



P.O. Box 240
Columbia, TN 38402

Farm Bureau Advantage, HMO

2023 Formulary

(List of Covered Drugs)

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

Formulary ID: 23462, Version Number 5

This formulary was updated on 08/01/2022. For more recent information or other questions, please contact Farm Bureau Health Plans at 833-999-0103, TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at fbhp.com/Medicare-Advantage.

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

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

H4863_FBTNCL23462_C

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Farm Bureau Health Plans. When it refers to “plan” or “our plan,” it means Farm Bureau Advantage, HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Farm Bureau Health Plans Formulary?

A formulary is a list of covered drugs selected by Farm Bureau Health Plans 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. Farm Bureau Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Farm Bureau Health Plans’ 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 Farm Bureau Health Plans 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 also find information in the section below entitled “How do I request an exception to the Farm Bureau Health Plans’ Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of January 1, 2023. To get updated information about the drugs covered by Farm Bureau Health Plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will update our formulary and post it on our website. You will also be notified in your Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website fbhp.com/Medicare-Advantage or by calling Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. We will notify members in writing prior to making this type of change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 154. 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?

Farm Bureau Health Plans 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:** Farm Bureau Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Farm Bureau Health Plans before you fill your prescriptions. If you don't get approval, Farm Bureau Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides number of units per prescription for drug name. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Farm Bureau Health Plans 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Farm Bureau Health Plans 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 Farm Bureau Health Plans’ formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Farm Bureau Health Plans does not cover your drug, you have two options:

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Farm Bureau Health Plans 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, Farm Bureau Health Plans 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 or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

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

For more information

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

If you have questions about Farm Bureau Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Farm Bureau Health Plans' Formulary

The formulary below provides coverage information about the drugs covered by Farm Bureau Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 154.

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

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

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

EA: Each.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

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

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

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

ST: Step Therapy. In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover drug B unless you try Drug A first.

SI: Select Insulin. Farm Bureau Select Rx plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be \$35. Note: This cost-sharing only applies to beneficiaries who do not qualify for a program that helps pay for your drugs (“Extra Help”).

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule 100mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib capsule 200mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib capsule 50mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg</i>	2	
<i>diclofenac sodium dr tablet delayed release 50mg</i>	2	
<i>diclofenac sodium dr tablet delayed release 75mg</i>	2	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium solution 1.5%</i>	3	PA
<i>disflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule 200mg</i>	3	
<i>etodolac capsule 300mg</i>	3	
<i>etodolac tablet 400mg</i>	3	
<i>etodolac tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	2	
<i>flurbiprofen tablet 50mg</i>	2	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>ibu tablet 400mg</i>	1	
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	
<i>indomethacin capsule 25mg</i>	2	
<i>indomethacin capsule 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	

Formulary ID: 23462, Version: 5, Effective: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine tablet 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	3	
<i>piroxicam capsule 10mg</i>	3	
<i>piroxicam capsule 20mg</i>	3	
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
Opioid Analgesics, Long-acting		
BUPRENORPHINE PATCH WEEKLY 10MCG/HR	4	QL (4 EA per 28 days) NDS
BUPRENORPHINE PATCH WEEKLY 15MCG/HR	4	QL (4 EA per 28 days) NDS
BUPRENORPHINE PATCH WEEKLY 20MCG/HR	4	QL (4 EA per 28 days) NDS
BUPRENORPHINE PATCH WEEKLY 5MCG/HR	4	QL (4 EA per 28 days) NDS
BUPRENORPHINE PATCH WEEKLY 7.5MCG/HR	4	QL (4 EA per 28 days) NDS
<i>fentanyl patch 72 hour 100mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 25mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 50mcg/hr</i>	4	NDS
<i>fentanyl patch 72 hour 75mcg/hr</i>	4	NDS
<i>methadone hcl solution 10mg/5ml</i>	3	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg</i>	2	NDS
<i>methadone hcl tablet 5mg</i>	2	NDS
<i>methadone hydrochloride intensol concentrate 10mg/ml</i>	3	NDS

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	NDS
<i>methadose sugar-free concentrate 10mg/ml</i>	3	NDS
<i>methadose concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release 100mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 200mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 30mg</i>	3	NDS
<i>morphine sulfate er tablet extended release 60mg</i>	3	NDS
<i>tramadol hcl er tablet extended release 24 hour 100mg</i>	4	NDS
<i>tramadol hcl er tablet extended release 24 hour 200mg</i>	4	NDS
<i>tramadol hcl er tablet extended release 24 hour 300mg</i>	4	NDS
<i>XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG</i>	3	NDS
<i>XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG</i>	3	NDS
<i>XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG</i>	3	NDS
<i>XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG</i>	3	NDS
<i>XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG</i>	3	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	NDS
<i>codeine sulfate tablet 60mg</i>	4	NDS
<i>endocet tablet 325mg; 10mg</i>	3	NDS
<i>endocet tablet 325mg; 2.5mg</i>	3	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tablet 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 1mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg</i>	2	NDS
<i>hydromorphone hcl tablet 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 4mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	NDS
<i>lorcet hd tablet 325mg; 10mg</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>lorcet tablet 325mg; 5mg</i>	2	NDS
<i>morphine sulfate injection 10mg/ml</i>	2	NDS
<i>morphine sulfate injection 10mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	2	NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/5ml</i>	3	NDS
<i>morphine sulfate solution 20mg/ml</i>	3	NDS
<i>morphine sulfate tablet 15mg</i>	3	NDS
<i>morphine sulfate tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 15mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 30mg</i>	3	NDS
<i>oxycodone hydrochloride tablet 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>tramadol hcl tablet 50mg</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>glydo prefilled syringe 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly prefilled syringe 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl prefilled syringe 2%</i>	2	QL (30 ML per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine-cream base cream 2.5%; 2.5%</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine ointment 5%</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine ointment 5%</i>	4	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr tablet delayed release 333mg</i>	4	
<i>disulfiram tablet 250mg</i>	3	
<i>disulfiram tablet 500mg</i>	3	
<i>naltrexone hcl tablet 50mg</i>	2	
VIVITROL INJECTION 380MG	5	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	3	QL (90 EA per 30 days)
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NALOXONE HYDROCHLORIDE LIQUID 4MG/0.1ML	3	
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL (360 ML per 365 days)
<i>varenicline starting month box miscellaneous 0</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate tablet 0.5mg</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate tablet 1mg</i>	4	QL (504 EA per 365 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml</i>	4	
<i>amikacin sulfate injection 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	2	
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	2	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>neomycin sulfate tablet 500mg</i>	2	
<i>paromomycin sulfate capsule 250mg</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection 1.2gm/30ml</i>	3	
<i>tobramycin sulfate injection 1.2gm</i>	3	
<i>tobramycin sulfate injection 10mg/ml</i>	3	
<i>tobramycin sulfate injection 40mg/ml</i>	3	
<i>tobramycin sulfate injection 80mg/2ml</i>	3	
<i>Antibacterials, Other</i>		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	4	
<i>clindacin etz pledges swab 1%</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg</i>	2	
<i>clindamycin hydrochloride capsule 75mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin palmitate hcl solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml</i>	3	
<i>clindamycin phosphate injection 600mg/4ml</i>	3	
<i>clindamycin phosphate injection 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium injection 150mg</i>	5	
DAPTO MYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO CAPSULE 50MG	5	
KIMYRSA INJECTION 1200MG	5	
<i>lincomycin hcl injection 300mg/ml</i>	2	
<i>linezolid injection 600mg/300ml</i>	4	
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL (56 EA per 28 days)
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg</i>	1	
<i>metronidazole tablet 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg</i>	4	
<i>nitrofurantoin macrocrystals capsule 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrys tals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
ORBACTIV INJECTION 400MG	5	
<i>tinidazole tablet 250mg</i>	3	
<i>tinidazole tablet 500mg</i>	3	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride injection 250mg</i>	2	
<i>vancomycin hydrochloride injection 500mg</i>	3	
<i>vancomycin hydrochloride injection 750mg</i>	3	
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	PA
XENLETA TABLET 600MG	5	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg</i>	2	
<i>cefaclor capsule 500mg</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml</i>	4	
<i>cefaclor suspension reconstituted 250mg/5ml</i>	4	
<i>cefaclor suspension reconstituted 375mg/5ml</i>	4	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml</i>	3	
<i>cefdinir suspension reconstituted 250mg/5ml</i>	3	
<i>cefpime hydrochloride injection 100gm</i>	4	
<i>cefpime hydrochloride injection 2gm</i>	4	
<i>cefpime injection 1gm/50ml</i>	4	
<i>cefpime injection 1gm</i>	4	
<i>cefpime injection 2gm/100ml</i>	4	
<i>cefpime injection 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection 2gm</i>	2	
<i>cefotaxime sodium injection 500mg</i>	2	
<i>cefotetan injection 1gm</i>	3	
<i>cefotetan injection 2gm</i>	3	
<i>cefoxitin sodium injection 10gm</i>	3	
<i>cefoxitin sodium injection 1gm</i>	3	
<i>cefoxitin sodium injection 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	3	
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	3	
<i>cefpodoxime proxetil tablet 100mg</i>	4	
<i>cefpodoxime proxetil tablet 200mg</i>	4	
<i>ceprozil suspension reconstituted 125mg/5ml</i>	3	
<i>ceprozil suspension reconstituted 250mg/5ml</i>	3	
<i>ceprozil tablet 250mg</i>	3	
<i>ceprozil tablet 500mg</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm</i>	3	
<i>ceftazidime injection 2gm</i>	3	
<i>ceftazidime injection 6gm</i>	3	
<i>ceftriaxone sodium injection 1gm</i>	3	
<i>ceftriaxone sodium injection 250mg</i>	3	
<i>ceftriaxone sodium injection 2gm</i>	3	
<i>ceftriaxone sodium injection 500mg</i>	3	
<i>cefuroxime axetil tablet 250mg</i>	2	
<i>cefuroxime axetil tablet 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm</i>	3	
<i>cefuroxime sodium injection 7.5gm</i>	3	
<i>cefuroxime sodium injection 750mg</i>	3	
<i>cephalexin capsule 250mg</i>	2	
<i>cephalexin capsule 500mg</i>	2	
<i>cephalexin suspension reconstituted 125mg/5ml</i>	2	
<i>cephalexin suspension reconstituted 250mg/5ml</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FETROJA INJECTION 1GM	5	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 1gm</i>	3	
<i>tazicef injection 2gm</i>	3	
<i>tazicef injection 6gm</i>	3	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg</i>	1	
<i>amoxicillin capsule 500mg</i>	1	
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	1	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	1	
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	1	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin tablet chewable 125mg</i>	1	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	1	
<i>amoxicillin tablet 875mg</i>	1	
<i>ampicillin sodium injection 1gm</i>	3	
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	5	
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	
BICILLIN L-A INJECTION 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg</i>	2	
<i>dicloxacillin sodium capsule 500mg</i>	2	
<i>nafcillin sodium injection 10gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>oxacillin sodium injection 10gm</i>	4	
<i>oxacillin sodium injection 1gm</i>	4	
<i>oxacillin sodium injection 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	2	
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg</i>	2	
<i>penicillin v potassium tablet 500mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>ertapenem injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg</i>	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem injection 1gm</i>	4	
<i>meropenem injection 500mg</i>	4	
Macrolides		
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin packet 1gm</i>	2	
<i>azithromycin suspension reconstituted 100mg/5ml</i>	3	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 600mg</i>	3	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml</i>	4	
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg</i>	3	
<i>clarithromycin tablet 500mg</i>	3	
DIFICID SUSPENSION RECONSTITUTED 40MG/ML	5	
DIFICID TABLET 200MG	5	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr tablet delayed release 250mg</i>	4	
<i>erythromycin dr tablet delayed release 333mg</i>	4	
<i>erythromycin dr tablet delayed release 500mg</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>Quinolones</i>		
BAXDELA TABLET 450MG	5	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	3	
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML	4	
CIPRO SUSPENSION RECONSTITUTED 5GM/100ML	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	4	
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg</i>	2	
<i>levofloxacin tablet 500mg</i>	2	
<i>levofloxacin tablet 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg</i>	4	
<i>ofloxacin tablet 400mg</i>	4	
<i>Sulfonamides</i>		
<i>sulfadiazine tablet 500mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim tablet 400mg; 80mg</i>	1	
Tetracyclines		
<i>demecclocycline hcl tablet 150mg</i>	4	
<i>demecclocycline hcl tablet 300mg</i>	4	
<i>demecclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	2	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	2	
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
MINOCIN INJECTION 100MG	5	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg</i>	2	
<i>minocycline hydrochloride capsule 50mg</i>	2	
<i>monodoxine nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule 100mg</i>	2	
<i>morgidox 2x100mg capsule 100mg</i>	2	
<i>tetracycline hydrochloride capsule 250mg</i>	4	
<i>tetracycline hydrochloride capsule 500mg</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION 10MG/ML	5	PA
BRIVIACT TABLET 100MG	5	PA
BRIVIACT TABLET 10MG	5	PA
BRIVIACT TABLET 25MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT TABLET 50MG	5	PA
BRIVIACT TABLET 75MG	5	PA
EPIDIOLEX SOLUTION 100MG/ML	5	PA
EPRONTIA SOLUTION 25MG/ML	4	
<i>felbamate suspension 600mg/5ml</i>	5	
<i>felbamate tablet 400mg</i>	4	
<i>felbamate tablet 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	PA
FYCOMPA SUSPENSION 0.5MG/ML	5	
FYCOMPA TABLET 10MG	5	
FYCOMPA TABLET 12MG	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 4MG	5	
FYCOMPA TABLET 6MG	5	
FYCOMPA TABLET 8MG	5	
<i>lamotrigine er tablet extended release 24 hour 100mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 200mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 250mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 25mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 300mg</i>	4	
<i>lamotrigine er tablet extended release 24 hour 50mg</i>	4	
<i>lamotrigine odt tablet disintegrating 100mg</i>	4	
<i>lamotrigine odt tablet disintegrating 200mg</i>	4	
<i>lamotrigine odt tablet disintegrating 25mg</i>	4	
<i>lamotrigine odt tablet disintegrating 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tablet chewable 25mg	2	
lamotrigine tablet chewable 5mg	2	
lamotrigine tablet 100mg	1	
lamotrigine tablet 150mg	1	
lamotrigine tablet 200mg	1	
lamotrigine tablet 25mg	1	
levetiracetam er tablet extended release 24 hour 500mg	3	
levetiracetam er tablet extended release 24 hour 750mg	3	
levetiracetam solution 100mg/ml	2	
levetiracetam tablet 1000mg	2	
levetiracetam tablet 250mg	2	
levetiracetam tablet 500mg	2	
levetiracetam tablet 750mg	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL (10 EA per 30 days)
roweepra xr tablet extended release 24 hour 500mg	3	
roweepra xr tablet extended release 24 hour 750mg	3	
roweepra tablet 1000mg	2	
roweepra tablet 500mg	2	
roweepra tablet 750mg	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
subvenite tablet 100mg	1	
subvenite tablet 150mg	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite tablet 200mg</i>	1	
<i>subvenite tablet 25mg</i>	1	
<i>topiramate capsule sprinkle 15mg</i>	3	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	1	
<i>topiramate tablet 200mg</i>	1	
<i>topiramate tablet 25mg</i>	1	
<i>topiramate tablet 50mg</i>	1	
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg-150mg)
XCOPRI TABLET 100MG	5	PA
XCOPRI TABLET 150MG	5	PA
XCOPRI TABLET 200MG	5	PA
XCOPRI TABLET 50MG	5	PA
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	4	
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	
<i>clobazam tablet 10mg</i>	4	
<i>clobazam tablet 20mg</i>	4	
<i>clonazepam odt tablet disintegrating 0.125mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tablet 1mg</i>	1	QL (90 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA
DIACOMIT CAPSULE 500MG	5	PA
DIACOMIT PACKET 250MG	5	PA
DIACOMIT PACKET 500MG	5	PA
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	
<i>divalproex sodium dr tablet delayed release 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 250mg</i>	2	
<i>divalproex sodium dr tablet delayed release 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	
<i>divalproex sodium capsule delayed release sprinkle 125mg</i>	2	
<i>gabapentin capsule 100mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL (150 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg</i>	4	
<i>phenobarbital tablet 15mg</i>	4	
<i>phenobarbital tablet 16.2mg</i>	4	
<i>phenobarbital tablet 30mg</i>	4	
<i>phenobarbital tablet 32.4mg</i>	4	
<i>phenobarbital tablet 60mg</i>	4	
<i>phenobarbital tablet 64.8mg</i>	4	
<i>phenobarbital tablet 97.2mg</i>	4	
<i>primidone tablet 250mg</i>	2	
<i>primidone tablet 50mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	5	
<i>tiagabine hydrochloride tablet 12mg</i>	4	
<i>tiagabine hydrochloride tablet 16mg</i>	4	
<i>tiagabine hydrochloride tablet 2mg</i>	4	
<i>tiagabine hydrochloride tablet 4mg</i>	4	
VALTOCO LIQUID THERAPY PACK 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQUID 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQUID 5MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	PA
<i>vigabatrin tablet 500mg</i>	5	PA
<i>vigadronе packet 500mg</i>	5	PA
Sodium Channel Agents		
APTIOM TABLET 200MG	5	
APTIOM TABLET 400MG	5	
APTIOM TABLET 600MG	5	
APTIOM TABLET 800MG	5	
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	3	
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	3	
<i>carbamazepine suspension 100mg/5ml</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine tablet chewable 100mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>lacosamide solution 10mg/ml</i>	3	
<i>lacosamide tablet 100mg</i>	4	
<i>lacosamide tablet 150mg</i>	4	
<i>lacosamide tablet 200mg</i>	4	
<i>lacosamide tablet 50mg</i>	4	
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg</i>	2	
<i>oxcarbazepine tablet 300mg</i>	2	
<i>oxcarbazepine tablet 600mg</i>	2	
PEGANONE TABLET 250MG	4	
<i>phenytoin infatabs tablet chewable 50mg</i>	2	
<i>phenytoin sodium extended capsule 100mg</i>	2	
<i>phenytoin sodium extended capsule 200mg</i>	2	
<i>phenytoin sodium extended capsule 300mg</i>	2	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	
<i>rufinamide tablet 200mg</i>	3	
<i>rufinamide tablet 400mg</i>	5	
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	
<i>zonisamide capsule 50mg</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet 1mg</i>	4	
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 10MG; 0	4	QL (56 EA per 365 days) ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL (30 EA per 30 days) ST

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL (30 EA per 30 days) ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating 10mg</i>	2	
<i>donepezil hcl tablet disintegrating 5mg</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	4	
<i>galantamine hydrobromide er capsule extended release 24 hour 8mg</i>	4	
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg</i>	4	
<i>galantamine hydrobromide tablet 4mg</i>	4	
<i>galantamine hydrobromide tablet 8mg</i>	4	
<i>rivastigmine tartrate capsule 1.5mg</i>	2	
<i>rivastigmine tartrate capsule 3mg</i>	2	
<i>rivastigmine tartrate capsule 4.5mg</i>	2	
<i>rivastigmine tartrate capsule 6mg</i>	2	
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl titration pak tablet 0</i>	2	
<i>memantine hydrochloride er capsule extended release 24 hour 14mg</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 21mg</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 28mg</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride er capsule extended release 24 hour 7mg</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet 10mg</i>	2	
<i>memantine hydrochloride tablet 5mg</i>	2	
Antidepressants		
Antidepressants, Other		
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl tablet 25mg</i>	2	
<i>maprotiline hcl tablet 50mg</i>	2	
<i>maprotiline hcl tablet 75mg</i>	2	
<i>mirtazapine odt tablet disintegrating 15mg</i>	3	
<i>mirtazapine odt tablet disintegrating 30mg</i>	3	
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	
<i>mirtazapine tablet 15mg</i>	2	
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 45mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tablet 7.5mg</i>	2	
<i>quetiapine fumarate tablet 150mg</i>	2	QL (90 EA per 30 days)
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PATCH 24 HOUR 12MG/24HR	5	QL (30 EA per 30 days) ST
EMSAM PATCH 24 HOUR 6MG/24HR	5	QL (30 EA per 30 days) ST
EMSAM PATCH 24 HOUR 9MG/24HR	5	QL (30 EA per 30 days) ST
MARPLAN TABLET 10MG	4	
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg</i>	1	
<i>citalopram hydrobromide tablet 20mg</i>	1	
<i>citalopram hydrobromide tablet 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL (90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL (60 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride capsule delayed release particles 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	2	
<i>escitalopram oxalate tablet 10mg</i>	1	
<i>escitalopram oxalate tablet 20mg</i>	1	
<i>escitalopram oxalate tablet 5mg</i>	1	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL (56 EA per 365 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL (30 EA per 30 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL (30 EA per 30 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL (30 EA per 30 days) ST
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL (30 EA per 30 days) ST
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution 20mg/5ml</i>	4	
<i>fluoxetine hydrochloride capsule 10mg</i>	1	
<i>fluoxetine hydrochloride capsule 40mg</i>	1	
<i>fluvoxamine maleate tablet 100mg</i>	2	
<i>fluvoxamine maleate tablet 25mg</i>	2	
<i>fluvoxamine maleate tablet 50mg</i>	2	
<i>nefazodone hydrochloride tablet 100mg</i>	4	
<i>nefazodone hydrochloride tablet 150mg</i>	4	
<i>nefazodone hydrochloride tablet 200mg</i>	4	
<i>nefazodone hydrochloride tablet 250mg</i>	4	
<i>nefazodone hydrochloride tablet 50mg</i>	4	
<i>paroxetine hcl tablet 30mg</i>	2	
<i>paroxetine hcl tablet 40mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg</i>	2	
<i>paroxetine hydrochloride tablet 20mg</i>	2	
<i>sertraline hcl concentrate 20mg/ml</i>	3	
<i>sertraline hcl tablet 25mg</i>	1	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg</i>	2	
<i>trazodone hydrochloride tablet 150mg</i>	2	
<i>trazodone hydrochloride tablet 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL (30 EA per 30 days)
TRINTELLIX TABLET 20MG	4	QL (30 EA per 30 days)
TRINTELLIX TABLET 5MG	4	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	
<i>venlafaxine hydrochloride tablet 100mg</i>	2	
<i>venlafaxine hydrochloride tablet 25mg</i>	2	
<i>venlafaxine hydrochloride tablet 37.5mg</i>	2	
<i>venlafaxine hydrochloride tablet 50mg</i>	2	
<i>venlafaxine hydrochloride tablet 75mg</i>	2	
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days)
<i>vilazodone hydrochloride tablet 10mg</i>	4	QL (30 EA per 30 days)
<i>vilazodone hydrochloride tablet 20mg</i>	4	QL (30 EA per 30 days)
<i>vilazodone hydrochloride tablet 40mg</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg</i>	3	
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hcl tablet 25mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hcl tablet 75mg	3	
amitriptyline hydrochloride tablet 10mg	3	
amitriptyline hydrochloride tablet 50mg	3	
amoxapine tablet 100mg	4	
amoxapine tablet 150mg	4	
amoxapine tablet 25mg	4	
amoxapine tablet 50mg	4	
clomipramine hydrochloride capsule 25mg	4	
clomipramine hydrochloride capsule 50mg	4	
clomipramine hydrochloride capsule 75mg	4	
desipramine hydrochloride tablet 100mg	4	
desipramine hydrochloride tablet 10mg	4	
desipramine hydrochloride tablet 150mg	4	
desipramine hydrochloride tablet 25mg	4	
desipramine hydrochloride tablet 50mg	4	
desipramine hydrochloride tablet 75mg	4	
doxepin hcl capsule 75mg	3	
doxepin hcl concentrate 10mg/ml	4	
doxepin hydrochloride capsule 100mg	3	
doxepin hydrochloride capsule 10mg	3	
doxepin hydrochloride capsule 150mg	3	
doxepin hydrochloride capsule 25mg	3	
doxepin hydrochloride capsule 50mg	3	
imipramine hcl tablet 25mg	4	
imipramine hcl tablet 50mg	4	
imipramine hydrochloride tablet 10mg	4	
nortriptyline hcl capsule 25mg	2	
nortriptyline hcl capsule 75mg	2	
nortriptyline hcl solution 10mg/5ml	4	
nortriptyline hydrochloride capsule 10mg	2	
nortriptyline hydrochloride capsule 50mg	2	
protriptyline hcl tablet 10mg	4	
protriptyline hcl tablet 5mg	4	
trimipramine maleate capsule 100mg	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate capsule 25mg</i>	4	
<i>trimipramine maleate capsule 50mg</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg</i>	4	
<i>meclizine hcl tablet 25mg</i>	4	
<i>phenadoz suppository 12.5mg</i>	4	
<i>phenadoz suppository 25mg</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet 10mg</i>	2	
<i>prochlorperazine maleate tablet 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	3	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl suppository 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	4	
<i>promethazine hydrochloride tablet 25mg</i>	4	
<i>promethazine hydrochloride tablet 50mg</i>	4	
<i>promethegan suppository 12.5mg</i>	4	
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>AKYNZEO CAPSULE 300MG; 0.5MG</i>	4	QL (2 EA per 30 days) B/D
<i>AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML</i>	4	
<i>aprepitant capsule 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant capsule 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	4	QL (8 EA per 30 days) B/D
<i>DRONABINOL CAPSULE 10MG</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol capsule 2.5mg</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol capsule 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL (450 ML per 30 days) B/D

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron hydrochloride tablet 4mg</i>	1	B/D
<i>ondansetron hydrochloride tablet 8mg</i>	1	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
<i>ABELCET INJECTION 5MG/ML</i>	4	B/D
<i>AMBISOME INJECTION 50MG</i>	5	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>caspofungin acetate injection 50mg</i>	5	
<i>caspofungin acetate injection 70mg</i>	4	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole troche 10mg</i>	3	
<i>econazole nitrate cream 1%</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%</i>	3	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	3	
<i>fluconazole suspension reconstituted 10mg/ml</i>	3	
<i>fluconazole suspension reconstituted 40mg/ml</i>	3	
<i>fluconazole tablet 100mg</i>	2	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 200mg</i>	2	
<i>fluconazole tablet 50mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg</i>	4	
<i>griseofulvin ultramicrosize tablet 250mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole capsule 100mg</i>	4	PA
JUBLIA SOLUTION 10%	5	
<i>ketoconazole cream 2%</i>	2	QL (90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tablet 200mg</i>	2	
<i>micafungin injection 50mg</i>	5	
<i>naftifine hydrochloride gel 1%</i>	4	
NOXAFIL SUSPENSION 40MG/ML	5	PA
<i>nyamyc powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	
<i>nystatin powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	2	
<i>nystatin tablet 500000unit</i>	3	
<i>nystop powder 100000unit/gm</i>	2	QL (120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL (84 EA per 180 days)
<i>terconazole cream 0.4%</i>	3	
<i>terconazole cream 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	5	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	5	
<i>voriconazole tablet 200mg</i>	4	
<i>voriconazole tablet 50mg</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg</i>	1	
<i>allopurinol tablet 300mg</i>	1	
COLCHICINE TABLET 0.6MG	3	
<i>febuxostat tablet 40mg</i>	4	
<i>febuxostat tablet 80mg</i>	4	
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	2	
<i>probenecid tablet 500mg</i>	2	
Antimigraine Agents		
Ergot Alkaloids		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate solution 4mg/ml</i>	5	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL (24 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL (1 ML per 30 days) PA
AIMOVIG INJECTION 70MG/ML	4	QL (2 ML per 30 days) PA
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 30 days) PA
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA
<i>timolol maleate tablet 10mg</i>	3	
<i>timolol maleate tablet 20mg</i>	3	
<i>timolol maleate tablet 5mg</i>	3	
UBRELVY TABLET 100MG	5	QL (16 EA per 30 days) PA
UBRELVY TABLET 50MG	5	QL (16 EA per 30 days) PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl tablet 1mg</i>	3	QL (9 EA per 30 days)
<i>naratriptan hcl tablet 2.5mg</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJECTION 4MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJECTION 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL (9 EA per 30 days)
SUMATRIPTAN SOLUTION 20MG/ACT	4	QL (12 EA per 30 days)
SUMATRIPTAN SOLUTION 5MG/ACT	4	QL (12 EA per 30 days)
<i>zolmitriptan solution 2.5mg</i>	4	QL (18 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tablet 2.5mg</i>	3	QL (12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL TABLET 125MG	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
CAPASTAT SULFATE INJECTION 1GM	5	
<i>cycloserine capsule 250mg</i>	5	
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg</i>	2	
<i>ethambutol hydrochloride tablet 400mg</i>	2	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	3	
<i>isoniazid tablet 100mg</i>	1	
<i>isoniazid tablet 300mg</i>	1	
PASER PACKET 4GM	4	
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	3	
<i>rifampin capsule 150mg</i>	3	
<i>rifampin capsule 300mg</i>	3	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	
TRECATOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide monohydrate injection 2gm/10ml</i>	5	
CYCLOPHOSPHAMIDE CAPSULE 25MG	3	B/D

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE CAPSULE 50MG	3	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	4	
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	5	
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
IFOSFAMIDE INJECTION 3GM	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
<i>thiotepa injection 100mg</i>	5	
VALCHLOR GEL 0.016%	5	PA
ZEPZELCA INJECTION 4MG	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	5	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide tablet 50mg</i>	2	
ERLEADA TABLET 60MG	5	PA
<i>flutamide capsule 125mg</i>	3	
<i>nilutamide tablet 150mg</i>	5	
NUBEQA TABLET 300MG	5	PA
XTANDI CAPSULE 40MG	5	PA
XTANDI TABLET 40MG	5	PA
XTANDI TABLET 80MG	5	PA
Antiangiogenic Agents		
FOTIVDA CAPSULE 0.89MG	5	PA
FOTIVDA CAPSULE 1.34MG	5	PA
<i>lenalidomide capsule 10mg</i>	5	PA
<i>lenalidomide capsule 15mg</i>	5	PA
<i>lenalidomide capsule 25mg</i>	5	PA
<i>lenalidomide capsule 5mg</i>	5	PA
POMALYST CAPSULE 1MG	5	PA
POMALYST CAPSULE 2MG	5	PA
POMALYST CAPSULE 3MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPSULE 4MG	5	PA
QINLOCK TABLET 50MG	5	PA
REVLIMID CAPSULE 2.5MG	5	PA
REVLIMID CAPSULE 20MG	5	PA
TABRECTA TABLET 150MG	5	QL (120 EA per 30 days) PA
TABRECTA TABLET 200MG	5	QL (120 EA per 30 days) PA
THALOMID CAPSULE 100MG	5	PA
THALOMID CAPSULE 150MG	5	PA
THALOMID CAPSULE 200MG	5	PA
THALOMID CAPSULE 50MG	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	5	
<i>tamoxifen citrate tablet 10mg</i>	2	
<i>tamoxifen citrate tablet 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	
<i>Antimetabolites</i>		
DROXIA CAPSULE 200MG	4	
DROXIA CAPSULE 300MG	4	
DROXIA CAPSULE 400MG	4	
<i>hydroxyurea capsule 500mg</i>	2	
INFUGEM INJECTION 1900MG/190ML; 0.9%	5	
<i>mercaptopurine tablet 50mg</i>	3	
<i>nelarabine injection 5mg/ml</i>	5	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
<i>Antineoplastics, Other</i>		
<i>arsenic trioxide injection 10mg/10ml</i>	4	
ASPARLAS INJECTION 3750UNIT/5ML	5	
BESREMI INJECTION 500MCG/ML	5	PA
GAVRETO CAPSULE 100MG	5	PA
IBRANCE TABLET 100MG	5	PA
IBRANCE TABLET 125MG	5	PA
IBRANCE TABLET 75MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABLET 100MG	5	QL (30 EA per 30 days) PA
IDHIFA TABLET 50MG	5	QL (30 EA per 30 days) PA
INREBIC CAPSULE 100MG	5	PA
IXEMPRA KIT INJECTION 15MG	5	
KIMMTRAK INJECTION 100MCG/0.5ML	5	PA
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	PA
LONSURF TABLET 6.14MG; 15MG	5	PA
LONSURF TABLET 8.19MG; 20MG	5	PA
LUMAKRAS TABLET 120MG	5	PA
NINLARO CAPSULE 2.3MG	5	PA
NINLARO CAPSULE 3MG	5	PA
NINLARO CAPSULE 4MG	5	PA
ONUREG TABLET 200MG	5	PA
ONUREG TABLET 300MG	5	PA
PEMAZYRE TABLET 13.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABLET 4.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABLET 9MG	5	QL (30 EA per 30 days) PA
PHESGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
PHESGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA
RETEVMO CAPSULE 40MG	5	PA
RETEVMO CAPSULE 80MG	5	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	PA
RYLAZE INJECTION 10MG/0.5ML	5	
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA
SCEMBLIX TABLET 40MG	5	PA
SYNRIBO INJECTION 3.5MG	5	PA
TAZVERIK TABLET 200MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INJECTION 50MG	4	
TRUSELTIQ CAPSULE THERAPY PACK 0	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	PA
TUKYSA TABLET 150MG	5	PA
TUKYSA TABLET 50MG	5	PA
VONJO CAPSULE 100MG	5	PA
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 40MG	5	PA
XPOVIO TABLET THERAPY PACK 50MG	5	PA
XPOVIO TABLET THERAPY PACK 60MG	5	PA
ZOLINZA CAPSULE 100MG	5	PA
<i>Antineoplastics</i>		
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet 1mg</i>	1	
<i>exemestane tablet 25mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tablet 2.5mg</i>	2	
Enzyme Inhibitors		
ETOPOPHOS INJECTION 100MG	5	
Molecular Target Inhibitors		
AFINITOR DISPERZ TABLET SOLUBLE 2MG	5	PA
AFINITOR DISPERZ TABLET SOLUBLE 3MG	5	PA
AFINITOR DISPERZ TABLET SOLUBLE 5MG	5	PA
ALECENSA CAPSULE 150MG	5	PA
ALUNBRIG TABLET THERAPY PACK 0	5	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 180MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 100MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 200MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 25MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 300MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABLET 50MG	5	QL (30 EA per 30 days) PA
BALVERSA TABLET 3MG	5	PA
BALVERSA TABLET 4MG	5	PA
BALVERSA TABLET 5MG	5	PA
BOSULIF TABLET 100MG	5	PA
BOSULIF TABLET 400MG	5	PA
BOSULIF TABLET 500MG	5	PA
BRAFTOVI CAPSULE 50MG	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA CAPSULE 80MG	5	PA
CABOMETYX TABLET 20MG	5	PA
CABOMETYX TABLET 40MG	5	PA
CABOMETYX TABLET 60MG	5	PA
CALQUENCE CAPSULE 100MG	5	PA
CALQUENCE TABLET 100MG	5	PA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA
CAPRELSA TABLET 300MG	5	PA
COMETRIQ KIT 0	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
COPIKTRA CAPSULE 15MG	5	PA
COPIKTRA CAPSULE 25MG	5	PA
COTELLIC TABLET 20MG	5	PA
DAURISMO TABLET 100MG	5	PA
DAURISMO TABLET 25MG	5	PA
ERIVEDGE CAPSULE 150MG	5	PA
<i>erlotinib hydrochloride tablet 100mg</i>	5	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>erlotinib hydrochloride tablet 25mg</i>	5	PA
<i>everolimus tablet soluble 2mg</i>	5	PA
<i>everolimus tablet soluble 3mg</i>	5	PA
<i>everolimus tablet soluble 5mg</i>	5	PA
<i>everolimus tablet 10mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tablet 2.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tablet 5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tablet 7.5mg</i>	5	QL (30 EA per 30 days) PA
EXKIVITY CAPSULE 40MG	5	PA
FARYDAK CAPSULE 10MG	5	PA
FARYDAK CAPSULE 15MG	5	PA
FARYDAK CAPSULE 20MG	5	PA
FYARRO INJECTION 100MG	5	PA
GILOTrif TABLET 20MG	5	QL (30 EA per 30 days) PA
GILOTrif TABLET 30MG	5	QL (30 EA per 30 days) PA
GILOTrif TABLET 40MG	5	QL (30 EA per 30 days) PA
IBRANCE CAPSULE 100MG	5	PA
IBRANCE CAPSULE 125MG	5	PA
IBRANCE CAPSULE 75MG	5	PA
ICLUSIG TABLET 10MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABLET 15MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABLET 30MG	5	PA
ICLUSIG TABLET 45MG	5	PA
<i>imatinib mesylate tablet 100mg</i>	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tablet 400mg</i>	5	PA
IMBRUVICA CAPSULE 140MG	5	PA
IMBRUVICA CAPSULE 70MG	5	PA
IMBRUVICA TABLET 140MG	5	PA
IMBRUVICA TABLET 280MG	5	PA
IMBRUVICA TABLET 420MG	5	PA
IMBRUVICA TABLET 560MG	5	PA
INLYTA TABLET 1MG	5	PA
INLYTA TABLET 5MG	5	PA
INQOVI TABLET 100MG; 35MG	5	PA
IRESSA TABLET 250MG	5	PA
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA
JAKAFI TABLET 15MG	5	PA
JAKAFI TABLET 20MG	5	PA
JAKAFI TABLET 25MG	5	PA
JAKAFI TABLET 5MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KISQALI TABLET THERAPY PACK 200MG	5	PA
KOSELUGO CAPSULE 10MG	5	PA
KOSELUGO CAPSULE 25MG	5	PA
<i>lapatinib ditosylate tablet 250mg</i>	5	PA
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA
LORBRENA TABLET 100MG	5	PA
LORBRENA TABLET 25MG	5	PA
LYNPARZA TABLET 100MG	5	PA
LYNPARZA TABLET 150MG	5	PA
MEKINIST TABLET 0.5MG	5	PA
MEKINIST TABLET 2MG	5	PA
MEKTOVI TABLET 15MG	5	PA
NERLYNX TABLET 40MG	5	QL (180 EA per 30 days) PA
ODOMZO CAPSULE 200MG	5	PA
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA
ROZLYTREK CAPSULE 100MG	5	PA
ROZLYTREK CAPSULE 200MG	5	PA
RUBRACA TABLET 200MG	5	PA
RUBRACA TABLET 250MG	5	PA
RUBRACA TABLET 300MG	5	PA
RYDAPT CAPSULE 25MG	5	PA
<i>sorafenib tosylate tablet 200mg</i>	5	PA
<i>sorafenib tablet 200mg</i>	5	PA
SPRYCEL TABLET 100MG	5	PA
SPRYCEL TABLET 140MG	5	PA
SPRYCEL TABLET 20MG	5	PA
SPRYCEL TABLET 50MG	5	PA
SPRYCEL TABLET 70MG	5	PA
SPRYCEL TABLET 80MG	5	PA
STIVARGA TABLET 40MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate capsule 12.5mg	5	PA
sunitinib malate capsule 25mg	5	PA
sunitinib malate capsule 37.5mg	5	PA
sunitinib malate capsule 50mg	5	PA
TAFINLAR CAPSULE 50MG	5	PA
TAFINLAR CAPSULE 75MG	5	PA
TAGRISSO TABLET 40MG	5	QL (30 EA per 30 days) PA
TAGRISSO TABLET 80MG	5	PA
TALZENNA CAPSULE 0.25MG	5	PA
TALZENNA CAPSULE 0.5MG	5	PA
TALZENNA CAPSULE 0.75MG	5	PA
TALZENNA CAPSULE 1MG	5	PA
TASIGNA CAPSULE 150MG	5	PA
TASIGNA CAPSULE 200MG	5	PA
TASIGNA CAPSULE 50MG	5	PA
TEPMETKO TABLET 225MG	5	PA
TIBSOVO TABLET 250MG	5	PA
TURALIO CAPSULE 200MG	5	PA
UKONIQ TABLET 200MG	5	PA
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	PA
VENCLEXTA TABLET 100MG	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 50MG	5	PA
VERZENIO TABLET 100MG	5	PA
VERZENIO TABLET 150MG	5	PA
VERZENIO TABLET 200MG	5	PA
VERZENIO TABLET 50MG	5	PA
VITRAKVI CAPSULE 100MG	5	PA
VITRAKVI CAPSULE 25MG	5	PA
VITRAKVI SOLUTION 20MG/ML	5	PA
VIZIMPRO TABLET 15MG	5	PA
VIZIMPRO TABLET 30MG	5	PA
VIZIMPRO TABLET 45MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT TABLET 200MG	5	PA
WELIREG TABLET 40MG	5	PA
XALKORI CAPSULE 200MG	5	PA
XALKORI CAPSULE 250MG	5	PA
XOSPATA TABLET 40MG	5	PA
ZEJULA CAPSULE 100MG	5	PA
ZELBORAF TABLET 240MG	5	PA
ZYDELIG TABLET 100MG	5	PA
ZYDELIG TABLET 150MG	5	PA
ZYKADIA CAPSULE 150MG	5	PA
ZYKADIA TABLET 150MG	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA INJECTION 40MG/10ML	5	PA
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA
JEMPERLI INJECTION 500MG/10ML	5	PA
KANJINTI INJECTION 150MG	5	PA
KANJINTI INJECTION 420MG	5	PA
MONJUVI INJECTION 200MG	5	PA
MVASI INJECTION 100MG/4ML	5	PA
MVASI INJECTION 400MG/16ML	5	PA
POLIVY INJECTION 140MG	5	PA
POLIVY INJECTION 30MG	5	PA
RUXIENCE INJECTION 100MG/10ML	5	PA
RUXIENCE INJECTION 500MG/50ML	5	PA
RYBREVANT INJECTION 350MG/7ML	5	PA
SARCLISA INJECTION 100MG/5ML	5	PA
SARCLISA INJECTION 500MG/25ML	5	PA
TIVDAK INJECTION 40MG	5	PA
TRAZIMERA INJECTION 150MG	5	PA
TRAZIMERA INJECTION 420MG	5	PA
TRODELVY INJECTION 180MG	5	PA
ZIRABEV INJECTION 100MG/4ML	5	PA
ZIRABEV INJECTION 400MG/16ML	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ZYNLONTA INJECTION 10MG	5	PA
<i>Retinoids</i>		
<i>bexarotene capsule 75mg</i>	5	PA
<i>bexarotene gel 1%</i>	5	PA
PANRETIN GEL 0.1%	5	
<i>tretinooin capsule 10mg</i>	5	
<i>Treatment Adjuncts</i>		
ELITEK INJECTION 1.5MG	5	
ELITEK INJECTION 7.5MG	5	
<i>leucovorin calcium injection 500mg</i>	4	
<i>leucovorin calcium tablet 10mg</i>	3	
<i>leucovorin calcium tablet 15mg</i>	3	
<i>leucovorin calcium tablet 25mg</i>	3	
<i>leucovorin calcium tablet 5mg</i>	3	
MESNEX TABLET 400MG	5	
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet 200mg</i>	5	
<i>ivermectin tablet 3mg</i>	3	PA
<i>praziquantel tablet 600mg</i>	4	
<i>Antiprotozoals</i>		
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	3	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	3	
<i>atovaquone suspension 750mg/5ml</i>	4	
BENZNIDAZOLE TABLET 100MG	3	
BENZNIDAZOLE TABLET 12.5MG	3	
<i>chloroquine phosphate tablet 250mg</i>	3	
<i>chloroquine phosphate tablet 500mg</i>	3	
COARTEM TABLET 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tablet 100mg</i>	2	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide tablet 500mg</i>	5	
<i>pentamidine isethionate injection 300mg</i>	3	
<i>pentamidine isethionate solution reconstituted 300mg</i>	3	B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg</i>	2	
<i>benztropine mesylate tablet 1mg</i>	2	
<i>benztropine mesylate tablet 2mg</i>	2	
<i>trihexyphenidyl hcl solution 0.4mg/ml</i>	2	
<i>trihexyphenidyl hydrochloride tablet 2mg</i>	4	
<i>trihexyphenidyl hydrochloride tablet 5mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone tablet 200mg</i>	3	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule 5mg</i>	4	
<i>bromocriptine mesylate tablet 2.5mg</i>	4	
KYNMOBI TITRATION KIT KIT 0	5	QL (20 EA per 365 days) PA
KYNMOBI FILM 10MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 15MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 20MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 25MG	5	QL (150 EA per 30 days) PA
KYNMOBI FILM 30MG	5	QL (150 EA per 30 days) PA
NEUPRO PATCH 24 HOUR 1MG/24HR	4	ST

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO PATCH 24 HOUR 2MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 3MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 4MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 6MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 8MG/24HR	4	ST
<i>pramipexole dihydrochloride tablet 0.125mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.25mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 0.75mg</i>	2	
<i>pramipexole dihydrochloride tablet 1.5mg</i>	2	
<i>pramipexole dihydrochloride tablet 1mg</i>	2	
<i>ropinirole er tablet extended release 24 hour 12mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 2mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 4mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 6mg</i>	4	
<i>ropinirole er tablet extended release 24 hour 8mg</i>	4	
<i>ropinirole hcl tablet 0.5mg</i>	2	
<i>ropinirole hcl tablet 1mg</i>	2	
<i>ropinirole hcl tablet 2mg</i>	2	
<i>ropinirole hcl tablet 4mg</i>	2	
<i>ropinirole hcl tablet 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg</i>	2	
<i>ropinirole hydrochloride tablet 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tablet extended release 25mg; 100mg</i>	3	
<i>carbidopa/levodopa er tablet extended release 50mg; 200mg</i>	3	
<i>carbidopa/levodopa odt tablet disintegrating 10mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
INBRIJA CAPSULE 42MG	5	PA
RYTARY CAPSULE EXTENDED RELEASE 23.75MG; 95MG	4	ST
RYTARY CAPSULE EXTENDED RELEASE 36.25MG; 145MG	4	ST
RYTARY CAPSULE EXTENDED RELEASE 48.75MG; 195MG	4	ST
RYTARY CAPSULE EXTENDED RELEASE 61.25MG; 245MG	4	ST
<i>Monoamine Oxidase B (MAO-B) Inhibitors</i>		
<i>rasagiline mesylate tablet 0.5mg</i>	4	
<i>rasagiline mesylate tablet 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl tablet 100mg</i>	4	
<i>chlorpromazine hcl tablet 10mg</i>	4	
<i>chlorpromazine hcl tablet 200mg</i>	4	
<i>chlorpromazine hcl tablet 25mg</i>	4	
<i>chlorpromazine hcl tablet 50mg</i>	4	
<i>chlorpromazine hydrochloride concentrate 100mg/ml</i>	4	
<i>chlorpromazine hydrochloride concentrate 30mg/ml</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hcl injection 2.5mg/ml</i>	4	
<i>fluphenazine hcl tablet 10mg</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tablet 2.5mg</i>	4	
<i>fluphenazine hcl tablet 5mg</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	3	
<i>haloperidol decanoate injection 100mg/ml</i>	3	
<i>haloperidol decanoate injection 50mg/ml</i>	3	
<i>haloperidol decanoate injection 50mg/ml</i>	3	
<i>haloperidol lactate injection 5mg/ml</i>	3	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>loxapine capsule 10mg</i>	2	
<i>loxapine capsule 25mg</i>	2	
<i>loxapine capsule 50mg</i>	2	
<i>loxapine capsule 5mg</i>	2	
<i>molindone hydrochloride tablet 10mg</i>	4	
<i>molindone hydrochloride tablet 25mg</i>	4	
<i>molindone hydrochloride tablet 5mg</i>	4	
<i>perphenazine tablet 16mg</i>	4	
<i>perphenazine tablet 2mg</i>	3	
<i>perphenazine tablet 4mg</i>	3	
<i>perphenazine tablet 8mg</i>	4	
<i>pimozide tablet 1mg</i>	4	
<i>pimozide tablet 2mg</i>	4	
<i>thioridazine hcl tablet 100mg</i>	3	
<i>thioridazine hcl tablet 10mg</i>	3	
<i>thioridazine hcl tablet 25mg</i>	3	
<i>thioridazine hcl tablet 50mg</i>	3	
<i>thiothixene capsule 10mg</i>	3	
<i>thiothixene capsule 1mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene capsule 2mg</i>	3	
<i>thiothixene capsule 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hcl tablet 2mg</i>	3	
<i>trifluoperazine hcl tablet 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 15mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tablet 10mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tablet 15mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tablet 20mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tablet 2mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole tablet 5mg</i>	2	QL (30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	
ARISTADA INJECTION 441MG/1.6ML	5	
ARISTADA INJECTION 662MG/2.4ML	5	
ARISTADA INJECTION 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg</i>	4	QL (60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 2.5mg</i>	4	QL (60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 5mg</i>	4	QL (60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG	5	QL (30 EA per 30 days) PA
CAPLYTA CAPSULE 21MG	5	QL (30 EA per 30 days) PA
CAPLYTA CAPSULE 42MG	5	QL (30 EA per 30 days) PA
FANAPT TITRATION PACK TABLET 0	4	QL (8 EA per 180 days) ST
FANAPT TABLET 10MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 12MG	5	QL (60 EA per 30 days) ST

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABLET 1MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 2MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 4MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 6MG	5	QL (60 EA per 30 days) ST
FANAPT TABLET 8MG	5	QL (60 EA per 30 days) ST
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
LATUDA TABLET 120MG	5	QL (30 EA per 30 days)
LATUDA TABLET 20MG	5	QL (30 EA per 30 days)
LATUDA TABLET 40MG	5	QL (30 EA per 30 days)
LATUDA TABLET 60MG	5	QL (30 EA per 30 days)
LATUDA TABLET 80MG	5	QL (60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL (30 EA per 30 days) ST
LYBALVI TABLET 15MG; 10MG	5	QL (30 EA per 30 days) ST
LYBALVI TABLET 20MG; 10MG	5	QL (30 EA per 30 days) ST
LYBALVI TABLET 5MG; 10MG	5	QL (30 EA per 30 days) ST
NUPLAZID CAPSULE 34MG	5	PA
NUPLAZID TABLET 10MG	5	PA
NUPLAZID TABLET 17MG	5	PA
<i>olanzapine odt tablet disintegrating 10mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 15mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 20mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 5mg</i>	3	QL (30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tablet 10mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tablet 15mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tablet 20mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tablet 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine tablet 7.5mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 3mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 9mg</i>	4	QL (30 EA per 30 days)
PERSERIS INJECTION 120MG	5	
PERSERIS INJECTION 90MG	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 25mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 50mg</i>	2	QL (90 EA per 30 days)
REXULTI TABLET 0.25MG	5	QL (30 EA per 30 days)
REXULTI TABLET 0.5MG	5	QL (30 EA per 30 days)
REXULTI TABLET 1MG	5	QL (30 EA per 30 days)
REXULTI TABLET 2MG	5	QL (30 EA per 30 days)
REXULTI TABLET 3MG	5	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABLET 4MG	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 2mg</i>	4	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 3mg</i>	4	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	4	QL (240 ML per 30 days)
<i>risperidone tablet 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tablet 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tablet 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tablet 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tablet 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tablet 4mg</i>	1	QL (60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL (30 EA per 30 days) ST
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL (30 EA per 30 days) ST
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE THERAPY PACK 0	4	QL (14 EA per 365 days) ST
VRAYLAR CAPSULE 1.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE 3MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE 4.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE 6MG	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl capsule 20mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone hcl capsule 40mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone hcl capsule 60mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone hcl capsule 80mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG	5	
ZYPREXA RELPREVV INJECTION 405MG	5	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine odt tablet disintegrating 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL (270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL (120 EA per 30 days)
<i>clozapine tablet 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL (180 EA per 30 days)
VERSACLOZ SUSPENSION 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg</i>	4	
<i>dantrolene sodium capsule 25mg</i>	4	
<i>dantrolene sodium capsule 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir injection 75mg/ml</i>	5	
<i>ganciclovir injection 500mg/10ml</i>	2	B/D
<i>ganciclovir injection 500mg</i>	2	B/D
LIVTENCITY TABLET 200MG	5	
PREVYMIS INJECTION 240MG/12ML	5	
PREVYMIS INJECTION 480MG/24ML	5	
PREVYMIS TABLET 240MG	5	
PREVYMIS TABLET 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	5	
<i>valganciclovir tablet 450mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDE SOLUTION 0.05MG/ML	5	QL (600 ML per 30 days)
<i>entecavir tablet 0.5mg</i>	4	QL (30 EA per 30 days)
<i>entecavir tablet 1mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV SOLUTION 5MG/ML	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY TABLET 25MG	5	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET PACKET 50MG; 20MG	5	QL (560 EA per 365 days) PA
MAVYRET TABLET 100MG; 40MG	5	QL (336 EA per 365 days) PA
REBETOL SOLUTION 40MG/ML	5	
<i>ribavirin tablet 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR TABLET 400MG; 100MG	5	QL (84 EA per 365 days) PA
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE INJECTION 600MG/3ML	5	
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL (30 EA per 30 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL (30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL (30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	
ISENTRESS PACKET 100MG	5	
ISENTRESS TABLET CHEWABLE 100MG	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET 400MG	5	
JULUCA TABLET 50MG; 25MG	5	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG	5	
TIVICAY TABLET 50MG	5	
VOCABRIA TABLET 30MG	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL (30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL (30 EA per 30 days)
EDURANT TABLET 25MG	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz capsule 200mg</i>	4	
<i>efavirenz capsule 50mg</i>	4	
<i>efavirenz tablet 600mg</i>	4	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	
<i>nevirapine suspension 50mg/5ml</i>	2	
<i>nevirapine tablet 200mg</i>	3	
PIFELTRO TABLET 100MG	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	QL (60 EA per 30 days)
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir solution 20mg/ml</i>	4	
<i>abacavir tablet 300mg</i>	4	
CIMDUO TABLET 300MG; 300MG	5	QL (30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG	5	QL (30 EA per 30 days)
DESCOVY TABLET 200MG; 25MG	5	QL (30 EA per 30 days)
<i>didanosine capsule delayed release 200mg</i>	4	
<i>didanosine capsule delayed release 250mg</i>	4	
<i>didanosine capsule delayed release 400mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	2	
EMTRIVA SOLUTION 10MG/ML	4	
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	QL (60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg</i>	3	
<i>lamivudine tablet 300mg</i>	3	
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL (30 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (20 EA per 5 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
<i>stavudine capsule 15mg</i>	4	
<i>stavudine capsule 20mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 40mg</i>	4	
TEMIXYS TABLET 300MG; 300MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL (180 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL (30 EA per 30 days)
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL (60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	4	
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 4GM	4	
VIREAD POWDER 40MG/GM	5	
VIREAD TABLET 150MG	5	
VIREAD TABLET 200MG	5	
VIREAD TABLET 250MG	5	
<i>zidovudine capsule 100mg</i>	3	
<i>zidovudine syrup 50mg/5ml</i>	3	
<i>zidovudine tablet 300mg</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg</i>	5	
<i>maraviroc tablet 300mg</i>	5	
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS CAPSULE 250MG	5	
APTIVUS SOLUTION 100MG/ML	5	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>atazanavir capsule 150mg</i>	4	
<i>atazanavir capsule 200mg</i>	4	
EVOTAZ TABLET 300MG; 150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	
NORVIR PACKET 100MG	4	
NORVIR SOLUTION 80MG/ML	4	
PREZCOBIX TABLET 150MG; 800MG	5	QL (30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	
PREZISTA TABLET 150MG	4	
PREZISTA TABLET 600MG	5	
PREZISTA TABLET 75MG	4	
PREZISTA TABLET 800MG	5	
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days)
VIRACEPT TABLET 250MG	5	
VIRACEPT TABLET 625MG	5	
<i>Anti-influenza Agents</i>		
<i>amantadine hcl capsule 100mg</i>	2	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate capsule 75mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	4	QL (240 EA per 365 days)
<i>rimantadine hydrochloride tablet 100mg</i>	3	
XOFLUZA TABLET THERAPY PACK 20MG	3	QL (4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL (4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	3	QL (4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL (2 EA per 365 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>Antiherpetic Agents</i>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg</i>	2	
<i>acyclovir tablet 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	3	
<i>famciclovir tablet 250mg</i>	3	
<i>famciclovir tablet 500mg</i>	3	
<i>valacyclovir hcl tablet 1gm</i>	3	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL (120 EA per 30 days)
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hcl tablet 30mg</i>	4	
<i>buspirone hydrochloride tablet 10mg</i>	1	
<i>buspirone hydrochloride tablet 5mg</i>	1	
<i>buspirone hydrochloride tablet 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule 100mg</i>	4	
<i>hydroxyzine pamoate capsule 25mg</i>	4	
<i>hydroxyzine pamoate capsule 50mg</i>	4	
<i>Benzodiazepines</i>		
<i>alprazolam tablet 0.25mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tablet 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	2	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	2	
<i>diazepam concentrate 5mg/ml</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	2	
<i>diazepam tablet 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>diazepam tablet 5mg</i>	1	QL (240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	
<i>lorazepam tablet 0.5mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam tablet 1mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	1	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg</i>	2	
<i>lithium carbonate er tablet extended release 450mg</i>	2	
<i>lithium carbonate capsule 150mg</i>	1	
<i>lithium carbonate capsule 300mg</i>	1	
<i>lithium carbonate capsule 600mg</i>	1	
<i>lithium carbonate tablet 300mg</i>	1	
<i>lithium solution 8meq/5ml</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg</i>	2	
<i>acarbose tablet 25mg</i>	2	
<i>acarbose tablet 50mg</i>	2	
<i>CYCLOSET TABLET 0.8MG</i>	4	
<i>FAXIGA TABLET 10MG</i>	3	
<i>FAXIGA TABLET 5MG</i>	3	
<i>glimepiride tablet 1mg</i>	1	
<i>glimepiride tablet 2mg</i>	1	
<i>glimepiride tablet 4mg</i>	1	
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
glipizide xl tablet extended release 24 hour 10mg	1	
glipizide xl tablet extended release 24 hour 2.5mg	1	
glipizide xl tablet extended release 24 hour 5mg	1	
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	
glipizide/metformin hydrochloride tablet 2.5mg; 500mg	1	
glipizide/metformin hydrochloride tablet 5mg; 500mg	1	
glipizide tablet 10mg	1	
glipizide tablet 5mg	1	
glyburide/metformin hydrochloride tablet 1.25mg; 250mg	1	
glyburide/metformin hydrochloride tablet 2.5mg; 500mg	1	
glyburide/metformin hydrochloride tablet 5mg; 500mg	1	
glyburide tablet 1.25mg	1	
glyburide tablet 2.5mg	1	
glyburide tablet 5mg	1	
GLYXAMBI TABLET 10MG; 5MG	3	
GLYXAMBI TABLET 25MG; 5MG	3	
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG	4	ST
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 500MG	4	ST
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 1000MG	4	ST
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	4	ST
INVOKAMET TABLET 150MG; 1000MG	4	ST
INVOKAMET TABLET 150MG; 500MG	4	ST
INVOKAMET TABLET 50MG; 1000MG	4	ST
INVOKAMET TABLET 50MG; 500MG	4	ST
INVOKANA TABLET 100MG	4	ST

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
INVOKANA TABLET 300MG	4	ST
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	
JANUMET TABLET 1000MG; 50MG	3	
JANUMET TABLET 500MG; 50MG	3	
JANUVIA TABLET 100MG	3	QL (30 EA per 30 days)
JANUVIA TABLET 25MG	3	QL (30 EA per 30 days)
JANUVIA TABLET 50MG	3	QL (30 EA per 30 days)
JARDIANCE TABLET 10MG	3	
JARDIANCE TABLET 25MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 500MG	3	
JENTADUETO TABLET 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg</i>	1	
<i>metformin hydrochloride tablet 500mg</i>	1	
<i>metformin hydrochloride tablet 850mg</i>	1	
<i>miglitol tablet 100mg</i>	3	
<i>miglitol tablet 25mg</i>	3	
<i>miglitol tablet 50mg</i>	3	
<i>nateglinide tablet 120mg</i>	1	
<i>nateglinide tablet 60mg</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days) ST

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJECTION 2MG/1.5ML	3	QL (3 ML per 28 days) ST
OZEMPIC INJECTION 4MG/3ML	3	QL (3 ML per 28 days) ST
OZEMPIC INJECTION 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) ST
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	2	
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg</i>	1	
<i>pioglitazone hydrochloride tablet 30mg</i>	1	
<i>repaglinide tablet 0.5mg</i>	1	
<i>repaglinide tablet 1mg</i>	1	
<i>repaglinide tablet 2mg</i>	1	
RYBELSUS TABLET 14MG	3	QL (30 EA per 30 days) ST
RYBELSUS TABLET 3MG	3	QL (60 EA per 365 days) ST
RYBELSUS TABLET 7MG	3	QL (30 EA per 30 days) ST
SOLIQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	ST SI
SYMLINPEN 120 INJECTION 2700MCG/2.7ML	5	PA
SYMLINPEN 60 INJECTION 1500MCG/1.5ML	5	PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 1000MG	3	
SYNJARDY TABLET 12.5MG; 500MG	3	
SYNJARDY TABLET 5MG; 1000MG	3	
SYNJARDY TABLET 5MG; 500MG	3	
<i>tolazamide tablet 250mg</i>	1	
<i>tolazamide tablet 500mg</i>	1	
<i>tolbutamide tablet 500mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABLET 5MG	3	QL (30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	
TRULICITY INJECTION 0.75MG/0.5ML	3	QL (2 ML per 28 days) ST
TRULICITY INJECTION 1.5MG/0.5ML	3	QL (2 ML per 28 days) ST
TRULICITY INJECTION 3MG/0.5ML	3	QL (2 ML per 28 days) ST
TRULICITY INJECTION 4.5MG/0.5ML	3	QL (2 ML per 28 days) ST
VICTOZA INJECTION 18MG/3ML	3	QL (9 ML per 30 days) ST
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	5	
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT INJECTION 1MG	3	
GVOKE HYPOOPEN 1-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOOPEN 1-PACK INJECTION 1MG/0.2ML	3	
GVOKE HYPOOPEN 2-PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOOPEN 2-PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
<i>Insulins</i>		
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	SI
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	SI
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	SI
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	SI
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	SI
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	SI
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	SI
HUMALOG INJECTION 100UNIT/ML	3	SI
HUMALOG INJECTION 100UNIT/ML	3	SI
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	SI

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJECTION 100UNIT/ML	3	SI
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	SI
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	SI
HUMULIN R INJECTION 100UNIT/ML	3	SI
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	SI
LANTUS INJECTION 100UNIT/ML	3	SI
LEVEMIR FLEXTOUCH INJECTION 100UNIT/ML	3	SI
LEVEMIR INJECTION 100UNIT/ML	3	SI
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	SI
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	SI
LYUMJEV INJECTION 100UNIT/ML	3	SI
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML	3	SI
NOVOLIN N INJECTION 100UNIT/ML	3	SI
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML	3	SI
NOVOLIN R INJECTION 100UNIT/ML	3	SI
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	SI
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	SI
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	SI
NOVOLOG INJECTION 100UNIT/ML	3	SI
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	SI
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	SI
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	SI

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	SI
TRESIBA INJECTION 100UNIT/ML	3	SI
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium injection 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium injection 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
FRAGMIN INJECTION 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJECTION 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJECTION 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	5	QL (7 ML per 90 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJECTION 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
jantoven tablet 3mg	1	
jantoven tablet 4mg	1	
jantoven tablet 5mg	1	
jantoven tablet 6mg	1	
jantoven tablet 7.5mg	1	
warfarin sodium tablet 10mg	1	
warfarin sodium tablet 1mg	1	
warfarin sodium tablet 2.5mg	1	
warfarin sodium tablet 2mg	1	
warfarin sodium tablet 3mg	1	
warfarin sodium tablet 4mg	1	
warfarin sodium tablet 5mg	1	
warfarin sodium tablet 6mg	1	
warfarin sodium tablet 7.5mg	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL (102 EA per 365 days)
XARELTO TABLET 10MG	3	QL (30 EA per 30 days)
XARELTO TABLET 15MG	3	QL (60 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days)
XARELTO TABLET 20MG	3	QL (30 EA per 30 days)
Blood Products and Modifiers, Other		
anagrelide hydrochloride capsule 0.5mg	3	
anagrelide hydrochloride capsule 1mg	3	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA
OXBRYTA TABLET SOLUBLE 300MG	5	QL (240 EA per 30 days) PA
PROCRIT INJECTION 10000UNIT/ML	4	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA
PROCRIT INJECTION 3000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACKET 25MG	5	PA
PROMACTA TABLET 12.5MG	5	PA
PROMACTA TABLET 25MG	5	PA
PROMACTA TABLET 50MG	5	PA
PROMACTA TABLET 75MG	5	PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL (30 EA per 30 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL (30 EA per 30 days) PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL (30 EA per 30 days) PA
PYRUKYND TABLET 20MG	5	QL (60 EA per 30 days) PA
PYRUKYND TABLET 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABLET 5MG	5	QL (60 EA per 30 days) PA
RETACRIT INJECTION 10000UNIT/ML	4	PA
RETACRIT INJECTION 20000UNIT/2ML	4	PA
RETACRIT INJECTION 20000UNIT/ML	4	PA
RETACRIT INJECTION 2000UNIT/ML	4	PA
RETACRIT INJECTION 3000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
RETACRIT INJECTION 4000UNIT/ML	4	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
Hemostasis Agents		
tranexamic acid tablet 650mg	3	
Platelet Modifying Agents		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	
aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg	4	
BRILINTA TABLET 60MG	3	
BRILINTA TABLET 90MG	3	
CABLIVI INJECTION 11MG	5	QL (30 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>prasugrel tablet 10mg</i>	2	
<i>prasugrel tablet 5mg</i>	2	
TAVALISSE TABLET 100MG	5	PA
TAVALISSE TABLET 150MG	5	PA
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.2mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.3mg/24hr</i>	4	
<i>clonidine hydrochloride tablet 0.1mg</i>	1	
<i>clonidine hydrochloride tablet 0.2mg</i>	1	
<i>clonidine hydrochloride tablet 0.3mg</i>	1	
<i>droxidopa capsule 100mg</i>	5	PA
<i>droxidopa capsule 200mg</i>	5	PA
<i>droxidopa capsule 300mg</i>	5	PA
<i>guanfacine hcl tablet 1mg</i>	4	
<i>guanfacine hcl tablet 2mg</i>	4	
<i>methyldopa tablet 250mg</i>	4	
<i>methyldopa tablet 500mg</i>	4	
<i>midodrine hcl tablet 10mg</i>	2	
<i>midodrine hcl tablet 2.5mg</i>	2	
<i>midodrine hcl tablet 5mg</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride capsule 1mg</i>	2	
<i>prazosin hydrochloride capsule 2mg</i>	2	
<i>prazosin hydrochloride capsule 5mg</i>	2	
<i>terazosin hcl capsule 10mg</i>	1	
<i>terazosin hcl capsule 1mg</i>	1	
<i>terazosin hcl capsule 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>Angiotensin II Receptor Antagonists</i>		
candesartan cilexetil tablet 16mg	1	
candesartan cilexetil tablet 32mg	1	
candesartan cilexetil tablet 4mg	1	
candesartan cilexetil tablet 8mg	1	
EDARBI TABLET 40MG	4	
EDARBI TABLET 80MG	4	
irbesartan tablet 150mg	1	
irbesartan tablet 300mg	1	
irbesartan tablet 75mg	1	
losartan potassium tablet 100mg	1	
losartan potassium tablet 25mg	1	
losartan potassium tablet 50mg	1	
olmesartan medoxomil tablet 20mg	1	
olmesartan medoxomil tablet 40mg	1	
olmesartan medoxomil tablet 5mg	1	
telmisartan tablet 20mg	1	
telmisartan tablet 40mg	1	
telmisartan tablet 80mg	1	
valsartan tablet 160mg	1	
valsartan tablet 320mg	1	
valsartan tablet 40mg	1	
valsartan tablet 80mg	1	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
benazepril hcl tablet 10mg	1	
benazepril hcl tablet 40mg	1	
benazepril hcl tablet 5mg	1	
benazepril hydrochloride tablet 20mg	1	
captopril tablet 100mg	2	
captopril tablet 12.5mg	2	
captopril tablet 25mg	2	
captopril tablet 50mg	2	
enalapril maleate tablet 10mg	1	
enalapril maleate tablet 2.5mg	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tablet 20mg</i>	1	
<i>enalapril maleate tablet 5mg</i>	1	
<i>fosinopril sodium tablet 10mg</i>	1	
<i>fosinopril sodium tablet 20mg</i>	1	
<i>fosinopril sodium tablet 40mg</i>	1	
<i>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	
<i>lisinopril tablet 30mg</i>	1	
<i>lisinopril tablet 40mg</i>	1	
<i>lisinopril tablet 5mg</i>	1	
<i>moexipril hcl tablet 15mg</i>	2	
<i>moexipril hcl tablet 7.5mg</i>	2	
<i>perindopril erbumine tablet 2mg</i>	2	
<i>perindopril erbumine tablet 4mg</i>	2	
<i>perindopril erbumine tablet 8mg</i>	2	
<i>quinapril hcl tablet 20mg</i>	1	
<i>quinapril hcl tablet 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg</i>	1	
<i>quinapril hydrochloride tablet 5mg</i>	1	
<i>ramipril capsule 1.25mg</i>	1	
<i>ramipril capsule 10mg</i>	1	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 5mg</i>	1	
<i>trandolapril tablet 1mg</i>	1	
<i>trandolapril tablet 2mg</i>	1	
<i>trandolapril tablet 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 100mg</i>	3	
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 400mg</i>	3	
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digoxin solution 0.05mg/ml</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tablet 125mcg</i>	2	
<i>digoxin tablet 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	2	
<i>digox tablet 125mcg</i>	2	
<i>digox tablet 250mcg</i>	2	
<i>disopyramide phosphate capsule 100mg</i>	4	
<i>disopyramide phosphate capsule 150mg</i>	4	
<i>dofetilide capsule 125mcg</i>	4	
<i>dofetilide capsule 250mcg</i>	4	
<i>dofetilide capsule 500mcg</i>	4	
<i>flecainide acetate tablet 100mg</i>	2	
<i>flecainide acetate tablet 150mg</i>	2	
<i>flecainide acetate tablet 50mg</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hcl capsule 250mg</i>	4	
<i>MULTAQ TABLET 400MG</i>	3	
<i>pacerone tablet 100mg</i>	3	
<i>pacerone tablet 200mg</i>	1	
<i>pacerone tablet 400mg</i>	3	
<i>propafenone hcl tablet 150mg</i>	2	
<i>propafenone hcl tablet 225mg</i>	2	
<i>propafenone hcl tablet 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 325mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 425mg</i>	4	
<i>quinidine sulfate tablet 200mg</i>	2	
<i>quinidine sulfate tablet 300mg</i>	2	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 240mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
sorine tablet 80mg	2	
sotalol hcl tablet 120mg	2	
sotalol hcl tablet 160mg	2	
sotalol hcl tablet 240mg	2	
sotalol hcl tablet 80mg	2	
sotalol hydrochloride (af) tablet 120mg	2	
sotalol hydrochloride (af) tablet 160mg	2	
sotalol hydrochloride (af) tablet 80mg	2	
sotalol hydrochloride tablet 120mg	2	
sotalol hydrochloride tablet 160mg	2	
sotalol hydrochloride tablet 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hcl capsule 400mg	2	
acebutolol hydrochloride capsule 200mg	2	
acebutolol hydrochloride capsule 400mg	2	
atenolol tablet 100mg	1	
atenolol tablet 25mg	1	
atenolol tablet 50mg	1	
betaxolol hcl tablet 10mg	3	
betaxolol hcl tablet 20mg	3	
bisoprolol fumarate tablet 10mg	2	
bisoprolol fumarate tablet 5mg	2	
carvedilol phosphate er capsule extended release 24 hour 10mg	4	
carvedilol phosphate er capsule extended release 24 hour 20mg	4	
carvedilol phosphate er capsule extended release 24 hour 40mg	4	
carvedilol phosphate er capsule extended release 24 hour 80mg	4	
carvedilol tablet 12.5mg	1	
carvedilol tablet 25mg	1	
carvedilol tablet 3.125mg	1	
carvedilol tablet 6.25mg	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hydrochloride tablet 100mg</i>	2	
<i>labetalol hydrochloride tablet 200mg</i>	2	
<i>labetalol hydrochloride tablet 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg</i>	1	
<i>metoprolol tartrate tablet 25mg</i>	1	
<i>metoprolol tartrate tablet 37.5mg</i>	1	
<i>metoprolol tartrate tablet 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg</i>	2	
<i>nadolol tablet 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride tablet 10mg</i>	3	
<i>nebivolol hydrochloride tablet 2.5mg</i>	3	
<i>nebivolol hydrochloride tablet 20mg</i>	3	
<i>nebivolol hydrochloride tablet 5mg</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet 10mg</i>	3	
<i>pindolol tablet 5mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	2	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg</i>	2	
<i>propranolol hydrochloride tablet 20mg</i>	2	
<i>propranolol hydrochloride tablet 60mg</i>	2	
<i>propranolol hydrochloride tablet 80mg</i>	2	
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>amlodipine besylate tablet 10mg</i>	1	
<i>amlodipine besylate tablet 2.5mg</i>	1	
<i>amlodipine besylate tablet 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg</i>	2	
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	2	
<i>felodipine er tablet extended release 24 hour 5mg</i>	2	
<i>isradipine capsule 2.5mg</i>	4	
<i>isradipine capsule 5mg</i>	4	
<i>nicardipine hcl capsule 20mg</i>	4	
<i>nicardipine hcl capsule 30mg</i>	4	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	2	
<i>nimodipine capsule 30mg</i>	4	
<i>NYMALIZE SOLUTION 60MG/20ML</i>	5	
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	
<i>diltiazem hcl er tablet extended release 24 hour 240mg</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 300mg</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 360mg</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 120mg</i>	2	
<i>diltiazem hcl tablet 30mg</i>	2	
<i>diltiazem hcl tablet 60mg</i>	2	
<i>diltiazem hcl tablet 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er capsule extended release 24 hour 180mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 240mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 240mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 300mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 300mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 300mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	
diltiazem hydrochloride er capsule extended release 24 hour 360mg	2	
diltiazem hydrochloride er tablet extended release 24 hour 180mg	4	
matzim la tablet extended release 24 hour 180mg	4	
matzim la tablet extended release 24 hour 240mg	4	
matzim la tablet extended release 24 hour 300mg	4	
matzim la tablet extended release 24 hour 360mg	4	
matzim la tablet extended release 24 hour 420mg	4	
taztia xt capsule extended release 24 hour 120mg	2	
taztia xt capsule extended release 24 hour 180mg	2	
taztia xt capsule extended release 24 hour 240mg	2	
taztia xt capsule extended release 24 hour 300mg	2	
taztia xt capsule extended release 24 hour 360mg	2	
tiadylt er capsule extended release 24 hour 120mg	2	
tiadylt er capsule extended release 24 hour 180mg	2	
tiadylt er capsule extended release 24 hour 240mg	2	
tiadylt er capsule extended release 24 hour 300mg	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl er tablet extended release 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	3	
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	3	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	3	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	3	
<i>verapamil hcl tablet 40mg</i>	1	
<i>verapamil hcl tablet 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
<i>Cardiovascular Agents, Other</i>		
<i>acetazolamide tablet 125mg</i>	3	
<i>acetazolamide tablet 250mg</i>	3	
ADRENALIN INJECTION 1MG/ML	4	
<i>aliskiren tablet 150mg</i>	2	
<i>aliskiren tablet 300mg</i>	2	
<i>amiloride/hydrochlorothiazide tablet 5mg; 50mg</i>	2	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tablet 10mg; 320mg</i>	1	
<i>amlodipine besylate/valsartan tablet 5mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tablet 5mg; 320mg</i>	1	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 20mg</i>	2	
<i>amlodipine/olmesartan medoxomil tablet 10mg; 40mg</i>	2	
<i>amlodipine/olmesartan medoxomil tablet 5mg; 20mg</i>	2	
<i>amlodipine/olmesartan medoxomil tablet 5mg; 40mg</i>	2	
<i>atenolol/chlorthalidone tablet 100mg; 25mg</i>	2	
<i>atenolol/chlorthalidone tablet 50mg; 25mg</i>	2	
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	
CAMZYOS CAPSULE 10MG	5	QL (30 EA per 30 days) PA
CAMZYOS CAPSULE 15MG	5	QL (30 EA per 30 days) PA
CAMZYOS CAPSULE 2.5MG	5	QL (30 EA per 30 days) PA
CAMZYOS CAPSULE 5MG	5	QL (30 EA per 30 days) PA
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tablet 25mg; 15mg</i>	2	
<i>captopril/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
<i>captopril/hydrochlorothiazide tablet 50mg; 15mg</i>	2	
<i>captopril/hydrochlorothiazide tablet 50mg; 25mg</i>	2	
CORLANOR SOLUTION 5MG/5ML	4	QL (450 ML per 30 days) PA
CORLANOR TABLET 5MG	4	QL (60 EA per 30 days) PA
CORLANOR TABLET 7.5MG	4	QL (60 EA per 30 days) PA
EDARBYCLOR TABLET 40MG; 12.5MG	4	
EDARBYCLOR TABLET 40MG; 25MG	4	
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	
ENTRESTO TABLET 24MG; 26MG	3	QL (60 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG	3	QL (60 EA per 30 days)
ENTRESTO TABLET 97MG; 103MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	2	
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	2	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride tablet 37.5mg; 20mg</i>	3	
KERENDIA TABLET 10MG	4	QL (30 EA per 30 days) PA
KERENDIA TABLET 20MG	4	QL (30 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	1	
<i>metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg</i>	1	
<i>pentoxifylline er tablet extended release 400mg</i>	2	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	2	
<i>ranolazine er tablet extended release 12 hour 500mg</i>	2	
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	2	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	1	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	1	
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tablet extended release 2mg; 180mg</i>	1	
<i>trandolapril/verapamil hcl er tablet extended release 2mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tablet extended release 4mg; 240mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	1	
VYNDAMAX CAPSULE 61MG	5	QL (30 EA per 30 days) PA
<i>Diuretics, Loop</i>		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg</i>	2	
<i>bumetanide tablet 1mg</i>	2	
<i>bumetanide tablet 2mg</i>	2	
<i>furosemide injection 10mg/ml</i>	3	
<i>furosemide injection 10mg/ml</i>	3	
<i>furosemide solution 10mg/ml</i>	2	
<i>furosemide solution 8mg/ml</i>	2	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>torsemide tablet 100mg</i>	1	
<i>torsemide tablet 10mg</i>	1	
<i>torsemide tablet 20mg</i>	1	
<i>torsemide tablet 5mg</i>	1	
<i>Diuretics, Potassium-sparing</i>		
<i>amiloride hcl tablet 5mg</i>	2	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	
<i>spironolactone tablet 100mg</i>	1	
<i>spironolactone tablet 25mg</i>	1	
<i>spironolactone tablet 50mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Thiazide		
chlorothiazide tablet 250mg	2	
chlorothiazide tablet 500mg	2	
chlorthalidone tablet 25mg	2	
chlorthalidone tablet 50mg	2	
hydrochlorothiazide capsule 12.5mg	1	
hydrochlorothiazide tablet 12.5mg	1	
hydrochlorothiazide tablet 25mg	1	
hydrochlorothiazide tablet 50mg	1	
indapamide tablet 1.25mg	1	
indapamide tablet 2.5mg	1	
metolazone tablet 10mg	2	
metolazone tablet 2.5mg	2	
metolazone tablet 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized capsule 134mg	2	
fenofibrate micronized capsule 200mg	2	
fenofibrate micronized capsule 67mg	2	
fenofibrate tablet 145mg	2	
fenofibrate tablet 160mg	2	
fenofibrate tablet 48mg	2	
fenofibrate tablet 54mg	2	
fenofibric acid dr capsule delayed release 135mg	3	
fenofibric acid dr capsule delayed release 45mg	3	
gemfibrozil tablet 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tablet 10mg	1	
atorvastatin calcium tablet 20mg	1	
atorvastatin calcium tablet 40mg	1	
atorvastatin calcium tablet 80mg	1	
fluvastatin sodium er tablet extended release 24 hour 80mg	4	
fluvastatin capsule 20mg	4	
fluvastatin capsule 40mg	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LIVALO TABLET 1MG	4	ST
LIVALO TABLET 2MG	4	ST
LIVALO TABLET 4MG	4	ST
<i>lovastatin tablet 10mg</i>	1	
<i>lovastatin tablet 20mg</i>	1	
<i>lovastatin tablet 40mg</i>	1	
<i>pravastatin sodium tablet 10mg</i>	1	
<i>pravastatin sodium tablet 20mg</i>	1	
<i>pravastatin sodium tablet 40mg</i>	1	
<i>pravastatin sodium tablet 80mg</i>	1	
<i>rosuvastatin calcium tablet 10mg</i>	1	
<i>rosuvastatin calcium tablet 20mg</i>	1	
<i>rosuvastatin calcium tablet 40mg</i>	1	
<i>rosuvastatin calcium tablet 5mg</i>	1	
<i>simvastatin tablet 10mg</i>	1	
<i>simvastatin tablet 20mg</i>	1	
<i>simvastatin tablet 40mg</i>	1	
<i>simvastatin tablet 5mg</i>	1	
<i>simvastatin tablet 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	3	
<i>cholestyramine powder 4gm/dose</i>	3	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hcl granules 5gm</i>	3	
<i>colestipol hcl packet 5gm</i>	4	
<i>colestipol hcl tablet 1gm</i>	3	
<i>ezetimibe/simvastatin tablet 10mg; 10mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 20mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 40mg</i>	2	
<i>ezetimibe/simvastatin tablet 10mg; 80mg</i>	2	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 1gm</i>	4	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPSULE 10MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 20MG	5	QL (60 EA per 30 days) PA
JUXTAPID CAPSULE 30MG	5	QL (60 EA per 30 days) PA
JUXTAPID CAPSULE 40MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 5MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 60MG	5	QL (30 EA per 30 days) PA
NEXLETOL TABLET 180MG	4	QL (30 EA per 30 days) PA
NEXLIZET TABLET 180MG; 10MG	4	QL (30 EA per 30 days) PA
<i>niacin er tablet extended release 1000mg</i>	3	
<i>niacin er tablet extended release 500mg</i>	3	
<i>niacin er tablet extended release 750mg</i>	3	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
PRALUENT INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA
PRALUENT INJECTION 75MG/ML	3	QL (2 ML per 28 days) PA
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL (7 ML per 28 days) PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL (3 ML per 28 days) PA
REPATHA INJECTION 140MG/ML	3	QL (3 ML per 28 days) PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR CAPSULE EXTENDED RELEASE 40MG	4	
<i>isosorbide dinitrate tablet 10mg</i>	2	
<i>isosorbide dinitrate tablet 20mg</i>	2	
<i>isosorbide dinitrate tablet 30mg</i>	2	
<i>isosorbide dinitrate tablet 5mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	1	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	1	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tablet 10mg</i>	2	
<i>isosorbide mononitrate tablet 20mg</i>	2	
NITRO-BID OINTMENT 2%	4	
<i>nitroglycerin lingual solution 0.4mg/spray</i>	4	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg</i>	2	
<i>nitroglycerin tablet sublingual 0.4mg</i>	2	
<i>nitroglycerin tablet sublingual 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl injection 20mg/ml</i>	4	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	1	
<i>hydralazine hydrochloride tablet 50mg</i>	1	
<i>minoxidil tablet 10mg</i>	2	
<i>minoxidil tablet 2.5mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL (60 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg</i>	3	QL (90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine capsule 100mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine capsule 18mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine capsule 40mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine capsule 60mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine capsule 80mg</i>	4	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 4mg</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 18mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 27mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 72mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 5mg</i>	2	QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		
AUSTEDO TABLET 12MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABLET 6MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABLET 9MG	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 40MG	5	QL (60 EA per 30 days) PA
INGREZZA CAPSULE 60MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 80MG	5	QL (30 EA per 30 days) PA
NUEDEXTA CAPSULE 20MG; 10MG	5	PA
RADICAVA ORS STARTER KIT SUSPENSION 105MG/5ML	5	PA
RADICAVA ORS SUSPENSION 105MG/5ML	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole tablet 50mg</i>	4	PA
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	5	PA
ZTALMY SUSPENSION 50MG/ML	5	PA
ZTALMY SUSPENSION 50MG/ML	5	PA
Fibromyalgia Agents		
<i>pregabalin capsule 100mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin capsule 150mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin capsule 200mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin capsule 225mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin capsule 25mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin capsule 50mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin capsule 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin solution 20mg/ml</i>	4	QL (900 ML per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
MISCELLANEOUS 0		
SAVELLA TABLET 100MG	3	QL (60 EA per 30 days)
SAVELLA TABLET 12.5MG	3	QL (60 EA per 30 days)
SAVELLA TABLET 25MG	3	QL (60 EA per 30 days)
SAVELLA TABLET 50MG	3	QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AUBAGIO TABLET 14MG	5	QL (30 EA per 30 days) PA
AUBAGIO TABLET 7MG	5	QL (30 EA per 30 days) PA
AVONEX PEN INJECTION 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJECTION 30MCG/VIAL	5	QL (4 EA per 28 days) PA
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL (120 EA per 30 days) PA
BETASERON INJECTION 0.3MG	5	QL (15 EA per 30 days) PA
<i>dalfampridine er tablet extended release 12 hour 10mg</i>	3	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack miscellaneous 0</i>	5	QL (120 EA per 365 days) PA
<i>dimethyl fumarate capsule delayed release 120mg</i>	5	QL (60 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 240mg</i>	5	QL (60 EA per 30 days) PA
GILENYA CAPSULE 0.25MG	5	QL (30 EA per 30 days) PA
GILENYA CAPSULE 0.5MG	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABLET 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG	5	QL (30 EA per 30 days) PA
MAYZENT TABLET 2MG	5	QL (30 EA per 30 days) PA
OCREVUS INJECTION 300MG/10ML	5	QL (40 ML per 365 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (4 ML per 365 days) PA
PLEGRIDY INJECTION 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
PLEGRIDY INJECTION 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
PLEGRIDY INJECTION 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK INJECTION 0	5	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJECTION 22MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE INJECTION 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJECTION 0	5	QL (8.4 ML per 365 days) PA
REBIF INJECTION 22MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF INJECTION 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
TYSABRI INJECTION 300MG/15ML	5	PA
VUMERTY CAPSULE DELAYED RELEASE 231MG	5	QL (120 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 0	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL (74 EA per 365 days) PA
ZEPOSIA CAPSULE 0.92MG	5	QL (30 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution 0.12%</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>KEPIVANCE INJECTION 6.25MG</i>	5	
<i>lidocaine viscous solution 2%</i>	2	
<i>oralone dental paste paste 0.1%</i>	3	
<i>paroex solution 0.12%</i>	1	
<i>pilocarpine hydrochloride tablet 5mg</i>	4	
<i>pilocarpine hydrochloride tablet 7.5mg</i>	4	
<i>triamcinolone acetonide dental paste paste 0.1%</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>ACCUTANE CAPSULE 10MG</i>	4	PA
<i>ACCUTANE CAPSULE 20MG</i>	4	PA
<i>ACCUTANE CAPSULE 30MG</i>	4	PA
<i>ACCUTANE CAPSULE 40MG</i>	4	PA
<i>acitretin capsule 10mg</i>	4	
<i>acitretin capsule 17.5mg</i>	4	
<i>acitretin capsule 25mg</i>	4	
<i>amnesteem capsule 10mg</i>	4	PA
<i>amnesteem capsule 20mg</i>	4	PA
<i>amnesteem capsule 40mg</i>	4	PA
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	PA
<i>claravis capsule 20mg</i>	4	PA
<i>claravis capsule 30mg</i>	4	PA
<i>claravis capsule 40mg</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	3	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	3	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
<i>FINACEA FOAM 15%</i>	3	QL (50 GM per 30 days)
<i>isotretinoin capsule 10mg</i>	4	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin capsule 20mg</i>	4	PA
<i>isotretinoin capsule 30mg</i>	4	PA
<i>isotretinoin capsule 40mg</i>	4	PA
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>myorisan capsule 10mg</i>	4	PA
<i>myorisan capsule 20mg</i>	4	PA
<i>myorisan capsule 30mg</i>	4	PA
<i>myorisan capsule 40mg</i>	4	PA
<i>rosadan cream 0.75%</i>	3	
<i>rosadan gel 0.75%</i>	3	
<i>tazarotene cream 0.1%</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg</i>	4	PA
<i>zenatane capsule 20mg</i>	4	PA
<i>zenatane capsule 30mg</i>	4	PA
<i>zenatane capsule 40mg</i>	4	PA
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<i>amcinonide lotion 0.1%</i>	4	
<i>ammonium lactate cream 12%</i>	2	
<i>ammonium lactate lotion 12%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	3	
<i>betamethasone dipropionate cream 0.05%</i>	3	
<i>betamethasone dipropionate lotion 0.05%</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	2	
CIBINQO TABLET 100MG	5	QL (30 EA per 30 days) PA
CIBINQO TABLET 200MG	5	QL (30 EA per 30 days) PA
CIBINQO TABLET 50MG	5	QL (30 EA per 30 days) PA
<i>clobetasol propionate e cream 0.05%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	3	
<i>clobetasol propionate ointment 0.05%</i>	2	
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate solution 0.05%</i>	3	
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	3	QL (120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide body oil 0.01%</i>	3	
<i>fluocinolone acetonide scalp oil 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.01%</i>	3	
<i>fluocinolone acetonide cream 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	3	
<i>fluocinonide ointment 0.05%</i>	3	
<i>fluocinonide solution 0.05%</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (60 GM per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
OPZELURA CREAM 1.5%	5	QL (240 GM per 30 days) PA
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%</i>	4	
<i>tacrolimus ointment 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%</i>	2	
<i>triamcinolone acetonide ointment 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.1%</i>	2	
<i>triderm cream 0.5%</i>	2	
Dermatological Agents, Other		
<i>calcipotriene cream 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL (60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
<i>fluorouracil cream 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	4	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
PICATO GEL 0.015%	5	ST
PICATO GEL 0.05%	5	ST
<i>podofilox solution 0.5%</i>	3	
SANTYL OINTMENT 250UNIT/GM	4	
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL OINTMENT 2%	4	
<i>ciclodan solution 8%</i>	2	PA
<i>ciclopirox nail lacquer solution 8%</i>	2	PA
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox suspension 0.77%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate solution 1%</i>	2	QL (60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin ointment 2%</i>	2	QL (110 GM per 30 days)
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
<i>Electrolyte/Mineral Replacement</i>		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN II INJECTION 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/nacl 0.45% injection 5%; 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9% injection 5%; 0.9%</i>	3	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con sprinkle capsule extended release 10meq</i>	2	
<i>klor-con sprinkle capsule extended release 8meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	
<i>magnesium sulfate injection 50%</i>	3	
<i>magnesium sulfate injection 50%</i>	3	
<i>plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
<i>potassium chloride er capsule extended release 10meq</i>	2	
<i>potassium chloride er capsule extended release 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 8meq</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride solution 10%</i>	4	
<i>potassium chloride solution 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg</i>	4	
<i>potassium citrate er tablet extended release 15meq</i>	4	
<i>potassium citrate er tablet extended release 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
sodium chloride injection 0.45%	3	
sodium chloride injection 0.9%	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	5	PA
deferasirox packet 180mg	5	PA
deferasirox packet 360mg	5	PA
deferasirox packet 90mg	5	PA
deferasirox tablet soluble 125mg	5	PA
deferasirox tablet soluble 250mg	5	PA
deferasirox tablet soluble 500mg	4	PA
deferasirox tablet 180mg	5	PA
deferasirox tablet 360mg	4	PA
deferasirox tablet 90mg	3	PA
deferiprone tablet 1000mg	5	PA
deferiprone tablet 500mg	5	PA
sodium polystyrene sulfonate powder 0	3	
trientine hydrochloride capsule 250mg	5	PA
Phosphate Binders		
AURYXIA TABLET 210MG	5	PA
calcium acetate capsule 667mg	4	
calcium acetate tablet 667mg	3	
lanthanum carbonate tablet chewable 1000mg	4	
lanthanum carbonate tablet chewable 500mg	4	
lanthanum carbonate tablet chewable 750mg	4	
sevelamer carbonate packet 0.8gm	5	
sevelamer carbonate packet 2.4gm	5	
sevelamer carbonate tablet 800mg	4	
VELPHORO TABLET CHEWABLE 500MG	5	
Potassium Binders		
kionex suspension 15gm/60ml	3	
sodium polystyrene sulfonate suspension 15gm/60ml	3	
sodium polystyrene sulfonate suspension 30gm/120ml	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate suspension 50gm/200ml</i>	3	
<i>sps suspension 15gm/60ml</i>	3	
<i>veltassa packet 16.8gm</i>	5	
<i>veltassa packet 25.2gm</i>	5	
<i>veltassa packet 8.4gm</i>	5	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
<i>LINZESS CAPSULE 145MCG</i>	3	QL (30 EA per 30 days)
<i>LINZESS CAPSULE 290MCG</i>	3	QL (30 EA per 30 days)
<i>LINZESS CAPSULE 72MCG</i>	3	QL (30 EA per 30 days)
<i>LUBIPROSTONE CAPSULE 24MCG</i>	4	QL (60 EA per 30 days)
<i>LUBIPROSTONE CAPSULE 8MCG</i>	4	QL (60 EA per 30 days)
<i>MOTEGRITY TABLET 1MG</i>	3	QL (30 EA per 30 days)
<i>MOTEGRITY TABLET 2MG</i>	3	QL (30 EA per 30 days)
<i>pegylax powder 17gm/scoop</i>	2	
<i>polyethylene glycol 3350 packet 17gm</i>	2	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	2	
<i>RELISTOR INJECTION 12MG/0.6ML</i>	5	QL (18 ML per 30 days) ST
<i>RELISTOR INJECTION 12MG/0.6ML</i>	5	QL (18 ML per 30 days) ST
<i>RELISTOR INJECTION 8MG/0.4ML</i>	5	QL (12 ML per 30 days) ST
<i>RELISTOR TABLET 150MG</i>	5	QL (90 EA per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	4	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	
loperamide hcl capsule 2mg	2	
XERMELO TABLET 250MG	5	QL (90 EA per 30 days) PA
<i>Antispasmodics, Gastrointestinal</i>		
dicyclomine hcl solution 10mg/5ml	4	
dicyclomine hydrochloride capsule 10mg	2	
dicyclomine hydrochloride tablet 20mg	2	
glycopyrrolate injection 0.2mg/ml	4	
glycopyrrolate injection 0.4mg/2ml	4	
glycopyrrolate injection 0.4mg/2ml	4	
glycopyrrolate injection 1mg/5ml	4	
glycopyrrolate injection 1mg/5ml	4	
glycopyrrolate injection 4mg/20ml	4	
glycopyrrolate solution 1mg/5ml	4	PA
glycopyrrolate tablet 1mg	3	PA
glycopyrrolate tablet 2mg	3	PA
<i>Gastrointestinal Agents, Other</i>		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
GATTEX INJECTION 5MG	5	PA
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm	2	
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
metoclopramide hcl injection 5mg/ml	2	
metoclopramide hcl solution 5mg/5ml	2	
metoclopramide hcl tablet 5mg	1	
metoclopramide hydrochloride tablet 10mg	1	
peg 3350/electrolytes solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
RECTIV OINTMENT 0.4%	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUPREP BOWEL PREP KIT SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
<i>trilyte solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
URSODIOL CAPSULE 300MG	4	
<i>ursodiol tablet 250mg</i>	3	
<i>ursodiol tablet 500mg</i>	3	
XIFAXAN TABLET 200MG	5	PA
XIFAXAN TABLET 550MG	5	PA
ZORBTIVE INJECTION 8.8MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted 40mg/5ml</i>	4	
<i>famotidine tablet 20mg</i>	2	
<i>famotidine tablet 40mg</i>	2	
<i>nizatidine solution 15mg/ml</i>	4	
Protectants		
<i>misoprostol tablet 100mcg</i>	2	
<i>misoprostol tablet 200mcg</i>	3	
SUCRALFATE SUSPENSION 1GM/10ML	4	
<i>sucralfate tablet 1gm</i>	2	
Proton Pump Inhibitors		
DEXILANT CAPSULE DELAYED RELEASE 30MG	4	QL (30 EA per 30 days)
DEXILANT CAPSULE DELAYED RELEASE 60MG	4	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
DEXLANSOPRAZOLE CAPSULE DELAYED RELEASE 30MG	4	QL (30 EA per 30 days)
DEXLANSOPRAZOLE CAPSULE DELAYED RELEASE 60MG	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 20mg</i>	2	QL (60 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 40mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INJECTION 2.9MG/5ML	5	PA
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG	5	PA
CHOLBAM CAPSULE 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG	4	
CYSTAGON CAPSULE 50MG	4	
ELAPRASE INJECTION 6MG/3ML	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL (240 ML per 30 days) PA
FABRAZYME INJECTION 35MG	5	PA
FABRAZYME INJECTION 5MG	5	PA
KANUMA INJECTION 20MG/10ML	5	PA
LUMIZYME INJECTION 50MG	5	PA
<i>miglustat capsule 100mg</i>	5	PA
NAGLAZYME INJECTION 1MG/ML	5	PA
<i>nitisinone capsule 10mg</i>	5	
<i>nitisinone capsule 2mg</i>	5	
<i>nitisinone capsule 5mg</i>	5	
ORFADIN CAPSULE 20MG	5	
ORFADIN SUSPENSION 4MG/ML	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride packet 100mg</i>	5	PA
<i>sapropterin dihydrochloride packet 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
<i>sodium phenylbutyrate tablet 500mg</i>	5	
STRENSIQ INJECTION 18MG/0.45ML	5	PA
STRENSIQ INJECTION 28MG/0.7ML	5	PA
STRENSIQ INJECTION 40MG/ML	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ INJECTION 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	
TEGSEDI INJECTION 284MG/1.5ML	5	PA
VIMIZIM INJECTION 5MG/5ML	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPSULE 50MG	5	QL (120 EA per 30 days) PA
ZOKINVY CAPSULE 75MG	5	QL (120 EA per 30 days) PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er tablet extended release 24 hour 15mg</i>	4	
<i>darifenacin hydrobromide er tablet extended release 24 hour 7.5mg</i>	4	
<i>flavoxate hcl tablet 100mg</i>	3	
GELNIQUE PUMP GEL 10%	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	
<i>oxybutynin chloride syrup 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate tablet 10mg</i>	2	
<i>solifenacin succinate tablet 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg</i>	3	
<i>tolterodine tartrate er capsule extended release 24 hour 4mg</i>	3	
<i>tolterodine tartrate tablet 1mg</i>	3	
<i>tolterodine tartrate tablet 2mg</i>	3	
<i>trospium chloride er capsule extended release 24 hour 60mg</i>	4	
<i>trospium chloride tablet 20mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg</i>	2	
<i>doxazosin mesylate tablet 2mg</i>	2	
<i>doxazosin mesylate tablet 4mg</i>	2	
<i>doxazosin mesylate tablet 8mg</i>	2	
<i>dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg</i>	4	
<i>dutasteride capsule 0.5mg</i>	2	
<i>finasteride tablet 5mg</i>	1	
<i>silodosin capsule 4mg</i>	4	
<i>silodosin capsule 8mg</i>	4	
<i>tadalafil tablet 2.5mg</i>	3	QL (30 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tablet 5mg</i>	3	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25% solution 0.25%</i>	1	
<i>bethanechol chloride tablet 10mg</i>	2	
<i>bethanechol chloride tablet 25mg</i>	2	
<i>bethanechol chloride tablet 50mg</i>	2	
<i>bethanechol chloride tablet 5mg</i>	2	
<i>d-penamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
THIOLA EC TABLET DELAYED RELEASE 100MG	5	
THIOLA EC TABLET DELAYED RELEASE 300MG	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg</i>	2	
<i>dexamethasone tablet 0.75mg</i>	2	
<i>dexamethasone tablet 1.5mg</i>	2	
<i>dexamethasone tablet 1mg</i>	2	
<i>dexamethasone tablet 2mg</i>	2	
<i>dexamethasone tablet 4mg</i>	2	
<i>dexamethasone tablet 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg</i>	2	
<i>hydrocortisone tablet 20mg</i>	2	
<i>hydrocortisone tablet 5mg</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg</i>	2	
<i>methylprednisolone tablet 4mg</i>	2	
<i>methylprednisolone tablet 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 20mg/5ml</i>	4	
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	3	
<i>prednisolone sodium phosphate solution 5mg/5ml</i>	4	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet 10mg</i>	1	
<i>prednisone tablet 1mg</i>	1	
<i>prednisone tablet 2.5mg</i>	1	
<i>prednisone tablet 20mg</i>	1	
<i>prednisone tablet 50mg</i>	1	
<i>prednisone tablet 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate injection 4mcg/ml</i>	5	
<i>desmopressin acetate injection 4mcg/ml</i>	5	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.1mg/ml</i>	4	
<i>desmopressin acetate solution 1.5mg/ml</i>	5	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FENSOLVI INJECTION 45MG	5	QL (1 EA per 168 days) PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
SKYTROFA INJECTION 11MG	5	PA
SKYTROFA INJECTION 13.3MG	5	PA
SKYTROFA INJECTION 3.6MG	5	PA
SKYTROFA INJECTION 3MG	5	PA
SKYTROFA INJECTION 4.3MG	5	PA
SKYTROFA INJECTION 5.2MG	5	PA
SKYTROFA INJECTION 6.3MG	5	PA
SKYTROFA INJECTION 7.6MG	5	PA
SKYTROFA INJECTION 9.1MG	5	PA
STIMATE SOLUTION 1.5MG/ML	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABLET 300MG	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 TABLET 50MG	5	PA
<i>oxandrolone tablet 10mg</i>	4	QL (60 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tablet 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR	3	PA
ANDRODERM PATCH 24 HOUR 4MG/24HR	3	PA
<i>danazol capsule 100mg</i>	3	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	3	
STRIANT MISCELLANEOUS 30MG	4	PA
<i>testosterone cypionate injection 100mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	PA
TESTOSTERONE GEL 25MG/2.5GM	3	PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	PA
TESTOSTERONE GEL 50MG/5GM	3	PA
<i>Estrogens</i>		
<i>afirmelle tablet 20mcg; 0.1mg</i>	3	
<i>altavera tablet 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	3	
<i>alyacen 7/7/7 tablet 0; 0</i>	3	
<i>amabelz tablet 0.5mg; 0.1mg</i>	4	
<i>amabelz tablet 1mg; 0.5mg</i>	4	
<i>amethia lo tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>amethia tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	3	
<i>ashlyna tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	3	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	3	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	3	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>aviane tablet 20mcg; 0.1mg</i>	3	
<i>ayuna tablet 0.03mg; 0.15mg</i>	3	
<i>azurette tablet 0; 0</i>	3	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>bekyree tablet 0; 0</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	3	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	3	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	3	
<i>chateal tablet 0.03mg; 0.15mg</i>	3	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	3	
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	3	
<i>cyclafem 7/7/7 tablet 0; 0</i>	3	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	3	
<i>dasetta 7/7/7 tablet 0; 0</i>	3	
<i>daysee tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
DIVIGEL GEL 0.25MG/0.25GM	4	
DIVIGEL GEL 0.5MG/0.5GM	4	
DIVIGEL GEL 0.75MG/0.75GM	4	
DIVIGEL GEL 1.25MG/1.25GM	4	
DIVIGEL GEL 1MG/GM	4	
<i>dolishale tablet 20mcg; 90mcg</i>	3	
DOTTI PATCH TWICE WEEKLY 0.025MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.0375MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.05MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR	4	
DOTTI PATCH TWICE WEEKLY 0.1MG/24HR	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>elinest tablet 30mcg; 0.3mg</i>	3	
<i>enpresse-28 tablet 0; 0</i>	3	
<i>estarrylla tablet 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tablet 0.5mg; 0.1mg</i>	4	
<i>estradiol/norethindrone acetate tablet 1mg; 0.5mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	2	
<i>estradiol patch twice weekly 0.025mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.05mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.075mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr</i>	4	
<i>estradiol patch weekly 0.05mg/24hr</i>	4	
<i>estradiol patch weekly 0.06mg/24hr</i>	4	
<i>estradiol patch weekly 0.075mg/24hr</i>	4	
<i>estradiol patch weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 37.5mcg/24hr</i>	4	
<i>estradiol tablet 0.5mg</i>	2	
<i>estradiol tablet 1mg</i>	2	
<i>estradiol tablet 2mg</i>	2	
<i>estradiol tablet 10mcg</i>	4	
ESTRING RING 2MG	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>falmina tablet 20mcg; 0.1mg</i>	3	
<i>fayosim tablet 0; 0</i>	4	QL (91 EA per 91 days)
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days)
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days)
<i>femynor tablet 35mcg; 0.25mg</i>	3	
FYAVOLV TABLET 2.5MCG; 0.5MG	4	
FYAVOLV TABLET 5MCG; 1MG	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	3	
iclevia tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days)
introvale tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days)
jaimiess tablet 0; 0	4	QL (91 EA per 91 days)
jinteli tablet 5mcg; 1mg	4	
jolessa tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days)
junel 1.5/30 tablet 30mcg; 1.5mg	3	
junel 1/20 tablet 20mcg; 1mg	3	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	3	
kariva tablet 0; 0	3	
kelnor 1/35 tablet 35mcg; 1mg	3	
kelnor 1/50 tablet 50mcg; 1mg	3	
kimidess tablet 0; 0	3	
kurvelo tablet 0.03mg; 0.15mg	3	
larin 1.5/30 tablet 30mcg; 1.5mg	3	
larin 1/20 tablet 20mcg; 1mg	3	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
larissia tablet 20mcg; 0.1mg	3	
lessina tablet 20mcg; 0.1mg	3	
levonest tablet 0; 0	3	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days)
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	3	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	4	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	3	
levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
levora 0.15/30-28 tablet 0.03mg; 0.15mg	3	
lillow tablet 30mcg; 0.15mg	3	
lojaimiess tablet 0; 0	4	QL (91 EA per 91 days)
lopreeza tablet 0.5mg; 0.1mg	4	
lopreeza tablet 1mg; 0.5mg	4	
low-ogestrel tablet 30mcg; 0.3mg	3	
lutera tablet 20mcg; 0.1mg	3	
lyllana patch twice weekly 0.025mg/24hr	4	
lyllana patch twice weekly 0.0375mg/24hr	4	
lyllana patch twice weekly 0.05mg/24hr	4	
lyllana patch twice weekly 0.075mg/24hr	4	
lyllana patch twice weekly 0.1mg/24hr	4	
marlissa tablet 0.03mg; 0.15mg	3	
MENEST TABLET 0.3MG	4	
MENEST TABLET 0.625MG	4	
MENEST TABLET 1.25MG	4	
MENEST TABLET 2.5MG	4	
microgestin 1.5/30 tablet 30mcg; 1.5mg	3	
microgestin 1/20 tablet 20mcg; 1mg	3	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
mihi tablet 35mcg; 0.25mg	3	
mimvey lo tablet 0.5mg; 0.1mg	4	
mimvey tablet 1mg; 0.5mg	4	
mono-linyah tablet 35mcg; 0.25mg	3	
mononessa tablet 35mcg; 0.25mg	3	
necon 0.5/35-28 tablet 35mcg; 0.5mg	3	
necon 7/7/7 tablet 0; 0	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg	3	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg	3	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol tablet 0; 0</i>	3	
<i>norgestimate/ethinyl estradiol tablet 35mcg; 0.25mg</i>	3	
<i>nortrel 0.5/35 (28) tablet 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 1/35 tablet 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tablet 0; 0</i>	3	
<i>nylia 1/35 tablet 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tablet 0; 0</i>	3	
<i>nymyo tablet 35mcg; 0.25mg</i>	3	
<i>orsythia tablet 20mcg; 0.1mg</i>	3	
<i>philith tablet 35mcg; 0.4mg</i>	3	
<i>pimtrea tablet 0; 0</i>	3	
<i>pirmella 1/35 tablet 35mcg; 1mg</i>	3	
<i>pirmella 7/7/7 tablet 0; 0</i>	3	
<i>portia-28 tablet 0.03mg; 0.15mg</i>	3	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG	4	
PREMARIN TABLET 0.45MG	4	
PREMARIN TABLET 0.625MG	4	
PREMARIN TABLET 0.9MG	4	
PREMARIN TABLET 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG	4	
PREMPRO TABLET 0.45MG; 1.5MG	4	
PREMPRO TABLET 0.625MG; 2.5MG	4	
PREMPRO TABLET 0.625MG; 5MG	4	
<i>previfem tablet 35mcg; 0.25mg</i>	3	
<i>rivelsa tablet 0; 0</i>	4	QL (91 EA per 91 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin tablet 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days)
<i>simliya tablet 0; 0</i>	3	
<i>simpesse tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 tablet 35mcg; 0.25mg</i>	3	
<i>sronyx tablet 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg</i>	3	
<i>tri-femynor tablet 0; 0</i>	3	
<i>tri-estarrylla tablet 0; 0</i>	3	
<i>tri-linyah tablet 0; 0</i>	3	
<i>tri-mili tablet 0; 0</i>	3	
<i>tri-nymyo tablet 0; 0</i>	3	
<i>tri-previfem tablet 0; 0</i>	3	
<i>tri-sprintec tablet 0; 0</i>	3	
<i>tri-vylibra tablet 0; 0</i>	3	
<i>trinessa tablet 0; 0</i>	3	
<i>trivora-28 tablet 0; 0</i>	3	
<i>vienna tablet 20mcg; 0.1mg</i>	3	
<i>viorele tablet 0; 0</i>	3	
<i>volnea tablet 0; 0</i>	3	
<i>vyfemla tablet 35mcg; 0.4mg</i>	3	
<i>vylibra tablet 35mcg; 0.25mg</i>	3	
<i>wera tablet 35mcg; 0.5mg</i>	3	
<i>yuvafem tablet 10mcg</i>	4	
<i>zovia 1/35e tablet 35mcg; 1mg</i>	3	
<i>zovia 1/35 tablet 35mcg; 1mg</i>	3	
Progestins		
<i>camila tablet 0.35mg</i>	3	
<i>deblitane tablet 0.35mg</i>	3	
<i>DEPO-PROVERA INJECTION 400MG/ML</i>	4	QL (10 ML per 28 days)
<i>DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML</i>	4	QL (0.65 ML per 90 days)
<i>errin tablet 0.35mg</i>	3	
<i>heather tablet 0.35mg</i>	3	
<i>incassia tablet 0.35mg</i>	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>jencycla tablet 0.35mg</i>	3	
<i>jolivette tablet 0.35mg</i>	3	
<i>lyleq tablet 0.35mg</i>	3	
<i>lyza tablet 0.35mg</i>	3	
MAKENA INJECTION 275MG/1.1ML	5	PA
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tablet 10mg</i>	1	
<i>medroxyprogesterone acetate tablet 2.5mg</i>	1	
<i>medroxyprogesterone acetate tablet 5mg</i>	1	
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>megestrol acetate tablet 20mg</i>	2	PA
<i>megestrol acetate tablet 40mg</i>	2	PA
<i>nora-be tablet 0.35mg</i>	3	
<i>norethindrone acetate tablet 5mg</i>	2	
<i>norethindrone tablet 0.35mg</i>	3	
<i>norlyda tablet 0.35mg</i>	3	
<i>norlyroc tablet 0.35mg</i>	3	
<i>progesterone capsule 100mg</i>	2	
<i>progesterone capsule 200mg</i>	2	
<i>sharobel tablet 0.35mg</i>	3	
<i>tulana tablet 0.35mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABLET 60MG	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tablet 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX TABLET 100MCG	3	
EUTHYROX TABLET 112MCG	3	
EUTHYROX TABLET 125MCG	3	
EUTHYROX TABLET 137MCG	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX TABLET 150MCG	3	
EUTHYROX TABLET 175MCG	3	
EUTHYROX TABLET 200MCG	3	
EUTHYROX TABLET 25MCG	3	
EUTHYROX TABLET 50MCG	3	
EUTHYROX TABLET 75MCG	3	
EUTHYROX TABLET 88MCG	3	
LEVO-T TABLET 100MCG	3	
LEVO-T TABLET 112MCG	3	
LEVO-T TABLET 125MCG	3	
LEVO-T TABLET 137MCG	3	
LEVO-T TABLET 150MCG	3	
LEVO-T TABLET 175MCG	3	
LEVO-T TABLET 200MCG	3	
LEVO-T TABLET 25MCG	3	
LEVO-T TABLET 300MCG	3	
LEVO-T TABLET 50MCG	3	
LEVO-T TABLET 75MCG	3	
LEVO-T TABLET 88MCG	3	
<i>levothyroxine sodium tablet 100mcg</i>	2	
<i>levothyroxine sodium tablet 112mcg</i>	2	
<i>levothyroxine sodium tablet 125mcg</i>	2	
<i>levothyroxine sodium tablet 137mcg</i>	2	
<i>levothyroxine sodium tablet 150mcg</i>	2	
<i>levothyroxine sodium tablet 175mcg</i>	2	
<i>levothyroxine sodium tablet 200mcg</i>	2	
<i>levothyroxine sodium tablet 25mcg</i>	2	
<i>levothyroxine sodium tablet 300mcg</i>	2	
<i>levothyroxine sodium tablet 50mcg</i>	2	
<i>levothyroxine sodium tablet 75mcg</i>	2	
<i>levothyroxine sodium tablet 88mcg</i>	2	
LEVOXYL TABLET 100MCG	3	
LEVOXYL TABLET 112MCG	3	
LEVOXYL TABLET 125MCG	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL TABLET 137MCG	3	
LEVOXYL TABLET 150MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200MCG	3	
LEVOXYL TABLET 25MCG	3	
LEVOXYL TABLET 50MCG	3	
LEVOXYL TABLET 75MCG	3	
LEVOXYL TABLET 88MCG	3	
<i>liothyronine sodium tablet 25mcg</i>	2	
<i>liothyronine sodium tablet 50mcg</i>	2	
<i>liothyronine sodium tablet 5mcg</i>	2	
SYNTHROID TABLET 100MCG	3	
SYNTHROID TABLET 112MCG	3	
SYNTHROID TABLET 125MCG	3	
SYNTHROID TABLET 137MCG	3	
SYNTHROID TABLET 150MCG	3	
SYNTHROID TABLET 175MCG	3	
SYNTHROID TABLET 200MCG	3	
SYNTHROID TABLET 25MCG	3	
SYNTHROID TABLET 300MCG	3	
SYNTHROID TABLET 50MCG	3	
SYNTHROID TABLET 75MCG	3	
SYNTHROID TABLET 88MCG	3	
THYROLAR-1/2 TABLET 30MG	4	
THYROLAR-1/4 TABLET 15MG	4	
THYROLAR-1 TABLET 60MG	4	
THYROLAR-2 TABLET 120MG	4	
THYROLAR-3 TABLET 0; 180MG	4	
UNITHROID TABLET 100MCG	3	
UNITHROID TABLET 112MCG	3	
UNITHROID TABLET 125MCG	3	
UNITHROID TABLET 137MCG	3	
UNITHROID TABLET 150MCG	3	
UNITHROID TABLET 175MCG	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
UNITHROID TABLET 200MCG	3	
UNITHROID TABLET 25MCG	3	
UNITHROID TABLET 300MCG	3	
UNITHROID TABLET 50MCG	3	
UNITHROID TABLET 75MCG	3	
UNITHROID TABLET 88MCG	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABLET 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL (4 EA per 365 days) PA
FIRMAGON INJECTION 80MG	4	QL (1 EA per 28 days) PA
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 15MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	QL (1 EA per 84 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INJECTION 30MG	5	QL (1 EA per 84 days) PA
MYFEMBREE TABLET 1MG; 0.5MG; 40MG	5	QL (30 EA per 30 days) PA
<i>octreotide acetate injection 1000mcg/ml</i>	5	PA
<i>octreotide acetate injection 100mcg/ml</i>	4	PA
<i>octreotide acetate injection 200mcg/ml</i>	4	PA
<i>octreotide acetate injection 500mcg/ml</i>	5	PA
<i>octreotide acetate injection 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	PA
ORILISSA TABLET 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABLET 200MG	5	QL (60 EA per 30 days) PA
SIGNIFOR LAR INJECTION 10MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJECTION 20MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJECTION 30MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJECTION 40MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJECTION 60MG	5	QL (1 EA per 28 days) PA
SIGNIFOR INJECTION 0.3MG/ML	5	QL (60 ML per 30 days) PA
SIGNIFOR INJECTION 0.6MG/ML	5	QL (60 ML per 30 days) PA
SIGNIFOR INJECTION 0.9MG/ML	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	PA
SOMAVERT INJECTION 15MG	5	PA
SOMAVERT INJECTION 20MG	5	PA
SOMAVERT INJECTION 25MG	5	PA
SOMAVERT INJECTION 30MG	5	PA
SUPPRELIN LA INJECTION 50MG	5	QL (1 EA per 365 days) PA
SYNAREL SOLUTION 2MG/ML	5	
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
TRIPTODUR INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
ZOLADEX INJECTION 10.8MG	4	QL (1 EA per 84 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>sajazir injection 30mg/3ml</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV INJECTION 5GM/50ML	5	PA
BIVIGAM INJECTION 10%	5	PA
BIVIGAM INJECTION 5GM/50ML	5	PA
<i>carimune nanofiltered injection 12gm</i>	5	PA
<i>carimune nanofiltered injection 6gm</i>	5	PA
CUTAQUIG INJECTION 1.65GM/10ML	5	PA
CUTAQUIG INJECTION 1GM/6ML	5	PA
CUTAQUIG INJECTION 2GM/12ML	5	PA
CUTAQUIG INJECTION 3.3GM/20ML	5	PA
CUTAQUIG INJECTION 4GM/24ML	5	PA
CUTAQUIG INJECTION 8GM/48ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMMAKED INJECTION 10GM/100ML	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAKED INJECTION 1GM/10ML	5	PA
GAMMAKED INJECTION 20GM/200ML	5	PA
GAMMAKED INJECTION 5GM/50ML	5	PA
GAMUNEX-C INJECTION 10GM/100ML	5	PA
GAMUNEX-C INJECTION 1GM/10ML	5	PA
GAMUNEX-C INJECTION 2.5GM/25ML	5	PA
GAMUNEX-C INJECTION 20GM/200ML	5	PA
GAMUNEX-C INJECTION 40GM/400ML	5	PA
GAMUNEX-C INJECTION 5GM/50ML	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA INJECTION 10GM/50ML	5	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML	4	B/D
HYPERRAB S/D INJECTION 300UNIT/2ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML	5	PA
HYQVIA INJECTION 20GM/200ML; 1600UNIT/10ML	5	PA
HYQVIA INJECTION 30GM/300ML; 2400UNIT/15ML	5	PA
HYQVIA INJECTION 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGRAB RABIES-HT INJECTION 300UNIT/2ML	4	B/D
KEDRAB INJECTION 1500UNIT/10ML	4	B/D
KEDRAB INJECTION 300UNIT/2ML	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJECTION 10GM/100ML	5	PA
OCTAGAM INJECTION 10GM/200ML	5	PA
OCTAGAM INJECTION 1GM/20ML	5	PA
OCTAGAM INJECTION 2.5GM/50ML	5	PA
OCTAGAM INJECTION 20GM/200ML	5	PA
OCTAGAM INJECTION 25GM/500ML	5	PA
OCTAGAM INJECTION 2GM/20ML	5	PA
OCTAGAM INJECTION 30GM/300ML	5	PA
OCTAGAM INJECTION 5GM/100ML	5	PA
OCTAGAM INJECTION 5GM/50ML	5	PA
PANZYGA INJECTION 10GM/100ML	5	PA
PANZYGA INJECTION 1GM/10ML	5	PA
PANZYGA INJECTION 2.5GM/25ML	5	PA
PANZYGA INJECTION 20GM/200ML	5	PA
PANZYGA INJECTION 30GM/300ML	5	PA
PANZYGA INJECTION 5GM/50ML	5	PA
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	PA
SYNAGIS INJECTION 50MG/0.5ML	5	PA
THYMOGLOBULIN INJECTION 25MG	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY INJECTION 10GM/50ML	5	PA
XEMBIFY INJECTION 1GM/5ML	5	PA
XEMBIFY INJECTION 2GM/10ML	5	PA
XEMBIFY INJECTION 4GM/20ML	5	PA
<i>Immunological Agents, Other</i>		
ADBRY INJECTION 150MG/ML	5	QL (4 ML per 28 days) PA
ARCALYST INJECTION 220MG	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 75MG/0.5ML	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA
EMPAVELI INJECTION 1080MG/20ML	5	PA
ENJAYMO INJECTION 1100MG/22ML	5	PA
ENTYVIO INJECTION 300MG	5	PA
ILARIS INJECTION 150MG/ML	5	QL (2 ML per 28 days) PA
ILUMYA INJECTION 100MG/ML	5	PA
LEMTRADA INJECTION 12MG/1.2ML	5	PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL (30 EA per 30 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL (30 EA per 30 days) PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (30 EA per 30 days) PA
SAPHNELO INJECTION 300MG/2ML	5	PA
SKYRIZI PEN INJECTION 150MG/ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	PA
SKYRIZI INJECTION 360MG/2.4ML	5	PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL (3 ML per 84 days) PA
STELARA INJECTION 45MG/0.5ML	5	QL (3 ML per 84 days) PA
STELARA INJECTION 90MG/ML	5	QL (3 ML per 84 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL (30 EA per 30 days) PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL (30 EA per 30 days) PA
XELJANZ SOLUTION 1MG/ML	5	QL (300 ML per 30 days) PA
XELJANZ TABLET 10MG	5	QL (60 EA per 30 days) PA
XELJANZ TABLET 5MG	5	QL (60 EA per 30 days) PA
XOLAIR INJECTION 150MG/ML	5	PA
XOLAIR INJECTION 150MG	5	PA
XOLAIR INJECTION 75MG/0.5ML	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	PA
INTRON A INJECTION 10000000UNIT/ML	5	PA
INTRON A INJECTION 10000000UNIT	5	PA
INTRON A INJECTION 18000000UNIT	5	PA
INTRON A INJECTION 50000000UNIT	5	PA
INTRON A INJECTION 6000000UNIT/ML	5	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/0.5ML	5	PA
PEGASYS INJECTION 180MCG/ML	5	PA
SYLATRON INJECTION 200MCG	5	PA
SYLATRON INJECTION 300MCG	5	PA
SYLATRON INJECTION 600MCG	5	PA
<i>Immunosuppressants</i>		
<i>azathioprine tablet 100mg</i>	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>azathioprine tablet 75mg</i>	4	B/D
BENLYSTA INJECTION 120MG	5	PA
BENLYSTA INJECTION 400MG	5	PA
CIMZIA STARTER KIT INJECTION 200MG/ML	5	PA
CIMZIA INJECTION 200MG/ML	5	PA
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified capsule 25mg</i>	4	B/D

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified capsule 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg</i>	4	B/D
<i>cyclosporine capsule 25mg</i>	4	B/D
ENBREL MINI INJECTION 50MG/ML	5	PA
ENBREL SURECLICK INJECTION 50MG/ML	5	PA
ENBREL INJECTION 25MG/0.5ML	5	PA
ENBREL INJECTION 25MG/0.5ML	5	PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 50MG/ML	5	PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg</i>	5	B/D
<i>everolimus tablet 0.75mg</i>	5	B/D
<i>everolimus tablet 1mg</i>	5	B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf capsule 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	PA
HUMIRA INJECTION 10MG/0.1ML	5	PA
HUMIRA INJECTION 10MG/0.2ML	5	PA
HUMIRA INJECTION 20MG/0.2ML	5	PA
HUMIRA INJECTION 20MG/0.4ML	5	PA
HUMIRA INJECTION 40MG/0.4ML	5	PA
HUMIRA INJECTION 40MG/0.8ML	5	PA
INFLECTRA INJECTION 100MG	5	PA
INFLIXIMAB INJECTION 100MG	5	PA
<i>leflunomide tablet 10mg</i>	2	
<i>leflunomide tablet 20mg</i>	2	
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
PROGRAF PACKET 0.2MG	4	B/D
PROGRAF PACKET 1MG	4	B/D
REMICADE INJECTION 100MG	5	PA
RENFLEXIS INJECTION 100MG	5	PA
REZUROCK TABLET 200MG	5	QL (60 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	5	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	5	B/D
<i>tacrolimus capsule 0.5mg</i>	4	B/D
<i>tacrolimus capsule 1mg</i>	4	B/D
<i>tacrolimus capsule 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION 0	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric injection 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXIARO INJECTION 0	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENACTRA INJECTION 0	3	
MENQUADFI INJECTION 0	3	
MENVEO INJECTION 0	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIOS INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVER INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXELIS INJECTION 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
ZOSTAVAX INJECTION 19400UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
balsalazide disodium capsule 750mg	4	
mesalamine dr tablet delayed release 1.2gm	4	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
mesalamine er capsule extended release 24 hour 0.375gm	4	
mesalamine enema 4gm	4	
mesalamine kit 4gm	4	
mesalamine suppository 1000mg	4	
SFROWASA ENEMA 4GM/60ML	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort enema 100mg/60ml</i>	4	
<i>CORTIFOAM FOAM 10%</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL (120 EA per 30 days) PA
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution 70mg/75ml</i>	4	
<i>alendronate sodium tablet 10mg</i>	1	
<i>alendronate sodium tablet 35mg</i>	1	
<i>alendronate sodium tablet 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin-salmon solution 200unit/act</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	4	
<i>cinacalcet hydrochloride tablet 60mg</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	5	
<i>doxercalciferol capsule 0.5mcg</i>	4	
<i>doxercalciferol capsule 1mcg</i>	4	
<i>doxercalciferol capsule 2.5mcg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	2	QL (1 EA per 28 days)
NATPARA INJECTION 100MCG	5	QL (2 EA per 28 days) PA
NATPARA INJECTION 25MCG	5	QL (2 EA per 28 days) PA
NATPARA INJECTION 50MCG	5	QL (2 EA per 28 days) PA
NATPARA INJECTION 75MCG	5	QL (2 EA per 28 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol capsule 1mcg</i>	3	
<i>paricalcitol capsule 2mcg</i>	3	
<i>paricalcitol capsule 4mcg</i>	3	
PROLIA INJECTION 60MG/ML	4	QL (2 ML per 365 days)
RAYALDEE CAPSULE EXTENDED RELEASE 30MCG	5	
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tablet 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tablet 30mg</i>	4	
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tablet 5mg</i>	4	
TERIPARATIDE INJECTION 620MCG/2.48ML	5	PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i> <i>miscellaneous</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i> <i>miscellaneous</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i> <i>miscellaneous</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i> <i>miscellaneous</i>	2	QL (200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i> <i>miscellaneous</i>	2	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i> <i>miscellaneous</i>	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" PAD	3	
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
IGALMI FILM 180MCG	4	PA
KORSUVA INJECTION 65MCG/1.3ML	5	PA
LAGEVRIO CAPSULE 200MG	4	QL (40 EA per 5 days)
LIVMARLI SOLUTION 9.5MG/ML	5	QL (90 ML per 30 days) PA
<i>nutrilipid injection 20gm/100ml</i>	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
MISCELLANEOUS		
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
MISCELLANEOUS		
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
MISCELLANEOUS		
OXLUMO INJECTION 94.5MG/0.5ML	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (30 EA per 5 days)
<i>sodium chloride 0.9% solution 0.9%</i>	2	
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA
<i>ulticare micro pen needles/32g x 5/32" miscellaneous</i>	2	QL (200 EA per 30 days)
<i>ulticare micro pen needles/32g x 5/32" miscellaneous</i>	2	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm miscellaneous</i>	2	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VIJOICE TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 125MG	5	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 50MG	5	QL (28 EA per 28 days) PA
VISTOGARD PACKET 10GM	5	
VISTOGARD PACKET 10GM	5	
VOXZOGO INJECTION 0.4MG	5	QL (30 EA per 30 days) PA
VOXZOGO INJECTION 0.56MG	5	QL (30 EA per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
VOXZOGO INJECTION 1.2MG	5	QL (30 EA per 30 days) PA
VYVGART INJECTION 400MG/20ML	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	2	
<i>BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLUTION 0.2%; 0.5%</i>	3	
<i>COMBIGAN SOLUTION 0.2%; 0.5%</i>	3	
<i>CYSTARAN SOLUTION 0.44%</i>	5	QL (60 ML per 28 days) PA
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	2	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate(trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	1	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN SOLUTION 0.005%; 0.02%	3	QL (2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
VABYSMO SOLUTION 6MG/0.05ML	5	PA
XIIDRA SOLUTION 5%	4	QL (60 EA per 30 days)
ZYLET SUSPENSION 0.5%; 0.3%	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl solution 0.05%</i>	2	
BEPOTASTINE BESILATE SOLUTION 1.5%	4	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl solution 0.05%</i>	3	
<i>olopatadine hcl solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentak ointment 0.3%</i>	2	
<i>gentamicin sulfate solution 0.3%</i>	2	
<i>levofloxacin solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine solution 1%</i>	4	
ZIRGAN GEL 0.15%	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>Ophthalmic Anti-inflammatories</i>		
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
<i>FLAREX SUSPENSION 0.1%</i>	3	
<i>fluorometholone suspension 0.1%</i>	3	
<i>flurbiprofen sodium solution 0.03%</i>	2	
<i>FML FORTE SUSPENSION 0.25%</i>	3	
<i>FML OINTMENT 0.1%</i>	3	
<i>ILEVRO SUSPENSION 0.3%</i>	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine solution 0.4%</i>	3	
<i>ketorolac tromethamine solution 0.5%</i>	2	
<i>LOTEMAX SM GEL 0.38%</i>	4	QL (20 GM per 365 days)
<i>LOTEPREDNOL ETABONATE GEL 0.5%</i>	4	QL (20 GM per 365 days)
<i>loteprednol etabonate suspension 0.5%</i>	4	
<i>PRED MILD SUSPENSION 0.12%</i>	3	
<i>prednisolone acetate suspension 1%</i>	2	
<i>PROLENSA SOLUTION 0.07%</i>	4	QL (12 ML per 365 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl solution 1%</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.25%</i>	4	
<i>timolol maleate ophthalmic gel forming gel forming solution 0.5%</i>	4	
<i>timolol maleate solution 0.25%</i>	1	
<i>timolol maleate solution 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er capsule extended release 12 hour 500mg</i>	3	
<i>ALPHAGAN P SOLUTION 0.1%</i>	3	
<i>apraclonidine solution 0.5%</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide suspension 1%</i>	4	
<i>dorzolamide hydrochloride solution 2%</i>	2	
<i>methazolamide tablet 25mg</i>	4	
<i>methazolamide tablet 50mg</i>	4	
<i>pilocarpine hcl solution 1%</i>	3	
<i>pilocarpine hcl solution 2%</i>	3	
<i>pilocarpine hcl solution 4%</i>	3	
RHOPRESSA SOLUTION 0.02%	3	QL (2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
<i>latanoprost solution 0.005%</i>	1	
LUMIGAN SOLUTION 0.01%	3	QL (2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL (5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid solution 2%</i>	2	
<i>ciprofloxacin/dexamethasone suspension 0.3%; 0.1%</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>flac oil 0.01%</i>	3	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	3	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid solution 2%; 1%</i>	4	
<i>neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL (30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL (13 GM per 30 days)
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL (13 GM per 30 days)
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>budesonide suspension 0.5mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL (24 GM per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days)
<i>flunisolide solution 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	4	QL (21.2 GM per 30 days) ST
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	4	QL (21.2 GM per 30 days) ST
<i>Antihistamines</i>		
<i>azelastine hcl solution 0.15%</i>	3	QL (60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (60 ML per 30 days)
<i>cypheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg</i>	3	
<i>hydroxyzine hydrochloride tablet 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	
<i>Antileukotrienes</i>		
<i>montelukast sodium packet 4mg</i>	2	
<i>montelukast sodium tablet chewable 4mg</i>	2	
<i>montelukast sodium tablet chewable 5mg</i>	2	
<i>montelukast sodium tablet 10mg</i>	1	
<i>zafirlukast tablet 10mg</i>	4	
<i>zafirlukast tablet 20mg</i>	4	
<i>Bronchodilators, Anticholinergic</i>		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide solution 0.02%</i>	2	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide solution 0.03%</i>	2	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide solution 0.06%</i>	2	
LONHALA MAGNAIR REFILL KIT SOLUTION 25MCG/ML	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
YUPELRI SOLUTION 175MCG/3ML	5	QL (90 ML per 30 days) B/D
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate er tablet extended release 12 hour 4mg</i>	4	
<i>albuterol sulfate er tablet extended release 12 hour 8mg</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate syrup 2mg/5ml</i>	4	
<i>epinephrine injection 0.15mg/0.15ml</i>	3	
<i>EPINEPHRINE INJECTION 0.15MG/0.3ML</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	
<i>EPINEPHRINE INJECTION 0.3MG/0.3ML</i>	3	
<i>formoterol fumarate nebulization solution 20mcg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol tartrate hfa aerosol 45mcg/act</i>	3	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	QL (90 EA per 30 days) B/D
<i>PROAIR HFA AEROSOL SOLUTION 108MCG/ACT</i>	3	QL (17 GM per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate tablet 2.5mg</i>	4	
<i>terbutaline sulfate tablet 5mg</i>	4	
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA
KALYDECO PACKET 25MG	5	PA
KALYDECO PACKET 50MG	5	PA
KALYDECO PACKET 75MG	5	PA
KALYDECO TABLET 150MG	5	PA
ORKAMBI PACKET 125MG; 100MG	5	QL (56 EA per 28 days) PA
ORKAMBI PACKET 188MG; 150MG	5	QL (56 EA per 28 days) PA
ORKAMBI TABLET 125MG; 100MG	5	QL (112 EA per 28 days) PA
ORKAMBI TABLET 125MG; 200MG	5	QL (112 EA per 28 days) PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL (56 EA per 28 days) PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL (60 EA per 30 days) PA
TOBI PODHALER CAPSULE 28MG	5	QL (224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA
TRIKAFTA TABLET THERAPY PACK 50MG; 0; 25MG	5	QL (84 EA per 28 days) PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP TABLET 250MCG	4	PA
DALIRESP TABLET 500MCG	4	PA
<i>theophylline er tablet extended release 12 hour 300mg</i>	4	

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline er tablet extended release 12 hour 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg</i>	2	
<i>theophylline er tablet extended release 24 hour 600mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS TABLET 0.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABLET 1.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABLET 1MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABLET 2.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABLET 2MG	5	QL (90 EA per 30 days) PA
<i>alyq tablet 20mg</i>	5	QL (60 EA per 30 days) PA
AMBRISENTAN TABLET 10MG	5	QL (30 EA per 30 days) PA
AMBRISENTAN TABLET 5MG	5	QL (30 EA per 30 days) PA
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA
<i>bosentan tablet 62.5mg</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT TABLET 10MG	5	QL (30 EA per 30 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG	5	PA
ORENITRAM TABLET EXTENDED RELEASE 1MG	5	PA
ORENITRAM TABLET EXTENDED RELEASE 2.5MG	5	PA
ORENITRAM TABLET EXTENDED RELEASE 5MG	5	PA
<i>sildenafil citrate tablet 20mg</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil tablet 20mg</i>	4	QL (60 EA per 30 days) PA
VENTAVIS SOLUTION 10MCG/ML	5	QL (270 ML per 30 days) PA
VENTAVIS SOLUTION 20MCG/ML	5	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE 267MG	5	PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPSULE 100MG	5	PA
OFEV CAPSULE 150MG	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine solution 10%</i>	4	B/D
<i>acetylcysteine solution 20%</i>	4	B/D
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
FASENRA PEN INJECTION 30MG/ML	5	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 100mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TEZSPIRE INJECTION 210MG/1.91ML	5	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>wixela inh</i> <i>aerosol powder breath activated</i> <i>100mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>wixela inh</i> <i>aerosol powder breath activated</i> <i>250mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
<i>wixela inh</i> <i>aerosol powder breath activated</i> <i>500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg</i>	3	
<i>cyclobenzaprine hydrochloride tablet 5mg</i>	3	
<i>methocarbamol tablet 500mg</i>	4	
<i>methocarbamol tablet 750mg</i>	4	
<i>orphenadrine citrate er tablet extended release 12</i> <i>hour 100mg</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>BELSOMRA TABLET 10MG</i>	3	QL (30 EA per 30 days)
<i>BELSOMRA TABLET 15MG</i>	3	QL (30 EA per 30 days)
<i>BELSOMRA TABLET 20MG</i>	3	QL (30 EA per 30 days)
<i>BELSOMRA TABLET 5MG</i>	3	QL (30 EA per 30 days)
<i>eszopiclone tablet 1mg</i>	4	QL (30 EA per 30 days)
<i>eszopiclone tablet 2mg</i>	4	QL (30 EA per 30 days)
<i>eszopiclone tablet 3mg</i>	4	QL (30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL (30 EA per 30 days)
<i>temazepam capsule 15mg</i>	2	QL (30 EA per 30 days)

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam capsule 30mg</i>	2	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 12.5mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er tablet extended release 6.25mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet 5mg</i>	2	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tablet 200mg</i>	3	QL (30 EA per 30 days) PA
<i>armodafinil tablet 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tablet 50mg</i>	3	QL (60 EA per 30 days) PA
<i>modafinil tablet 100mg</i>	3	QL (30 EA per 30 days) PA
<i>modafinil tablet 200mg</i>	3	QL (30 EA per 30 days) PA
XYREM SOLUTION 500MG/ML	5	QL (540 ML per 30 days) PA

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023
Last Updated: August 2022

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	63	<i>albendazole</i>	51
<i>abacavir sulfate/lamivudine</i>	62	<i>albuterol sulfate</i>	148
<i>abacavir sulfate/lamivudine/zidovudine</i>	62	<i>albuterol sulfate er</i>	148
ABELCET	37	<i>albuterol sulfate hfa</i>	148
ABILIFY MAINTENA	56	<i>alclometasone dipropionate</i>	100
<i>abiraterone acetate</i>	41	ALCOHOL PREP PADS	140
<i>acamprosate calcium dr</i>	14	ALDURAZYME	110
<i>acarbose</i>	67	ALECENSA	45
ACCUTANE	99	<i>alendronate sodium</i>	139
<i>acebutolol hcl</i>	81	<i>alfuzosin hcl er</i>	113
<i>acebutolol hydrochloride</i>	81	ALINIA	51
<i>acetaminophen/codeine</i>	11	<i>aliskiren</i>	86
<i>acetazolamide</i>	86	<i>allopurinol</i>	38
<i>acetazolamide er</i>	144	<i>alosetron hydrochloride</i>	107
<i>acetic acid</i>	145	ALPHAGAN P	144
<i>acetic acid 0.25%</i>	114	<i>alprazolam</i>	66
<i>acetylcysteine</i>	151	<i>altavera</i>	117
<i>acitretin</i>	99	ALUNBRIG	45
ACTHIB	136	<i>alyacen 1/35</i>	117
ACTIMMUNE	133	<i>alyacen 7/7/7</i>	117
<i>acyclovir</i>	66	<i>alyq</i>	150
<i>acyclovir</i>	103	<i>amabelz</i>	117
<i>acyclovir sodium</i>	66	<i>amantadine hcl</i>	65
ADACEL	136	AMBISOME	37
ADBRY	131	AMBRISENTAN	150
<i>adefovir dipivoxil</i>	61	<i>amcinonide</i>	100
ADEMPAS	150	<i>amethia</i>	117
ADRENALIN	86	<i>amethia lo</i>	117
AFINITOR DISPERZ	45	<i>amethyst</i>	117
<i>afirmelle</i>	117	<i>amikacin sulfate</i>	15
AIMOVIG	39	<i>amiloride hcl</i>	90
AKYNZEO	36	<i>amiloride/hydrochlorothiazide</i>	86
<i>ala-cort</i>	100	<i>aminosyn ii</i>	104
		AMINOSYN-PF	104
		<i>amiodarone hydrochloride</i>	79
		<i>amitriptyline hcl</i>	34
		<i>amitriptyline hydrochloride</i>	35

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>amlodipine besylate</i>	83	<i>ashlyna</i>	117
<i>amlodipine besylate/benazepril hydrochloride</i>	86	ASMANEX HFA	146
<i>amlodipine besylate/valsartan</i>	87	ASMANEX TWISTHALER 120	146
<i>amlodipine/olmesartan medoxomil ammonium lactate</i>	87	METERED DOSES	
<i>amnesteem</i>	99	ASMANEX TWISTHALER 14	146
<i>amoxapine</i>	35	METERED DOSES	
<i>amoxicillin</i>	19	ASMANEX TWISTHALER 30	146
<i>amoxicillin/clavulanate potassium</i>	19	METERED DOSES	
<i>amoxicillin/clavulanate potassium er</i>	19	ASMANEX TWISTHALER 60	146
<i>amphetamine/dextroamphetamine amphotericin b</i>	94	METERED DOSES	
<i>amphotericin b liposome</i>	37	ASPARLAS	42
<i>ampicillin</i>	37	<i>aspirin/dipyridamole</i>	76
<i>ampicillin sodium</i>	20	<i>aspirin/dipyridamole er</i>	76
<i>ampicillin-sulbactam</i>	20	<i>atazanavir</i>	64
ANADROL-50	116	<i>atazanavir sulfate</i>	64
<i>anagrelide hydrochloride</i>	75	<i>atenolol</i>	81
<i>anastrozole</i>	44	<i>atenolol/chlorthalidone</i>	87
ANDRODERM	117	<i>atomoxetine</i>	95
ANORO ELLIPTA	151	<i>atomoxetine hydrochloride</i>	95
<i>apraclonidine</i>	144	<i>atorvastatin calcium</i>	91
<i>aprepitant</i>	36	<i>atovaquone</i>	51
APRETUDE	61	<i>atovaquone/proguanil hcl</i>	51
APTIOM	28	<i>atropine sulfate</i>	142
APТИВУС	64	ATROVENT HFA	147
ARCALYST	131	AUBAGIO	97
<i>aripiprazole</i>	56	<i>aubra eq</i>	117
<i>aripiprazole odt</i>	56	AUGMENTIN	20
ARISTADA	56	<i>aurovela 1.5/30</i>	117
ARISTADA INITIO	56	<i>aurovela 1/20</i>	117
<i>armodafinil</i>	153	<i>aurovela fe 1.5/30</i>	117
ARNUITY ELLIPTA	145	<i>aurovela fe 1/20</i>	117
<i>arsenic trioxide</i>	42	AURYXIA	106
ASCENIV	129	AUSTEDO	96
<i>asenapine maleate sl</i>	56	<i>aviane</i>	118
		AVONEX	97

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
AVONEX PEN	97	BELSOMRA	152
<i>ayuna</i>	118	benazepril hcl	78
AYVAKIT	45	benazepril hcl/hydrochlorothiazide	87
<i>azathioprine</i>	133	benazepril hydrochloride	78
<i>azelaic acid</i>	99	<i>benazepril</i>	87
<i>azelastine hcl</i>	143	hydrochloride/hydrochlorothiazide	
<i>azelastine hcl</i>	147	BENLYSTA	131
<i>azelastine hydrochloride</i>	147	BENLYSTA	133
<i>azithromycin</i>	21	BENZNIDAZOLE	51
<i>aztreonam</i>	15	benztropine mesylate	52
<i>azurette</i>	118	BEPOTASTINE BESILATE	143
<i>bacitracin</i>	143	BESIVANCE	143
<i>bacitracin/polymyxin b</i>	142	BESREMI	42
<i>baclofen</i>	60	<i>betaine anhydrous</i>	110
BACTROBAN NASAL	103	<i>betamethasone dipropionate</i>	100
BAFIERTAM	97	<i>betamethasone dipropionate</i>	100
<i>balsalazide disodium</i>	138	<i>augmented</i>	
BALVERSA	45	<i>betamethasone valerate</i>	101
<i>balziva</i>	118	BETASERON	97
BAQSIMI ONE PACK	71	<i>betaxolol hcl</i>	81
BAQSIMI TWO PACK	71	<i>betaxolol hcl</i>	144
BARACLUDE	61	<i>bethanechol chloride</i>	114
BAXDELA	22	<i>bexarotene</i>	51
BCG VACCINE	136	BEXZERO	136
<i>bd insulin syringe safetyglide/1ml/29g</i>	140	<i>bicalutamide</i>	41
<i>x 1/2"</i>		BICILLIN L-A	20
<i>b-d insulin syringe ultrafine</i>	140	BIKTARVY	61
<i>ii/0.3ml/31g x 5/16"</i>		<i>bisoprolol fumarate</i>	81
<i>bd insulin syringe ultra-</i>	140	<i>bisoprolol</i>	87
<i>fine/0.5ml/30g x 12.7mm</i>		<i>fumarate/hydrochlorothiazide</i>	
<i>bd insulin syringe ultra-fine/1ml/31g</i>	140	BIVIGAM	129
<i>x 8mm</i>		<i>blisovi fe 1.5/30</i>	118
<i>bd pen needle/original/ultra-fine/29g</i>	140	<i>blisovi fe 1/20</i>	118
<i>x 12.7mm</i>		BOOSTRIX	136
<i>bd veo insulin syringe ultra-</i>	140	<i>bosentan</i>	150
<i>fine/0.3ml/31g x 6mm</i>		BOSULIF	45
<i>bekyree</i>	118	BRAFTOVI	45

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
BREO ELLIPTA	151	CALQUENCE	45
BREZTRI AEROSPHERE	146	<i>camila</i>	123
<i>briellyn</i>	118	<i>camrese</i>	118
BRILINTA	76	<i>camrese lo</i>	118
<i>brimonidine tartrate</i>	144	CAMZYOS	87
BRIMONIDINE	142	<i>candesartan cilexetil</i>	78
TARTRATE/TIMOLOL MALEATE		<i>candesartan</i>	87
<i>brinzolamide</i>	145	<i>cilexetil/hydrochlorothiazide</i>	
BRIVIACT	23	CAPASTAT SULFATE	40
<i>bromocriptine mesylate</i>	52	CAPLYTA	56
BRUKINSA	45	CAPRELSA	45
<i>budesonide</i>	139	<i>captopril</i>	78
<i>budesonide</i>	146	<i>captopril/hydrochlorothiazide</i>	88
<i>budesonide er</i>	139	<i>carbamazepine</i>	28
<i>bumetanide</i>	90	<i>carbamazepine er</i>	28
BUPRENORPHINE	10	<i>carbidopa</i>	54
<i>buprenorphine hcl</i>	14	<i>carbidopa/levodopa</i>	54
<i>buprenorphine hcl/naloxone hcl</i>	14	<i>carbidopa/levodopa er</i>	53
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	14	<i>carbidopa/levodopa odt</i>	53
<i>bupropion hcl</i>	31	<i>carglumic acid</i>	104
<i>bupropion hydrochloride</i>	31	<i>carimune nanofiltered</i>	129
<i>bupropion hydrochloride er (sr)</i>	15	<i>carteolol hcl</i>	144
<i>bupropion hydrochloride er (sr)</i>	31	<i>cartia xt</i>	83
<i>bupropion hydrochloride er (xl)</i>	31	<i>carvedilol</i>	81
<i>buspirone hcl</i>	66	<i>carvedilol phosphate er</i>	81
<i>buspirone hydrochloride</i>	66	<i>caspofungin acetate</i>	37
butalbital/acetaminophen/caffeine	96	CAYSTON	149
CABENUVA	61	<i>cefaclor</i>	17
<i>cabergoline</i>	127	<i>cefadroxil</i>	17
CABLIVI	76	CEFAZOLIN	17
CABOMETYX	45	<i>cefazin sodium</i>	17
<i>calcipotriene</i>	102	<i>cefdinir</i>	17
<i>calcitonin-salmon</i>	139	<i>cefepime</i>	17
<i>calcitriol</i>	139	<i>cefepime hydrochloride</i>	17
<i>calcium acetate</i>	106	<i>cefixime</i>	17
		<i>cefotaxime sodium</i>	17
		<i>cefotetan</i>	18

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>cefoxitin sodium</i>	18	CINRYZE	129
<i>cefpodoxime proxetil</i>	18	CIPRO	22
<i>cefprozil</i>	18	<i>ciprofloxacin</i>	145
<i>ceftazidime</i>	18	<i>ciprofloxacin hcl</i>	22
<i>ceftazidime/dextrose</i>	18	<i>ciprofloxacin hydrochloride</i>	22
<i>ceftriaxone sodium</i>	18	<i>ciprofloxacin hydrochloride</i>	143
<i>cefuroxime axetil</i>	18	<i>ciprofloxacin i.v.-in d5w</i>	22
<i>cefuroxime sodium</i>	18	<i>ciprofloxacin/dexamethasone</i>	145
<i>celecoxib</i>	9	<i>citalopram hydrobromide</i>	32
CELONTIN	26	<i>claravis</i>	99
<i>cephalexin</i>	18	<i>clarithromycin</i>	21
CERDELGA	110	<i>clarithromycin er</i>	21
<i>chateal</i>	118	CLENPIQ	108
<i>chateal eq</i>	118	CLIMARA PRO	118
CHEMET	106	<i>clindacin etz pledges</i>	15
<i>chlordiazepoxide hcl</i>	66	<i>clindamycin hcl</i>	15
<i>chlordiazepoxide hydrochloride</i>	66	<i>clindamycin hydrochloride</i>	15
<i>chlorhexidine gluconate</i>	99	<i>clindamycin palmitate hcl</i>	16
<i>chloroquine phosphate</i>	51	<i>clindamycin phosphate</i>	16
<i>chlorothiazide</i>	91	<i>clindamycin phosphate</i>	103
<i>chlorpromazine hcl</i>	54	<i>clindamycin phosphate/benzoyl</i>	99
<i>chlorpromazine hydrochloride</i>	54	<i>peroxide</i>	
<i>chlorthalidone</i>	91	<i>clindamycin/benzoyl peroxide</i>	99
CHOLBAM	110	<i>clobazam</i>	26
<i>cholestyramine</i>	92	<i>clobetasol propionate</i>	101
<i>cholestyramine light</i>	92	<i>clobetasol propionate e</i>	101
CIBINQO	101	<i>clomipramine hydrochloride</i>	35
<i>ciclodan</i>	103	<i>clonazepam</i>	26
<i>ciclopirox</i>	103	<i>clonazepam odt</i>	26
<i>ciclopirox nail lacquer</i>	103	<i>clonidine hcl</i>	77
<i>ciclopirox olamine</i>	103	<i>clonidine hydrochloride</i>	77
<i>cidofovir</i>	60	<i>clopidogrel</i>	77
<i>cilostazol</i>	77	<i>clorazepate dipotassium</i>	66
CIMDUO	63	<i>clotrimazole</i>	37
CIMZIA	133	<i>clotrimazole/betamethasone</i>	102
CIMZIA STARTER KIT	133	<i>dipropionate</i>	
<i>cinacalcet hydrochloride</i>	139	<i>CLOVIQUE</i>	106

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>clozapine</i>	60	<i>cyclosporine</i>	134
<i>clozapine odt</i>	60	<i>cyclosporine modified</i>	133
COARTEM	51	<i>ciproheptadine hydrochloride</i>	147
<i>codeine sulfate</i>	11	CYSTAGON	111
COLCHICINE	38	CYSTARAN	142
<i>colesevelam hydrochloride</i>	92	<i>dalfampridine er</i>	97
<i>colestipol hcl</i>	92	DALIRESP	149
<i>colistimethate sodium</i>	16	<i>danazol</i>	117
<i>colocort</i>	139	<i>dantrolene sodium</i>	60
COMBIGAN	142	DANYELZA	50
COMBIVENT RESPIMAT	151	<i>dapsone</i>	40
COMETRIQ	45	DAPTACEL	136
COMPLERA	62	DAPTO MYCIN	16
<i>compro</i>	36	<i>darifenacin hydrobromide er</i>	112
<i>constulose</i>	107	DARZALEX FASPRO	50
COPIKTRA	46	<i>dasetta 1/35</i>	118
CORLANOR	88	<i>dasetta 7/7/7</i>	118
CORTIFOAM	139	DAURISMO	46
<i>cortisone acetate</i>	114	<i>daysee</i>	118
COSENTYX	132	<i>deblitane</i>	123
COSENTYX SENSOREADY PEN	132	<i>deferasirox</i>	106
COTELLIC	46	<i>deferiprone</i>	106
CREON	110	DELSTRIGO	62
<i>cromolyn sodium</i>	111	<i>delyla</i>	118
<i>cromolyn sodium</i>	143	<i>demeclercycline hcl</i>	23
<i>cromolyn sodium</i>	149	<i>demeclercycline hydrochloride</i>	23
<i>cryselle-28</i>	118	DENGVAXIA	136
CURITY GAUZE PADS 2"X2"	140	DEPO-PROVERA	123
CUTAQUIG	129	DEPO-SUBQ PROVERA	104
CUVITRU	129	DESCOVERY	63
<i>cyclafem 1/35</i>	118	<i>desipramine hydrochloride</i>	35
<i>cyclafem 7/7/7</i>	118	<i>desmopressin acetate</i>	115
<i>cyclobenzaprine hydrochloride</i>	152	<i>desogestrel/ethinyl estradiol</i>	118
CYCLOPHOSPHAMIDE	40	<i>desonide</i>	101
<i>cyclophosphamide monohydrate</i>	40	<i>desoximetasone</i>	101
<i>cycloserine</i>	40	<i>desvenlafaxine er</i>	32
CYCLOSET	67	<i>dexamethasone</i>	114

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>dexamethasone sodium phosphate</i>	144	<i>dimethyl fumarate starterpack</i>	97
DEXILANT	109	<i>diphenhydramine hcl</i>	147
DEXLANSOPRAZOLE	110	<i>diphenhydramine hydrochloride</i>	147
<i>dextroamphetamine sulfate</i>	95	<i>diphenoxylate hydrochloride/atropine sulfate</i>	108
<i>dextroamphetamine sulfate er</i>	95	<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	136
<i>dextrose 5%</i>	104	<i>disopyramide phosphate</i>	80
<i>dextrose 5%/nacl 0.45%</i>	104	<i>disulfiram</i>	14
<i>dextrose 5%/nacl 0.9%</i>	104	<i>divalproex sodium</i>	27
DIACOMIT	27	<i>divalproex sodium dr</i>	27
<i>diazepam</i>	66	<i>divalproex sodium er</i>	27
<i>diazepam intensol</i>	66	DIVIGEL	118
<i>diazepam rectal gel</i>	27	<i>dofetilide</i>	80
<i>diazoxide</i>	71	<i>dolishale</i>	118
<i>diclofenac potassium</i>	9	<i>donepezil hcl</i>	30
<i>diclofenac sodium</i>	9	<i>donepezil hydrochloride</i>	30
<i>diclofenac sodium</i>	102	<i>dorzolamide hcl/timolol maleate</i>	142
<i>diclofenac sodium</i>	144	<i>dorzolamide hydrochloride</i>	145
<i>diclofenac sodium dr</i>	9	DOTTI	118
<i>diclofenac sodium er</i>	9	DOVATO	61
<i>dicloxacillin sodium</i>	20	<i>doxazosin mesylate</i>	113
<i>dicyclomine hcl</i>	108	<i>doxepin hcl</i>	35
<i>dicyclomine hydrochloride</i>	108	<i>doxepin hydrochloride</i>	35
<i>didanosine</i>	63	<i>doxercalciferol</i>	139
DIFICID	21	<i>doxy 100</i>	23
<i>diflunisal</i>	9	<i>doxycycline</i>	23
<i>digitek</i>	79	<i>doxycycline hyclate</i>	23
<i>digox</i>	80	<i>doxycycline hyclate</i>	99
<i>digoxin</i>	79	<i>doxycycline monohydrate</i>	23
<i>dihydroergotamine mesylate</i>	39	<i>d-penamine</i>	114
DILANTIN	29	DRIZALMA SPRINKLE	32
DILATRATE SR	93	DRONABINOL	36
<i>diltiazem hcl</i>	84	DROXIA	42
<i>diltiazem hcl cd</i>	84	<i>droxidopa</i>	77
<i>diltiazem hcl er</i>	84	<i>duloxetine hydrochloride</i>	33
<i>diltiazem hydrochloride er</i>	84	DUPIXENT	132
<i>dilt-xr</i>	83		
<i>dimethyl fumarate</i>	97		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
dutasteride	113	ENJAYMO	132
<i>dutasteride/tamsulosin hydrochloride</i>	113	<i>enoxaparin sodium</i>	74
<i>ec-naproxen</i>	9	<i>enpresse-28</i>	119
<i>econazole nitrate</i>	37	<i>entacapone</i>	52
EDARBI	78	<i>entecavir</i>	61
EDARBYCLOR	88	ENTRESTO	88
EDURANT	62	ENTYVIO	132
<i>efavirenz</i>	62	<i>enulose</i>	107
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	62	ENVARSUS XR	134
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	62	EPIDIOLEX	24
<i>effer-k</i>	104	<i>epinastine hcl</i>	143
ELAPRASE	111	<i>epinephrine</i>	148
<i>elinest</i>	119	<i>epitol</i>	29
ELIQUIS	74	EPIVIR HBV	61
ELIQUIS STARTER PACK	74	<i>plerenone</i>	90
ELITEK	51	<i>epoprostenol sodium</i>	150
ELLA	140	EPRONTIA	24
ELMIRON	114	<i>ergoloid mesylates</i>	29
EMCYT	42	<i>ergotamine tartrate/caffeine</i>	39
EMGALITY	39	ERIVEDGE	46
EMPAVELI	132	ERLEADA	41
EMSAM	32	<i>erlotinib hydrochloride</i>	46
<i>emtricitabine</i>	63	<i>errin</i>	123
<i>emtricitabine/tenofovir disoproxil</i>	63	<i>ertapenem</i>	21
<i>emtricitabine/tenofovir disoproxil fumarate</i>	63	<i>ertapenem sodium</i>	21
EMTRIVA	63	<i>ery</i>	103
<i>enalapril maleate</i>	78	<i>erythromycin</i>	103
<i>enalapril</i>	88	<i>erythromycin</i>	143
<i>maleate/hydrochlorothiazide</i>		<i>erythromycin dr</i>	22
ENBREL	134	<i>erythromycin ethylsuccinate</i>	22
ENBREL MINI	134	<i>erythromycin/benzoyl peroxide</i>	99
ENBREL SURECLICK	134	ESBRIET	150
<i>endocet</i>	11	<i>escitalopram oxalate</i>	33
ENGERIX-B	136	<i>esomeprazole magnesium</i>	110
		<i>estarrylla</i>	119
		<i>estradiol</i>	119
		<i>estradiol/norethindrone acetate</i>	119

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
ESTRING	119	FENSOLVI	116
<i>eszopiclone</i>	152	<i>fentanyl</i>	10
<i>ethambutol hydrochloride</i>	40	<i>fentanyl citrate oral transmucosal</i>	12
<i>ethosuximide</i>	26	FETROJA	19
<i>ethynodiol diacetate/ethinyl estradiol</i>	119	FETZIMA	33
<i>etodolac</i>	9	FETZIMA TITRATION PACK	33
ETOPOPHOS	45	FINACEA	99
<i>etravirine</i>	62	<i>finasteride</i>	113
EUCRISA	101	FINTEPLA	24
EUTHYROX	124	FIRMAGON	127
<i>everolimus</i>	46	<i>flac</i>	145
<i>everolimus</i>	134	FLAREX	144
EVOTAZ	64	<i>flavoxate hcl</i>	112
EVRYSDI	111	<i>flecainide acetate</i>	80
<i>exemestane</i>	44	FLOVENT DISKUS	146
EXKIVITY	46	FLOVENT HFA	146
<i>ezetimibe</i>	92	<i>fluconazole</i>	37
<i>ezetimibe/simvastatin</i>	92	<i>fluconazole in dextrose</i>	37
FABRAZYME	111	<i>fluconazole in sodium chloride</i>	37
<i>falmina</i>	119	<i>flucytosine</i>	37
<i>famciclovir</i>	66	<i>fludrocortisone acetate</i>	114
<i>famotidine</i>	109	<i>flunisolide</i>	147
FANAPT	56	<i>fluocinolone acetonide</i>	101
FANAPT TITRATION PACK	56	<i>fluocinolone acetonide</i>	145
FARXIGA	67	<i>fluocinolone acetonide body</i>	101
FARYDAK	46	<i>fluocinolone acetonide ear drops</i>	145
FASENRA	151	<i>fluocinolone acetonide scalp</i>	101
FASENRA PEN	151	<i>fluocinonide</i>	101
<i>fayosim</i>	119	<i>fluorometholone</i>	144
<i>febuxostat</i>	38	<i>fluorouracil</i>	102
<i>felbamate</i>	24	<i>fluoxetine hcl</i>	33
<i>felodipine er</i>	83	<i>fluoxetine hydrochloride</i>	33
FEMRING	119	<i>fluphenazine decanoate</i>	54
<i>femynor</i>	119	<i>fluphenazine hcl</i>	54
<i>fenofibrate</i>	91	<i>fluphenazine hydrochloride</i>	55
<i>fenofibrate micronized</i>	91	<i>flurbiprofen</i>	9
<i>fenofibric acid dr</i>	91	<i>flurbiprofen sodium</i>	144

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
flutamide	41	<i>gavilyte-n/flavor pack</i>	108
<i>fluticasone propionate</i>	101	GAVRETO	42
<i>fluticasone propionate</i>	147	GELNIQUE PUMP	112
<i>fluticasone propionate/salmeterol diskus</i>	151	gemfibrozil	91
<i>fluvastatin</i>	91	generlac	107
<i>fluvastatin sodium er</i>	91	genograf	134
<i>fluvoxamine maleate</i>	33	GENOTROPIN	116
FML	144	GENOTROPIN MINIQUICK	116
FML FORTE	144	gentak	143
<i>fondaparinux sodium</i>	74	<i>gentamicin sulfate</i>	15
<i>formoterol fumarate</i>	148	<i>gentamicin sulfate</i>	143
FORTEO	139	<i>gentamicin sulfate pediatric</i>	15
<i>fosamprenavir calcium</i>	64	GENVOYA	61
<i>fosinopril sodium</i>	79	GILENYA	98
<i>fosinopril</i>	88	GILOTrif	46
<i>sodium/hydrochlorothiazide</i>		<i>glatiramer acetate</i>	98
FOTIVDA	41	GLEOSTINE	41
FRAGMIN	74	glimepiride	67
<i>furosemide</i>	90	glipizide	68
FUZEON	64	glipizide er	67
FYARRO	46	glipizide xl	68
FYAVOLV	119	<i>glipizide/metformin hydrochloride</i>	68
FYCOMPA	24	GLUCAGEN HYPOKIT	71
<i> gabapentin</i>	27	GLUCAGON EMERGENCY KIT	72
<i> galantamine hydrobromide</i>	30	GLUCAGON EMERGENCY KIT	71
<i> galantamine hydrobromide er</i>	30	FOR LOW BLOOD SUGAR	
GAMASTAN	129	<i> glyburide</i>	68
GAMMAKED	129	<i> glyburide/metformin hydrochloride</i>	68
GAMUNEX-C	130	glycopyrrolate	108
<i> ganciclovir</i>	60	glydo	13
GARDASIL 9	136	GLYXAMBI	68
<i> gatifloxacin</i>	143	<i> griseofulvin microsize</i>	37
GATTEX	108	<i> griseofulvin ultramicrosize</i>	37
<i> gavilyte-c</i>	108	<i> guanfacine er</i>	96
<i> gavilyte-g</i>	108	<i> guanfacine hcl</i>	77
<i> gavilyte-h</i>	108	<i> guanfacine hydrochloride</i>	96
		GUANIDINE HCL	40

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
GVOKE HYPOPEN 1-PACK	72	HUMULIN N KWIKPEN	72
GVOKE HYPOPEN 2-PACK	72	HUMULIN R	73
GVOKE KIT	72	HUMULIN R U-500	73
GVOKE PFS	72	(CONCENTRATED)	
<i>hailey 1.5/30</i>	119	HUMULIN R U-500 KWIKPEN	73
<i>hailey fe 1.5/30</i>	120	<i>hydralazine hcl</i>	94
<i>hailey fe 1/20</i>	120	<i>hydralazine hydrochloride</i>	94
<i>halobetasol propionate</i>	101	<i>hydrochlorothiazide</i>	91
<i>haloperidol</i>	55	<i>hydrocodone</i>	12
<i>haloperidol decanoate</i>	55	<i>bitartrate/acetaminophen</i>	
<i>haloperidol lactate</i>	55	<i>hydrocodone/acetaminophen</i>	12
HAVRIX	136	<i>hydrocortisone</i>	102
<i>heather</i>	123	<i>hydrocortisone</i>	114
HEPAGAM B	130	<i>hydrocortisone</i>	139
<i>heparin sodium</i>	74	<i>hydrocortisone valerate</i>	101
HEPLISAV-B	136	<i>hydrocortisone/acetic acid</i>	145
HIBERIX	136	<i>hydromorphone hcl</i>	12
HIZENTRA	130	<i>hydromorphone hydrochloride</i>	12
HUMALOG	72	<i>hydromorphone hydrochloride</i>	12
HUMALOG JUNIOR KWIKPEN	72	<i>dosette</i>	
HUMALOG KWIKPEN	72	<i>hydroxychloroquine sulfate</i>	51
HUMALOG MIX 50/50	72	<i>hydroxyurea</i>	42
HUMALOG MIX 50/50 KWIKPEN	72	<i>hydroxyzine hcl</i>	147
HUMALOG MIX 75/25	72	<i>hydroxyzine hydrochloride</i>	147
HUMALOG MIX 75/25 KWIKPEN	72	<i>hydroxyzine pamoate</i>	66
HUMIRA	135	HYPERHEP B	130
HUMIRA PEDIATRIC CROHNS	134	HYPERRAB S/D	130
DISEASE STARTER PACK		HYQVIA	130
HUMIRA PEN	135	<i>ibandronate sodium</i>	139
HUMIRA PEN-CD/UC/HS	134	IBRANCE	42
STARTER		IBRANCE	46
HUMIRA PEN-PEDIATRIC UC	135	<i>ibu</i>	9
STARTER PACK		<i>ibuprofen</i>	9
HUMIRA PEN-PS/UV STARTER	135	<i>icatibant acetate</i>	129
HUMULIN 70/30	72	<i>iclevia</i>	120
HUMULIN 70/30 KWIKPEN	72	ICLUSIG	46
HUMULIN N	73	<i>icosapent ethyl</i>	92

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
IDHIFA	43	INVOKAMET	68
IFOSFAMIDE	41	INVOKAMET XR	68
IGALMI	140	INVOKANA	68
ILARIS	132	IPOL INACTIVATED IPV	137
ILEVRO	144	<i>ipratropium bromide</i>	147
ILUMYA	132	<i>ipratropium bromide/albuterol sulfate</i>	151
<i>imatinib mesylate</i>	46	<i>irbesartan</i>	78
IMBRUVICA	47	<i>irbesartan/hydrochlorothiazide</i>	88
<i>imipenem/cilastatin</i>	21	IRESSA	47
<i>imipramine hcl</i>	35	ISENTRESS	61
<i>imipramine hydrochloride</i>	35	ISENTRESS HD	61
<i>imiquimod</i>	102	ISONIAZID	40
IMOGLAM RABIES-HT	130	<i>isosorbide dinitrate</i>	93
IMOVAX RABIES (H.D.C.V.)	137	<i>isosorbide dinitrate/hydralazine</i>	88
IMPAVIDO	16	<i>hydrochloride</i>	
INBRIJA	54	<i>isosorbide mononitrate</i>	94
<i>incassia</i>	123	<i>isosorbide mononitrate er</i>	93
INCRELEX	116	<i>isotretinoin</i>	99
INCRUSE ELLIPTA	147	<i>isradipine</i>	83
<i>indapamide</i>	91	<i>itraconazole</i>	38
<i>indomethacin</i>	9	<i>ivermectin</i>	51
<i>indomethacin er</i>	9	IXEMPRA KIT	43
INFANRIX	137	IXIARO	137
INFLECTRA	135	<i>jaimiess</i>	120
INFliximab	135	JAKAFI	47
INFUGEM	42	<i>jantoven</i>	74
INGREZZA	96	JANUMET	69
INLYTA	47	JANUMET XR	69
INQOVI	47	JANUVIA	69
INREBIC	43	JARDIANCE	69
INTELENCE	62	JEMPERLI	50
INTRON A	133	<i>jencycla</i>	124
<i>introvale</i>	120	JENTADUETO	69
INVEGA HAFYERA	57	JENTADUETO XR	69
INVEGA SUSTENNA	57	<i>jinteli</i>	120
INVEGA TRINZA	57	<i>jolessa</i>	120
INVIRASE	65	<i>jolivette</i>	124

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
JUBLIA	38	<i>klor-con/ef</i>	105
JULUCA	61	KORLYM	116
<i>junel 1.5/30</i>	120	KORSUVA	141
<i>junel 1/20</i>	120	KOSELUGO	47
<i>junel fe 1.5/30</i>	120	<i>kurvelo</i>	120
<i>junel fe 1/20</i>	120	KYNMOBI	52
JUXTAPID	93	KYNMOBI TITRATION KIT	52
KALYDECO	149	<i>labetalol hydrochloride</i>	82
KANJINTI	50	<i>lacosamide</i>	29
KANUMA	111	<i>lactulose</i>	107
<i>kariva</i>	120	LAGEVRIO	141
KEDRAB	130	<i>lamivudine</i>	61
<i>kelnor 1/35</i>	120	<i>lamivudine</i>	63
<i>kelnor 1/50</i>	120	<i>lamivudine/zidovudine</i>	63
KEPIVANCE	99	<i>lamotrigine</i>	25
KERENDIA	88	<i>lamotrigine er</i>	24
KESIMPTA	98	<i>lamotrigine odt</i>	24
<i>ketoconazole</i>	38	<i>lamotrigine starter kit/blue</i>	24
<i>ketorolac tromethamine</i>	9	<i>lamotrigine starter kit/green</i>	24
<i>ketorolac tromethamine</i>	144	<i>lamotrigine starter kit/orange</i>	24
<i>kimidess</i>	120	<i>lamotrigine titration</i>	24
KIMMTRAK	43	LANREOTIDE ACETATE	127
KIMYRSA	16	<i>lansoprazole</i>	110
KINRIX	137	<i>lanthanum carbonate</i>	106
<i>kionex</i>	106	LANTUS	73
KISQALI	47	LANTUS SOLOSTAR	73
KISQALI FEMARA 200 DOSE	43	<i>lapatinib ditosylate</i>	47
KISQALI FEMARA 400 DOSE	43	<i>larin 1.5/30</i>	120
KISQALI FEMARA 600 DOSE	43	<i>larin 1/20</i>	120
KLISYRI	102	<i>larin fe 1.5/30</i>	120
<i>klor-con</i>	105	<i>larin fe 1/20</i>	120
<i>klor-con 10</i>	104	<i>larissia</i>	120
<i>klor-con 8</i>	105	<i>latanoprost</i>	145
<i>klor-con m10</i>	105	LATUDA	57
<i>klor-con m15</i>	105	<i>leflunomide</i>	135
<i>klor-con m20</i>	105	LEMTRADA	132
<i>klor-con sprinkle</i>	105	<i>lenalidomide</i>	41

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
LENVIMA 10 MG DAILY DOSE	47	<i>lidocaine/prilocaine</i>	14
LENVIMA 12MG DAILY DOSE	47	<i>lidocaine-prilocaine-cream base</i>	14
LENVIMA 14 MG DAILY DOSE	47	<i>lillow</i>	121
LENVIMA 18 MG DAILY DOSE	47	<i>lincomycin hcl</i>	16
LENVIMA 20 MG DAILY DOSE	47	<i>linezolid</i>	16
LENVIMA 24 MG DAILY DOSE	47	LINZESS	107
LENVIMA 4 MG DAILY DOSE	48	<i>liothyronine sodium</i>	126
LENVIMA 8 MG DAILY DOSE	48	<i>lisinopril</i>	79
<i> lessina</i>	120	<i>lisinopril/hydrochlorothiazide</i>	88
<i> letrozole</i>	45	<i>lithium</i>	67
<i> leucovorin calcium</i>	51	<i>lithium carbonate</i>	67
LEUKERAN	41	<i>lithium carbonate er</i>	67
<i> leuprolide acetate</i>	127	LIVALO	92
<i> levalbuterol</i>	148	LIVMARLI	141
<i> levalbuterol hcl</i>	148	LIVTENCITY	60
<i> levalbuterol tartrate hfa</i>	148	<i> lojaimiess</i>	121
LEVEMIR	73	LONHALA MAGNAIR REFILL	148
LEVEMIR FLEXTOUCH	73	KIT	
<i> levetiracetam</i>	25	LONSURF	43
<i> levetiracetam er</i>	25	<i> loperamide hcl</i>	108
<i> levobunolol hcl</i>	144	<i> lopinavir/ritonavir</i>	65
<i> levocetirizine dihydrochloride</i>	147	<i> lopreeza</i>	121
<i> levofloxacin</i>	22	<i> lorazepam</i>	67
<i> levofloxacin</i>	143	<i> lorazepam intensol</i>	67
<i> levofloxacin in d5w</i>	22	LORBRENA	48
<i> levonest</i>	120	<i> lorcet</i>	13
<i> levonorgestrel and ethinyl estradiol</i>	120	<i> lorcet hd</i>	13
<i> levonorgestrel/ethinyl estradiol</i>	120	<i> lorcet plus</i>	13
<i> levora 0.15/30-28</i>	121	<i> losartan potassium</i>	78
LEVO-T	125	<i> losartan</i>	89
<i> levothyroxine sodium</i>	125	<i> potassium/hydrochlorothiazide</i>	
LEVOXYL	125	LOTEMAX SM	144
LEXIVA	65	LOTEPREDNOL ETABONATE	144
<i> lidocaine</i>	14	<i> lovastatin</i>	92
<i> lidocaine hcl</i>	13	<i> low-ogestrel</i>	121
<i> lidocaine hcl jelly</i>	13	<i> loxapine</i>	55
<i> lidocaine viscous</i>	99	LUBIPROSTONE	107

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
LUMAKRAS	43	<i>memantine hcl titration pak</i>	31
LUMIGAN	145	<i>memantine hydrochloride</i>	31
LUMIZYME	111	<i>memantine hydrochloride er</i>	31
LUPRON DEPOT (1-MONTH)	127	MENACTRA	137
LUPRON DEPOT (3-MONTH)	127	MENEST	121
LUPRON DEPOT (4-MONTH)	127	MENQUADFI	137
LUPRON DEPOT (6-MONTH)	127	MENVEO	137
LUPRON DEPOT-PED (1-MONTH)	127	<i>mercaptopurine</i>	42
LUPRON DEPOT-PED (3-MONTH)	127	<i>meropenem</i>	21
<i>lutea</i>	121	<i>mesalamine</i>	138
LYBALVI	57	<i>mesalamine dr</i>	138
<i>lyleq</i>	124	<i>mesalamine er</i>	138
<i>yllana</i>	121	MESNEX	51
LYNPARZA	48	<i>metformin hydrochloride</i>	69
LYSODREN	127	<i>metformin hydrochloride er</i>	69
LYUMJEV	73	<i>methadone hcl</i>	10
LYUMJEV KWIKPEN	73	<i>methadone hydrochloride</i>	11
<i>lyza</i>	124	<i>methadone hydrochloride intensol</i>	10
<i>magnesium sulfate</i>	105	<i>methadose</i>	11
MAKENA	124	<i>methadose sugar-free</i>	11
<i>malathion</i>	103	<i>methazolamide</i>	145
maprotiline hcl	31	<i>methenamine hippurate</i>	16
<i>maraviroc</i>	64	<i>methimazole</i>	129
<i>marlissa</i>	121	<i>methocarbamol</i>	152
MARPLAN	32	<i>methotrexate</i>	135
MATULANE	41	<i>methotrexate sodium</i>	135
<i>matzim la</i>	85	<i>methylldopa</i>	77
MAVYRET	61	<i>methylphenidate hydrochloride</i>	96
MAYZENT	98	<i>methylphenidate hydrochloride er</i>	96
MAYZENT STARTER PACK	98	<i>methylprednisolone</i>	115
<i>meclizine hcl</i>	36	<i>methylprednisolone dose pack</i>	115
<i>medroxyprogesterone acetate</i>	124	<i>metoclopramide hcl</i>	108
<i>mefloquine hcl</i>	51	<i>metoclopramide hydrochloride</i>	108
<i>megestrol acetate</i>	124	<i>metolazone</i>	91
MEKINIST	48	<i>metoprolol succinate er</i>	82
MEKTOVI	48	<i>metoprolol tartrate</i>	82
<i>meloxicam</i>	10	<i>metronidazole</i>	16

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>metronidazole</i>	100	MOTEGRITY	107
<i>metronidazole vaginal</i>	16	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	22
<i>metyrosine</i>	89	<i>moxifloxacin hydrochloride</i>	22
<i>mexiletine hcl</i>	80	<i>moxifloxacin hydrochloride</i>	143
<i>micafungin</i>	38	MULTAQ	80
<i>microgestin 1.5/30</i>	121	<i>mupirocin</i>	103
<i>microgestin 1/20</i>	121	MVASI	50
<i>microgestin fe 1.5/30</i>	121	<i>mycophenolate mofetil</i>	135
<i>microgestin fe 1/20</i>	121	<i>mycophenolic acid dr</i>	135
<i>midodrine hcl</i>	77	MYFEMBREE	128
<i>miglitol</i>	69	<i>myorisan</i>	100
<i>miglustat</i>	111	MYRBETRIQ	112
<i>mili</i>	121	<i>NABI-HB</i>	130
<i>mimvey</i>	121	<i>nabumetone</i>	10
<i>mimvey lo</i>	121	<i>nadolol</i>	82
MINOCIN	23	<i>nafcillin sodium</i>	20
<i>minocycline hcl</i>	23	<i>naftifine hydrochloride</i>	38
<i>minocycline hydrochloride</i>	23	NAGLAZYME	111
<i>minoxidil</i>	94	<i>naloxone hcl</i>	14
<i>mirtazapine</i>	31	<i>naloxone hydrochloride</i>	14
<i>mirtazapine odt</i>	31	<i>naltrexone hcl</i>	14
<i>misoprostol</i>	109	NAMZARIC	29
M-M-R II	137	<i>naproxen</i>	10
<i>modafinil</i>	153	<i>naproxen sodium</i>	10
<i>moexipril hcl</i>	79	<i>naratriptan hcl</i>	39
<i>molindone hydrochloride</i>	55	NATACYN	143
<i>mometasone furoate</i>	102	<i>nateglinide</i>	69
<i>mometasone furoate</i>	147	NATPARA	139
<i>monodoxyne nl</i>	23	NAYZILAM	25
MONJUVI	50	<i>nebivolol</i>	82
<i>mono-linyah</i>	121	<i>nebivolol hydrochloride</i>	82
<i>mononessa</i>	121	<i>necon 0.5/35-28</i>	121
<i>montelukast sodium</i>	147	<i>necon 7/7/7</i>	121
<i>morgidox 1x100mg</i>	23	<i>nefazodone hydrochloride</i>	33
<i>morgidox 2x100mg</i>	23	<i>nelarabine</i>	42
<i>morphine sulfate</i>	13	<i>neomycin sulfate</i>	15
<i>morphine sulfate er</i>	11		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>neomycin/bacitracin/polymyxin</i>	142	<i>norethindrone</i>	124
<i>neomycin/polymyxin/bacitracin</i>	142	<i>norethindrone acetate</i>	124
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	142	<i>norethindrone acetate/ethinylestradiol</i>	121
<i>neomycin/polymyxin/dexamethasone</i>	142	<i>norethindrone acetate/ethinyl estradiol</i>	121
<i>neomycin/polymyxin/gramicidin</i>	142	<i>estradiol/ferrous fumarate</i>	
<i>neomycin/polymyxin/hc</i>	145	<i>norgestimate/ethinylestradiol</i>	122
<i>neomycin/polymyxin/hydrocortisone</i>	145	<i>norlyda</i>	124
<i>neo-polycin</i>	142	<i>norlyroc</i>	124
<i>neo-polycin hc</i>	142	<i>nortrel 0.5/35 (28)</i>	122
NERLYNX	48	<i>nortrel 1/35</i>	122
NEULASTA	75	<i>nortrel 7/7/7</i>	122
NEULASTA ONPRO KIT	75	<i>nortriptyline hcl</i>	35
NEUPRO	52	<i>nortriptyline hydrochloride</i>	35
<i>nevirapine</i>	62	NORVIR	65
<i>nevirapine er</i>	62	NOVOLIN 70/30	73
NEXLETOL	93	NOVOLIN 70/30 FLEXPEN	73
NEXLIZET	93	NOVOLIN N	73
<i>niacin er</i>	93	NOVOLIN N FLEXPEN	73
<i>nicardipine hcl</i>	83	NOVOLIN R	73
NICOTROL NS	15	NOVOLIN R FLEXPEN	73
<i>nifedipine er</i>	83	NOVOLOG	73
<i>nilutamide</i>	41	NOVOLOG FLEXPEN	73
<i>nimodipine</i>	83	NOVOLOG MIX 70/30	73
NINLARO	43	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	73
<i>nitazoxanide</i>	52	NOVOLOG PENFILL	73
<i>nitisinone</i>	111	NOXAFL	38
NITRO-BID	94	NUBEQA	41
<i>nitrofurantoin macrocrystals</i>	16	NUCALA	151
<i>nitrofurantoin monohydrate</i>	16	NUEDEXTA	96
<i>nitrofurantoin monohydrate/macrocrys</i>	16	NUPLAZID	57
<i>nitroglycerin</i>	94	<i>nutrilipid</i>	141
<i>nitroglycerin lingual</i>	94	<i>nyamyc</i>	38
<i>nitroglycerin transdermal</i>	94	<i>nylia 1/35</i>	122
<i>nizatidine</i>	109	<i>nylia 7/7/7</i>	122
<i>nora-be</i>	124	NYMALIZE	83

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>nymyo</i>	122	<i>ondansetron odt</i>	37
<i>nystatin</i>	38	<i>ONUREG</i>	43
<i>nystatin/triamcinolone</i>	103	<i>OPDUALAG</i>	44
<i>nystop</i>	38	<i>OPSUMIT</i>	150
<i>OCREVUS</i>	98	<i>OPZELURA</i>	102
<i>OCTAGAM</i>	131	<i>oralone dental paste</i>	99
<i>octreotide acetate</i>	128	<i>ORBACTIV</i>	16
<i>ODEFSEY</i>	63	<i>ORENITRAM</i>	150
<i>ODOMZO</i>	48	<i>ORFADIN</i>	111
<i>OFEV</i>	151	<i>ORGOVYX</i>	128
<i>ofloxacin</i>	22	<i>ORILISSA</i>	128
<i>ofloxacin</i>	143	<i>ORKAMBI</i>	149
<i>ofloxacin</i>	145	<i>orphenadrine citrate er</i>	152
<i>olanzapine</i>	57	<i>orsythia</i>	122
<i>olanzapine odt</i>	57	<i>oseltamivir phosphate</i>	65
<i>olmesartan medoxomil</i>	78	<i>OSMOLEX ER</i>	52
<i>olmesartan</i>	89	<i>OSPHENA</i>	124
<i>medoxomil/hydrochlorothiazide</i>		<i>oxacillin sodium</i>	20
<i>olopatadine hcl</i>	143	<i>oxandrolone</i>	116
<i>olopatadine hydrochloride</i>	143	<i>oxaprozin</i>	10
<i>omega-3-acid ethyl esters</i>	93	<i>OXBRYTA</i>	75
<i>omeprazole</i>	110	<i>oxcarbazepine</i>	29
<i>omeprazole dr</i>	110	<i>OXLUMO</i>	141
OMNIPOD 5 G6 INTRO KIT (GEN 5)	141	<i>oxybutynin chloride</i>	113
OMNIPOD 5 G6 PODS (GEN 5)	141	<i>oxybutynin chloride er</i>	113
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	141	<i>oxycodone hydrochloride</i>	13
OMNIPOD CLASSIC PODS (GEN 3)	141	<i>oxycodone/acetaminophen</i>	13
OMNIPOD DASH INTRO KIT (GEN 4)	141	<i>OZEMPIC</i>	69
OMNIPOD DASH PDM KIT (GEN 4)	141	<i>pacerone</i>	80
OMNIPOD DASH PODS (GEN 4)	141	<i>paliperidone er</i>	58
<i>ondansetron hcl</i>	36	<i>PANRETIN</i>	51
<i>ondansetron hydrochloride</i>	37	<i>pantoprazole sodium</i>	110
		<i>pantoprazole sodium dr</i>	110
		<i>PANZYGA</i>	131
		<i>paricalcitol</i>	140
		<i>paroex</i>	99
		<i>paromomycin sulfate</i>	15

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>paroxetine hcl</i>	33	<i>pimozide</i>	55
<i>paroxetine hydrochloride</i>	34	<i>pimtrea</i>	122
PASER	40	<i>pindolol</i>	82
PAXLOVID	63	<i>pioglitazone hcl</i>	70
PAXLOVID	141	<i>pioglitazone hcl/metformin hcl</i>	70
PEDIARIX	137	<i>pioglitazone hydrochloride</i>	70
PEDVAX HIB	137	<i>piperacillin sodium/tazobactam</i>	21
<i>peg 3350/electrolytes</i>	108	<i>sodium</i>	
<i>peg-3350/electrolytes</i>	109	PIQRAY 200MG DAILY DOSE	48
<i>peg-3350/nacl/na bicarbonate/kcl</i>	109	PIQRAY 250MG DAILY DOSE	48
PEGANONE	29	PIQRAY 300MG DAILY DOSE	48
PEGASYS	133	<i>pirfenidone</i>	151
PEGASYS PROCLICK	133	<i>pirmella 1/35</i>	122
<i>pegylax</i>	107	<i>pirmella 7/7/7</i>	122
PEMAZYRE	43	<i>piroxicam</i>	10
<i>penicillamine</i>	114	PLEGRIDY	98
<i>penicillin g sodium</i>	20	PLEGRIDY STARTER PACK	98
<i>penicillin v potassium</i>	20	<i>plenamine</i>	105
PENTACEL	137	<i>podofilox</i>	103
<i>pentamidine isethionate</i>	52	<i>POLIVY</i>	50
<i>pentoxifylline er</i>	89	<i>polycin</i>	142
<i>perindopril erbumine</i>	79	<i>polyethylene glycol 3350</i>	107
<i>permethrin</i>	103	<i>polymyxin b sulfate(trimethoprim</i>	142
<i>perphenazine</i>	55	<i>sulfate</i>	
PERSERIS	58	<i>POMALYST</i>	41
<i>phenadoz</i>	36	<i>portia-28</i>	122
<i>phenelzine sulfate</i>	32	<i>posaconazole dr</i>	38
<i>phenobarbital</i>	27	<i>potassium chloride</i>	105
<i>phenytoin</i>	29	<i>potassium chloride er</i>	105
<i>phenytoin infatabs</i>	29	<i>potassium chloride sr</i>	105
<i>phenytoin sodium extended</i>	29	<i>potassium citrate er</i>	105
PHESGO	43	<i>PRALUENT</i>	93
<i>philith</i>	122	<i>pramipexole dihydrochloride</i>	53
PICATO	103	<i>prasugrel</i>	77
PIFELTRO	62	<i>pravastatin sodium</i>	92
<i>pilocarpine hcl</i>	145	<i>praziquantel</i>	51
<i>pilocarpine hydrochloride</i>	99	<i>prazosin hydrochloride</i>	77

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
PRED MILD	144	PROLIA	140
<i>prednisolone</i>	115	PROMACTA	75
<i>prednisolone acetate</i>	144	<i>promethazine hcl</i>	36
<i>prednisolone sodium phosphate</i>	115	<i>promethazine hcl plain</i>	36
<i>prednisone</i>	115	<i>promethazine hydrochloride</i>	36
<i>pregabalin</i>	97	<i>promethegan</i>	36
PREHEVBRIOL	137	<i>propafenone hcl</i>	80
PREMARIN	122	<i>propafenone hydrochloride er</i>	80
<i>premium lidocaine</i>	14	<i>propranolol hcl</i>	82
PREMPHASE	122	<i>propranolol hcl er</i>	82
PREMPRO	122	<i>propranolol hydrochloride</i>	83
<i>prenatal</i>	107	<i>propranolol hydrochloride er</i>	82
<i>prevalite</i>	93	<i>propylthiouracil</i>	129
<i>previfem</i>	122	PROQUAD	137
PREVYMIS	60	<i>protriptyline hcl</i>	35
PREZCOBIX	65	PULMOZYME	149
PREZISTA	65	PURIXAN	42
PRIFTIN	40	<i>pyrazinamide</i>	40
<i>primaquine phosphate</i>	52	<i>pyridostigmine bromide</i>	40
<i>primidone</i>	27	<i>pyrimethamine</i>	52
PRIORIX	137	PYRUKYND	76
PRIVIGEN	131	PYRUKYND TAPER PACK	76
PROAIR HFA	148	QINLOCK	42
PROAIR RESPICLICK	149	QUADRACEL	137
<i>probenecid</i>	38	<i>quetiapine fumarate</i>	32
<i>probenecid/colchicine</i>	38	<i>quetiapine fumarate</i>	58
<i>prochlorperazine</i>	36	<i>quetiapine fumarate er</i>	58
<i>prochlorperazine edisylate</i>	36	<i>quinapril hcl</i>	79
<i>prochlorperazine maleate</i>	36	<i>quinapril hydrochloride</i>	79
PROCERIT	75	<i>quinapril/hydrochlorothiazide</i>	89
<i>procto-med hc</i>	139	<i>quinidine sulfate</i>	80
<i>proctosol hc</i>	139	<i>quinine sulfate</i>	52
<i>proctozone-hc</i>	139	QVAR REDIHALER	147
<i>progesterone</i>	124	RABAVERT	137
PROGRAF	135	<i>rabeprazole sodium</i>	110
PROLASTIN-C	111	RADICAVA ORS	96
PROLENSA	144	RADICAVA ORS STARTER KIT	96

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>raloxifene hydrochloride</i>	124	<i>riluzole</i>	97
<i>ramelteon</i>	152	<i>rimantadine hydrochloride</i>	65
<i>ramipril</i>	79	RINVOQ	132
<i>ranolazine er</i>	89	<i>risedronate sodium</i>	140
<i>rasagiline mesylate</i>	54	<i>risedronate sodium dr</i>	140
RAYALDEE	140	RISPERDAL CONSTA	59
REBETOL	61	<i>risperidone</i>	59
REBIF	98	<i>risperidone odt</i>	59
REBIF REBIDOSE	98	<i>ritonavir</i>	65
REBIF REBIDOSE TITRATION PACK	98	<i>rivastigmine tartrate</i>	30
REBIF TITRATION PACK	98	<i>rivastigmine transdermal system</i>	30
RECOMBIVAX HB	137	<i>rivelsa</i>	122
RECTIV	109	<i>rizatriptan benzoate</i>	39
RELENZA DISKHALER	65	<i>rizatriptan benzoate odt</i>	39
RELISTOR	107	ROCKLATAN	143
REMICADE	135	ROMIDEPSIN	43
RENFLEXIS	135	<i>ropinirole er</i>	53
<i>repaglinide</i>	70	<i>ropinirole hcl</i>	53
REPATHA	93	<i>ropinirole hydrochloride</i>	53
REPATHA PUSHTRONEX SYSTEM	93	<i>rosadan</i>	100
REPATHA SURECLICK	93	<i>rosuvastatin calcium</i>	92
RESTASIS	142	ROTARIX	137
RESTASIS MULTIDOSE	142	ROTATEQ	138
RETACRIT	76	<i>roweepra</i>	25
RETEVMO	43	<i>roweepra xr</i>	25
RETROVIR IV INFUSION	63	ROZLYTREK	48
REVCovi	111	RUBRACA	48
REVLIMID	42	<i>rufinamide</i>	29
REXULTI	58	RUKOBIA	64
REYATAZ	65	RUXIENCE	50
REZUROCK	135	RYBELSUS	70
RHOPRESSA	145	RYBREVANT	50
<i>ribavirin</i>	61	RYDAPT	48
<i>rifabutin</i>	40	RYLAZE	43
<i>rifampin</i>	40	RYTARY	54
		<i>sajazir</i>	129
		SANDIMMUNE	136

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
SANTYL	103	<i>sodium phenylbutyrate</i>	111
SAPHNELO	132	<i>sodium polystyrene sulfonate</i>	106
<i>sapropterin dihydrochloride</i>	111	<i>sodium polystyrene sulfonate</i>	106
SARCLISA	50	SODIUM SULFATE/POTASSIUM	109
SAVELLA	97	SULFATE/MAGNESIUM	
SAVELLA TITRATION PACK	97	SULFATE	
SCEMBLIX	43	SOFOSBUVIR/VELPATASVIR	61
<i>scopolamine</i>	36	<i>solifenacin succinate</i>	113
SECUADO	59	SOLIQUA 100/33	70
<i>selegiline hcl</i>	54	SOLTAMOX	42
<i>selenium sulfide</i>	102	SOMATULINE DEPOT	128
SELZENTRY	64	SOMAVERT	128
SEREVENT DISKUS	149	<i>sorafenib</i>	48
<i>sertraline hcl</i>	34	<i>sorafenib tosylate</i>	48
<i>sertraline hydrochloride</i>	34	<i>sorine</i>	80
<i>setlakin</i>	123	<i>sotalol hcl</i>	81
<i>sevelamer carbonate</i>	106	<i>sotalol hydrochloride</i>	81
SFROWASA	138	<i>sotalol hydrochloride (af)</i>	81
<i>sharobel</i>	124	SPIRIVA HANDIHALER	148
SHINGRIX	138	SPIRIVA RESPIMAT	148
SIGNIFOR	128	<i>spironolactone</i>	90
SIGNIFOR LAR	128	<i>spironolactone/hydrochlorothiazide</i>	89
<i>sildenafil citrate</i>	150	SPRAVATO 56MG DOSE	32
<i>silodosin</i>	113	SPRAVATO 84MG DOSE	32
<i>silver sulfadiazine</i>	103	<i>sprintec 28</i>	123
SIMBRINZA	143	SPRITAM	25
<i>simliya</i>	123	SPRYCEL	48
<i>simpesse</i>	123	<i>sps</i>	107
<i>simvastatin</i>	92	<i>sronyx</i>	123
<i>sirolimus</i>	136	<i>ssd</i>	103
SIRTURO	40	STAMARIL	138
SKYRIZI	132	<i>stavudine</i>	63
SKYRIZI PEN	132	STELARA	132
SKYTROFA	116	STIMATE	116
<i>sodium chloride</i>	106	STIOLTO RESPIMAT	151
<i>sodium chloride 0.45%</i>	105	STIVARGA	48
<i>sodium chloride 0.9%</i>	141	STRENSIQ	111

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>streptomycin sulfate</i>	15	<i>tacrolimus</i>	102
STRIANT	117	<i>tacrolimus</i>	136
STRIBILD	62	<i>tadalafil</i>	113
<i>subvenite</i>	25	<i>tadalafil</i>	150
<i>subvenite starter kit/blue</i>	25	TAFINLAR	49
<i>subvenite starter kit/green</i>	25	TAGRISSO	49
<i>subvenite starter kit/orange</i>	25	TALZENNA	49
SUCRAID	112	<i>tamoxifen citrate</i>	42
SUCRALFATE	109	<i>tamsulosin hydrochloride</i>	114
<i>sulfacetamide sodium</i>	143	<i>tarina fe 1/20 eq</i>	123
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	143	TARPEYO	139
<i>sulfadiazine</i>	22	TASIGNA	49
<i>sulfamethoxazole/trimethoprim</i>	23	TAVALISSE	77
<i>sulfamethoxazole/trimethoprim ds</i>	23	TAVNEOS	141
<i>sulfasalazine</i>	139	<i>tazarotene</i>	100
<i>sulindac</i>	10	<i>tazicef</i>	19
SUMATRIPTAN	39	<i>taztia xt</i>	85
<i>sumatriptan succinate</i>	39	TAZVERIK	43
<i>sunitinib malate</i>	49	TDVAX	138
SUPPRELIN LA	128	TEFLARO	19
SUPREP BOWEL PREP KIT	109	TEGSEDI	112
SYLATRON	133	<i>telmisartan</i>	78
SYMBICORT	151	<i>telmisartan/hydrochlorothiazide</i>	89
SYMDEKO	149	temazepam	152
SYMLINPEN 120	70	TEMIXYS	63
SYMLINPEN 60	70	TENIVAC	138
SYMPAZAN	28	<i>tenofovir disoproxil fumarate</i>	63
SYMTUZA	65	TEPMETKO	49
SYNAGIS	131	<i>terazosin hcl</i>	77
SYNAREL	128	<i>terazosin hydrochloride</i>	77
SYNJARDY	70	<i>terbinafine hcl</i>	38
SYNJARDY XR	70	<i>terbutaline sulfate</i>	149
SYNRIBO	43	<i>terconazole</i>	38
SYNTROID	126	TERIPARATIDE	140
TABLOID	42	<i>testosterone</i>	117
TABRECTA	42	<i>testosterone cypionate</i>	117
		<i>testosterone enanthate</i>	117

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
TESTOSTERONE PUMP	117	<i>tobramycin</i>	149
TETANUS/DIPHTHERIA	138	<i>tobramycin sulfate</i>	15
TOXOIDS-ADSORBED ADULT		<i>tobramycin/dexamethasone</i>	143
<i>tetrabenazine</i>	97	<i>tolazamide</i>	70
<i>tetracycline hydrochloride</i>	23	<i>tolbutamide</i>	70
TEZSPIRE	152	<i>tolterodine tartrate</i>	113
THALOMID	42	<i>tolterodine tartrate er</i>	113
<i>theophylline er</i>	149	<i>topiramate</i>	26
THIOLA EC	114	<i>toremifene citrate</i>	42
<i>thioridazine hcl</i>	55	<i>torsemide</i>	90
<i>thiotepa</i>	41	TOUJEO MAX SOLOSTAR	73
<i>thiothixene</i>	55	TOUJEO SOLOSTAR	73
THYMOGLOBULIN	131	TRADJENTA	71
THYROLAR-1	126	<i>tramadol hcl</i>	13
THYROLAR-1/2	126	<i>tramadol hcl er</i>	11
THYROLAR-1/4	126	<i>tramadol</i>	13
THYROLAR-2	126	<i>hydrochloride/acetaminophen</i>	
THYROLAR-3	126	<i>trandolapril</i>	79
<i>tiadylt er</i>	85	<i>trandolapril/verapamil hcl er</i>	89
<i>tiagabine hydrochloride</i>	28	<i>tranexamic acid</i>	76
TIBSOVO	49	<i>tranylcypromine sulfate</i>	32
TICE BCG	44	TRAZIMERA	50
TICOVAC	138	<i>trazodone hydrochloride</i>	34
<i>timolol maleate</i>	39	TRECATOR	40
<i>timolol maleate</i>	144	TRELEGY ELLIPTA	152
<i>timolol maleate ophthalmic gel</i>	144	TRELSTAR MIXJECT	128
<i>forming</i>		TRESIBA	74
<i>tinidazole</i>	16	TRESIBA FLEXTOUCH	73
TIVDAK	50	<i>tretinoin</i>	51
TIVICAY	62	<i>tretinoin</i>	100
TIVICAY PD	62	<i>tri fenylnor</i>	123
<i>tizanidine hcl</i>	60	<i>triamcinolone acetonide</i>	102
<i>tizanidine hydrochloride</i>	60	<i>triamcinolone acetonide</i>	115
TOBI PODHALER	149	<i>triamcinolone acetonide dental paste</i>	99
TOBRADEX	143	<i>triamterene/hydrochlorothiazide</i>	90
TOBRADEX ST	143	<i>triderm</i>	102
<i>tobramycin</i>	143	<i>trientine hydrochloride</i>	106

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
<i>tri-estarrylla</i>	123	TYPHIM VI	138
<i>trifluoperazine hcl</i>	56	TYSABRI	98
<i>trifluoperazine hydrochloride</i>	56	UBRELVY	39
<i>trifluridine</i>	143	UDENYCA	76
<i>trihexyphenidyl hcl</i>	52	UKONIQ	49
<i>trihexyphenidyl hydrochloride</i>	52	<i>ulticare micro pen needles/32g x 5/32"</i>	141
TRIJARDY XR	71	<i>unifine pentips 32gx6mm</i>	141
TRIKAFTA	149	UNITHROID	126
<i>tri-linyah</i>	123	<i>urea</i>	103
<i>trilyte</i>	109	URSODIOL	109
<i>trimethoprim</i>	16	VABYSMO	143
<i>tri-mili</i>	123	<i>valacyclovir hcl</i>	66
<i>trimipramine maleate</i>	35	<i>valacyclovir hydrochloride</i>	66
<i>trinessa</i>	123	VALCHLOR	41
TRINTELLIX	34	<i>valganciclovir</i>	60
<i>tri-nymyo</i>	123	<i>valganciclovir hydrochloride</i>	60
<i>tri-previfem</i>	123	<i>valproic acid</i>	67
TRIPTODUR	128	<i>valsartan</i>	78
<i>tri-sprintec</i>	123	<i>valsartan/hydrochlorothiazide</i>	90
TRIUMEQ	64	VALTOCO	28
TRIUMEQ PD	63	<i>vancomycin hydrochloride</i>	16
<i>trivora-28</i>	123	VAQTA	138
<i>tri-vylibra</i>	123	<i>varenicline starting month box</i>	15
TRIZIVIR	64	<i>varenicline tartrate</i>	15
TRODELVY	50	VARIVAX	138
TROGARZO	64	<i>VARIZIG</i>	131
<i>trospium chloride</i>	113	VAXELIS	138
<i>trospium chloride er</i>	113	VELPHORO	106
TRULICITY	71	<i>veltassa</i>	107
TRUMENBA	138	VEMLIDY	61
TRUSELTIQ	44	VENCLEXTA	49
TUKYSA	44	<i>VENCLEXTA STARTING PACK</i>	49
<i>tulana</i>	124	<i>VENLAFAKINE BESYLATE ER</i>	34
TURALIO	49	<i>venlafaxine hcl er</i>	34
TWINRIX	138	<i>venlafaxine hydrochloride</i>	34
TYBOST	64	<i>venlafaxine hydrochloride er</i>	34
TYMLOS	140		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
VENTAVIS	150	VOXZOGO	141
<i>verapamil hcl</i>	86	VRAYLAR	59
<i>verapamil hcl er</i>	86	VUMERITY	98
<i>verapamil hcl sr</i>	86	<i>vyfemla</i>	123
<i>verapamil hydrochloride</i>	86	<i>vylibra</i>	123
<i>verapamil hydrochloride er</i>	86	VYNDAMAX	90
VERSACLOZ	60	VYVGART	142
VERZENIO	49	VYZULTA	145
V-GO 20	141	<i>warfarin sodium</i>	75
V-GO 30	141	WELIREG	50
V-GO 40	141	<i>wera</i>	123
<i>vicodin hp</i>	13	<i>wixela inhub</i>	152
VICTOZA	71	XALKORI	50
VIDEX EC	64	XARELTO	75
VIDEX PEDIATRIC	64	XARELTO STARTER PACK	75
<i>vienna</i>	123	XATMEP	136
<i>vigabatrin</i>	28	XCOPRI	26
<i>vigadron</i>	28	XELJANZ	133
VIIBRYD STARTER PACK	34	XELJANZ XR	133
VIJOICE	141	XEMBIFY	131
<i>vilazodone hydrochloride</i>	34	XENLETA	17
VIMIZIM	112	XERMELO	108
<i>viorele</i>	123	XGEVA	140
VIRACEPT	65	XIFAXAN	109
VIREAD	64	XIGDUO XR	71
VISTOGARD	141	IIDRA	143
VITRAKVI	49	XOFLUZA	65
VIVITROL	14	XOLAIR	133
VIZIMPRO	49	XOSPATA	50
VOCABRIA	62	XPOVIO	44
<i>volnea</i>	123	XPOVIO 100 MG ONCE WEEKLY	44
VONJO	44	XPOVIO 40 MG ONCE WEEKLY	44
VOQUEZNA DUAL PAK	17	XPOVIO 40 MG TWICE WEEKLY	44
VOQUEZNA TRIPLE PAK	17	XPOVIO 60 MG ONCE WEEKLY	44
<i>voriconazole</i>	38	XPOVIO 60 MG TWICE WEEKLY	44
VOSEVI	61	XPOVIO 80 MG ONCE WEEKLY	44
VOTRIENT	50	XPOVIO 80 MG TWICE WEEKLY	44

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

Drug Name	Page #	Drug Name	Page #
XTAMPZA ER	11	ZYNLONTA	51
XTANDI	41	ZYPREXA RELPREVV	59
XYREM	153		
YF-VAX	138		
YUPELRI	148		
<i>yuvafem</i>	123		
<i>zafirlukast</i>	147		
<i>zaleplon</i>	153		
ZARXIO	76		
ZEJULA	50		
ZELBORAF	50		
<i>zenatane</i>	100		
ZENPEP	112		
ZEPOSIA	98		
ZEPOSIA 7-DAY STARTER PACK	98		
ZEPOSIA STARTER KIT	98		
ZEPZELCA	41		
<i>zidovudine</i>	64		
<i>ziprasidone hcl</i>	59		
<i>ziprasidone mesylate</i>	59		
ZIRABEV	50		
ZIRGAN	143		
ZOKINVY	112		
ZOLADEX	128		
ZOLINZA	44		
<i>zolmitriptan</i>	39		
<i>zolpidem tartrate</i>	153		
<i>zolpidem tartrate er</i>	153		
<i>zonisamide</i>	29		
ZORBTIVE	109		
ZOSTAVAX	138		
<i>zovia 1/35</i>	123		
<i>zovia 1/35e</i>	123		
ZTALMY	97		
ZYDELIG	50		
ZYKADIA	50		
ZYLET	143		

Formulary ID: 23462, Version: 5, Effective Date: 01/01/2023

Last Updated: August 2022

This formulary was updated on 08/01/2022. For more recent information or other questions, please contact Farm Bureau Health Plans at 833-999-0103, TTY/TDD users should call 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at fbhp.com/Medicare-Advantage.

Farm Bureau Advantage, HMO, is a MAPD plan with a Medicare contract. Enrollment in Farm Bureau Advantage, HMO, depends on contract renewal.

H4863_FBTNCL23462_C