

University Hospitals MA Red Plan by PTHP

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 24440, Version Number 7

This formulary was updated on 09/29/2023. For more recent information or other questions, please contact University Hospitals MA Red Plan by PTHP Customer Service at 1-833-954-0483 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

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Formulary ID: 24440, Version: 7, Effective: 01/01/2024
Last Updated: October 2023

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 University Hospitals MA Red Plan by PTHP. When it refers to “plan” or “our plan,” it means University Hospitals MA Red Plan by PTHP.

This document includes a list of the drugs (formulary) for our plan which is current as of January 1, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the University Hospitals MA Red Plan by PTHP Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the University Hospitals MA Red Plan by PTHP’s Formulary?”

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

The enclosed formulary is current as of January 1, 2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, we will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 8. 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 71. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the University Hospitals MA Red Plan by PTHP's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

If you learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the University Hospitals MA Red Plan by PTHP's Formulary?

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

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

For more information

For more detailed information about your University Hospitals MA Red Plan by PTHP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

University Hospitals MA Red Plan by PTHP Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 71.

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

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by our plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

The information in the Requirements/Limits column tells you if University Hospitals MA Red Plan by PTHP has any special requirements for coverage of your drug.

- **B/D PA:** This prescription 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.
- **GC:** Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	GC
<i>diclofenac potassium tablet 50mg</i>	2	GC
<i>diclofenac sodium dr</i>	2	GC
<i>diclofenac sodium er</i>	2	GC
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	GC
<i>diflunisal tablet 500mg</i>	2	GC
<i>etodolac er</i>	4	
<i>etodolac capsule, tablet</i>	2	GC
<i>flurbiprofen tablet</i>	2	GC
<i>ibu</i>	1	GC
<i>ibuprofen suspension</i>	2	GC
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	GC
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	4	
<i>ketoprofen capsule</i>	4	
<i>meloxicam tablet</i>	1	GC
<i>nabumetone tablet</i>	2	GC
<i>naproxen sodium tablet 275mg, 550mg</i>	2	GC
<i>naproxen tablet delayed release</i>	2	GC
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	GC
<i>piroxicam capsule</i>	2	GC
<i>sulindac tablet</i>	2	GC
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	5	QL(15 EA per 30 days)
<i>methadone hcl tablet</i>	2	GC
<i>methadone hcl solution</i>	4	
<i>methadone hydrochloride intensol</i>	2	GC
<i>methadone hydrochloride concentrate</i>	2	GC
<i>methadose sugar-free</i>	2	GC
<i>methadose concentrate 10mg/ml</i>	2	GC
<i>morphine sulfate er capsule extended release 24 hour 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL(30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate er tablet extended release</i>	2	QL(120 EA per 30 days); GC
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	4	QL(60 EA per 30 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	5	QL(60 EA per 30 days)

Formulary ID: 24440, Version: 7, Effective: 01/01/2024

Last Updated: October 2023

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	3	QL(60 EA per 30 days)
<i>tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL(30 EA per 30 days)
<i>tramadol hcl er tablet extended release 24 hour</i>	4	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tablet</i>	2	QL(360 EA per 30 days); GC
<i>acetaminophen/codeine solution</i>	3	QL(3240 ML per 30 days)
<i>ascomp/codeine</i>	4	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	4	QL(180 EA per 30 days)
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL(180 EA per 30 days)
<i>butorphanol tartrate solution</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 10mg/15ml</i>	5	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 10mg</i>	2	QL(180 EA per 30 days); GC
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl tablet</i>	2	QL(180 EA per 30 days); GC
<i>hydromorphone hcl liquid</i>	4	
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	
<i>hydromorphone hydrochloride dosette</i>	4	
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	
<i>lorcet</i>	2	QL(360 EA per 30 days); GC
<i>lorcet hd</i>	2	QL(180 EA per 30 days); GC
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC
<i>morphine sulfate tablet</i>	2	QL(180 EA per 30 days); GC
<i>morphine sulfate oral solution</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate injection 2mg/ml, 4mg/ml, 8mg/ml</i>	4	
<i>nalocet</i>	5	
NUCYNTA	4	QL(180 EA per 30 days)
<i>oxycodone hcl capsule</i>	2	GC
<i>oxycodone hydrochloride tablet</i>	2	QL(180 EA per 30 days); GC
<i>oxycodone hydrochloride capsule, concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
<i>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	5	
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	3	
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days); GC
<i>tramadol hcl tablet</i>	2	GC
<i>tramadol hydrochloride/acetaminophen</i>	2	GC
<i>tramadol hydrochloride tablet 100mg</i>	2	GC
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	GC
<i>lidocaine hcl jelly</i>	2	GC
<i>lidocaine hcl prefilled syringe 2%</i>	2	GC
<i>lidocaine hcl external solution 4%</i>	4	
<i>lidocaine/prilocaine cream</i>	2	GC
<i>lidocaine ointment 5%</i>	2	GC
LIDOCAINE PATCH 5%	3	QL(90 EA 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	GC
VIVITROL	5	
Opioid Dependence		
BUNAVAIL FILM 4.2MG; 0.7MG, 6.3MG; 1MG	4	
<i>buprenorphine hcl/naloxone hcl</i>	2	GC
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL(360 EA per 30 days); GC
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL(90 EA per 30 days); GC
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	2	GC
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	GC
Smoking Cessation Agents		

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	GC
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	4	
<i>varenicline tartrate</i>	3	
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	GC
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	GC
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	GC
<i>neomycin/polymyxin b sulfates</i>	2	GC
<i>paromomycin sulfate</i>	4	
STREPTOMYCIN SULFATE INJECTION 1GM	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
<i>Antibacterials, Other</i>		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindamycin hcl capsule 300mg, 75mg</i>	2	GC
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	GC
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	GC
<i>clindamycin/sodium chloride</i>	2	GC
<i>colistimethate sodium</i>	5	
DALVANCE	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 500MG	5	
<i>fosfomicin tromethamine</i>	3	
<i>linezolid tablet</i>	4	
<i>linezolid suspension reconstituted</i>	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid injection 600mg/300ml; 0.9%</i>	5	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	GC
<i>metronidazole capsule 375mg</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tablet 250mg, 500mg</i>	2	GC
<i>nitrofurantoin macrocrystals</i>	2	GC
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	GC
<i>nitrofurantoin suspension</i>	5	
SIVEXTRO	5	
SOLOSEC	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	GC
<i>vancomycin hcl injection 0.9%; 1gm/200ml</i>	2	GC
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose injection 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	2	GC
VANCOMYCIN HYDROCHLORIDE CAPSULE	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED 25MG/ML	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	2	GC
<i>vancomycin injection 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	GC
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule</i>	3	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	GC
<i>cefadroxil tablet</i>	3	
<i>cefazolin sodium/dextrose injection 1gm; 4%, 2gm; 3%</i>	2	GC
<i>cefazolin sodium injection 1gm/50ml; 4%</i>	2	GC
<i>cefazolin sodium injection 100gm, 10gm, 1gm, 300gm, 500mg</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefazolin injection 2gm/100ml; 4%</i>	2	GC
<i>cefdinir capsule</i>	2	GC
<i>cefdinir suspension reconstituted</i>	4	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime/dextrose</i>	4	
<i>cefixime</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm</i>	2	GC
<i>cefotetan/dextrose</i>	2	GC
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 1gm; 4%, 2gm; 2.2%</i>	2	GC
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil tablet</i>	3	
<i>cefprozil suspension reconstituted</i>	4	
<i>ceftazidime/dextrose</i>	2	GC
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	GC
<i>ceftriaxone sodium injection</i>	4	
<i>ceftriaxone/dextrose</i>	2	GC
<i>cefuroxime axetil tablet</i>	2	GC
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	GC
<i>cephalexin capsule 750mg</i>	3	
<i>cephalexin suspension reconstituted, tablet</i>	2	GC
SUPRAX TABLET CHEWABLE	4	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	4	
TAZICEF INJECTION 1GM, 2GM, 6GM	4	
<i>tazicef injection 1gm</i>	4	
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable, tablet</i>	2	GC
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	GC
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	GC
<i>ampicillin sodium injection</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	GC
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	GC
<i>nafcillin</i>	5	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 2000000unit, 5000000unit</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	GC
<i>piperacillin sodium/tazobactam sodium</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem/sodium chloride</i>	4	
VABOMERE	4	
Macrolides		
<i>azithromycin tablet</i>	2	GC
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	ST
<i>erythrocin stearate tablet 250mg</i>	4	
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tablet</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	5	
<i>erythromycin lactobionate</i>	5	
<i>erythromycin capsule delayed release particles 250mg</i>	4	
Quinolones		
BAXDELA TABLET	5	
<i>ciprofloxacin hcl tablet 750mg</i>	2	GC
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	GC
<i>ciprofloxacin i.v.-in d5w</i>	4	
<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	GC
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	GC
<i>sulfamethoxazole/trimethoprim tablet</i>	2	GC
<i>sulfamethoxazole/trimethoprim suspension</i>	4	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	4	
<i>doxycycline hyclate capsule</i>	2	GC
<i>doxycycline hyclate injection</i>	4	
<i>doxycycline hyclate tablet 100mg, 20mg, 50mg, 75mg</i>	2	GC
<i>doxycycline hyclate tablet 150mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	GC
<i>doxycycline monohydrate capsule 150mg, 75mg</i>	4	
<i>doxycycline monohydrate tablet</i>	2	GC
<i>minocycline hcl capsule 75mg</i>	2	GC
<i>minocycline hcl tablet</i>	4	
<i>minocycline hydrochloride er tablet extended release 24 hour 105mg, 80mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	GC
<i>mondoxyne nl capsule 100mg</i>	3	
<i>mondoxyne nl capsule 75mg</i>	4	
<i>morgidox 1x50mg</i>	2	GC
<i>okebo capsule 75mg</i>	2	GC
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	5	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	
ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500MG	5	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
LAMICTAL XR KIT	4	
<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 chewable, tablet</i>	2	GC
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	GC
NAYZILAM	5	
<i>roweepra</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>roweepra xr</i>	4	
SPRITAM	4	
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 25MG, 50MG	4	
<i>topiramate er capsule er 24 hour sprinkle 200mg</i>	4	
<i>topiramate er capsule extended release 24 hour</i>	4	
<i>topiramate capsule sprinkle, tablet</i>	2	GC
<i>valproic acid</i>	2	GC
XCOPRI TABLET THERAPY PACK 0	4	
XCOPRI TABLET THERAPY PACK 0	5	
XCOPRI TABLET 100MG, 150MG, 50MG	4	
XCOPRI TABLET 200MG	5	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule</i>	3	
<i>ethosuximide solution</i>	4	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	4	
<i>clonazepam tablet</i>	2	GC
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	GC
<i>divalproex sodium er</i>	2	GC
<i>divalproex sodium capsule delayed release sprinkle</i>	2	GC
<i>gabapentin capsule</i>	2	GC
<i>gabapentin solution</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	GC
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	GC
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days); GC
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days); GC
<i>pregabalin solution</i>	3	
<i>primidone tablet</i>	2	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
VIGABATRIN	5	
VIGADRONE PACKET	5	
<i>vigadrone tablet</i>	5	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	2	GC
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine tablet chewable, tablet</i>	2	GC
<i>carbamazepine suspension</i>	4	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	GC
<i>oxcarbazepine suspension</i>	4	
<i>phenytoin sodium extended</i>	2	GC
<i>phenytoin tablet chewable, suspension</i>	2	GC
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	
<i>zonisamide</i>	2	GC
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC	3	
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	GC
<i>donepezil hcl tablet 10mg</i>	1	GC
<i>donepezil hcl tablet 23mg</i>	2	GC
<i>donepezil hydrochloride tablet 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION	4	
<i>galantamine hydrobromide tablet</i>	4	
<i>rivastigmine tartrate</i>	2	GC
<i>rivastigmine transdermal system</i>	4	QL(30 EA per 30 days)
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	GC
<i>memantine hydrochloride er</i>	2	QL(30 EA per 30 days); GC
<i>memantine hydrochloride tablet</i>	2	QL(60 EA per 30 days); GC
<i>memantine hydrochloride solution</i>	4	
NAMENDA XR TITRATION PACK	3	
Antidepressants		
Antidepressants, Other		
APLENZIN	5	
AUVELITY	4	
<i>bupropion hcl tablet 100mg</i>	2	GC
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	GC
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	GC
<i>bupropion hydrochloride tablet 75mg</i>	2	GC
<i>chlordiazepoxide/amitriptyline</i>	2	GC
FORFIVO XL	4	
<i>maprotiline hcl</i>	4	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	GC
<i>perphenazine/amitriptyline</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM	5	
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	GC
<i>citalopram hydrobromide capsule, solution</i>	4	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	2	GC
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	GC
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	GC
<i>escitalopram oxalate tablet</i>	2	GC
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine dr</i>	4	
<i>fluoxetine hcl capsule 20mg</i>	2	GC
<i>fluoxetine hcl solution</i>	3	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	2	GC
<i>fluoxetine hydrochloride solution</i>	2	GC
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl er</i>	3	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	GC
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
PEXEVA	4	
<i>sertraline hcl concentrate</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tablet 25mg, 50mg</i>	1	GC
SERTRALINE HYDROCHLORIDE CAPSULE	4	
<i>sertraline hydrochloride tablet 100mg</i>	1	GC
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tablet 300mg</i>	2	GC
TRINTELLIX	4	
VENLAFAXINE BESYLATE ER	4	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days); GC
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days); GC
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er tablet extended release 24 hour</i>	3	QL(30 EA per 30 days)
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	GC
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	GC
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hcl tablet</i>	2	GC
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 100mg, 10mg, 50mg, 75mg</i>	2	GC
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	GC
<i>imipramine hcl tablet 25mg, 50mg</i>	2	GC
<i>imipramine hydrochloride tablet 10mg</i>	2	GC
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	GC
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	GC
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	GC
<i>phenadoz suppository 25mg</i>	2	GC
<i>prochlorperazine maleate tablet</i>	2	GC
<i>prochlorperazine suppository 25mg</i>	2	GC
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	GC
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	GC
<i>promethegan suppository 12.5mg, 25mg</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	4	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hcl tablet 24mg</i>	2	B/D; GC
<i>ondansetron hydrochloride tablet</i>	2	B/D; GC
<i>ondansetron odt</i>	2	B/D; GC
VARUBI TABLET THERAPY PACK	4	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
AMPHOTERICIN B LIPOSOME	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, solution, troche</i>	2	GC
CRESEMBA CAPSULE 186MG	5	
<i>econazole nitrate cream</i>	2	GC
ERAXIS	5	
ERTACZO	5	
EXELDERM	4	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tablet</i>	2	GC
<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	
<i>itraconazole solution</i>	5	
<i>ketoconazole cream, shampoo, tablet</i>	2	GC
<i>miconazole injection 100mg</i>	4	
<i>miconazole injection 50mg</i>	5	
<i>miconazole 3 suppository</i>	4	
<i>naftifine hydrochloride gel</i>	2	GC
NOXAFIL PACKET, SUSPENSION	5	
<i>nyamyc</i>	2	GC
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2	GC
<i>nystop</i>	2	GC
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole injection, suspension</i>	5	
<i>tavaborole</i>	4	
<i>terbinafine hcl tablet</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole</i>	2	GC
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	B/D
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	GC
COLCHICINE CAPSULE	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat</i>	2	ST; GC
MITIGARE	3	QL(120 EA per 30 days)
<i>probenecid/colchicine</i>	2	GC
<i>probenecid tablet</i>	2	GC
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE SOLUTION	4	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	3	
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>frovatriptan succinate</i>	4	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL(9 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days); GC
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days); GC
<i>sumatriptan succinate refill injection 6mg/0.5ml</i>	2	QL(5 ML per 30 days); GC
<i>sumatriptan succinate refill injection 4mg/0.5ml</i>	2	QL(9 ML per 30 days); GC
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days); GC
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan odt</i>	4	QL(6 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(6 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet</i>	2	GC
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid tablet</i>	2	GC
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>carboplatin injection 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	4	
<i>cisplatin injection 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	4	
<i>cyclophosphamide capsule, tablet</i>	3	B/D
<i>dacarbazine injection 100mg, 200mg</i>	2	GC
GLEOSTINE CAPSULE 10MG, 40MG	3	
GLEOSTINE CAPSULE 100MG	5	
<i>ifosfamide</i>	4	
LEUKERAN	5	
MATULANE	5	
<i>oxaliplatin injection 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	4	
<i>oxaliplatin injection 100mg, 50mg</i>	5	
<i>paraplatin injection 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	4	
VALCHLOR	5	
Antiandrogens		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>bicalutamide</i>	2	GC
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
<i>flutamide</i>	4	
<i>nilutamide</i>	5	
NUBEQA	5	QL(120 EA per 30 days); PA
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
YONSA	5	QL(120 EA per 30 days); PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(28 EA per 28 days); PA
POMALYST	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	QL(28 EA per 28 days); PA
TABRECTA	5	PA
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	GC
TOREMIFENE CITRATE	5	
Antimetabolites		
<i>cytarabine aqueous</i>	4	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	4	B/D
DROXIA	3	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	4	B/D
<i>gemcitabine hcl</i>	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	3	
<i>hydroxyurea capsule</i>	2	GC
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	4	B/D
AKEEGA	5	PA
<i>azacitidine</i>	5	
BESREMI	5	PA
<i>bleomycin sulfate</i>	4	B/D
<i>bortezomib injection 3.5mg/1.4ml</i>	4	
<i>bortezomib injection 3.5mg</i>	5	
<i>docetaxel injection 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	4	
<i>docetaxel injection 20mg/2ml</i>	5	
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	4	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride injection 10mg</i>	4	B/D
<i>epirubicin hcl injection 200mg/100ml, 50mg/25ml</i>	4	
EPKINLY	5	PA
GAVRETO	5	QL(120 EA per 30 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
<i>idarubicin hcl</i>	4	
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
<i>leucovorin calcium injection 100mg/10ml, 100mg, 200mg, 350mg, 500mg/50ml, 500mg, 50mg</i>	4	
<i>leucovorin calcium tablet 5mg</i>	2	GC
<i>leucovorin calcium tablet 10mg, 15mg, 25mg</i>	3	
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	QL(3 EA per 28 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU	5	PA
<i>paclitaxel</i>	4	
PEMAZYRE	5	QL(30 EA per 30 days); PA
PROLEUKIN	5	
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
SCSEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCSEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>vinblastine sulfate injection 1mg/ml</i>	4	B/D
<i>vincasar pfs</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
VONJO	5	QL(120 EA per 30 days); PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	QL(30 EA per 30 days); GC
EXEMESTANE	3	
<i>letrozole</i>	2	GC
<i>Enzyme Inhibitors</i>		
<i>etoposide injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	GC
<i>irinotecan hydrochloride</i>	4	
<i>irinotecan injection 500mg/25ml</i>	4	
<i>toposar injection 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	QL(60 EA per 30 days); PA
COTELLIC	5	PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA
ERIVEDGE	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 25MG	4	PA
ERLOTINIB HYDROCHLORIDE TABLET 150MG	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(120 EA per 30 days); PA
<i>gefitinib</i>	5	QL(30 EA per 30 days); PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA TABLET	5	QL(30 EA per 30 days); PA
IMBRUVICA SUSPENSION	5	QL(324 ML per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA
MEKINIST SOLUTION RECONSTITUTED	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI	5	QL(180 EA per 30 days); PA
NERLYNX	5	PA
ODOMZO	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(120 EA per 30 days); PA
RYDAPT	5	PA
<i>sorafenib</i>	5	QL(120 EA per 30 days); PA
<i>sorafenib tosylate</i>	5	QL(120 EA per 30 days); PA
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA
STIVARGA	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE	5	QL(30 EA per 30 days); PA
TAFINLAR TABLET SOLUBLE	5	PA
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA
TAGRISSE	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	QL(120 EA per 30 days); PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA
VIZIMPRO	5	QL(30 EA per 30 days); PA
VOTRIENT	5	QL(120 EA per 30 days); PA
WELIREG	5	PA
XALKORI	5	QL(60 EA per 30 days); PA
XOSPATA	5	PA
ZEJULA TABLET	5	PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(240 EA per 30 days); PA
ZYDELIG	5	QL(60 EA per 30 days); PA
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA
Retinoids		
BEXAROTENE CAPSULE	5	PA
<i>bexarotene gel</i>	5	PA
PANRETIN	5	
TRETINOIN CAPSULE 10MG	5	
Treatment Adjuncts		
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
ALBENDAZOLE TABLET	5	
EMVERM	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ATOVAQUONE	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet</i>	2	GC
<i>mefloquine hcl</i>	2	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
<i>primaquine phosphate tablet</i>	4	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	GC
<i>trihexyphenidyl hcl solution</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hydrochloride</i>	2	GC
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	5	
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate tablet</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	GC
<i>ropinirole er</i>	2	GC
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	GC
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	GC
<i>carbidopa/levodopa er</i>	2	GC
<i>carbidopa/levodopa odt</i>	2	GC
<i>carbidopa tablet</i>	4	
DUOPA	5	B/D
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	GC
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl tablet</i>	3	
<i>fluphenazine hcl concentrate, injection</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	GC
<i>loxapine</i>	2	GC
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL(1 EA per 28 days)
ABILIFY MYCITE	5	
ABILIFY MYCITE MAINTENANCE KIT	5	
ABILIFY MYCITE STARTER KIT	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days); GC
<i>aripiprazole solution</i>	4	
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	
CAPLYTA	5	
FANAPT TITRATION PACK	4	
FANAPT TABLET 4MG	4	
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	
INVEGA HAFYERA	5	PA
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	PA
<i>lurasidone hydrochloride</i>	4	
LYBALVI	5	
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt</i>	4	
<i>olanzapine tablet</i>	2	GC
<i>olanzapine injection</i>	4	
<i>paliperidone er</i>	4	
PERSERIS	5	
<i>quetiapine fumarate</i>	2	GC
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
REXULTI	5	
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone</i>	2	GC
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
SECUADO	5	
VRAYLAR CAPSULE THERAPY PACK	4	
VRAYLAR CAPSULE	5	
<i>ziprasidone hcl</i>	2	GC
<i>ziprasidone mesylate</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine odt tablet disintegrating 200mg</i>	5	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	2	GC
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	GC
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	GC
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
VALGANCICLOVIR HYDROCHLORIDE	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	
ENTECAVIR	4	
EPIVIR HBV SOLUTION	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET	5	PA
EPCLUSA TABLET	5	QL(28 EA per 28 days); PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET PACKET	5	PA
MAVYRET TABLET	5	QL(84 EA per 28 days); PA
<i>ribavirin capsule</i>	3	
<i>ribavirin tablet 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL(28 EA per 28 days); PA
VOSEVI	5	QL(28 EA per 28 days); PA
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	4	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er</i>	4	
<i>nevirapine tablet</i>	3	
<i>nevirapine suspension</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	
ABACA VIR SULFATE/LAMIVUDINE/ZIDOVUDINE	5	
CIMDUO	5	
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>stavudine capsule</i>	4	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule, tablet</i>	3	
<i>zidovudine syrup</i>	4	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TYBOST	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
CRIXIVAN CAPSULE 400MG	4	
<i>darunavir tablet 600mg</i>	4	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
<i>Anti-influenza Agents</i>		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule</i>	3	
<i>oseltamivir phosphate suspension reconstituted</i>	4	
RELENZA DISKHALER	4	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	4	
<i>Antiherpetic Agents</i>		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	GC
<i>acyclovir suspension 200mg/5ml</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tablet 400mg, 800mg</i>	2	GC
<i>famciclovir tablet</i>	2	GC
<i>valacyclovir hcl tablet 1gm</i>	2	GC
<i>valacyclovir hydrochloride tablet 500mg</i>	2	GC
Anxiolytics		
<i>Anxiolytics, Other</i>		
<i>bupirone hcl tablet 15mg, 30mg</i>	2	GC
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	2	GC
<i>Benzodiazepines</i>		
<i>alprazolam</i>	2	GC
<i>alprazolam er</i>	4	
<i>alprazolam intensol</i>	4	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol</i>	4	
<i>diazepam tablet</i>	2	QL(120 EA per 30 days); GC
<i>diazepam concentrate, solution</i>	4	
<i>lorazepam intensol</i>	2	GC
<i>lorazepam tablet</i>	2	GC
Bipolar Agents		
<i>Mood Stabilizers</i>		
EQUETRO	4	
<i>lithium carbonate er</i>	2	GC
<i>lithium carbonate capsule</i>	1	GC
<i>lithium carbonate tablet</i>	2	GC
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE	4	QL(30 EA per 30 days)
BYDUREON BCISE	4	QL(4 ML per 28 days); PA
FARXIGA	3	QL(30 EA per 30 days)
<i>glimepiride</i>	1	GC
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide tablet 2.5mg</i>	1	QL(240 EA per 30 days)
<i>glipizide tablet 5mg</i>	1	QL(240 EA per 30 days); GC
<i>glyburide micronized</i>	2	QL(60 EA per 30 days); PA; GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide/metformin hydrochloride</i>	2	PA; GC
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA; GC
<i>glyburide tablet 1.25mg, 1.5mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA; GC
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
JENTADUETO	3	QL(60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
KAZANO	4	QL(60 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	4	QL(30 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	4	QL(60 EA per 30 days); ST
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	GC
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	2	GC
NESINA	4	QL(30 EA per 30 days); ST
ONGLYZA	4	QL(30 EA per 30 days); ST
OSENI	4	QL(30 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	GC
<i>pioglitazone hcl tablet 45mg</i>	1	GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	GC
QTERN	4	QL(30 EA per 30 days)
<i>repaglinide</i>	2	GC
RYBELSUS	3	QL(30 EA per 30 days); PA
<i>saxagliptin hydrochloride</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	4	QL(30 EA per 30 days); ST
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	4	QL(60 EA per 30 days); ST
SOLQUA 100/33	3	QL(90 ML per 30 days); PA
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 60	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
<i>tolbutamide</i>	2	GC
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
XIGDUO XR	3	QL(30 EA per 30 days)
XULTOPHY 100/3.6	3	
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	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	
HUMALOG TEMPO PEN	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	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 10000UNIT/4ML, 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/nacl 0.45% injection 12500unit/250ml; 0.45%, 25000unit/250ml; 0.45%</i>	4	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	4	
<i>heparin sodium/sodium chloride injection 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	GC
<i>jantoven</i>	1	GC
<i>warfarin sodium tablet</i>	1	GC
XARELTO STARTER PACK	3	
XARELTO TABLET	3	
XARELTO SUSPENSION RECONSTITUTED	5	
ZONTIVITY	4	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
FULPHILA	5	
GRANIX	5	
LEUKINE INJECTION 250MCG	5	
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NYVEPRIA	5	
PROCRIT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
<i>cilostazol</i>	2	GC
<i>clopidogrel</i>	2	GC
<i>prasugrel</i>	2	GC
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	2	GC
<i>clonidine hydrochloride tablet</i>	1	GC
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	2	GC
<i>methyl dopa tablet 250mg, 500mg</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl</i>	2	GC
Alpha-adrenergic Blocking Agents		
PHENOXYBENZAMINE HYDROCHLORIDE	5	
<i>prazosin hcl capsule 1mg, 5mg</i>	2	GC
<i>prazosin hydrochloride capsule</i>	2	GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	GC
<i>irbesartan</i>	1	GC
<i>losartan potassium tablet</i>	1	GC
<i>olmesartan medoxomil tablet</i>	1	GC
<i>telmisartan</i>	2	GC
<i>valsartan tablet</i>	1	GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride tablet 20mg</i>	1	GC
<i>captopril tablet</i>	2	GC
<i>enalapril maleate tablet</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril tablet</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	2	GC
<i>quinapril hcl tablet 20mg, 40mg</i>	1	GC
<i>quinapril hydrochloride</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
Antiarrhythmics		
<i>amiodarone hcl tablet 400mg</i>	2	GC
<i>amiodarone hydrochloride tablet 200mg</i>	1	GC
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	2	GC
<i>digitek tablet 0.25mg</i>	2	PA; GC
<i>digitek tablet 0.125mg</i>	2	QL(30 EA per 30 days); GC
<i>digoxin tablet 250mcg</i>	2	PA; GC
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>digox tablet 250mcg</i>	2	PA; GC
<i>digox tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>dofetilide</i>	2	GC
<i>flecainide acetate</i>	2	GC
<i>mexiletine hcl</i>	4	
MULTAQ	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	GC
<i>propafenone hcl</i>	2	GC
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tablet</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hydrochloride (af)</i>	2	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	GC
<i>atenolol tablet</i>	1	GC
<i>bisoprolol fumarate</i>	2	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tablet</i>	2	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	GC
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>nebivolol tablet 10mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>pindolol tablet</i>	2	GC
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	GC
<i>propranolol hcl solution</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	GC
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	GC
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	GC
<i>felodipine er</i>	2	GC
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	GC
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	GC
<i>diltiazem hcl cd</i>	2	GC
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	GC
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	2	GC
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	GC
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	GC
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>diltiazem hydrochloride tablet 120mg</i>	2	GC
<i>matzim la</i>	2	GC
<i>taztia xt</i>	2	GC
<i>tiadylt er</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	2	GC
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	GC
<i>verapamil hcl sr capsule extended release 24 hour</i>	2	GC
<i>verapamil hcl tablet 40mg, 80mg</i>	1	GC
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	2	GC
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	GC
<i>verapamil hydrochloride tablet 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	2	GC
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	1	GC
<i>amlodipine/olmesartan medoxomil</i>	2	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>benazepril hcl/hydrochlorothiazide</i>	2	GC
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	2	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	GC
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	GC
<i>captopril/hydrochlorothiazide</i>	2	GC
CORLANOR TABLET	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
ENTRESTO	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>methyldopa/hydrochlorothiazide</i>	3	
<i>metoprolol/hydrochlorothiazide</i>	2	GC
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	GC
<i>pentoxifylline er</i>	2	GC
<i>propranolol/hydrochlorothiazide</i>	2	GC
<i>quinapril/hydrochlorothiazide</i>	2	GC
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	2	QL(60 EA per 30 days); GC
<i>ranolazine er tablet extended release 12 hour 500mg</i>	2	QL(90 EA per 30 days); GC
<i>spironolactone/hydrochlorothiazide</i>	2	GC
<i>telmisartan/amlodipine</i>	3	
<i>telmisartan/hydrochlorothiazide</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	GC
<i>triamterene/hydrochlorothiazide tablet</i>	1	GC
<i>valsartan/hydrochlorothiazide</i>	1	GC
Diuretics, Loop		
<i>bumetanide tablet</i>	2	GC
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	GC
<i>furosemide oral solution</i>	2	GC
<i>furosemide injection</i>	4	
<i>toremide tablet</i>	2	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	2	GC
<i>eplerenone</i>	2	GC
<i>spironolactone tablet</i>	1	GC
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	GC
<i>hydrochlorothiazide capsule, tablet</i>	1	GC
<i>indapamide tablet</i>	1	GC
<i>metolazone</i>	2	GC
Dyslipidemics, Fibric Acid Derivatives		
ANTARA CAPSULE 30MG, 90MG	3	
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	GC
<i>fenofibrate capsule 130mg, 134mg, 43mg</i>	2	GC
<i>fenofibrate capsule 150mg, 50mg</i>	3	
<i>fenofibrate tablet</i>	2	GC
<i>fenofibric acid dr</i>	2	GC
<i>fenofibric acid tablet 35mg</i>	2	GC
<i>gemfibrozil tablet</i>	2	GC
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC
<i>simvastatin tablet</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	GC
<i>cholestyramine packet, powder</i>	2	GC
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl granules, tablet</i>	2	GC
<i>colestipol hcl packet</i>	3	
<i>ezetimibe</i>	2	QL(30 EA per 30 days); GC
<i>ezetimibe/simvastatin</i>	2	QL(30 EA per 30 days); GC
<i>icosapent ethyl</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	2	GC
<i>niacin tablet 500mg</i>	4	
NIACOR	4	
<i>omega-3-acid ethyl esters</i>	2	GC
PRALUENT	3	PA
<i>prevalite</i>	2	GC
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	3	
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	GC
<i>isosorbide dinitrate tablet 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	2	GC
NITRO-BID	4	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	GC
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	GC
VERQUVO	4	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	GC
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	GC
<i>minoxidil tablet</i>	2	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tablet</i>	2	GC
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	4	
<i>dextroamphetamine sulfate er</i>	4	
<i>dextroamphetamine sulfate tablet</i>	2	GC
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	3	
<i>atomoxetine capsule 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	3	
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 15mg, 20mg, 30mg, 35mg, 5mg</i>	4	
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	GC
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	4	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	GC
<i>guanfacine er tablet extended release 24 hour 2mg, 3mg</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	4	
<i>metadate er tablet extended release 20mg</i>	4	
<i>methylphenidate hydrochloride er (la)</i>	4	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	GC
<i>methylphenidate hydrochloride tablet chewable, solution</i>	4	
Central Nervous System, Other		
AUSTEDO	5	PA
<i>butalbital/acetaminophen/caffeine capsule</i>	2	GC
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	GC
<i>butalbital/aspirin/caffeine capsule</i>	3	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	3	
TETRABENAZINE TABLET 25MG	4	QL(120 EA per 30 days); PA
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	4	QL(30 EA per 30 days)
<i>pregabalin er tablet extended release 24 hour 330mg</i>	4	QL(60 EA per 30 days)
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AUBAGIO	5	PA
AVONEX PEN	5	
AVONEX INJECTION 30MCG/0.5ML	5	
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	PA
<i>dimethyl fumarate starterpack</i>	5	PA
<i>fingolimod</i>	5	PA
GILENYA CAPSULE 0.25MG	5	PA
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAYZENT	5	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	PA
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
<i>teriflunomide</i>	4	PA
Dental and Oral Agents		

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	GC
<i>lidocaine hcl mouth/throat solution 4%</i>	2	GC
<i>lidocaine hydrochloride viscous</i>	2	GC
<i>lidocaine viscous</i>	2	GC
<i>oralone dental paste</i>	2	GC
<i>paroex</i>	2	GC
<i>periogard</i>	2	GC
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	2	GC
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	
<i>acitretin</i>	3	
<i>adapalene gel 0.1%</i>	3	
<i>adapalene gel 0.3%</i>	4	
<i>amnestem</i>	4	
<i>avita</i>	3	
<i>azelaic acid</i>	2	GC
CLARAVIS	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	GC
<i>metronidazole gel 0.75%, 1%</i>	2	GC
<i>metronidazole lotion 0.75%</i>	4	
MYORISAN	4	
<i>rosadan</i>	2	GC
<i>tazarotene gel</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin microsphere</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	
<i>vitazol</i>	2	GC
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	GC
<i>alclometasone dipropionate cream</i>	2	GC
<i>ammonium lactate cream, lotion</i>	2	GC
<i>baser lotion</i>	4	
<i>betamethasone dipropionate augmented cream</i>	2	GC
<i>betamethasone dipropionate augmented gel, lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	2	GC
<i>betamethasone dipropionate ointment</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate cream, lotion, ointment</i>	2	GC
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, solution</i>	2	GC
<i>clobetasol propionate ointment, shampoo</i>	4	
<i>clodan</i>	4	
<i>desoximetasone cream, gel, ointment</i>	4	
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide topical</i>	4	
<i>fluocinolone acetonide cream, ointment</i>	2	GC
<i>fluocinolone acetonide solution</i>	4	
<i>fluocinonide</i>	2	GC
<i>fluocinonide emulsified base</i>	2	GC
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate lotion 0.05%</i>	4	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	2	GC
<i>hydrocortisone butyrate (lipid)</i>	2	GC
<i>hydrocortisone butyrate (lipophilic)</i>	2	GC
<i>hydrocortisone butyrate cream, ointment, solution</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	GC
<i>hydrocortisone lotion 2.5%</i>	2	GC
<i>hydrocortisone ointment 2.5%</i>	2	GC
<i>mometasone furoate cream 0.1%</i>	2	GC
<i>mometasone furoate ointment 0.1%</i>	2	GC
<i>mometasone furoate solution 0.1%</i>	2	GC
<i>prednicarbate cream</i>	4	
<i>selenium sulfide</i>	2	GC
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	2	GC
<i>triamcinolone acetonide aerosol solution</i>	4	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	GC
<i>triamcinolone acetonide ointment 0.05%</i>	4	
<i>trianex</i>	4	
<i>triderm</i>	2	GC
<i>tritocin</i>	4	
<i>Dermatological Agents, Other</i>		
CALCIPOTRIENE FOAM	4	
<i>calcipotriene cream, ointment, solution</i>	4	
<i>calcitriol ointment 3mcg/gm</i>	4	
CARAC	5	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	GC
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	
CONDYLOX GEL	4	
DICLOFENAC SODIUM GEL 3%	4	PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
EPIFOAM	4	
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil cream 0.5%</i>	5	
<i>fluorouracil external solution 2%, 5%</i>	4	
IMIQUIMOD PUMP	5	
<i>imiquimod cream 5%</i>	2	GC
METHOXSALLEN CAPSULE	5	
NEO-SYNALAR	4	
<i>nystatin/triamcinolone</i>	4	
<i>nystatin/triamcinolone acetonide cream</i>	4	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	GC
<i>ssd</i>	2	GC
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	2	GC
<i>acyclovir ointment 5%</i>	4	
<i>ciclodan solution</i>	2	GC
<i>ciclopirox nail lacquer</i>	2	GC
<i>ciclopirox olamine</i>	2	GC
<i>ciclopirox suspension</i>	2	GC
<i>ciclopirox shampoo</i>	3	
<i>ciclopirox gel</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>dapsone gel 5%</i>	4	
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin pad 2%</i>	2	GC
<i>erythromycin solution 2%</i>	2	GC
<i>mupirocin ointment</i>	2	GC
<i>mupirocin cream</i>	4	
<i>penciclovir cream</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

Drug Name	Drug Tier	Requirements/Limits
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, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	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
CARGLUMIC ACID	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
CLINISOL SF 15%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 10%</i>	4	
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 20%</i>	4	
<i>dextrose 25% injection 250mg/ml</i>	4	
<i>dextrose 30%</i>	4	
<i>dextrose 40%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/lactated ringers injection 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	GC
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.225%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
<i>dextrose 5%/nacl 0.33%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
FREAMINE HBC 6.9%	4	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D
IONOSOL-MB/DEXTROSE 5% INJECTION 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% injection 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	GC
<i>klor-con 8</i>	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20</i>	2	GC
<i>klor-con sprinkle</i>	2	GC
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	2	GC
NEPHRAMINE	4	B/D
NORMOSOL -R	4	
NORMOSOL-M IN D5W	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride cr tablet extended release 10meq</i>	2	GC
<i>potassium chloride er</i>	2	GC
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	
<i>potassium chloride injection 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium citrate er</i>	2	GC
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 2.5meq/ml</i>	2	GC
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>sodium chloride injection 3%, 4meq/ml, 5%</i>	4	
SYNTHAMIN 17	4	B/D
TPN ELECTROLYTES	4	

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<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>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone</i>	5	PA
FERRIPROX TWICE-A-DAY	5	PA
FERRIPROX SOLUTION	5	PA
<i>penicillamine capsule 250mg</i>	5	
<i>sodium polystyrene sulfonate powder 0</i>	2	GC
<i>tolvaptan</i>	5	
TRIENTINE HYDROCHLORIDE CAPSULE 250MG	5	
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	2	GC
<i>calcium acetate tablet 667mg</i>	2	GC
FOSRENOL PACKET	5	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate tablet</i>	2	GC
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer hydrochloride</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	2	GC
LOKELMA	3	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	2	GC
<i>sps</i>	2	GC
VELTASSA	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	GC
<i>generlac</i>	2	GC
<i>lactulose solution</i>	2	GC
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK	3	QL(30 EA per 30 days)
RELISTOR	5	PA
TRULANCE	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	GC
<i>diphenoxylate/atropine liquid</i>	4	
<i>loperamide hcl capsule</i>	2	GC
MYTESI	4	
VIBERZI	5	QL(60 EA per 30 days); PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	GC
<i>dicyclomine hydrochloride injection</i>	4	
<i>glycate</i>	2	GC
<i>glycopyrrolate tablet</i>	2	GC
<i>methscopolamine bromide tablet</i>	4	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	4	
GATTEX	5	PA
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>gavilyte-h</i>	2	GC
<i>gavilyte-n/flavor pack</i>	2	GC
<i>lansoprazole/amoxicillin/clarithromycin therapy pack</i>	4	
<i>metoclopramide hcl solution</i>	2	GC
<i>metoclopramide hcl tablet 5mg</i>	1	GC
<i>metoclopramide hydrochloride tablet 10mg</i>	1	GC
MYALEPT	5	
<i>peg 3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes/ascorbate</i>	2	GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	GC
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	2	GC
PYLERA	5	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>trilyte</i>	2	GC
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet</i>	3	
XIFAXAN TABLET 200MG	4	
XIFAXAN TABLET 550MG	5	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl solution</i>	3	
<i>cimetidine hydrochloride solution 300mg/5ml</i>	3	
<i>cimetidine tablet</i>	3	
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	1	GC
<i>nizatidine capsule</i>	2	GC
<i>nizatidine solution</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	GC
<i>sucralfate suspension</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days); GC
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days); GC
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days); GC
<i>rabeprazole sodium</i>	2	QL(30 EA per 30 days); GC
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INJECTION 500MG	4	PA
ARALAST NP INJECTION 1000MG	5	PA
<i>betaine anhydrous</i>	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>dichlorphenamide</i>	5	
ENDARI	5	PA
GLASSIA	5	PA
MIGLUSTAT	5	PA
<i>nitisinone</i>	5	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
ORFADIN SUSPENSION	5	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	5	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	4	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	5	
PROLASTIN-C	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	4	QL(30 EA per 30 days)
<i>fesoterodine fumarate er</i>	3	QL(30 EA per 30 days)
<i>flavoxate hcl</i>	4	
GEMTESA	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL(60 EA per 30 days); GC
<i>oxybutynin chloride solution, tablet</i>	2	GC
<i>solifenacin succinate</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	2	QL(60 EA per 30 days); GC
<i>tolterodine tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>tropium chloride</i>	2	QL(60 EA per 30 days); GC
<i>tropium chloride er</i>	2	QL(30 EA per 30 days); GC
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	1	GC
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	GC
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	GC
<i>finasteride tablet</i>	1	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tablet 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride capsule 2mg</i>	1	GC
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	GC
<i>penicillamine tablet 250mg</i>	5	
<i>tiopronin</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	4	
<i>dexamethasone intensol</i>	4	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	GC
<i>dexamethasone elixir, solution</i>	4	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	GC
<i>fludrocortisone acetate tablet</i>	2	GC
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	GC
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	2	GC
<i>methylprednisolone dose pack tablet therapy pack</i>	2	GC
<i>methylprednisolone sodium succinate</i>	2	GC
<i>methylprednisolone sodiumsuccinate injection 125mg, 40mg</i>	2	GC
<i>methylprednisolone tablet</i>	2	GC
MILLIPRED TABLET	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution</i>	2	GC
<i>prednisolone tablet</i>	4	
<i>prednisone intensol</i>	4	
<i>prednisone solution</i>	2	GC
<i>prednisone tablet therapy pack</i>	3	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate tablet</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	
LUPRON DEPOT-PED	5	
NUTROPIN AQ NUSPIN 10	5	PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE	5	PA
ZOMACTON	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
<i>oxandrolone tablet 2.5mg</i>	3	QL(120 EA per 30 days); PA
<i>oxandrolone tablet 10mg</i>	3	QL(60 EA per 30 days); PA
<i>Androgens</i>		
<i>danazol capsule</i>	4	
METHITEST	4	
<i>methyltestosterone capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	GC
<i>testosterone enanthate injection</i>	2	GC
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 1.62%</i>	3	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution</i>	4	
<i>Estrogens</i>		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>amethia lo</i>	4	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	4	
<i>blisovi 24 fe</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	4	
<i>camrese lo</i>	4	
<i>caziant</i>	4	
<i>cryselle-28</i>	4	
<i>cyclafem 1/35</i>	4	
<i>cyclafem 7/7/7</i>	4	
<i>cyred eq</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel/ethinyl estradiol</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	
<i>eluryng</i>	4	
<i>emoquette</i>	3	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tablet</i>	1	GC
<i>estradiol cream, vaginal tablet</i>	2	GC
<i>estradiol patch twice weekly, patch weekly</i>	3	
<i>estradiol gel</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	
<i>femynor</i>	3	
<i>fyavolv</i>	3	
<i>gemmily</i>	2	GC
<i>gianvi</i>	3	
<i>hailey 24 fe</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i>	3	
<i>jinteli</i>	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>lessina</i>	3	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28</i>	3	
<i>lopreeza</i>	4	
<i>loryna</i>	3	
<i>low-ogestrel</i>	4	
<i>lutra</i>	3	
<i>lyllana</i>	3	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>merzee</i>	2	GC
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin 24 fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>mili</i>	3	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>nylia 1/35</i>	4	
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>orsythia</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>reclipsen</i>	3	
<i>rivelsa</i>	4	
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 eq</i>	3	
<i>taysofy</i>	2	GC
<i>tilia fe</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	4	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>yuvafem</i>	2	GC
<i>zarah</i>	4	
<i>zovia 1/35</i>	4	
<i>zovia 1/35e</i>	4	
Progestins		
<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	4	
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	5	
<i>incassia</i>	4	
<i>lyleq</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone acetate tablet</i>	2	GC
<i>medroxyprogesterone acetate injection</i>	4	
<i>megestrol acetate tablet</i>	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>norethindrone acetate tablet</i>	2	GC
<i>norethindrone tablet</i>	4	
<i>progesterone capsule</i>	2	GC
<i>sharobel</i>	4	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	GC
<i>levo-t</i>	3	
<i>levothyroxine sodium tablet</i>	1	GC
<i>levothyroxine sodium injection 100mcg/5ml, 200mcg/5ml, 500mcg/5ml</i>	5	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	GC
SYNTHROID TABLET	3	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	
RECORLEV	5	QL(240 EA per 30 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	GC
CAMCEVI	4	
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days)
FIRMAGON INJECTION 120MG/VIAL	5	QL(2 EA per 28 days)
LANREOTIDE ACETATE	5	PA
LEUPROLIDE ACETATE INJECTION 22.5MG	4	
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH)	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 30MG	4	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	
OCTREOTIDE ACETATE INJECTION 1000MCG/ML	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
ORGOVYX	5	PA
SIGNIFOR	5	
SIGNIFOR LAR	5	
SOMATULINE DEPOT	5	PA
SOMAVERT	5	
SYNAREL	5	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	GC
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
ICATIBANT ACETATE	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
FLEBOGAMMA DIF	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
PRIVIGEN	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	4	
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 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

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABLET THERAPY PACK 0	5	PA
RIDAURA	3	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	4	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 75MG/0.83ML	5	QL(2 EA per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 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	5	QL(0.5 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(1 ML per 28 days); 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
Immunostimulants		
ACTIMMUNE	5	
PEGASYS	5	
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D; GC
BENLYSTA INJECTION 120MG, 400MG	5	PA
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	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 INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 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	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	3	B/D
<i>gengraf solution</i>	3	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML, 80MG/0.8ML	5	QL(4 EA per 30 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
<i>leflunomide</i>	2	GC
<i>methotrexate sodium tablet</i>	2	GC
<i>methotrexate sodium injection 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	2	GC
<i>methotrexate injection 50mg/2ml</i>	2	GC
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D; GC
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D; GC
ORENCIA INJECTION 250MG	5	PA
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(30 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
TREXALL	4	
XATMEP	4	
YUFLYMA 1-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT	5	QL(6 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	4	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLUTION	4	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	GC
DIPENTUM	5	
<i>mesalamine dr</i>	3	
<i>mesalamine er capsule extended release 24 hour</i>	3	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine kit</i>	2	GC
<i>mesalamine suppository</i>	3	
<i>mesalamine enema</i>	4	
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine tablet, tablet delayed release</i>	2	GC
Glucocorticoids		
BUDESONIDE ER	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
<i>hydrocortisone cream 1%</i>	2	GC
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	GC
<i>procto-pak</i>	2	GC
<i>proctosol hc</i>	2	GC
<i>proctozone-hc</i>	2	GC
UCERIS FOAM	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	GC
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	GC
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol capsule 0.5mcg</i>	3	
<i>doxercalciferol capsule 1mcg, 2.5mcg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	
<i>ibandronate sodium</i>	2	GC
NATPARA	5	
<i>pamidronate disodium injection 30mg/10ml, 6mg/ml, 90mg/10ml</i>	4	
<i>paricalcitol capsule</i>	4	
PROLIA	4	
RAYALDEE	5	
<i>risedronate sodium dr</i>	3	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
TERIPARATIDE	5	
TYMLOS	5	
XGEVA	5	PA
<i>zoledronic acid injection 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	GC
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>acetylcysteine injection 200mg/ml</i>	2	GC
<i>alcohol prep pads</i>	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINOLIPID	4	B/D
CURITY GAUZE PADS 2"X2" 12 PLY	3	
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	4	QL(40 EA per 5 days)
<i>levocarnitine injection, oral solution, tablet</i>	4	
NUTRILIPID	4	B/D
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak)
<i>sodium chloride 0.9%</i>	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	GC
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	4	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTADROPS	5	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	GC
<i>neo-polycin</i>	2	GC
<i>neo-polycin hc</i>	2	GC
<i>neomycin/bacitracin/polymyxin</i>	2	GC
<i>neomycin/polymyxin/bacitracin zinc ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	GC
<i>neomycin/polymyxin/dexamethasone</i>	2	GC
<i>neomycin/polymyxin/gramicidin</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	GC
<i>proparacaine hcl</i>	2	GC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	GC
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
azelastine hcl ophthalmic solution 0.05%	2	GC
cromolyn sodium solution 4%	2	GC
epinastine hcl	2	GC
olopatadine hcl ophthalmic solution 0.1%	3	
olopatadine hydrochloride solution 0.2%	3	
Ophthalmic Anti-Infectives		
bacitracin	2	GC
ciprofloxacin hydrochloride solution 0.3%	2	GC
erythromycin ointment 5mg/gm	2	GC
gatifloxacin	4	
gentak ointment	2	GC
gentamicin sulfate ophthalmic solution 0.3%	2	GC
levofloxacin ophthalmic solution 0.5%	3	
moxifloxacin hydrochloride ophthalmic solution 0.5%	2	GC
NATACYN	4	
ofloxacin ophthalmic solution 0.3%	2	GC
sulfacetamide sodium solution	2	GC
sulfacetamide sodium ointment	3	
tobramycin sulfate ophthalmic solution 0.3%	2	GC
tobramycin solution 0.3%	2	GC
trifluridine	3	
ZIRGAN	4	
Ophthalmic Anti-inflammatory		
bromfenac	3	
dexamethasone sodium phosphate ophthalmic solution 0.1%	3	
diclofenac sodium solution 0.1%	2	GC
difluprednate	2	GC
fluorometholone	2	GC
flurbiprofen sodium	2	GC
FML	4	
FML FORTE	4	
ILEVRO	3	
ketorolac tromethamine	2	GC
LOTEMAX SM	4	
LOTEMAX OINTMENT	3	
loteprednol etabonate	3	
prednisolone acetate	2	GC
prednisolone sodium phosphate ophthalmic solution 1%	2	GC
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl	3	
BETIMOL	4	
BETOPTIC-S	3	
carteolol hcl	2	GC
levobunolol hcl solution 0.5%	2	GC

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	GC
<i>timolol maleate solution 0.5%</i>	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	GC
<i>brimonidine tartrate solution 0.15%</i>	2	GC
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	2	GC
<i>dorzolamide hcl</i>	2	GC
<i>dorzolamide hydrochloride</i>	2	GC
<i>methazolamide tablet</i>	4	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	3	
<i>travoprost</i>	3	ST
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	GC
<i>ciprofloxacin/dexamethasone</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	GC
<i>ofloxacin otic solution 0.3%</i>	2	GC
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUIITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide solution 0.025%</i>	2	GC
<i>fluticasone propionate suspension 50mcg/act</i>	2	GC
<i>mometasone furoate suspension 50mcg/act</i>	4	
QNASL CHILDRENS	4	
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(10.6 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	GC
<i>azelastine hydrochloride solution 0.1%</i>	2	GC
<i>carbinoxamine maleate solution, tablet</i>	2	GC
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>desloratadine</i>	2	GC
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	2	GC
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	GC
<i>hydroxyzine pamoate capsule</i>	2	GC
<i>levocetirizine dihydrochloride tablet</i>	1	GC
<i>levocetirizine dihydrochloride solution</i>	4	
<i>olopatadine hcl nasal solution 0.6%</i>	4	
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	GC
<i>montelukast sodium packet</i>	3	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D; GC
<i>ipratropium bromide nasal solution</i>	2	GC
SPIRIVA HANDIHALER	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT	3	QL(4 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa</i>	2	GC
<i>albuterol sulfate nebulization solution</i>	2	B/D; GC
<i>albuterol sulfate syrup, tablet</i>	3	
<i>arformoterol tartrate</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EIPEN 2-PAK	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution</i>	4	B/D

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL(4 GM per 30 days)
SYMJEPI	4	
VENTOLIN HFA	3	
XOPENEX HFA	4	
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
KALYDECO PACKET 13.4MG, 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK	5	QL(90 EA per 30 days); PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast</i>	3	QL(30 EA per 30 days)
THEO-24	4	
<i>theophylline er tablet extended release 24 hour</i>	2	GC
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	2	GC
<i>theophylline solution</i>	3	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	PA
ALYQ	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	2	PA; GC
<i>sildenafil citrate suspension reconstituted</i>	4	PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	PA
UPTRAVI	5	PA
UPTRAVI TITRATION PACK	5	PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET CAPSULE	5	QL(270 EA per 30 days); PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Drug Tier	Requirements/Limits
ESBRIET TABLET 267MG	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 801MG	5	QL(90 EA per 30 days); PA
OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D
ANORO ELLIPTA	3	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days)
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA	4	QL(13 GM per 30 days)
FASENRA	5	QL(1 ML per 28 days); PA
FASENRA PEN	5	QL(1 ML per 28 days); PA
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D; GC
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(4 GM per 30 days)
SYMBICORT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days); GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone tablet 500mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA; GC
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	4	QL(30 EA per 30 days)
<i>eszopiclone</i>	2	QL(30 EA per 30 days); GC
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam</i>	2	GC
<i>zaleplon</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days); GC
Wakefulness Promoting Agents		
<i>armodafinil</i>	4	PA
<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>modafinil tablet 200mg</i>	2	QL(60 EA per 30 days); PA; GC
SODIUM OXYBATE	5	QL(540 ML per 30 days); PA

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Index of Drugs

	Drug Name	Page #	Drug Name	Page #
			ALECENSA	25
			<i>alendronate sodium</i>	64
			<i>alfuzosin hcl er</i>	53
			<i>aliskiren</i>	40
			<i>allopurinol</i>	21
			ALOCRIIL	66
			ALOGLIPTIN	33
			ALOGLIPTIN/METFORMIN HCL	33
			ALOGLIPTIN/METFORMIN	33
			HYDROCHLORIDE	
			ALOGLIPTIN/PIOGLITAZONE	33
			<i>alosectron hydrochloride</i>	51
			ALPHAGAN P	67
			<i>alprazolam</i>	33
			<i>alprazolam er</i>	33
			<i>alprazolam intensol</i>	33
			<i>altavera</i>	55
			ALUNBRIG	25
			<i>alyacen 1/35</i>	55
			ALYQ	69
			<i>amantadine hcl</i>	32
			<i>ambrisentan</i>	69
			<i>amethia</i>	55
			<i>amethia lo</i>	55
			<i>amikacin sulfate</i>	11
			<i>amiloride hcl</i>	41
			<i>amiloride/hydrochlorothiazide</i>	40
			AMINOSYN II	47
			AMINOSYN-PF	47
			AMINOSYN-PF 7%	47
			<i>amiodarone hcl</i>	38
			<i>amiodarone hydrochloride</i>	38
			<i>amitriptyline hcl</i>	19
			<i>amitriptyline hydrochloride</i>	19
			<i>amlodipine besylate</i>	39
			<i>amlodipine besylate/atorvastatin calcium</i>	40
			<i>amlodipine besylate/benazepril</i>	40
			<i>hydrochloride</i>	
			<i>amlodipine besylate/valsartan</i>	40
			<i>amlodipine/olmesartan medoxomil</i>	40
			<i>ammonium lactate</i>	44
			<i>amnestem</i>	44
			<i>amoxapine</i>	19
			<i>amoxicillin</i>	13
			<i>amoxicillin/clavulanate potassium</i>	13
			<i>amoxicillin/clavulanate potassium er</i>	13
	Drug Name	Page #		
	<i>abacavir</i>	31		
	<i>abacavir sulfate/lamivudine</i>	31		
	ABACAVIR	31		
	SULFATE/LAMIVUDINE/ZIDOVUDINE			
	ABELCET	20		
	ABILIFY MAINTENA	29		
	ABILIFY MYCITE	29		
	ABILIFY MYCITE MAINTENANCE KIT	29		
	ABILIFY MYCITE STARTER KIT	29		
	ABIRATERONE ACETATE	22		
	ABRYSVO	62		
	<i>acamprosate calcium dr</i>	10		
	<i>acarbose</i>	33		
	<i>accutane</i>	44		
	<i>acebutolol hydrochloride</i>	39		
	<i>acetaminophen/codeine</i>	9		
	<i>acetazolamide</i>	67		
	<i>acetazolamide er</i>	67		
	<i>acetic acid</i>	67		
	<i>acetylcysteine</i>	64		
	<i>acetylcysteine</i>	70		
	<i>acitretin</i>	44		
	ACTEMRA	60		
	ACTEMRA ACTPEN	60		
	ACTHIB	62		
	ACTIMMUNE	61		
	<i>acyclovir</i>	32		
	<i>acyclovir</i>	46		
	<i>acyclovir sodium</i>	32		
	ADACEL	62		
	<i>adapalene</i>	44		
	<i>adefovir dipivoxil</i>	30		
	ADEMPAS	69		
	<i>adriamycin</i>	23		
	AIMOVIG	21		
	AKEEGA	23		
	<i>ala-cort</i>	44		
	ALBENDAZOLE	27		
	<i>albuterol sulfate</i>	68		
	<i>albuterol sulfate er</i>	68		
	<i>albuterol sulfate hfa</i>	68		
	<i>alclometasone dipropionate</i>	44		
	<i>alcohol prep pads</i>	64		

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
 Last Updated: October 2023

Drug Name	Page #	Drug Name	Page #
<i>amphetamine/dextroamphetamine</i>	42	ATROVENT HFA	68
<i>amphotericin b</i>	20	AUBAGIO	43
AMPHOTERICIN B LIPOSOME	20	<i>aubra eq</i>	55
<i>ampicillin</i>	13	AURYXIA	50
<i>ampicillin sodium</i>	13	AUSTEDO	43
<i>ampicillin/sulbactam</i>	13	AUVELITY	17
<i>ampicillin-sulbactam</i>	13	<i>aviane</i>	55
<i>anagrelide hydrochloride</i>	37	<i>avita</i>	44
<i>anastrozole</i>	24	AVONEX	43
ANORO ELLIPTA	70	AVONEX PEN	43
ANTARA	41	AVYCAZ	12
APLENZIN	17	AYVAKIT	25
APOKYN	28	<i>azacitidine</i>	23
<i>apomorphine hydrochloride</i>	28	<i>azathioprine</i>	61
<i>apraclonidine</i>	67	<i>azelaic acid</i>	44
<i>aprepitant</i>	20	<i>azelastine hcl</i>	66
<i>apri</i>	55	<i>azelastine hcl</i>	68
APTIOM	17	<i>azelastine hydrochloride</i>	68
APTIVUS	32	<i>azithromycin</i>	14
ARALAST NP	52	<i>aztreonam</i>	11
<i>aranelle</i>	55	<i>bacitracin</i>	66
ARCALYST	60	<i>bacitracin/polymyxin b</i>	65
AREXVY	62	<i>baclofen</i>	30
<i>arformoterol tartrate</i>	68	<i>balsalazide disodium</i>	63
<i>aripiprazole</i>	29	BALVERSA	25
<i>aripiprazole odt</i>	29	<i>balziva</i>	55
ARISTADA	29	BAQSIMI ONE PACK	35
ARISTADA INITIO	29	BAQSIMI TWO PACK	35
<i>armodafinil</i>	70	BARACLUDE	30
ARNUITY ELLIPTA	67	BAXDELA	14
<i>ascomp/codeine</i>	9	BCG VACCINE	62
<i>asenapine maleate sl</i>	29	BD INSULIN SYRINGE	64
<i>ashlyna</i>	55	SAFETYGLIDE/1ML/29G X 1/2"	
<i>aspirin/dipyridamole</i>	37	BD INSULIN SYRINGE ULTRAFINE	64
<i>aspirin/dipyridamole er</i>	37	II/0.3ML/31G X 5/16"	
ASTAGRAF XL	61	BD INSULIN SYRINGE ULTRA-	64
<i>atazanavir</i>	32	FINE/0.5ML/30G X 12.7MM	
<i>atazanavir sulfate</i>	32	BD INSULIN SYRINGE ULTRA-	65
<i>atenolol</i>	39	FINE/1ML/31G X 8MM	
<i>atenolol/chlorthalidone</i>	40	BD PEN NEEDLE/ORIGINAL/ULTRA-	65
<i>atomoxetine</i>	42	FINE/29G X 12.7MM	
<i>atomoxetine hydrochloride</i>	42	BELSOMRA	70
<i>atorvastatin calcium</i>	41	<i>benazepril hcl</i>	38
ATOVAQUONE	27	<i>benazepril hcl/hydrochlorothiazide</i>	40
<i>atovaquone/proguanil hcl</i>	27	<i>benazepril hydrochloride</i>	38
<i>atropine sulfate</i>	65		

Drug Name	Page #	Drug Name	Page #
<i>benazepril</i>	40	<i>bromocriptine mesylate</i>	28
<i>hydrochloride/hydrochlorothiazide</i>		BRONCHITOL	70
BENLYSTA	60	BRUKINSA	25
BENLYSTA	61	<i>budesonide</i>	64
<i>benztropine mesylate</i>	27	<i>budesonide</i>	67
<i>beser</i>	44	BUDESONIDE ER	64
BESREMI	23	<i>bumetanide</i>	41
<i>betaine anhydrous</i>	52	BUNAVAIL	10
<i>betamethasone dipropionate</i>	44	<i>buprenorphine</i>	8
<i>betamethasone dipropionate augmented</i>	44	<i>buprenorphine hcl</i>	10
<i>betamethasone valerate</i>	45	<i>buprenorphine hcl/naloxone hcl</i>	10
<i>betaxolol hcl</i>	66	<i>buprenorphine hydrochloride/naloxone</i>	10
<i>bethanechol chloride</i>	54	<i>hydrochloride</i>	
BETIMOL	66	<i>bupropion hcl</i>	17
BETOPTIC-S	66	<i>bupropion hydrochloride</i>	18
BEVESPI AEROSPHERE	70	<i>bupropion hydrochloride er (sr)</i>	11
BEXAROTENE	27	<i>bupropion hydrochloride er (sr)</i>	17
BEXSERO	62	BUPROPION HYDROCHLORIDE ER	17
<i>bicalutamide</i>	22	(XL)	
BICILLIN C-R	13	<i>bupirone hcl</i>	33
BICILLIN L-A	13	<i>bupirone hydrochloride</i>	33
BIKTARVY	30	<i>butalbital/acetaminophen/caffeine</i>	43
<i>bismuth subcitrate</i>	51	<i>butalbital/acetaminophen/caffeine/codeine</i>	9
<i>pot/metronidazole/tetracycline hydrochloride</i>		<i>butalbital/aspirin/caffeine</i>	43
<i>bisoprolol fumarate</i>	39	<i>butalbital/aspirin/caffeine/codeine</i>	9
<i>bisoprolol fumarate/hydrochlorothiazide</i>	40	<i>butorphanol tartrate</i>	9
BIVIGAM	60	BYDUREON BCISE	33
<i>bleomycin sulfate</i>	23	CABENUVA	30
BLEPHAMIDE	65	<i>cabergoline</i>	59
BLEPHAMIDE S.O.P.	65	CABOMETYX	25
<i>blisovi 24 fe</i>	55	CALCIPOTRIENE	45
<i>blisovi fe 1.5/30</i>	55	<i>calcitonin-salmon</i>	64
BOOSTRIX	62	<i>calcitriol</i>	45
<i>bortezomib</i>	23	<i>calcitriol</i>	64
<i>bosentan</i>	69	<i>calcium acetate</i>	50
BOSULIF	25	CALQUENCE	25
BRAFTOVI	25	CAMCEVI	59
BREO ELLIPTA	70	<i>camila</i>	58
<i>brillyn</i>	55	<i>camrese lo</i>	55
BRILINTA	37	<i>candesartan cilexetil</i>	38
<i>brimonidine tartrate</i>	67	<i>candesartan cilexetil/hydrochlorothiazide</i>	40
BRIMONIDINE TARTRATE/TIMOLOL	65	CAPLYTA	29
MALEATE		CAPRELSA	25
<i>brinzolamide</i>	67	<i>captopril</i>	38
BRIVIACT	15	<i>captopril/hydrochlorothiazide</i>	40
<i>bromfenac</i>	66	CARAC	45

Drug Name	Page #	Drug Name	Page #
<i>carbamazepine</i>	17	<i>chlordiazepoxide/amitriptyline</i>	18
<i>carbamazepine er</i>	17	<i>chlorhexidine gluconate</i>	44
<i>carbidopa</i>	28	<i>chloroquine phosphate</i>	27
<i>carbidopa/levodopa</i>	28	<i>chlorpromazine hcl</i>	28
<i>carbidopa/levodopa er</i>	28	CHLORPROMAZINE	28
<i>carbidopa/levodopa odt</i>	28	HYDROCHLORIDE	
<i>carbidopa/levodopa/entacapone</i>	28	<i>chlorthalidone</i>	41
<i>carbinoxamine maleate</i>	68	<i>chlorzoxazone</i>	70
<i>carboplatin</i>	22	CHOLBAM	52
CARDURA XL	53	<i>cholestyramine</i>	41
CARGLUMIC ACID	47	<i>cholestyramine light</i>	41
<i>carteolol hcl</i>	66	<i>ciclodan</i>	46
<i>cartia xt</i>	39	<i>ciclopirox</i>	46
<i>carvedilol</i>	39	<i>ciclopirox nail lacquer</i>	46
<i>carvedilol phosphate er</i>	39	<i>ciclopirox olamine</i>	46
<i>caspofungin acetate</i>	20	<i>cilostazol</i>	37
CAYSTON	69	CIMDUO	31
<i>caziant</i>	55	<i>cimetidine</i>	52
<i>cefaclor</i>	12	<i>cimetidine hcl</i>	52
<i>cefaclor er</i>	12	<i>cimetidine hydrochloride</i>	52
<i>cefadroxil</i>	12	<i>cinacalcet hydrochloride</i>	64
CEFAZOLIN	12	CINRYZE	60
<i>cefazolin sodium</i>	12	<i>ciprofloxacin</i>	14
<i>cefazolin sodium/dextrose</i>	12	<i>ciprofloxacin hcl</i>	14
<i>cefdinir</i>	12	<i>ciprofloxacin hydrochloride</i>	14
<i>cefepime</i>	12	<i>ciprofloxacin hydrochloride</i>	66
<i>cefepime hydrochloride</i>	12	<i>ciprofloxacin i.v.-in d5w</i>	14
<i>cefepime/dextrose</i>	12	<i>ciprofloxacin/dexamethasone</i>	67
<i>cefixime</i>	12	<i>cisplatin</i>	22
<i>cefotaxime sodium</i>	12	<i>citalopram hydrobromide</i>	18
<i>cefotetan</i>	12	CLARAVIS	44
<i>cefotetan/dextrose</i>	12	<i>clarithromycin</i>	14
<i>cefoxitin sodium</i>	12	<i>clarithromycin er</i>	14
<i>cefpodoxime proxetil</i>	12	<i>clindamycin hcl</i>	11
<i>cefprozil</i>	13	<i>clindamycin hydrochloride</i>	11
<i>ceftazidime</i>	13	<i>clindamycin palmitate hcl</i>	11
<i>ceftazidime/dextrose</i>	13	<i>clindamycin phosphate</i>	11
<i>ceftriaxone in iso-osmotic dextrose</i>	13	<i>clindamycin phosphate</i>	46
<i>ceftriaxone sodium</i>	13	<i>clindamycin phosphate/dextrose</i>	11
<i>ceftriaxone/dextrose</i>	13	<i>clindamycin/sodium chloride</i>	11
<i>cefuroxime axetil</i>	13	CLINIMIX 4.25%/DEXTROSE 10%	47
<i>cefuroxime sodium</i>	13	CLINIMIX 4.25%/DEXTROSE 5%	47
<i>celecoxib</i>	8	CLINIMIX 5%/DEXTROSE 15%	47
<i>cephalexin</i>	13	CLINIMIX 5%/DEXTROSE 20%	47
<i>cevimeline hydrochloride</i>	44	CLINIMIX 6/5	47
CHEMET	50	CLINIMIX 8/10	47

Drug Name	Page #	Drug Name	Page #
CLINIMIX E 2.75%/DEXTROSE 5%	47	<i>cromolyn sodium</i>	66
CLINIMIX E 4.25%/DEXTROSE 10%	47	<i>cromolyn sodium</i>	69
CLINIMIX E 4.25%/DEXTROSE 5%	47	<i>cryselle-28</i>	55
CLINIMIX E 5%/DEXTROSE 15%	47	CURITY GAUZE PADS 2"X2" 12 PLY	65
CLINIMIX E 5%/DEXTROSE 20%	47	<i>cyclafem 1/35</i>	55
CLINIMIX E 8/10	47	<i>cyclafem 7/7/7</i>	55
CLINISOL SF 15%	47	<i>cyclobenzaprine hydrochloride</i>	70
CLINOLIPID	65	<i>cyclophosphamide</i>	22
<i>clobazam</i>	16	<i>cyclosporine</i>	61
<i>clobetasol propionate</i>	45	<i>cyclosporine</i>	65
<i>clobetasol propionate e</i>	45	<i>cyclosporine modified</i>	61
<i>clodan</i>	45	CYLTEZO	61
<i>clomipramine hydrochloride</i>	19	CYLTEZO STARTER PACKAGE FOR	61
<i>clonazepam</i>	16	CROHNS DISEASE/UC/HS	
<i>clonazepam odt</i>	16	CYLTEZO STARTER PACKAGE FOR	61
<i>clonidine hcl</i>	37	PSORIASIS	
<i>clonidine hydrochloride</i>	37	<i>cyproheptadine hcl</i>	68
<i>clonidine hydrochloride er</i>	42	<i>cyproheptadine hydrochloride</i>	68
<i>clopidogrel</i>	37	<i>cyred eq</i>	55
<i>clorazepate dipotassium</i>	33	CYSTADROPS	65
<i>clotrimazole</i>	20	CYSTARAN	65
<i>clotrimazole/betamethasone dipropionate</i>	45	<i>cytarabine</i>	23
<i>clozapine</i>	30	<i>cytarabine aqueous</i>	23
<i>clozapine odt</i>	30	<i>dacarbazine</i>	22
COARTEM	27	<i>dalfampridine er</i>	43
COLCHICINE	21	DALVANCE	11
<i>colesevelam hydrochloride</i>	41	<i>danazol</i>	55
<i>colestipol hcl</i>	41	<i>dantrolene sodium</i>	30
<i>colistimethate sodium</i>	11	<i>dapsone</i>	21
COMBIVENT RESPIMAT	70	<i>dapsone</i>	46
COMETRIQ	25	DAPTACEL	62
COMPLERA	31	DAPTOMYCIN	11
<i>compro</i>	19	DAPTOMYCIN/SODIUM CHLORIDE	11
CONDYLOX	45	<i>darifenacin hydrobromide er</i>	53
<i>constulose</i>	50	<i>darunavir</i>	32
COPIKTRA	25	DAURISMO	25
CORLANOR	40	<i>deblitane</i>	58
<i>cortisone acetate</i>	54	<i>deferasirox</i>	50
COSENTYX	60	<i>deferiprone</i>	50
COSENTYX SENSOREADY PEN	60	DELSTRIGO	31
COSENTYX UNOREADY	60	<i>demeclocycline hcl</i>	14
COTELLIC	25	DENGVAXIA	62
CREON	52	DEPO-SUBQ PROVERA 104	58
CRESEMBA	20	DESCOVY	31
CRIXIVAN	32	<i>desipramine hcl</i>	19
<i>cromolyn sodium</i>	52	<i>desipramine hydrochloride</i>	19

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Page #	Drug Name	Page #
<i>desloratadine</i>	68	<i>dicyclomine hcl</i>	51
<i>desmopressin acetate</i>	54	<i>dicyclomine hydrochloride</i>	51
<i>desogestrel/ethinyl estradiol</i>	56	DIFICID	14
<i>desoximetasone</i>	45	<i>diflunisal</i>	8
DESVENLAFAXINE ER	18	<i>difluprednate</i>	66
<i>dexamethasone</i>	54	<i>digitek</i>	38
<i>dexamethasone intensol</i>	54	<i>digox</i>	38
<i>dexamethasone sodium phosphate</i>	54	<i>digoxin</i>	38
<i>dexamethasone sodium phosphate</i>	66	DIHYDROERGOTAMINE MESYLATE	21
<i>dexmethylphenidate hcl</i>	42	DILANTIN	17
<i>dexmethylphenidate hcl er</i>	42	<i>diltiazem hcl</i>	39
<i>dexmethylphenidate hydrochloride</i>	42	<i>diltiazem hcl cd</i>	39
<i>dexmethylphenidate hydrochloride er</i>	42	<i>diltiazem hcl er</i>	39
<i>dextroamphetamine sulfate</i>	42	<i>diltiazem hydrochloride</i>	39
<i>dextroamphetamine sulfate er</i>	42	<i>diltiazem hydrochloride er</i>	39
<i>dextrose 10%/nacl 0.45%</i>	47	<i>dilt-xr</i>	39
<i>dextrose 10%</i>	47	<i>dimethyl fumarate</i>	43
<i>dextrose 10%/nacl 0.2%</i>	47	<i>dimethyl fumarate starterpack</i>	43
<i>dextrose 2.5%/nacl 0.45%</i>	47	DIPENTUM	63
<i>dextrose 20%</i>	48	<i>diphenhydramine hcl</i>	68
<i>dextrose 25%</i>	48	<i>diphenoxylate hydrochloride/atropine</i>	51
<i>dextrose 30%</i>	48	<i>sulfate</i>	
<i>dextrose 40%</i>	48	<i>diphenoxylate/atropine</i>	51
<i>dextrose 5%</i>	48	DIPHTHERIA/TETANUS TOXOIDS	62
<i>dextrose 5%/lactated ringers</i>	48	ADSORBED PEDIATRIC	
<i>dextrose 5%/nacl 0.2%</i>	48	<i>disulfiram</i>	10
<i>dextrose 5%/nacl 0.225%</i>	48	<i>divalproex sodium</i>	16
<i>dextrose 5%/nacl 0.3%</i>	48	<i>divalproex sodium dr</i>	16
<i>dextrose 5%/nacl 0.33%</i>	48	<i>divalproex sodium er</i>	16
<i>dextrose 5%/nacl 0.45%</i>	48	<i>docetaxel</i>	23
<i>dextrose 5%/nacl 0.9%</i>	48	<i>dofetilide</i>	38
<i>dextrose/sodium chloride</i>	48	<i>dolishale</i>	56
DIACOMIT	16	<i>donepezil hcl</i>	17
<i>diazepam</i>	33	<i>donepezil hydrochloride</i>	17
<i>diazepam intensol</i>	33	<i>dorzolamide hcl</i>	67
<i>diazepam rectal gel</i>	16	<i>dorzolamide hcl/timolol maleate</i>	65
<i>diazoxide</i>	35	<i>dorzolamide hydrochloride</i>	67
<i>dichlorphenamide</i>	52	<i>dorzolamide hydrochloride/timolol maleate</i>	65
<i>diclofenac potassium</i>	8	<i>pf</i>	
<i>diclofenac sodium</i>	8	<i>dotti</i>	56
DICLOFENAC SODIUM	45	DOVATO	30
<i>diclofenac sodium</i>	66	<i>doxazosin mesylate</i>	53
<i>diclofenac sodium dr</i>	8	<i>doxepin hcl</i>	19
<i>diclofenac sodium er</i>	8	<i>doxepin hydrochloride</i>	19
<i>diclofenac sodium/misoprostol</i>	8	<i>doxepin hydrochloride</i>	70
<i>dicloxacillin sodium</i>	13	<i>doxercalciferol</i>	64

Drug Name	Page #	Drug Name	Page #
<i>doxorubicin hcl</i>	23	ENBREL	61
<i>doxorubicin hydrochloride</i>	23	ENBREL MINI	61
<i>doxorubicin hydrochloride liposomal</i>	23	ENBREL SURECLICK	61
<i>doxy 100</i>	14	ENDARI	52
<i>doxycycline</i>	14	<i>endocet</i>	9
<i>doxycycline hyclate</i>	15	ENGERIX-B	62
<i>doxycycline hyclate dr</i>	15	<i>enilloring</i>	56
<i>doxycycline monohydrate</i>	15	<i>enoxaparin sodium</i>	36
DRIZALMA SPRINKLE	18	<i>enpresse-28</i>	56
<i>dronabinol</i>	20	<i>enskyce</i>	56
<i>drospirenone/ethinyl estradiol</i>	56	<i>entacapone</i>	28
DROXIA	23	ENTECAVIR	30
<i>droxidopa</i>	37	ENTRESTO	40
DUAVEE	59	<i>enulose</i>	51
DULERA	70	ENVARBUS XR	61
<i>duloxetine hcl</i>	18	EPCLUSA	30
<i>duloxetine hydrochloride</i>	18	EPIDIOLEX	15
DUOPA	28	EPIFOAM	46
DUPIXENT	60	<i>epinastine hcl</i>	66
<i>dutasteride</i>	53	<i>epinephrine</i>	40
<i>dutasteride/tamsulosin hydrochloride</i>	53	EPINEPHRINE	68
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	65	EPIPEN 2-PAK	68
<i>econazole nitrate</i>	20	<i>epirubicin hcl</i>	23
EDURANT	31	<i>epitol</i>	17
<i>efavirenz</i>	31	EPIVIR HBV	30
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	31	EPKINLY	23
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	31	<i>eplerenone</i>	41
ELEPSIA XR	15	EPRONTIA	15
ELIGARD	59	EQUETRO	33
ELIQUIS	36	ERAXIS	20
ELIQUIS STARTER PACK	36	<i>ergotamine tartrate/caffeine</i>	21
<i>eluryng</i>	56	ERIVEDGE	25
EMCYT	23	ERLEADA	22
EMEND	20	ERLOTINIB HYDROCHLORIDE	25
<i>emoquette</i>	56	<i>errin</i>	58
EMSAM	18	ERTACZO	20
<i>emtricitabine</i>	31	<i>ertapenem</i>	13
<i>emtricitabine/tenofovir disoproxil</i>	31	<i>ery</i>	46
<i>emtricitabine/tenofovir disoproxil fumarate</i>	31	<i>erythrocin stearate</i>	14
EMTRIVA	31	<i>erythromycin</i>	14
EMVERM	27	<i>erythromycin</i>	46
<i>enalapril maleate</i>	38	<i>erythromycin</i>	66
<i>enalapril maleate/hydrochlorothiazide</i>	40	<i>erythromycin base</i>	14
		<i>erythromycin dr</i>	14
		<i>erythromycin ethylsuccinate</i>	14
		<i>erythromycin lactobionate</i>	14

Drug Name	Page #	Drug Name	Page #
<i>erythromycin/benzoyl peroxide</i>	44	<i>fesoterodine fumarate er</i>	53
ESBRIET	69	FETZIMA	18
<i>escitalopram oxalate</i>	18	FETZIMA TITRATION PACK	18
<i>esomeprazole magnesium</i>	52	FINACEA	44
<i>estradiol</i>	56	<i>finasteride</i>	53
<i>estradiol valerate</i>	56	<i>fingolimod</i>	43
<i>eszopiclone</i>	70	FINTEPLA	15
<i>ethambutol hydrochloride</i>	22	FIRMAGON	59
<i>ethosuximide</i>	16	<i>flavoxate hcl</i>	53
<i>ethynodiol diacetate/ethinyl estradiol</i>	56	FLEBOGAMMA DIF	60
<i>etodolac</i>	8	<i>flecainide acetate</i>	38
<i>etodolac er</i>	8	FLOVENT DISKUS	67
<i>etonogestrel/ethinyl estradiol</i>	56	FLOVENT HFA	67
<i>etoposide</i>	24	<i>fluconazole</i>	20
<i>etravirine</i>	31	<i>fluconazole in sodium chloride</i>	20
<i>euthyrox</i>	59	<i>flucytosine</i>	20
<i>everolimus</i>	25	<i>fludrocortisone acetate</i>	54
<i>everolimus</i>	61	<i>flunisolide</i>	68
EVOTAZ	32	<i>fluocinolone acetonide</i>	45
EXELDERM	20	<i>fluocinolone acetonide body</i>	45
EXEMESTANE	24	<i>fluocinolone acetonide scalp</i>	45
EXKIVITY	25	<i>fluocinolone acetonide topical</i>	45
<i>ezetimibe</i>	41	<i>fluocinonide</i>	45
<i>ezetimibe/simvastatin</i>	41	<i>fluocinonide emulsified base</i>	45
<i>falmina</i>	56	<i>fluorometholone</i>	66
<i>famciclovir</i>	33	<i>fluorouracil</i>	23
<i>famotidine</i>	52	<i>fluorouracil</i>	46
FANAPT	29	<i>fluoxetine dr</i>	18
FANAPT TITRATION PACK	29	<i>fluoxetine hcl</i>	18
FARXIGA	33	<i>fluoxetine hydrochloride</i>	18
FASENRA	70	<i>fluphenazine decanoate</i>	28
FASENRA PEN	70	<i>fluphenazine hcl</i>	28
<i>fayosim</i>	56	<i>fluphenazine hydrochloride</i>	28
<i>febuxostat</i>	21	<i>flurbiprofen</i>	8
<i>felbamate</i>	15	<i>flurbiprofen sodium</i>	66
<i>felodipine er</i>	39	<i>flutamide</i>	22
<i>femynor</i>	56	<i>fluticasone propionate</i>	45
<i>fenofibrate</i>	41	<i>fluticasone propionate</i>	68
FENOFIBRATE MICRONIZED	41	<i>fluvastatin</i>	41
<i>fenofibric acid</i>	41	<i>fluvastatin sodium er</i>	41
<i>fenofibric acid dr</i>	41	<i>fluvoxamine maleate</i>	18
<i>fentanyl</i>	8	<i>fluvoxamine maleate er</i>	18
FENTANYL CITRATE ORAL	9	FML	66
TRANSMUCOSAL		FML FORTE	66
FERRIPROX	50	FONDAPARINUX SODIUM	36
FERRIPROX TWICE-A-DAY	50	FORFIVO XL	18

Drug Name	Page #	Drug Name	Page #
<i>formoterol fumarate</i>	68	<i>gentamicin sulfate/0.9% sodium chloride</i>	11
FORTEO	64	GENVOYA	30
<i>fosamprenavir calcium</i>	32	<i>gianvi</i>	56
<i>fosfomycin tromethamine</i>	11	GILENYA	43
<i>fosinopril sodium</i>	38	GILOTRIF	25
<i>fosinopril sodium/hydrochlorothiazide</i>	40	GLASSIA	52
FOSRENOL	50	<i>glatiramer acetate</i>	43
FOTIVDA	22	<i>glatopa</i>	43
FRAGMIN	36	GLEOSTINE	22
FREAMINE HBC 6.9%	48	<i>glimepiride</i>	33
FREAMINE III	48	<i>glipizide</i>	33
<i>frovatriptan succinate</i>	21	<i>glipizide er</i>	33
FULPHILA	37	<i>glipizide/metformin hydrochloride</i>	33
<i>fulvestrant</i>	23	GLUCAGEN HYPOKIT	35
<i>furosemide</i>	41	GLUCAGON EMERGENCY KIT	35
FUZEON	32	GLUCAGON EMERGENCY KIT FOR	35
<i>fyavolv</i>	56	LOW BLOOD SUGAR	
FYCOMPA	15	<i>glyburide</i>	34
<i>gabapentin</i>	16	<i>glyburide micronized</i>	33
GALANTAMINE HYDROBROMIDE	17	<i>glyburide/metformin hydrochloride</i>	34
<i>galantamine hydrobromide er</i>	17	<i>glycate</i>	51
GAMMAGARD LIQUID	60	<i>glycopyrrolate</i>	51
GAMMAKED	60	<i>glydo</i>	10
GAMMAPLEX	60	GLYXAMBI	34
GAMUNEX-C	60	<i>granisetron hydrochloride</i>	20
GARDASIL 9	62	GRANIX	37
<i>gatifloxacin</i>	66	<i>griseofulvin microsize</i>	20
GATTEX	51	<i>griseofulvin ultramicrosize</i>	20
<i>gavilyte-c</i>	51	<i>guanfacine er</i>	42
<i>gavilyte-g</i>	51	<i>guanfacine hydrochloride</i>	37
<i>gavilyte-h</i>	51	<i>guanfacine hydrochloride</i>	43
<i>gavilyte-n/ flavor pack</i>	51	<i>guanidine hcl</i>	21
GAVRETO	23	GVOKE HYPOPEN 1-PACK	35
<i>gefitinib</i>	25	GVOKE HYPOPEN 2-PACK	35
<i>gemcitabine hcl</i>	23	GVOKE KIT	35
<i>gemcitabine hydrochloride</i>	23	GVOKE PFS	35
<i>gemfibrozil</i>	41	<i>hailey 24 fe</i>	56
<i>gemmily</i>	56	<i>halobetasol propionate</i>	45
GEMTESA	53	<i>haloette</i>	56
<i>generlac</i>	51	<i>haloperidol</i>	28
<i>gengraf</i>	61	<i>haloperidol decanoate</i>	28
GENOTROPIN	54	<i>haloperidol lactate</i>	28
GENOTROPIN MINIQUICK	54	HARVONI	30
<i>gentak</i>	66	HAVRIX	62
<i>gentamicin sulfate</i>	11	<i>heparin sodium</i>	37
<i>gentamicin sulfate</i>	66	<i>heparin sodium/nacl 0.45%</i>	36

Drug Name	Page #	Drug Name	Page #
<i>heparin sodium/sodium chloride</i>	36	<i>hydromorphone hydrochloride dosette</i>	9
<i>heparin sodium/sodium chloride 0.9%</i>	36	<i>hydroxychloroquine sulfate</i>	27
<i>heparin sodium/sodium chloride 0.9% premix</i>	36	<i>hydroxyprogesterone caproate</i>	58
HEPATAMINE	48	<i>hydroxyurea</i>	23
HEPLISAV-B	62	<i>hydroxyzine hcl</i>	68
HIBERIX	63	<i>hydroxyzine hydrochloride</i>	68
HUMALOG	35	<i>hydroxyzine pamoate</i>	68
HUMALOG JUNIOR KWIKPEN	35	<i>ibandronate sodium</i>	64
HUMALOG KWIKPEN	35	IBRANCE	23
HUMALOG MIX 50/50	35	IBRANCE	25
HUMALOG MIX 50/50 KWIKPEN	35	<i>ibu</i>	8
HUMALOG MIX 75/25	35	<i>ibuprofen</i>	8
HUMALOG MIX 75/25 KWIKPEN	35	ICATIBANT ACETATE	60
HUMALOG TEMPO PEN	35	<i>iclevia</i>	56
HUMIRA	62	ICLUSIG	25
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	61	<i>icosapent ethyl</i>	41
HUMIRA PEN	62	<i>idarubicin hcl</i>	23
HUMIRA PEN-CD/UC/HS STARTER STARTER PACK	62	IDHIFA	23
HUMIRA PEN-PS/UV STARTER	62	<i>ifosfamide</i>	22
HUMULIN 70/30	35	ILEVRO	66
HUMULIN 70/30 KWIKPEN	35	<i>imatinib mesylate</i>	25
HUMULIN N	35	IMBRUVICA	25
HUMULIN N KWIKPEN	35	<i>imipenem/cilastatin</i>	13
HUMULIN R	35	<i>imipramine hcl</i>	19
HUMULIN R U-500 (CONCENTRATED)	35	<i>imipramine hydrochloride</i>	19
HUMULIN R U-500 KWIKPEN	36	<i>imipramine pamoate</i>	19
<i>hydralazine hcl</i>	42	<i>imiquimod</i>	46
<i>hydralazine hydrochloride</i>	42	IMIQUIMOD PUMP	46
<i>hydrochlorothiazide</i>	41	IMOVAX RABIES (H.D.C.V.)	63
<i>hydrocodone bitartrate/acetaminophen</i>	9	<i>incassia</i>	58
<i>hydrocodone/acetaminophen</i>	9	INCRELEX	54
<i>hydrocodone/ibuprofen</i>	9	INCRUSE ELLIPTA	68
<i>hydrocortisone</i>	45	<i>indapamide</i>	41
<i>hydrocortisone</i>	54	INFANRIX	63
<i>hydrocortisone</i>	64	INGREZZA	43
<i>hydrocortisone butyrate</i>	45	INLYTA	25
<i>hydrocortisone butyrate (lipid)</i>	45	INQOVI	25
<i>hydrocortisone butyrate (lipophilic)</i>	45	INREBIC	23
<i>hydrocortisone valerate</i>	45	INSULIN LISPRO	36
<i>hydrocortisone/acetic acid</i>	67	INTELENCE	31
<i>hydromorphone hcl</i>	9	INTRALIPID	65
<i>hydromorphone hydrochloride</i>	9	<i>introvale</i>	56
		INVEGA HAFYERA	29
		INVEGA SUSTENNA	29
		INVEGA TRINZA	29
		INVIRASE	32

Drug Name	Page #	Drug Name	Page #
IONOSOL-MB/DEXTROSE 5%	48	KALYDECO	69
IPOL INACTIVATED IPV	63	<i>kariva</i>	56
<i>ipratropium bromide</i>	68	KAZANO	34
<i>ipratropium bromide/albuterol sulfate</i>	70	<i>kcl 0.075%/d5w/nacl 0.45%</i>	48
<i>irbesartan</i>	38	<i>kcl 0.15%/d5w/nacl 0.2%</i>	48
<i>irbesartan/hydrochlorothiazide</i>	40	<i>kcl 0.15%/d5w/nacl 0.225%</i>	48
<i>irinotecan</i>	24	<i>kcl 0.15%/d5w/nacl 0.45%</i>	48
<i>irinotecan hydrochloride</i>	24	<i>kcl 0.15%/d5w/nacl 0.9%</i>	48
ISENTRESS	31	<i>kcl 0.3%/d5w/nacl 0.45%</i>	48
ISENTRESS HD	30	<i>kcl 0.3%/d5w/nacl 0.9%</i>	48
<i>isibloom</i>	56	<i>kelnor 1/35</i>	56
ISOLYTE-P/DEXTROSE 5%	48	<i>kelnor 1/50</i>	56
ISOLYTE-S	48	KERENDIA	40
ISOLYTE-S PH 7.4	48	<i>ketoconazole</i>	20
<i>isoniazid</i>	22	<i>ketoprofen</i>	8
<i>isosorbide dinitrate</i>	42	<i>ketoprofen er</i>	8
<i>isosorbide dinitrate/hydralazine</i>	40	<i>ketorolac tromethamine</i>	66
<i>hydrochloride</i>		KEVZARA	60
<i>isosorbide mononitrate</i>	42	KINERET	60
<i>isosorbide mononitrate er</i>	42	KINRIX	63
<i>isotonic gentamicin</i>	11	<i>kionex</i>	50
<i>isotretinoin</i>	44	KISQALI	25
<i>itraconazole</i>	20	KISQALI FEMARA 200 DOSE	23
<i>ivermectin</i>	27	KISQALI FEMARA 400 DOSE	23
IXIARO	63	KISQALI FEMARA 600 DOSE	24
JAKAFI	25	<i>klor-con</i>	48
<i>jantoven</i>	37	<i>klor-con 10</i>	48
JANUMET	34	<i>klor-con 8</i>	48
JANUMET XR	34	<i>klor-con m10</i>	48
JANUVIA	34	<i>klor-con m15</i>	48
JARDIANCE	34	<i>klor-con m20</i>	49
<i>jasmiel</i>	56	<i>klor-con sprinkle</i>	49
JAYPIRCA	25	KOMBIGLYZE XR	34
JENTADUETO	34	KORLYM	55
JENTADUETO XR	34	KOSELUGO	25
<i>jinteli</i>	56	KRAZATI	24
<i>juleber</i>	56	<i>kurvelo</i>	56
JULUCA	31	<i>labetalol hydrochloride</i>	39
<i>junel 1.5/30</i>	56	<i>lacosamide</i>	17
<i>junel 1/20</i>	56	<i>lactulose</i>	51
<i>junel fe 1.5/30</i>	56	LAGEVRIO	65
<i>junel fe 1/20</i>	56	LAMICTAL XR	15
<i>junel fe 24</i>	56	<i>lamivudine</i>	30
JUXTAPID	42	<i>lamivudine</i>	31
JYNNEOS	63	<i>lamivudine/zidovudine</i>	31
<i>kaitlib fe</i>	56	<i>lamotrigine</i>	15

Drug Name	Page #	Drug Name	Page #
<i>lamotrigine er</i>	15	<i>levocetirizine dihydrochloride</i>	68
<i>lamotrigine odt</i>	15	<i>levofloxacin</i>	14
<i>lamotrigine starter kit/blue</i>	15	<i>levofloxacin</i>	66
<i>lamotrigine starter kit/green</i>	15	<i>levofloxacin in d5w</i>	14
<i>lamotrigine starter kit/orange</i>	15	<i>levonest</i>	57
<i>lamotrigine titration</i>	15	<i>levonorgestrel and ethinyl estradiol</i>	57
LANREOTIDE ACETATE	59	<i>levonorgestrel/ethinyl estradiol</i>	57
<i>lansoprazole</i>	52	<i>levora 0.15/30-28</i>	57
<i>lansoprazole/amoxicillin/clarithromycin</i>	51	<i>levo-t</i>	59
<i>lanthanum carbonate</i>	50	<i>levothyroxine sodium</i>	59
LANTUS	36	LEVOXYL	59
LANTUS SOLOSTAR	36	LEXIVA	32
<i>lapatinib ditosylate</i>	26	<i>lidocaine</i>	10
<i>larin 1.5/30</i>	56	<i>lidocaine hcl</i>	10
<i>larin 1/20</i>	56	<i>lidocaine hcl</i>	44
<i>larin fe 1.5/30</i>	56	<i>lidocaine hcl jelly</i>	10
<i>larin fe 1/20</i>	56	<i>lidocaine hydrochloride viscous</i>	44
<i>larissia</i>	56	<i>lidocaine viscous</i>	44
<i>latanoprost</i>	67	<i>lidocaine/prilocaine</i>	10
LEDIPASVIR/SOFOSBUVIR	30	<i>linezolid</i>	11
<i>leflunomide</i>	62	LINZESS	51
<i>lenalidomide</i>	22	<i>liothyronine sodium</i>	59
LENVIMA 10 MG DAILY DOSE	26	<i>lisinopril</i>	38
LENVIMA 12MG DAILY DOSE	26	<i>lisinopril/hydrochlorothiazide</i>	40
LENVIMA 14 MG DAILY DOSE	26	<i>lithium carbonate</i>	33
LENVIMA 18 MG DAILY DOSE	26	<i>lithium carbonate er</i>	33
LENVIMA 20 MG DAILY DOSE	26	LOKELMA	50
LENVIMA 24 MG DAILY DOSE	26	LONSURF	24
LENVIMA 4 MG DAILY DOSE	26	<i>loperamide hcl</i>	51
LENVIMA 8 MG DAILY DOSE	26	<i>lopinavir/ritonavir</i>	32
<i>lessina</i>	57	<i>lopreeza</i>	57
<i>letrozole</i>	24	<i>lorazepam</i>	33
<i>leucovorin calcium</i>	24	<i>lorazepam intensol</i>	33
LEUKERAN	22	LORBRENA	26
LEUKINE	37	<i>lorcet</i>	9
LEUPROLIDE ACETATE	59	<i>lorcet hd</i>	9
<i>levalbuterol</i>	69	<i>lorcet plus</i>	9
<i>levalbuterol hcl</i>	68	<i>loryna</i>	57
<i>levalbuterol hydrochloride</i>	69	<i>losartan potassium</i>	38
LEVEMIR	36	<i>losartan potassium/hydrochlorothiazide</i>	40
LEVEMIR FLEXPEN	36	LOTEMAX	66
LEVEMIR FLEXTOUCH	36	LOTEMAX SM	66
<i>levetiracetam</i>	15	<i>loteprednol etabonate</i>	66
<i>levetiracetam er</i>	15	<i>lovastatin</i>	41
<i>levobunolol hcl</i>	66	<i>low-ogestrel</i>	57
<i>levocarnitine</i>	65	<i>loxapine</i>	28

Drug Name	Page #	Drug Name	Page #
<i>lubiprostone</i>	51	<i>meropenem/sodium chloride</i>	14
LUMAKRAS	24	<i>merzee</i>	57
LUMIGAN	67	<i>mesalamine</i>	63
LUPRON DEPOT (1-MONTH)	59	<i>mesalamine dr</i>	63
LUPRON DEPOT (3-MONTH)	59	<i>mesalamine er</i>	63
LUPRON DEPOT (4-MONTH)	59	MESNEX	27
LUPRON DEPOT (6-MONTH)	59	<i>metadate er</i>	43
LUPRON DEPOT-PED	54	<i>metformin hydrochloride</i>	34
LUPRON DEPOT-PED (1-MONTH)	59	<i>metformin hydrochloride er</i>	34
LUPRON DEPOT-PED (3-MONTH)	59	<i>methadone hcl</i>	8
<i>lurasidone hydrochloride</i>	29	<i>methadone hydrochloride</i>	8
<i>lutra</i>	57	<i>methadone hydrochloride intensol</i>	8
LYBALVI	29	<i>methadose</i>	8
<i>lyleq</i>	58	<i>methadose sugar-free</i>	8
<i>lyllana</i>	57	<i>methazolamide</i>	67
LYNPARZA	26	<i>methenamine hippurate</i>	11
LYSODREN	59	<i>methimazole</i>	60
LYTGOBI	24	METHITEST	55
<i>lyza</i>	58	<i>methotrexate</i>	62
<i>magnesium sulfate</i>	49	<i>methotrexate sodium</i>	62
<i>malathion</i>	46	METHOXSALEN	46
<i>maprotiline hcl</i>	18	<i>methscopolamine bromide</i>	51
<i>maraviroc</i>	32	<i>methsuximide</i>	16
<i>marlissa</i>	57	<i>methylropa</i>	37
MARPLAN	18	<i>methylropa/hydrochlorothiazide</i>	40
MATULANE	22	<i>methylphenidate hydrochloride</i>	43
<i>matzim la</i>	39	<i>methylphenidate hydrochloride er</i>	43
MAVYRET	30	<i>methylphenidate hydrochloride er (la)</i>	43
MAYZENT	43	<i>methylprednisolone</i>	54
MAYZENT STARTER PACK	43	<i>methylprednisolone acetate</i>	54
<i>meclizine hcl</i>	19	<i>methylprednisolone dose pack</i>	54
<i>medroxyprogesterone acetate</i>	58	<i>methylprednisolone sodium succinate</i>	54
<i>mefloquine hcl</i>	27	<i>methylprednisolone sodiumsuccinate</i>	54
<i>megestrol acetate</i>	58	<i>methyltestosterone</i>	55
MEKINIST	26	<i>metoclopramide hcl</i>	51
MEKTOVI	26	<i>metoclopramide hydrochloride</i>	51
<i>meloxicam</i>	8	<i>metolazone</i>	41
<i>memantine hcl titration pak</i>	17	<i>metoprolol succinate er</i>	39
<i>memantine hydrochloride</i>	17	<i>metoprolol tartrate</i>	39
<i>memantine hydrochloride er</i>	17	<i>metoprolol/hydrochlorothiazide</i>	40
MENACTRA	63	<i>metronidazole</i>	11
MENEST	57	<i>metronidazole</i>	44
MENQUADFI	63	<i>metronidazole vaginal</i>	11
MENVEO	63	<i>metryrosine</i>	40
<i>mercaptopurine</i>	23	<i>mexiletine hcl</i>	38
<i>meropenem</i>	13	<i>micafungin</i>	20

Drug Name	Page #	Drug Name	Page #
<i>miconazole 3</i>	20	<i>nadolol</i>	39
<i>microgestin 1.5/30</i>	57	<i>nafcillin</i>	13
<i>microgestin 1/20</i>	57	<i>nafcillin sodium</i>	13
<i>microgestin 24 fe</i>	57	<i>naftifine hydrochloride</i>	20
<i>microgestin fe 1.5/30</i>	57	<i>nalocet</i>	10
<i>microgestin fe 1/20</i>	57	<i>naloxone hcl</i>	10
<i>midodrine hcl</i>	38	<i>naloxone hydrochloride</i>	10
MIGERGOT	21	<i>naltrexone hcl</i>	10
MIGLUSTAT	52	NAMENDA XR TITRATION PACK	17
<i>mili</i>	57	NAMZARIC	17
MILLIPRED	54	<i>naproxen</i>	8
<i>minocycline hcl</i>	15	<i>naproxen sodium</i>	8
<i>minocycline hydrochloride</i>	15	<i>naratriptan hcl</i>	21
<i>minocycline hydrochloride er</i>	15	NATACYN	66
<i>minoxidil</i>	42	<i>nateglinide</i>	34
<i>mirtazapine</i>	18	NATPARA	64
<i>mirtazapine odt</i>	18	NAYZILAM	15
<i>misoprostol</i>	52	<i>nebivolol</i>	39
MITIGARE	21	<i>nebivolol hydrochloride</i>	39
M-M-R II	63	<i>necon 0.5/35-28</i>	57
<i>modafinil</i>	70	<i>nefazodone hydrochloride</i>	18
<i>moexipril hcl</i>	38	<i>neomycin sulfate</i>	11
<i>molindone hydrochloride</i>	28	<i>neomycin/bacitracin/polymyxin</i>	65
<i>mometasone furoate</i>	45	<i>neomycin/polymyxin b sulfates</i>	11
<i>mometasone furoate</i>	68	<i>neomycin/polymyxin/bacitracin zinc</i>	65
<i>mondoxyne nl</i>	15	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	65
<i>montelukast sodium</i>	68	<i>one</i>	
<i>morgidox 1x50mg</i>	15	<i>neomycin/polymyxin/dexamethasone</i>	65
<i>morphine sulfate</i>	9	<i>neomycin/polymyxin/gramicidin</i>	65
<i>morphine sulfate er</i>	8	<i>neomycin/polymyxin/hc</i>	67
MOUNJARO	34	<i>neomycin/polymyxin/hydrocortisone</i>	65
MOVANTIK	51	<i>neomycin/polymyxin/hydrocortisone</i>	67
<i>moxifloxacin hydrochloride/sodium</i>	14	<i>neo-polycin</i>	65
<i>hydrochloride</i>		<i>neo-polycin hc</i>	65
<i>moxifloxacin hydrochloride</i>	14	NEO-SYNALAR	46
<i>moxifloxacin hydrochloride</i>	66	NEPHRAMINE	49
MULTAQ	38	NERLYNX	26
<i>multiple electrolytes injection type I</i>	49	NESINA	34
<i>mupirocin</i>	46	NEULASTA	37
MYALEPT	51	NEULASTA ONPRO KIT	37
<i>mycophenolate mofetil</i>	62	NEUPOGEN	37
<i>mycophenolic acid dr</i>	62	NEUPRO	28
MYORISAN	44	<i>nevirapine</i>	31
MYRBETRIQ	53	<i>nevirapine er</i>	31
MYTESI	51	<i>niacin</i>	42
<i>nabumetone</i>	8	<i>niacin er</i>	42

Drug Name	Page #	Drug Name	Page #
NIACOR	42	NOVOLOG PENFILL	36
<i>nicardipine hcl</i>	39	NOXAFIL	20
NICOTROL INHALER	11	NUBEQA	22
NICOTROL NS	11	NUCALA	70
<i>nifedipine er</i>	39	NUCYNTA	10
<i>nikki</i>	57	NUCYNTA ER	8
<i>nilutamide</i>	22	NUEDEXTA	43
<i>nimodipine</i>	39	NUPLAZID	29
NINLARO	24	NUTRILIPID	65
<i>nitazoxanide</i>	27	NUTROPIN AQ NUSPIN 10	54
<i>nitisinone</i>	52	NUTROPIN AQ NUSPIN 20	55
NITRO-BID	42	NUTROPIN AQ NUSPIN 5	55
<i>nitrofurantoin</i>	12	<i>nyamyc</i>	20
<i>nitrofurantoin macrocrystals</i>	12	<i>nylia 1/35</i>	57
<i>nitrofurantoin monohydrate/macrocrystals</i>	12	<i>nylia 7/7/7</i>	57
<i>nitroglycerin</i>	42	<i>nymyo</i>	57
<i>nitroglycerin lingual</i>	42	<i>nystatin</i>	20
<i>nitroglycerin transdermal</i>	42	<i>nystatin/triamcinolone</i>	46
NIVESTYM	37	<i>nystatin/triamcinolone acetonide</i>	46
<i>nizatidine</i>	52	<i>nystop</i>	20
<i>norethindrone</i>	59	NYVEPRIA	37
<i>norethindrone acetate</i>	59	<i>ocella</i>	57
<i>norethindrone acetate/ethinyl estradiol</i>	57	OCTREOTIDE ACETATE	59
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	57	ODEFSEY	31
<i>norgestimate/ethinyl estradiol</i>	57	ODOMZO	26
NORMOSOL -R	49	OFEV	70
NORMOSOL-M IN D5W	49	<i>ofloxacin</i>	14
NORMOSOL-R	49	<i>ofloxacin</i>	66
<i>nortrel 0.5/35 (28)</i>	57	<i>ofloxacin</i>	67
<i>nortrel 1/35</i>	57	<i>okebo</i>	15
<i>nortrel 7/7/7</i>	57	<i>olanzapine</i>	29
<i>nortriptyline hcl</i>	19	<i>olanzapine odt</i>	29
<i>nortriptyline hydrochloride</i>	19	<i>olmesartan medoxomil</i>	38
NORVIR	32	<i>olmesartan</i>	40
NOVOLIN 70/30	36	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NOVOLIN 70/30 FLEXPEN	36	<i>olmesartan medoxomil/hydrochlorothiazide</i>	40
NOVOLIN N	36	<i>olopatadine hcl</i>	66
NOVOLIN N FLEXPEN	36	<i>olopatadine hcl</i>	68
NOVOLIN R	36	<i>olopatadine hydrochloride</i>	66
NOVOLIN R FLEXPEN	36	<i>omega-3-acid ethyl esters</i>	42
NOVOLOG	36	<i>omeprazole</i>	52
NOVOLOG FLEXPEN	36	<i>omeprazole dr</i>	52
NOVOLOG MIX 70/30	36	OMNITROPE	55
NOVOLOG MIX 70/30 PREFILLED	36	<i>ondansetron hcl</i>	20
FLEXPEN		<i>ondansetron hydrochloride</i>	20
		<i>ondansetron odt</i>	20

Drug Name	Page #	Drug Name	Page #
ONGLYZA	34	<i>pantoprazole sodium</i>	52
ONUREG	24	<i>paraplatin</i>	22
OPSUMIT	69	<i>paricalcitol</i>	64
<i>oralone dental paste</i>	44	<i>paroex</i>	44
ORAVIG	20	<i>paromomycin sulfate</i>	11
ORENCIA	60	<i>paroxetine hcl</i>	18
ORENCIA	62	<i>paroxetine hcl er</i>	18
ORENCIA CLICKJECT	60	<i>paroxetine hydrochloride</i>	18
ORENITRAM	69	PASER	22
ORENITRAM TITRATION KIT MONTH	69	PAXLOVID	65
1		PEDIARIX	63
ORENITRAM TITRATION KIT MONTH	69	PEDVAX HIB	63
2		<i>peg 3350/electrolytes</i>	51
ORENITRAM TITRATION KIT MONTH	69	<i>peg-3350/electrolytes</i>	51
3		<i>peg-3350/electrolytes/ascorbate</i>	51
ORFADIN	53	<i>peg-3350/nacl/na bicarbonate/kcl</i>	51
ORGOVYX	60	<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	51
ORKAMBI	69	<i>ascorbate/ascorbic</i>	
ORSERDU	24	PEGASYS	61
<i>orsythia</i>	57	PEMAZYRE	24
<i>oseltamivir phosphate</i>	32	<i>penciclovir</i>	46
OSENI	34	<i>penicillamine</i>	50
OSPHENA	59	<i>penicillamine</i>	54
OTEZLA	46	<i>penicillin g potassium</i>	13
OTEZLA	61	<i>penicillin g procaine</i>	13
OTREXUP	62	<i>penicillin g sodium</i>	13
<i>oxacillin sodium</i>	13	<i>penicillin v potassium</i>	13
<i>oxaliplatin</i>	22	PENTACEL	63
<i>oxandrolone</i>	55	<i>pentamidine isethionate</i>	27
<i>oxcarbazepine</i>	17	PENTASA	63
<i>oxybutynin chloride</i>	53	<i>pentoxifylline er</i>	40
<i>oxybutynin chloride er</i>	53	<i>perindopril erbumine</i>	38
<i>oxycodone hcl</i>	10	<i>periogard</i>	44
<i>oxycodone hydrochloride</i>	10	<i>permethrin</i>	46
<i>oxycodone/acetaminophen</i>	10	<i>perphenazine</i>	28
<i>oxycodone/aspirin</i>	10	<i>perphenazine/amitriptyline</i>	18
<i>oxymorphone hydrochloride</i>	10	PERSERIS	29
<i>oxymorphone hydrochloride er</i>	9	PERTZYE	53
<i>oxymorphone hydrochlorideer</i>	9	PEXEVA	18
OZEMPIC	34	<i>phenadoz</i>	19
<i>pacerone</i>	38	<i>phenelzine sulfate</i>	18
<i>paclitaxel</i>	24	<i>phenobarbital</i>	16
<i>paliperidone er</i>	29	PHENOXYBENZAMINE	38
<i>pamidronate disodium</i>	64	HYDROCHLORIDE	
PANCREAZE	53	<i>phenytoin</i>	17
PANRETIN	27	<i>phenytoin sodium extended</i>	17

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Page #	Drug Name	Page #
PHOSPHOLINE IODIDE	67	<i>prednicarbate</i>	45
PIFELTRO	31	<i>prednisolone</i>	54
<i>pilocarpine hcl</i>	67	<i>prednisolone acetate</i>	66
<i>pilocarpine hydrochloride</i>	44	<i>prednisolone sodium phosphate</i>	54
<i>pimozide</i>	28	<i>prednisolone sodium phosphate</i>	66
<i>pimtrea</i>	57	<i>prednisolone sodium phosphate odt</i>	54
<i>pindolol</i>	39	<i>prednisone</i>	54
<i>pioglitazone hcl</i>	34	<i>prednisone intensol</i>	54
<i>pioglitazone hcl/metformin hcl</i>	34	<i>pregabalin</i>	16
<i>pioglitazone hydrochloride</i>	34	<i>pregabalin er</i>	43
<i>piperacillin sodium/tazobactam sodium</i>	13	PREHEVBRIO	63
PIQRAY 200MG DAILY DOSE	26	PREMARIN	57
PIQRAY 250MG DAILY DOSE	26	PREMASOL	49
PIQRAY 300MG DAILY DOSE	26	PREMPHASE	58
<i>pirfenidone</i>	70	PREMPRO	58
<i>pirmella 1/35</i>	57	<i>prevalite</i>	42
<i>piroxicam</i>	8	<i>previfem</i>	58
PLASMA-LYTE A	49	PREVYMIS	30
PLASMA-LYTE-148	49	PREZCOBIX	32
PLEGRIDY	43	PREZISTA	32
PLEGRIDY STARTER PACK	43	PRIFTIN	22
<i>plenamine</i>	49	<i>primaquine phosphate</i>	27
<i>podofilox</i>	46	<i>primidone</i>	16
<i>polycin</i>	65	PRIORIX	63
<i>polymyxin b sulfate/trimethoprim sulfate</i>	65	PRIVIGEN	60
POMALYST	22	<i>probenecid</i>	21
<i>portia-28</i>	57	<i>probenecid/colchicine</i>	21
<i>posaconazole</i>	20	PROCALAMINE	49
<i>posaconazole dr</i>	20	<i>prochlorperazine</i>	19
<i>potassium chloride</i>	49	<i>prochlorperazine maleate</i>	19
<i>potassium chloride cr</i>	49	PROCRIT	37
<i>potassium chloride er</i>	49	<i>procto-med hc</i>	64
<i>potassium chloride/dextrose</i>	49	<i>procto-pak</i>	64
<i>potassium chloride/dextrose/lactated</i>	49	<i>proctosol hc</i>	64
<i>ringers</i>		<i>proctozone-hc</i>	64
<i>potassium chloride/dextrose/sodium chloride</i>	49	<i>progesterone</i>	59
<i>potassium chloride/sodium chloride</i>	49	PROGRAF	62
<i>potassium citrate er</i>	49	PROLASTIN-C	53
PRALUENT	42	PROLEUKIN	24
<i>pramipexole dihydrochloride</i>	28	PROLIA	64
<i>prasugrel</i>	37	PROMACTA	37
<i>pravastatin sodium</i>	41	<i>promethazine hcl</i>	19
<i>praziquantel</i>	27	<i>promethazine hydrochloride</i>	19
<i>prazosin hcl</i>	38	<i>promethegan</i>	19
<i>prazosin hydrochloride</i>	38	<i>propafenone hcl</i>	38
		<i>propafenone hydrochloride er</i>	38

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024
Last Updated: October 2023

Drug Name	Page #	Drug Name	Page #
<i>proparacaine hcl</i>	65	REPATHA PUSHTRONEX SYSTEM	42
<i>propranolol hcl</i>	39	REPATHA SURECLICK	42
<i>propranolol hcl er</i>	39	RESTASIS	65
<i>propranolol hydrochloride</i>	39	RESTASIS MULTIDOSE	65
<i>propranolol hydrochloride er</i>	39	RETACRIT	37
<i>propranolol/hydrochlorothiazide</i>	40	RETEVMO	24
<i>propylthiouracil</i>	60	REVLIMID	23
PROQUAD	63	REXULTI	29
PROSOL	49	REYATAZ	32
<i>protriptyline hcl</i>	19	REZLIDHIA	26
PULMOZYME	69	REZUROCK	62
PURIXAN	23	RHOPRESSA	67
PYLERA	51	<i>ribavirin</i>	30
<i>pyrazinamide</i>	22	RIDAURA	61
<i>pyridostigmine bromide</i>	21	<i>rifabutin</i>	22
<i>pyridostigmine bromide er</i>	21	<i>rifampin</i>	22
<i>pyrimethamine</i>	27	<i>riluzole</i>	43
QINLOCK	22	<i>rimantadine hydrochloride</i>	32
QNASL CHILDRENS	68	RINVOQ	61
QTERN	34	<i>risedronate sodium</i>	64
QUADRACEL	63	<i>risedronate sodium dr</i>	64
<i>quetiapine fumarate</i>	29	RISPERDAL CONSTA	29
<i>quetiapine fumarate er</i>	29	<i>risperidone</i>	29
<i>quinapril hcl</i>	38	RISPERIDONE ODT	29
<i>quinapril hydrochloride</i>	38	<i>ritonavir</i>	32
<i>quinapril/hydrochlorothiazide</i>	40	<i>rivastigmine tartrate</i>	17
<i>quinidine gluconate cr</i>	38	<i>rivastigmine transdermal system</i>	17
<i>quinidine sulfate</i>	38	<i>rivelsa</i>	58
<i>quinine sulfate</i>	27	<i>rizatriptan benzoate</i>	21
QVAR REDIHALER	68	<i>rizatriptan benzoate odt</i>	21
RABAVERT	63	<i>roflumilast</i>	69
<i>rabeprazole sodium</i>	52	<i>ropinirole er</i>	28
<i>raloxifene hydrochloride</i>	59	<i>ropinirole hcl</i>	28
<i>ramipril</i>	38	<i>ropinirole hydrochloride</i>	28
<i>ranolazine er</i>	40	<i>rosadan</i>	44
<i>rasagiline mesylate</i>	28	<i>rosuvastatin calcium</i>	41
RAYALDEE	64	ROTARIX	63
<i>reclipsen</i>	58	ROTATEQ	63
RECOMBIVAX HB	63	<i>roweepra</i>	15
RECORLEV	59	<i>roweepra xr</i>	16
RECTIV	51	ROZLYTREK	26
REGRANEX	46	RUBRACA	26
RELENZA DISKHALER	32	<i>rufinamide</i>	17
RELISTOR	51	RUKOBIA	32
<i>repaglinide</i>	34	RYBELSUS	34
REPATHA	42	RYDAPT	26

Drug Name	Page #	Drug Name	Page #
<i>sajazir</i>	60	SOLOSEC	12
SANDIMMUNE	62	SOLTAMOX	23
SANTYL	46	SOMATULINE DEPOT	60
<i>sapropterin dihydrochloride</i>	53	SOMAVERT	60
SAVELLA	43	<i>sorafenib</i>	26
SAVELLA TITRATION PACK	43	<i>sorafenib tosylate</i>	26
<i>saxagliptin hydrochloride</i>	34	<i>sorine</i>	38
<i>saxagliptin hydrochloride/metformin hydrochloride er</i>	34	<i>sotalol hcl</i>	38
SCEMBLIX	24	<i>sotalol hydrochloride (af)</i>	39
<i>scopolamine</i>	20	SOTYLIZE	39
SECUADO	29	SPIRIVA HANDIHALER	68
<i>selegiline hcl</i>	28	SPIRIVA RESPIMAT	68
<i>selenium sulfide</i>	45	<i>spironolactone</i>	41
SELZENTRY	32	<i>spironolactone/hydrochlorothiazide</i>	40
SEREVENT DISKUS	69	<i>sprintec 28</i>	58
<i>sertraline hcl</i>	18	SPRITAM	16
SERTRALINE HYDROCHLORIDE	19	SPRYCEL	26
<i>setlakin</i>	58	<i>sps</i>	50
<i>sevelamer carbonate</i>	50	<i>sronyx</i>	58
<i>sevelamer hydrochloride</i>	50	<i>ssd</i>	46
<i>sharobel</i>	59	<i>stavudine</i>	31
SHINGRIX	63	STELARA	61
SIGNIFOR	60	STIOLTO RESPIMAT	70
SIGNIFOR LAR	60	STIVARGA	26
<i>sildenafil citrate</i>	69	STREPTOMYCIN SULFATE	11
<i>silver sulfadiazine</i>	46	STRIBILD	31
SIMBRINZA	65	STRIVERDI RESPIMAT	69
<i>simvastatin</i>	41	<i>sucralfate</i>	52
<i>sirolimus</i>	62	<i>sulfacetamide sodium</i>	66
SIRTURO	22	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	65
SIVEXTRO	12	<i>sulfadiazine</i>	14
SKYRIZI	61	<i>sulfamethoxazole/trimethoprim</i>	14
SKYRIZI PEN	61	<i>sulfamethoxazole/trimethoprim ds</i>	14
<i>sodium chloride</i>	49	<i>sulfasalazine</i>	64
<i>sodium chloride 0.45%</i>	49	<i>sulindac</i>	8
<i>sodium chloride 0.9%</i>	65	<i>sumatriptan</i>	21
SODIUM OXYBATE	70	<i>sumatriptan succinate</i>	21
<i>sodium phenylbutyrate</i>	53	<i>sumatriptan succinate refill</i>	21
<i>sodium polystyrene sulfonate</i>	50	SUNITINIB MALATE	26
<i>sodium polystyrene sulfonate</i>	50	SUNLENCA	32
SODIUM SULFATE/POTASSIUM	51	SUPRAX	13
SULFATE/MAGNESIUM SULFATE		<i>syeda</i>	58
SOFOSBUVIR/VELPATASVIR	30	SYMBICORT	70
<i>solifenacin succinate</i>	53	SYMJEPI	69
SOLQUA 100/33	34	SYMLINPEN 120	34

Formulary ID: 24440, Version: 7, Effective Date: 01/01/2024

Last Updated: October 2023

Drug Name	Page #	Drug Name	Page #
SYMLINPEN 60	35	TERIPARATIDE	64
SYMPAZAN	16	<i>testosterone</i>	55
SYMTUZA	32	<i>testosterone cypionate</i>	55
SYNAREL	60	<i>testosterone enanthate</i>	55
SYNJARDY	35	<i>testosterone pump</i>	55
SYNJARDY XR	35	TETRABENAZINE	43
SYNRIBO	24	<i>tetracycline hydrochloride</i>	15
SYNTHAMIN 17	49	THALOMID	23
SYNTHROID	59	THEO-24	69
TABLOID	23	<i>theophylline</i>	69
TABRECTA	23	<i>theophylline er</i>	69
<i>tacrolimus</i>	45	<i>thioridazine hcl</i>	28
<i>tacrolimus</i>	62	<i>thiothixene</i>	28
<i>tadalafil</i>	54	<i>tiadylt er</i>	39
<i>tadalafil</i>	69	<i>tiagabine hydrochloride</i>	16
TAFINLAR	26	TIBSOVO	26
<i>tafluprost</i>	67	TICOVAC	63
TAGRISSE	26	<i>tigecycline</i>	12
TALZENNA	26	<i>tilia fe</i>	58
<i>tamoxifen citrate</i>	23	<i>timolol maleate</i>	21
<i>tamsulosin hydrochloride</i>	54	<i>timolol maleate</i>	67
<i>tarina 24 fe</i>	58	<i>timolol maleate ophthalmic gel forming</i>	67
<i>tarina fe 1/20 eq</i>	58	<i>tinidazole</i>	12
TASIGNA	26	<i>tiopronin</i>	54
<i>tasimelteon</i>	70	<i>tiotropium bromide</i>	68
<i>tavaborole</i>	20	TIVICAY	31
TAVALISSE	37	TIVICAY PD	31
<i>taysofy</i>	58	<i>tizanidine hcl</i>	30
<i>tazarotene</i>	44	<i>tizanidine hydrochloride</i>	30
TAZICEF	13	TOBI PODHALER	69
<i>taztia xt</i>	39	TOBRADEX	65
TAZVERIK	24	<i>tobramycin</i>	66
TDVAX	63	<i>tobramycin</i>	69
TEFLARO	13	<i>tobramycin sulfate</i>	11
<i>telmisartan</i>	38	<i>tobramycin sulfate</i>	66
<i>telmisartan/amlodipine</i>	40	<i>tobramycin/dexamethasone</i>	65
<i>telmisartan/hydrochlorothiazide</i>	40	<i>tolbutamide</i>	35
<i>temazepam</i>	70	<i>tolcapone</i>	28
TENIVAC	63	<i>tolterodine tartrate</i>	53
<i>tenofovir disoproxil fumarate</i>	31	<i>tolterodine tartrate er</i>	53
TEPMETKO	26	<i>tolvaptan</i>	50
<i>terazosin hcl</i>	54	<i>topiramate</i>	16
<i>terazosin hydrochloride</i>	54	TOPIRAMATE ER	16
<i>terbinafine hcl</i>	20	<i>toposar</i>	24
<i>terconazole</i>	21	TOREMIFENE CITRATE	23
<i>teriflunomide</i>	43	<i>torseamide</i>	41

Drug Name	Page #	Drug Name	Page #
TOUJEO MAX SOLOSTAR	36	<i>tri-nymyo</i>	58
TOUJEO SOLOSTAR	36	<i>tri-previfem</i>	58
TPN ELECTROLYTES	49	<i>tri-sprintec</i>	58
TRACLEER	69	<i>tritocin</i>	45
TRADJENTA	35	TRIUMEQ	31
<i>tramadol hcl</i>	10	TRIUMEQ PD	31
<i>tramadol hcl er</i>	9	<i>trivora-28</i>	58
<i>tramadol hydrochloride</i>	10	<i>tri-vylibra</i>	58
<i>tramadol hydrochloride er</i>	9	<i>tri-vylibra lo</i>	58
<i>tramadol hydrochloride/acetaminophen</i>	10	TRIZIVIR	32
<i>trandolapril</i>	38	TROPHAMINE	50
<i>tranexamic acid</i>	37	<i>trospium chloride</i>	53
<i>tranylcypromine sulfate</i>	18	<i>trospium chloride er</i>	53
TRAVASOL	50	TRULANCE	51
<i>travoprost</i>	67	TRULICITY	35
<i>trazodone hydrochloride</i>	19	TRUMENBA	63
TRECTOR	22	TUKYSA	24
TRELEGY ELLIPTA	70	TURALIO	26
TRELSTAR MIXJECT	60	TWINRIX	63
TRESIBA	36	TYBOST	32
TRESIBA FLEXTOUCH	36	TYMLOS	64
TRETINOIN	27	TYPHIM VI	63
<i>tretinoin</i>	44	UBRELVY	21
<i>tretinoin microsphere</i>	44	UCERIS	64
TREXALL	62	UDENYCA	37
<i>triamcinolone acetonide</i>	45	<i>unithroid</i>	59
<i>triamcinolone acetonide dental paste</i>	44	UPTRAVI	69
<i>triamterene/hydrochlorothiazide</i>	41	UPTRAVI TITRATION PACK	69
<i>trianex</i>	45	URSODIOL	52
<i>triderm</i>	45	VABOMERE	14
TRIENTINE HYDROCHLORIDE	50	<i>valacyclovir hcl</i>	33
<i>trifluoperazine hcl</i>	28	<i>valacyclovir hydrochloride</i>	33
<i>trifluoperazine hydrochloride</i>	28	VALCHLOR	22
<i>trifluridine</i>	66	<i>valganciclovir</i>	30
<i>trihexyphenidyl hcl</i>	27	VALGANCICLOVIR HYDROCHLORIDE	30
<i>trihexyphenidyl hydrochloride</i>	28	<i>valproic acid</i>	16
TRIJARDY XR	35	<i>valsartan</i>	38
TRIKAFTA	69	<i>valsartan/hydrochlorothiazide</i>	41
<i>tri-legest fe</i>	58	VALTOCO 10 MG DOSE	16
<i>tri-lo-estarylla</i>	58	VALTOCO 15 MG DOSE	16
<i>tri-lo-sprintec</i>	58	VALTOCO 20 MG DOSE	16
<i>trilyte</i>	52	VALTOCO 5 MG DOSE	16
<i>trimethoprim</i>	12	<i>vancomycin</i>	12
<i>tri-mili</i>	58	<i>vancomycin hcl</i>	12
<i>trimipramine maleate</i>	19	VANCOMYCIN HYDROCHLORIDE	12
TRINTELLIX	19	<i>vancomycin hydrochloride/dextrose</i>	12

Drug Name	Page #	Drug Name	Page #
VANFLYTA	26	VIZIMPRO	27
VAQTA	63	VOCABRIA	31
<i>varenicline starting month box</i>	11	VONJO	24
<i>varenicline tartrate</i>	11	<i>voriconazole</i>	21
VARIVAX	63	VOSEVI	30
VARIZIG	60	VOTRIENT	27
VARUBI	20	VRAYLAR	29
VASCEPA	42	<i>vyfemla</i>	58
VAXELIS	63	<i>vylibra</i>	58
<i>velivet</i>	58	VYZULTA	67
VELPHORO	50	<i>warfarin sodium</i>	37
VELTASSA	50	WELIREG	27
VEMLIDY	30	<i>wixela inhub</i>	70
VENCLEXTA	26	XALKORI	27
VENCLEXTA STARTING PACK	26	XARELTO	37
VENLAFAXINE BESYLATE ER	19	XARELTO STARTER PACK	37
<i>venlafaxine hcl er</i>	19	XATMEP	62
<i>venlafaxine hydrochloride</i>	19	XCOPRI	16
<i>venlafaxine hydrochloride er</i>	19	XELJANZ	61
VENTOLIN HFA	69	XELJANZ XR	61
<i>verapamil hcl</i>	40	XERMELO	51
<i>verapamil hcl er</i>	40	XGEVA	64
<i>verapamil hcl sr</i>	40	XIFAXAN	52
<i>verapamil hydrochloride</i>	40	XIGDUO XR	35
<i>verapamil hydrochloride er</i>	40	XIIDRA	65
VEREGEN	46	XOFLUZA	32
VERQUVO	42	XOLAIR	61
VERSACLOZ	30	XOPENEX HFA	69
VERZENIO	27	XOSPATA	27
<i>vestura</i>	58	XPOVIO	24
VIBERZI	51	XPOVIO 100 MG ONCE WEEKLY	24
VICTOZA	35	XPOVIO 40 MG ONCE WEEKLY	24
<i>vienva</i>	58	XPOVIO 40 MG TWICE WEEKLY	24
VIGABATRIN	16	XPOVIO 60 MG ONCE WEEKLY	24
VIGADRONE	16	XPOVIO 60 MG TWICE WEEKLY	24
VIIBRYD STARTER PACK	19	XPOVIO 80 MG ONCE WEEKLY	24
<i>vilazodone hydrochloride</i>	19	XPOVIO 80 MG TWICE WEEKLY	24
<i>vinblastine sulfate</i>	24	XTANDI	22
<i>vincasar pfs</i>	24	XULTOPHY 100/3.6	35
<i>vincristine sulfate</i>	24	YF-VAX	63
<i>vinorelbine tartrate</i>	24	YONSA	22
VIRACEPT	32	YUFLYMA 1-PEN KIT	62
VIREAD	32	YUFLYMA 2-PEN KIT	62
<i>vitazol</i>	44	YUFLYMA 2-SYRINGE KIT	62
VITRAKVI	27	<i>yuvafem</i>	58
VIVITROL	10	<i>zafirlukast</i>	68

Drug Name	Page #
<i>zaleplon</i>	70
<i>zarah</i>	58
ZARXIO	37
ZEJULA	27
ZELAPAR	28
ZELBORAF	27
ZEMAIRA	53
<i>zenatane</i>	44
ZENPEP	53
ZEPATIER	30
ZERBAXA	13
<i>zidovudine</i>	32
<i>ziprasidone hcl</i>	29
<i>ziprasidone mesylate</i>	29
ZIRGAN	66
<i>zoledronic acid</i>	64
ZOLINZA	24
<i>zolmitriptan</i>	21
<i>zolmitriptan odt</i>	21
<i>zolpidem tartrate</i>	70
<i>zolpidem tartrate er</i>	70
ZOMACTON	55
ZONISADE	17
<i>zonisamide</i>	17
ZONTIVITY	37
<i>zovia 1/35</i>	58
<i>zovia 1/35e</i>	58
ZTALMY	43
ZYDELIG	27
ZYKADIA	27
ZYPREXA RELPREVV	30

This formulary was updated on 09/29/2023. For more recent information or other questions, please contact University Hospitals MA Red Plan by PTHP Customer Service at 1-833-954-0483 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

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