mg, 20mg</i> | 2 | QL(60 EA per 30 days) |
| <i>oxycodone hydrochloride conc</i> | 1 | QL(120 ML per 30 days) |
| <i>oxycodone hydrochloride caps</i> | 1 | QL(240 EA per 30 days) |
| <i>oxycodone hydrochloride soln</i> | 1 | QL(2400 ML per 30 days) |
| <i>oxycodone hydrochloride tabs 20mg, 30mg</i> | 1 | QL(120 EA per 30 days) |
| <i>oxycodone hydrochloride tabs 10mg, 15mg</i> | 1 | QL(180 EA per 30 days) |
| <i>oxycodone hydrochloride tabs 5mg</i> | 1 | QL(240 EA per 30 days) |
| <i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i> | 1 | QL(240 EA per 30 days) |
| OXYCONTIN T12A | 2 | QL(60 EA per 30 days) |
| <i>oxymorphone hydrochloride</i> | 1 | QL(180 EA per 30 days) |
| <i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i> | 1 | QL(60 EA per 30 days) |
| <i>oxymorphone hydrochlorideer</i> | 1 | QL(60 EA per 30 days) |
| <i>piroxicam caps</i> | 2 | |
| <i>pregabalin er</i> | 2 | |
| <i>salsalate tabs</i> | 1 | |
| SUBSYS | 3 | QL(120 EA per 30 days); PA; NEDS |
| <i>sulindac tabs</i> | 1 | |
| <i>tramadol hcl er cp24 100mg, 200mg, 300mg</i> | 1 | QL(30 EA per 30 days) |
| <i>tramadol hcl er tb24</i> | 2 | QL(30 EA per 30 days) |
| <i>tramadol hydrochloride er</i> | 2 | QL(30 EA per 30 days) |
| <i>tramadol hydrochloride/acetaminophen</i> | 1 | QL(240 EA per 30 days) |
| <i>tramadol hydrochloride tabs 100mg</i> | 1 | QL(120 EA per 30 days) |
| <i>tramadol hydrochloride tabs 50mg</i> | 1 | QL(240 EA per 30 days) |
| Anorexigenic Agents and Respiratory and CNS Stimulants | | |
| ADIPEX-P | 3 | EC; PA |
| <i>amphetamine/dextroamphetamine</i> | 2 | |
| <i>armodafinil</i> | 2 | PA |
| CONTRAVE | 3 | PA |
| <i>dexmethylphenidate hcl er cp24 20mg, 35mg</i> | 2 | |
| <i>dexmethylphenidate hcl tabs 10mg, 5mg</i> | 1 | |
| <i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i> | 2 | |
| <i>dexmethylphenidate hydrochloride cp24</i> | 2 | |
| <i>dexmethylphenidate hydrochloride tabs 2.5mg</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------|
| <i>dextroamphetamine sulfate er</i> | 2 | |
| <i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i> | 2 | |
| <i>diethylpropion hcl</i> | 2 | EC |
| <i>diethylpropion hcl er</i> | 2 | EC |
| <i>lisdexamfetamine dimesylate</i> | 2 | PA |
| <i>methamphetamine hcl</i> | 1 | PA |
| <i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i> | 2 | |
| <i>methylphenidate hydrochloride er (la)</i> | 2 | |
| <i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i> | 2 | |
| <i>methylphenidate hydrochloride er cpcr 40mg</i> | 2 | |
| <i>methylphenidate hydrochloride er tb24, tbcr</i> | 2 | |
| <i>methylphenidate hydrochloride soln, tabs</i> | 1 | |
| <i>methylphenidate hydrochloride chew</i> | 2 | |
| <i>modafinil tabs</i> | 1 | PA |
| <i>phendimetrazine tartrate</i> | 2 | EC |
| <i>phendimetrazine tartrate er</i> | 2 | EC |
| <i>phentermine hcl tabs 37.5mg</i> | 2 | EC; PA |
| <i>phentermine hydrochloride caps</i> | 2 | EC; PA |
| QSYMIA | 3 | EC; PA |
| SUNOSI | 3 | PA |
| VYVANSE | 3 | PA |
| Anticonvulsants | | |
| APTIOM | 3 | |
| BRIVIACT SOLN, TABS | 3 | NEDS |
| <i>carbamazepine er</i> | 2 | |
| <i>carbamazepine chew, tabs</i> | 1 | |
| <i>carbamazepine susp</i> | 3 | |
| CELONTIN CAPS 300MG | 3 | |
| <i>clobazam susp</i> | 2 | |
| <i>clobazam tabs</i> | 2 | QL(60 EA per 30 days) |
| <i>clonazepam odt</i> | 2 | |
| <i>clonazepam tabs</i> | 1 | |
| DIACOMIT | 3 | PA NSO; NEDS |
| DILANTIN INFATABS | 2 | |
| DILANTIN-125 | 2 | |
| DILANTIN CAPS | 2 | |
| <i>divalproex sodium dr</i> | 1 | |
| <i>divalproex sodium er</i> | 2 | |
| <i>divalproex sodium csdr</i> | 1 | |
| EPIDIOLEX | 3 | PA NSO |
| <i>epitol</i> | 1 | |
| EPRONTIA | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| EQUETRO | 3 | |
| <i>ethosuximide soln</i> | 1 | |
| <i>ethosuximide caps</i> | 2 | |
| <i>felbamate susp</i> | 1 | |
| <i>felbamate tabs</i> | 2 | |
| FINTEPLA | 3 | PA NSO; NEDS |
| FYCOMPA | 3 | |
| <i>gabapentin caps, soln</i> | 1 | |
| <i>gabapentin tabs 600mg, 800mg</i> | 1 | |
| HORIZANT | 3 | |
| <i>lacosamide inj, oral soln</i> | 3 | |
| <i>lacosamide tabs 50mg</i> | 2 | QL(60 EA per 30 days) |
| <i>lacosamide tabs 100mg, 150mg, 200mg</i> | 3 | QL(60 EA per 30 days) |
| <i>lamotrigine er</i> | 2 | |
| <i>lamotrigine odt</i> | 2 | |
| <i>lamotrigine starter kit/blue</i> | 1 | |
| <i>lamotrigine starter kit/green</i> | 1 | |
| <i>lamotrigine starter kit/orange</i> | 1 | |
| <i>lamotrigine titration</i> | 1 | |
| <i>lamotrigine tabs</i> | 1 | |
| <i>lamotrigine chew</i> | 2 | |
| <i>levetiracetam er</i> | 1 | |
| <i>levetiracetam oral soln, tabs</i> | 1 | |
| <i>levetiracetam inj 500mg/5ml</i> | 1 | |
| <i>magnesium sulfate inj 50%</i> | 1 | |
| <i>methsuximide</i> | 2 | |
| NAYZILAM | 3 | QL(10 EA per 30 days); PA NSO |
| <i>oxcarbazepine tabs</i> | 1 | |
| <i>oxcarbazepine susp</i> | 2 | |
| <i>phenytek</i> | 1 | |
| <i>phenytoin sodium extended</i> | 1 | |
| <i>phenytoin chew, susp</i> | 1 | |
| <i>pregabalin caps, soln</i> | 2 | |
| <i>primidone tabs</i> | 1 | |
| <i>roweepra tabs 500mg</i> | 1 | |
| <i>rufinamide</i> | 2 | |
| SPRITAM | 3 | |
| <i>subvenite</i> | 1 | |
| <i>subvenite starter kit/blue</i> | 1 | |
| <i>subvenite starter kit/green</i> | 1 | |
| <i>subvenite starter kit/orange</i> | 1 | |
| SYMPAZAN | 3 | |
| <i>tiagabine hydrochloride</i> | 3 | |
| <i>topiramate er cs24</i> | 1 | |
| <i>topiramate csp, tabs</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------|
| <i>valproic acid caps, soln</i> | 1 | |
| VALTOCO 10 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO |
| VALTOCO 15 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO |
| VALTOCO 20 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO |
| VALTOCO 5 MG DOSE | 3 | QL(10 EA per 30 days); PA NSO |
| <i>vigabatrin</i> | 3 | NEDS |
| <i>vigadrone</i> | 3 | NEDS |
| <i>vigpoder</i> | 3 | NEDS |
| XCOPRI TABS | 3 | NEDS |
| XCOPRI TBPk 0 | 3 | |
| XCOPRI TBPk 0 | 3 | NEDS |
| ZONISADE | 3 | |
| <i>zonisamide caps</i> | 1 | |
| ZTALMY | 3 | PA NSO; NEDS |
| Antimanic Agents | | |
| <i>lithium</i> | 1 | |
| <i>lithium carbonate er</i> | 1 | |
| <i>lithium carbonate caps, tabs</i> | 1 | |
| Antimigraine Agents | | |
| AIMOVIG | 2 | QL(1 ML per 30 days); PA |
| <i>almotriptan</i> | 3 | |
| <i>eletriptan hydrobromide</i> | 2 | |
| EMGALITY INJ 120MG/ML | 2 | QL(2 ML per 30 days); PA |
| EMGALITY INJ 100MG/ML | 2 | QL(3 ML per 30 days); PA |
| <i>frovatriptan succinate</i> | 3 | |
| <i>naratriptan hcl</i> | 3 | |
| NURTEC | 3 | PA |
| <i>rizatriptan benzoate</i> | 1 | |
| <i>rizatriptan benzoate odt</i> | 1 | |
| <i>sumatriptan succinate refill inj 6mg/0.5ml</i> | 2 | |
| <i>sumatriptan succinate tabs</i> | 1 | |
| <i>sumatriptan succinate inj 6mg/0.5ml</i> | 2 | |
| <i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i> | 3 | |
| <i>sumatriptan soln</i> | 2 | |
| UBRELVY | 3 | PA |
| <i>zolmitriptan odt</i> | 1 | |
| <i>zolmitriptan tabs</i> | 3 | |
| <i>zolmitriptan soln 5mg</i> | 2 | |
| Antiparkinsonian Agents | | |
| <i>amantadine hcl caps, soln, tabs</i> | 1 | |
| <i>benztropine mesylate tabs</i> | 1 | |
| <i>bromocriptine mesylate caps, tabs</i> | 2 | |
| <i>cabergoline</i> | 1 | |
| <i>carbidopa/levodopa</i> | 1 | |
| <i>carbidopa/levodopa er</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------|
| <i>carbidopa/levodopa odt</i> | 1 | |
| <i>carbidopa/levodopa/entacapone</i> | 2 | |
| <i>carbidopa tabs</i> | 1 | |
| EMSAM | 3 | ST NSO; NEDS |
| <i>entacapone</i> | 1 | |
| GOCOVRI | 3 | PA |
| INBRIJA | 3 | NEDS |
| KYNMOBI | 3 | NEDS |
| NEUPRO | 3 | QL(30 EA per 30 days) |
| ONGENTYS | 3 | |
| <i>pramipexole dihydrochloride</i> | 1 | |
| <i>pramipexole dihydrochloride er</i> | 3 | |
| <i>rasagiline mesylate tabs</i> | 3 | |
| <i>ropinirole er</i> | 1 | |
| <i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i> | 1 | |
| <i>ropinirole hydrochloride tabs 0.25mg, 3mg</i> | 1 | |
| RYTARY | 3 | |
| <i>selegiline hcl caps</i> | 1 | |
| <i>selegiline hcl tabs</i> | 2 | |
| <i>trihexyphenidyl hcl soln</i> | 1 | |
| <i>trihexyphenidyl hydrochloride</i> | 1 | |
| Anxiolytics, Sedatives, and Hypnotics | | |
| <i>alprazolam er</i> | 1 | |
| <i>alprazolam odt</i> | 2 | |
| <i>alprazolam tabs</i> | 1 | |
| BELSOMRA | 2 | |
| <i>bupirone hcl tabs 15mg</i> | 1 | |
| <i>bupirone hydrochloride tabs 10mg, 5mg</i> | 1 | |
| <i>bupirone hydrochloride tabs 30mg, 7.5mg</i> | 2 | |
| <i>clorazepate dipotassium tabs</i> | 3 | |
| DAYVIGO | 3 | |
| <i>diazepam intensol</i> | 1 | |
| <i>diazepam rectal gel</i> | 1 | |
| <i>diazepam soln, tabs</i> | 1 | |
| <i>estazolam</i> | 1 | |
| <i>eszopiclone</i> | 2 | |
| <i>flurazepam hcl</i> | 1 | |
| HETLIOZ LQ | 3 | PA; NEDS |
| <i>hydroxyzine hcl inj 25mg/ml</i> | 1 | |
| <i>hydroxyzine hcl tabs 50mg</i> | 1 | |
| <i>hydroxyzine hydrochloride syrp</i> | 1 | |
| <i>hydroxyzine hydrochloride tabs 10mg, 25mg</i> | 1 | |
| <i>hydroxyzine pamoate caps</i> | 1 | |
| <i>lorazepam intensol</i> | 1 | |
| <i>lorazepam tabs</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>oxazepam</i> | 2 | |
| <i>phenobarbital elix 20mg/5ml</i> | 1 | |
| <i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i> | 1 | |
| <i>ramelteon</i> | 2 | QL(30 EA per 30 days) |
| <i>tasimelteon</i> | 3 | PA; NEDS |
| <i>temazepam</i> | 1 | |
| <i>triazolam</i> | 1 | |
| <i>zaleplon</i> | 1 | |
| <i>zolpidem tartrate er</i> | 3 | |
| <i>zolpidem tartrate tabs</i> | 1 | |
| <i>zolpidem tartrate subl</i> | 2 | |
| Central Nervous System Agents, Misc | | |
| <i>acamprosate calcium dr</i> | 1 | |
| ADDYI | 3 | EC |
| <i>atomoxetine hydrochloride caps 10mg, 25mg</i> | 3 | QL(60 EA per 30 days) |
| <i>atomoxetine caps 100mg, 80mg</i> | 3 | QL(30 EA per 30 days) |
| <i>atomoxetine caps 18mg, 40mg, 60mg</i> | 3 | QL(60 EA per 30 days) |
| EXSERVAN | 3 | NEDS |
| <i>guanfacine er tb24 2mg</i> | 2 | QL(90 EA per 90 days) |
| <i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i> | 2 | QL(90 EA per 90 days) |
| <i>memantine hcl titration pak</i> | 1 | |
| <i>memantine hydrochloride er</i> | 2 | |
| <i>memantine hydrochloride tabs</i> | 1 | |
| <i>memantine hydrochloride soln</i> | 2 | |
| NAMZARIC | 2 | |
| NOURIANZ | 3 | QL(30 EA per 30 days); NEDS |
| NUEDEXTA | 2 | PA |
| RADICAVA ORS | 3 | PA; NEDS; SP-Optum Specialty |
| RADICAVA ORS STARTER KIT | 3 | PA; NEDS; SP-Optum Specialty |
| RELYVRIO | 3 | QL(60 EA per 30 days); PA; NEDS |
| <i>riluzole</i> | 2 | |
| SODIUM OXYBATE | 3 | PA; NEDS |
| Fibromyalgia Agents | | |
| SAVELLA | 2 | |
| SAVELLA TITRATION PACK | 2 | |
| Opiate Antagonists | | |
| <i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i> | 1 | |
| <i>naloxone hydrochloride liqd</i> | 2 | QL(4 EA per 30 days) |
| <i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i> | 1 | |
| <i>naltrexone hcl tabs</i> | 1 | |
| OPVEE | 2 | QL(4 EA per 30 days) |
| VIVITROL | 3 | NEDS |
| Psychotherapeutic Agents | | |
| ABILIFY ASIMTUFII | 3 | NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------------|
| ABILIFY MAINTENA | 3 | NEDS |
| ABILIFY MYCITE | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| ABILIFY MYCITE MAINTENANCE KIT | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| ABILIFY MYCITE STARTER KIT | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| <i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i> | 1 | |
| <i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i> | 1 | |
| <i>amoxapine</i> | 1 | |
| ALENZIN TB24 174MG, 348MG | 3 | ST NSO |
| ALENZIN TB24 522MG | 3 | ST NSO; NEDS |
| <i>aripiprazole</i> | 2 | |
| <i>aripiprazole odt</i> | 2 | |
| ARISTADA | 3 | NEDS |
| ARISTADA INITIO | 3 | NEDS |
| <i>asenapine maleate sl</i> | 2 | ST NSO |
| AUVELITY | 3 | |
| <i>bupropion hcl tabs 100mg</i> | 1 | |
| <i>bupropion hydrochloride er (sr)</i> | 1 | |
| <i>bupropion hydrochloride er (xl)</i> | 1 | |
| <i>bupropion hydrochloride tabs 75mg</i> | 1 | |
| CAPLYTA | 3 | QL(30 EA per 30 days); PA NSO; NEDS |
| <i>chlordiazepoxide/amitriptyline</i> | 1 | |
| <i>chlorpromazine hcl tabs</i> | 3 | |
| <i>chlorpromazine hydrochloride conc, tabs</i> | 3 | |
| <i>citalopram hydrobromide tabs</i> | 1 | |
| <i>citalopram hydrobromide caps, soln</i> | 2 | |
| <i>clomipramine hydrochloride</i> | 2 | |
| <i>clozapine odt</i> | 1 | |
| <i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i> | 1 | |
| <i>desipramine hydrochloride</i> | 1 | |
| <i>desvenlafaxine er</i> | 1 | |
| <i>doxepin hcl caps 75mg</i> | 2 | |
| <i>doxepin hcl conc</i> | 1 | |
| <i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i> | 2 | |
| <i>doxepin hydrochloride tabs 3mg, 6mg</i> | 3 | QL(30 EA per 30 days) |
| DRIZALMA SPRINKLE CSDR 20MG, 60MG | 3 | QL(60 EA per 30 days) |
| DRIZALMA SPRINKLE CSDR 30MG, 40MG | 3 | QL(90 EA per 30 days) |
| <i>duloxetine hcl cpep 40mg</i> | 3 | QL(90 EA per 30 days) |
| <i>duloxetine hydrochloride cpep 20mg, 60mg</i> | 1 | QL(60 EA per 30 days) |
| <i>duloxetine hydrochloride cpep 30mg</i> | 1 | QL(90 EA per 30 days) |
| <i>escitalopram oxalate tabs</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| <i>escitalopram oxalate soln</i> | 3 | |
| FANAPT | 3 | ST NSO |
| FANAPT TITRATION PACK | 3 | ST NSO |
| FETZIMA | 3 | ST NSO |
| FETZIMA TITRATION PACK | 3 | ST NSO |
| <i>fluoxetine dr</i> | 1 | |
| <i>fluoxetine hydrochloride caps</i> | 1 | |
| <i>fluoxetine hydrochloride soln</i> | 2 | |
| <i>fluoxetine hydrochloride tabs</i> | 3 | |
| <i>fluphenazine decanoate inj</i> | 2 | |
| <i>fluphenazine hcl conc, inj</i> | 1 | |
| <i>fluphenazine hcl tabs 1mg</i> | 2 | |
| <i>fluphenazine hydrochloride elix</i> | 1 | |
| <i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i> | 2 | |
| <i>fluvoxamine maleate</i> | 1 | |
| <i>fluvoxamine maleate er</i> | 3 | |
| <i>haloperidol decanoate inj</i> | 1 | |
| <i>haloperidol lactate</i> | 1 | |
| <i>haloperidol conc, tabs</i> | 1 | |
| <i>imipramine hcl tabs 25mg, 50mg</i> | 1 | |
| <i>imipramine hydrochloride tabs 10mg</i> | 1 | |
| <i>imipramine pamoate</i> | 3 | |
| INVEGA HAFYERA | 3 | NEDS |
| INVEGA SUSTENNA INJ 39MG/0.25ML | 3 | |
| INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML | 3 | NEDS |
| INVEGA TRINZA | 3 | NEDS |
| <i>loxapine</i> | 1 | |
| <i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i> | 3 | QL(30 EA per 30 days) |
| <i>lurasidone hydrochloride tabs 80mg</i> | 3 | QL(60 EA per 30 days) |
| LYBALVI | 3 | PA NSO; NEDS |
| MARPLAN | 3 | |
| <i>mirtazapine odt</i> | 1 | |
| <i>mirtazapine tabs</i> | 1 | |
| <i>molindone hydrochloride</i> | 2 | |
| <i>nefazodone hydrochloride</i> | 1 | |
| <i>nortriptyline hcl caps 25mg, 75mg</i> | 1 | |
| <i>nortriptyline hcl soln</i> | 1 | |
| <i>nortriptyline hydrochloride caps 10mg, 50mg</i> | 1 | |
| NUPLAZID CAPS | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| NUPLAZID TABS 10MG | 3 | QL(60 EA per 30 days); PA NSO; NEDS |
| <i>olanzapine</i> | 1 | |
| <i>olanzapine odt</i> | 1 | |

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|---|-----------|-----------------------|
| <i>olanzapine/fluoxetine</i> | 1 | |
| <i>paliperidone er</i> | 3 | |
| <i>paroxetine</i> | 1 | |
| <i>paroxetine hcl er</i> | 3 | |
| <i>paroxetine hcl tabs 30mg, 40mg</i> | 1 | |
| <i>paroxetine hydrochloride susp</i> | 2 | |
| <i>paroxetine hydrochloride tabs 10mg, 20mg</i> | 1 | |
| <i>perphenazine/amitriptyline</i> | 2 | |
| <i>perphenazine tabs</i> | 1 | |
| PERSERIS | 3 | NEDS |
| <i>phenelzine sulfate tabs</i> | 1 | |
| <i>pimozide</i> | 3 | |
| <i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i> | 1 | |
| <i>prochlorperazine maleate tabs</i> | 1 | |
| <i>prochlorperazine supp 25mg</i> | 2 | |
| <i>protriptyline hcl</i> | 2 | |
| <i>quetiapine fumarate er</i> | 2 | |
| <i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i> | 1 | |
| <i>quetiapine fumarate tabs 25mg, 50mg</i> | 1 | QL(60 EA per 30 days) |
| REXULTI | 3 | NEDS |
| RISPERDAL CONSTA INJ 12.5MG | 3 | |
| RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG | 3 | NEDS |
| <i>risperidone</i> | 1 | |
| <i>risperidone er inj 12.5mg</i> | 3 | |
| <i>risperidone er inj 25mg, 37.5mg, 50mg</i> | 3 | NEDS |
| <i>risperidone odt</i> | 1 | |
| SECUADO | 3 | NEDS |
| <i>sertraline hcl conc</i> | 1 | |
| <i>sertraline hcl tabs 50mg</i> | 1 | |
| <i>sertraline hydrochloride tabs 100mg, 25mg</i> | 1 | |
| <i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i> | 1 | |
| <i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i> | 2 | |
| <i>tranylcypromine sulfate</i> | 1 | |
| <i>trazodone hydrochloride</i> | 1 | |
| <i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i> | 1 | |
| <i>trifluoperazine hydrochloride tabs 1mg</i> | 1 | |
| <i>trimipramine maleate caps</i> | 1 | |
| TRINTELLIX | 3 | |
| <i>venlafaxine besylate er</i> | 1 | |
| <i>venlafaxine hcl er tb24 37.5mg</i> | 2 | |
| <i>venlafaxine hydrochloride</i> | 1 | |
| <i>venlafaxine hydrochloride er cp24</i> | 1 | |
| <i>venlafaxine hydrochloride er tb24</i> | 2 | |
| VERSACLOZ | 3 | NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| VIIBRYD STARTER PACK | 3 | |
| <i>vilazodone hydrochloride</i> | 2 | |
| VRAYLAR CPPK | 3 | |
| VRAYLAR CAPS | 3 | NEDS |
| <i>ziprasidone hcl</i> | 1 | |
| <i>ziprasidone mesylate</i> | 2 | |
| ZURZUVAE CAPS 30MG | 3 | QL(14 EA per 14 days); PA NSO; NEDS |
| ZURZUVAE CAPS 20MG, 25MG | 3 | QL(28 EA per 14 days); PA NSO; NEDS |
| ZYPREXA RELPREVV INJ 210MG | 2 | |
| ZYPREXA RELPREVV INJ 300MG, 405MG | 3 | NEDS |
| Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors | | |
| AUSTEDO | 3 | PA; NEDS; SP-Optum Specialty |
| INGREZZA | 3 | PA; NEDS |
| <i>tetrabenazine</i> | 3 | PA; NEDS; SP-Optum Specialty |
| Devices | | |
| Devices | | |
| <i>alcohol prep pads</i> | 1 | |
| <i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i> | 1 | |
| <i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i> | 1 | |
| <i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i> | 1 | |
| <i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i> | 1 | |
| <i>bd insulin syringe/u-100/1ml/27g x 1/2"</i> | 1 | |
| <i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i> | 1 | |
| <i>bd pen needle/original/ultra-fine/29g x 12.7mm</i> | 1 | |
| <i>curity gauze pads 2"x2" 12 ply</i> | 1 | |
| <i>gauze pads 2"x2"</i> | 1 | |
| <i>gnp insulin syringe/0.3ml/30g x 5/16"</i> | 1 | |
| <i>gnp insulin syringe/0.5ml/30g x 5/16"</i> | 1 | |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) | 3 | |
| OMNIPOD 5 G6 PODS (GEN 5) | 3 | |
| OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) | 3 | |
| OMNIPOD CLASSIC PODS (GEN 3) | 3 | |
| OMNIPOD DASH INTRO KIT (GEN 4) | 3 | |
| OMNIPOD DASH PDM KIT (GEN 4) | 3 | |
| OMNIPOD DASH PODS (GEN 4) | 3 | |
| OMNIPOD GO 10 UNITS/DAY | 3 | |
| OMNIPOD GO 15 UNITS/DAY | 3 | |
| OMNIPOD GO 20 UNITS/DAY | 3 | |
| OMNIPOD GO 25 UNITS/DAY | 3 | |
| OMNIPOD GO 30 UNITS/DAY | 3 | |
| OMNIPOD GO 35 UNITS/DAY | 3 | |
| OMNIPOD GO 40 UNITS/DAY | 3 | |
| <i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>techlite pen needles 29g x 10mm</i> | 1 | |
| <i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i> | 1 | |
| <i>trueplus pen needles 29gx12mm</i> | 1 | |
| Electrolytic, Caloric, and Water Balance | | |
| Alkalinizing Agents | | |
| <i>potassium citrate er</i> | 1 | |
| Ammonia Detoxicants | | |
| <i>carglumic acid</i> | 3 | PA; NEDS |
| <i>constulose</i> | 1 | |
| <i>enulose</i> | 1 | |
| <i>generlac</i> | 1 | |
| KRISTALOSE | 2 | |
| <i>lactulose soln</i> | 1 | |
| <i>lactulose pack</i> | 2 | |
| <i>sodium phenylbutyrate powd, tabs</i> | 3 | NEDS |
| Caloric Agents | | |
| AMINOSYN II INJ 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 | 2 | PA BvD |
| AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML | 2 | PA BvD |
| CLINIMIX 4.25%/DEXTROSE 10% | 2 | PA BvD |
| CLINIMIX 4.25%/DEXTROSE 5% | 2 | PA BvD |
| CLINIMIX 5%/DEXTROSE 15% | 2 | PA BvD |
| CLINIMIX 5%/DEXTROSE 20% | 2 | PA BvD |
| CLINIMIX 6/5 | 2 | PA BvD |
| CLINIMIX 8/10 | 2 | PA BvD |
| CLINIMIX E 2.75%/DEXTROSE 5% | 2 | PA BvD |
| CLINIMIX E 4.25%/DEXTROSE 10% | 2 | PA BvD |
| CLINIMIX E 4.25%/DEXTROSE 5% | 2 | PA BvD |
| CLINIMIX E 5%/DEXTROSE 15% | 2 | PA BvD |
| CLINIMIX E 5%/DEXTROSE 20% | 2 | PA BvD |
| CLINIMIX E 8/10 | 2 | PA BvD |
| CLINISOL SF 15% | 2 | PA BvD |
| <i>dextrose 10%</i> | 1 | |
| <i>dextrose 5%</i> | 1 | |

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|---|-----------|---------------------|
| <i>dextrose 50%</i> | 1 | |
| <i>dextrose 70%</i> | 1 | |
| FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML | 2 | PA BvD |
| HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML | 2 | PA BvD |
| INTRALIPID INJ 20GM/100ML, 30GM/100ML | 2 | PA BvD |
| NUTRILIPID | 2 | PA BvD |
| PLENAMINE | 2 | PA BvD |
| PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML | 2 | PA BvD |
| PROSOL | 2 | PA BvD |
| TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML | 2 | PA BvD |
| TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML | 2 | PA BvD |
| Diuretics | | |
| <i>amiloride hcl tabs</i> | 1 | |
| <i>amiloride/hydrochlorothiazide</i> | 1 | |
| <i>bumetanide</i> | 1 | |
| <i>chlorthalidone tabs 25mg, 50mg</i> | 1 | |
| <i>ethacrynic acid tabs</i> | 3 | |
| <i>furosemide inj, oral soln, tabs</i> | 1 | |

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|--|-----------|---------------------|
| <i>hydrochlorothiazide caps, tabs</i> | 1 | |
| <i>indapamide</i> | 1 | |
| <i>metolazone</i> | 1 | |
| <i>toremide tabs</i> | 1 | |
| <i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i> | 1 | |
| <i>triamterene/hydrochlorothiazide tabs</i> | 1 | |
| Ion-removing Agents | | |
| AURYXIA | 3 | PA; NEDS |
| LOKELMA | 2 | |
| <i>sevelamer carbonate tabs</i> | 2 | |
| <i>sevelamer carbonate pack</i> | 3 | |
| <i>sevelamer hydrochloride</i> | 3 | |
| <i>sodium polystyrene sulfonate powd</i> | 1 | |
| <i>sps</i> | 1 | |
| VELPHORO | 3 | NEDS |
| VELTASSA | 2 | |
| Irrigating Solutions | | |
| <i>acetic acid 0.25%</i> | 1 | |
| <i>sodium chloride 0.9%</i> | 2 | |
| <i>sterile water for irrigation</i> | 1 | |
| Replacement Preparations | | |
| <i>calcium acetate caps</i> | 1 | |
| <i>calcium acetate tabs 667mg</i> | 1 | |
| <i>dextrose 10%/nacl 0.45%</i> | 1 | |
| <i>dextrose 10%/nacl 0.2%</i> | 1 | |
| <i>dextrose 2.5%/nacl 0.45%</i> | 1 | |
| <i>dextrose 5%/nacl 0.2%</i> | 1 | |
| <i>dextrose 5%/nacl 0.3%</i> | 1 | |
| <i>dextrose 5%/nacl 0.33%</i> | 1 | |
| <i>dextrose 5%/nacl 0.45%</i> | 1 | |
| <i>dextrose 5%/nacl 0.9%</i> | 1 | |
| <i>dextrose/sodium chloride</i> | 1 | |
| <i>effer-k tbef 25meq</i> | 1 | |
| <i>k-prime</i> | 1 | |
| <i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i> | 1 | |
| <i>kcl 0.15%/d5w/nacl 0.2%</i> | 1 | |
| <i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i> | 1 | |
| <i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i> | 1 | |
| <i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i> | 1 | |
| <i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i> | 1 | |
| <i>klor-con</i> | 1 | |
| <i>klor-con 10</i> | 1 | |
| <i>klor-con 8</i> | 1 | |
| <i>klor-con m10</i> | 1 | |
| <i>klor-con m15</i> | 1 | |

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|--|-----------|---------------------|
| <i>klor-con m20</i> | 1 | |
| <i>klor-con/ef</i> | 1 | |
| <i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i> | 1 | |
| <i>potassium chloride er</i> | 1 | |
| <i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i> | 1 | |
| <i>potassium chloride pack, oral soln</i> | 1 | |
| <i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i> | 1 | |
| <i>sodium chloride 0.45%</i> | 1 | |
| <i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i> | 1 | |
| Uricosuric Agents | | |
| <i>probenecid/colchicine</i> | 1 | |
| <i>probenecid tabs</i> | 1 | |
| Enzymes | | |
| Enzymes | | |
| REVCovi | 3 | NEDS |
| SUCRAID | 3 | NEDS |
| Eye, Ear, Nose & Throat Preparations | | |
| Anti-infectives | | |
| AZASITE | 3 | |
| <i>bacitracin</i> | 3 | |
| <i>bacitracin/polymyxin b</i> | 1 | |
| BESIVANCE | 3 | |
| <i>chlorhexidine gluconate</i> | 1 | |
| <i>ciprofloxacin hydrochloride soln 0.3%</i> | 1 | |
| <i>ciprofloxacin soln 0.2%</i> | 1 | |
| <i>erythromycin oint 5mg/gm</i> | 1 | |
| <i>gatifloxacin</i> | 3 | |
| <i>gentak oint</i> | 1 | |
| <i>gentamicin sulfate ophthalmic soln 0.3%</i> | 1 | |
| <i>levofloxacin ophthalmic soln 0.5%, 1.5%</i> | 2 | |
| <i>moxifloxacin hydrochloride soln 0.5%</i> | 1 | |
| NATACYN | 3 | |
| <i>neo-polycin</i> | 1 | |
| <i>neomycin/bacitracin/polymyxin</i> | 1 | |
| <i>neomycin/polymyxin/gramicidin</i> | 1 | |
| <i>ofloxacin ophthalmic soln 0.3%</i> | 1 | |
| <i>ofloxacin otic soln 0.3%</i> | 2 | |
| <i>perio gard</i> | 1 | |
| <i>polycin</i> | 1 | |
| <i>polymyxin b sulfate/trimethoprim sulfate</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>sulfacetamide sodium oint 10%</i> | 1 | |
| <i>sulfacetamide sodium soln 10%</i> | 1 | |
| <i>tobramycin soln 0.3%</i> | 1 | |
| <i>trifluridine soln</i> | 1 | |
| XDEMVI | 3 | PA; NEDS |
| ZIRGAN | 3 | |
| Anti-inflammatory Agents | | |
| ALREX | 2 | |
| <i>bromfenac</i> | 2 | |
| <i>bromfenac sodium soln 0.07%</i> | 2 | |
| BROMSITE | 3 | |
| <i>ciprofloxacin/dexamethasone</i> | 2 | |
| CORTISPORIN-TC | 3 | |
| <i>cyclosporine emul 0.05%</i> | 2 | |
| <i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i> | 1 | |
| <i>diclofenac sodium ophthalmic soln 0.1%</i> | 1 | |
| <i>difluprednate</i> | 2 | |
| <i>flac</i> | 1 | |
| FLAREX | 2 | |
| <i>flunisolide soln 0.025%</i> | 2 | QL(150 ML per 90 days) |
| <i>fluocinolone acetonide oil 0.01%</i> | 1 | |
| <i>fluorometholone susp</i> | 1 | |
| <i>flurbiprofen sodium</i> | 1 | |
| <i>fluticasone propionate susp 50mcg/act</i> | 1 | QL(48 GM per 90 days) |
| FML | 2 | |
| FML FORTE | 3 | |
| <i>hydrocortisone/acetic acid</i> | 1 | |
| ILEVRO | 2 | |
| INVELTYS | 3 | |
| <i>ketorolac tromethamine</i> | 1 | |
| LOTEMAX OINT | 3 | |
| <i>loteprednol etabonate</i> | 2 | |
| MAXIDEX SUSP | 3 | |
| <i>mometasone furoate susp 50mcg/act</i> | 2 | QL(102 GM per 90 days) |
| <i>neo-polycin hc</i> | 1 | |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | 1 | |
| <i>neomycin/polymyxin/dexamethasone</i> | 1 | |
| <i>neomycin/polymyxin/hc</i> | 1 | |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i> | 1 | |
| PRED MILD | 2 | |
| <i>prednisolone acetate</i> | 2 | |
| <i>prednisolone sodium phosphate ophthalmic soln 1%</i> | 1 | |
| PROLENSA | 2 | |
| RESTASIS | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------|
| RESTASIS MULTIDOSE | 2 | |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | 1 | |
| TOBRADEX ST | 2 | |
| TOBRADEX OINT | 2 | |
| <i>tobramycin/dexamethasone</i> | 2 | |
| ZYLET | 2 | |
| Antiallergic Agents | | |
| ALOCRIL | 3 | |
| ALOMIDE | 3 | |
| <i>azelastine hcl ophthalmic soln</i> | 1 | |
| <i>azelastine hcl nasal soln 0.15%</i> | 1 | QL(120 ML per 90 days) |
| <i>azelastine hydrochloride soln 0.1%</i> | 1 | QL(120 ML per 90 days) |
| <i>bepotastine besilate</i> | 2 | |
| <i>cromolyn sodium soln 4%</i> | 1 | |
| <i>epinastine hcl</i> | 3 | |
| <i>olopatadine hcl ophthalmic soln</i> | 2 | |
| <i>olopatadine hcl nasal soln</i> | 2 | QL(91.5 GM per 90 days) |
| <i>olopatadine hydrochloride soln 0.2%</i> | 2 | |
| Antiglaucoma Agents | | |
| <i>acetazolamide er</i> | 2 | |
| <i>acetazolamide tabs</i> | 1 | |
| ALPHAGAN P SOLN 0.1% | 2 | |
| <i>betaxolol hcl soln 0.5%</i> | 2 | |
| BETIMOL | 3 | |
| BETOPTIC-S | 2 | |
| <i>bimatoprost soln</i> | 1 | |
| <i>brimonidine tartrate/timolol maleate</i> | 2 | |
| <i>brimonidine tartrate soln 0.2%</i> | 1 | |
| <i>brimonidine tartrate soln 0.1%</i> | 2 | |
| <i>brimonidine tartrate soln 0.15%</i> | 3 | |
| <i>brinzolamide</i> | 2 | |
| <i>carteolol hcl</i> | 1 | |
| <i>dorzolamide hcl/timolol maleate</i> | 1 | |
| <i>dorzolamide hydrochloride/timolol maleate pf</i> | 3 | |
| <i>dorzolamide hydrochloride soln</i> | 1 | |
| <i>latanoprost soln</i> | 1 | |
| <i>levobunolol hcl soln 0.5%</i> | 1 | |
| LUMIGAN | 2 | |
| <i>methazolamide tabs</i> | 3 | |
| PHOSPHOLINE IODIDE SOLR 0.125% | 2 | |
| <i>pilocarpine hcl soln 1%, 2%, 4%</i> | 1 | |
| RHOPRESSA | 2 | |
| ROCKLATAN | 2 | |
| SIMBRINZA | 2 | |
| <i>tafluprost</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>timolol maleate ophthalmic gel forming</i> | 2 | |
| <i>timolol maleate soln 0.25%, 0.5%</i> | 1 | |
| <i>timolol maleate soln 0.25%, 0.5%</i> | 2 | |
| <i>travoprost</i> | 2 | |
| VYZULTA | 2 | |
| EENT Drugs, Miscellaneous | | |
| <i>acetic acid</i> | 1 | |
| <i>apraclonidine</i> | 2 | |
| CYSTARAN | 2 | |
| OXERVATE | 3 | PA; NEDS |
| Local Anesthetics | | |
| <i>lidocaine hydrochloride viscous</i> | 1 | |
| <i>lidocaine viscous</i> | 1 | |
| Mydriatics | | |
| <i>atropine sulfate soln 1%</i> | 1 | |
| <i>cyclopentolate hcl soln 2%</i> | 1 | |
| <i>cyclopentolate hydrochloride soln</i> | 1 | |
| Gastrointestinal Drugs | | |
| Anti-inflammatory Agents | | |
| <i>alosetron hydrochloride</i> | 3 | NEDS |
| <i>balsalazide disodium</i> | 2 | |
| <i>mesalamine dr</i> | 3 | |
| <i>mesalamine er</i> | 3 | |
| <i>mesalamine enem, kit, supp</i> | 3 | |
| Antidiarrhea Agents | | |
| <i>loperamide hcl caps</i> | 1 | |
| <i>opium</i> | 1 | |
| <i>opium tincture tinc 1%</i> | 1 | |
| XERMELO | 3 | PA; NEDS; SP-Optum Specialty |
| Antiemetics | | |
| <i>aprepitant caps 0, 40mg, 80mg</i> | 2 | PA BvD |
| <i>aprepitant caps 125mg</i> | 3 | PA BvD; NEDS |
| <i>dronabinol</i> | 3 | PA BvD |
| <i>granisetron hydrochloride tabs</i> | 2 | PA BvD |
| <i>meclizine hcl tabs</i> | 1 | |
| <i>ondansetron hcl soln</i> | 1 | PA BvD |
| <i>ondansetron hcl tabs 24mg</i> | 1 | PA BvD |
| <i>ondansetron hydrochloride tabs</i> | 1 | PA BvD |
| <i>ondansetron odt</i> | 1 | PA BvD |
| <i>scopolamine</i> | 2 | |
| Antiulcer Agents and Acid Suppressants | | |
| <i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i> | 1 | |
| <i>cimetidine tabs</i> | 2 | |
| DEXLANSOPRAZOLE | 2 | |
| <i>esomeprazole magnesium cpdr</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>esomeprazole magnesium pack</i> | 3 | |
| <i>famotidine susr</i> | 3 | |
| <i>famotidine tabs 20mg, 40mg</i> | 1 | |
| <i>lansoprazole/amoxicillin/clarithromycin thpk</i> | 2 | |
| <i>lansoprazole cpdr</i> | 1 | |
| <i>lansoprazole tbdd</i> | 3 | |
| <i>misoprostol tabs</i> | 1 | |
| <i>nizatidine soln</i> | 1 | |
| <i>omeprazole dr cpdr 10mg</i> | 1 | |
| <i>omeprazole/sodium bicarbonate caps</i> | 3 | |
| <i>omeprazole/sodium bicarbonate pack</i> | 3 | NEDS |
| <i>omeprazole cpdr 20mg, 40mg</i> | 1 | |
| <i>pantoprazole sodium tbec</i> | 1 | |
| <i>pantoprazole sodium pack</i> | 3 | |
| PYLERA | 2 | |
| <i>rabeprazole sodium</i> | 2 | |
| <i>sucralfate tabs</i> | 1 | |
| <i>sucralfate susp</i> | 2 | |
| Cathartics and Laxatives | | |
| CLENPIQ | 2 | |
| <i>gavilyte-c</i> | 1 | |
| <i>gavilyte-g</i> | 1 | |
| <i>gavilyte-n/flipr pack</i> | 1 | |
| OSMOPREP | 3 | |
| <i>peg-3350/electrolytes</i> | 1 | |
| <i>peg-3350/electrolytes/ascorbate</i> | 2 | |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | 1 | |
| <i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i> | 2 | |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i> | 2 | |
| Cholelitholytic Agents | | |
| <i>ursodiol caps 300mg</i> | 2 | |
| <i>ursodiol caps 200mg</i> | 3 | |
| <i>ursodiol tabs</i> | 3 | |
| Digestants | | |
| CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT | 2 | |
| ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| GI Drugs, Miscellaneous | | |
| BYLVAY | 3 | PA; NEDS; SP-Optum Specialty |
| BYLVAY (PELLETS) | 3 | PA; NEDS; SP-Optum Specialty |
| CHOLBAM | 3 | PA; NEDS |
| GATTEX | 3 | PA; NEDS |
| LINZESS | 2 | |
| LIVMARLI | 3 | PA; NEDS |
| <i>lubiprostone</i> | 2 | |
| MOVANTIK | 2 | |
| RELISTOR | 3 | NEDS |
| SKYRIZI INJ 600MG/10ML | 3 | PA; NEDS |
| SKYRIZI INJ 180MG/1.2ML | 3 | QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 360MG/2.4ML | 3 | QL(2.4 ML per 28 days); PA; NEDS |
| XENICAL | 3 | EC |
| Prokinetic Agents | | |
| <i>metoclopramide hcl inj, oral soln</i> | 1 | |
| <i>metoclopramide hcl tabs 5mg</i> | 1 | |
| <i>metoclopramide hydrochloride tabs 10mg</i> | 1 | |
| <i>metoclopramide odt</i> | 1 | |
| Gold Compounds | | |
| Gold Compounds | | |
| RIDAURA | 3 | NEDS |
| Heavy Metal Antagonists | | |
| Heavy Metal Antagonists | | |
| CHEMET | 3 | |
| <i>deferasirox pack</i> | 3 | NEDS; SP-Optum Specialty |
| <i>deferasirox tabs 90mg</i> | 2 | SP-Optum Specialty |
| <i>deferasirox tabs 180mg, 360mg</i> | 3 | NEDS; SP-Optum Specialty |
| <i>deferasirox tbso 125mg</i> | 2 | SP-Optum Specialty |
| <i>deferasirox tbso 250mg, 500mg</i> | 3 | NEDS; SP-Optum Specialty |
| <i>deferiprone</i> | 3 | NEDS |
| <i>penicillamine tabs</i> | 2 | |
| <i>penicillamine caps</i> | 3 | NEDS |
| <i>trientine hydrochloride</i> | 3 | NEDS |
| Hormones and Synthetic Substitutes | | |
| Adrenals | | |
| BREO ELLIPTA | 2 | QL(180 EA per 90 days) |
| BREYNA | 2 | QL(30.9 GM per 90 days) |
| BREZTRI AEROSPHERE | 2 | QL(32.1 GM per 90 days) |
| <i>budesonide er</i> | 3 | NEDS |
| <i>budesonide/formoterol fumarate dihydrate</i> | 2 | QL(30.6 GM per 90 days) |
| <i>budesonide cpep 3mg</i> | 2 | |
| <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i> | 1 | PA BvD |
| DEPO-MEDROL | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| <i>dexamethasone 10-day dose pack</i> | 1 | |
| <i>dexamethasone 13-day dose pack</i> | 1 | |
| <i>dexamethasone 6-day dose pack</i> | 1 | |
| <i>dexamethasone intensol</i> | 1 | |
| <i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i> | 1 | |
| <i>dexamethasone elix, soln</i> | 1 | |
| <i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i> | 1 | |
| FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST | 3 | QL(180 EA per 90 days); ST |
| FLOVENT DISKUS AEPB 250MCG/BLIST | 3 | QL(720 EA per 90 days); ST |
| <i>fludrocortisone acetate tabs</i> | 1 | |
| <i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i> | 3 | QL(180 EA per 90 days); ST |
| <i>fluticasone propionate diskus aepb 250mcg/act</i> | 3 | QL(720 EA per 90 days); ST |
| <i>fluticasone propionate hfa aero 44mcg/act</i> | 3 | QL(63.6 GM per 90 days); ST |
| <i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i> | 3 | QL(72 GM per 90 days); ST |
| <i>hydrocortisone tabs 10mg, 20mg, 5mg</i> | 1 | |
| INTRAROSA | 3 | |
| <i>kenalog-10</i> | 1 | |
| MEDROL TABS 2MG | 3 | |
| <i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i> | 1 | |
| <i>methylprednisolone dose pack tbpk</i> | 1 | |
| <i>methylprednisolone tabs</i> | 1 | |
| MILLIPRED TABS | 3 | |
| <i>prednisolone sodium phosphate odt</i> | 2 | |
| <i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i> | 1 | |
| <i>prednisolone soln, tabs</i> | 1 | |
| <i>prednisone soln, tbpk</i> | 1 | |
| <i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i> | 1 | |
| QVAR REDIHALER | 2 | QL(63.6 GM per 90 days) |
| SOLU-CORTEF INJ 100MG | 3 | |
| TRELEGY ELLIPTA | 2 | QL(180 EA per 90 days) |
| <i>triamcinolone acetonide inj 40mg/ml</i> | 1 | |
| Androgens | | |
| AVEED | 3 | |
| <i>danazol caps</i> | 3 | |
| <i>testosterone cypionate inj 100mg/ml, 200mg/ml</i> | 1 | |
| <i>testosterone enanthate inj</i> | 1 | |
| <i>testosterone pump</i> | 2 | |
| <i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i> | 2 | |
| <i>testosterone soln</i> | 3 | |
| XYOSTED | 3 | |
| Antidiabetic Agents | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>acarbose tabs</i> | 1 | |
| BYDUREON BCISE | 2 | PA |
| BYETTA | 3 | PA |
| CYCLOSET | 2 | |
| FARXIGA | 2 | |
| <i>glimepiride</i> | 1 | |
| <i>glipizide er</i> | 1 | |
| <i>glipizide/metformin hydrochloride</i> | 1 | |
| <i>glipizide tabs 10mg, 5mg</i> | 1 | |
| <i>glyburide micronized</i> | 1 | |
| <i>glyburide/metformin hydrochloride</i> | 1 | |
| <i>glyburide tabs 1.25mg, 2.5mg, 5mg</i> | 1 | |
| GLYXAMBI | 2 | |
| HUMALOG | 2 | |
| HUMALOG JUNIOR KWIKPEN | 2 | |
| HUMALOG KWIKPEN | 2 | |
| HUMALOG MIX 50/50 | 2 | |
| HUMALOG MIX 50/50 KWIKPEN | 2 | |
| HUMALOG MIX 75/25 | 2 | |
| HUMALOG MIX 75/25 KWIKPEN | 2 | |
| HUMULIN 70/30 | 2 | |
| HUMULIN 70/30 KWIKPEN | 2 | |
| HUMULIN N | 2 | |
| HUMULIN N KWIKPEN | 2 | |
| HUMULIN R | 2 | |
| HUMULIN R U-500 (CONCENTRATED) | 2 | |
| HUMULIN R U-500 KWIKPEN | 2 | |
| JANUMET | 2 | |
| JANUMET XR | 2 | |
| JANUVIA | 2 | |
| JARDIANCE | 2 | |
| JENTADUETO | 2 | |
| JENTADUETO XR | 2 | |
| KORLYM | 3 | QL(120 EA per 30 days); PA; NEDS |
| LANTUS | 2 | |
| LANTUS SOLOSTAR | 2 | |
| LEVEMIR | 2 | |
| LEVEMIR FLEXPEN | 2 | |
| LEVEMIR FLEXTOUCH | 2 | |
| <i>metformin hydrochloride er tb24 500mg, 750mg</i> | 1 | |
| <i>metformin hydrochloride soln</i> | 1 | |
| <i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i> | 1 | |
| <i>miglitol</i> | 1 | |
| MOUNJARO | 2 | PA |
| <i>nateglinide</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| OZEMPIC | 2 | PA |
| <i>pioglitazone hcl-glimepiride</i> | 1 | |
| <i>pioglitazone hcl/metformin hcl</i> | 1 | |
| <i>pioglitazone hcl tabs 45mg</i> | 1 | |
| <i>pioglitazone hydrochloride tabs 15mg, 30mg</i> | 1 | |
| <i>repaglinide</i> | 1 | |
| RYBELSUS | 2 | PA |
| SAXENDA | 3 | EC |
| SYMLINPEN 120 | 2 | |
| SYMLINPEN 60 | 2 | |
| SYNJARDY | 2 | |
| SYNJARDY XR | 2 | |
| TOUJEO MAX SOLOSTAR | 2 | |
| TOUJEO SOLOSTAR | 2 | |
| TRADJENTA | 2 | |
| TRESIBA | 2 | |
| TRESIBA FLEXTOUCH | 2 | |
| TRULICITY | 2 | PA |
| VICTOZA | 2 | PA |
| WEGOVY | 3 | EC |
| XIGDUO XR | 2 | |
| <i>Antihypoglycemic Agents</i> | | |
| BAQSIMI ONE PACK | 2 | |
| BAQSIMI TWO PACK | 2 | |
| <i>diazoxide susp</i> | 2 | |
| GLUCAGEN HYPOKIT | 2 | |
| GLUCAGON EMERGENCY KIT | 2 | |
| GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR | 2 | |
| GVOKE HYPOPEN 1-PACK | 2 | |
| GVOKE HYPOPEN 2-PACK | 2 | |
| GVOKE KIT | 2 | |
| GVOKE PFS | 2 | |
| <i>Contraceptives</i> | | |
| <i>amethia</i> | 1 | |
| <i>apri</i> | 1 | |
| <i>ashlyna</i> | 1 | |
| <i>aviane</i> | 1 | |
| <i>balziva</i> | 1 | |
| <i>briellyn</i> | 1 | |
| <i>camila</i> | 1 | |
| <i>deblitane</i> | 1 | |
| <i>desogestrel/ethinyl estradiol tabs 0; 0</i> | 1 | |
| <i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i> | 1 | |
| <i>eluryng</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>enilloring</i> | 2 | |
| <i>errin</i> | 1 | |
| <i>etonogestrel/ethinyl estradiol</i> | 2 | |
| <i>falmina</i> | 1 | |
| <i>finzala</i> | 1 | |
| <i>haloette</i> | 2 | |
| <i>iclevia</i> | 1 | |
| <i>introvale</i> | 1 | |
| <i>joyeaux</i> | 1 | |
| <i>junel 1.5/30</i> | 1 | |
| <i>junel 1/20</i> | 1 | |
| <i>junel fe 1.5/30</i> | 1 | |
| <i>junel fe 1/20</i> | 1 | |
| <i>junel fe 24</i> | 1 | |
| <i>kariva</i> | 1 | |
| <i>kelnor 1/35</i> | 1 | |
| <i>larin 1.5/30</i> | 1 | |
| <i>larin 1/20</i> | 1 | |
| <i>larin fe 1.5/30</i> | 1 | |
| <i>larin fe 1/20</i> | 1 | |
| <i>lessina</i> | 1 | |
| <i>levonest</i> | 1 | |
| <i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i> | 1 | |
| <i>levonorgestrel/ethinyl estradiol</i> | 1 | |
| <i>levora 0.15/30-28</i> | 1 | |
| LO LOESTRIN FE | 3 | |
| <i>marlissa</i> | 1 | |
| <i>mibelas 24 fe</i> | 1 | |
| <i>microgestin 1.5/30</i> | 1 | |
| <i>microgestin 1/20</i> | 1 | |
| <i>microgestin fe 1.5/30</i> | 1 | |
| <i>microgestin fe 1/20</i> | 1 | |
| <i>necon 0.5/35-28</i> | 1 | |
| <i>nikki</i> | 1 | |
| <i>norelgestromin/ethinyl estradiol</i> | 1 | |
| <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | 1 | |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i> | 1 | |
| <i>nortrel 0.5/35 (28)</i> | 1 | |
| <i>nortrel 1/35</i> | 1 | |
| <i>nortrel 7/7/7</i> | 1 | |
| <i>portia-28</i> | 1 | |
| <i>sharobel</i> | 1 | |
| <i>tarina fe 1/20 eq</i> | 1 | |
| <i>tri-sprintec</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>trivora-28</i> | 1 | |
| <i>turqoz</i> | 1 | |
| <i>tyblume</i> | 1 | |
| <i>velivet</i> | 1 | |
| <i>vyfemla</i> | 1 | |
| <i>xulane</i> | 1 | |
| <i>zafemy</i> | 1 | |
| <i>zovia 1/35</i> | 1 | |
| <i>Estrogens and Antiestrogens</i> | | |
| <i>amabelz</i> | 1 | |
| <i>anastrozole</i> | 1 | |
| COMBIPATCH | 3 | |
| DEPO-ESTRADIOL | 2 | |
| <i>dotti</i> | 2 | |
| ELESTRIN | 3 | |
| <i>estradiol valerate</i> | 1 | |
| <i>estradiol/norethindrone acetate</i> | 1 | |
| <i>estradiol oral tabs</i> | 1 | |
| <i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i> | 2 | |
| ESTRING | 2 | |
| EVAMIST | 3 | |
| <i>exemestane</i> | 2 | |
| FEMRING | 2 | |
| <i>fyavolv</i> | 2 | |
| IMVEXXY MAINTENANCE PACK | 2 | |
| IMVEXXY STARTER PACK | 2 | |
| <i>jinteli</i> | 1 | |
| KISQALI FEMARA 200 DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| KISQALI FEMARA 400 DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| KISQALI FEMARA 600 DOSE | 3 | PA NSO; NEDS; SP-Optum Specialty |
| <i>letrozole</i> | 1 | |
| MENEST | 3 | |
| MENOSTAR | 3 | |
| <i>mimvey</i> | 1 | |
| <i>norethindrone acetate/ethinyl estradiol</i> | 1 | |
| OSPHENA | 3 | |
| PREMARIN CREA | 2 | |
| PREMARIN TABS | 3 | |
| PREMPHASE | 3 | |
| PREMPRO | 3 | |
| <i>raloxifene hydrochloride</i> | 1 | |
| SOLTAMOX | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>tamoxifen citrate</i> | 1 | |
| <i>toremifene citrate</i> | 2 | |
| <i>yuvafem</i> | 2 | |
| <i>Gonadotropins and Antigonadotropins</i> | | |
| ELIGARD | 2 | |
| FIRMAGON INJ 80MG | 2 | |
| FIRMAGON INJ 120MG/VIAL | 3 | NEDS |
| <i>leuprolide acetate inj 1mg/0.2ml</i> | 1 | SP-Optum Specialty |
| LUPRON DEPOT (1-MONTH) | 3 | NEDS |
| LUPRON DEPOT (3-MONTH) | 3 | NEDS |
| LUPRON DEPOT (4-MONTH) | 3 | NEDS |
| LUPRON DEPOT (6-MONTH) | 3 | NEDS |
| MYFEMBREE | 3 | QL(28 EA per 28 days); PA; NEDS |
| ORGOVYX | 3 | PA NSO; NEDS |
| ORLISSA TABS 150MG | 3 | QL(30 EA per 30 days); PA; NEDS |
| ORLISSA TABS 200MG | 3 | QL(60 EA per 30 days); PA; NEDS |
| SYNAREL | 3 | NEDS |
| TRELSTAR MIXJECT INJ 22.5MG, 3.75MG | 3 | |
| TRELSTAR MIXJECT INJ 11.25MG | 3 | NEDS |
| <i>Parathyroid and Antiparathyroid Agents</i> | | |
| CALCITONIN SALMON INJ | 2 | |
| <i>calcitonin-salmon soln</i> | 1 | |
| <i>cinacalcet hydrochloride tabs 30mg, 60mg</i> | 3 | |
| <i>cinacalcet hydrochloride tabs 90mg</i> | 3 | NEDS |
| FORTEO INJ 600MCG/2.4ML | 3 | PA; NEDS |
| NATPARA | 3 | QL(2 EA per 28 days); PA; NEDS |
| <i>teriparatide</i> | 3 | PA; NEDS |
| TYMLOS | 3 | PA; NEDS |
| <i>Pituitary</i> | | |
| CORTROPHIN | 3 | PA; NEDS; SP-Optum Specialty |
| <i>desmopressin acetate tabs</i> | 1 | |
| <i>desmopressin acetate soln 0.01%</i> | 1 | |
| <i>Progestins</i> | | |
| DEPO-SUBQ PROVERA 104 | 2 | |
| <i>medroxyprogesterone acetate inj, tabs</i> | 1 | |
| <i>megestrol acetate tabs</i> | 1 | |
| <i>megestrol acetate susp 40mg/ml</i> | 1 | |
| <i>megestrol acetate susp 625mg/5ml</i> | 3 | |
| <i>norethindrone acetate tabs</i> | 1 | |
| <i>progesterone caps</i> | 1 | |
| <i>Somatostatin Agonists and Antagonists</i> | | |
| <i>lanreotide acetate</i> | 3 | NEDS |
| <i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i> | 1 | |
| <i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i> | 1 | SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| SIGNIFOR | 3 | QL(60 ML per 30 days); PA; NEDS |
| SOMATULINE DEPOT | 3 | NEDS |
| Somatotropin Agonists and Antagonists | | |
| EGRIFTA SV | 3 | PA; NEDS; SP-Optum Specialty |
| GENOTROPIN | 3 | PA; NEDS; SP-Optum Specialty |
| GENOTROPIN MINIQUICK INJ 0.2MG | 2 | PA; SP-Optum Specialty |
| GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG | 3 | PA; NEDS; SP-Optum Specialty |
| <i>genotropin miniquick inj 1.8mg</i> | 3 | PA; NEDS; SP-Optum Specialty |
| INCRELEX | 3 | PA; NEDS; SP-Optum Specialty |
| NORDITROPIN FLEXPRO | 3 | PA; NEDS; SP-Optum Specialty |
| NUTROPIN AQ NUSPIN 10 | 3 | PA; NEDS; SP-Optum Specialty |
| NUTROPIN AQ NUSPIN 20 | 3 | PA; NEDS; SP-Optum Specialty |
| NUTROPIN AQ NUSPIN 5 | 3 | PA; NEDS; SP-Optum Specialty |
| OMNITROPE | 3 | PA; NEDS; SP-Optum Specialty |
| SEROSTIM INJ 4MG, 5MG, 6MG | 3 | PA; NEDS; SP-Optum Specialty |
| SOMAVERT | 3 | PA; NEDS; SP-Optum Specialty |
| ZORBTIVE | 3 | PA; NEDS; SP-Optum Specialty |
| Thyroid and Antithyroid Agents | | |
| ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG | 3 | |
| ARMOUR THYROID | 3 | |
| <i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i> | 1 | |
| <i>levo-t</i> | 1 | |
| <i>levothyroxine sodium tabs</i> | 1 | |
| <i>levothyroxine sodium caps</i> | 2 | |
| <i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i> | 1 | |
| <i>liothyronine sodium tabs</i> | 1 | |
| <i>methimazole tabs 10mg, 5mg</i> | 1 | |
| NIVA THYROID | 3 | |
| <i>np thyroid 120</i> | 1 | |
| <i>np thyroid 15</i> | 1 | |
| <i>np thyroid 30</i> | 1 | |
| <i>np thyroid 60</i> | 1 | |
| <i>np thyroid 90</i> | 1 | |
| <i>propylthiouracil tabs</i> | 1 | |
| SYNTHROID TABS | 3 | |
| THYQUIDITY | 3 | |
| THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG | 3 | |
| TIROSINT-SOL | 3 | |
| <i>unithroid</i> | 1 | |
| Local Anesthetics | | |
| Local Anesthetics | | |
| <i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i> | 1 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--|
| <i>lidocaine hydrochloride inj 1%, 2%</i> | 1 | |
| Miscellaneous Therapeutic Agents | | |
| 5-alpha-Reductase Inhibitors | | |
| <i>dutasteride/tamsulosin hydrochloride</i> | 2 | |
| <i>dutasteride caps</i> | 1 | |
| <i>finasteride tabs</i> | 1 | |
| Alcohol Deterrents | | |
| <i>disulfiram tabs</i> | 1 | |
| Antidotes | | |
| <i>acetylcysteine soln</i> | 1 | PA BvD |
| <i>leucovorin calcium tabs</i> | 1 | |
| Antigout Agents | | |
| <i>allopurinol tabs 100mg, 300mg</i> | 1 | |
| <i>colchicine tabs</i> | 1 | |
| <i>colchicine caps</i> | 2 | |
| <i>febuxostat</i> | 2 | ST |
| GLOPERBA | 3 | |
| Antisense Oligonucleotides | | |
| TEGSEDI | 3 | QL(6 ML per 30 days); PA; NEDS |
| Bone Anabolic Agents | | |
| EVENITY | 3 | PA; NEDS |
| Bone Resorption Inhibitors | | |
| <i>alendronate sodium soln</i> | 2 | |
| <i>alendronate sodium tabs 10mg, 35mg, 70mg</i> | 1 | |
| <i>ibandronate sodium</i> | 1 | |
| PROLIA | 3 | PA |
| <i>risedronate sodium</i> | 2 | |
| <i>risedronate sodium dr</i> | 2 | |
| XGEVA | 3 | PA; NEDS |
| <i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i> | 1 | |
| Carbonic Anhydrase Inhibitors | | |
| <i>dichlorphenamide</i> | 3 | PA; NEDS |
| Cariostatic Agents | | |
| <i>sf 5000 plus</i> | 1 | |
| <i>sodium fluoride 1.1</i> | 1 | |
| <i>sodium fluoride 5000 plus</i> | 1 | |
| <i>sodium fluoride 5000 ppm crea</i> | 1 | |
| Disease-modifying Antirheumatic Drugs | | |
| COSENTYX SENSOREADY PEN | 3 | PA; NEDS; SP-Optum Specialty |
| COSENTYX UNOREADY | 3 | PA; NEDS |
| COSENTYX INJ 125MG/5ML | 3 | PA; NEDS |
| COSENTYX INJ 150MG/ML, 75MG/0.5ML | 3 | PA; NEDS; SP-Optum Specialty |
| ENBREL MINI | 3 | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---|
| ENBREL SURECLICK | 3 | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| ENBREL INJ 25MG | 3 | QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| ENBREL INJ 50MG/ML | 3 | QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| ENBREL INJ 25MG/0.5ML | 3 | QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN-CD/UC/HS STARTER | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN-PS/UV STARTER | 3 | PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN INJ 80MG/0.8ML | 3 | QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML | 3 | QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML | 3 | QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| KINERET | 3 | QL(20.1 ML per 28 days); PA; NEDS |
| <i>leflunomide tabs</i> | 1 | |
| ORENCIA CLICKJECT | 3 | QL(4 ML per 28 days); PA; NEDS |
| ORENCIA INJ 50MG/0.4ML | 3 | QL(1.6 ML per 28 days); PA; NEDS |
| ORENCIA INJ 87.5MG/0.7ML | 3 | QL(2.8 ML per 28 days); PA; NEDS |
| ORENCIA INJ 125MG/ML | 3 | QL(4 ML per 28 days); PA; NEDS |
| OTEZLA TBPK | 3 | QL(110 EA per 365 days); PA; NEDS |
| OTEZLA TABS | 3 | QL(60 EA per 30 days); PA; NEDS |
| RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML | 3 | |
| RINVOQ | 3 | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| XELJANZ XR | 3 | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| XELJANZ SOLN | 3 | QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| XELJANZ TABS | 3 | QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| <i>Immunomodulatory Agents</i> | | |
| ACTIMMUNE | 3 | NEDS; SP-Optum Specialty |
| AUBAGIO | 3 | NEDS; SP-Optum Specialty |
| AVONEX PEN | 3 | NEDS; SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-------------------------------------|
| AVONEX INJ 30MCG/0.5ML | 3 | NEDS; SP-Optum Specialty |
| BAFIERTAM | 3 | NEDS; SP-Optum Specialty |
| BETASERON | 3 | NEDS; SP-Optum Specialty |
| COPAXONE | 3 | NEDS; SP-Optum Specialty |
| <i>dimethyl fumarate starterpack</i> | 3 | NEDS; SP-Optum Specialty |
| <i>dimethyl fumarate cpdr</i> | 3 | NEDS; SP-Optum Specialty |
| EXTAVIA | 3 | NEDS; SP-Optum Specialty |
| <i> fingolimod</i> | 3 | NEDS |
| KESIMPTA | 3 | PA; NEDS; SP-Optum Specialty |
| MAYZENT | 3 | NEDS; SP-Optum Specialty |
| MAYZENT STARTER PACK TBPk 0.25MG | 3 | NEDS; SP-Optum Specialty |
| MAYZENT STARTER PACK TBPk 0.25MG | 3 | SP-Optum Specialty |
| PLEGRIDY | 3 | NEDS; SP-Optum Specialty |
| PLEGRIDY STARTER PACK | 3 | NEDS; SP-Optum Specialty |
| REBIF | 3 | NEDS; SP-Optum Specialty |
| REBIF REBIDOSE | 3 | NEDS; SP-Optum Specialty |
| REBIF REBIDOSE TITRATION PACK | 3 | NEDS; SP-Optum Specialty |
| REBIF TITRATION PACK | 3 | NEDS; SP-Optum Specialty |
| <i>teriflunomide</i> | 3 | |
| THALOMID | 3 | NEDS; SP-Optum Specialty |
| VUMERITY | 3 | NEDS; SP-Optum Specialty |
| ZEPOSIA | 3 | NEDS |
| ZEPOSIA 7-DAY STARTER PACK | 3 | NEDS |
| ZEPOSIA STARTER KIT | 3 | NEDS |
| <i>Immunosuppressive Agents</i> | | |
| <i>azathioprine tabs 50mg</i> | 1 | PA BvD |
| <i>azathioprine tabs 100mg, 75mg</i> | 2 | PA BvD |
| BENLYSTA INJ 200MG/ML | 3 | PA; NEDS; SP-Optum Specialty |
| <i>cyclosporine modified soln</i> | 1 | PA BvD |
| <i>cyclosporine modified caps</i> | 2 | PA BvD |
| <i>cyclosporine caps 100mg, 25mg</i> | 3 | PA BvD |
| ENVARUS XR | 3 | PA BvD |
| <i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i> | 3 | QL(60 EA per 30 days); PA BvD; NEDS |
| GENGRAF SOLN | 1 | PA BvD |
| <i>gengraf caps 100mg, 25mg</i> | 2 | PA BvD |
| <i>mycophenolate mofetil caps, tabs</i> | 1 | PA BvD |
| <i>mycophenolate mofetil susr</i> | 3 | PA BvD; NEDS |
| <i>mycophenolic acid dr</i> | 3 | PA BvD |
| NULOJIX | 3 | NEDS |
| PROGRAF PACK | 3 | PA BvD |
| <i>sirolimus soln, tabs</i> | 2 | PA BvD |
| <i>tacrolimus caps 0.5mg, 1mg, 5mg</i> | 1 | PA BvD |
| <i>Kallikrein-Kinin System Inhibitors</i> | | |
| BERINERT | 3 | PA; NEDS |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| CINRYZE | 3 | PA; NEDS |
| HAEGARDA | 3 | PA; NEDS; SP-Optum Specialty |
| <i>icatibant acetate</i> | 3 | QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| SAJAZIR | 3 | QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty |
| TAVNEOS | 3 | PA; NEDS |
| Other Miscellaneous Therapeutic Agents | | |
| ARCALYST | 3 | PA; NEDS |
| <i>betaine anhydrous</i> | 3 | NEDS |
| CERDELGA | 3 | PA; NEDS; SP-Optum Specialty |
| CYSTAGON | 3 | |
| <i>dalfampridine er</i> | 2 | SP-Optum Specialty |
| ELMIRON | 3 | |
| ENDARI | 3 | NEDS |
| EVRYSDI | 3 | PA; NEDS |
| FIRDAPSE | 3 | PA; NEDS |
| GALAFOLD | 3 | PA; NEDS |
| <i>levocarnitine tabs</i> | 2 | |
| <i>metirosine</i> | 3 | NEDS |
| <i>miglustat</i> | 3 | PA; NEDS; SP-Optum Specialty |
| <i>nitisinone caps 20mg</i> | 3 | PA; NEDS |
| <i>nitisinone caps 10mg, 2mg, 5mg</i> | 3 | PA; NEDS; SP-Optum Specialty |
| ORFADIN SUSP | 3 | PA; NEDS |
| ORFADIN CAPS 20MG | 3 | PA; NEDS |
| REZUROCK | 3 | PA; NEDS |
| <i>sapropterin dihydrochloride</i> | 3 | PA; NEDS; SP-Optum Specialty |
| THIOLA EC | 3 | NEDS |
| TYBOST | 2 | |
| VIJOICE TBPk 125MG, 50MG | 3 | QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| VIJOICE TBPk 0 | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| VOXZOGO | 3 | PA; NEDS; SP-Optum Specialty |
| VYNDAMAX | 3 | QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| VYNDAQEL | 3 | QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| YARGESA | 3 | PA; NEDS |
| Protective Agents | | |
| MESNEX TABS | 3 | NEDS |
| Respiratory Tract Agents | | |
| Anti-inflammatory Agents | | |
| <i>cromolyn sodium conc 100mg/5ml</i> | 3 | |
| <i>cromolyn sodium nebu 20mg/2ml</i> | 3 | PA BvD |

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|---|-----------|--|
| DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML | 3 | PA; NEDS; SP-Optum Specialty |
| FASENRA | 3 | PA; NEDS |
| FASENRA PEN | 3 | PA; NEDS; SP-Optum Specialty |
| <i>montelukast sodium chew, pack, tabs</i> | 1 | |
| NUCALA INJ 100MG, 40MG/0.4ML | 3 | PA; NEDS |
| NUCALA INJ 100MG/ML | 3 | PA; NEDS; SP-Optum Specialty |
| <i>zafirlukast</i> | 2 | |
| <i>zileuton er</i> | 3 | NEDS |
| Antifibrotic Agents | | |
| ESBRIET CAPS | 3 | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| ESBRIET TABS 267MG | 3 | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| ESBRIET TABS 801MG | 3 | QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| OFEV | 3 | QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| <i>pirfenidone caps</i> | 3 | QL(270 EA per 30 days); PA; NEDS |
| <i>pirfenidone tabs 534mg</i> | 3 | QL(135 EA per 30 days); PA; NEDS |
| <i>pirfenidone tabs 267mg</i> | 3 | QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| <i>pirfenidone tabs 801mg</i> | 3 | QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty |
| Antitussives | | |
| <i>benzonatate</i> | 2 | EC |
| <i>hydrocodone bitartrate/homatropine methylbromide soln, tabs</i> | 2 | EC |
| <i>promethazine dm</i> | 2 | EC |
| <i>promethazine vc/codeine</i> | 2 | EC |
| <i>promethazine/codeine syrp</i> | 2 | EC |
| Cystic Fibrosis Transmembrane Conductance Regulator Modulators | | |
| KALYDECO TABS | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| KALYDECO PACK 13.4MG, 5.8MG | 3 | QL(56 EA per 28 days); PA; NEDS |
| KALYDECO PACK 25MG, 50MG, 75MG | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| ORKAMBI TABS | 3 | QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| ORKAMBI PACK 94MG; 75MG | 3 | QL(56 EA per 28 days); PA; NEDS |
| ORKAMBI PACK 125MG; 100MG, 188MG; 150MG | 3 | QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| SYMDEKO | 3 | PA; NEDS; SP-Optum Specialty |
| TRIKAFTA THPK | 3 | QL(56 EA per 28 days); PA; NEDS |
| TRIKAFTA TBPk | 3 | QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| Mucolytic Agents | | |
| PULMOZYME | 3 | PA BvD; NEDS; SP-Optum Specialty |
| Phosphodiesterase Type 4 Inhibitors | | |
| <i>roflumilast</i> | 2 | |
| Respiratory Tract Agents, Miscellaneous | | |
| BRONCHITOL | 3 | NEDS |
| PROLASTIN-C | 3 | PA; NEDS |
| XOLAIR INJ 150MG, 75MG/0.5ML | 3 | PA; NEDS |
| XOLAIR INJ 150MG/ML | 3 | PA; NEDS; SP-Optum Specialty |
| Vasodilating Agents | | |
| ADEMPAS | 3 | PA; NEDS |
| <i>ambrisentan</i> | 3 | PA; NEDS; SP-Optum Specialty |
| <i>bosentan</i> | 3 | PA; NEDS; SP-Optum Specialty |
| OPSUMIT | 3 | PA; NEDS |
| ORENITRAM TITRATION KIT MONTH 1 | 3 | PA; NEDS |
| ORENITRAM TITRATION KIT MONTH 2 | 3 | PA; NEDS |
| ORENITRAM TITRATION KIT MONTH 3 | 3 | PA; NEDS |
| ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG | 3 | PA |
| ORENITRAM TBCR 5MG | 3 | PA; NEDS |
| TRACLEER TBSO | 3 | PA; NEDS; SP-Optum Specialty |
| UPTRAVI TITRATION PACK | 3 | PA; NEDS |
| UPTRAVI TABS | 3 | PA; NEDS |
| VENTAVIS | 3 | PA; NEDS |
| Skin and Mucous Membrane Agents | | |
| Anti-infectives | | |
| <i>klayesta</i> | 1 | |
| <i>naftifine hydrochloride gel 1%</i> | 2 | |
| Anti-inflammatory Agents | | |
| CORTIFOAM FOAM | 3 | |
| <i>fluocinolone acetonide topical</i> | 3 | |
| <i>kourzeq</i> | 1 | |
| Antipruritics and Local Anesthetics | | |
| <i>glydo</i> | 1 | QL(100 ML per 30 days) |
| <i>lidocaine hcl jelly</i> | 1 | QL(100 ML per 30 days) |
| <i>lidocaine hcl prsy 2%</i> | 1 | QL(100 ML per 30 days) |
| <i>lidocaine hydrochloride prsy 2%</i> | 1 | QL(100 ML per 30 days) |
| PROCTOFOAM HC | 3 | |
| Cell Stimulants and Proliferants | | |
| RETIN-A MICRO GEL 0.06% | 3 | PA |
| <i>tretinoin microsphere gel 0.08%</i> | 2 | PA |
| Skin and Mucous Membrane Agents, Misc | | |
| <i>podofilox gel 0.5%</i> | 3 | |
| Skin and Mucous Membrane Preparations | | |
| Anti-infectives | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| <i>acyclovir crea 5%</i> | 2 | |
| <i>ciclopirox nail lacquer</i> | 2 | |
| <i>ciclopirox olamine</i> | 1 | |
| <i>ciclopirox gel, susp</i> | 1 | |
| <i>ciclopirox sham</i> | 3 | |
| CLEOCIN | 3 | |
| <i>clindacin</i> | 3 | |
| <i>clindacin etz pledgets</i> | 1 | |
| <i>clindacin-p</i> | 1 | |
| <i>clindamycin phosphate/benzoyl peroxide</i> | 3 | |
| <i>clindamycin phosphate crea 2%</i> | 1 | |
| <i>clindamycin phosphate foam 1%</i> | 3 | |
| <i>clindamycin phosphate gel 1%</i> | 1 | |
| <i>clindamycin phosphate lotn 1%</i> | 3 | |
| <i>clindamycin phosphate external soln 1%</i> | 1 | |
| <i>clindamycin phosphate swab 1%</i> | 1 | |
| <i>clindamycin/benzoyl peroxide</i> | 3 | |
| <i>clotrimazole/betamethasone dipropionate crea</i> | 2 | |
| <i>clotrimazole/betamethasone dipropionate lotn</i> | 3 | |
| <i>clotrimazole soln, troc</i> | 1 | |
| <i>clotrimazole crea</i> | 2 | |
| <i>econazole nitrate</i> | 2 | |
| <i>ery</i> | 1 | |
| <i>erythromycin/benzoyl peroxide</i> | 3 | |
| <i>erythromycin gel 2%</i> | 1 | |
| <i>erythromycin soln 2%</i> | 1 | |
| <i>gentamicin sulfate crea 0.1%</i> | 2 | |
| <i>gentamicin sulfate oint 0.1%</i> | 2 | |
| GYNAZOLE-1 | 3 | |
| <i>ivermectin crea 1%</i> | 3 | |
| <i>ketoconazole crea 2%</i> | 2 | QL(120 GM per 30 days) |
| <i>ketoconazole foam 2%</i> | 3 | |
| <i>ketoconazole sham 2%</i> | 1 | |
| KETODAN | 3 | |
| <i>malathion</i> | 3 | |
| MENTAX | 3 | |
| <i>metronidazole vaginal</i> | 2 | |
| <i>metronidazole crea 0.75%</i> | 1 | |
| <i>metronidazole gel 0.75%, 1%</i> | 1 | |
| <i>metronidazole lotn 0.75%</i> | 3 | |
| <i>miconazole 3</i> | 1 | |
| <i>mupirocin oint</i> | 1 | QL(44 GM per 30 days) |
| <i>mupirocin crea</i> | 2 | QL(180 GM per 30 days) |
| <i>naftifine hcl</i> | 2 | |
| <i>naftifine hydrochloride crea 2%</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| NEUAC | 3 | |
| NUVESSA | 3 | |
| <i>nyamyc</i> | 1 | |
| <i>nystatin crea 100000unit/gm</i> | 1 | |
| <i>nystatin oint 100000unit/gm</i> | 1 | |
| <i>nystatin powd 100000unit/gm</i> | 1 | |
| <i>nystop</i> | 1 | |
| <i>oxiconazole nitrate</i> | 3 | QL(90 GM per 30 days) |
| <i>penciclovir</i> | 3 | |
| <i>permethrin</i> | 2 | |
| <i>rosadan</i> | 1 | |
| <i>selenium sulfide</i> | 1 | |
| <i>silver sulfadiazine</i> | 1 | |
| <i>ssd</i> | 1 | |
| <i>sulfacetamide sodium lotn 10%</i> | 2 | |
| SULFAMYLON | 3 | |
| <i>terconazole crea</i> | 1 | |
| <i>terconazole supp</i> | 2 | |
| Anti-inflammatory Agents | | |
| <i>ala-cort</i> | 1 | |
| <i>alclometasone dipropionate oint</i> | 1 | |
| <i>alclometasone dipropionate crea</i> | 3 | |
| <i>amcinonide lotn</i> | 1 | |
| <i>amcinonide crea</i> | 3 | |
| <i>betamethasone dipropionate augmented crea, oint</i> | 1 | |
| <i>betamethasone dipropionate augmented gel, lotn</i> | 3 | |
| <i>betamethasone dipropionate lotn</i> | 1 | |
| <i>betamethasone dipropionate crea, oint</i> | 3 | |
| <i>betamethasone valerate crea, lotn, oint</i> | 1 | |
| <i>betamethasone valerate foam</i> | 3 | |
| <i>budesonide foam 2mg</i> | 2 | |
| <i>calcipotriene/betamethasone dipropionate oint</i> | 3 | |
| <i>calcipotriene/betamethasone dipropionate susp</i> | 3 | NEDS |
| <i>clobetasol propionate e</i> | 2 | QL(240 GM per 30 days) |
| <i>clobetasol propionate emollient</i> | 3 | QL(200 GM per 30 days) |
| <i>clobetasol propionate soln</i> | 2 | QL(200 ML per 30 days) |
| <i>clobetasol propionate gel, oint</i> | 2 | QL(240 GM per 30 days) |
| <i>clobetasol propionate foam</i> | 3 | QL(200 GM per 30 days) |
| <i>clobetasol propionate lotn, sham</i> | 3 | QL(236 ML per 30 days) |
| <i>clobetasol propionate crea</i> | 3 | QL(240 GM per 30 days) |
| <i>clobetasol propionate liqd</i> | 3 | QL(250 ML per 30 days) |
| <i>clocortolone pivalate</i> | 3 | |
| <i>clodan</i> | 2 | QL(236 ML per 30 days) |
| CORDRAN | 3 | |
| <i>desonide</i> | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------|
| <i>desoximetasone</i> | 3 | |
| DESRX | 3 | |
| <i>diclofenac sodium gel 3%</i> | 2 | QL(200 GM per 30 days) |
| <i>diclofenac sodium gel 1%</i> | 2 | QL(960 GM per 30 days) |
| <i>diclofenac sodium external soln 1.5%</i> | 3 | QL(300 ML per 30 days) |
| <i>diflorasone diacetate</i> | 3 | |
| EUCRISA | 3 | PA |
| <i>fluocinolone acetonide body</i> | 3 | |
| <i>fluocinolone acetonide scalp</i> | 2 | |
| <i>fluocinolone acetonide crea 0.01%, 0.025%</i> | 2 | |
| <i>fluocinolone acetonide oint 0.025%</i> | 2 | |
| <i>fluocinolone acetonide soln 0.01%</i> | 3 | |
| <i>fluocinonide emulsified base</i> | 3 | |
| <i>fluocinonide crea</i> | 2 | |
| <i>fluocinonide gel, oint, soln</i> | 3 | |
| <i>fluticasone propionate crea 0.05%</i> | 1 | |
| <i>fluticasone propionate lotn 0.05%</i> | 3 | |
| <i>fluticasone propionate oint 0.005%</i> | 1 | |
| <i>halcinonide</i> | 2 | |
| <i>halobetasol propionate</i> | 3 | |
| <i>hydrocortisone butyrate lotn</i> | 1 | |
| <i>hydrocortisone butyrate crea, oint, soln</i> | 3 | |
| <i>hydrocortisone valerate</i> | 3 | |
| <i>hydrocortisone crea 1%, 2.5%</i> | 1 | |
| <i>hydrocortisone enem 100mg/60ml</i> | 3 | |
| <i>hydrocortisone lotn 2.5%</i> | 1 | |
| <i>hydrocortisone oint 1%, 2.5%</i> | 1 | |
| <i>mometasone furoate crea 0.1%</i> | 1 | |
| <i>mometasone furoate oint 0.1%</i> | 1 | |
| <i>mometasone furoate soln 0.1%</i> | 1 | |
| <i>nystatin/triamcinolone crea</i> | 1 | |
| <i>nystatin/triamcinolone oint</i> | 2 | |
| <i>oralone dental paste</i> | 1 | |
| <i>prednicarbate</i> | 1 | |
| <i>procto-med hc</i> | 1 | |
| <i>procto-pak</i> | 1 | |
| <i>proctosol hc</i> | 1 | |
| <i>proctozone-hc</i> | 1 | |
| TOVET | 3 | QL(200 GM per 30 days) |
| <i>triamcinolone acetonide dental paste</i> | 1 | |
| <i>triamcinolone acetonide aers 0.147mg/gm</i> | 3 | |
| <i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i> | 1 | |
| <i>triamcinolone acetonide lotn 0.025%, 0.1%</i> | 1 | |
| <i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i> | 1 | |
| <i>triamcinolone acetonide oint 0.05%</i> | 2 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| TRIANEX | 2 | |
| <i>triderm</i> | 1 | |
| TRITOCIN | 2 | |
| UCERIS | 3 | |
| Antipruritics and Local Anesthetics | | |
| <i>doxepin hydrochloride crea 5%</i> | 3 | QL(90 GM per 30 days) |
| <i>hydrocortisone acetate/pramoxine</i> | 1 | |
| <i>lidocaine hydrochloride external soln 4%</i> | 1 | QL(100 ML per 30 days) |
| <i>lidocaine/prilocaine</i> | 2 | QL(60 GM per 30 days) |
| <i>lidocaine oint</i> | 2 | QL(100 GM per 30 days) |
| <i>lidocaine ptch</i> | 2 | QL(90 EA per 30 days); PA |
| <i>premium lidocaine</i> | 2 | QL(100 GM per 30 days) |
| Cell Stimulants and Proliferants | | |
| <i>avita</i> | 1 | PA |
| RETIN-A MICRO PUMP | 3 | PA |
| <i>tretinoin microsphere gel 0.04%, 0.1%</i> | 3 | PA |
| <i>tretinoin crea 0.025%, 0.05%, 0.1%</i> | 1 | PA |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i> | 3 | PA |
| Emollients, Demulcents, and Protectants | | |
| <i>ammonium lactate lotn</i> | 1 | |
| <i>ammonium lactate crea</i> | 2 | |
| Skin and Mucous Membrane Agents, Misc | | |
| <i>acutane</i> | 3 | |
| <i>acitretin</i> | 3 | |
| <i>adapalene</i> | 3 | PA |
| <i>amnesteem</i> | 1 | |
| <i>azelaic acid</i> | 2 | |
| AZELEX | 3 | |
| <i>bexarotene gel 1%</i> | 3 | PA NSO; NEDS |
| <i>calcipotriene crea</i> | 2 | QL(120 GM per 30 days) |
| <i>calcipotriene oint</i> | 3 | QL(120 GM per 30 days) |
| <i>calcipotriene soln</i> | 3 | QL(120 ML per 30 days) |
| <i>calcitriol oint 3mcg/gm</i> | 2 | |
| <i>claravis</i> | 3 | |
| CONDYLOX | 3 | |
| DUPIXENT INJ 200MG/1.14ML, 300MG/2ML | 3 | PA; NEDS; SP-Optum Specialty |
| <i>fluorouracil crea</i> | 1 | |
| <i>fluorouracil soln</i> | 3 | |
| HYFTOR | 3 | PA; NEDS |
| <i>imiquimod pump</i> | 3 | |
| <i>imiquimod crea 5%</i> | 2 | |
| <i>imiquimod crea 3.75%</i> | 3 | |
| <i>isotretinoin</i> | 3 | |
| KLISYRI | 3 | PA; NEDS |
| MYORISAN | 3 | |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| PANRETIN | 3 | NEDS |
| <i>pimecrolimus</i> | 2 | |
| <i>podofilox soln 0.5%</i> | 1 | |
| RECTIV | 3 | QL(30 GM per 30 days) |
| REGRANEX | 2 | |
| SANTYL | 2 | |
| SKYRIZI PEN | 3 | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 75MG/0.83ML | 3 | QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty |
| SKYRIZI INJ 150MG/ML | 3 | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| STELARA INJ 45MG/0.5ML | 3 | QL(1 ML per 28 days); PA; NEDS |
| STELARA INJ 45MG/0.5ML, 90MG/ML | 3 | QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty |
| <i>tacrolimus oint 0.03%, 0.1%</i> | 2 | |
| <i>tazarotene crea, gel</i> | 2 | PA |
| <i>tazarotene foam</i> | 3 | PA |
| TAZORAC | 3 | PA |
| VALCHLOR | 3 | NEDS; SP-Optum Specialty |
| WINLEVI | 3 | PA |
| ZENATANE | 3 | |
| Smooth Muscle Relaxants | | |
| <i>Genitourinary Smooth Muscle Relaxants</i> | | |
| <i>darifenacin hydrobromide er</i> | 3 | |
| <i>fesoterodine fumarate er</i> | 3 | |
| <i>flavoxate hcl</i> | 1 | |
| GEMTESA | 3 | |
| MYRBETRIQ | 2 | |
| <i>oxybutynin chloride er</i> | 1 | |
| <i>oxybutynin chloride soln</i> | 1 | |
| <i>oxybutynin chloride tabs 5mg</i> | 1 | |
| <i>oxybutynin chloride tabs 2.5mg</i> | 2 | |
| <i>solifenacin succinate</i> | 2 | |
| <i>tolterodine tartrate</i> | 2 | |
| <i>tolterodine tartrate er</i> | 2 | |
| <i>tropium chloride</i> | 2 | |
| <i>tropium chloride er</i> | 3 | |
| <i>Respiratory Smooth Muscle Relaxants</i> | | |
| <i>elixophyllin</i> | 1 | |
| <i>theophylline er tb24</i> | 1 | |
| <i>theophylline er tb12 300mg, 450mg</i> | 1 | |
| <i>theophylline elix</i> | 1 | |
| Vitamins | | |
| <i>Multivitamin Preparations</i> | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i> | 1 | |
| Vitamin B Complex | | |
| <i>cyanocobalamin inj 1000mcg/ml</i> | 2 | EC |
| <i>folic acid inj</i> | 2 | EC |
| <i>folic acid tabs 1mg</i> | 2 | EC |
| NASCOBAL SOLN | 3 | EC |
| <i>niacin tabs 500mg</i> | 1 | |
| <i>niacor</i> | 1 | |
| Vitamin D | | |
| <i>calcitriol caps 0.25mcg, 0.5mcg</i> | 1 | |
| <i>calcitriol soln 1mcg/ml</i> | 1 | |
| <i>doxercalciferol caps</i> | 3 | |
| <i>paricalcitol caps</i> | 1 | |
| RAYALDEE | 3 | |
| <i>vitamin d caps 50000unit</i> | 2 | EC |
| Vitamin K Activity | | |
| <i>phytonadione tabs</i> | 2 | EC |

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| <i>abacavir sulfate/lamivudine/zidovudine</i> | 6 | <i>allopurinol</i> | 52 |
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| <i>acamprosate calcium dr</i> | 31 | ALREX | 40 |
| <i>acarbose</i> | 46 | ALUNBRIG | 9 |
| <i>accutane</i> | 61 | <i>alyq</i> | 23 |
| <i>acebutolol hydrochloride</i> | 20 | <i>amabelz</i> | 49 |
| <i>acetaminophen/codeine</i> | 24 | <i>amantadine hcl</i> | 29 |
| <i>acetazolamide</i> | 41 | <i>ambrisentan</i> | 57 |
| <i>acetazolamide er</i> | 41 | <i>amcinonide</i> | 59 |
| <i>acetic acid</i> | 42 | <i>amethia</i> | 47 |
| <i>acetic acid 0.25%</i> | 38 | <i>amikacin sulfate</i> | 2 |
| <i>acetylcysteine</i> | 52 | <i>amiloride hcl</i> | 37 |
| <i>acitretin</i> | 61 | <i>amiloride/hydrochlorothiazide</i> | 37 |
| ACTHIB | 16 | <i>aminocaproic acid</i> | 18 |
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| <i>acyclovir</i> | 6 | AMINOSYN-PF 7% | 36 |
| <i>acyclovir</i> | 58 | <i>amiodarone hydrochloride</i> | 22 |
| <i>acyclovir sodium</i> | 6 | <i>amitriptyline hcl</i> | 32 |
| ADACEL | 15 | <i>amitriptyline hydrochloride</i> | 32 |
| <i>adapalene</i> | 61 | <i>amlodipine besylate</i> | 21 |
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| <i>adefovir dipivoxil</i> | 6 | <i>amlodipine besylate/benazepril hydrochloride</i> | 21 |
| ADEMPAS | 57 | <i>amlodipine besylate/valsartan</i> | 21 |
| ADIPEX-P | 26 | <i>amlodipine/olmesartan medoxomil</i> | 21 |
| ADTHYZA | 51 | <i>amlodipine/valsartan/hydrochlorothiazide</i> | 21 |
| AIMOVIG | 29 | <i>ammonium lactate</i> | 61 |
| <i>ala-cort</i> | 59 | <i>amnestem</i> | 61 |
| <i>albendazole</i> | 2 | <i>amoxapine</i> | 32 |
| <i>albuterol sulfate</i> | 18 | <i>amoxicillin</i> | 2 |
| <i>albuterol sulfate hfa</i> | 18 | <i>amoxicillin/clavulanate potassium</i> | 2 |
| <i>alclometasone dipropionate</i> | 59 | <i>amoxicillin/clavulanate potassium er</i> | 2 |
| <i>alcohol prep pads</i> | 35 | <i>amphetamine/dextroamphetamine</i> | 26 |
| ALECENSA | 9 | <i>amphotericin b</i> | 5 |
| <i>alendronate sodium</i> | 52 | <i>amphotericin b liposome</i> | 5 |
| | | <i>ampicillin</i> | 2 |
| | | <i>ampicillin sodium</i> | 2 |

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| <i>ampicillin/sulbactam</i> | 2 | AYVAKIT | 9 |
| <i>ampicillin-sulbactam</i> | 2 | AZASITE | 39 |
| <i>anagrelide hydrochloride</i> | 18 | <i>azathioprine</i> | 54 |
| <i>anastrozole</i> | 49 | <i>azelaic acid</i> | 61 |
| ANORO ELLIPTA | 16 | <i>azelastine hcl</i> | 41 |
| APLENZIN | 32 | <i>azelastine hydrochloride</i> | 41 |
| <i>apraclonidine</i> | 42 | AZELEX | 61 |
| <i>aprepitant</i> | 42 | <i>azithromycin</i> | 2 |
| <i>apri</i> | 47 | <i>aztreonam</i> | 2 |
| APTIOM | 27 | <i>bacitracin</i> | 39 |
| APTIVUS | 6 | <i>bacitracin/polymyxin b</i> | 39 |
| ARCALYST | 55 | <i>baclofen</i> | 17 |
| AREXVY | 16 | BAFIERTAM | 54 |
| <i>arformoterol tartrate</i> | 18 | <i>balsalazide disodium</i> | 42 |
| ARIKAYCE | 2 | BALVERSA | 9 |
| <i>aripiprazole</i> | 32 | <i>balziva</i> | 47 |
| <i>aripiprazole odt</i> | 32 | BAQSIMI ONE PACK | 47 |
| ARISTADA | 32 | BAQSIMI TWO PACK | 47 |
| ARISTADA INITIO | 32 | BAXDELA | 2 |
| <i>armodafinil</i> | 26 | BCG VACCINE | 16 |
| ARMOUR THYROID | 51 | <i>bd insulin syringe safetyglide/1ml/29g x</i> | 35 |
| <i>asenapine maleate sl</i> | 32 | <i>1/2"</i> | |
| <i>ashlyna</i> | 47 | <i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i> | 35 |
| <i>aspirin/dipyridamole er</i> | 18 | <i>5/16"</i> | |
| <i>atazanavir</i> | 6 | <i>bd insulin syringe ultra-fine/0.5ml/30g x</i> | 35 |
| <i>atazanavir sulfate</i> | 6 | <i>12.7mm</i> | |
| <i>atenolol</i> | 20 | <i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i> | 35 |
| <i>atenolol/chlorthalidone</i> | 20 | <i>bd insulin syringe/u-100/1ml/27g x 1/2"</i> | 35 |
| <i>atomoxetine</i> | 31 | <i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i> | 35 |
| <i>atomoxetine hydrochloride</i> | 31 | <i>bd pen needle/original/ultra-fine/29g x</i> | 35 |
| <i>atorvastatin calcium</i> | 20 | <i>12.7mm</i> | |
| <i>atovaquone</i> | 6 | BELBUCA | 24 |
| <i>atovaquone/proguanil hcl</i> | 6 | BELSOMRA | 30 |
| <i>atropine sulfate</i> | 42 | <i>benazepril hcl</i> | 23 |
| ATROVENT HFA | 16 | <i>benazepril hydrochloride</i> | 23 |
| AUBAGIO | 53 | <i>benazepril</i> | 23 |
| AUGMENTIN | 2 | <i>hydrochloride/hydrochlorothiazide</i> | |
| AURYXIA | 38 | BENLYSTA | 54 |
| AUSTEDO | 35 | BENZNIDAZOLE | 6 |
| AUVELITY | 32 | <i>benzonatate</i> | 56 |
| AVEED | 45 | <i>benztropine mesylate</i> | 29 |
| <i>aviane</i> | 47 | <i>bepotastine besilate</i> | 41 |
| <i>avita</i> | 61 | BERINERT | 54 |
| AVONEX | 54 | BESIVANCE | 39 |
| AVONEX PEN | 53 | BESREMI | 9 |
| AVYCAZ | 2 | <i>betaine anhydrous</i> | 55 |

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| <i>betamethasone dipropionate</i> | 59 | <i>budesonide/formoterol fumarate dihydrate</i> | 44 |
| <i>betamethasone dipropionate augmented</i> | 59 | <i>bumetanide</i> | 37 |
| <i>betamethasone valerate</i> | 59 | <i>buprenorphine</i> | 24 |
| BETASERON | 54 | <i>buprenorphine hcl</i> | 24 |
| <i>betaxolol hcl</i> | 20 | <i>buprenorphine hcl/naloxone hcl</i> | 24 |
| <i>betaxolol hcl</i> | 41 | <i>buprenorphine hydrochloride/naloxone</i> | 24 |
| <i>bethanechol chloride</i> | 17 | <i>hydrochloride</i> | |
| BETIMOL | 41 | <i>bupropion hcl</i> | 32 |
| BETOPTIC-S | 41 | <i>bupropion hydrochloride</i> | 32 |
| BEVESPI AEROSPHERE | 17 | <i>bupropion hydrochloride er (sr)</i> | 32 |
| <i>bexarotene</i> | 9 | <i>bupropion hydrochloride er (xl)</i> | 32 |
| <i>bexarotene</i> | 61 | <i>bupirone hcl</i> | 30 |
| BEXSERO | 16 | <i>bupirone hydrochloride</i> | 30 |
| <i>bicalutamide</i> | 9 | <i>butorphanol tartrate</i> | 24 |
| BICILLIN C-R | 2 | BYDUREON BCISE | 46 |
| BICILLIN L-A | 2 | BYETTA | 46 |
| BIKTARVY | 6 | BYLVAY | 44 |
| <i>bimatoprost</i> | 41 | BYLVAY (PELLETS) | 44 |
| <i>bismuth subcitrate</i> | 42 | <i>cabergoline</i> | 29 |
| <i>pot/metronidazole/tetracycline hydrochloride</i> | | CABLIVI | 18 |
| <i>bisoprolol fumarate</i> | 21 | CABOMETYX | 10 |
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | 21 | <i>calcipotriene</i> | 61 |
| BIVIGAM | 15 | <i>calcipotriene/betamethasone dipropionate</i> | 59 |
| BOOSTRIX | 15 | CALCITONIN SALMON | 50 |
| <i>bortezomib</i> | 9 | <i>calcitonin-salmon</i> | 50 |
| <i>bosentan</i> | 57 | <i>calcitriol</i> | 61 |
| BOSULIF | 9 | <i>calcitriol</i> | 63 |
| BRAFTOVI | 9 | <i>calcium acetate</i> | 38 |
| BREO ELLIPTA | 44 | CALQUENCE | 10 |
| BREYNA | 44 | <i>camila</i> | 47 |
| BREZTRI AEROSPHERE | 44 | CAMZYOS | 22 |
| <i>briellyn</i> | 47 | <i>candesartan cilexetil</i> | 23 |
| BRILINTA | 18 | <i>candesartan cilexetil/hydrochlorothiazide</i> | 23 |
| <i>brimonidine tartrate</i> | 41 | CAPLYTA | 32 |
| <i>brimonidine tartrate/timolol maleate</i> | 41 | CAPRELSA | 10 |
| <i>brinzolamide</i> | 41 | <i>captopril</i> | 23 |
| BRIVIACT | 27 | <i>carbamazepine</i> | 27 |
| <i>bromfenac</i> | 40 | <i>carbamazepine er</i> | 27 |
| <i>bromfenac sodium</i> | 40 | <i>carbidopa</i> | 30 |
| <i>bromocriptine mesylate</i> | 29 | <i>carbidopa/levodopa</i> | 29 |
| BROMSITE | 40 | <i>carbidopa/levodopa er</i> | 29 |
| BRONCHITOL | 57 | <i>carbidopa/levodopa odt</i> | 30 |
| BRUKINSA | 10 | <i>carbidopa/levodopa/entacapone</i> | 30 |
| <i>budesonide</i> | 44 | CARDURA XL | 19 |
| <i>budesonide</i> | 59 | <i>carglumic acid</i> | 36 |
| <i>budesonide er</i> | 44 | <i>carteolol hcl</i> | 41 |

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| <i>cartia xt</i> | 21 | <i>cilostazol</i> | 18 |
| <i>carvedilol</i> | 21 | CIMDUO | 6 |
| <i>carvedilol phosphate er</i> | 21 | <i>cimetidine</i> | 42 |
| <i>casprofungin acetate</i> | 5 | <i>cinacalcet hydrochloride</i> | 50 |
| CAVERJECT | 23 | CINRYZE | 55 |
| CAVERJECT IMPULSE | 23 | <i>ciprofloxacin</i> | 3 |
| CAYSTON | 2 | <i>ciprofloxacin</i> | 39 |
| <i>cefaclor</i> | 2 | <i>ciprofloxacin hcl</i> | 3 |
| <i>cefadroxil</i> | 2 | <i>ciprofloxacin hydrochloride</i> | 3 |
| <i>cefazolin</i> | 2 | <i>ciprofloxacin hydrochloride</i> | 39 |
| <i>cefazolin sodium</i> | 2 | <i>ciprofloxacin i.v.-in d5w</i> | 3 |
| <i>cefazolin sodium/dextrose</i> | 2 | <i>ciprofloxacin/dexamethasone</i> | 40 |
| <i>cefdinir</i> | 2 | <i>citalopram hydrobromide</i> | 32 |
| <i>cefepime</i> | 2 | <i>claravis</i> | 61 |
| <i>cefepime hydrochloride</i> | 2 | <i>clarithromycin</i> | 3 |
| <i>cefepime/dextrose</i> | 2 | <i>clarithromycin er</i> | 3 |
| <i>cefixime</i> | 2 | CLENPIQ | 43 |
| <i>cefotetan</i> | 2 | CLEOCIN | 58 |
| <i>cefoxitin sodium</i> | 2 | <i>clindacin</i> | 58 |
| <i>cefpodoxime proxetil</i> | 2 | <i>clindacin etz pledgets</i> | 58 |
| <i>cefprozil</i> | 3 | <i>clindacin-p</i> | 58 |
| <i>ceftazidime</i> | 3 | <i>clindamycin hcl</i> | 3 |
| <i>ceftriaxone in iso-osmotic dextrose</i> | 3 | <i>clindamycin hydrochloride</i> | 3 |
| <i>ceftriaxone sodium</i> | 3 | <i>clindamycin palmitate hydrochloride</i> | 3 |
| <i>ceftriaxone/dextrose</i> | 3 | <i>clindamycin phosphate</i> | 3 |
| <i>cefuroxime axetil</i> | 3 | <i>clindamycin phosphate</i> | 58 |
| <i>cefuroxime sodium</i> | 3 | <i>clindamycin phosphate/benzoyl peroxide</i> | 58 |
| <i>celecoxib</i> | 24 | <i>clindamycin phosphate/dextrose</i> | 3 |
| CELONTIN | 27 | <i>clindamycin/benzoyl peroxide</i> | 58 |
| <i>cephalexin</i> | 3 | CLINIMIX 4.25%/DEXTROSE 10% | 36 |
| CERDELGA | 55 | CLINIMIX 4.25%/DEXTROSE 5% | 36 |
| <i>cevimeline hydrochloride</i> | 17 | CLINIMIX 5%/DEXTROSE 15% | 36 |
| CHEMET | 44 | CLINIMIX 5%/DEXTROSE 20% | 36 |
| <i>chlordiazepoxide/amitriptyline</i> | 32 | CLINIMIX 6/5 | 36 |
| <i>chlorhexidine gluconate</i> | 39 | CLINIMIX 8/10 | 36 |
| <i>chloroquine phosphate</i> | 6 | CLINIMIX E 2.75%/DEXTROSE 5% | 36 |
| <i>chlorpromazine hcl</i> | 32 | CLINIMIX E 4.25%/DEXTROSE 10% | 36 |
| <i>chlorpromazine hydrochloride</i> | 32 | CLINIMIX E 4.25%/DEXTROSE 5% | 36 |
| <i>chlorthalidone</i> | 37 | CLINIMIX E 5%/DEXTROSE 15% | 36 |
| CHOLBAM | 44 | CLINIMIX E 5%/DEXTROSE 20% | 36 |
| <i>cholestyramine</i> | 20 | CLINIMIX E 8/10 | 36 |
| <i>cholestyramine light</i> | 20 | CLINISOL SF 15% | 36 |
| <i>ciclopirox</i> | 58 | <i>clobazam</i> | 27 |
| <i>ciclopirox nail lacquer</i> | 58 | <i>clobetasol propionate</i> | 59 |
| <i>ciclopirox olamine</i> | 58 | <i>clobetasol propionate e</i> | 59 |
| <i>cidofovir</i> | 6 | <i>clobetasol propionate emollient</i> | 59 |

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| <i>clocortolone pivalate</i> | 59 | <i>cyclopentolate hydrochloride</i> | 42 |
| <i>clodan</i> | 59 | <i>cyclophosphamide</i> | 10 |
| <i>clomipramine hydrochloride</i> | 32 | CYCLOSET | 46 |
| <i>clonazepam</i> | 27 | <i>cyclosporine</i> | 40 |
| <i>clonazepam odt</i> | 27 | <i>cyclosporine</i> | 54 |
| <i>clonidine hcl</i> | 22 | <i>cyclosporine modified</i> | 54 |
| <i>clonidine hydrochloride</i> | 22 | <i>cyproheptadine hcl</i> | 9 |
| <i>clonidine hydrochloride er</i> | 22 | <i>cyproheptadine hydrochloride</i> | 9 |
| <i>clopidogrel</i> | 18 | CYSTAGON | 55 |
| <i>clorazepate dipotassium</i> | 30 | CYSTARAN | 42 |
| <i>clotrimazole</i> | 58 | <i>dabigatran etexilate</i> | 18 |
| <i>clotrimazole/betamethasone dipropionate</i> | 58 | <i>dalfampridine er</i> | 55 |
| <i>clozapine</i> | 32 | DALVANCE | 3 |
| <i>clozapine odt</i> | 32 | <i>danazol</i> | 45 |
| COARTEM | 6 | <i>dantrolene sodium</i> | 17 |
| <i>codeine sulfate</i> | 24 | <i>dapsone</i> | 5 |
| <i>colchicine</i> | 52 | DAPTACEL | 15 |
| <i>colesevelam hydrochloride</i> | 20 | <i>daptomycin</i> | 3 |
| <i>colestipol hcl</i> | 20 | <i>daptomycin/sodium chloride</i> | 3 |
| <i>colistimethate sodium</i> | 3 | <i>darifenacin hydrobromide er</i> | 62 |
| COMBIPATCH | 49 | <i>darunavir</i> | 6 |
| COMBIVENT RESPIMAT | 18 | DARZALEX | 10 |
| COMETRIQ | 10 | DAURISMO | 10 |
| COMPLERA | 6 | DAYVIGO | 30 |
| CONDYLOX | 61 | <i>deblitane</i> | 47 |
| <i>constulose</i> | 36 | <i>deferasirox</i> | 44 |
| CONTRAVE | 26 | <i>deferiprone</i> | 44 |
| COPAXONE | 54 | DELSTRIGO | 6 |
| COPIKTRA | 10 | <i>demeclocycline hcl</i> | 3 |
| CORDRAN | 59 | DENGVAXIA | 16 |
| CORLANOR | 22 | DEPO-ESTRADIOL | 49 |
| CORTIFOAM | 57 | DEPO-MEDROL | 44 |
| CORTISPORIN-TC | 40 | DEPO-SUBQ PROVERA 104 | 50 |
| CORTROPHIN | 50 | DESCOVY | 6 |
| COSENTYX | 52 | <i>desipramine hydrochloride</i> | 32 |
| COSENTYX SENSOREADY PEN | 52 | <i>desloratadine</i> | 9 |
| COSENTYX UNOREADY | 52 | <i>desloratadine odt</i> | 9 |
| COTELLIC | 10 | <i>desmopressin acetate</i> | 50 |
| CREON | 43 | <i>desogestrel/ethinyl estradiol</i> | 47 |
| <i>cromolyn sodium</i> | 41 | <i>desonide</i> | 59 |
| <i>cromolyn sodium</i> | 55 | <i>desoximetasone</i> | 60 |
| <i>curity gauze pads 2"x2" 12 ply</i> | 35 | DESRX | 60 |
| CUVITRU | 15 | <i>desvenlafaxine er</i> | 32 |
| <i>cyanocobalamin</i> | 63 | <i>dexamethasone</i> | 45 |
| <i>cyclobenzaprine hydrochloride</i> | 17 | <i>dexamethasone 10-day dose pack</i> | 45 |
| <i>cyclopentolate hcl</i> | 42 | <i>dexamethasone 13-day dose pack</i> | 45 |

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| <i>dexamethasone 6-day dose pack</i> | 45 | <i>digitek</i> | 22 |
| <i>dexamethasone intensol</i> | 45 | <i>digox</i> | 22 |
| <i>dexamethasone sodium phosphate</i> | 40 | <i>digoxin</i> | 22 |
| <i>dexamethasone sodium phosphate</i> | 45 | <i>dihydroergotamine mesylate</i> | 18 |
| DEXLANSOPRAZOLE | 42 | DILANTIN | 27 |
| <i>dexmethylphenidate hcl</i> | 26 | DILANTIN INFATABS | 27 |
| <i>dexmethylphenidate hcl er</i> | 26 | DILANTIN-125 | 27 |
| <i>dexmethylphenidate hydrochloride</i> | 26 | <i>diltiazem hcl</i> | 21 |
| <i>dexmethylphenidate hydrochloride er</i> | 26 | <i>diltiazem hcl cd</i> | 21 |
| <i>dextroamphetamine sulfate</i> | 27 | <i>diltiazem hcl er</i> | 21 |
| <i>dextroamphetamine sulfate er</i> | 27 | <i>diltiazem hydrochloride</i> | 21 |
| <i>dextrose 10%/nacl 0.45%</i> | 38 | <i>diltiazem hydrochloride er</i> | 21 |
| <i>dextrose 10%</i> | 36 | <i>dilt-xr</i> | 21 |
| <i>dextrose 10%/nacl 0.2%</i> | 38 | <i>dimethyl fumarate</i> | 54 |
| <i>dextrose 2.5%/nacl 0.45%</i> | 38 | <i>dimethyl fumarate starterpack</i> | 54 |
| <i>dextrose 5%</i> | 36 | <i>diphenhydramine hydrochloride</i> | 9 |
| <i>dextrose 5%/nacl 0.2%</i> | 38 | <i>diphtheria/tetanus toxoids adsorbed</i> | 15 |
| <i>dextrose 5%/nacl 0.3%</i> | 38 | <i>pediatric</i> | |
| <i>dextrose 5%/nacl 0.33%</i> | 38 | <i>dipyridamole</i> | 23 |
| <i>dextrose 5%/nacl 0.45%</i> | 38 | <i>disopyramide phosphate</i> | 22 |
| <i>dextrose 5%/nacl 0.9%</i> | 38 | <i>disulfiram</i> | 52 |
| <i>dextrose 50%</i> | 37 | <i>divalproex sodium</i> | 27 |
| <i>dextrose 70%</i> | 37 | <i>divalproex sodium dr</i> | 27 |
| <i>dextrose/sodium chloride</i> | 38 | <i>divalproex sodium er</i> | 27 |
| DIACOMIT | 27 | DOCETAXEL | 10 |
| <i>diazepam</i> | 30 | <i>dofetilide</i> | 22 |
| <i>diazepam intensol</i> | 30 | <i>donepezil hcl</i> | 17 |
| <i>diazepam rectal gel</i> | 30 | <i>donepezil hydrochloride</i> | 17 |
| <i>diazoxide</i> | 47 | DOPTELET | 19 |
| <i>dichlorphenamide</i> | 52 | <i>dorzolamide hcl/timolol maleate</i> | 41 |
| <i>diclofenac epolamine</i> | 24 | <i>dorzolamide hydrochloride</i> | 41 |
| <i>diclofenac potassium</i> | 24 | <i>dorzolamide hydrochloride/timolol maleate</i> | 41 |
| <i>diclofenac sodium</i> | 40 | <i>pf</i> | |
| <i>diclofenac sodium</i> | 60 | <i>dotti</i> | 49 |
| <i>diclofenac sodium dr</i> | 24 | DOVATO | 7 |
| <i>diclofenac sodium er</i> | 24 | <i>doxazosin mesylate</i> | 19 |
| <i>diclofenac sodium/misoprostol</i> | 24 | <i>doxepin hcl</i> | 32 |
| <i>dicloxacillin sodium</i> | 3 | <i>doxepin hydrochloride</i> | 32 |
| <i>dicyclomine hcl</i> | 17 | <i>doxepin hydrochloride</i> | 61 |
| <i>dicyclomine hydrochloride</i> | 17 | <i>doxercalciferol</i> | 63 |
| <i>diethylpropion hcl</i> | 27 | DOXY 100 | 3 |
| <i>diethylpropion hcl er</i> | 27 | <i>doxycycline</i> | 3 |
| DIFICID | 3 | <i>doxycycline hyclate</i> | 3 |
| <i>diflorasone diacetate</i> | 60 | <i>doxycycline hyclate dr</i> | 3 |
| <i>diflunisal</i> | 24 | <i>doxycycline monohydrate</i> | 3 |
| <i>difluprednate</i> | 40 | DRIZALMA SPRINKLE | 32 |

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| <i>dronabinol</i> | 42 | <i>entecavir</i> | 7 |
| <i>drosiprenone/ethinyl estradiol</i> | 47 | ENTRESTO | 23 |
| DROXIA | 10 | <i>enulose</i> | 36 |
| <i>droxidopa</i> | 18 | ENVARCUS XR | 54 |
| <i>duloxetine hcl</i> | 32 | EPCLUSA | 7 |
| <i>duloxetine hydrochloride</i> | 32 | EPIDIOLEX | 27 |
| DUPIXENT | 56 | <i>epinastine hcl</i> | 41 |
| DUPIXENT | 61 | <i>epinephrine</i> | 18 |
| <i>dutasteride</i> | 52 | <i>epitol</i> | 27 |
| <i>dutasteride/tamsulosin hydrochloride</i> | 52 | <i>eplerenone</i> | 23 |
| <i>econazole nitrate</i> | 58 | EPRONTIA | 27 |
| EDEX | 23 | EQUETRO | 28 |
| EDURANT | 7 | <i>ergoloid mesylates</i> | 18 |
| <i>efavirenz</i> | 7 | ERIVEDGE | 10 |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | 7 | ERLEADA | 10 |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> | 7 | <i>erlotinib hydrochloride</i> | 10 |
| <i>effe-k</i> | 38 | <i>errin</i> | 48 |
| EGRIFTA SV | 51 | <i>ertapenem</i> | 3 |
| ELESTRIN | 49 | <i>ery</i> | 58 |
| <i>eletriptan hydrobromide</i> | 29 | <i>erythromycin</i> | 3 |
| ELIGARD | 50 | <i>erythromycin</i> | 39 |
| ELIQUIS | 18 | <i>erythromycin</i> | 58 |
| ELIQUIS STARTER PACK | 18 | <i>erythromycin base</i> | 3 |
| <i>elixophyllin</i> | 62 | <i>erythromycin dr</i> | 3 |
| ELMIRON | 55 | <i>erythromycin ethylsuccinate</i> | 3 |
| <i>eluryng</i> | 47 | <i>erythromycin/benzoyl peroxide</i> | 58 |
| EMCYT | 10 | ESBRIET | 56 |
| EMGALITY | 29 | <i>escitalopram oxalate</i> | 32 |
| EMSAM | 30 | <i>esomeprazole magnesium</i> | 42 |
| <i>emtricitabine</i> | 7 | <i>estazolam</i> | 30 |
| <i>emtricitabine/tenofovir disoproxil fumarate</i> | 7 | <i>estradiol</i> | 49 |
| <i>emtricitabine/tenofovir disoproxil fumarate</i> | 7 | <i>estradiol valerate</i> | 49 |
| EMTRIVA | 7 | <i>estradiol/norethindrone acetate</i> | 49 |
| <i>enalapril maleate</i> | 23 | ESTRING | 49 |
| <i>enalapril maleate/hydrochlorothiazide</i> | 23 | <i>eszopiclone</i> | 30 |
| ENBREL | 53 | <i>ethacrynic acid</i> | 37 |
| ENBREL MINI | 52 | <i>ethambutol hydrochloride</i> | 5 |
| ENBREL SURECLICK | 53 | <i>ethosuximide</i> | 28 |
| ENDARI | 55 | <i>etodolac</i> | 24 |
| <i>endocet</i> | 24 | <i>etodolac er</i> | 24 |
| ENGERIX-B | 16 | <i>etonogestrel/ethinyl estradiol</i> | 48 |
| <i>enilloring</i> | 48 | <i>etravirine</i> | 7 |
| <i>enoxaparin sodium</i> | 19 | EUCRISA | 60 |
| <i>entacapone</i> | 30 | <i>euthyrox</i> | 51 |
| | | EVAMIST | 49 |
| | | EVENITY | 52 |

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| <i>everolimus</i> | 10 | <i>fluconazole in sodium chloride</i> | 5 |
| <i>everolimus</i> | 54 | <i>flucytosine</i> | 5 |
| EVOTAZ | 7 | <i>fludrocortisone acetate</i> | 45 |
| EVRYSI | 55 | <i>flunisolide</i> | 40 |
| <i>exemestane</i> | 49 | <i>fluocinolone acetonide</i> | 40 |
| EXKIVITY | 10 | <i>fluocinolone acetonide</i> | 60 |
| EXSERVAN | 31 | <i>fluocinolone acetonide body</i> | 60 |
| EXTAVIA | 54 | <i>fluocinolone acetonide scalp</i> | 60 |
| <i>ezetimibe</i> | 20 | <i>fluocinolone acetonide topical</i> | 57 |
| <i>ezetimibe/simvastatin</i> | 20 | <i>fluocinonide</i> | 60 |
| <i>falmina</i> | 48 | <i>fluocinonide emulsified base</i> | 60 |
| <i>famciclovir</i> | 7 | <i>fluorometholone</i> | 40 |
| <i>famotidine</i> | 43 | <i>fluorouracil</i> | 61 |
| FANAPT | 33 | <i>fluoxetine dr</i> | 33 |
| FANAPT TITRATION PACK | 33 | <i>fluoxetine hydrochloride</i> | 33 |
| FARXIGA | 46 | <i>fluphenazine decanoate</i> | 33 |
| FASENRA | 56 | <i>fluphenazine hcl</i> | 33 |
| FASENRA PEN | 56 | <i>fluphenazine hydrochloride</i> | 33 |
| <i>febuxostat</i> | 52 | <i>flurazepam hcl</i> | 30 |
| <i>felbamate</i> | 28 | <i>flurbiprofen</i> | 25 |
| <i>felodipine er</i> | 21 | <i>flurbiprofen sodium</i> | 40 |
| FEMRING | 49 | <i>flutamide</i> | 10 |
| <i>fenofibrate</i> | 20 | <i>fluticasone propionate</i> | 40 |
| <i>fenofibrate micronized</i> | 20 | <i>fluticasone propionate</i> | 60 |
| <i>fenofibric acid dr</i> | 20 | <i>fluticasone propionate diskus</i> | 45 |
| <i>fentanyl</i> | 25 | <i>fluticasone propionate hfa</i> | 45 |
| <i>fentanyl citrate</i> | 25 | <i>fluticasone propionate/salmeterol</i> | 18 |
| <i>fentanyl citrate oral transmucosal</i> | 25 | <i>fluticasone propionate/salmeterol diskus</i> | 18 |
| <i>fesoterodine fumarate er</i> | 62 | <i>fluvastatin</i> | 20 |
| FETZIMA | 33 | <i>fluvastatin sodium er</i> | 20 |
| FETZIMA TITRATION PACK | 33 | <i>flvoxamine maleate</i> | 33 |
| <i>finasteride</i> | 52 | <i>flvoxamine maleate er</i> | 33 |
| <i> fingolimod</i> | 54 | FML | 40 |
| FINTEPLA | 28 | FML FORTE | 40 |
| <i>finzala</i> | 48 | <i>folic acid</i> | 63 |
| FIRDAPSE | 55 | <i>fondaparinux sodium</i> | 19 |
| FIRMAGON | 50 | <i>formoterol fumarate</i> | 18 |
| FIRVANQ | 3 | FORTEO | 50 |
| <i>flac</i> | 40 | <i>fosamprenavir calcium</i> | 7 |
| FLAREX | 40 | <i>fosfomycin tromethamine</i> | 9 |
| <i>flavoxate hcl</i> | 62 | <i>fosinopril sodium</i> | 23 |
| FLEBOGAMMA DIF | 15 | <i>fosinopril sodium/hydrochlorothiazide</i> | 23 |
| <i>flecainide acetate</i> | 22 | FOTIVDA | 10 |
| FLOLIPID | 20 | FRAGMIN | 19 |
| FLOVENT DISKUS | 45 | FREAMINE III | 37 |
| <i>fluconazole</i> | 5 | <i>frovatriptan succinate</i> | 29 |

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| FRUZAQLA | 10 | <i>glyburide micronized</i> | 46 |
| <i>furosemide</i> | 37 | <i>glyburide/metformin hydrochloride</i> | 46 |
| FUZEON | 7 | <i>glycopyrrolate</i> | 17 |
| <i>fyavolv</i> | 49 | <i>glydo</i> | 57 |
| FYCOMPA | 28 | GLYXAMBI | 46 |
| <i>gabapentin</i> | 28 | <i>gnp insulin syringe/0.3ml/30g x 5/16"</i> | 35 |
| GALAFOLD | 55 | <i>gnp insulin syringe/0.5ml/30g x 5/16"</i> | 35 |
| <i>galantamine hydrobromide</i> | 17 | GOCOVRI | 30 |
| <i>galantamine hydrobromide er</i> | 17 | <i>granisetron hydrochloride</i> | 42 |
| GAMMAGARD LIQUID | 15 | <i>griseofulvin microsize</i> | 5 |
| GAMMAKED | 15 | <i>griseofulvin ultramicrosize</i> | 5 |
| GAMMAPLEX | 15 | <i>guanfacine er</i> | 31 |
| GAMUNEX-C | 15 | <i>guanfacine hydrochloride</i> | 31 |
| GARDASIL 9 | 16 | GVOKE HYPOPEN 1-PACK | 47 |
| <i>gatifloxacin</i> | 39 | GVOKE HYPOPEN 2-PACK | 47 |
| GATTEX | 44 | GVOKE KIT | 47 |
| <i>gauze pads 2"x2"</i> | 35 | GVOKE PFS | 47 |
| <i>gavilyte-c</i> | 43 | GYNAZOLE-1 | 58 |
| <i>gavilyte-g</i> | 43 | HAEGARDA | 55 |
| <i>gavilyte-n/ flavor pack</i> | 43 | <i>halcinonide</i> | 60 |
| GAVRETO | 10 | <i>halobetasol propionate</i> | 60 |
| <i>gefitinib</i> | 10 | <i>haloette</i> | 48 |
| <i>gemfibrozil</i> | 20 | <i>haloperidol</i> | 33 |
| GEMTESA | 62 | <i>haloperidol decanoate</i> | 33 |
| <i>generlac</i> | 36 | <i>haloperidol lactate</i> | 33 |
| GENGRAF | 54 | HARVONI | 7 |
| GENOTROPIN | 51 | HAVRIX | 16 |
| GENOTROPIN MINIQUICK | 51 | <i>heparin sodium</i> | 19 |
| <i>gentak</i> | 39 | HEPARIN SODIUM/D5W | 19 |
| <i>gentamicin sulfate</i> | 3 | HEPATAMINE | 37 |
| <i>gentamicin sulfate</i> | 39 | HEPLISAV-B | 16 |
| <i>gentamicin sulfate</i> | 58 | HETLIOZ LQ | 30 |
| <i>gentamicin sulfate/0.9% sodium chloride</i> | 3 | HIBERIX | 16 |
| GENVOYA | 7 | HIZENTRA | 15 |
| GILOTRIF | 11 | HORIZANT | 28 |
| GLEOSTINE | 11 | HUMALOG | 46 |
| <i>glimepiride</i> | 46 | HUMALOG JUNIOR KWIKPEN | 46 |
| <i>glipizide</i> | 46 | HUMALOG KWIKPEN | 46 |
| <i>glipizide er</i> | 46 | HUMALOG MIX 50/50 | 46 |
| <i>glipizide/metformin hydrochloride</i> | 46 | HUMALOG MIX 50/50 KWIKPEN | 46 |
| GLOPERBA | 52 | HUMALOG MIX 75/25 | 46 |
| GLUCAGEN HYPOKIT | 47 | HUMALOG MIX 75/25 KWIKPEN | 46 |
| GLUCAGON EMERGENCY KIT | 47 | HUMIRA | 53 |
| GLUCAGON EMERGENCY KIT FOR | 47 | HUMIRA PEDIATRIC CROHNS | 53 |
| LOW BLOOD SUGAR | | DISEASE STARTER PACK | |
| <i>glyburide</i> | 46 | HUMIRA PEN | 53 |

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| HUMIRA PEN-CD/UC/HS STARTER | 53 | IMBRUVICA | 11 |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK | 53 | <i>imipenem/cilastatin</i> | 3 |
| HUMIRA PEN-PS/UV STARTER | 53 | <i>imipramine hcl</i> | 33 |
| HUMULIN 70/30 | 46 | <i>imipramine hydrochloride</i> | 33 |
| HUMULIN 70/30 KWIKPEN | 46 | <i>imipramine pamoate</i> | 33 |
| HUMULIN N | 46 | <i>imiquimod</i> | 61 |
| HUMULIN N KWIKPEN | 46 | <i>imiquimod pump</i> | 61 |
| HUMULIN R | 46 | IMOVAX RABIES (H.D.C.V.) | 16 |
| HUMULIN R U-500 (CONCENTRATED) | 46 | IMPAVIDO | 6 |
| HUMULIN R U-500 KWIKPEN | 46 | IMVEXXY MAINTENANCE PACK | 49 |
| <i>hydralazine hcl</i> | 22 | IMVEXXY STARTER PACK | 49 |
| <i>hydralazine hydrochloride</i> | 22 | INBRIJA | 30 |
| <i>hydrochlorothiazide</i> | 38 | INCRELEX | 51 |
| <i>hydrocodone bitartrate er</i> | 25 | INCRUSE ELLIPTA | 17 |
| <i>hydrocodone bitartrate/acetaminophen</i> | 25 | <i>indapamide</i> | 38 |
| <i>hydrocodone bitartrate/homatropine methylbromide</i> | 56 | <i>indomethacin</i> | 25 |
| <i>hydrocodone/acetaminophen</i> | 25 | <i>indomethacin er</i> | 25 |
| <i>hydrocodone/ibuprofen</i> | 25 | INFANRIX | 15 |
| <i>hydrocortisone</i> | 45 | INGREZZA | 35 |
| <i>hydrocortisone</i> | 60 | INLYTA | 11 |
| <i>hydrocortisone acetate/pramoxine</i> | 61 | INQOVI | 11 |
| <i>hydrocortisone butyrate</i> | 60 | INREBIC | 11 |
| <i>hydrocortisone valerate</i> | 60 | INTELENCE | 7 |
| <i>hydrocortisone/acetic acid</i> | 40 | INTRALIPID | 37 |
| <i>hydromorphone hcl</i> | 25 | INTRAROSA | 45 |
| <i>hydromorphone hcl er</i> | 25 | INTRON A | 11 |
| <i>hydromorphone hydrochloride er</i> | 25 | <i>introvale</i> | 48 |
| <i>hydroxychloroquine sulfate</i> | 6 | INVEGA HAFYERA | 33 |
| <i>hydroxyurea</i> | 11 | INVEGA SUSTENNA | 33 |
| <i>hydroxyzine hcl</i> | 30 | INVEGA TRINZA | 33 |
| <i>hydroxyzine hydrochloride</i> | 30 | INVELTYS | 40 |
| <i>hydroxyzine pamoate</i> | 30 | IPOL INACTIVATED IPV | 16 |
| HYFTOR | 61 | <i>ipratropium bromide</i> | 17 |
| <i>ibandronate sodium</i> | 52 | <i>ipratropium bromide/albuterol sulfate</i> | 18 |
| IBRANCE | 11 | <i>irbesartan</i> | 23 |
| <i>ibu</i> | 25 | <i>irbesartan/hydrochlorothiazide</i> | 23 |
| <i>ibuprofen</i> | 25 | IRESSA | 11 |
| <i>icatibant acetate</i> | 55 | ISENTRESS | 7 |
| <i>iclevia</i> | 48 | ISENTRESS HD | 7 |
| ICLUSIG | 11 | <i>isoniazid</i> | 5 |
| <i>icosapent ethyl</i> | 20 | <i>isosorbide dinitrate</i> | 23 |
| IDHIFA | 11 | <i>isosorbide dinitrate/hydralazine hydrochloride</i> | 23 |
| ILEVRO | 40 | <i>isosorbide mononitrate</i> | 23 |
| <i>imatinib mesylate</i> | 11 | <i>isosorbide mononitrate er</i> | 24 |
| | | <i>isotonic gentamicin</i> | 4 |

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| <i>isotretinoin</i> | 61 | KINRIX | 15 |
| <i>isradipine</i> | 21 | KISQALI | 11 |
| <i>itraconazole</i> | 5 | KISQALI FEMARA 200 DOSE | 49 |
| <i>ivermectin</i> | 2 | KISQALI FEMARA 400 DOSE | 49 |
| <i>ivermectin</i> | 58 | KISQALI FEMARA 600 DOSE | 49 |
| IXCHIQ | 16 | <i>klayesta</i> | 57 |
| IXIARO | 16 | KLISYRI | 61 |
| JAKAFI | 11 | <i>klor-con</i> | 38 |
| <i>jantoven</i> | 19 | <i>klor-con 10</i> | 38 |
| JANUMET | 46 | <i>klor-con 8</i> | 38 |
| JANUMET XR | 46 | <i>klor-con m10</i> | 38 |
| JANUVIA | 46 | <i>klor-con m15</i> | 38 |
| JARDIANCE | 46 | <i>klor-con m20</i> | 39 |
| JAYPIRCA | 11 | <i>klor-con/ef</i> | 39 |
| JENTADUETO | 46 | KORLYM | 46 |
| JENTADUETO XR | 46 | KOSELUGO | 11 |
| <i>jinteli</i> | 49 | <i>kourzeq</i> | 57 |
| <i>joyeaux</i> | 48 | <i>k-prime</i> | 38 |
| JULUCA | 7 | KRAZATI | 11 |
| <i>junel 1.5/30</i> | 48 | KRISTALOSE | 36 |
| <i>junel 1/20</i> | 48 | KYNMOBI | 30 |
| <i>junel fe 1.5/30</i> | 48 | KYPROLIS | 11 |
| <i>junel fe 1/20</i> | 48 | <i>labetalol hydrochloride</i> | 21 |
| <i>junel fe 24</i> | 48 | <i>lacosamide</i> | 28 |
| JUXTAPID | 20 | <i>lactated ringers</i> | 39 |
| JYLAMVO | 11 | <i>lactulose</i> | 36 |
| JYNNEOS | 16 | LAGEVRIO | 7 |
| KALYDECO | 56 | <i>lamivudine</i> | 7 |
| <i>kariva</i> | 48 | <i>lamivudine/zidovudine</i> | 7 |
| <i>kcl 0.075%/d5w/nacl 0.45%</i> | 38 | <i>lamotrigine</i> | 28 |
| <i>kcl 0.15%/d5w/nacl 0.2%</i> | 38 | <i>lamotrigine er</i> | 28 |
| <i>kcl 0.15%/d5w/nacl 0.45%</i> | 38 | <i>lamotrigine odt</i> | 28 |
| <i>kcl 0.15%/d5w/nacl 0.9%</i> | 38 | <i>lamotrigine starter kit/blue</i> | 28 |
| <i>kcl 0.3%/d5w/nacl 0.45%</i> | 38 | <i>lamotrigine starter kit/green</i> | 28 |
| <i>kcl 0.3%/d5w/nacl 0.9%</i> | 38 | <i>lamotrigine starter kit/orange</i> | 28 |
| <i>kelnor 1/35</i> | 48 | <i>lamotrigine titration</i> | 28 |
| <i>kenalog-10</i> | 45 | <i>lanreotide acetate</i> | 50 |
| KERENDIA | 23 | <i>lansoprazole</i> | 43 |
| KESIMPTA | 54 | <i>lansoprazole/amoxicillin/clarithromycin</i> | 43 |
| <i>ketoconazole</i> | 5 | LANTUS | 46 |
| <i>ketoconazole</i> | 58 | LANTUS SOLOSTAR | 46 |
| KETODAN | 58 | <i>lapatinib ditosylate</i> | 11 |
| <i>ketoprofen</i> | 25 | <i>larin 1.5/30</i> | 48 |
| <i>ketoprofen er</i> | 25 | <i>larin 1/20</i> | 48 |
| <i>ketorolac tromethamine</i> | 40 | <i>larin fe 1.5/30</i> | 48 |
| KINERET | 53 | <i>larin fe 1/20</i> | 48 |

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| <i>latanoprost</i> | 41 | <i>lidocaine hydrochloride</i> | 57 |
| LAZANDA | 25 | <i>lidocaine hydrochloride</i> | 61 |
| <i>leflunomide</i> | 53 | <i>lidocaine hydrochloride viscous</i> | 42 |
| <i>lenalidomide</i> | 11 | <i>lidocaine viscous</i> | 42 |
| LENVIMA 10 MG DAILY DOSE | 11 | <i>lidocaine/prilocaine</i> | 61 |
| LENVIMA 12MG DAILY DOSE | 11 | <i>linezolid</i> | 4 |
| LENVIMA 14 MG DAILY DOSE | 11 | LINZESS | 44 |
| LENVIMA 18 MG DAILY DOSE | 11 | <i>liothyronine sodium</i> | 51 |
| LENVIMA 20 MG DAILY DOSE | 12 | <i>lisdexamphetamine dimesylate</i> | 27 |
| LENVIMA 24 MG DAILY DOSE | 12 | <i>lisinopril</i> | 23 |
| LENVIMA 4 MG DAILY DOSE | 12 | <i>lisinopril/hydrochlorothiazide</i> | 23 |
| LENVIMA 8 MG DAILY DOSE | 12 | <i>lithium</i> | 29 |
| <i>lessina</i> | 48 | <i>lithium carbonate</i> | 29 |
| <i>letrozole</i> | 49 | <i>lithium carbonate er</i> | 29 |
| <i>leucovorin calcium</i> | 52 | LIVALO | 20 |
| LEUKERAN | 12 | LIVMARLI | 44 |
| <i>leuprolide acetate</i> | 50 | LIVTENCITY | 7 |
| <i>levalbuterol</i> | 18 | LO LOESTRIN FE | 48 |
| <i>levalbuterol hcl</i> | 18 | LOKELMA | 38 |
| <i>levalbuterol hydrochloride</i> | 18 | LONHALA MAGNAIR REFILL KIT | 17 |
| <i>levalbuterol tartrate hfa</i> | 18 | LONHALA MAGNAIR STARTER KIT | 17 |
| LEVEMIR | 46 | LONSURF | 12 |
| LEVEMIR FLEXPEN | 46 | <i>loperamide hcl</i> | 42 |
| LEVEMIR FLEXTOUCH | 46 | <i>lopinavir/ritonavir</i> | 7 |
| <i>levetiracetam</i> | 28 | <i>lorazepam</i> | 30 |
| <i>levetiracetam er</i> | 28 | <i>lorazepam intensol</i> | 30 |
| <i>levobunolol hcl</i> | 41 | LORBRENA | 12 |
| <i>levocarnitine</i> | 55 | <i>losartan potassium</i> | 23 |
| <i>levocetirizine dihydrochloride</i> | 9 | <i>losartan potassium/hydrochlorothiazide</i> | 23 |
| <i>levofloxacin</i> | 4 | LOTEMAX | 40 |
| <i>levofloxacin</i> | 39 | <i>loteprednol etabonate</i> | 40 |
| <i>levofloxacin in d5w</i> | 4 | <i>lovastatin</i> | 20 |
| <i>levonest</i> | 48 | <i>loxapine</i> | 33 |
| <i>levonorgestrel and ethinyl estradiol</i> | 48 | <i>lubiprostone</i> | 44 |
| <i>levonorgestrel/ethinyl estradiol</i> | 48 | LUMAKRAS | 12 |
| <i>levora 0.15/30-28</i> | 48 | LUMIGAN | 41 |
| <i>levorphanol tartrate</i> | 25 | LUPRON DEPOT (1-MONTH) | 50 |
| <i>levo-t</i> | 51 | LUPRON DEPOT (3-MONTH) | 50 |
| <i>levothyroxine sodium</i> | 51 | LUPRON DEPOT (4-MONTH) | 50 |
| <i>levoxyl</i> | 51 | LUPRON DEPOT (6-MONTH) | 50 |
| LEXIVA | 7 | <i>lurasidone hydrochloride</i> | 33 |
| <i>lidocaine</i> | 61 | LYBALVI | 33 |
| <i>lidocaine hcl</i> | 51 | LYNPARZA | 12 |
| <i>lidocaine hcl</i> | 57 | LYSODREN | 12 |
| <i>lidocaine hcl jelly</i> | 57 | LYTGOBI | 12 |
| <i>lidocaine hydrochloride</i> | 52 | <i>magnesium sulfate</i> | 28 |

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| <i>malathion</i> | 58 | <i>methylphenidate hydrochloride</i> | 27 |
| <i>maraviroc</i> | 7 | <i>methylphenidate hydrochloride cd</i> | 27 |
| <i>marlissa</i> | 48 | <i>methylphenidate hydrochloride er</i> | 27 |
| MARPLAN | 33 | <i>methylphenidate hydrochloride er (la)</i> | 27 |
| MATULANE | 12 | <i>methylprednisolone</i> | 45 |
| <i>matzim la</i> | 21 | <i>methylprednisolone acetate</i> | 45 |
| MAVYRET | 7 | <i>methylprednisolone dose pack</i> | 45 |
| MAXIDEX | 40 | <i>metoclopramide hcl</i> | 44 |
| MAYZENT | 54 | <i>metoclopramide hydrochloride</i> | 44 |
| MAYZENT STARTER PACK | 54 | <i>metoclopramide odt</i> | 44 |
| <i>meclizine hcl</i> | 42 | <i>metolazone</i> | 38 |
| <i>meclofenamate sodium</i> | 25 | <i>metoprolol succinate er</i> | 21 |
| MEDROL | 45 | <i>metoprolol tartrate</i> | 21 |
| <i>medroxyprogesterone acetate</i> | 50 | <i>metoprolol/hydrochlorothiazide</i> | 21 |
| <i>mefenamic acid</i> | 25 | <i>metronidazole</i> | 6 |
| <i>mefloquine hcl</i> | 6 | <i>metronidazole</i> | 58 |
| <i>megestrol acetate</i> | 50 | <i>metronidazole vaginal</i> | 58 |
| MEKINIST | 12 | <i>metyrosine</i> | 55 |
| MEKTOVI | 12 | <i>mexiletine hcl</i> | 22 |
| <i>meloxicam</i> | 25 | <i>mibelas 24 fe</i> | 48 |
| <i>memantine hcl titration pak</i> | 31 | <i>micalfungin</i> | 5 |
| <i>memantine hydrochloride</i> | 31 | <i>miconazole 3</i> | 58 |
| <i>memantine hydrochloride er</i> | 31 | <i>microgestin 1.5/30</i> | 48 |
| MENACTRA | 16 | <i>microgestin 1/20</i> | 48 |
| MENEST | 49 | <i>microgestin fe 1.5/30</i> | 48 |
| MENOSTAR | 49 | <i>microgestin fe 1/20</i> | 48 |
| MENQUADFI | 16 | <i>midodrine hcl</i> | 18 |
| MENTAX | 58 | <i>miglitol</i> | 46 |
| MENVEO | 16 | <i>miglustat</i> | 55 |
| <i>mercaptapurine</i> | 12 | MILLIPRED | 45 |
| <i>meropenem</i> | 4 | <i>mimvey</i> | 49 |
| <i>mesalamine</i> | 42 | <i>minocycline hcl</i> | 4 |
| <i>mesalamine dr</i> | 42 | <i>minocycline hydrochloride</i> | 4 |
| <i>mesalamine er</i> | 42 | <i>minoxidil</i> | 22 |
| MESNEX | 55 | <i>mirtazapine</i> | 33 |
| <i>metformin hydrochloride</i> | 46 | <i>mirtazapine odt</i> | 33 |
| <i>metformin hydrochloride er</i> | 46 | <i>misoprostol</i> | 43 |
| <i>methadone hcl</i> | 25 | M-M-R II | 16 |
| <i>methamphetamine hcl</i> | 27 | <i>modafinil</i> | 27 |
| <i>methazolamide</i> | 41 | <i>moexipril hcl</i> | 23 |
| <i>methenamine hippurate</i> | 9 | <i>molindone hydrochloride</i> | 33 |
| <i>methenamine mandelate</i> | 9 | <i>mometasone furoate</i> | 40 |
| <i>methimazole</i> | 51 | <i>mometasone furoate</i> | 60 |
| <i>methotrexate</i> | 12 | <i>mondoxyne nl</i> | 4 |
| <i>methotrexate sodium</i> | 12 | <i>montelukast sodium</i> | 56 |
| <i>methsuximide</i> | 28 | <i>morphine sulfate</i> | 25 |

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| <i>morphine sulfate er</i> | 25 | <i>neomycin/polymyxin/hydrocortisone</i> | 40 |
| MOUNJARO | 46 | <i>neo-polycin</i> | 39 |
| MOVANTIK | 44 | <i>neo-polycin hc</i> | 40 |
| <i>moxifloxacin hydrochloride/sodium hydrochloride</i> | 4 | NERLYNX | 12 |
| <i>moxifloxacin hydrochloride</i> | 4 | NEUAC | 59 |
| <i>moxifloxacin hydrochloride</i> | 39 | NEULASTA | 19 |
| MOZOBIL | 19 | NEULASTA ONPRO KIT | 19 |
| MULTAQ | 22 | NEUPRO | 30 |
| <i>mupirocin</i> | 58 | <i>nevirapine</i> | 7 |
| MUSE | 24 | <i>nevirapine er</i> | 7 |
| <i>mycophenolate mofetil</i> | 54 | NEXLETOL | 20 |
| <i>mycophenolic acid dr</i> | 54 | NEXLIZET | 20 |
| MYFEMBREE | 50 | <i>niacin</i> | 63 |
| MYORISAN | 61 | <i>niacin er</i> | 20 |
| MYRBETRIQ | 62 | <i>niacor</i> | 63 |
| <i>nabumetone</i> | 25 | <i>nicardipine hcl</i> | 21 |
| <i>nadolol</i> | 21 | NICOTROL INHALER | 17 |
| <i>nafcillin sodium</i> | 4 | NICOTROL NS | 17 |
| <i>naftifine hcl</i> | 58 | <i>nifedipine</i> | 22 |
| <i>naftifine hydrochloride</i> | 57 | <i>nifedipine er</i> | 21 |
| <i>naftifine hydrochloride</i> | 58 | <i>nikki</i> | 48 |
| <i>naloxone hcl</i> | 31 | <i>nilutamide</i> | 12 |
| <i>naloxone hydrochloride</i> | 31 | <i>nimodipine</i> | 22 |
| <i>naltrexone hcl</i> | 31 | NINLARO | 12 |
| NAMZARIC | 31 | <i>nisoldipine er</i> | 22 |
| <i>naproxen</i> | 26 | <i>nitazoxanide</i> | 6 |
| <i>naproxen sodium</i> | 26 | <i>nitisinone</i> | 55 |
| <i>naproxen sodium cr</i> | 25 | NITRO-BID | 24 |
| <i>naproxen sodium er</i> | 26 | <i>nitrofurantoin macrocrystals</i> | 9 |
| <i>naratriptan hcl</i> | 29 | <i>nitrofurantoin monohydrate/macrocrystals</i> | 9 |
| NASCOBAL | 63 | <i>nitroglycerin</i> | 24 |
| NATACYN | 39 | <i>nitroglycerin transdermal</i> | 24 |
| <i>nateglinide</i> | 46 | NIVA THYROID | 51 |
| NATPARA | 50 | <i>nizatidine</i> | 43 |
| NAYZILAM | 28 | NORDITROPIN FLEXPOR | 51 |
| <i>nebivolol hydrochloride</i> | 21 | <i>norelgestromin/ethinyl estradiol</i> | 48 |
| <i>necon 0.5/35-28</i> | 48 | <i>norethindrone & ethinyl estradiol ferrous fumarate</i> | 48 |
| <i>nefazodone hydrochloride</i> | 33 | <i>norethindrone acetate</i> | 50 |
| <i>neomycin sulfate</i> | 4 | <i>norethindrone acetate/ethinyl estradiol</i> | 49 |
| <i>neomycin/bacitracin/polymyxin</i> | 39 | <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i> | 48 |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone</i> | 40 | NORPACE CR | 22 |
| <i>neomycin/polymyxin/dexamethasone</i> | 40 | <i>nortrel 0.5/35 (28)</i> | 48 |
| <i>neomycin/polymyxin/gramicidin</i> | 39 | <i>nortrel 1/35</i> | 48 |
| <i>neomycin/polymyxin/hc</i> | 40 | <i>nortrel 7/7/7</i> | 48 |

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| <i>nortriptyline hcl</i> | 33 | <i>omeprazole</i> | 43 |
| <i>nortriptyline hydrochloride</i> | 33 | <i>omeprazole dr</i> | 43 |
| NORVIR | 7 | <i>omeprazole/sodium bicarbonate</i> | 43 |
| NOURIANZ | 31 | OMNIPOD 5 G6 INTRO KIT (GEN 5) | 35 |
| NOXAFIL | 5 | OMNIPOD 5 G6 PODS (GEN 5) | 35 |
| <i>np thyroid 120</i> | 51 | OMNIPOD CLASSIC PDM STARTER | 35 |
| <i>np thyroid 15</i> | 51 | KIT (GEN 3) | |
| <i>np thyroid 30</i> | 51 | OMNIPOD CLASSIC PODS (GEN 3) | 35 |
| <i>np thyroid 60</i> | 51 | OMNIPOD DASH INTRO KIT (GEN 4) | 35 |
| <i>np thyroid 90</i> | 51 | OMNIPOD DASH PDM KIT (GEN 4) | 35 |
| NUBEQA | 12 | OMNIPOD DASH PODS (GEN 4) | 35 |
| NUCALA | 56 | OMNIPOD GO 10 UNITS/DAY | 35 |
| NUEDEXTA | 31 | OMNIPOD GO 15 UNITS/DAY | 35 |
| NULOJIX | 54 | OMNIPOD GO 20 UNITS/DAY | 35 |
| NUPLAZID | 33 | OMNIPOD GO 25 UNITS/DAY | 35 |
| NURTEC | 29 | OMNIPOD GO 30 UNITS/DAY | 35 |
| NUTRILIPID | 37 | OMNIPOD GO 35 UNITS/DAY | 35 |
| NUTROPIN AQ NUSPIN 10 | 51 | OMNIPOD GO 40 UNITS/DAY | 35 |
| NUTROPIN AQ NUSPIN 20 | 51 | OMNITROPE | 51 |
| NUTROPIN AQ NUSPIN 5 | 51 | <i>ondansetron hcl</i> | 42 |
| NUVESSA | 59 | <i>ondansetron hydrochloride</i> | 42 |
| NUZYRA | 4 | <i>ondansetron odt</i> | 42 |
| <i>nyamyc</i> | 59 | ONGENTYS | 30 |
| NYMALIZE | 22 | ONUREG | 12 |
| <i>nystatin</i> | 5 | OPDIVO | 12 |
| <i>nystatin</i> | 59 | <i>opium</i> | 42 |
| <i>nystatin/triamcinolone</i> | 60 | <i>opium tincture</i> | 42 |
| <i>nystop</i> | 59 | OPSUMIT | 57 |
| OCTAGAM | 15 | OPVEE | 31 |
| <i>octreotide acetate</i> | 50 | <i>oralone dental paste</i> | 60 |
| ODEFSEY | 8 | ORENCIA | 53 |
| ODOMZO | 12 | ORENCIA CLICKJECT | 53 |
| OFEV | 56 | ORENITRAM | 57 |
| <i>ofloxacin</i> | 4 | ORENITRAM TITRATION KIT MONTH | 57 |
| <i>ofloxacin</i> | 39 | 1 | |
| OJJAARA | 12 | ORENITRAM TITRATION KIT MONTH | 57 |
| <i>olanzapine</i> | 33 | 2 | |
| <i>olanzapine odt</i> | 33 | ORENITRAM TITRATION KIT MONTH | 57 |
| <i>olanzapine/fluoxetine</i> | 34 | 3 | |
| <i>olmesartan medoxomil</i> | 23 | ORFADIN | 55 |
| <i>olmesartan</i> | 22 | ORGOVYX | 50 |
| <i>medoxomil/amlodipine/hydrochlorothiazide</i> | | ORLISSA | 50 |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | 23 | ORKAMBI | 56 |
| <i>olopatadine hcl</i> | 41 | ORSERDU | 12 |
| <i>olopatadine hydrochloride</i> | 41 | <i>oseltamivir phosphate</i> | 8 |
| <i>omega-3-acid ethyl esters</i> | 20 | OSMOPREP | 43 |

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| OSPHERA | 49 | <i>penicillin g potassium</i> | 4 |
| OTEZLA | 53 | <i>penicillin g potassium in iso-osmotic dextrose</i> | 4 |
| <i>oxacillin sodium</i> | 4 | PENICILLIN G SODIUM | 4 |
| <i>oxaprozin</i> | 26 | <i>penicillin v potassium</i> | 4 |
| <i>oxazepam</i> | 31 | PENTACEL | 16 |
| OXBRYTA | 19 | <i>pentamidine isethionate</i> | 6 |
| <i>oxcarbazepine</i> | 28 | <i>pentoxifylline er</i> | 19 |
| OXERVATE | 42 | <i>perindopril erbumine</i> | 23 |
| <i>oxiconazole nitrate</i> | 59 | <i>perio gard</i> | 39 |
| <i>oxybutynin chloride</i> | 62 | <i>permethrin</i> | 59 |
| <i>oxybutynin chloride er</i> | 62 | <i>perphenazine</i> | 34 |
| <i>oxycodone hcl er</i> | 26 | <i>perphenazine/amitriptyline</i> | 34 |
| <i>oxycodone hydrochloride</i> | 26 | PERSERIS | 34 |
| <i>oxycodone hydrochloride er</i> | 26 | <i>phendimetrazine tartrate</i> | 27 |
| <i>oxycodone/acetaminophen</i> | 26 | <i>phendimetrazine tartrate er</i> | 27 |
| OXYCONTIN | 26 | <i>phenelzine sulfate</i> | 34 |
| <i>oxymorphone hydrochloride</i> | 26 | <i>phenobarbital</i> | 31 |
| <i>oxymorphone hydrochloride er</i> | 26 | <i>phenoxybenzamine hydrochloride</i> | 18 |
| <i>oxymorphone hydrochloride er</i> | 26 | <i>phentermine hcl</i> | 27 |
| OZEMPIC | 47 | <i>phentermine hydrochloride</i> | 27 |
| <i>paclitaxel</i> | 13 | <i>phenytek</i> | 28 |
| <i>paliperidone er</i> | 34 | <i>phenytoin</i> | 28 |
| PANRETIN | 62 | <i>phenytoin sodium extended</i> | 28 |
| <i>pantoprazole sodium</i> | 43 | PHOSPHOLINE IODIDE | 41 |
| PANZYGA | 15 | <i>phytonadione</i> | 63 |
| <i>paricalcitol</i> | 63 | PIFELTRO | 8 |
| <i>paromomycin sulfate</i> | 6 | <i>pilocarpine hcl</i> | 41 |
| <i>paroxetine</i> | 34 | <i>pilocarpine hydrochloride</i> | 17 |
| <i>paroxetine hcl</i> | 34 | <i>pimecrolimus</i> | 62 |
| <i>paroxetine hcl er</i> | 34 | <i>pimozide</i> | 34 |
| <i>paroxetine hydrochloride</i> | 34 | <i>pindolol</i> | 21 |
| PASER | 5 | <i>pioglitazone hcl</i> | 47 |
| PAXLOVID | 8 | <i>pioglitazone hcl/metformin hcl</i> | 47 |
| <i>pazopanib hydrochloride</i> | 13 | <i>pioglitazone hcl-glimepiride</i> | 47 |
| PEDIARIX | 16 | <i>pioglitazone hydrochloride</i> | 47 |
| PEDVAX HIB | 16 | <i>piperacillin sodium/tazobactam sodium</i> | 4 |
| <i>peg-3350/electrolytes</i> | 43 | PIQRAY 200MG DAILY DOSE | 13 |
| <i>peg-3350/electrolytes/ascorbate</i> | 43 | PIQRAY 250MG DAILY DOSE | 13 |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | 43 | PIQRAY 300MG DAILY DOSE | 13 |
| <i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i> | 43 | <i>pirfenidone</i> | 56 |
| PEGASYS | 8 | <i>piroxicam</i> | 26 |
| PEMAZYRE | 13 | <i>pitavastatin calcium</i> | 20 |
| PENBRAYA | 16 | PLEGRIDY | 54 |
| <i>penciclovir</i> | 59 | PLEGRIDY STARTER PACK | 54 |
| <i>penicillamine</i> | 44 | PLENAMINE | 37 |

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| <i>plerixafor</i> | 19 | PRIVIGEN | 15 |
| <i>podofilox</i> | 57 | PROAIR RESPICLICK | 18 |
| <i>podofilox</i> | 62 | <i>probenecid</i> | 39 |
| <i>polycin</i> | 39 | <i>probenecid/colchicine</i> | 39 |
| <i>polymyxin b sulfate/trimethoprim sulfate</i> | 39 | <i>prochlorperazine</i> | 34 |
| POMALYST | 13 | <i>prochlorperazine edisylate</i> | 34 |
| <i>portia-28</i> | 48 | <i>prochlorperazine maleate</i> | 34 |
| <i>posaconazole</i> | 5 | PROCRIT | 19 |
| <i>posaconazole dr</i> | 5 | PROCTOFOAM HC | 57 |
| <i>potassium chloride</i> | 39 | <i>procto-med hc</i> | 60 |
| <i>potassium chloride er</i> | 39 | <i>procto-pak</i> | 60 |
| <i>potassium chloride/dextrose/sodium chloride</i> | 39 | <i>proctosol hc</i> | 60 |
| <i>potassium citrate er</i> | 36 | <i>proctozone-hc</i> | 60 |
| PRALUENT | 20 | <i>progesterone</i> | 50 |
| <i>pramipexole dihydrochloride</i> | 30 | PROGRAF | 54 |
| <i>pramipexole dihydrochloride er</i> | 30 | PROLASTIN-C | 57 |
| <i>prasugrel</i> | 19 | PROLENSA | 40 |
| <i>pravastatin sodium</i> | 20 | PROLIA | 52 |
| <i>praziquantel</i> | 2 | PROMACTA | 19 |
| <i>prazosin hydrochloride</i> | 20 | <i>promethazine dm</i> | 56 |
| PRED MILD | 40 | <i>promethazine hcl</i> | 9 |
| <i>prednicarbate</i> | 60 | <i>promethazine hydrochloride</i> | 9 |
| <i>prednisolone</i> | 45 | <i>promethazine hydrochloride plain</i> | 9 |
| <i>prednisolone acetate</i> | 40 | <i>promethazine vc/codeine</i> | 56 |
| <i>prednisolone sodium phosphate</i> | 40 | <i>promethazine/codeine</i> | 56 |
| <i>prednisolone sodium phosphate</i> | 45 | <i>propafenone hcl</i> | 22 |
| <i>prednisolone sodium phosphate odt</i> | 45 | <i>propafenone hydrochloride er</i> | 22 |
| <i>prednisone</i> | 45 | <i>propranolol hcl</i> | 21 |
| <i>pregabalin</i> | 28 | <i>propranolol hcl er</i> | 21 |
| <i>pregabalin er</i> | 26 | <i>propranolol hydrochloride</i> | 21 |
| PREHEVBRIO | 16 | <i>propranolol hydrochloride er</i> | 21 |
| PREMARIN | 49 | <i>propylthiouracil</i> | 51 |
| PREMASOL | 37 | PROQUAD | 16 |
| <i>premium lidocaine</i> | 61 | PROSOL | 37 |
| PREMPHASE | 49 | <i>protriptyline hcl</i> | 34 |
| PREMPRO | 49 | PULMOZYME | 57 |
| <i>prenatal</i> | 63 | PURIXAN | 13 |
| <i>prevalite</i> | 20 | PYLERA | 43 |
| PREVYMIS | 8 | <i>pyrazinamide</i> | 5 |
| PREZCOBIX | 8 | <i>pyridostigmine bromide</i> | 17 |
| PREZISTA | 8 | <i>pyridostigmine bromide er</i> | 17 |
| PRIFTIN | 5 | <i>pyrimethamine</i> | 6 |
| <i>primaquine phosphate</i> | 6 | PYRUKYND | 19 |
| <i>primidone</i> | 28 | PYRUKYND TAPER PACK | 19 |
| PRIORIX | 16 | QINLOCK | 13 |
| | | QSYMIA | 27 |

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| QUADRACEL | 15 | RHOPRESSA | 41 |
| <i>quetiapine fumarate</i> | 34 | <i>ribavirin</i> | 8 |
| <i>quetiapine fumarate er</i> | 34 | RIDAURA | 44 |
| <i>quinapril hydrochloride</i> | 23 | <i>rifabutin</i> | 6 |
| <i>quinapril/hydrochlorothiazide</i> | 23 | <i>rifampin</i> | 6 |
| <i>quinidine gluconate cr</i> | 22 | <i>riluzole</i> | 31 |
| <i>quinidine sulfate</i> | 22 | <i>rimantadine hydrochloride</i> | 8 |
| <i>quinine sulfate</i> | 6 | RINVOQ | 53 |
| QVAR REDHALER | 45 | <i>risedronate sodium</i> | 52 |
| RABAVERT | 16 | <i>risedronate sodium dr</i> | 52 |
| <i>rabeprazole sodium</i> | 43 | RISPERDAL CONSTA | 34 |
| RADICAVA ORS | 31 | <i>risperidone</i> | 34 |
| RADICAVA ORS STARTER KIT | 31 | <i>risperidone er</i> | 34 |
| <i>raloxifene hydrochloride</i> | 49 | <i>risperidone odt</i> | 34 |
| <i>ramelteon</i> | 31 | <i>ritonavir</i> | 8 |
| <i>ramipril</i> | 23 | <i>rivastigmine tartrate</i> | 17 |
| <i>ranolazine er</i> | 22 | <i>rivastigmine transdermal system</i> | 17 |
| <i>rasagiline mesylate</i> | 30 | <i>rizatriptan benzoate</i> | 29 |
| RASUVO | 53 | <i>rizatriptan benzoate odt</i> | 29 |
| RAYALDEE | 63 | ROCKLATAN | 41 |
| REBIF | 54 | <i>roflumilast</i> | 57 |
| REBIF REBIDOSE | 54 | <i>ropinirole er</i> | 30 |
| REBIF REBIDOSE TITRATION PACK | 54 | <i>ropinirole hcl</i> | 30 |
| REBIF TITRATION PACK | 54 | <i>ropinirole hydrochloride</i> | 30 |
| RECOMBIVAX HB | 16 | <i>rosadan</i> | 59 |
| RECTIV | 62 | <i>rosuvastatin calcium</i> | 20 |
| REGRANEX | 62 | ROTARIX | 16 |
| RELENZA DISKHALER | 8 | ROTATEQ | 16 |
| RELISTOR | 44 | <i>roweepra</i> | 28 |
| RELYVRIO | 31 | ROZLYTREK | 13 |
| <i>repaglinide</i> | 47 | RUBRACA | 13 |
| REPATHA | 20 | <i>rufinamide</i> | 28 |
| REPATHA PUSHTRONEX SYSTEM | 20 | RUKOBIA | 8 |
| REPATHA SURECLICK | 20 | RYBELSUS | 47 |
| RESTASIS | 40 | RYDAPT | 13 |
| RESTASIS MULTIDOSE | 41 | RYTARY | 30 |
| RETACRIT | 19 | SAJAZIR | 55 |
| RETEVMO | 13 | <i>salsalate</i> | 26 |
| RETIN-A MICRO | 57 | SANTYL | 62 |
| RETIN-A MICRO PUMP | 61 | <i>sapropterin dihydrochloride</i> | 55 |
| REVCIVI | 39 | SAVELLA | 31 |
| REVLIMID | 13 | SAVELLA TITRATION PACK | 31 |
| REXULTI | 34 | SAXENDA | 47 |
| REYATAZ | 8 | SCSEMBLIX | 13 |
| REZLIDHIA | 13 | <i>scopolamine</i> | 42 |
| REZUROCK | 55 | SECUADO | 34 |

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| <i>selegiline hcl</i> | 30 | SPIRIVA RESPIMAT | 17 |
| <i>selenium sulfide</i> | 59 | <i>spironolactone</i> | 23 |
| SELZENTRY | 8 | <i>spironolactone/hydrochlorothiazide</i> | 23 |
| SEREVENT DISKUS | 18 | SPRITAM | 28 |
| SEROSTIM | 51 | SPRYCEL | 13 |
| <i>sertraline hcl</i> | 34 | <i>sps</i> | 38 |
| <i>sertraline hydrochloride</i> | 34 | <i>ssd</i> | 59 |
| <i>sevelamer carbonate</i> | 38 | STAMARIL | 16 |
| <i>sevelamer hydrochloride</i> | 38 | STELARA | 62 |
| <i>sf 5000 plus</i> | 52 | <i>sterile water for irrigation</i> | 38 |
| <i>sharobel</i> | 48 | STIOLTO RESPIMAT | 17 |
| SHINGRIX | 16 | STIVARGA | 13 |
| SIGNIFOR | 51 | <i>streptomycin sulfate</i> | 4 |
| <i>sildenafil citrate</i> | 24 | STRIBILD | 8 |
| <i>silodosin</i> | 18 | STRIVERDI RESPIMAT | 18 |
| <i>silver sulfadiazine</i> | 59 | SUBSYS | 26 |
| SIMBRINZA | 41 | <i>subvenite</i> | 28 |
| <i>simvastatin</i> | 20 | <i>subvenite starter kit/blue</i> | 28 |
| <i>sirolimus</i> | 54 | <i>subvenite starter kit/green</i> | 28 |
| SIRTURO | 6 | <i>subvenite starter kit/orange</i> | 28 |
| SIVEXTRO | 4 | SUCRAID | 39 |
| SKYRIZI | 44 | <i>sucrafate</i> | 43 |
| SKYRIZI | 62 | <i>sulfacetamide sodium</i> | 40 |
| SKYRIZI PEN | 62 | <i>sulfacetamide sodium</i> | 59 |
| <i>sodium chloride</i> | 39 | <i>sulfacetamide sodium/prednisolone sodium</i> | 41 |
| <i>sodium chloride 0.45%</i> | 39 | <i>phosphate</i> | |
| <i>sodium chloride 0.9%</i> | 38 | <i>sulfadiazine</i> | 4 |
| <i>sodium fluoride 1.1</i> | 52 | <i>sulfamethoxazole/trimethoprim</i> | 4 |
| <i>sodium fluoride 5000 plus</i> | 52 | <i>sulfamethoxazole/trimethoprim ds</i> | 4 |
| <i>sodium fluoride 5000 ppm</i> | 52 | SULFAMYLON | 59 |
| SODIUM OXYBATE | 31 | <i>sulfasalazine</i> | 4 |
| <i>sodium phenylbutyrate</i> | 36 | <i>sulindac</i> | 26 |
| <i>sodium polystyrene sulfonate</i> | 38 | <i>sumatriptan</i> | 29 |
| <i>sodium sulfate/potassium sulfate/magnesium sulfate</i> | 43 | <i>sumatriptan succinate</i> | 29 |
| <i>solifenacin succinate</i> | 62 | <i>sumatriptan succinate refill</i> | 29 |
| SOLOSEC | 6 | <i>sunitinib malate</i> | 13 |
| SOLTAMOX | 49 | SUNLENCA | 8 |
| SOLU-CORTEF | 45 | SUNOSI | 27 |
| SOMATULINE DEPOT | 51 | SUPRAX | 4 |
| SOMAVERT | 51 | SYMDEKO | 56 |
| <i>sorafenib</i> | 13 | SYMLINPEN 120 | 47 |
| <i>sorafenib tosylate</i> | 13 | SYMLINPEN 60 | 47 |
| <i>sorine</i> | 21 | SYMPAZAN | 28 |
| <i>sotalol hcl</i> | 21 | SYMTUZA | 8 |
| <i>sotalol hydrochloride (af)</i> | 21 | SYNAREL | 50 |
| | | SYNJARDY | 47 |

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| SYNJARDY XR | 47 | <i>testosterone</i> | 45 |
| SYNRIBO | 13 | <i>testosterone cypionate</i> | 45 |
| SYNTHROID | 51 | <i>testosterone enanthate</i> | 45 |
| TABLOID | 13 | <i>testosterone pump</i> | 45 |
| TABRECTA | 13 | <i>tetrabenazine</i> | 35 |
| <i>tacrolimus</i> | 54 | <i>tetracycline hydrochloride</i> | 4 |
| <i>tacrolimus</i> | 62 | THALOMID | 54 |
| <i>tadalafil</i> | 24 | <i>theophylline</i> | 62 |
| TAFINLAR | 13 | <i>theophylline er</i> | 62 |
| <i>tafluprost</i> | 41 | THIOLA EC | 55 |
| TAGRISSE | 14 | <i>thioridazine hcl</i> | 34 |
| TALZENNA | 14 | <i>thiothixene</i> | 34 |
| <i>tamoxifen citrate</i> | 50 | THYQUIDITY | 51 |
| <i>tamsulosin hydrochloride</i> | 18 | THYROID | 51 |
| <i>tarina fe 1/20 eq</i> | 48 | <i>tiadylt er</i> | 22 |
| TASIGNA | 14 | <i>tiagabine hydrochloride</i> | 28 |
| <i>tasimelteon</i> | 31 | TIBSOVO | 14 |
| TAVALISSE | 19 | TICOVAC | 16 |
| TAVNEOS | 55 | <i>timolol maleate</i> | 21 |
| <i>tazarotene</i> | 62 | <i>timolol maleate</i> | 42 |
| <i>tazicef</i> | 4 | <i>timolol maleate ophthalmic gel forming</i> | 42 |
| TAZORAC | 62 | <i>tinidazole</i> | 6 |
| <i>taztia xt</i> | 22 | TIROSINT-SOL | 51 |
| TAZVERIK | 14 | TIVICAY | 8 |
| <i>tdvax</i> | 15 | TIVICAY PD | 8 |
| <i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i> | 35 | <i>tizanidine hcl</i> | 17 |
| <i>techlite pen needles 29g x 10mm</i> | 36 | <i>tizanidine hydrochloride</i> | 17 |
| TEFLARO | 4 | TOBI PODHALER | 4 |
| TEGSEDI | 52 | TOBRADEX | 41 |
| TEKTRUNA HCT | 23 | TOBRADEX ST | 41 |
| <i>telmisartan</i> | 23 | <i>tobramycin</i> | 4 |
| <i>telmisartan/amlodipine</i> | 22 | <i>tobramycin</i> | 40 |
| <i>telmisartan/hydrochlorothiazide</i> | 23 | <i>tobramycin sulfate</i> | 4 |
| <i>temazepam</i> | 31 | <i>tobramycin/dexamethasone</i> | 41 |
| TEMIXYS | 8 | <i>tolterodine tartrate</i> | 62 |
| TENIVAC | 15 | <i>tolterodine tartrate er</i> | 62 |
| <i>tenofovir disoproxil fumarate</i> | 8 | <i>topiramate</i> | 28 |
| TEPMETKO | 14 | <i>topiramate er</i> | 28 |
| <i>terazosin hcl</i> | 20 | <i>toremifene citrate</i> | 50 |
| <i>terazosin hydrochloride</i> | 20 | <i>torse mide</i> | 38 |
| <i>terbinafine hcl</i> | 5 | TOUJEO MAX SOLOSTAR | 47 |
| <i>terbutaline sulfate</i> | 18 | TOUJEO SOLOSTAR | 47 |
| <i>terconazole</i> | 59 | TOVET | 60 |
| <i>teriflunomide</i> | 54 | TRACLEER | 57 |
| <i>teriparatide</i> | 50 | TRADJENTA | 47 |
| | | <i>tramadol hcl er</i> | 26 |

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| <i>tramadol hydrochloride</i> | 26 | <i>trueplus insulin syringe /u-100/1ml/29g x</i> | 36 |
| <i>tramadol hydrochloride er</i> | 26 | <i>1/2"</i> | |
| <i>tramadol hydrochloride/acetaminophen</i> | 26 | <i>trueplus pen needles 29gx12mm</i> | 36 |
| <i>trandolapril</i> | 23 | TRULICITY | 47 |
| <i>trandolapril/verapamil hcl er</i> | 22 | TRUMENBA | 16 |
| <i>tranexamic acid</i> | 18 | TRUQAP | 14 |
| <i>tranylcyromine sulfate</i> | 34 | TRUSELTIQ | 14 |
| TRAVASOL | 37 | TUKYSA | 14 |
| <i>travoprost</i> | 42 | TURALIO | 14 |
| <i>trazodone hydrochloride</i> | 34 | <i>turqoz</i> | 49 |
| TRECTOR | 6 | TWINRIX | 16 |
| TRELEGY ELLIPTA | 45 | <i>tyblume</i> | 49 |
| TRELSTAR MIXJECT | 50 | TYBOST | 55 |
| TRESIBA | 47 | TYMLOS | 50 |
| TRESIBA FLEXTOUCH | 47 | TYPHIM VI | 16 |
| <i>tretinoin</i> | 14 | UBRELVY | 29 |
| <i>tretinoin</i> | 61 | UCERIS | 61 |
| <i>tretinoin microsphere</i> | 57 | UDENYCA | 19 |
| <i>tretinoin microsphere</i> | 61 | <i>unithroid</i> | 51 |
| TREXALL | 14 | UPTRAVI | 57 |
| <i>triamcinolone acetonide</i> | 45 | UPTRAVI TITRATION PACK | 57 |
| <i>triamcinolone acetonide</i> | 60 | <i>ursodiol</i> | 43 |
| <i>triamcinolone acetonide dental paste</i> | 60 | <i>valacyclovir hydrochloride</i> | 8 |
| <i>triamterene/hydrochlorothiazide</i> | 38 | VALCHLOR | 62 |
| TRIANEX | 61 | <i>valganciclovir</i> | 8 |
| <i>triazolam</i> | 31 | <i>valganciclovir hydrochloride</i> | 8 |
| <i>triderm</i> | 61 | <i>valproic acid</i> | 29 |
| <i>trientine hydrochloride</i> | 44 | <i>valsartan</i> | 23 |
| <i>trifluoperazine hcl</i> | 34 | <i>valsartan/hydrochlorothiazide</i> | 23 |
| <i>trifluoperazine hydrochloride</i> | 34 | VALTOCO 10 MG DOSE | 29 |
| <i>trifluridine</i> | 40 | VALTOCO 15 MG DOSE | 29 |
| <i>trihexyphenidyl hcl</i> | 30 | VALTOCO 20 MG DOSE | 29 |
| <i>trihexyphenidyl hydrochloride</i> | 30 | VALTOCO 5 MG DOSE | 29 |
| TRIKAFTA | 56 | <i>vancomycin</i> | 5 |
| <i>trimethoprim</i> | 9 | <i>vancomycin hcl</i> | 4 |
| <i>trimipramine maleate</i> | 34 | <i>vancomycin hydrochloride</i> | 4 |
| TRINTELLIX | 34 | VANFLYTA | 14 |
| <i>tri-sprintec</i> | 48 | VAQTA | 16 |
| TRITOCIN | 61 | <i>ildenafil hydrochloride</i> | 24 |
| TRIUMEQ | 8 | <i>ildenafil hydrochloride odt</i> | 24 |
| TRIUMEQ PD | 8 | <i>varenicline starting month box</i> | 17 |
| <i>trivora-28</i> | 49 | <i>varenicline tartrate</i> | 17 |
| TRIZIVIR | 8 | VARIVAX | 16 |
| TROPHAMINE | 37 | VARIZIG | 15 |
| <i>trospium chloride</i> | 62 | VASCEPA | 20 |
| <i>trospium chloride er</i> | 62 | <i>velivet</i> | 49 |

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| VELPHORO | 38 | WELIREG | 14 |
| VELTASSA | 38 | WINLEVI | 62 |
| VEMLIDY | 8 | <i>wixela inhub</i> | 18 |
| VENCLEXTA | 14 | XALKORI | 14 |
| VENCLEXTA STARTING PACK | 14 | XARELTO | 19 |
| <i>venlafaxine besylate er</i> | 34 | XARELTO STARTER PACK | 19 |
| <i>venlafaxine hcl er</i> | 34 | XATMEP | 14 |
| <i>venlafaxine hydrochloride</i> | 34 | XCOPRI | 29 |
| <i>venlafaxine hydrochloride er</i> | 34 | XDEMVY | 40 |
| VENTAVIS | 57 | XELJANZ | 53 |
| <i>verapamil hcl</i> | 22 | XELJANZ XR | 53 |
| <i>verapamil hcl er</i> | 22 | XENICAL | 44 |
| <i>verapamil hcl sr</i> | 22 | XENLETA | 5 |
| <i>verapamil hydrochloride</i> | 22 | XERMELO | 42 |
| <i>verapamil hydrochloride er</i> | 22 | XGEVA | 52 |
| VERQUVO | 24 | XIFAXAN | 5 |
| VERSACLOZ | 34 | XIGDUO XR | 47 |
| VERZENIO | 14 | XOFLUZA | 8 |
| VIBRAMYCIN | 5 | XOLAIR | 57 |
| VICTOZA | 47 | XOSPATA | 14 |
| <i>vigabatrin</i> | 29 | XPOVIO | 14 |
| <i>vigadrone</i> | 29 | XPOVIO 100 MG ONCE WEEKLY | 14 |
| <i>vigpoder</i> | 29 | XPOVIO 40 MG ONCE WEEKLY | 14 |
| VIIBRYD STARTER PACK | 35 | XPOVIO 40 MG TWICE WEEKLY | 14 |
| VIJOICE | 55 | XPOVIO 60 MG ONCE WEEKLY | 14 |
| <i>vilazodone hydrochloride</i> | 35 | XPOVIO 60 MG TWICE WEEKLY | 14 |
| VIRACEPT | 8 | XPOVIO 80 MG ONCE WEEKLY | 14 |
| VIREAD | 8 | XPOVIO 80 MG TWICE WEEKLY | 15 |
| <i>vitamin d</i> | 63 | XTANDI | 15 |
| VITRAKVI | 14 | <i>xulane</i> | 49 |
| VIVITROL | 31 | XYOSTED | 45 |
| VIZIMPRO | 14 | YARGESA | 55 |
| VONJO | 14 | YERVOY | 15 |
| <i>voriconazole</i> | 5 | YF-VAX | 16 |
| VOSEVI | 8 | YONSA | 15 |
| VOTRIENT | 14 | YUPELRI | 17 |
| VOXZOGO | 55 | <i>yuvafem</i> | 50 |
| VRAYLAR | 35 | <i>zafemy</i> | 49 |
| VUMERITY | 54 | <i>zafirlukast</i> | 56 |
| <i>vyfemla</i> | 49 | <i>zaleplon</i> | 31 |
| VYNDAMAX | 55 | ZARXIO | 19 |
| VYNDAQEL | 55 | ZEJULA | 15 |
| VYVANSE | 27 | ZELBORAF | 15 |
| VYZULTA | 42 | ZENATANE | 62 |
| <i>warfarin sodium</i> | 19 | ZENPEP | 43 |
| WEGOVI | 47 | ZEPOSIA | 54 |

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| ZEPOSIA 7-DAY STARTER PACK | 54 |
| ZEPOSIA STARTER KIT | 54 |
| ZERBAXA | 5 |
| <i>zidovudine</i> | 9 |
| ZIEXTENZO | 19 |
| <i>zileuton er</i> | 56 |
| <i>ziprasidone hcl</i> | 35 |
| <i>ziprasidone mesylate</i> | 35 |
| ZIRGAN | 40 |
| <i>zoledronic acid</i> | 52 |
| ZOLINZA | 15 |
| <i>zolmitriptan</i> | 29 |
| <i>zolmitriptan odt</i> | 29 |
| <i>zolpidem tartrate</i> | 31 |
| <i>zolpidem tartrate er</i> | 31 |
| ZONISADE | 29 |
| <i>zonisamide</i> | 29 |
| ZORBTIVE | 51 |
| ZOSYN | 5 |
| <i>zovia 1/35</i> | 49 |
| ZTALMY | 29 |
| ZURZUVAE | 35 |
| ZYDELIG | 15 |
| ZYKADIA | 15 |
| ZYLET | 41 |
| ZYPREXA RELPREVV | 35 |

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a Point32Health company

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-701-9000. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-701-9000。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-701-9000。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-701-9000. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-701-9000. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-701-9000 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-701-9000. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-701-9000 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-701-9000. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية. 1-800-701-9000 ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-701-9000. Ta usługa jest bezpłatna.

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This formulary was updated on 02/01/2024. For more recent information or other questions, please contact Tufts Medicare Preferred PDP Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday-Friday from April 1 to September 30, or visit **www.thpmp.org**.



1 Wellness Way
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