



P.O. Box 204
Columbia, TN 38402

Farm Bureau Advantage HMO

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24062, Version Number 18

This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Member Services at 1-833-999-0103. 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 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.fbhp.com/medicare-advantage.

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

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

What is the 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 the Medicare rules in making these changes.

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

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

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provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the 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 new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the 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 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 2024. To get updated information about the drugs covered by 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

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Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website at www.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 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 on page 9. 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 89. 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.

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- **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 60 per prescription for LYRICA. 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 that explain our prior authorization restriction prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that 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 them 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.

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How do I request an exception to the 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 lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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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 Farm Bureau Health Plans' formulary that begins on the next page 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 89.

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.

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

EA: Each.

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

PA: Prior Authorization. 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.

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tablet extended release</i>	3	NDS
<i>XTAMPZA ER</i>	3	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
<i>VIVITROL</i>	5	
Opioid Dependence		
<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</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
<i>NICOTROL NS</i>	4	QL(360 ML per 365 days)
<i>varenicline starting month</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<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>HUMATIN</i>	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
<i>Antibacterials, Other</i>		
<i>aztreonam</i>	4	
<i>clindacin etz pledges</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTO MYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrys</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefeprazone</i>	4	
<i>cefeprazone hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>ceftazidime</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	

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<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
<i>Carbapenems</i>		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
<i>Macrolides</i>		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr tablet delayed release</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>Quinolones</i>		
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	

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<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole(trimethoprim ds</i>	1	
<i>sulfamethoxazole(trimethoprim tablet</i>	1	
<i>sulfamethoxazole(trimethoprim suspension</i>	3	
Tetracyclines		
<i>demecclocycline hcl tablet</i>	4	
<i>demecclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>monodoxine nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
<i>BRIVIACT SOLUTION, TABLET</i>	5	PA NSO
<i>EPIDIOLEX</i>	5	PA NSO
<i>EPRONTIA</i>	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
<i>FINTEPLA</i>	5	PA NSO
<i>FYCOMPA SUSPENSION</i>	5	
<i>FYCOMPA TABLET 2MG</i>	4	
<i>FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG</i>	5	

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<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)

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DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA NSO
<i>vigadrone</i>	5	PA NSO
VIGAFYDE	5	PA NSO
<i>vigpoder</i>	5	PA NSO
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine suspension, tablet</i>	3	
<i>carbamazepine tablet chewable 100mg</i>	2	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	

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<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<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, 50mg</i>	2	QL(30 EA per 30 days)

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

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<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D

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<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	

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<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
Prophylactic		
<i>AIMOVIG INJECTION 140MG/ML</i>	4	QL(1 ML per 28 days); PA
<i>AIMOVIG INJECTION 70MG/ML</i>	4	QL(2 ML per 28 days); PA
<i>EMGALITY INJECTION 120MG/ML</i>	4	QL(2 ML per 28 days); PA
<i>EMGALITY INJECTION 100MG/ML</i>	5	QL(3 ML per 28 days); PA
<i>NURTEC</i>	5	QL(18 EA per 30 days); PA
<i>QULIPTA</i>	5	QL(30 EA per 30 days); PA
<i>UBRELVY</i>	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>GUANIDINE HCL</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		

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<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
<i>Antiangiogenic Agents</i>		

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

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Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE	5	PA NSO
KRAZATI	5	PA NSO
LAZCLUZE TABLET 240MG	5	PA NSO
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
LONSURF	5	PA NSO
LUMAKRAS	5	PA NSO
LYTGOBI	5	PA NSO
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONUREG	5	PA NSO
ORSERDU	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PHESGO	5	PA NSO
RETEVMO CAPSULE	5	PA NSO
RETEVMO TABLET 120MG, 160MG	5	PA NSO
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SYNRIBO	5	
TAZVERIK	5	PA NSO
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
VONJO	5	PA NSO
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZOLINZA	5	PA NSO
<i>Antineoplastics</i>		
OPDUALAG	5	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
COTELLIC	5	PA NSO
<i>dasatinib</i>	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO

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

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TIBSOVO	5	PA NSO
<i>torpenz</i>	5	QL(30 EA per 30 days); PA NSO
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
VORANIGO TABLET 40MG	5	PA NSO
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TEVIMBRA	5	PA NSO
TRAZIMERA	5	PA NSO
<i>Retinoids</i>		
<i>bexarotene</i>	5	PA NSO

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN	5	
<i>tretinooin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
KYNMOBI	5	QL(150 EA per 30 days); PA
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid		
Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</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 tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDÉ SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	

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<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
<i>Anti-influenza Agents</i>		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
<i>Antitherapeutic 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, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)

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

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<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)

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<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRI ^T INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRI ^T INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		

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<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinididine sulfate tablet</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	

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diltiazem hcl er tablet extended release 24 hour 420mg	4	
diltiazem hcl tablet 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er capsule extended release 24 hour	2	
diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	4	
diltiazem hydrochloride tablet 120mg	2	
matzim la	4	
taztia xt	2	
tiadylt er	2	
verapamil hcl er tablet extended release 120mg, 240mg	2	
verapamil hcl sr capsule extended release 24 hour	3	
verapamil hcl tablet 40mg, 80mg	1	
verapamil hydrochloride er tablet extended release 180mg	2	
verapamil hydrochloride tablet 120mg	1	
Cardiovascular Agents, Other		
acetazolamide	3	
aliskiren	2	
amiloride/hydrochlorothiazide	2	
amlodipine besylate/benazepril hydrochloride	1	
amlodipine besylate/valsartan	1	
amlodipine/olmesartan medoxomil	2	
atenolol/chlorthalidone	2	
benazepril hydrochloride/hydrochlorothiazide	1	
bisoprolol fumarate/hydrochlorothiazide	2	
candesartan cilexetil/hydrochlorothiazide	1	
captopril/hydrochlorothiazide	2	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
EDARBYCLOR	4	
enalapril maleate/hydrochlorothiazide	1	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)

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<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days); PA
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>torsemide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	

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<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>LIVALO</i>	4	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium tablet</i>	1	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
<i>NEXLETOL</i>	4	QL(30 EA per 30 days); PA
<i>NEXLIZET</i>	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
<i>PRALUENT</i>	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
<i>REPATHA</i>	3	QL(3 ML per 28 days); PA
<i>REPATHA PUSHTRONEX SYSTEM</i>	3	QL(7 ML per 28 days); PA
<i>REPATHA SURECLICK</i>	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		

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<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 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 5mg</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
<i>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</i>		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</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 tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>Central Nervous System, Other</i>		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
COBENFY	5	QL(60 EA per 30 days); PA NSO
COBENFY STARTER PACK	5	QL(112 EA per 365 days); PA NSO
INGREZZA CAPSULE SPRINKLE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
<i>Fibromyalgia Agents</i>		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
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, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
OCREVUS ZUNOVO	5	QL(23 ML per 168 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERTY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>KEPIVANCE</i>	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
ACCUTANE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream 0.1%</i>	4	
<i>tretinoi cream 0.025%</i>	2	PA
<i>tretinoi cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ALA-CORT CREAM 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</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	

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Drug Name	Drug Tier	Requirements/Limits
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>selenium sulfide</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<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</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

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Drug Name	Drug Tier	Requirements/Limits
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, 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
<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-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</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	4	
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</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	

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<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350-nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
Proton Pump Inhibitors		
DEXILANT	4	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
<i>l-glutamine</i>	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
REVCovi	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	5	PA
VIMIZIM	5	PA
yargesa	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacain succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	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 tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH)	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimies</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethynodiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethynodiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethynodiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethynodiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri-femynor</i>	3	
<i>tri-estarrylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienna</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylitra</i>	3	

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<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
<i>Progestins</i>		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA NSO
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
<i>Selective Estrogen Receptor Modifying Agents</i>		
<i>OSPHENA</i>	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA

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Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
Immunoglobulins		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
Immunological Agents, Other		
ADBRY INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(6 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA

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

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D

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<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIOS	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	

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

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Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tablet 30mg, 5mg	4	
risedronate sodium tablet 150mg	4	QL(1 EA per 28 days)
risedronate sodium tablet 35mg	4	QL(4 EA per 28 days)
teriparatide	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
AUGTYRO CAPSULE 40MG	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA NSO
LAGEVRIO	3	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
NUTRILIPID	2	B/D
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate(trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
<i>Ophthalmic Anti-Infectives</i>		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
<i>Ophthalmic Anti-inflammatories</i>		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	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</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents,</i>		
<i>Other</i>		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>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	3	QL(21.2 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>ciproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	

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<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
<i>ATROVENT HFA</i>	4	QL(25.8 GM per 30 days)
<i>INCRUSE ELLIPTA</i>	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
<i>LONHALA MAGNAIR REFILL KIT</i>	5	QL(60 ML per 30 days)
<i>SPIRIVA HANDIHALER</i>	3	QL(30 EA per 30 days)
<i>SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT</i>	3	
<i>SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT</i>	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
<i>YUPELRI</i>	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 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(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	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		
roflumilast	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	QL(90 EA per 30 days); PA
alyq	4	QL(60 EA per 30 days); PA
ambrisentan	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA	3	QL(24 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inh</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	4	QL(30 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

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<i>abacavir sulfate/lamivudine</i>	37
<i>abacavir sulfate/lamivudine/zidovudine</i>	37
<i>ABELCET</i>	23
<i>ABILIFY MAINTENA</i>	34
<i>abiraterone acetate</i>	25
<i>ABRYSVO</i>	77
<i>acamprosate calcium dr</i>	11
<i>acarbose</i>	40
<i>ACCUTANE</i>	54
<i>acebutolol hcl</i>	46
<i>acebutolol hydrochloride</i>	47
<i>acetaminophen/codeine</i>	10
<i>acetazolamide</i>	48
<i>acetazolamide er</i>	83
<i>acetic acid</i>	84
<i>acetic acid 0.25%</i>	64
<i>acitretin</i>	55
<i>ACTHIB</i>	77
<i>ACTIMMUNE</i>	75
<i>acyclovir</i>	39
<i>acyclovir</i>	57
<i>acyclovir sodium</i>	39
<i>ADACEL</i>	77
<i>ADBRY</i>	73
<i>adefovir dipivoxil</i>	36
<i>ADEMPAS</i>	86
<i>ADTHYZA</i>	71
<i>ADVAIR HFA</i>	87
<i>afirmelle</i>	65
<i>AIMOVIG</i>	24
<i>AKEEGA</i>	26
<i>ALA-CORT</i>	55
<i>albendazole</i>	32
<i>albuterol sulfate</i>	85
<i>albuterol sulfate er</i>	85
<i>albuterol sulfate hfa</i>	85
<i>alclometasone dipropionate</i>	55
<i>ALCOHOL PREP PADS</i>	80
<i>ALDURAZYME</i>	62
<i>ALECENSA</i>	28
<i>alendronate sodium</i>	79
<i>alfuzosin hcl er</i>	63
<i>ALINIA</i>	32
<i>aliskiren</i>	48
<i>allopurinol</i>	24
<i>alosetron hydrochloride</i>	60
<i>ALPHAGAN P</i>	83
<i>alprazolam</i>	40
<i>altavera</i>	65
<i>ALUNBRIG</i>	28
<i>alyacen 1/35</i>	65
<i>alyacen 7/7/7</i>	65
<i>alyq</i>	86
<i>amabelz</i>	65
<i>amantadine hcl</i>	39
<i>ambrisentan</i>	86
<i>amethia</i>	65
<i>amethia lo</i>	65
<i>amethyst</i>	65
<i>amikacin sulfate</i>	12
<i>amiloride hcl</i>	49
<i>amiloride/hydrochlorothiazide</i>	48
<i>AMINOSYN II</i>	58
<i>AMINOSYN-PF</i>	58
<i>amiodarone hydrochloride</i>	46
<i>amitriptyline hcl</i>	21
<i>amitriptyline hydrochloride</i>	21
<i>amlodipine besylate</i>	47

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<i>amlodipine besylate/benazepril hydrochloride</i>	48	ASMANEX TWISTHALER	120
<i>amlodipine besylate/valsartan</i>	48	METERED DOSES	84
<i>amlodipine/olmesartan medoxomil ammonium lactate</i>	48	ASMANEX TWISTHALER	14
<i>amnesteem</i>	55	METERED DOSES	84
<i>amoxapine</i>	22	ASMANEX TWISTHALER	30
<i>amoxicillin</i>	14	METERED DOSES	84
<i>amoxicillin/clavulanate potassium</i>	14	ASMANEX TWISTHALER	60
<i>amoxicillin/clavulanate potassium er</i>	14	METERED DOSES	84
<i>amphetamine/dextroamphetamine</i>	51	ASMANEX TWISTHALER	7
<i>amphotericin b</i>	23	METERED DOSES	84
<i>amphotericin b liposome</i>	23	aspirin/dipyridamole	45
<i>ampicillin</i>	14	aspirin/dipyridamole er	45
<i>ampicillin sodium</i>	14	ASTAGRAF XL	75
<i>ampicillin/sulbactam</i>	14	<i>atazanavir</i>	39
<i>ampicillin-sulbactam</i>	14	<i>atazanavir sulfate</i>	39
<i>anagrelide hydrochloride</i>	44	<i>atenolol</i>	47
<i>anastrozole</i>	28	<i>atenolol/chlorthalidone</i>	48
ANORO ELLIPTA	87	<i>atomoxetine</i>	52
<i>aprepitant</i>	22	<i>atomoxetine hydrochloride</i>	52
APTIOM	18	<i>atorvastatin calcium</i>	50
APTIVUS	39	<i>atovaquone</i>	32
AREXVY	77	<i>atovaquone/proguanil hcl</i>	32
<i>arformoterol tartrate</i>	85	<i>atropine sulfate</i>	81
<i>ariPIPrazole</i>	34	ATROVENT HFA	85
<i>ariPIPrazole odt</i>	34	<i>aubra eq</i>	65
ARISTADA	34	AUGMENTIN	14
ARISTADA INITIO	34	AUGTYRO	80
<i>armodafinil</i>	88	<i>aurovela 1.5/30</i>	65
ARMOUR THYROID	71	<i>aurovela 1/20</i>	65
ARNUITY ELLIPTA	84	<i>aurovela fe 1.5/30</i>	65
ASCENIV	73	<i>aurovela fe 1/20</i>	65
<i>asenapine maleate sl</i>	34	AUSTEDO	52
<i>ashlyna</i>	65	AUSTEDO XR	52
ASMANEX HFA	84	AUSTEDO XR PATIENT TITRATION KIT	52
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AVONEX	53	<i>bekyree</i>	66
AVONEX PEN	53	BELSOMRA	88
<i>ayuna</i>	65	<i>benazepril hcl</i>	46
AYVAKIT	28	<i>benazepril hydrochloride</i>	46
<i>azathioprine</i>	75	<i>benazepril</i>	48
<i>azelaic acid</i>	55	<i>hydrochloride/hydrochlorothiazide</i>	
<i>azelastine hcl</i>	82	BENLYSTA	74
<i>azelastine hcl</i>	84	<i>benznidazole</i>	32
<i>azelastine hydrochloride</i>	84	<i>benztropine mesylate</i>	32
<i>azithromycin</i>	15	BESIVANCE	82
<i>aztreonam</i>	12	<i>BESREMI</i>	26
<i>azurette</i>	65	<i>betaine anhydrous</i>	62
<i>bacitracin</i>	82	<i>betamethasone dipropionate</i>	55
<i>bacitracin/polymyxin b</i>	81	<i>betamethasone dipropionate</i>	55
<i>baclofen</i>	36	<i>augmented</i>	
BACTROBAN NASAL	57	<i>betamethasone valerate</i>	55
BAFIERTAM	53	BETASERON	53
<i>balsalazide disodium</i>	79	<i>betaxolol hcl</i>	47
BALVERSA	28	<i>betaxolol hcl</i>	83
<i>balziva</i>	66	<i>bethanechol chloride</i>	64
BAQSIMI ONE PACK	42	<i>bexarotene</i>	31
BAQSIMI TWO PACK	42	BEXZERO	77
BARACLUDE	36	<i>bicalutamide</i>	25
<i>bcg vaccine</i>	77	BICILLIN L-A	14
BD INSULIN SYRINGE	80	BIKTARVY	36
SAFETYGLIDE/1ML/29G X 1/2"		<i>bisoprolol fumarate</i>	47
B-D INSULIN SYRINGE	80	<i>bisoprolol</i>	48
ULTRAFINE II/0.3ML/31G X 5/16"		<i>fumarate/hydrochlorothiazide</i>	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	80	BIVIGAM	73
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	80	<i>blisovife 1.5/30</i>	66
BD PEN	80	<i>blisovife 1/20</i>	66
NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM		BOOSTRIX	77
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BREZTRI AEROSPHERE	84	calcitonin-salmon	79
<i>briellyn</i>	66	<i>calcitriol</i>	79
BRILINTA	45	<i>calcium acetate</i>	59
BRIMONIDINE TARTRATE	83	CALQUENCE	28
<i>brimonidine tartrate/timolol maleate</i>	81	<i>camila</i>	70
<i>brinzolamide</i>	83	<i>camrese</i>	66
BRIVIACT	16	<i>camrese lo</i>	66
<i>bromfenac sodium</i>	83	<i>candesartan cilexetil</i>	45
<i>bromocriptine mesylate</i>	32	<i>candesartan</i>	48
BRONCHITOL	87	<i>cilexetil/hydrochlorothiazide</i>	
BRUKINSA	28	CAPLYTA	34
<i>budesonide</i>	79	CAPRELSA	28
<i>budesonide</i>	84	<i>captopril</i>	46
<i>budesonide er</i>	79	<i>captopril/hydrochlorothiazide</i>	48
<i>bumetanide</i>	49	<i>carbamazepine</i>	18
<i>buprenorphine</i>	9	<i>carbamazepine er</i>	18
<i>buprenorphine hcl</i>	11	<i>carbidopa</i>	33
<i>buprenorphine hcl/naloxone hcl</i>	11	<i>carbidopa/levodopa</i>	33
<i>buprenorphine</i>	11	<i>carbidopa/levodopa er</i>	33
<i>hydrochloride/naloxone</i>		<i>carbidopa/levodopa odt</i>	33
<i>hydrochloride</i>		<i>carglumic acid</i>	58
<i>bupropion hcl</i>	20	<i>carteolol hcl</i>	83
<i>bupropion hydrochloride</i>	20	<i>cartia xt</i>	47
<i>bupropion hydrochloride er (sr)</i>	12	<i>carvedilol</i>	47
<i>bupropion hydrochloride er (sr)</i>	20	caspofungin acetate	23
<i>bupropion hydrochloride er (xl)</i>	20	CAYSTON	86
<i>buspirone hcl</i>	40	cefaclor	13
<i>buspirone hydrochloride</i>	40	cefadroxil	13
butalbital/acetaminophen/caffeine	53	CEFAZOLIN	13
BYDUREON BCISE	40	cefazolin sodium	13
BYETTA	40	cefdinir	13
CABENUVA	37	cefepime	13
<i>cabergoline</i>	72	<i>cefepime hydrochloride</i>	13
CABLIVI	45	cefixime	13
CABOMETYX	28	<i>cefotaxime sodium</i>	13

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<i>cefoxitin sodium</i>	13	<i>ciprofloxacin hydrochloride</i>	15
<i>cefpodoxime proxetil</i>	13	<i>ciprofloxacin hydrochloride</i>	82
<i>ceprozil</i>	13	<i>ciprofloxacin i.v.-in d5w</i>	15
<i>ceftazidime</i>	14	<i>ciprofloxacin/dexamethasone</i>	84
<i>ceftazidime/dextrose</i>	13	<i>cisplatin</i>	25
<i>ceftriaxone sodium</i>	14	<i>citalopram hydrobromide</i>	20
<i>cefuroxime axetil</i>	14	<i>claravis</i>	55
<i>cefuroxime sodium</i>	14	<i>clarithromycin</i>	15
<i>celecoxib</i>	9	<i>clarithromycin er</i>	15
<i>cephalexin</i>	14	<i>CLENPIQ</i>	60
CERDELGA	62	CLIMARA PRO	66
<i>chateal</i>	66	<i>clindacin etz pledges</i>	12
<i>chateal eq</i>	66	<i>clindamycin hcl</i>	12
CHEMET	59	<i>clindamycin hydrochloride</i>	12
<i>chlorhexidine gluconate</i>	54	<i>clindamycin palmitate hydrochloride</i>	12
<i>chloroquine phosphate</i>	32	<i>clindamycin phosphate</i>	12
<i>chlorothiazide</i>	49	<i>clindamycin phosphate</i>	57
<i>chlorpromazine hcl</i>	33	<i>clobazam</i>	17
<i>chlorpromazine hydrochloride</i>	33	<i>clobetasol propionate</i>	55
<i>chlorthalidone</i>	49	<i>clobetasol propionate e</i>	55
CHOLBAM	62	<i>clomipramine hydrochloride</i>	22
<i>cholestyramine</i>	50	<i>clonazepam</i>	17
<i>cholestyramine light</i>	50	<i>clonazepam odt</i>	17
<i>ciclodan</i>	57	<i>clonidine</i>	45
<i>ciclopirox</i>	57	<i>clonidine hydrochloride</i>	45
<i>ciclopirox nail lacquer</i>	57	<i>clopidogrel</i>	45
<i>ciclopirox olamine</i>	57	<i>clorazepate dipotassium</i>	40
<i>cidofovir</i>	36	<i>clotrimazole</i>	23
<i>cilostazol</i>	45	<i>clotrimazole/betamethasone</i>	56
CIMDUO	37	<i>dipropionate</i>	
<i>cinacalcet hydrochloride</i>	79	CLOVIQUE	59
CINRYZE	73	<i>clozapine</i>	36
CIPRO	15	<i>clozapine odt</i>	35
<i>ciprofloxacin</i>	15	COARTEM	32
<i>ciprofloxacin</i>	84	COBENFY	53

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<i>colesevelam hydrochloride</i>	50	CYLTEZO STARTER PACKAGE	75
<i>colestipol hcl</i>	50	FOR CROHNS DISEASE/UC/HS	
<i>colistimethate sodium</i>	12	CYLTEZO STARTER PACKAGE	75
<i>colocort</i>	79	FOR PSORIASIS	
COLUMVI	26	CYLTEZO STARTER PACKAGE	75
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COMBIVENT RESPIMAT	87	<i>ciproheptadine hydrochloride</i>	84
COMETRIQ	28	CYSTAGON	62
COMPLERA	37	CYSTARAN	81
<i>compro</i>	22	<i>dalfampridine er</i>	53
<i>constulose</i>	60	<i>danazol</i>	65
COPIKTRA	28	<i>dantrolene sodium</i>	36
CORLANOR	48	<i>dapsone</i>	25
<i>cortisone acetate</i>	64	DAPTACEL	77
COSENTYX	74	<i>daptomycin</i>	12
COSENTYX SENSOREADY PEN	74	DAPTOMYCIN/SODIUM	12
COSENTYX UNOREADY	74	CHLORIDE	
COTELLIC	29	<i>darunavir</i>	39
CREON	62	DARZALEX FASPRO	31
<i>cromolyn sodium</i>	62	<i>dasatinib</i>	29
<i>cromolyn sodium</i>	82	<i>dasetta 1/35</i>	66
<i>cromolyn sodium</i>	86	<i>dasetta 7/7/7</i>	66
<i>cryselle-28</i>	66	DAURISMO	29
CURITY GAUZE PADS 2"X2" 12	80	<i>daysee</i>	66
PLY		<i>deblitane</i>	70
CUTAQUIG	73	<i>deferasirox</i>	59
CUVITRU	73	DELSTRIGO	37
<i>cyclafem 1/35</i>	66	<i>delyla</i>	66
<i>cyclafem 7/7/7</i>	66	<i>demeclercycline hcl</i>	16
<i>cyclobenzaprine hydrochloride</i>	87	<i>demeclercycline hydrochloride</i>	16
<i>cyclophosphamide</i>	25	DENGVAXIA	77
<i>cycloserine</i>	25	DEPO-PROVERA	70
<i>cyclosporine</i>	75	DEPO-SUBQ PROVERA 104	70
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<i>desmopressin acetate</i>	64	<i>diltiazem hcl cd</i>	47
<i>desogestrel/ethinyl estradiol</i>	66	<i>diltiazem hcl er</i>	47
<i>desonide</i>	55	<i>diltiazem hydrochloride</i>	48
<i>desoximetasone</i>	55	<i>diltiazem hydrochloride er</i>	48
<i>desvenlafaxine er</i>	20	<i>dilt-xr</i>	47
<i>dexamethasone</i>	64	<i>dimethyl fumarate</i>	53
<i>dexamethasone sodium phosphate</i>	83	<i>dimethyl fumarate starterpack</i>	53
<i>DEXILANT</i>	61	<i>diphenhydramine hcl</i>	84
<i>dexlansoprazole</i>	61	<i>diphenhydramine hydrochloride</i>	84
<i>dextroamphetamine sulfate</i>	52	<i>diphenoxylate hydrochloride/atropine sulfate</i>	60
<i>dextroamphetamine sulfate er</i>	51	<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	77
<i>dextrose 5%</i>	58	<i>disulfiram</i>	11
<i>dextrose 5%/sodium chloride 0.45%</i>	58	<i>divalproex sodium</i>	18
<i>dextrose 5%/sodium chloride 0.9%</i>	58	<i>divalproex sodium dr</i>	18
<i>DIACOMIT</i>	18	<i>divalproex sodium er</i>	18
<i>diazepam</i>	40	<i>dofetilide</i>	46
<i>diazepam intensol</i>	40	<i>dolishale</i>	66
<i>diazepam rectal gel</i>	18	<i>donepezil hcl</i>	19
<i>diazoxide</i>	42	<i>donepezil hydrochloride</i>	19
<i>diclofenac potassium</i>	9	<i>DOPTELET</i>	45
<i>diclofenac sodium</i>	9	<i>dorzolamide hcl/timolol maleate</i>	81
<i>diclofenac sodium</i>	56	<i>dorzolamide hydrochloride</i>	83
<i>diclofenac sodium</i>	83	<i>DOTTI</i>	66
<i>diclofenac sodium dr</i>	9	<i>DOVATO</i>	37
<i>diclofenac sodium er</i>	9	<i>doxazosin mesylate</i>	63
<i>dicloxacillin sodium</i>	14	<i>doxepin hcl</i>	22
<i>dicyclomine hcl</i>	60	<i>doxepin hydrochloride</i>	22
<i>dicyclomine hydrochloride</i>	60	<i>doxy 100</i>	16
<i>DIFCID</i>	15	<i>doxycycline</i>	16
<i>diflunisal</i>	9	<i>doxycycline hyclate</i>	16
<i>digitek</i>	46	<i>doxycycline hyclate</i>	54
<i>digox</i>	46	<i>doxycycline monohydrate</i>	16
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DRIZALMA SPRINKLE	21	<i>emtricitabine/tenofovir disoproxil fumarate</i>	38
<i>dronabinol</i>	22	EMTRIVA	38
DROXIA	26	<i>emzahh</i>	70
<i>droxidopa</i>	45	<i>enalapril maleate</i>	46
DULERA	87	<i>enalapril</i>	48
<i>duloxetine hydrochloride</i>	21	<i>maleate/hydrochlorothiazide</i>	
DUPIXENT	74	ENBREL	75
<i>dutasteride</i>	63	ENBREL MINI	75
<i>dutasteride/tamsulosin hydrochloride</i>	63	ENBREL SURECLICK	75
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	80	ENDARI	62
<i>ec-naproxen</i>	9	<i>endocet</i>	10
<i>econazole nitrate</i>	23	ENGERIX-B	77
EDARBI	45	<i>enilloring</i>	66
EDARBYCLOR	48	ENJAYMO	74
EDURANT	37	<i>enoxaparin sodium</i>	44
<i>efavirenz</i>	37	<i>enpresse-28</i>	66
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	37	<i>entacapone</i>	32
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	37	<i>entecavir</i>	36
<i>effer-k</i>	58	ENTRESTO	48
ELAPRASE	62	<i>enulose</i>	60
<i>elinest</i>	66	ENVARSUS XR	75
ELIQUIS	43	EPIDIOLEX	16
ELIQUIS STARTER PACK	43	<i>epinephrine</i>	49
ELLA	80	<i>epinephrine</i>	85
ELMIRON	64	<i>epitol</i>	18
<i>eluryng</i>	66	EPKINLY	26
EMCYT	26	<i>eplerenone</i>	49
EMGALITY	24	<i>epoprostenol sodium</i>	86
EMPAVELI	74	EPONTIA	16
EMSAM	20	<i>ergoloid mesylates</i>	19
<i>emtricitabine</i>	37	<i>ergotamine tartrate/caffeine</i>	24
<i>emtricitabine/tenofovir disoproxil</i>	38	ERIVEDGE	29
		ERLEADA	25
		<i>erlotinib hydrochloride</i>	29
		<i>errin</i>	70

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<i>ertapenem</i>	15	FANAPT TITRATION PACK	34
<i>ertapenem sodium</i>	15	FARXIGA	40
<i>ery</i>	57	FARYDAK	29
<i>erythromycin</i>	57	FASENRA	87
<i>erythromycin</i>	82	FASENRA PEN	87
<i>erythromycin dr</i>	15	<i>fayosim</i>	67
<i>erythromycin ethylsuccinate</i>	15	<i>febuxostat</i>	24
<i>erythromycin/benzoyl peroxide</i>	55	<i>felbamate</i>	16
<i>escitalopram oxalate</i>	21	<i>felodipine er</i>	47
<i>esomeprazole magnesium</i>	61	<i>femynor</i>	67
<i>estarrylla</i>	66	<i>fenofibrate</i>	50
<i>estradiol</i>	66	<i>fenofibrate micronized</i>	50
<i>estradiol/norethindrone acetate</i>	66	<i>fenofibric acid dr</i>	50
ESTRING	66	<i>fentanyl</i>	9
<i>eszopiclone</i>	88	<i>fentanyl citrate oral transmucosal</i>	10
<i>ethambutol hydrochloride</i>	25	FETZIMA	21
<i>ethosuximide</i>	17	FETZIMA TITRATION PACK	21
<i>ethynodiol diacetate/ethinyl estradiol</i>	66	FINACEA	55
<i>etodolac</i>	9	<i>finasteride</i>	63
<i>etonogestrel/ethinyl estradiol</i>	66	<i> fingolimod hydrochloride</i>	53
<i>etravirine</i>	37	FINTEPLA	16
EUCRISA	56	FIRMAGON	72
EUTHYROX	71	FLAREX	83
<i>everolimus</i>	29	<i>flecainide acetate</i>	46
<i>everolimus</i>	75	<i>fluconazole</i>	23
EVOTAZ	39	<i>fluconazole in dextrose</i>	23
EVRYSDI	62	<i>fluconazole in sodium chloride</i>	23
<i>exemestane</i>	28	<i>flucytosine</i>	23
EXKIVITY	29	<i>fludrocortisone acetate</i>	64
<i>ezetimibe</i>	50	<i>flunisolide</i>	84
<i>ezetimibe/simvastatin</i>	50	<i>fluocinolone acetonide</i>	56
FABRAZYME	62	<i>fluocinolone acetonide body</i>	56
<i>falmina</i>	66	<i>fluocinolone acetonide scalp</i>	56
<i>famciclovir</i>	39	<i>fluocinolone acetonide topical</i>	56
<i>famotidine</i>	61	<i>fluocinonide</i>	56
FANAPT	34	<i>fluorometholone</i>	83

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<i>fluorouracil</i>	56	GAMUNEX-C	73
<i>fluoxetine hydrochloride</i>	21	<i>ganciclovir</i>	36
<i>fluphenazine decanoate</i>	33	GARDASIL 9	77
<i>fluphenazine hcl</i>	33	<i>gatifloxacin</i>	82
<i>fluphenazine hydrochloride</i>	33	<i>gavilyte-c</i>	60
<i>flurbiprofen</i>	9	<i>gavilyte-g</i>	60
<i>flurbiprofen sodium</i>	83	<i>gavilyte-h</i>	61
<i>flutamide</i>	25	<i>gavilyte-n/flavor pack</i>	61
<i>fluticasone propionate</i>	56	GAVRETO	26
<i>fluticasone propionate</i>	84	<i>gefitinib</i>	29
<i>fluticasone propionate/salmeterol</i>	87	GELNIQUE PUMP	63
<i>fluticasone propionate/salmeterol diskus</i>	87	<i>gemfibrozil</i>	50
<i>fluvastatin</i>	50	GEMTESA	63
<i>fluvastatin sodium er</i>	50	<i>generlac</i>	60
<i>fluvoxamine maleate</i>	21	<i>genograf</i>	75
<i>fondaparinux sodium</i>	44	GENOTROPIN	64
<i>formoterol fumarate</i>	85	GENOTROPIN MINIQUICK	64
FORTEO	79	<i>gentak</i>	82
<i>fosamprenavir calcium</i>	39	<i>gentamicin sulfate</i>	12
<i>fosinopril sodium</i>	46	<i>gentamicin sulfate</i>	82
<i>fosinopril sodium/hydrochlorothiazide</i>	49	<i>gentamicin sulfate pediatric</i>	12
FOTIVDA	26	GENVOYA	37
FRAGMIN	44	GILOTrif	29
FRUZAQLA	29	<i>glatiramer acetate</i>	53
<i>furosemide</i>	49	GLEOSTINE	25
FUZEON	38	<i>glimepiride</i>	40
FYAVOLV	67	<i>glipizide</i>	41
FYCOMPA	16	<i>glipizide er</i>	41
<i>gabapentin</i>	18	<i>glipizide xl</i>	41
<i>galantamine hydrobromide</i>	19	<i>glipizide/metformin hydrochloride</i>	41
<i>galantamine hydrobromide er</i>	19	GLUCAGEN HYPOKIT	42
<i>gallifrey</i>	70	<i>glucagon emergency kit</i>	42
GAMASTAN	73	GLUCAGON EMERGENCY KIT	42
GAMMAKED	73	FOR LOW BLOOD SUGAR	
		<i>glyburide</i>	41
		<i>glyburide/metformin hydrochloride</i>	41

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<i>glycopyrrrolate</i>	60	HUMIRA PEDIATRIC CROHNS	75
GLYXAMBI	41	DISEASE STARTER PACK	
<i>griseofulvin microsize</i>	23	HUMIRA PEN	76
<i>griseofulvin ultramicrosize</i>	23	HUMIRA PEN-CD/UC/HS	76
<i>guanfacine hydrochloride</i>	45	STARTER	
<i>guanfacine hydrochloride er</i>	52	HUMIRA PEN-PEDIATRIC UC	76
GUANIDINE HCL	24	STARTER PACK	
GVOKE HYPOPEN 1-PACK	42	HUMIRA PEN-PS/UV STARTER	76
GVOKE HYPOPEN 2-PACK	42	HUMULIN 70/30	42
GVOKE KIT	42	HUMULIN 70/30 KWIKPEN	42
GVOKE PFS	42	HUMULIN N	42
<i>hailey 1.5/30</i>	67	HUMULIN N KWIKPEN	42
<i>hailey fe 1.5/30</i>	67	HUMULIN R	42
<i>hailey fe 1/20</i>	67	HUMULIN R U-500	42
<i>halobetasol propionate</i>	56	(CONCENTRATED)	
<i>haloette</i>	67	HUMULIN R U-500 KWIKPEN	42
<i>haloperidol</i>	33	<i>hydralazine hcl</i>	51
<i>haloperidol decanoate</i>	33	<i>hydralazine hydrochloride</i>	51
<i>haloperidol lactate</i>	33	<i>hydrochlorothiazide</i>	49
HAVRIX	77	<i>hydrocodone</i>	10
<i>heather</i>	70	<i>bitartrate/acetaminophen</i>	
HEPAGAM B	73	<i>hydrocodone/acetaminophen</i>	10
<i>heparin sodium</i>	44	<i>hydrocortisone</i>	56
HEPLISAV-B	77	<i>hydrocortisone</i>	64
HIBERIX	77	<i>hydrocortisone</i>	79
HIZENTRA	73	<i>hydrocortisone valerate</i>	56
HUMALOG	42	<i>hydrocortisone/acetic acid</i>	84
HUMALOG JUNIOR KWIKPEN	42	<i>hydromorphone hcl</i>	10
HUMALOG KWIKPEN	42	<i>hydromorphone hydrochloride</i>	10
HUMALOG MIX 50/50	42	<i>hydromorphone hydrochloride</i>	10
HUMALOG MIX 50/50 KWIKPEN	42	<i>dosette</i>	
HUMALOG MIX 75/25	42	<i>hydroxychloroquine sulfate</i>	32
HUMALOG MIX 75/25 KWIKPEN	42	<i>hydroxyurea</i>	26
HUMATIN	12	<i>hydroxyzine hcl</i>	85
HUMIRA	76	<i>hydroxyzine hydrochloride</i>	85
		<i>hydroxyzine pamoate</i>	40

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HYPERHEP B	73	<i>insulin lispro</i>	42
<i>ibandronate sodium</i>	79	INTELENCE	37
IBRANCE	26	INTRON A	75
IBRANCE	29	<i>introvale</i>	67
<i>ibu</i>	9	INVEGA HAFYERA	34
<i>ibuprofen</i>	9	INVEGA SUSTENNA	34
<i>icatibant acetate</i>	73	INVEGA TRINZA	34
<i>iclevia</i>	67	INVIRASE	39
ICLUSIG	29	IPOL INACTIVATED IPV	77
<i>icosapent ethyl</i>	50	<i>ipratropium bromide</i>	85
IDHIFA	26	<i>ipratropium bromide/albuterol sulfate</i>	87
IGALMI	80	<i>irbesartan</i>	45
ILARIS	74	<i>irbesartan/hydrochlorothiazide</i>	49
ILEVRO	83	ISENTRESS	37
<i>imatinib mesylate</i>	29	ISENTRESS HD	37
IMBRUVICA	29	ISONIAZID	25
<i>imipenem/cilastatin</i>	15	<i>isosorbide dinitrate</i>	51
<i>imipramine hcl</i>	22	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	49
<i>imipramine hydrochloride</i>	22	<i>isosorbide mononitrate</i>	51
<i>imiquimod</i>	57	<i>isosorbide mononitrate er</i>	51
IMOVAX RABIES (H.D.C.V.)	77	<i>isotretinoin</i>	55
IMPAVIDO	12	<i>isradipine</i>	47
INBRIJA	33	ISTURISA	71
<i>incassia</i>	70	ITOVEBI	26
INCRELEX	64	<i>itraconazole</i>	23
INCRUSE ELLIPTA	85	<i>ivabradine hydrochloride</i>	49
<i>indapamide</i>	49	<i>ivermectin</i>	32
<i>indomethacin</i>	9	IWILFIN	26
<i>indomethacin er</i>	9	IXCHIQ	77
INFANRIX	77	IXIARO	77
INFLECTRA	76	<i>jaimiess</i>	67
INFLIXIMAB	76	JAKAFI	29
INGREZZA	53	<i>jantoven</i>	44
INLYTA	29	JANUMET	41
INQOVI	29	JANUMET XR	41
INREBIC	26		

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JANUVIA	41	KISQALI FEMARA 400 DOSE	26
JARDIANCE	41	KISQALI FEMARA 600 DOSE	27
JAVYGTOR	62	<i>klayesta</i>	23
JAYPIRCA	29	KLISYRI	57
<i>jencycla</i>	70	<i>klor-con</i>	58
JENTADUETO	41	<i>klor-con 10</i>	58
JENTADUETO XR	41	<i>klor-con 8</i>	58
<i>jinteli</i>	67	<i>klor-con m10</i>	59
<i>jolessa</i>	67	<i>klor-con m15</i>	59
<i>jolivette</i>	70	<i>klor-con m20</i>	59
JUBLIA	23	<i>klor-con sprinkle</i>	59
JULUCA	37	<i>klor-con/ef</i>	59
<i>junel 1.5/30</i>	67	KORLYM	65
<i>junel 1/20</i>	67	KOSELUGO	29
<i>junel fe 1.5/30</i>	67	<i>kourzeq</i>	54
<i>junel fe 1/20</i>	67	KRAZATI	27
JYLAMVO	76	<i>kurvelo</i>	67
JYNNEOS	77	KYNMOBI	33
KALYDECO	86	KYNMOBI TITRATION KIT	33
KANJINTI	31	<i>labetalol hydrochloride</i>	47
KANUMA	62	<i>lacosamide</i>	18
<i>kariva</i>	67	<i>lactulose</i>	60
<i>kelnor 1/35</i>	67	LAGEVRIO	80
<i>kelnor 1/50</i>	67	<i>lamivudine</i>	36
KEPIVANCE	54	<i>lamivudine</i>	38
KERENDIA	49	<i>lamivudine/zidovudine</i>	38
KESIMPTA	53	<i>lamotrigine</i>	17
<i>ketoconazole</i>	23	<i>lamotrigine er</i>	17
<i>ketorolac tromethamine</i>	9	<i>lamotrigine odt</i>	17
<i>ketorolac tromethamine</i>	83	<i>lamotrigine starter kit/blue</i>	17
<i>kimidess</i>	67	<i>lamotrigine starter kit/green</i>	17
KINERET	74	<i>lamotrigine starter kit/orange</i>	17
KINRIX	78	<i>lamotrigine titration</i>	17
<i>kionex</i>	59	LANREOTIDE ACETATE	72
KISQALI	29	<i>lansoprazole</i>	61
KISQALI FEMARA 200 DOSE	26	LANTUS	42

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<i>lapatinib ditosylate</i>	29	<i>levofloxacin in d5w</i>	15
<i>larin 1.5/30</i>	67	<i>levonest</i>	67
<i>larin 1/20</i>	67	<i>levonorgestrel and ethynodiol dihydrochloride</i>	67
<i>larin fe 1.5/30</i>	67	<i>levonorgestrel/ethynodiol dihydrochloride</i>	67
<i>larin fe 1/20</i>	67	<i>levora 0.15/30-28</i>	68
<i>larissia</i>	67		
<i>latanoprost</i>	84	LEVO-T	71
LAZCLUZE	27	<i>levothyroxine sodium</i>	71
<i>leflunomide</i>	76	LEVOXYL	71
<i>lenalidomide</i>	26	LEXIVA	39
LENVIMA 10 MG DAILY DOSE	29	<i>l-glutamine</i>	62
LENVIMA 12MG DAILY DOSE	29		
LENVIMA 14 MG DAILY DOSE	30	LIBERVANT	18
LENVIMA 18 MG DAILY DOSE	30	<i>lidocaine</i>	11
LENVIMA 20 MG DAILY DOSE	30	<i>lidocaine hydrochloride viscous</i>	54
LENVIMA 24 MG DAILY DOSE	30	<i>lidocaine viscous</i>	54
LENVIMA 4 MG DAILY DOSE	30	<i>lidocaine/prilocaine</i>	11
LENVIMA 8 MG DAILY DOSE	30	<i>lidocaine-prilocaine-cream base</i>	11
<i>lessina</i>	67		
<i>letrozole</i>	28	<i>lillow</i>	68
<i>leucovorin calcium</i>	32	<i>linezolid</i>	12
LEUKERAN	25	LINZESS	60
<i>leuprolide acetate</i>	72	<i>liothyronine sodium</i>	71
<i>levalbuterol</i>	86	<i>lisinopril</i>	46
<i>levalbuterol hcl</i>	86	<i>lisinopril/hydrochlorothiazide</i>	49
<i>levalbuterol hydrochloride</i>	86	<i>lithium</i>	40
<i>levalbuterol tartrate hfa</i>	86	<i>lithium carbonate</i>	40
LEVEMIR	42	<i>lithium carbonate er</i>	40
LEVEMIR FLEXPEN	43		
LEVEMIR FLEXTOUCH	43	LIVALO	50
<i>levetiracetam</i>	17	LIVMARLI	80
<i>levetiracetam er</i>	17	LIVTENCITY	36
<i>levobunolol hcl</i>	83	<i>lojaimies</i>	68
<i>levocetirizine dihydrochloride</i>	85	LOKELMA	59
<i>levofloxacin</i>	15	LONHALA MAGNAIR REFILL	85
		KIT	
		LONSURF	27
		<i>loperamide hcl</i>	60
		<i>lopinavir/ritonavir</i>	39

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LOQTORZI	31	<i>magnesium sulfate</i>	59
<i>lorazepam</i>	40	<i>malathion</i>	57
<i>lorazepam intensol</i>	40	<i>maprotiline hcl</i>	20
LORBRENA	30	<i>maraviroc</i>	38
<i>lorcet</i>	10	<i>marlissa</i>	68
<i>lorcet hd</i>	10	MARPLAN	20
<i>lorcet plus</i>	10	MATULANE	25
<i>losartan potassium</i>	45	<i>matzim la</i>	48
<i>losartan</i>	49	MAVYRET	36
<i>potassium/hydrochlorothiazide</i>		MAYZENT	54
LOTEMAX SM	83	MAYZENT STARTER PACK	54
<i>lovastatin</i>	50	<i>meclizine hcl</i>	22
<i>low-ogestrel</i>	68	<i>medroxyprogesterone acetate</i>	70
<i>loxapine</i>	33	<i>mefloquine hcl</i>	32
<i>lubiprostone</i>	60	<i>megestrol acetate</i>	70
LUMAKRAS	27	MEKINIST	30
LUMIGAN	84	MEKTOVI	30
LUMIZYME	62	<i>meloxicam</i>	9
LUPRON DEPOT (1-MONTH)	72	<i>memantine hcl titration pak</i>	19
LUPRON DEPOT (3-MONTH)	72	<i>memantine hydrochloride</i>	19
LUPRON DEPOT (4-MONTH)	72	<i>memantine hydrochloride er</i>	19
LUPRON DEPOT (6-MONTH)	72	MENACTRA	78
LUPRON DEPOT-PED (1-MONTH)	72	MENEST	68
LUPRON DEPOT-PED (3-MONTH)	72	MENQUADFI	78
LUPRON DEPOT-PED (6-MONTH)	65	MENVEO	78
<i>lurasidone hydrochloride</i>	34	<i>mercaptopurine</i>	26
<i>lutera</i>	68	<i>meropenem</i>	15
LYBALVI	34	<i>mesalamine</i>	79
<i>lyleq</i>	70	<i>mesalamine dr</i>	79
<i>lyllana</i>	68	<i>mesalamine er</i>	79
LYNPARZA	30	MESNEX	32
LYSODREN	72	<i>metformin hydrochloride</i>	41
LYTGOBI	27	<i>metformin hydrochloride er</i>	41
LYUMJEV	43	<i>methadone hcl</i>	9
LYUMJEV KWIKPEN	43	<i>methadone hydrochloride</i>	9

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<i>methazolamide</i>	83	<i>mirtazapine odt</i>	20
<i>methenamine hippurate</i>	13	<i>misoprostol</i>	61
<i>methimazole</i>	73	<i>M-M-R II</i>	78
<i>methocarbamol</i>	87	<i>modafinil</i>	88
<i>methotrexate</i>	76	<i>moexipril hcl</i>	46
<i>methotrexate sodium</i>	76	<i>molindone hydrochloride</i>	33
<i>methsuximide</i>	17	<i>mometasone furoate</i>	56
<i>methyldopa</i>	45	<i>mometasone furoate</i>	84
<i>methylphenidate hydrochloride</i>	52	<i>monodoxyne nl</i>	16
<i>methylphenidate hydrochloride er</i>	52	<i>mono-linyah</i>	68
<i>methylprednisolone</i>	64	<i>mononessa</i>	68
<i>methylprednisolone dose pack</i>	64	<i>montelukast sodium</i>	85
<i>metoclopramide hcl</i>	61	<i>morgidox 1x100mg</i>	16
<i>metoclopramide hydrochloride</i>	61	<i>morgidox 2x100mg</i>	16
<i>metolazone</i>	50	<i>morphine sulfate</i>	10
<i>metoprolol succinate er</i>	47	<i>morphine sulfate er</i>	10
<i>metoprolol tartrate</i>	47	<i>MOTEGRITY</i>	60
<i>metronidazole</i>	13	<i>MOUNJARO</i>	41
<i>metronidazole</i>	55	<i>moxifloxacin hydrochloride/sodium</i>	16
<i>metronidazole vaginal</i>	13	<i>hydrochloride</i>	
<i>metyrosine</i>	49	<i>moxifloxacin hydrochloride</i>	16
<i>mexiletine hcl</i>	46	<i>moxifloxacin hydrochloride</i>	82
<i>microgestin 1.5/30</i>	68	<i>MRESVIA</i>	78
<i>microgestin 1/20</i>	68	<i>MULTAQ</i>	46
<i>microgestin fe 1.5/30</i>	68	<i>mupirocin</i>	57
<i>microgestin fe 1/20</i>	68	<i>mycophenolate mofetil</i>	76
<i>midodrine hcl</i>	45	<i>mycophenolic acid dr</i>	76
<i>mifepristone</i>	65	<i>myorisan</i>	55
<i>miglustat</i>	62	<i>MYRBETRIQ</i>	63
<i>mili</i>	68	<i>NABI-HB</i>	73
<i>mimvey</i>	68	<i>nabumetone</i>	9
<i>mimvey lo</i>	68	<i>nadolol</i>	47
<i>minocycline hcl</i>	16	<i>nafcillin sodium</i>	14
<i>minocycline hydrochloride</i>	16	<i>NAGLAZYME</i>	62
<i>minoxidil</i>	51	<i>naloxone hcl</i>	11

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<i>naltrexone hcl</i>	11	<i>nilutamide</i>	25
<i>NAMZARIC</i>	19	<i>nimodipine</i>	47
<i>naproxen</i>	9	<i>NINLARO</i>	27
<i>naproxen dr</i>	9	<i>nitazoxanide</i>	32
<i>naproxen sodium</i>	9	<i>nitisinone</i>	62
<i>naratriptan hcl</i>	24	NITRO-BID	51
<i>NATACYN</i>	82	<i>nitrofurantoin macrocrystals</i>	13
<i>nateglinide</i>	41	<i>nitrofurantoin monohydrate</i>	13
<i>NAYZILAM</i>	17	<i>nitrofurantoin</i>	13
<i>nebivolol</i>	47	<i>monohydrate/macrocrys</i>	
<i>nebivolol hydrochloride</i>	47	<i>nitroglycerin</i>	51
<i>necon 0.5/35-28</i>	68	<i>nitroglycerin</i>	61
<i>necon 7/7/7</i>	68	<i>nitroglycerin transdermal</i>	51
<i>nefazodone hydrochloride</i>	21	<i>NIVA THYROID</i>	71
<i>neomycin sulfate</i>	12	<i>nizatidine</i>	61
<i>neomycin/bacitracin/polymyxin</i>	81	<i>nora-be</i>	70
<i>neomycin/polymyxin/bacitracin</i>	82	<i>norethindrone</i>	70
<i>neomycin/polymyxin/bacitracin/hydro</i>	82	<i>norethindrone acetate</i>	70
<i>cortisone</i>		<i>norethindrone acetate/ethinyl</i>	68
<i>neomycin/polymyxin/dexamethasone</i>	82	<i>estradiol</i>	
<i>neomycin/polymyxin/gramicidin</i>	82	<i>norethindrone acetate/ethinyl</i>	68
<i>neomycin/polymyxin/hc</i>	84	<i>estradiol/ferrous fumarate</i>	
<i>neomycin/polymyxin/hydrocortisone</i>	84	<i>norgestimate/ethinyl estradiol</i>	68
<i>neo-polycin</i>	81	<i>norlyda</i>	70
<i>neo-polycin hc</i>	81	<i>norlyroc</i>	70
<i>NERLYNX</i>	30	<i>nortrel 0.5/35 (28)</i>	68
<i>NEULASTA</i>	44	<i>nortrel 1/35</i>	68
<i>NEULASTA ONPRO KIT</i>	44	<i>nortrel 7/7/7</i>	68
<i>NEUPRO</i>	33	<i>nortriptyline hcl</i>	22
<i>nevirapine</i>	37	<i>nortriptyline hydrochloride</i>	22
<i>nevirapine er</i>	37	<i>NORVIR</i>	39
<i>NEXLETOL</i>	50	<i>NOVOLIN 70/30</i>	43
<i>NEXLIZET</i>	50	<i>NOVOLIN 70/30 FLEXPEN</i>	43
<i>niacin er</i>	50	<i>NOVOLIN 70/30 FLEXPEN</i>	43
<i>NICOTROL NS</i>	12	<i>RELION</i>	

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NOVOLIN N	43	<i>nystatin/triamcinolone</i>	57
NOVOLIN N FLEXPEN	43	<i>nystatin/triamcinolone acetonide</i>	57
NOVOLIN N FLEXPEN RELION	43	<i>nystop</i>	23
NOVOLIN N RELION	43	OCREVUS	54
NOVOLIN R	43	OCREVUS ZUNOVO	54
NOVOLIN R FLEXPEN	43	<i>octreotide acetate</i>	72
NOVOLIN R FLEXPEN RELION	43	ODEFSEY	38
NOVOLIN R RELION	43	ODOMZO	30
NOVOLOG	43	OFEV	87
NOVOLOG FLEXPEN	43	<i>ofloxacin</i>	82
NOVOLOG FLEXPEN RELION	43	<i>ofloxacin</i>	84
NOVOLOG MIX 70/30	43	OGSIVEO	27
NOVOLOG MIX 70/30 PREFILLED	43	OJEMDA	30
FLEXPEN		OJJAARA	30
NOVOLOG MIX 70/30 PREFILLED	43	<i>olanzapine</i>	35
FLEXPEN RELION		<i>olanzapine odt</i>	34
NOVOLOG MIX 70/30 RELION	43	<i>olmesartan medoxomil</i>	45
NOVOLOG PENFILL	43	<i>olmesartan</i>	49
NOVOLOG RELION	43	<i>medoxomil/hydrochlorothiazide</i>	
<i>np thyroid 120</i>	71	<i>olopatadine hcl</i>	82
<i>np thyroid 15</i>	71	<i>olopatadine hydrochloride</i>	82
<i>np thyroid 30</i>	71	<i>omega-3-acid ethyl esters</i>	50
<i>np thyroid 60</i>	71	<i>omeprazole</i>	61
<i>np thyroid 90</i>	71	<i>omeprazole dr</i>	61
NUBEQA	25	OMNIPOD 5 DEXCOM G7G6	80
NUCALA	87	INTRO KIT (GEN 5)	
NUEDEXTA	53	OMNIPOD 5 DEXCOM G7G6	80
NUPLAZID	34	PODS (GEN 5)	
NURTEC	24	OMNIPOD 5 G7 INTRO KIT (GEN	80
NUTRILIPID	80	5)	
<i>nyamyc</i>	23	OMNIPOD 5 G7 PODS (GEN 5)	80
<i>nylia 1/35</i>	68	OMNIPOD 5 LIBRE2 PLUS G6	81
<i>nylia 7/7/7</i>	68	OMNIPOD 5 LIBRE2 PLUS G6	81
NYMALIZE	47	PODS	
<i>nymyo</i>	68		

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OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	81	<i>oxacillin sodium</i>	14
OMNIPOD CLASSIC PODS (GEN 3)	81	<i>oxaprozin</i>	9
OMNIPOD DASH INTRO KIT (GEN 4)	81	OXBRYTA	44
OMNIPOD DASH PDM KIT (GEN 4)	81	<i>oxcarbazepine</i>	19
OMNIPOD DASH PODS (GEN 4) <i>ondansetron hcl</i>	81	OXLUMO	81
<i>ondansetron hydrochloride</i>	22	<i>oxybutynin chloride</i>	63
<i>ondansetron odt</i>	23	<i>oxybutynin chloride er</i>	63
ONUREG	23	<i>oxycodone hydrochloride</i>	10
OPDUALAG	27	<i>oxycodone/acetaminophen</i>	11
OPSUMIT	28	OZEMPIC	41
<i>oralone dental paste</i>	86	PACERONE	46
ORENCIA	54	<i>paliperidone er</i>	35
ORENCIA	74	PANRETIN	32
ORENCIA CLICKJECT	74	<i>pantoprazole sodium</i>	62
ORENITRAM	87	PANZYGA	73
ORENITRAM TITRATION KIT MONTH 1	86	<i>paricalcitol</i>	79
ORENITRAM TITRATION KIT MONTH 2	86	<i>paroex</i>	54
ORENITRAM TITRATION KIT MONTH 3	86	<i>paromomycin sulfate</i>	12
ORGOVYX	72	<i>paroxetine hcl</i>	21
ORKAMBI	86	<i>paroxetine hydrochloride</i>	21
<i>orphenadrine citrate er</i>	86	PASER	25
ORSERDU	88	PAXLOVID	81
<i>orsythia</i>	27	<i>pazopanib hydrochloride</i>	30
<i>oseltamivir phosphate</i>	68	PEDIARIX	78
OSMOLEX ER	39	<i>PEDVAX HIB</i>	78
OSPHENA	32	<i>peg 3350/electrolytes</i>	61
OTEZLA	70	<i>peg-3350/electrolytes</i>	61
OTEZLA	57	<i>peg-3350/nacl/na bicarbonate/kcl</i>	61
OTEZLA	74	PEGANONE	19
		PEGASYS	75
		<i>pegylax</i>	60
		PEMAZYRE	27
		PENBRAYA	78
		<i>penicillamine</i>	64
		<i>penicillin g sodium</i>	15
		<i>penicillin v potassium</i>	15

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<i>pentamidine isethionate</i>	32	<i>polycin</i>	82
<i>pentoxifylline er</i>	49	<i>polymyxin b sulfate/trimethoprim sulfate</i>	82
<i>perindopril erbumine</i>	46		
<i>permethrin</i>	57	POMALYST	26
<i>perphenazine</i>	33	<i>portia-28</i>	69
PERSERIS	35	<i>posaconazole</i>	23
<i>phenadoz</i>	22	<i>posaconazole dr</i>	23
<i>phenelzine sulfate</i>	20	<i>potassium chloride</i>	59
<i>phenobarbital</i>	18	<i>potassium chloride er</i>	59
PHENYTEK	19	<i>potassium chloride sr</i>	59
<i>phenytoin</i>	19	<i>potassium citrate er</i>	59
<i>phenytoin infatabs</i>	19	PRALUENT	50
<i>phenytoin sodium extended</i>	19	<i>pramipexole dihydrochloride</i>	33
PHESGO	27	<i>prasugrel hydrochloride</i>	45
<i>philith</i>	69	<i>pravastatin sodium</i>	50
PIFELTRO	37	<i>praziquantel</i>	32
<i>pilocarpine hcl</i>	83	<i>prazosin hydrochloride</i>	45
<i>pilocarpine hydrochloride</i>	54	<i>prednisolone</i>	64
<i>pimozone</i>	34	<i>prednisolone acetate</i>	83
<i>pimtrea</i>	69	<i>prednisolone sodium phosphate</i>	64
<i>pindolol</i>	47	<i>prednisone</i>	64
<i>pioglitazone hcl</i>	41	<i>pregabalin</i>	53
<i>pioglitazone hcl/metformin hcl</i>	41	PREHEVBARIO	78
<i>pioglitazone hydrochloride</i>	41	PREMARIN	69
<i>piperacillin sodium/tazobactam sodium</i>	15	<i>premium lidocaine</i>	11
PIQRAY 200MG DAILY DOSE	30	PREMPHASE	69
PIQRAY 250MG DAILY DOSE	30	PREMPRO	69
PIQRAY 300MG DAILY DOSE	30	<i>prenatal</i>	60
<i>pirfenidone</i>	87	<i>prevalite</i>	50
<i>pirmella 1/35</i>	69	<i>previfem</i>	69
<i>pirmella 7/7/7</i>	69	PREVYTMIS	36
<i>piroxicam</i>	9	PREZCOBIX	39
<i>pitavastatin calcium</i>	50	PREZISTA	39
PLENAMINE	59	PRIFTIN	25
		<i>primaquine phosphate</i>	32

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PRIVIGEN	73	PYRUKYND	44
PROAIR RESPICLICK	86	PYRUKYND TAPER PACK	44
<i>probenecid</i>	24	QINLOCK	26
<i>probenecid/colchicine</i>	24	QUADRACEL	78
<i>procyclizine</i>	22	<i>quetiapine fumarate</i>	35
<i>procyclizine edisylate</i>	22	<i>quetiapine fumarate er</i>	35
<i>procyclizine maleate</i>	22	<i>quinapril hydrochloride</i>	46
PROCRIT	44	<i>quinapril/hydrochlorothiazide</i>	49
<i>procto-med hc</i>	79	<i>quinidine sulfate</i>	46
<i>proctosol hc</i>	79	<i>quinine sulfate</i>	32
<i>proctozone-hc</i>	79	QULIPTA	24
<i>progesterone</i>	70	QVAR REDIHALER	84
PROGRAF	76	RABAVERT	78
PROLASTIN-C	62	<i>rabeprazole sodium</i>	62
PROLENSA	83	<i>raloxifene hydrochloride</i>	70
PROLIA	79	<i>ramelteon</i>	88
PROMACTA	44	<i>ramipril</i>	46
<i>promethazine hcl</i>	22	<i>ranolazine er</i>	49
<i>promethazine hydrochloride</i>	22	<i>rasagiline mesylate</i>	33
<i>promethazine hydrochloride plain</i>	22	RAYALDEE	79
<i>promethegran</i>	22	REBETOL	36
<i>propafenone hcl</i>	46	REBIF	54
<i>propafenone hydrochloride</i>	46	REBIF REBIDOSE	54
<i>propafenone hydrochloride er</i>	46	REBIF REBIDOSE TITRATION	54
<i>propranolol hcl</i>	47	PACK	
<i>propranolol hcl er</i>	47	REBIF TITRATION PACK	54
<i>propranolol hydrochloride</i>	47	RECOMBIVAX HB	78
<i>propranolol hydrochloride er</i>	47	RECTIV	61
<i>propylthiouracil</i>	73	RELENZA DISKHALER	39
PROQUAD	78	RELISTOR	60
<i>protriptyline hcl</i>	22	REMICADE	76
PULMOZYME	86	RENFLEXIS	76
PURIXAN	26	<i>repaglinide</i>	41
<i>pyrazinamide</i>	25	REPATHA	50

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REPATHA SURECLICK RESTASIS	50	<i>ropinirole hcl</i>	33
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RETACRIT	44	<i>rosadan</i>	55
RETEVMO	27	<i>rosuvastatin calcium</i>	50
RETROVIR IV INFUSION	38	ROTARIX	78
REVCovi	62	ROTATEQ	78
REVLIMID	26	<i>roweepra</i>	17
REXULTI	35	<i>roweepra xr</i>	17
REYATAZ	39	ROZLYTREK	30
REZLIDHIA	30	RUBRACA	30
REZUROCK	76	<i>rufinamide</i>	19
RHOPRESSA	83	RUKOBIA	38
<i>ribavirin</i>	36	RUXIENCE	31
<i>rifabutin</i>	25	RYBELSUS	41
<i>rifampin</i>	25	RYDAPT	30
<i>riluzole</i>	53	RYTARY	33
RINVOQ	74	<i>sajazir</i>	73
RINVOQ LQ	74	SANDIMMUNE	76
<i>risedronate sodium</i>	80	SANTYL	57
<i>risedronate sodium dr</i>	79	SAPHNELO	74
RISPERDAL CONSTA	35	<i>sapropterin dihydrochloride</i>	62
<i>risperidone</i>	35	SAVELLA	53
<i>risperidone er</i>	35	SAVELLA TITRATION PACK	53
<i>risperidone odt</i>	35	SCEMBLIX	27
<i>ritonavir</i>	39	<i>scopolamine</i>	22
<i>rivastigmine tartrate</i>	19	SECUADO	35
<i>rivastigmine transdermal system</i>	19	<i>selegiline hcl</i>	33
<i>rivelsa</i>	69	<i>selenium sulfide</i>	56
<i>rizatriptan benzoate</i>	24	SELZENTRY	38
<i>rizatriptan benzoate odt</i>	24	SEREVENT DISKUS	86
ROCKLATAN	82	<i>sertraline hcl</i>	21
<i>roflumilast</i>	86	<i>sertraline hydrochloride</i>	21
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SIGNIFOR	72	SPIRIVA HANDIHALER	85
SIGNIFOR LAR	72	SPIRIVA RESPIMAT	85
<i>sildenafil citrate</i>	87	<i>spironolactone</i>	49
<i>silodosin</i>	63	<i>spironolactone/hydrochlorothiazide</i>	49
<i>silver sulfadiazine</i>	57	SPRAVATO 56MG DOSE	20
SIMBRINZA	82	SPRAVATO 84MG DOSE	20
<i>simliya</i>	69	<i>sprintec</i> 28	69
<i>simpesse</i>	69	SPRITAM	17
<i>simvastatin</i>	50	SPRYCEL	30
<i>sirolimus</i>	77	<i>sps</i>	60
SIRTURO	25	<i>sronyx</i>	69
SKYCLARYS	81	<i>ssd</i>	57
SKYRIZI	74	STAMARIL	78
SKYRIZI PEN	74	<i>stavudine</i>	38
<i>sodium chloride</i>	59	STELARA	74
<i>sodium chloride 0.45%</i>	59	STIOLTO RESPIMAT	87
<i>sodium chloride 0.9%</i>	81	STIVARGA	30
<i>sodium oxybate</i>	88	STRENSIQ	62
<i>sodium phenylbutyrate</i>	62	<i>streptomycin sulfate</i>	12
<i>sodium polystyrene sulfonate</i>	60	STRIBILD	37
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	61	<i>subvenite</i>	17
<i>sofosbuvir/velpatasvir</i>	36	<i>subvenite starter kit/blue</i>	17
<i>solifenacin succinate</i>	63	<i>subvenite starter kit/green</i>	17
SOLIQUA 100/33	41	<i>subvenite starter kit/orange</i>	17
SOLTAMOX	26	SUCRAID	62
SOMATULINE DEPOT	72	<i>sucralfate</i>	61
SOMAVERT	72	<i>sulfacetamide sodium</i>	83
<i>sorafenib</i>	30	<i>sulfacetamide sodium/prednisolone</i>	82
<i>sorafenib tosylate</i>	30	<i>sodium phosphate</i>	
<i>sorine</i>	46	<i>sulfadiazine</i>	16
<i>sotalol hcl</i>	46	<i>sulfamethoxazole/trimethoprim</i>	16
<i>sotalol hydrochloride</i>	46	<i>sulfamethoxazole/trimethoprim ds</i>	16
<i>sotalol hydrochloride (af)</i>	46	<i>sulfasalazine</i>	79
		<i>sulindac</i>	9

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<i>sumatriptan succinate</i>	24	TENIVAC	78
<i>sunitinib malate</i>	30	<i>tenofovir disoproxil fumarate</i>	38
SUNLENCA	38	TEPMETKO	30
SUTAB	61	<i>terazosin hcl</i>	45
SYMPAZAN	18	<i>terazosin hydrochloride</i>	45
SYMTUZA	39	<i>terbinafine hcl</i>	23
SYNAGIS	73	<i>terconazole</i>	23
SYNJARDY	41	<i>teriparatide</i>	80
SYNJARDY XR	41	<i>testosterone</i>	65
SYNRIBO	27	<i>testosterone cypionate</i>	65
SYNTHROID	71	<i>testosterone enanthate</i>	65
TABLOID	26	<i>testosterone pump</i>	65
TABRECTA	26	TETANUS/DIPHTHERIA	78
<i>tacrolimus</i>	56	TOXOIDS-ADSORBED ADULT	
<i>tacrolimus</i>	77	<i>tetrabenazine</i>	53
<i>tadalafil</i>	63	<i>tetracycline hydrochloride</i>	16
<i>tadalafil</i>	87	TEVIMBRA	31
TAFINLAR	30	THALOMID	26
TAGRISSO	30	<i>theophylline er</i>	86
TALZENNA	30	<i>thioridazine hcl</i>	34
<i>tamoxifen citrate</i>	26	<i>thiothixene</i>	34
<i>tamsulosin hydrochloride</i>	63	THYROID	71
<i>tarina fe 1/20</i>	69	THYROLAR-1	71
<i>tarina fe 1/20 eq</i>	69	THYROLAR-1/2	71
TASIGNA	30	THYROLAR-1/4	71
<i>tazarotene</i>	55	THYROLAR-2	71
TAZICEF	14	THYROLAR-3	71
<i>taztia xt</i>	48	<i>tiadylt er</i>	48
TAZVERIK	27	<i>tiagabine hydrochloride</i>	18
TDVAX	78	TIBSOVO	31
TEFLARO	14	TICOVAC	78
TEGSEDI	63	<i>timolol maleate</i>	83
<i>telmisartan</i>	45	<i>tinidazole</i>	13
<i>telmisartan/hydrochlorothiazide</i>	49	<i>tiotropium bromide</i>	85
<i>temazepam</i>	88	TIVICAY	37

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Drug Name	Page #	Drug Name	Page #
TIVICAY PD	37	tretinoin	32
<i>tizanidine hcl</i>	36	tretinoin	55
<i>tizanidine hydrochloride</i>	36	<i>tri femynor</i>	69
TOBI PODHALER	86	<i>triamcinolone acetonide</i>	56
TOBRADEX	82	<i>triamcinolone acetonide</i>	64
TOBRADEX ST	82	<i>triamcinolone acetonide dental paste</i>	54
<i>tobramycin</i>	83	<i>triamterene/hydrochlorothiazide</i>	49
<i>tobramycin</i>	86	<i>triderm</i>	56
<i>tobramycin sulfate</i>	12	<i>trientine hydrochloride</i>	59
<i>tobramycin/dexamethasone</i>	82	<i>tri-estarrylla</i>	69
<i>tolazamide</i>	41	<i>trifluoperazine hcl</i>	34
<i>tolterodine tartrate</i>	63	<i>trifluoperazine hydrochloride</i>	34
<i>tolterodine tartrate er</i>	63	<i>trifluridine</i>	83
<i>topiramate</i>	17	<i>trihexyphenidyl hydrochloride</i>	32
<i>topotecan hcl</i>	28	TRIJARDY XR	41
<i>topotecan hydrochloride</i>	28	TRIKAFTA	86
<i>toremifene citrate</i>	26	<i>tri-linyah</i>	69
<i>torpenz</i>	31	<i>trilyte</i>	61
<i>torsemide</i>	49	<i>trimethoprim</i>	13
TOUJEO MAX SOLOSTAR	43	<i>tri-mili</i>	69
TOUJEO SOLOSTAR	43	<i>trimipramine maleate</i>	22
TRADJENTA	41	<i>trinessa</i>	69
<i>tramadol hydrochloride</i>	11	TRINTELLIX	21
<i>tramadol</i>	11	<i>tri-nymyo</i>	69
<i>hydrochloride/acetaminophen</i>		<i>tri-previfem</i>	69
<i>trandolapril</i>	46	TRIPTODUR	73
<i>trandolapril/verapamil hcl er</i>	49	<i>tri-sprintec</i>	69
<i>tranexamic acid</i>	45	TRIUMEQ	38
<i>tranylcyprromine sulfate</i>	20	TRIUMEQ PD	38
TRAZIMERA	31	<i>trivora-28</i>	69
<i>trazodone hydrochloride</i>	21	<i>tri-vylibra</i>	69
TRECATOR	25	TRIZIVIR	38
TRELEGY ELLIPTA	87	TROGARZO	38
TRELSTAR MIXJECT	73	<i>trospium chloride</i>	63
TRESIBA	43	<i>trospium chloride er</i>	63
TRESIBA FLEXTOUCH	43	TRULICITY	42

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TRUMENBA	78	VAQTA	79
TRUQAP	31	<i>varenicline starting month</i>	12
TRUSELTIQ	27	<i>varenicline tartrate</i>	12
TUKYSA	27	VARIVAX	79
<i>tulana</i>	70	VARIZIG	73
TURALIO	31	VAXCHORA	79
<i>turqoz</i>	69	VAXELIS	79
TWINRIX	78	VELPHORO	59
TYBOST	38	VELTASSA	60
TYMLOS	80	VENCLEXTA	31
TYPHIM VI	78	VENCLEXTA STARTING PACK	31
TYRVAYA	81	<i>venlafaxine hydrochloride</i>	21
TYSABRI	54	<i>venlafaxine hydrochloride er</i>	21
UBRELVY	24	VENTAVIS	87
UDENYCA	44	VEOPOZ	74
UDENYCA ONBODY	44	<i>verapamil hcl</i>	48
<i>ulticare micro pen needles/32g x</i>	81	<i>verapamil hcl er</i>	48
<i>5/32"</i>		<i>verapamil hcl sr</i>	48
<i>unifine pentips 32gx6mm</i>	81	<i>verapamil hydrochloride</i>	48
UNITHROID	71	<i>verapamil hydrochloride er</i>	48
<i>urea</i>	57	VERQUVO	51
<i>ursodiol</i>	61	VERSACLOZ	36
<i>valacyclovir hydrochloride</i>	39	VERZENIO	31
VALCHLOR	25	V-GO 20	81
<i>valganciclovir</i>	36	V-GO 30	81
<i>valganciclovir hydrochloride</i>	36	V-GO 40	81
<i>valproic acid</i>	40	<i>vicodin hp</i>	11
<i>valsartan</i>	45	VIDEX EC	38
<i>valsartan/hydrochlorothiazide</i>	49	VIDEX PEDIATRIC	38
VALTOCO 10 MG DOSE	18	<i>vienna</i>	69
VALTOCO 15 MG DOSE	18	<i>vigabatrin</i>	18
VALTOCO 20 MG DOSE	18	<i>vigadrone</i>	18
VALTOCO 5 MG DOSE	18	VIGAFYDE	18
<i>vancomycin hcl</i>	13	<i>vigpoder</i>	18
<i>vancomycin hydrochloride</i>	13	VIIBRYD STARTER PACK	21
VANFLYTA	31	<i>vilazodone hydrochloride</i>	21

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VIMIZIM	63	XERMELO	60
<i>viorele</i>	69	XGEVA	80
VIRACEPT	39	XIFAXAN	61
VIREAD	38	XIGDUO XR	42
VISTOGARD	81	IIIDRA	82
VITRAKVI	31	XOFLUZA	39
VIVITROL	11	XOLAIR	74
VIZIMPRO	31	XOLREMDI	45
VOCABRIA	37	XOSPATA	31
<i>volnea</i>	69	XPOVIO	27
VONJO	27	XPOVIO 100 MG ONCE WEEKLY	27
VORANIGO	31	XPOVIO 40 MG ONCE WEEKLY	27
<i>voriconazole</i>	24	XPOVIO 40 MG TWICE WEEKLY	27
VOSEVI	36	XPOVIO 60 MG ONCE WEEKLY	28
VOTRIENT	31	XPOVIO 60 MG TWICE WEEKLY	28
VOWST	61	XPOVIO 80 MG ONCE WEEKLY	28
VRAYLAR	35	XPOVIO 80 MG TWICE WEEKLY	28
VUMERTY	54	XTAMPZA ER	10
<i>vyfemla</i>	69	XTANDI	25
VYJUVEK	81	<i>yargesa</i>	63
<i>vylbra</i>	69	YF-VAX	79
VYNDAMAX	49	YUFLYMA 1-PEN KIT	77
VYVGART HYTRULO	74	YUFLYMA 2-PEN KIT	77
VYZULTA	84	YUFLYMA 2-SYRINGE KIT	77
<i>warfarin sodium</i>	44	YUFLYMA CD/UC/HS STARTER	77
WELIREG	31	YUPELRI	85
<i>wera</i>	70	<i>yuvafem</i>	70
<i>wixela inhub</i>	87	<i>zafirlukast</i>	85
XALKORI	31	<i>zaleplon</i>	88
XARELTO	44	ZARXIO	45
XARELTO STARTER PACK	44	ZEJULA	31
XATMEP	77	ZELBORAF	31
XCOPRI	17	<i>zenatane</i>	55
XELJANZ	74	ZENPEP	63
XELJANZ XR	74	ZEPOSIA	54
XEMBIFY	73	ZEPOSIA 7-DAY STARTER PACK	54

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Drug Name	Page #
ZEPOSIA STARTER KIT	54
<i>zidovudine</i>	38
<i>ziprasidone hcl</i>	35
<i>ziprasidone mesylate</i>	35
ZIRGAN	83
ZOKINVY	63
ZOLINZA	28
<i>zolmitriptan</i>	24
<i>zolpidem tartrate</i>	88
<i>zolpidem tartrate er</i>	88
ZONISADE	19
<i>zonisamide</i>	19
<i>zovia 1/35</i>	70
<i>zovia 1/35e</i>	70
ZTALMY	53
ZURZUVAE	20
ZYDELIG	31
ZYKADIA	31
ZYLET	82
ZYPREXA RELPREVV	35

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This formulary was updated on 11/01/2024. For more recent information or other questions, please contact Member Services at 1-833-999-0103. 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 and April 1 – September 30, our hours are 8 a.m. to 8 p.m. local time, Monday – Friday. Our automated phone system may answer your call on weekends and holidays. You may also visit our website at www.fbhp.com/Medicare-Advantage.

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Farm Bureau Health Plans is an HMO with a Medicare contract. Enrollment in Farm Bureau Health Plans depends on contract renewal.

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