



2023

Formulary (List of Covered Drugs)

HPMS Approved Formulary File Submission ID 23386, Version Number 10

Massachusetts:

eternalHealth Give Back PPO

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

This formulary was updated on 04/01/2023. For more recent information or other questions, please contact eternalHealth Pharmacy Member Service at **1-800-891-6989 or 1-617-684-2458 (locally)**, (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalHealth.com.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Pharmacy Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means eternalHealth. When it refers to “plan” or “our plan,” it means eternalHealth Give Back PPO.

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

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

What is the eternalHealth 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an eternalHealth 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 eternalHealth’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to 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 eternalHealth’s Formulary?”

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

The enclosed formulary is current as of May 1, 2023. 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. Formulary publications are updated and posted online monthly with all applicable changes. The web address is located on the front and back cover of this formulary

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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 10. 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 76. 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 eternalHealth before you fill your prescriptions. If you don't get approval, eternalHealth may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that eternalHealth will cover. For example, our plan provides 60 tablets per prescription for pantoprazole. 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 10. 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 eternalHealth 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 eternalHealth's formulary?" on page 6 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Pharmacy 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 him or her to prescribe a similar drug that is covered by our plan.
- You can ask eternalHealth 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 eternalHealth's Formulary?

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your 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 member and have a change to a different level of care, for example being admitted or discharged from a long-term care facility, you may be prescribed medications not on our formulary. In these instances, you need to talk with your doctor about the appropriate alternative therapies available on our formulary. If there are no appropriate alternative therapies on our formulary, you or your doctor can request an exception and ask the plan to cover the drug or remove restrictions from the drug. During this transition, you will be able to access a refill upon admission or discharge to prevent a gap in care.

For more information

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

If you have questions about eternalHealth, 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>.

eternalHealth Formulary

The formulary below provides coverage information about the drugs covered by eternalHealth. If you have trouble finding your drug in the list, turn to the Index that begins on page 76.

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., metformin).

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug.

Most drugs included in this formulary are available via our mail-order benefit. Contact us for details. Our contact information appears on the front and back cover pages.

B/D = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. Information may need to be provided that describes the use and setting of the drug to determine coverage. These drugs may require prior authorization to determine coverage under Part B or Part D.

PA = 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 prescription. If you don't get approval, we may not cover the drug.

QL = Quantity Limits. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets per 30 days per prescription for pantoprazole.

ST = 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.

NDS = Non-Extended Day Supply. This prescription drug is available as a 30-day supply or less at retail and mail pharmacies.

Drug Tier Copayment and Coinsurance Amounts:

You can identify which tier your drug is on by looking at the "Drug Tier" column. The chart below describes what types of drugs are included in each tier and shows how costs may change with each tier. Please call our Pharmacy Member Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Our contact information appears on the front and back cover pages.

Drug Tier	Includes
Tier 1 (Preferred Generic Drugs)	Tier 1 is the lowest copay tier and includes preferred generic drugs.
Tier 2 (Generic Drugs)	Tier 2 includes generic drugs and some brand drugs other than those considered preferred generic drugs covered at a higher generic copay.
Tier 3 (Preferred Brand Drugs)	Tier 3 includes preferred brand and non-preferred generic drugs at a lowest brand copay.
Tier 4 (Non-Preferred Drug):	Tier 4 includes brand drugs and certain generic drugs other than those considered preferred brand drugs at the highest brand copay.
Tier 5 (Specialty Tier):	Tier 5 is the highest tier. It contains high-cost brand and generic drugs, which may require special handling and/or close monitoring/management.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	3	PA
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
BUPRENORPHINE	4	QL (4 EA per 28 days) NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>methadose sugar-free</i>	3	NDS
<i>methadose concentrate 10mg/ml</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
<i>tramadol hydrochloride er</i>	4	NDS
XTAMPZA ER	3	NDS
<i>Opioid Analgesics, Short-acting</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine</i>	2	NDS
<i>codeine sulfate tablet 60mg</i>	4	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hcl tablet</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>glydo</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly prefilled syringe</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl prefilled syringe</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine-prilocaine-cream base cream</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/prilocaine cream</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine ointment 5%</i>	4	QL (150 GM per 30 days) PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	4	QL (150 GM per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days)
<i>Opioid Reversal Agents</i>		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hcl injection 2mg/2ml</i>	3	
NALOXONE HYDROCHLORIDE LIQUID	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
<i>Smoking Cessation Agents</i>		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days)
NICOTROL NS	4	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL (504 EA per 365 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	2	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
<i>Antibacterials, Other</i>		
<i>aztreonam</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

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Drug Name	Drug Tier	Requirements/Limits
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>colistimethate sodium</i>	5	
DAPTOMYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
IMPAVIDO	5	
KIMYRSA	5	
<i>lincomycin hcl injection</i>	2	
<i>linezolid tablet</i>	4	QL (56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL (1800 ML per 28 days)
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
ORBACTIV	5	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days)
<i>vancomycin hydrochloride injection 250mg</i>	2	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	3	
VOQUEZNA DUAL PAK	4	PA
VOQUEZNA TRIPLE PAK	4	PA
XENLETA TABLET	5	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INJECTION 2GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
FETROJA	5	
<i>tazicef injection 1gm, 2gm, 6gm</i>	3	
TEFLARO	5	
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg</i>	1	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>ampicillin sodium injection 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	5	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafticillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
BAXDELA TABLET	5	
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	2	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	2	
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	2	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted</i>	3	
MINOCIN INJECTION	5	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>mondoxone nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL (10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg-150mg)
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	4	
<i>ethosuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL (90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin solution</i>	4	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO	5	QL (10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
<i>Sodium Channel Agents</i>		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	3	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	4	QL (56 EA per 365 days) ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL (60 EA per 30 days) ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL (30 EA per 30 days) ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL (60 EA per 30 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	4	QL (56 EA per 365 days) ST
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution</i>	4	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL (30 EA per 30 days)
VENLAFAXINE BESYLATE ER	4	ST
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	
VIIBRYD STARTER PACK	4	QL (60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl plain</i>	3	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	4	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	4	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO CAPSULE	4	QL (2 EA per 30 days) B/D
AKYNZEO INJECTION 235MG/20ML; 0.25MG/20ML	4	
<i>aprepitant capsule 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant capsule 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	4	QL (8 EA per 30 days) B/D
DRONABINOL CAPSULE 10MG	4	QL (60 EA per 30 days) PA
<i>dronabinol capsule 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) PA
<i>ondansetron hcl solution</i>	4	QL (450 ML per 30 days) B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL (90 GM per 30 days)
<i>miconazole injection 50mg</i>	5	
<i>naftifine hydrochloride gel</i>	4	
NOXAFIL SUSPENSION	5	PA
<i>nyamyc</i>	2	QL (120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL (120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL (120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL (84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
COLCHICINE TABLET 0.6MG	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	5	QL (8 ML per 30 days) PA
<i>ergotamine tartrate/caffeine</i>	3	QL (24 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL (1 ML per 30 days) PA
AIMOVIG INJECTION 70MG/ML	4	QL (2 ML per 30 days) PA
EMGALITY INJECTION 120MG/ML	4	QL (1 ML per 30 days) PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 30 days) PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
UBRELVY	5	QL (16 EA per 30 days) PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL (18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL (9 EA per 30 days)
SUMATRIPTAN SUCCINATE INJECTION 4MG/0.5ML, 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SOLUTION	4	QL (12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL (12 EA per 30 days)
<i>zolmitriptan solution 2.5mg</i>	4	QL (18 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
CAPASTAT SULFATE	5	
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide monohydrate injection</i>	5	
CYCLOPHOSPHAMIDE CAPSULE	3	B/D
CYCLOPHOSPHAMIDE INJECTION 1GM/5ML	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INJECTION 500MG/2.5ML	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
IFOSFAMIDE INJECTION 3GM	4	
LEUKERAN	5	
MATULANE	5	
<i>thiotepa injection 100mg</i>	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL (120 EA per 30 days) PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
INFUGEM INJECTION 1900MG/190ML; 0.9%	5	
<i>mercaptopurine tablet</i>	3	
<i>nelarabine</i>	5	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
<i>arsenic trioxide injection 10mg/10ml</i>	4	
ASPARLAS	5	
BESREMI	5	PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL (30 EA per 30 days) PA
INREBIC	5	PA
IXEMPRA KIT INJECTION 15MG	5	
KIMMTRAK	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	PA
ONUREG	5	PA
PEMAZYRE	5	QL (30 EA per 30 days) PA
PHESGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	PA
RYLAZE	5	
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TICE BCG	4	
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	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>Antineoplastics</i>		
OPDUALAG	5	PA
ORSERDU	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
ETOPOPHOS	5	
Molecular Target Inhibitors		
AFINITOR DISPERZ	5	PA
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL (60 EA per 365 days) PA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA
AYVAKIT	5	QL (30 EA per 30 days) PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
EXKIVITY	5	PA
FARYDAK	5	PA
FYARRO	5	PA
GILOTRIF	5	QL (30 EA per 30 days) PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABLET 10MG	5	QL (60 EA per 30 days) PA
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA
JAYPIRCA TABLET 100MG	5	QL (90 EA per 30 days) PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	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	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL (180 EA per 30 days) PA
ODOMZO	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL (30 EA per 30 days) PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO	5	PA
UKONIQ	5	PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DANYELZA	5	PA
DARZALEX FASPRO	5	PA
JEMPERLI	5	PA
KANJINTI	5	PA
MONJUVI	5	PA
MVASI	5	PA
POLIVY	5	PA
RUXIENCE	5	PA
RYBREVA	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
<i>Retinoids</i>		
bexarotene	5	PA
PANRETIN	5	
tretinoin capsule 10mg	5	
<i>Treatment Adjuncts</i>		
ELITEK	5	
leucovorin calcium tablet	3	
leucovorin calcium injection 500mg	4	
MESNEX TABLET	5	
Antiparasitics		
<i>Anthelmintics</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>albendazole tablet</i>	5	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
BENZNIDAZOLE	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hcl solution</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI	5	QL (150 EA per 30 days) PA
KYNMOBI TITRATION KIT	5	QL (20 EA per 365 days) PA
NEUPRO	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tablet	4	
selegiline hcl capsule, tablet	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate, injection, tablet	4	
fluphenazine hydrochloride elixir	4	
haloperidol decanoate injection	3	
haloperidol lactate	3	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	2	
molindone hydrochloride	4	
perphenazine tablet 2mg, 4mg	3	
perphenazine tablet 16mg, 8mg	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	3	
trifluoperazine hcl tablet 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg	4	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole odt	5	QL (60 EA per 30 days)
aripiprazole tablet	2	QL (30 EA per 30 days)
aripiprazole solution	4	QL (750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL (60 EA per 30 days)
CAPLYTA	5	QL (30 EA per 30 days) PA
FANAPT	5	QL (60 EA per 30 days) ST
FANAPT TITRATION PACK	4	QL (8 EA per 180 days) ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days)
LATUDA TABLET 80MG	5	QL (60 EA per 30 days)
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) ST
NUPLAZID	5	PA
<i>olanzapine odt</i>	3	QL (30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL (30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL (90 EA per 30 days)
REXULTI	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	3	QL (60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days)
<i>risperidone tablet</i>	1	QL (60 EA per 30 days)
<i>risperidone solution</i>	4	QL (240 ML per 30 days)
SECUADO	5	QL (30 EA per 30 days) ST
VRAYLAR CAPSULE THERAPY PACK	4	QL (14 EA per 365 days) ST
VRAYLAR CAPSULE	5	QL (30 EA per 30 days) ST
<i>ziprasidone hcl</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL (90 EA per 30 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

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

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL (30 EA per 30 days)
STRIBILD	5	QL (30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL (30 EA per 30 days)
DELSTRIGO	5	QL (30 EA per 30 days)
EDURANT	5	
efavirenz	4	
efavirenz/emtricitabine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
etravirine tablet 100mg	4	
etravirine tablet 200mg	5	
INTELENCE TABLET 25MG	4	
nevirapine er	4	
nevirapine suspension	2	
nevirapine tablet	3	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir	4	
abacavir sulfate/lamivudine	4	QL (30 EA per 30 days)
abacavir sulfate/lamivudine/zidovudine	5	QL (60 EA per 30 days)
CIMDUO	5	QL (30 EA per 30 days)
DESCOVY	5	QL (30 EA per 30 days)
didanosine capsule delayed release 200mg, 250mg, 400mg	4	
emtricitabine	2	
emtricitabine/tenofovir disoproxil	5	QL (30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate	5	QL (30 EA per 30 days)
EMTRIVA SOLUTION	4	
lamivudine/zidovudine	4	QL (60 EA per 30 days)
lamivudine solution 10mg/ml	3	
lamivudine tablet 150mg, 300mg	3	
ODEFSEY	5	QL (30 EA per 30 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 EA per 30 days)
TRIUMEQ PD	5	QL (180 EA per 30 days)
TRIZIVIR	5	QL (60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
EVOTAZ	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL (30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
PREZISTA TABLET 600MG, 800MG	5	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 EA per 30 days)
VIRACEPT	5	
<i>Anti-influenza Agents</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL (1080 ML per 365 days)
RELENZA DISKHALER	4	QL (240 EA per 365 days)
<i>rimantadine hydrochloride</i>	3	
TAMIFLU CAPSULE 75MG	4	QL (110 EA per 365 days)
TAMIFLU CAPSULE 30MG	4	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	4	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	4	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL (2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hcl tablet 1gm</i>	3	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hcl tablet 30mg</i>	4	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>buspirone hydrochloride tablet 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl capsule 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	2	QL (900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	2	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL (720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	1	QL (120 EA per 30 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tablet 5mg</i>	1	QL (240 EA per 30 days)
<i>diazepam tablet 2mg</i>	1	QL (300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	1	QL (150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	2	
CYCLOSET	4	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
INVOKAMET	4	ST
INVOKAMET XR	4	ST
INVOKANA	4	ST
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	3	
MOUNJARO	5	QL (2 ML per 28 days) ST
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days) ST

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) ST
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) ST
RYBELSUS TABLET 3MG	3	QL (60 EA per 365 days) ST
SOLQUA 100/33	3	ST
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
<i>tolbutamide</i>	1	
TRADJENTA	3	QL (30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL (2 ML per 28 days) ST
VICTOZA	3	QL (9 ML per 30 days) ST
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
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	
<i>Insulins</i>		
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	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 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 STARTER PACK	3	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium injection 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
FRAGMIN INJECTION 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJECTION 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJECTION 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJECTION 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJECTION 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN INJECTION 18000UNIT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJECTION 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	5	QL (7 ML per 90 days)
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL (102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL (30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL (60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET SOLUBLE	5	QL (240 EA per 30 days) PA
OXBRYTA TABLET 300MG	5	QL (240 EA per 30 days) PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL (30 EA per 30 days) PA
PYRUKYND TABLET 50MG	5	QL (120 EA per 30 days) PA
PYRUKYND TABLET 20MG, 5MG	5	QL (60 EA per 30 days) PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
ZARXIO	5	
<i>Hemostasis Agents</i>		
<i>tranexamic acid tablet</i>	3	
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL (30 EA per 30 days) PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
<i>prasugrel</i>	2	
TAVALISSE	5	PA
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl patch weekly</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl tablet 1mg</i>	4	
<i>guanfacine hydrochloride tablet 2mg</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hcl tablet 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	
<i>ramipril</i>	1	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>disopyramide phosphate capsule</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	
<i>pacerone tablet 200mg</i>	1	
<i>pacerone tablet 100mg, 400mg</i>	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate tablet</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hci er tablet extended release 24 hour 120mg</i>	4	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	4	
<i>diltiazem hcl tablet</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg</i>	4	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
ADRENALIN INJECTION 1MG/ML	4	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
CAMZYOS	5	QL (30 EA per 30 days) PA
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR SOLUTION	4	QL (450 ML per 30 days) PA
CORLANOR TABLET	4	QL (60 EA per 30 days) PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL (60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	QL (30 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL (30 EA per 30 days) PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide oral solution</i>	2	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tablet</i>	2	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl</i>	3	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	PA
JUXTAPID CAPSULE 10MG, 40MG, 5MG, 60MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPSULE 20MG, 30MG	5	QL (60 EA per 30 days) PA
NEXLETOL	4	QL (30 EA per 30 days) PA
NEXLIZET	4	QL (30 EA per 30 days) PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL (2 ML per 28 days) PA
<i>prevalite</i>	4	
REPATHA	3	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	3	QL (7 ML per 28 days) PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK	3	QL (3 ML per 28 days) PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
DILATRATE SR	4	
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er tablet extended release 24 hour 30mg, 60mg	1	
isosorbide mononitrate er tablet extended release 24 hour 120mg	2	
NITRO-BID	4	
nitroglycerin lingual solution	4	
nitroglycerin transdermal	2	
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	2	
<i>Vasodilators, Direct-acting Arterial</i>		
hydralazine hcl injection	4	
hydralazine hcl tablet 10mg	1	
hydralazine hydrochloride tablet 25mg, 50mg	1	
hydralazine hydrochloride tablet 100mg	2	
minoxidil tablet	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg	3	QL (60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg	3	QL (60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg	3	QL (60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg	4	QL (60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg	4	QL (60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg	4	QL (60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine tablet	3	QL (90 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 15mg	4	QL (120 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 10mg	4	QL (180 EA per 30 days)
dextroamphetamine sulfate er capsule extended release 24 hour 5mg	4	QL (60 EA per 30 days)
dextroamphetamine sulfate tablet 10mg	3	QL (180 EA per 30 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 60MG, 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CAPSULE 40MG	5	QL (60 EA per 30 days) PA
NUEDEXTA	5	PA
RADICAVA ORS	5	PA
RADICAVA ORS STARTER KIT	5	PA
RELYVRIO	5	QL (60 EA per 30 days) PA
<i>riluzole</i>	4	PA
<i>tetrabenazine tablet 12.5mg</i>	4	PA
<i>tetrabenazine tablet 25mg</i>	5	PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin solution</i>	4	QL (900 ML per 30 days)
SAVELLA	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AUBAGIO	5	QL (30 EA per 30 days) PA
AVONEX	5	QL (4 EA per 28 days) PA
AVONEX PEN	5	QL (4 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
BETASERON	5	QL (15 EA per 30 days) PA
<i>dalfampridine er</i>	3	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	5	QL (60 EA per 30 days) PA
<i>dimethyl fumarate starterpack</i>	5	QL (120 EA per 365 days) PA
<i> fingolimod</i>	5	QL (30 EA per 30 days) PA
GILENYA	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (0.4 ML per 28 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABLET 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABLET 1MG, 2MG	5	QL (30 EA per 30 days) PA
OCREVUS	5	QL (40 ML per 365 days) PA
PLEGRIDY	5	QL (1 ML per 28 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJECTION 0	5	QL (4 ML per 365 days) PA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
<i>teriflunomide</i>	4	QL (30 EA per 30 days) PA
TYSABRI	5	PA
VUMERITY	5	QL (120 EA per 30 days) PA
ZEPOSIA	5	QL (30 EA per 30 days) PA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
DENTA 5000 PLUS	2	
<i>doxycycline hyclate tablet 20mg</i>	2	
KEPIVANCE	5	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
PREVIDENT 5000 PLUS	2	
<i>sf 5000 plus</i>	2	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm cream</i>	2	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL (50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream, gel</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>amcinonide lotion</i>	4	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
CIBINQO	5	QL (30 EA per 30 days) PA
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL (120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide ointment 0.025%</i>	3	
<i>fluocinolone acetonide solution 0.01%</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
OPZELURA	5	QL (240 GM per 30 days) PA
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	3	QL (60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL (120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL (300 GM per 30 days) ST
<i>fluorouracil cream 5%</i>	2	QL (40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
PICATO	5	ST
<i>podofilox</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL (60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	3	
<i>mupirocin ointment</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023
Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
<i>plenamine</i>	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
XENPOZYME	5	PA
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	4	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	5	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 180mg</i>	5	PA
<i>deferiprone</i>	5	PA
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>trientine hydrochloride</i>	5	PA
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>lanthanum carbonate</i>	4	
<i>sevelamer carbonate tablet</i>	4	
<i>sevelamer carbonate packet</i>	5	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	3	
<i>sodium polystyrene sulfonate oral suspension 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate rectal suspension 30gm/120ml, 50gm/200ml</i>	3	
<i>sps</i>	3	
<i>veltassa</i>	5	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL (30 EA per 30 days)
LUBIPROSTONE	4	QL (60 EA per 30 days)
MOTEGRITY	3	QL (30 EA per 30 days)
<i>pegylax</i>	2	
<i>polyethylene glycol 3350 packet 17gm</i>	2	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	2	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR TABLET	5	QL (90 EA per 30 days) ST
RELISTOR INJECTION 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR INJECTION 12MG/0.6ML	5	QL (18 ML per 30 days) ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL (90 EA per 30 days) PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate oral solution</i>	4	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl injection, oral solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
SUPREP BOWEL PREP KIT	3	
<i>trilyte</i>	2	
URSODIOL CAPSULE 300MG	4	
<i>ursodiol tablet</i>	3	
XIFAXAN	5	PA
ZORBTIVE	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine solution</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
Protectants		
<i>misoprostol tablet 100mcg</i>	2	
<i>misoprostol tablet 200mcg</i>	3	
SUCRALFATE SUSPENSION	4	
<i>sucralfate tablet</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	QL (30 EA per 30 days)
DEXLANSOPRAZOLE	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
EVRYSDI	5	QL (240 ML per 30 days) PA
FABRAZYME	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
ORFADIN SUSPENSION	5	
ORFADIN CAPSULE 20MG	5	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder, tablet	5	
STRENSIQ	5	PA
SUCRAID	5	
TEGSEDI	5	PA
VIMIZIM	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	3	
ZOKINVY	5	QL (120 EA per 30 days) PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
darifenacin hydrobromide er	4	
flavoxate hcl	3	
GELNIQUE PUMP	4	
MYRBETRIQ	3	
oxybutynin chloride er	2	
oxybutynin chloride solution	2	
oxybutynin chloride syrup	2	
oxybutynin chloride tablet 5mg	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tolterodine tartrate er	3	
tropium chloride	3	
tropium chloride er	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
alfuzosin hcl er	2	
doxazosin mesylate	2	
dutasteride/tamsulosin hydrochloride	4	
dutasteride capsule	2	
finasteride tablet	1	
silodosin	4	
tadalafil tablet 2.5mg, 5mg	3	QL (30 EA per 30 days) PA
tamsulosin hydrochloride	2	
<i>Genitourinary Agents, Other</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
THIOLA EC	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone elixir, solution</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg, 4mg, 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	3	
<i>prednisolone sodium phosphate solution 20mg/5ml, 5mg/5ml</i>	4	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%, 0.1mg/ml</i>	4	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	5	
FENSOLVI	5	QL (1 EA per 168 days) PA
GENOTROPIN	5	PA
GENOTROPIN MINISQUICK	5	PA
INCRELEX	5	PA
SKYTROFA	5	PA
STIMATE SOLUTION	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
KORLYM	5	QL (120 EA per 30 days) PA
<i>mifepristone</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50	5	PA
<i>oxandrolone tablet 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>oxandrolone tablet 10mg</i>	4	QL (60 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	3	PA
<i>danazol capsule 100mg, 50mg</i>	3	
<i>danazol capsule 200mg</i>	4	
STRIANT	4	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
TESTOSTERONE GEL 25MG/2.5GM, 50MG/5GM	3	PA
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL (91 EA per 91 days)
<i>amethia lo</i>	4	QL (91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL (91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	3	
<i>camrese</i>	4	QL (91 EA per 91 days)
<i>camrese lo</i>	4	QL (91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL (91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
DIVIGEL	4	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol gel, patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL (91 EA per 91 days)
FEMRING	4	QL (1 EA per 90 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>iclevia</i>	4	QL (91 EA per 91 days)
<i>introvale</i>	4	QL (91 EA per 91 days)
<i>jaimiess</i>	4	QL (91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL (91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>junal fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL (91 EA per 91 days)
<i>loprezza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

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

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvaferm</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL (0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
MAKENA INJECTION 275MG/1.1ML	5	PA
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL (1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	2	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	5	QL (4 EA per 365 days) PA
LANREOTIDE ACETATE	5	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH)	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH)	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH)	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH)	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH)	5	QL (1 EA per 84 days) PA
MYFEMBREE	5	QL (30 EA per 30 days) PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABLET 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABLET 200MG	5	QL (60 EA per 30 days) PA
SIGNIFOR	5	QL (60 ML per 30 days) PA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	QL (1 EA per 365 days) PA
SYNAREL	5	
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJECTION 22.5MG	5	QL (1 EA per 168 days) PA
TRIPTODUR	5	QL (1 EA per 168 days) PA
ZOLADEX INJECTION 3.6MG	4	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	4	QL (1 EA per 84 days) PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tablet 10mg, 5mg	2	
propylthiouracil tablet	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
icatibant acetate	5	PA
sajazir	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
carimune nanofiltered injection 12gm, 6gm	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML, 300UNIT/2ML	4	B/D
HYQVIA INJECTION 10GM/100ML; 800UNIT/5ML, 20GM/200ML; 1600UNIT/10ML, 30GM/300ML; 2400UNIT/15ML, 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGAM RABIES-HT INJECTION 300UNIT/2ML	4	B/D

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
KEDRAB	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL (4 ML per 28 days) PA
ARCALYST	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	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
EMPAVELI	5	PA
ENJAYMO	5	PA
ENTYVIO	5	PA
ILARIS INJECTION 150MG/ML	5	QL (2 ML per 28 days) PA
ILUMYA	5	PA
LEMTRADA	5	PA
RINVOQ	5	QL (30 EA per 30 days) PA
SAPHNELO	5	PA
SKYRIZI	5	PA
SKYRIZI PEN	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL (3 ML per 84 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
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
SYLATRON	5	PA
<i>Immunosuppressants</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine tablet 50mg</i>	2	B/D
<i>azathioprine tablet 100mg, 75mg</i>	4	B/D
BENLYSTA INJECTION 120MG, 400MG	5	PA
CIMZIA STARTER KIT	5	PA
CIMZIA INJECTION 200MG/ML	5	PA
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraft capsule 100mg, 25mg</i>	4	B/D
<i>engraft solution</i>	4	B/D
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL (60 EA per 30 days) PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution</i>	5	B/D

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tablet 0.5mg, 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	5	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
<i>Vaccines</i>		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGRIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
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	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
CORTIFOAM FOAM	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TARPEYO	5	QL (120 EA per 30 days) PA
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tablet 90mg</i>	5	
<i>doxercalciferol capsule</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL (1 EA per 28 days)
NATPARA	5	QL (2 EA per 28 days) PA
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL (2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days)
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	QL (200 EA per 30 days)
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	QL (200 EA per 30 days)
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	QL (200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2"	3	
ELLA	3	
IGALMI	4	PA
KORSUVA	5	PA
LAGEVRIO	4	QL (40 EA per 5 days)
LIVMARLI	5	QL (90 ML per 30 days) PA
<i>nutrilipid</i>	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (20 EA per 5 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (30 EA per 5 days)
<i>sodium chloride 0.9%</i>	2	
TAVNEOS	5	QL (180 EA per 30 days) PA
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL (200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL (200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL (28 EA per 28 days) PA
VIJOICE TABLET THERAPY PACK 0	5	QL (56 EA per 28 days) PA
VISTOGARD	5	
VOXZOGO	5	QL (30 EA per 30 days) PA
VYVGART	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL (60 ML per 28 days) PA
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
VABYSMO	5	PA

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
XIIDRA	4	QL (60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
BEPOTASTINE BESILATE	4	
<i>cromolyn sodium solution 4%</i>	2	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
FML	3	
FML FORTE	3	
ILEVRO	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL (20 GM per 365 days)
LOTEPREDNOL ETABONATE GEL	4	QL (20 GM per 365 days)
<i>loteprednol etabonate suspension</i>	4	
PRED MILD	3	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL (12 ML per 365 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL (2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostamide Analogs</i>		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL (2.5 ML per 25 days)
VYZULTA	4	QL (5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>flac</i>	3	
<i>fluocinolone acetonide ear drops</i>	3	
<i>fluocinolone acetonide oil 0.01%</i>	3	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
ASMANEX HFA	4	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days)

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
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 (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER	4	QL (21.2 GM per 30 days) ST
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	3	QL (60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL (60 ML per 30 days)
<i>cypheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	5	QL (60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days)
YUPELRI	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate syrup</i>	4	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL (375 ML per 30 days) B/D
EPINEPHRINE INJECTION 0.15MG/0.3ML, 0.3MG/0.3ML	3	
<i>epinephrine injection 0.15mg/0.15ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	3	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL (90 EA per 30 days) B/D
PROAIR HFA	3	QL (17 GM per 30 days)
PROAIR RESPICLICK	3	QL (2 EA per 30 days)
SEREVENT DISKUS	3	QL (60 EA per 30 days)
<i>terbutaline sulfate tablet</i>	4	
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA
ORKAMBI PACKET	5	QL (56 EA per 28 days) PA
PULMOZYME	5	PA
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	5	QL (56 EA per 28 days) PA
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	5	QL (60 EA per 30 days) PA
TOBI PODHALER	5	QL (224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	QL (84 EA per 28 days) PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
DALIRESP	4	PA
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>Pulmonary Antihypertensives</i>		

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS	5	QL (90 EA per 30 days) PA
<i>alyq</i>	5	QL (60 EA per 30 days) PA
AMBRISANTAN	5	QL (30 EA per 30 days) PA
<i>bosentan</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL (30 EA per 30 days) PA
ORENITRAM TITRATION KIT MONTH 1	5	QL (336 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 2	5	QL (672 EA per 365 days) PA
ORENITRAM TITRATION KIT MONTH 3	5	QL (504 EA per 365 days) PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil tablet 20mg</i>	4	QL (60 EA per 30 days) PA
VENTAVIS	5	QL (270 ML per 30 days) PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET CAPSULE	5	PA
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine solution</i>	4	B/D
ANORO ELLIPTA	3	QL (60 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA
STIOLTO RESPIMAT	3	QL (24 GM per 30 days)
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TEZSPIRE	5	QL (1.91 ML per 28 days) PA
TRELEGY ELLIPTA	3	QL (60 EA per 30 days)
<i>wixela inhub</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023

Last Updated: April 2023

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

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

Formulary ID: 23386, Version: 10, Effective Date: 05/01/2023
Last Updated: April 2023

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

Index of Drugs

Drug Name	Page #
<i>abacavir</i>	33
<i>abacavir sulfate/lamivudine</i>	33
<i>abacavir sulfate/lamivudine/zidovudine</i>	33
ABELCET	21
ABILIFY MAINTENA	30
<i>abiraterone acetate</i>	24
<i>acamprosate calcium dr</i>	12
<i>acarbose</i>	36
ACCUTANE	48
<i>acebutolol hcl</i>	41
<i>acebutolol hydrochloride</i>	41
<i>acetaminophen/codeine</i>	11
<i>acetazolamide</i>	42
<i>acetazolamide er</i>	71
<i>acetic acid</i>	71
<i>acetic acid 0.25%</i>	56
<i>acetylcysteine</i>	74
<i>acitretin</i>	48
ACTHIB	66
ACTIMMUNE	64
<i>acyclovir</i>	35
<i>acyclovir</i>	50
<i>acyclovir sodium</i>	35
ADACEL	66
ADBRY	64
<i>adefovir dipivoxil</i>	32
ADEMPAS	74
ADRENALIN	42
AFINITOR DISPERZ	26
<i>afirmelle</i>	57
AIMOVIG	22
AKYNZEO	21
<i>ala-cort</i>	48
<i>albendazole</i>	29
<i>albuterol sulfate</i>	73
<i>albuterol sulfate er</i>	73
<i>albuterol sulfate hfa</i>	73
<i>alclometasone dipropionate</i>	48
ALCOHOL PREP PADS	68
ALDURAZYME	54
ALECENSA	26

Drug Name	Page #
<i>alendronate sodium</i>	67
<i>alfuzosin hcl er</i>	55
ALINIA	29
<i>aliskiren</i>	42
<i>allopurinol</i>	22
<i>alosetron hydrochloride</i>	53
ALPHAGAN P	71
<i>alprazolam</i>	35
<i>altavera</i>	57
ALUNBRIG	26
<i>alyacen 1/35</i>	57
<i>alyacen 7/7/7</i>	57
<i>alyq</i>	74
<i>amabelz</i>	57
<i>amantadine hcl</i>	35
AMBISOME	21
AMBRISENTAN	74
<i>amcinonide</i>	48
<i>amethia</i>	57
<i>amethia lo</i>	57
<i>amethyst</i>	57
<i>amikacin sulfate</i>	12
<i>amiloride hcl</i>	44
<i>amiloride/hydrochlorothiazide</i>	42
AMINOSYN II	50
AMINOSYN-PF	51
<i>amiodarone hydrochloride</i>	41
<i>amitriptyline hcl</i>	20
<i>amitriptyline hydrochloride</i>	20
<i>amlodipine besylate</i>	42
<i>amlodipine besylate/benazepril hydrochloride</i>	42
<i>amlodipine besylate/valsartan</i>	43
<i>amlodipine/olmesartan medoxomil</i>	43
<i>ammonium lactate</i>	48
<i>amnestem</i>	48
<i>amoxapine</i>	20
<i>amoxicillin</i>	14
<i>amoxicillin/clavulanate potassium</i>	14
<i>amoxicillin/clavulanate potassium er</i>	14
<i>amphetamine/dextroamphetamine</i>	45
<i>amphotericin b</i>	21
<i>amphotericin b liposome</i>	21
<i>ampicillin</i>	14
<i>ampicillin sodium</i>	14

Drug Name	Page #	Drug Name	Page #
<i>ampicillin-sulbactam</i>	14	<i>atovaquone/proguanil hcl</i>	29
ANADROL-50	57	<i>atropine sulfate</i>	69
<i>anagrelide hydrochloride</i>	39	ATROVENT HFA	72
<i>anastrozole</i>	26	AUBAGIO	46
ANDRODERM	57	<i>aubra eq</i>	57
ANORO ELLIPTA	74	AUGMENTIN	14
<i>apraclonidine</i>	71	<i>aurovela 1.5/30</i>	57
<i>aprepitant</i>	21	<i>aurovela 1/20</i>	57
APRETUDE	32	<i>aurovela fe 1.5/30</i>	57
APTIOM	18	<i>aurovela fe 1/20</i>	57
APTIVUS	34	AURYXIA	52
ARCALYST	64	AUSTEDO	46
<i>aripiprazole</i>	30	AUVELITY	19
<i>aripiprazole odt</i>	30	<i>aviane</i>	57
ARISTADA	30	AVONEX	46
ARISTADA INITIO	30	AVONEX PEN	46
<i>armodafinil</i>	75	<i>ayuna</i>	57
ARMOUR THYROID	61	AYVAKIT	26
ARNUITY ELLIPTA	71	<i>azathioprine</i>	65
<i>arsenic trioxide</i>	24	<i>azelaic acid</i>	48
ASCENIV	63	<i>azelastine hcl</i>	70
<i>asenapine maleate sl</i>	30	<i>azelastine hcl</i>	72
<i>ashlyna</i>	57	<i>azelastine hydrochloride</i>	72
ASMANEX HFA	71	<i>azithromycin</i>	15
ASMANEX TWISTHALER 120	71	<i>aztreonam</i>	12
METERED DOSES		<i>azurette</i>	57
ASMANEX TWISTHALER 14 METERED	71	<i>bacitracin</i>	70
DOSES		<i>bacitracin/polymyxin b</i>	69
ASMANEX TWISTHALER 30 METERED	71	<i>baclofen</i>	32
DOSES		BACTROBAN NASAL	50
ASMANEX TWISTHALER 60 METERED	72	BAFIERTAM	46
DOSES		<i>balsalazide disodium</i>	67
ASMANEX TWISTHALER 7 METERED	72	BALVERSA	26
DOSES		<i>balziva</i>	57
ASPARLAS	24	BAQSIMI ONE PACK	37
<i>aspirin/dipyridamole</i>	39	BAQSIMI TWO PACK	37
<i>aspirin/dipyridamole er</i>	40	BARACLUDE	32
<i>atazanavir</i>	34	BAXDELA	15
<i>atazanavir sulfate</i>	34	BCG VACCINE	66
<i>atenolol</i>	41	<i>bd insulin syringe safetyglide/1ml/29g x</i>	68
<i>atenolol/chlorthalidone</i>	43	<i>1/2"</i>	
<i>atomoxetine</i>	46	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	68
<i>atomoxetine hydrochloride</i>	46	<i>5/16"</i>	
<i>atorvastatin calcium</i>	44	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	68
<i>atovaquone</i>	29	<i>12.7mm</i>	

Drug Name	Page #
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	68
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	68
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	68
<i>bekyree</i>	57
BELSOMRA	75
<i>benazepril hcl</i>	40
<i>benazepril hcl/hydrochlorothiazide</i>	43
<i>benazepril hydrochloride</i>	40
<i>benazepril hydrochloride/hydrochlorothiazide</i>	43
BENLYSTA	64
BENLYSTA	65
BENZNIDAZOLE	29
<i>benztropine mesylate</i>	29
BEPOTASTINE BESILATE	70
BESIVANCE	70
BESREMI	24
<i>betaine anhydrous</i>	54
<i>betamethasone dipropionate</i>	48
<i>betamethasone dipropionate augmented</i>	48
<i>betamethasone valerate</i>	48
BETASERON	47
<i>betaxolol hcl</i>	41
<i>betaxolol hcl</i>	71
<i>bethanechol chloride</i>	56
<i>bexarotene</i>	28
BEXSERO	66
<i>bicalutamide</i>	24
BICILLIN L-A	15
BIKTARVY	32
<i>bisoprolol fumarate</i>	41
<i>bisoprolol fumarate/hydrochlorothiazide</i>	43
BIVIGAM	63
<i>blisovi fe 1.5/30</i>	57
<i>blisovi fe 1/20</i>	57
BOOSTRIX	66
<i>bosentan</i>	74
BOSULIF	26
BRAFTOVI	26
BREO ELLIPTA	74
BREZTRI AEROSPHERE	72
<i>briellyn</i>	58
BRILINTA	40

Drug Name	Page #
<i>brimonidine tartrate</i>	71
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	69
<i>brinzolamide</i>	71
BRIVIACT	16
<i>bromocriptine mesylate</i>	29
BRUKINSA	26
<i>budesonide</i>	67
<i>budesonide</i>	72
<i>budesonide er</i>	67
<i>bumetanide</i>	43
BUPRENORPHINE	10
<i>buprenorphine hcl</i>	12
<i>buprenorphine hcl/naloxone hcl</i>	12
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	12
<i>bupropion hcl</i>	19
<i>bupropion hydrochloride</i>	19
<i>bupropion hydrochloride er (sr)</i>	12
<i>bupropion hydrochloride er (sr)</i>	19
<i>bupropion hydrochloride er (xl)</i>	19
<i>buspirone hcl</i>	35
<i>buspirone hydrochloride</i>	35
<i>butalbital/acetaminophen/caffeine</i>	46
CABENUVA	32
<i>cabergoline</i>	62
CABLIVI	40
CABOMETYX	26
<i>calcipotriene</i>	49
<i>calcitonin-salmon</i>	67
<i>calcitriol</i>	67
<i>calcium acetate</i>	52
CALQUENCE	26
<i>camila</i>	61
<i>camrese</i>	58
<i>camrese lo</i>	58
CAMZYOS	43
<i>candesartan cilexetil</i>	40
<i>candesartan cilexetil/hydrochlorothiazide</i>	43
CAPASTAT SULFATE	23
CAPLYTA	30
CAPRELSA	26
<i>captopril</i>	40
<i>captopril/hydrochlorothiazide</i>	43
<i>carbamazepine</i>	18

Drug Name	Page #	Drug Name	Page #
<i>carbamazepine er</i>	18	<i>chlorthalidone</i>	44
<i>carbidopa</i>	29	CHOLBAM	54
<i>carbidopa/levodopa</i>	29	<i>cholestyramine</i>	44
<i>carbidopa/levodopa er</i>	29	<i>cholestyramine light</i>	44
<i>carbidopa/levodopa odt</i>	29	CIBINQO	48
<i>carglumic acid</i>	51	<i>ciclodan</i>	50
<i>carimune nanofiltered</i>	63	<i>ciclopirox</i>	50
<i>carteolol hcl</i>	71	<i>ciclopirox nail lacquer</i>	50
<i>cartia xt</i>	42	<i>ciclopirox olamine</i>	50
<i>carvedilol</i>	41	<i>cidofovir</i>	32
<i>carvedilol phosphate er</i>	41	<i>cilostazol</i>	40
<i>caspofungin acetate</i>	21	CIMDUO	33
CAYSTON	73	CIMZIA	65
<i>cefaclor</i>	13	CIMZIA STARTER KIT	65
<i>cefadroxil</i>	13	<i>cinacalcet hydrochloride</i>	68
CEFAZOLIN	14	CINRYZE	63
<i>cefazolin sodium</i>	13	CIPRO	15
<i>cefdinir</i>	14	<i>ciprofloxacin</i>	15
<i>cefepime</i>	14	<i>ciprofloxacin</i>	71
<i>cefepime hydrochloride</i>	14	<i>ciprofloxacin hcl</i>	15
<i>cefixime</i>	14	<i>ciprofloxacin hydrochloride</i>	15
<i>cefotaxime sodium</i>	14	<i>ciprofloxacin hydrochloride</i>	70
<i>cefotetan</i>	14	<i>ciprofloxacin i.v.-in d5w</i>	15
<i>cefoxitin sodium</i>	14	<i>ciprofloxacin/dexamethasone</i>	71
<i>cefpodoxime proxetil</i>	14	<i>citalopram hydrobromide</i>	19
<i>cefprozil</i>	14	<i>claravis</i>	48
<i>ceftazidime</i>	14	<i>clarithromycin</i>	15
<i>ceftazidime/dextrose</i>	14	<i>clarithromycin er</i>	15
<i>ceftriaxone sodium</i>	14	CLENPIQ	53
<i>cefuroxime axetil</i>	14	CLIMARA PRO	58
<i>cefuroxime sodium</i>	14	<i>clindacin etz pledgets</i>	13
<i>celecoxib</i>	10	<i>clindamycin hcl</i>	13
CELONTIN	17	<i>clindamycin hydrochloride</i>	13
<i>cephalexin</i>	14	<i>clindamycin palmitate hcl</i>	13
CERDELGA	54	<i>clindamycin phosphate</i>	13
<i>chateal</i>	58	<i>clindamycin phosphate</i>	50
<i>chateal eq</i>	58	<i>clindamycin phosphate/benzoyl peroxide</i>	48
CHEMET	51	<i>clindamycin/benzoyl peroxide</i>	48
<i>chlordiazepoxide hcl</i>	35	<i>clobazam</i>	17
<i>chlordiazepoxide hydrochloride</i>	35	<i>clobetasol propionate</i>	48
<i>chlorhexidine gluconate</i>	47	<i>clobetasol propionate e</i>	48
<i>chloroquine phosphate</i>	29	<i>clomipramine hydrochloride</i>	20
<i>chlorothiazide</i>	44	<i>clonazepam</i>	17
<i>chlorpromazine hcl</i>	30	<i>clonazepam odt</i>	17
<i>chlorpromazine hydrochloride</i>	30	<i>clonidine hcl</i>	40

Drug Name	Page #	Drug Name	Page #
<i>clonidine hydrochloride</i>	40	<i>cyclosporine modified</i>	65
<i>clopidogrel</i>	40	<i>cyproheptadine hydrochloride</i>	72
<i>clorazepate dipotassium</i>	35	CYSTAGON	54
<i>clotrimazole</i>	21	CYSTARAN	69
<i>clotrimazole/betamethasone dipropionate</i>	49	<i>dalfampridine er</i>	47
CLOVIQUE	52	DALIRES	73
<i>clozapine</i>	32	<i>danazol</i>	57
<i>clozapine odt</i>	31	<i>dantrolene sodium</i>	32
COARTEM	29	DANYELZA	28
<i>codeine sulfate</i>	11	<i>dapsone</i>	23
COLCHICINE	22	DAPTACEL	66
<i>colesevelam hydrochloride</i>	44	DAPTOMYCIN	13
<i>colestipol hcl</i>	44	<i>darifenacin hydrobromide er</i>	55
<i>colistimethate sodium</i>	13	DARZALEX FASPRO	28
<i>colocort</i>	67	<i>dasetta 1/35</i>	58
COMBIGAN	69	<i>dasetta 7/7/7</i>	58
COMBIVENT RESPIMAT	74	DAURISMO	26
COMETRIQ	26	<i>daysee</i>	58
COMPLERA	33	<i>deblitane</i>	61
<i>compro</i>	21	<i>deferasirox</i>	52
<i>constulose</i>	52	<i>deferiprone</i>	52
COPIKTRA	26	DELSTRIGO	33
CORLANOR	43	<i>delyla</i>	58
CORTIFOAM	67	<i>demeclocycline hcl</i>	16
<i>cortisone acetate</i>	56	<i>demeclocycline hydrochloride</i>	16
COSENTYX	64	DENG VAXIA	66
COSENTYX SENSOREADY PEN	64	DENTA 5000 PLUS	47
COTELLIC	26	DEPO-PROVERA	61
CREON	54	DEPO-SUBQ PROVERA 104	61
<i>cromolyn sodium</i>	54	DESCOVY	33
<i>cromolyn sodium</i>	70	<i>desipramine hydrochloride</i>	20
<i>cromolyn sodium</i>	73	<i>desmopressin acetate</i>	56
<i>cryselle-28</i>	58	<i>desogestrel/ethinyl estradiol</i>	58
CURITY GAUZE PADS 2"X2"	68	<i>desonide</i>	49
CUTAQUIG	63	<i>desoximetasone</i>	49
CUVITRU	63	<i>desvenlafaxine er</i>	19
<i>cyclafem 1/35</i>	58	<i>dexamethasone</i>	56
<i>cyclafem 7/7/7</i>	58	<i>dexamethasone sodium phosphate</i>	70
<i>cyclobenzaprine hydrochloride</i>	74	DEXILANT	54
CYCLOPHOSPHAMIDE	23	DEXLANSOPRAZOLE	54
<i>cyclophosphamide monohydrate</i>	23	<i>dextroamphetamine sulfate</i>	45
<i>cycloserine</i>	23	<i>dextroamphetamine sulfate er</i>	45
CYCLOSET	36	<i>dextrose 5%</i>	51
<i>cyclosporine</i>	65	<i>dextrose 5%/nacl 0.45%</i>	51
<i>cyclosporine</i>	69	<i>dextrose 5%/nacl 0.9%</i>	51

Drug Name	Page #	Drug Name	Page #
DIACOMIT	17	donepezil hcl	18
diazepam	35	donepezil hydrochloride	18
diazepam intensol	35	dorzolamide hcl/timolol maleate	69
diazepam rectal gel	17	dorzolamide hydrochloride	71
diazoxide	37	DOTTI	58
diclofenac potassium	10	DOVATO	32
diclofenac sodium	10	doxazosin mesylate	55
diclofenac sodium	49	doxepin hcl	20
diclofenac sodium	70	doxepin hydrochloride	20
diclofenac sodium dr	10	doxercalciferol	68
diclofenac sodium er	10	doxy 100	16
dicloxacillin sodium	15	doxycycline	16
dicyclomine hcl	53	doxycycline hyclate	16
dicyclomine hydrochloride	53	doxycycline hyclate	47
didanosine	33	doxycycline monohydrate	16
DIFICID	15	d-penamine	56
diflunisal	10	DRIZALMA SPRINKLE	19
digitek	41	DRONABINOL	21
digox	41	DROXIA	24
digoxin	41	droxidopa	40
dihydroergotamine mesylate	22	duloxetine hydrochloride	19
DILANTIN	18	DUPIXENT	64
DILATRATE SR	45	dutasteride	55
diltiazem hci er	42	dutasteride/tamsulosin hydrochloride	55
diltiazem hcl	42	ec-naproxen	10
diltiazem hcl cd	42	econazole nitrate	21
diltiazem hcl er	42	EDARBI	40
diltiazem hydrochloride er	42	EDARBYCLOR	43
dilt-xr	42	EDURANT	33
dimethyl fumarate	47	efavirenz	33
dimethyl fumarate starterpack	47	efavirenz/emtricitabine/tenofovir disoproxil fumarate	33
diphenhydramine hcl	72	efavirenz/lamivudine/tenofovir disoproxil fumarate	33
diphenhydramine hydrochloride	72	effek-k	51
diphenoxylate hydrochloride/atropine sulfate	53	ELAPRASE	54
diphtheria/tetanus toxoids adsorbed pediatric	66	elinest	58
disopyramide phosphate	41	ELIQUIS	38
disulfiram	12	ELIQUIS STARTER PACK	38
divalproex sodium	17	ELITEK	28
divalproex sodium dr	17	ELLA	68
divalproex sodium er	17	ELMIRON	56
DIVIGEL	58	EMCYT	24
dofetilide	41	EMGALITY	22
dolishale	58	EMPAVELI	64

Drug Name	Page #	Drug Name	Page #
EMSAM	19	escitalopram oxalate	20
emtricitabine	33	esomeprazole magnesium	54
emtricitabine/tenofovir disoproxil	33	estarylla	58
emtricitabine/tenofovir disoproxil fumarate	33	estradiol	58
EMTRIVA	33	estradiol/norethindrone acetate	58
enalapril maleate	40	ESTRING	58
enalapril maleate/hydrochlorothiazide	43	eszopiclone	75
ENBREL	65	ethambutol hydrochloride	23
ENBREL MINI	65	ethosuximide	17
ENBREL SURECLICK	65	ethynodiol diacetate/ethinyl estradiol	58
endocet	11	etodolac	10
ENGERIX-B	66	ETOPOPHOS	26
ENJAYMO	64	etravirine	33
enoxaparin sodium	38	EUCRISA	49
enpresse-28	58	EUTHYROX	62
entacapone	29	everolimus	26
entecavir	32	everolimus	65
ENTRESTO	43	EVOTAZ	34
ENTYVIO	64	EVRYSDI	54
enulose	52	exemestane	26
ENVARUS XR	65	EXKIVITY	26
EPIDIOLEX	16	ezetimibe	44
epinastine hcl	70	ezetimibe/simvastatin	44
epinephrine	43	FABRAZYME	54
EPINEPHRINE	73	falmina	58
epitol	18	famciclovir	35
EPIVIR HBV	32	famotidine	53
eplerenone	44	FANAPT	30
epoprostenol sodium	74	FANAPT TITRATION PACK	30
EPRONTIA	16	FARXIGA	36
ergoloid mesylates	18	FARYDAK	26
ergotamine tartrate/cafeine	22	FASENRA	74
ERIVEDGE	26	FASENRA PEN	74
ERLEADA	24	fayosim	58
erlotinib hydrochloride	26	febuxostat	22
errin	61	felbamate	16
ertapenem	15	felodipine er	42
ertapenem sodium	15	FEMRING	58
ery	50	femynor	58
erythromycin	50	fenofibrate	44
erythromycin	70	fenofibrate micronized	44
erythromycin dr	15	fenofibric acid dr	44
erythromycin ethylsuccinate	15	FENSOLVI	56
erythromycin/benzoyl peroxide	48	fentanyl	10
ESBRIET	74	fentanyl citrate oral transmucosal	11

Drug Name	Page #	Drug Name	Page #
FETROJA	14	<i>formoterol fumarate</i>	73
FETZIMA	20	FORTEO	68
FETZIMA TITRATION PACK	20	<i>fosamprenavir calcium</i>	34
FINACEA	48	<i>fosinopril sodium</i>	40
<i>finasteride</i>	55	<i>fosinopril sodium/hydrochlorothiazide</i>	43
<i>fingolimod</i>	47	FOTIVDA	24
FINTEPLA	16	FRAGMIN	39
FIRMAGON	62	<i>furosemide</i>	43
<i>flac</i>	71	FUZEON	34
FLAREX	70	FYARRO	26
<i>flavoxate hcl</i>	55	FYAVOLV	58
<i>flecainide acetate</i>	41	FYCOMPA	16
FLOVENT DISKUS	72	<i>gabapentin</i>	17
FLOVENT HFA	72	<i>galantamine hydrobromide</i>	18
<i>fluconazole</i>	22	<i>galantamine hydrobromide er</i>	18
<i>fluconazole in dextrose</i>	22	GAMASTAN	63
<i>fluconazole in sodium chloride</i>	22	GAMMAKED	63
<i>flucytosine</i>	22	GAMUNEX-C	63
<i>fludrocortisone acetate</i>	56	<i>ganciclovir</i>	32
<i>flunisolide</i>	72	GARDASIL 9	66
<i>fluocinolone acetonide</i>	49	<i>gatifloxacin</i>	70
<i>fluocinolone acetonide</i>	71	GATTEX	53
<i>fluocinolone acetonide body</i>	49	<i>gavilyte-c</i>	53
<i>fluocinolone acetonide ear drops</i>	71	<i>gavilyte-g</i>	53
<i>fluocinolone acetonide scalp</i>	49	<i>gavilyte-h</i>	53
<i>fluocinonide</i>	49	<i>gavilyte-n/flavor pack</i>	53
<i>fluorometholone</i>	70	GAVRETO	25
<i>fluorouracil</i>	49	GELNIQUE PUMP	55
<i>fluoxetine hcl</i>	20	<i>gemfibrozil</i>	44
<i>fluoxetine hydrochloride</i>	20	<i>generlac</i>	52
<i>fluphenazine decanoate</i>	30	<i>gengraf</i>	65
<i>fluphenazine hcl</i>	30	GENOTROPIN	56
<i>fluphenazine hydrochloride</i>	30	GENOTROPIN MINIQUICK	56
<i>flurbiprofen</i>	10	<i>gentak</i>	70
<i>flurbiprofen sodium</i>	70	<i>gentamicin sulfate</i>	12
<i>flutamide</i>	24	<i>gentamicin sulfate</i>	70
<i>fluticasone propionate</i>	49	<i>gentamicin sulfate pediatric</i>	12
<i>fluticasone propionate</i>	72	GENVOYA	32
<i>fluticasone propionate/salmeterol diskus</i>	74	GILENYA	47
<i>fluvastatin</i>	44	GILOTRIF	26
<i>fluvastatin sodium er</i>	44	<i>glatiramer acetate</i>	47
<i>fluvoxamine maleate</i>	20	GLEOSTINE	24
FML	70	<i>glimepiride</i>	36
FML FORTE	70	<i>glipizide</i>	36
<i>fondaparinux sodium</i>	38	<i>glipizide er</i>	36

Drug Name	Page #	Drug Name	Page #
<i>glipizide xl</i>	36	HUMIRA PEDIATRIC CROHNS	65
<i>glipizide/metformin hydrochloride</i>	36	DISEASE STARTER PACK	
GLUCAGEN HYPOKIT	37	HUMIRA PEN	65
GLUCAGON EMERGENCY KIT	37	HUMIRA PEN-CD/UC/HS STARTER	65
GLUCAGON EMERGENCY KIT FOR	37	HUMIRA PEN-PEDIATRIC UC	65
LOW BLOOD SUGAR		STARTER PACK	
<i>glyburide</i>	36	HUMIRA PEN-PS/UV STARTER	65
<i>glyburide/metformin hydrochloride</i>	36	HUMULIN 70/30	38
<i>glycopyrrolate</i>	53	HUMULIN 70/30 KWIKPEN	38
<i>glydo</i>	11	HUMULIN N	38
GLYXAMBI	36	HUMULIN N KWIKPEN	38
<i>griseofulvin microsize</i>	22	HUMULIN R	38
<i>griseofulvin ultramicrosize</i>	22	HUMULIN R U-500 (CONCENTRATED)	38
<i>guanfacine er</i>	46	HUMULIN R U-500 KWIKPEN	38
<i>guanfacine hcl</i>	40	<i>hydralazine hcl</i>	45
<i>guanfacine hydrochloride</i>	40	<i>hydralazine hydrochloride</i>	45
<i>guanfacine hydrochloride</i>	46	<i>hydrochlorothiazide</i>	44
GUANIDINE HCL	23	<i>hydrocodone bitartrate/acetaminophen</i>	11
GVOKE HYPOPEN 1-PACK	37	<i>hydrocodone/acetaminophen</i>	11
GVOKE HYPOPEN 2-PACK	37	<i>hydrocortisone</i>	49
GVOKE KIT	37	<i>hydrocortisone</i>	56
GVOKE PFS	37	<i>hydrocortisone</i>	67
<i>hailey 1.5/30</i>	58	<i>hydrocortisone valerate</i>	49
<i>hailey fe 1.5/30</i>	58	<i>hydrocortisone/acetic acid</i>	71
<i>hailey fe 1/20</i>	58	<i>hydromorphone hcl</i>	11
<i>halobetasol propionate</i>	49	<i>hydromorphone hydrochloride</i>	11
<i>haloperidol</i>	30	<i>hydromorphone hydrochloride dosette</i>	11
<i>haloperidol decanoate</i>	30	<i>hydroxychloroquine sulfate</i>	29
<i>haloperidol lactate</i>	30	<i>hydroxyurea</i>	24
HAVRIX	66	<i>hydroxyzine hcl</i>	72
<i>heather</i>	61	<i>hydroxyzine hydrochloride</i>	72
HEPAGAM B	63	<i>hydroxyzine pamoate</i>	35
<i>heparin sodium</i>	39	HYPERHEP B	63
HEPLISAV-B	66	HYPERRAB S/D	63
HIBERIX	66	HYQVIA	63
HIZENTRA	63	<i>ibandronate sodium</i>	68
HUMALOG	37	IBRANCE	25
HUMALOG JUNIOR KWIKPEN	37	IBRANCE	26
HUMALOG KWIKPEN	37	<i>ibu</i>	10
HUMALOG MIX 50/50	37	<i>ibuprofen</i>	10
HUMALOG MIX 50/50 KWIKPEN	37	<i>icatibant acetate</i>	63
HUMALOG MIX 75/25	37	<i>iclevia</i>	58
HUMALOG MIX 75/25 KWIKPEN	37	ICLUSIG	26
HUMIRA	65	<i>icosapent ethyl</i>	44
		IDHIFA	25

Drug Name	Page #	Drug Name	Page #
IFOSFAMIDE	24	ISENTRESS	33
IGALMI	68	ISENTRESS HD	33
ILARIS	64	ISONIAZID	23
ILEVRO	70	<i>isosorbide dinitrate</i>	45
ILUMYA	64	<i>isosorbide dinitrate/hydralazine</i>	43
<i>imatinib mesylate</i>	26	<i>hydrochloride</i>	
IMBRUVICA	26	<i>isosorbide mononitrate</i>	45
<i>imipenem/cilastatin</i>	15	<i>isosorbide mononitrate er</i>	45
<i>imipramine hcl</i>	20	<i>isotretinoin</i>	48
<i>imipramine hydrochloride</i>	20	<i>isradipine</i>	42
<i>imiquimod</i>	50	<i>itraconazole</i>	22
IMOGAM RABIES-HT	63	<i>ivermectin</i>	29
IMOVAX RABIES (H.D.C.V.)	66	IXEMPRA KIT	25
IMPAVIDO	13	IXIARO	66
INBRIJA	30	<i>jaimiess</i>	58
<i>incassia</i>	61	JAKAFI	26
INCRELEX	56	<i>jantoven</i>	39
INCRUSE ELLIPTA	72	JANUMET	36
<i>indapamide</i>	44	JANUMET XR	36
<i>indomethacin</i>	10	JANUVIA	36
<i>indomethacin er</i>	10	JARDIANCE	36
INFANRIX	66	JAYPIRCA	27
INFLECTRA	65	JEMPERLI	28
INFLIXIMAB	65	<i>jencycla</i>	61
INFUGEM	24	JENTADUETO	36
INGREZZA	46	JENTADUETO XR	36
INLYTA	26	<i>jinteli</i>	58
INQOVI	26	<i>jolessa</i>	58
INREBIC	25	<i>jolivet</i>	61
INTELENCE	33	JUBLIA	22
INTRON A	64	JULUCA	33
<i>introvale</i>	58	<i>junel 1.5/30</i>	58
INVEGA HAFYERA	30	<i>junel 1/20</i>	58
INVEGA SUSTENNA	30	<i>junel fe 1.5/30</i>	58
INVEGA TRINZA	31	<i>junel fe 1/20</i>	59
INVIRASE	34	JUXTAPID	44
INVOKAMET	36	JYNNEOS	66
INVOKAMET XR	36	KALYDECO	73
INVOKANA	36	KANJINTI	28
IPOL INACTIVATED IPV	66	KANUMA	54
<i>ipratropium bromide</i>	72	<i>kariva</i>	59
<i>ipratropium bromide/albuterol sulfate</i>	74	KEDRAB	64
<i>irbesartan</i>	40	<i>kelnor 1/35</i>	59
<i>irbesartan/hydrochlorothiazide</i>	43	<i>kelnor 1/50</i>	59
IRESSA	26	KEPIVANCE	47

Drug Name	Page #	Drug Name	Page #
KERENDIA	43	<i>lansoprazole</i>	54
KESIMPTA	47	<i>lanthanum carbonate</i>	52
<i>ketoconazole</i>	22	LANTUS	38
<i>ketorolac tromethamine</i>	10	LANTUS SOLOSTAR	38
<i>ketorolac tromethamine</i>	70	<i>lapatinib ditosylate</i>	27
<i>kimidess</i>	59	<i>larin 1.5/30</i>	59
KIMMTRAK	25	<i>larin 1/20</i>	59
KIMYRSA	13	<i>larin fe 1.5/30</i>	59
KINRIX	66	<i>larin fe 1/20</i>	59
<i>kionex</i>	52	<i>larissia</i>	59
KISQALI	27	<i>latanoprost</i>	71
KISQALI FEMARA 200 DOSE	25	LATUDA	31
KISQALI FEMARA 400 DOSE	25	<i>leflunomide</i>	65
KISQALI FEMARA 600 DOSE	25	LEMTRADA	64
KLISYRI	50	<i>lenalidomide</i>	24
<i>klor-con</i>	51	LENVIMA 10 MG DAILY DOSE	27
<i>klor-con 10</i>	51	LENVIMA 12MG DAILY DOSE	27
<i>klor-con 8</i>	51	LENVIMA 14 MG DAILY DOSE	27
<i>klor-con m10</i>	51	LENVIMA 18 MG DAILY DOSE	27
<i>klor-con m15</i>	51	LENVIMA 20 MG DAILY DOSE	27
<i>klor-con m20</i>	51	LENVIMA 24 MG DAILY DOSE	27
<i>klor-con sprinkle</i>	51	LENVIMA 4 MG DAILY DOSE	27
<i>klor-con/ef</i>	51	LENVIMA 8 MG DAILY DOSE	27
KORLYM	57	<i>lessina</i>	59
KORSUVA	68	<i>letrozole</i>	26
KOSELUGO	27	<i>leucovorin calcium</i>	28
KRAZATI	25	LEUKERAN	24
<i>kurvelo</i>	59	<i>leuprolide acetate</i>	62
KYNMOBI	29	<i>levalbuterol</i>	73
KYNMOBI TITRATION KIT	29	<i>levalbuterol hcl</i>	73
<i>labetalol hydrochloride</i>	41	<i>levalbuterol hydrochloride</i>	73
<i>lacosamide</i>	18	<i>levalbuterol tartrate hfa</i>	73
<i>lactulose</i>	52	LEVEMIR	38
LAGEVRIO	68	LEVEMIR FLEXPEN	38
<i>lamivudine</i>	32	LEVEMIR FLEXTOUCH	38
<i>lamivudine</i>	33	<i>levetiracetam</i>	17
<i>lamivudine/zidovudine</i>	33	<i>levetiracetam er</i>	17
<i>lamotrigine</i>	17	<i>levobunolol hcl</i>	71
<i>lamotrigine er</i>	16	<i>levocetirizine dihydrochloride</i>	72
<i>lamotrigine odt</i>	16	<i>levofloxacin</i>	15
<i>lamotrigine starter kit/blue</i>	16	<i>levofloxacin</i>	70
<i>lamotrigine starter kit/green</i>	16	<i>levofloxacin in d5w</i>	15
<i>lamotrigine starter kit/orange</i>	17	<i>levonest</i>	59
<i>lamotrigine titration</i>	17	<i>levonorgestrel and ethinyl estradiol</i>	59
LANREOTIDE ACETATE	62	<i>levonorgestrel/ethinyl estradiol</i>	59

Drug Name	Page #	Drug Name	Page #
<i>levora 0.15/30-28</i>	59	LUMIGAN	71
LEVO-T	62	LUMIZYME	54
<i>levothyroxine sodium</i>	62	LUPRON DEPOT (1-MONTH)	62
LEVOXYL	62	LUPRON DEPOT (3-MONTH)	62
LEXIVA	34	LUPRON DEPOT (4-MONTH)	62
<i>lidocaine</i>	11	LUPRON DEPOT (6-MONTH)	62
<i>lidocaine hcl</i>	11	LUPRON DEPOT-PED (1-MONTH)	62
<i>lidocaine hcl jelly</i>	11	LUPRON DEPOT-PED (3-MONTH)	62
<i>lidocaine viscous</i>	47	<i>lurasidone hydrochloride</i>	31
<i>lidocaine/prilocaine</i>	11	<i>lutra</i>	59
<i>lidocaine-prilocaine-cream base</i>	11	LYBALVI	31
<i>lillow</i>	59	<i>lyleq</i>	61
<i>lincomycin hcl</i>	13	<i>lyllana</i>	59
<i>linezolid</i>	13	LYNPARZA	27
LINZESS	52	LYSODREN	62
<i>liothyronine sodium</i>	62	LYTGOBI	25
<i>lisinopril</i>	40	LYUMJEV	38
<i>lisinopril/hydrochlorothiazide</i>	43	LYUMJEV KWIKPEN	38
<i>lithium</i>	36	<i>lyza</i>	61
<i>lithium carbonate</i>	36	<i>magnesium sulfate</i>	51
<i>lithium carbonate er</i>	36	MAKENA	61
LIVALO	44	<i>malathion</i>	50
LIVMARLI	68	<i>maprotiline hcl</i>	19
LIVTENCITY	32	<i>maraviroc</i>	34
<i>lojaimiess</i>	59	<i>marlissa</i>	59
LONHALA MAGNAIR REFILL KIT	72	MARPLAN	19
LONSURF	25	MATULANE	24
<i>loperamide hcl</i>	53	<i>matzim la</i>	42
<i>lopinavir/ritonavir</i>	34	MAVYRET	32
<i>lopreeza</i>	59	MAYZENT	47
<i>lorazepam</i>	36	MAYZENT STARTER PACK	47
<i>lorazepam intensol</i>	36	<i>meclizine hcl</i>	21
LORBRENA	27	<i>medroxyprogesterone acetate</i>	61
<i>lorcet</i>	11	<i>mefloquine hcl</i>	29
<i>lorcet hd</i>	11	<i>megestrol acetate</i>	61
<i>lorcet plus</i>	11	MEKINIST	27
<i>losartan potassium</i>	40	MEKTOVI	27
<i>losartan potassium/hydrochlorothiazide</i>	43	<i>meloxicam</i>	10
LOTEMAX SM	70	<i>memantine hcl titration pak</i>	19
LOTEPREDNOL ETABONATE	70	<i>memantine hydrochloride</i>	19
<i>lovastatin</i>	44	<i>memantine hydrochloride er</i>	19
<i>low-ogestrel</i>	59	MENACTRA	66
<i>loxapine</i>	30	MENEST	59
LUBIPROSTONE	52	MENQUADFI	66
LUMAKRAS	25	MENVEO	66

Drug Name	Page #	Drug Name	Page #
<i>mercaptapurine</i>	24	<i>mimvey lo</i>	59
<i>meropenem</i>	15	MINOCIN	16
<i>mesalamine</i>	67	<i>minocycline hcl</i>	16
MESALAMINE DR	67	<i>minocycline hydrochloride</i>	16
<i>mesalamine er</i>	67	<i>minoxidil</i>	45
MESNEX	28	<i>mirtazapine</i>	19
<i>metformin hydrochloride</i>	36	<i>mirtazapine odt</i>	19
<i>metformin hydrochloride er</i>	36	<i>misoprostol</i>	54
<i>methadone hcl</i>	10	M-M-R II	66
<i>methadone hydrochloride</i>	10	<i>modafinil</i>	75
<i>methadone hydrochloride intensol</i>	10	<i>moexipril hcl</i>	40
<i>methadose</i>	10	<i>molindone hydrochloride</i>	30
<i>methadose sugar-free</i>	10	<i>mometasone furoate</i>	49
<i>methazolamide</i>	71	<i>mometasone furoate</i>	72
<i>methenamine hippurate</i>	13	<i>mondoxylene nl</i>	16
<i>methimazole</i>	63	MONJUVI	28
<i>methocarbamol</i>	74	<i>mono-lynyah</i>	59
<i>methotrexate</i>	65	<i>mononessa</i>	59
<i>methotrexate sodium</i>	65	<i>montelukast sodium</i>	72
<i>methyldopa</i>	40	<i>morgidox 1x100mg</i>	16
<i>methylphenidate hydrochloride</i>	46	<i>morgidox 2x100mg</i>	16
<i>methylphenidate hydrochloride er</i>	46	<i>morphine sulfate</i>	11
<i>methylprednisolone</i>	56	<i>morphine sulfate er</i>	10
<i>methylprednisolone dose pack</i>	56	MOTEGRITY	52
<i>metoclopramide hcl</i>	53	MOUNJARO	36
<i>metoclopramide hydrochloride</i>	53	<i>moxifloxacin hydrochloride/sodium</i>	15
<i>metolazone</i>	44	<i>hydrochloride</i>	
<i>metoprolol succinate er</i>	41	<i>moxifloxacin hydrochloride</i>	15
<i>metoprolol tartrate</i>	41	<i>moxifloxacin hydrochloride</i>	70
<i>metronidazole</i>	13	MULTAQ	41
<i>metronidazole</i>	48	<i>mupirocin</i>	50
<i>metronidazole vaginal</i>	13	MVASI	28
<i>metyrosine</i>	43	<i>mycophenolate mofetil</i>	65
<i>mexiletine hcl</i>	41	<i>mycophenolic acid dr</i>	65
<i>micafungin</i>	22	MYFEMBREE	62
<i>microgestin 1.5/30</i>	59	<i>myorisan</i>	48
<i>microgestin 1/20</i>	59	MYRBETRIQ	55
<i>microgestin fe 1.5/30</i>	59	NABI-HB	64
<i>microgestin fe 1/20</i>	59	<i>nabumetone</i>	10
<i>midodrine hcl</i>	40	<i>nadolol</i>	41
<i>mifepristone</i>	57	<i>nafcillin sodium</i>	15
<i>miglitol</i>	36	<i>naftifine hydrochloride</i>	22
<i>miglustat</i>	54	NAGLAZYME	54
<i>mili</i>	59	<i>naloxone hcl</i>	12
<i>mimvey</i>	59	NALOXONE HYDROCHLORIDE	12

Drug Name	Page #	Drug Name	Page #
<i>naltrexone hcl</i>	12	<i>nitrofurantoin monohydrate</i>	13
NAMZARIC	18	<i>nitrofurantoin monohydrate/macrocystals</i>	13
<i>naproxen</i>	10	<i>nitroglycerin</i>	45
<i>naproxen sodium</i>	10	<i>nitroglycerin lingual</i>	45
<i>naratriptan hcl</i>	23	<i>nitroglycerin transdermal</i>	45
NATACYN	70	<i>nizatidine</i>	53
<i>nateglinide</i>	36	<i>nora-be</i>	61
NATPARA	68	<i>norethindrone</i>	61
NAYZILAM	17	<i>norethindrone acetate</i>	61
<i>nebivolol</i>	41	<i>norethindrone acetate/ethinyl estradiol</i>	60
<i>nebivolol hydrochloride</i>	41	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	59
<i>necon 0.5/35-28</i>	59	<i>norgestimate/ethinyl estradiol</i>	60
<i>necon 7/7/7</i>	59	<i>norlyda</i>	61
<i>nefazodone hydrochloride</i>	20	<i>norlyroc</i>	61
<i>nelarabine</i>	24	<i>nortrel 0.5/35 (28)</i>	60
<i>neomycin sulfate</i>	12	<i>nortrel 1/35</i>	60
<i>neomycin/bacitracin/polymyxin</i>	69	<i>nortrel 7/7/7</i>	60
<i>neomycin/polymyxin/bacitracin</i>	69	<i>nortriptyline hcl</i>	20
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	69	<i>nortriptyline hydrochloride</i>	21
<i>neomycin/polymyxin/dexamethasone</i>	69	NORVIR	34
<i>neomycin/polymyxin/gramicidin</i>	69	NOVOLIN 70/30	38
<i>neomycin/polymyxin/hc</i>	71	NOVOLIN 70/30 FLEXPEN	38
<i>neomycin/polymyxin/hydrocortisone</i>	71	NOVOLIN N	38
<i>neo-polycin</i>	69	NOVOLIN N FLEXPEN	38
<i>neo-polycin hc</i>	69	NOVOLIN R	38
NERLYNX	27	NOVOLIN R FLEXPEN	38
NEULASTA	39	NOVOLOG	38
NEULASTA ONPRO KIT	39	NOVOLOG FLEXPEN	38
NEUPRO	29	NOVOLOG MIX 70/30	38
<i>nevirapine</i>	33	NOVOLOG MIX 70/30 PREFILLED	38
<i>nevirapine er</i>	33	FLEXPEN	
NEXLETOL	44	NOVOLOG PENFILL	38
NEXLIZET	44	NOXAFIL	22
<i>niacin er</i>	44	<i>np thyroid 120</i>	62
<i>nicardipine hcl</i>	42	<i>np thyroid 15</i>	62
NICOTROL NS	12	<i>np thyroid 30</i>	62
<i>nifedipine er</i>	42	<i>np thyroid 60</i>	62
<i>nilutamide</i>	24	<i>np thyroid 90</i>	62
<i>nimodipine</i>	42	NUBEQA	24
NINLARO	25	NUCALA	74
<i>nitazoxanide</i>	29	NUEDEXTA	46
<i>nitisinone</i>	54	NUPLAZID	31
NITRO-BID	45	<i>nutrilipid</i>	68
<i>nitrofurantoin macrocystals</i>	13	<i>nyamyc</i>	22

Drug Name	Page #	Drug Name	Page #
<i>nylia 1/35</i>	60	ORENITRAM TITRATION KIT MONTH	74
<i>nylia 7/7/7</i>	60		2
NYMALIZE	42	ORENITRAM TITRATION KIT MONTH	74
<i>nymyo</i>	60		3
<i>nystatin</i>	22	ORFADIN	54
<i>nystatin/triamcinolone</i>	50	ORGOVYX	62
<i>nystop</i>	22	ORLISSA	63
OCREVUS	47	ORKAMBI	73
OCTAGAM	64	<i>orphenadrine citrate er</i>	75
<i>octreotide acetate</i>	62	ORSERDU	25
ODEFSEY	33	<i>orsythia</i>	60
ODOMZO	27	<i>oseltamivir phosphate</i>	35
OFEV	74	OSMOLEX ER	29
<i>ofloxacin</i>	16	OSPHENA	61
<i>ofloxacin</i>	70	<i>oxacillin sodium</i>	15
<i>ofloxacin</i>	71	<i>oxandrolone</i>	57
<i>olanzapine</i>	31	<i>oxaprozin</i>	10
<i>olanzapine odt</i>	31	OXBRYTA	39
<i>olmesartan medoxomil</i>	40	<i>oxcarbazepine</i>	18
<i>olmesartan medoxomil/hydrochlorothiazide</i>	43	OXLUMO	68
<i>olopatadine hcl</i>	70	<i>oxybutynin chloride</i>	55
<i>olopatadine hydrochloride</i>	70	<i>oxybutynin chloride er</i>	55
<i>omega-3-acid ethyl esters</i>	44	<i>oxycodone hydrochloride</i>	11
<i>omeprazole</i>	54	<i>oxycodone/acetaminophen</i>	11
<i>omeprazole dr</i>	54	OZEMPIC	36
OMNIPOD 5 G6 INTRO KIT (GEN 5)	68	<i>pacerone</i>	41
OMNIPOD 5 G6 PODS (GEN 5)	68	<i>paliperidone er</i>	31
OMNIPOD CLASSIC PDM STARTER	68	PANRETIN	28
KIT (GEN 3)		<i>pantoprazole sodium</i>	54
OMNIPOD CLASSIC PODS (GEN 3)	68	<i>pantoprazole sodium dr</i>	54
OMNIPOD DASH INTRO KIT (GEN 4)	68	PANZYGA	64
OMNIPOD DASH PDM KIT (GEN 4)	68	<i>paricalcitol</i>	68
OMNIPOD DASH PODS (GEN 4)	68	<i>paroex</i>	47
<i>ondansetron hcl</i>	21	<i>paromomycin sulfate</i>	12
<i>ondansetron hydrochloride</i>	21	<i>paroxetine hcl</i>	20
<i>ondansetron odt</i>	21	<i>paroxetine hydrochloride</i>	20
ONUREG	25	PASER	23
OPDUALAG	25	PAXLOVID	68
OPSUMIT	74	PEDIARIX	66
OPZELURA	49	PEDVAX HIB	66
<i>oralone dental paste</i>	47	<i>peg 3350/electrolytes</i>	53
ORBACTIV	13	<i>peg-3350/electrolytes</i>	53
ORENITRAM	74	<i>peg-3350/nacl/na bicarbonate/kcl</i>	53
ORENITRAM TITRATION KIT MONTH	74	PEGANONE	18
1		PEGASYS	64

Drug Name	Page #	Drug Name	Page #
PEGASYS PROCLICK	64	<i>polyethylene glycol 3350</i>	52
<i>pegylax</i>	52	<i>polymyxin b sulfate/trimethoprim sulfate</i>	69
PEMAZYRE	25	POMALYST	24
<i>penicillamine</i>	56	<i>portia-28</i>	60
<i>penicillin g sodium</i>	15	<i>posaconazole</i>	22
<i>penicillin v potassium</i>	15	<i>posaconazole dr</i>	22
PENTACEL	66	<i>potassium chloride</i>	51
<i>pentamidine isethionate</i>	29	<i>potassium chloride er</i>	51
<i>pentoxifylline er</i>	43	<i>potassium chloride sr</i>	51
<i>perindopril erbumine</i>	40	<i>potassium citrate er</i>	51
<i>permethrin</i>	50	PRALUENT	44
<i>perphenazine</i>	30	<i>pramipexole dihydrochloride</i>	29
PERSERIS	31	<i>prasugrel</i>	40
<i>phenadoz</i>	21	<i>pravastatin sodium</i>	44
<i>phenelzine sulfate</i>	19	<i>praziquantel</i>	29
<i>phenobarbital</i>	17	<i>prazosin hydrochloride</i>	40
<i>phenytoin</i>	18	PRED MILD	70
<i>phenytoin infatabs</i>	18	<i>prednisolone</i>	56
<i>phenytoin sodium extended</i>	18	<i>prednisolone acetate</i>	71
PHESGO	25	<i>prednisolone sodium phosphate</i>	56
<i>philith</i>	60	<i>prednisone</i>	56
PICATO	50	<i>pregabalin</i>	46
PIFELTRO	33	PREHEVBRIO	66
<i>pilocarpine hcl</i>	71	PREMARIN	60
<i>pilocarpine hydrochloride</i>	47	<i>premium lidocaine</i>	12
<i>pimozide</i>	30	PREMPHASE	60
<i>pimtrea</i>	60	PREMPRO	60
<i>pindolol</i>	41	<i>prenatal</i>	52
<i>pioglitazone hcl</i>	37	<i>prevalite</i>	44
<i>pioglitazone hcl/metformin hcl</i>	37	PREVIDENT 5000 PLUS	47
<i>pioglitazone hydrochloride</i>	37	<i>previfem</i>	60
<i>piperacillin sodium/tazobactam sodium</i>	15	PREVYMIS	32
PIQRAY 200MG DAILY DOSE	27	PREZCOBIX	34
PIQRAY 250MG DAILY DOSE	27	PREZISTA	34
PIQRAY 300MG DAILY DOSE	27	PRIFTIN	23
<i>pirfenidone</i>	74	<i>primaquine phosphate</i>	29
<i>pirmella 1/35</i>	60	<i>primidone</i>	18
<i>pirmella 7/7/7</i>	60	PRIORIX	66
<i>piroxicam</i>	10	PRIVIGEN	64
PLEGRIDY	47	PROAIR HFA	73
PLEGRIDY STARTER PACK	47	PROAIR RESPICLICK	73
<i>plenamine</i>	51	<i>probenecid</i>	22
<i>podofilox</i>	50	<i>probenecid/colchicine</i>	22
POLIVY	28	<i>prochlorperazine</i>	21
<i>polycin</i>	69	<i>prochlorperazine edisylate</i>	21

Drug Name	Page #	Drug Name	Page #
<i>prochlorperazine maleate</i>	21	<i>raloxifene hydrochloride</i>	61
PROCRIT	39	<i>ramelteon</i>	75
<i>procto-med hc</i>	67	<i>ramipril</i>	40
<i>proctosol hc</i>	67	<i>ranolazine er</i>	43
<i>proctozone-hc</i>	67	<i>rasagiline mesylate</i>	30
<i>progesterone</i>	61	RAYALDEE	68
PROGRAF	65	REBETOL	32
PROLASTIN-C	55	REBIF	47
PROLENSA	71	REBIF REBIDOSE	47
PROLIA	68	REBIF REBIDOSE TITRATION PACK	47
PROMACTA	39	REBIF TITRATION PACK	47
<i>promethazine hcl</i>	21	RECOMBIVAX HB	66
<i>promethazine hcl plain</i>	21	RECTIV	53
<i>promethazine hydrochloride</i>	21	RELENZA DISKHALER	35
<i>promethegan</i>	21	RELISTOR	53
<i>propafenone hcl</i>	41	RELYVRIO	46
<i>propafenone hydrochloride er</i>	41	REMICADE	65
<i>propranolol hcl</i>	42	RENFLEXIS	65
<i>propranolol hcl er</i>	42	<i>repaglinide</i>	37
<i>propranolol hydrochloride</i>	42	REPATHA	44
<i>propranolol hydrochloride er</i>	42	REPATHA PUSHTRONEX SYSTEM	44
<i>propylthiouracil</i>	63	REPATHA SURECLICK	45
PROQUAD	66	RESTASIS	69
<i>protriptyline hcl</i>	21	RESTASIS MULTIDOSE	69
PULMOZYME	73	RETACRIT	39
PURIXAN	24	RETEVMO	25
<i>pyrazinamide</i>	23	RETROVIR IV INFUSION	34
<i>pyridostigmine bromide</i>	23	REVCovi	55
<i>primethamine</i>	29	REVLIMID	24
PYRUKYND	39	REXULTI	31
PYRUKYND TAPER PACK	39	REYATAZ	34
QINLOCK	24	REZLIDHIA	27
QUADRACEL	66	REZUROCK	65
<i>quetiapine fumarate</i>	31	RHOPRESSA	71
<i>quetiapine fumarate er</i>	31	<i>ribavirin</i>	32
<i>quinapril hcl</i>	40	<i>rifabutin</i>	23
<i>quinapril hydrochloride</i>	40	<i>rifampin</i>	23
<i>quinapril/hydrochlorothiazide</i>	43	<i>riluzole</i>	46
<i>quinidine sulfate</i>	41	<i>rimantadine hydrochloride</i>	35
<i>quinine sulfate</i>	29	RINVOQ	64
QVAR REDIHALER	72	<i>risedronate sodium</i>	68
RABAVERT	66	<i>risedronate sodium dr</i>	68
<i>rabeprazole sodium</i>	54	RISPERDAL CONSTA	31
RADICAVA ORS	46	<i>risperidone</i>	31
RADICAVA ORS STARTER KIT	46	<i>risperidone odt</i>	31

Drug Name	Page #	Drug Name	Page #
<i>ritonavir</i>	34	<i>sertraline hydrochloride</i>	20
<i>rivastigmine tartrate</i>	19	<i>setlakin</i>	60
<i>rivastigmine transdermal system</i>	19	<i>sevelamer carbonate</i>	52
<i>rivelsa</i>	60	<i>sf 5000 plus</i>	47
<i>rizatriptan benzoate</i>	23	SFROWASA	67
<i>rizatriptan benzoate odt</i>	23	<i>sharobel</i>	61
ROCKLATAN	69	SHINGRIX	67
<i>roflumilast</i>	73	SIGNIFOR	63
ROLVEDON	39	SIGNIFOR LAR	63
ROMIDEPSIN	25	<i>sildenafil citrate</i>	74
<i>ropinirole er</i>	29	<i>silodosin</i>	55
<i>ropinirole hcl</i>	29	<i>silver sulfadiazine</i>	50
<i>ropinirole hydrochloride</i>	29	SIMBRINZA	69
<i>rosadan</i>	48	<i>simliya</i>	60
<i>rosuvastatin calcium</i>	44	<i>simpesse</i>	60
ROTARIX	66	<i>simvastatin</i>	44
ROTATEQ	67	<i>sirolimus</i>	65
<i>roweepra</i>	17	SIRTURO	23
<i>roweepra xr</i>	17	SKYRIZI	64
ROZLYTREK	27	SKYRIZI PEN	64
RUBRACA	27	SKYTROFA	56
<i>rufinamide</i>	18	<i>sodium chloride</i>	51
RUKOBIA	34	<i>sodium chloride 0.45%</i>	51
RUXIENCE	28	<i>sodium chloride 0.9%</i>	69
RYBELSUS	37	<i>sodium fluoride 5000 plus</i>	48
RYBREVANT	28	<i>sodium fluoride 5000 ppm</i>	48
RYDAPT	27	SODIUM OXYBATE	75
RYLAZE	25	<i>sodium phenylbutyrate</i>	55
RYTARY	30	<i>sodium polystyrene sulfonate</i>	52
<i>sajazir</i>	63	<i>sodium polystyrene sulfonate</i>	52
SANDIMMUNE	65	SODIUM SULFATE/POTASSIUM	53
SANTYL	50	SULFATE/MAGNESIUM SULFATE	
SAPHNELO	64	SOFOSBUVIR/VELPATASVIR	32
<i>sapropterin dihydrochloride</i>	55	<i>solifenacin succinate</i>	55
SARCLISA	28	SOLQUA 100/33	37
SAVELLA	46	SOLTAMOX	24
SAVELLA TITRATION PACK	46	SOMATULINE DEPOT	63
SCEMBLIX	25	SOMAVERT	63
<i>scopolamine</i>	21	<i>sorafenib</i>	27
SECUADO	31	<i>sorafenib tosylate</i>	27
<i>selegiline hcl</i>	30	<i>sorine</i>	41
<i>selenium sulfide</i>	49	<i>sotalol hcl</i>	41
SELZENTRY	34	<i>sotalol hydrochloride</i>	41
SEREVENT DISKUS	73	<i>sotalol hydrochloride (af)</i>	41
<i>sertraline hcl</i>	20	SPIRIVA HANDIHALER	72

Drug Name	Page #	Drug Name	Page #
SPIRIVA RESPIMAT	72	SYMLINPEN 60	37
<i>spironolactone</i>	44	SYMPAZAN	18
<i>spironolactone/hydrochlorothiazide</i>	43	SYMTUZA	34
SPRAVATO 56MG DOSE	19	SYNAGIS	64
SPRAVATO 84MG DOSE	19	SYNAREL	63
<i>sprintec 28</i>	60	SYNJARDY	37
SPRITAM	17	SYNJARDY XR	37
SPRYCEL	27	SYNRIBO	25
<i>sps</i>	52	SYNTHROID	62
<i>sronyx</i>	60	TABLOID	24
<i>ssd</i>	50	TABRECTA	24
STAMARIL	67	<i>tacrolimus</i>	49
<i>stavudine</i>	34	<i>tacrolimus</i>	66
STELARA	64	<i>tadalafil</i>	55
STIMATE	56	<i>tadalafil</i>	74
STIOLTO RESPIMAT	74	TAFINLAR	27
STIVARGA	27	TAGRISSE	27
STRENSIQ	55	TALZENNA	27
<i>streptomycin sulfate</i>	12	TAMIFLU	35
STRIANT	57	<i>tamoxifen citrate</i>	24
STRIBILD	33	<i>tamsulosin hydrochloride</i>	55
<i>subvenite</i>	17	<i>tarina fe 1/20 eq</i>	60
<i>subvenite starter kit/blue</i>	17	TARPEYO	67
<i>subvenite starter kit/green</i>	17	TASIGNA	27
<i>subvenite starter kit/orange</i>	17	TAVALISSE	40
SUCRAID	55	TAVNEOS	69
SUCRALFATE	54	<i>tazarotene</i>	48
<i>sulfacetamide sodium</i>	70	<i>tazicef</i>	14
<i>sulfacetamide sodium/prednisolone sodium</i>	69	<i>taztia xt</i>	42
<i>phosphate</i>		TAZVERIK	25
<i>sulfadiazine</i>	16	TDVAX	67
<i>sulfamethoxazole/trimethoprim</i>	16	TEFLARO	14
<i>sulfamethoxazole/trimethoprim ds</i>	16	TEGSEDI	55
<i>sulfasalazine</i>	67	<i>telmisartan</i>	40
<i>sulindac</i>	10	<i>telmisartan/hydrochlorothiazide</i>	43
SUMATRIPTAN	23	<i>temazepam</i>	75
<i>sumatriptan succinate</i>	23	TEMIXYS	34
<i>sunitinib malate</i>	27	TENIVAC	67
SUNLENCA	34	<i>tenofovir disoproxil fumarate</i>	34
SUPPRELIN LA	63	TEPMETKO	27
SUPREP BOWEL PREP KIT	53	<i>terazosin hcl</i>	40
SYLATRON	64	<i>terazosin hydrochloride</i>	40
SYMBICORT	74	<i>terbinafine hcl</i>	22
SYMDEKO	73	<i>terbutaline sulfate</i>	73
SYMLINPEN 120	37	<i>terconazole</i>	22

Drug Name	Page #	Drug Name	Page #
<i>teriflunomide</i>	47	<i>tolbutamide</i>	37
TERIPARATIDE	68	<i>tolterodine tartrate</i>	55
TESTOSTERONE	57	<i>tolterodine tartrate er</i>	55
<i>testosterone cypionate</i>	57	<i>topiramate</i>	17
<i>testosterone enanthate</i>	57	<i>toremifene citrate</i>	24
TESTOSTERONE PUMP	57	<i>torseamide</i>	43
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	67	TOUJEO MAX SOLOSTAR	38
<i>tetrabenazine</i>	46	TOUJEO SOLOSTAR	38
<i>tetracycline hydrochloride</i>	16	TRADJENTA	37
TEZSPIRE	74	<i>tramadol hcl</i>	11
THALOMID	24	<i>tramadol hydrochloride er</i>	10
<i>theophylline er</i>	73	<i>tramadol hydrochloride/acetaminophen</i>	11
THIOLA EC	56	<i>trandolapril</i>	41
<i>thioridazine hcl</i>	30	<i>trandolapril/verapamil hcl er</i>	43
<i>thiotepa</i>	24	<i>tranexamic acid</i>	39
<i>thiothixene</i>	30	<i>tranylcypromine sulfate</i>	19
THYMOGLOBULIN	64	TRAZIMERA	28
THYROLAR-1	62	<i>trazodone hydrochloride</i>	20
THYROLAR-1/2	62	TRECATOR	23
THYROLAR-1/4	62	TRELEGY ELLIPTA	74
THYROLAR-2	62	TRELSTAR MIXJECT	63
THYROLAR-3	62	TRESIBA	38
<i>tiadylt er</i>	42	TRESIBA FLEXTOUCH	38
<i>tiagabine hydrochloride</i>	18	<i>tretinoin</i>	28
TIBSOVO	27	<i>tretinoin</i>	48
TICE BCG	25	<i>tri femynor</i>	60
TICOVAC	67	<i>triamcinolone acetonide</i>	49
<i>timolol maleate</i>	23	<i>triamcinolone acetonide</i>	56
<i>timolol maleate</i>	71	<i>triamcinolone acetonide dental paste</i>	48
<i>timolol maleate ophthalmic gel forming</i>	71	<i>triamterene/hydrochlorothiazide</i>	43
<i>tinidazole</i>	13	<i>triderm</i>	49
TIVDAK	28	<i>trientine hydrochloride</i>	52
TIVICAY	33	<i>tri-estarylla</i>	60
TIVICAY PD	33	<i>trifluoperazine hcl</i>	30
<i>tizanidine hcl</i>	32	<i>trifluoperazine hydrochloride</i>	30
<i>tizanidine hydrochloride</i>	32	<i>trifluridine</i>	70
TOBI PODHALER	73	<i>trihexyphenidyl hcl</i>	29
TOBRADEX	69	<i>trihexyphenidyl hydrochloride</i>	29
TOBRADEX ST	69	TRIJDY XR	37
<i>tobramycin</i>	70	TRIKAFTA	73
<i>tobramycin</i>	73	<i>tri-lynyah</i>	60
<i>tobramycin sulfate</i>	12	<i>trilyte</i>	53
<i>tobramycin/dexamethasone</i>	69	<i>trimethoprim</i>	13
<i>tolazamide</i>	37	<i>tri-mili</i>	60
		<i>trimipramine maleate</i>	21

Drug Name	Page #	Drug Name	Page #
<i>trinessa</i>	60	VAQTA	67
TRINTELLIX	20	<i>varenicline starting month box</i>	12
<i>tri-nymyo</i>	60	<i>varenicline tartrate</i>	12
<i>tri-previfem</i>	60	VARIVAX	67
TRIPTODUR	63	VARIZIG	64
<i>tri-sprintec</i>	60	VAXELIS	67
TRIUMEQ	34	VELPHORO	52
TRIUMEQ PD	34	<i>veltassa</i>	52
<i>trivora-28</i>	60	VEMLIDY	32
<i>tri-vylibra</i>	60	VENCLEXTA	28
TRIZIVIR	34	VENCLEXTA STARTING PACK	28
TRODELVY	28	VENLAFAXINE BESYLATE ER	20
TROGARZO	34	<i>venlafaxine hcl er</i>	20
<i>tropium chloride</i>	55	<i>venlafaxine hydrochloride</i>	20
<i>tropium chloride er</i>	55	<i>venlafaxine hydrochloride er</i>	20
TRULICITY	37	VENTAVIS	74
TRUMENBA	67	<i>verapamil hcl</i>	42
TRUSELTIQ	25	<i>verapamil hcl er</i>	42
TUKYSA	25	<i>verapamil hcl sr</i>	42
<i>tulana</i>	61	<i>verapamil hydrochloride</i>	42
TURALIO	27	<i>verapamil hydrochloride er</i>	42
TWINRIX	67	VERSACLOZ	32
TYBOST	34	VERZENIO	28
TYMLOS	68	V-GO 20	69
TYPHIM VI	67	V-GO 30	69
TYSABRI	47	V-GO 40	69
UBRELVY	23	<i>vicodin hp</i>	11
UDENYCA	39	VICTOZA	37
UKONIQ	27	VIDEX EC	34
<i>ulticare micro pen needles/32g x 5/32"</i>	69	VIDEX PEDIATRIC	34
<i>unifine pentips 32gx6mm</i>	69	<i>vienva</i>	60
UNITHROID	62	<i>vigabatrin</i>	18
<i>urea</i>	50	<i>vigadrone</i>	18
URSODIOL	53	VIIBRYD STARTER PACK	20
VABYSMO	69	VIJOICE	69
<i>valacyclovir hcl</i>	35	<i>vilazodone hydrochloride</i>	20
<i>valacyclovir hydrochloride</i>	35	VIMIZIM	55
VALCHLOR	24	<i>viorele</i>	61
<i>valganciclovir</i>	32	VIRACEPT	34
<i>valganciclovir hydrochloride</i>	32	VIREAD	34
<i>valproic acid</i>	36	VISTOGARD	69
<i>valsartan</i>	40	VITRAKVI	28
<i>valsartan/hydrochlorothiazide</i>	43	VIVITROL	12
VALTOCO	18	VIZIMPRO	28
<i>vancomycin hydrochloride</i>	13	VOCABRIA	33

Drug Name	Page #	Drug Name	Page #
<i>volnea</i>	61	XTAMPZA ER	10
VONJO	25	XTANDI	24
VOQUEZNA DUAL PAK	13	XYREM	75
VOQUEZNA TRIPLE PAK	13	YF-VAX	67
<i>voriconazole</i>	22	YUPELRI	72
VOSEVI	32	<i>yuvaferm</i>	61
VOTRIENT	28	<i>zafirlukast</i>	72
VOXZOGO	69	<i>zaleplon</i>	75
VRAYLAR	31	ZARXIO	39
VUMERITY	47	ZEJULA	28
<i>vyfemla</i>	61	ZELBORAF	28
<i>vylibra</i>	61	<i>zenatane</i>	48
VYNDAMAX	43	ZENPEP	55
VYVGART	69	ZEPOSIA	47
VYZULTA	71	ZEPOSIA 7-DAY STARTER PACK	47
<i>warfarin sodium</i>	39	ZEPOSIA STARTER KIT	47
WELIREG	28	ZEPZELCA	24
<i>wera</i>	61	<i>zidovudine</i>	34
<i>wixela inhub</i>	74	<i>ziprasidone hcl</i>	31
XALKORI	28	<i>ziprasidone mesylate</i>	31
XARELTO	39	ZIRABEV	28
XARELTO STARTER PACK	39	ZIRGAN	70
XATMEP	66	ZOKINVY	55
XCOPRI	17	ZOLADEX	63
XELJANZ	64	ZOLINZA	25
XELJANZ XR	64	<i>zolmitriptan</i>	23
XEMBIFY	64	<i>zolpidem tartrate</i>	75
XENLETA	13	<i>zolpidem tartrate er</i>	75
XENPOZYME	51	ZONISADE	18
XERMELO	53	<i>zonisamide</i>	18
XGEVA	68	ZORBTIVE	53
XIFAXAN	53	<i>zovia 1/35</i>	61
XIGDUO XR	37	<i>zovia 1/35e</i>	61
XIIDRA	70	ZTALMY	46
XOFLUZA	35	ZYDELIG	28
XOLAIR	64	ZYKADIA	28
XOSPATA	28	ZYLET	70
XPOVIO	25	ZYNLONTA	28
XPOVIO 100 MG ONCE WEEKLY	25	ZYPREXA RELPREVV	31
XPOVIO 40 MG ONCE WEEKLY	25		
XPOVIO 40 MG TWICE WEEKLY	25		
XPOVIO 60 MG ONCE WEEKLY	25		
XPOVIO 60 MG TWICE WEEKLY	25		
XPOVIO 80 MG ONCE WEEKLY	25		
XPOVIO 80 MG TWICE WEEKLY	25		

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
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C/O Appeals & Grievances
PO Box 671
Southborough, MA 01772

Local Phone Number: 617-684-2348 (TTY 711)

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Fax: 1-866-326-1073

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H2694-002_eHF23_C

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-891-6989 (TTY:711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-891-6989 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-891-6989 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-891-6989 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-891-6989 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-891-6989 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-891-6989 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-800-891-6989 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-891-6989 (TTY:711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-891-6989 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-891-6989, TTY:711. سيقوم شخص ما يتحدث العربية مجاناً.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-891-6989 (TTY:711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-891-6989 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-891-6989 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-891-6989 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-891-6989 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-891-6989 (TTY:711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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This formulary was updated on 04/01/2023. For more recent information or other questions, please contact eternalHealth Pharmacy Member Service at **1-800-891-6989 or 1-617-684-2458 (locally)**, (TTY users should call 711), 24 hours/7 days a week, or visit www.eternalHealth.com.