

2023



Vermont Blue Advantage Group PPOSM

Updated: 10/01/2022

Formulary 23527, Version 4

Comprehensive Formulary

(List of Covered Drugs)

Please read: this document contains information about the drugs we cover in this plan.

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact us, **Vermont Blue Advantage Group PPO** Customer Service, at **1-855-489-0646** or, for TTY users, 711, twenty-four hours a day, seven days a week. From October 1 through November 30, 2022, hours are from 8 a.m. to 8 p.m., Central time, seven days a week, or visit www.VermontBlueAdvantage.com/formularies.

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 Customer Service 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.

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 Vermont Blue Advantage. When it refers to “plan” or “our plan,” it means **Vermont Blue Advantage Group PPO**.

This document includes a list of the drugs (formulary) for our plan which is current as of October 1, 2022. 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 Vermont Blue Advantage Group PPO Formulary?

A formulary is a list of covered drugs selected by **Vermont Blue Advantage Group PPO** 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. **Vermont Blue Advantage Group PPO** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **Vermont Blue Advantage Group PPO** 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 also find information in the section below entitled “How do I request an exception to the **Vermont Blue Advantage Group PPO** Formulary?”
- **Drugs removed from the market.** If the Food and

Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

– If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **Vermont Blue Advantage Group PPO** 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 November 11, 2021. To get updated information about the drugs

covered by **Vermont Blue Advantage Group PPO**, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, we will send out an errata sheet to notify you of this change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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, Hypertension / Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 98. 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?

Vermont Blue Advantage Group PPO 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: Vermont Blue Advantage Group PPO** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **Vermont Blue Advantage Group PPO** before you fill your prescriptions. If you don’t get approval, **Vermont Blue Advantage Group PPO** may not cover the drug.
- **Quantity Limits:** For certain drugs, **Vermont Blue Advantage Group PPO** limits the amount of the drug that **Vermont Blue Advantage Group PPO** will cover. For example, **Vermont Blue Advantage Group PPO** provides thirty tablets per prescription for *simvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **Vermont Blue Advantage Group PPO** 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, **Vermont Blue Advantage Group PPO** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **Vermont Blue Advantage Group PPO** 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask **Vermont Blue Advantage Group PPO** 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 **Vermont Blue Advantage Group PPO** formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that **Vermont Blue Advantage Group PPO** does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by **Vermont Blue Advantage Group PPO**. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by **Vermont Blue Advantage Group PPO**.
- You can ask **Vermont Blue Advantage Group PPO** 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 Vermont Blue Advantage Group PPO Formulary?

You can ask **Vermont Blue Advantage Group PPO** to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 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 move into (or out of) a long-term care facility, a skilled nursing facility or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to your *Evidence of Coverage* or visit our website at www.VermontBlueAdvantage.com/transition.

For more information

For more detailed information about your **Vermont Blue Advantage Group PPO** prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about **Vermont Blue Advantage Group PPO**, 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>.

Vermont Blue Advantage Group PPO Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **Vermont Blue Advantage Group PPO**. If you have trouble finding your drug in the list, turn to the Index that begins on page 98.

The first column of the chart lists the drug name.

Brand-name drugs are capitalized (e.g., **ENTRESTO[®]**) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the Requirements/Limits column tells you if **Vermont Blue Advantage Group PPO** has any special requirements for coverage of your drug.

Tier Descriptions

Vermont Blue Advantage Group PPO Drug Tier Costs							
Tier	Drug Description	Up to a 30-day supply				Up to a 90-day supply*	
		Retail network pharmacy cost sharing	Mail-order cost sharing	Long-term care (LTC) cost sharing**	Out-of-network cost sharing	Standard retail cost sharing	Mail-order cost sharing
Tier 1	Generic (includes specialty drugs limited to a 30-day supply)	See your prescription benefits chart in your <i>Evidence of Coverage</i> for member cost share details.					
Tier 2	Preferred brand name (includes specialty drugs limited to a 30-day supply)						
Tier 3	Non-preferred brand name (includes specialty drugs limited to a 30-day supply)						

*See your prescription benefits chart for member cost share details.

**Long-term medication copays are based on a 31-day supply.

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

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

NDS: Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.

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

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
CAMBIA	3	NDS
<i>cataflam</i>	3	NDS
CELEBREX	3	QL (60 EA per 30 days)
<i>celecoxib capsule</i>	1	QL (60 EA per 30 days)
<i>diclofenac epolamine</i>	1	QL (60 EA per 30 days) PA
<i>diclofenac potassium tablet 50mg</i>	1	
<i>diclofenac potassium tablet 25mg</i>	1	NDS
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5%</i>	1	PA
<i>diclofenac sodium external solution 2%</i>	1	PA NDS
DICLONA	3	NDS
<i>diflunisal tablet 500mg</i>	1	
DUEXIS	3	QL (90 EA per 30 days) PA NDS
ELYXYB	3	QL (19.2 ML per 30 days) PA
<i>etodolac capsule, tablet</i>	1	
FLECTOR	3	QL (60 EA per 30 days) PA
<i>flurbiprofen tablet</i>	1	
<i>ibu</i>	1	
<i>ibuprofen lysine</i>	1	NDS
<i>ibuprofen/famotidine</i>	1	QL (90 EA per 30 days) PA
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSPENSION	3	NDS
<i>indocin suppository</i>	3	NDS
<i>indomethacin er</i>	1	
<i>indomethacin capsule 25mg, 50mg</i>	1	
<i>ketoprofen capsule 25mg</i>	1	NDS
<i>ketorolac tromethamine nasal solution 15.75mg/spray</i>	1	QL (5 EA per 30 days) NDS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days)
<i>klofensaid ii</i>	1	PA
LICART	3	QL (30 EA per 30 days) PA
<i>lodine tablet 400mg</i>	3	NDS
<i>lofena</i>	3	NDS
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	1	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	NDS
NAPROSYN SUSPENSION	3	NDS
<i>naproxen sodium cr</i>	1	

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Last Updated: August 2022

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium er tablet extended release 24 hour 375mg</i>	1	
<i>naproxen sodium tablet 275mg, 550mg</i>	1	
<i>naproxen/esomeprazole magnesium</i>	1	QL (60 EA per 30 days) PA NDS
<i>naproxen tablet delayed release</i>	1	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
NEOPROFEN	3	NDS
<i>oxaprozin</i>	1	
PENNSAID SOLUTION	3	PA NDS
<i>piroxicam capsule</i>	1	
<i>profeno</i>	1	
<i>relafen</i>	3	NDS
<i>relafen ds</i>	3	NDS
SPRIX	3	QL (5 EA per 30 days) NDS
<i>sulindac tablet</i>	1	
VIMOVO	3	QL (60 EA per 30 days) PA NDS
VIVLODEX	3	NDS
VOLTAREN GEL	3	QL (1000 GM per 30 days)
ZIPSOR	3	NDS
Opioid Analgesics, Long-acting		
ARYMO ER	3	ST NDS
BELBUCA	3	QL (60 EA per 30 days) NDS
<i>buprenorphine</i>	1	QL (4 EA per 28 days) NDS
<i>buprenorphine buccal</i>	1	QL (60 EA per 30 days) NDS
BUTRANS	3	QL (4 EA per 28 days) NDS
CONZIP	3	PA NDS
DOLOPHINE TABLET	3	NDS
DURAGESIC	3	NDS
<i>fentanyl</i>	1	NDS
<i>hydrocodone bitartrate er</i>	1	NDS
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	NDS
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	NDS
HYSINGLA ER	3	ST NDS
INFUMORPH 200	3	B/D NDS
INFUMORPH 500	3	B/D NDS
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 200MG, 20MG, 30MG, 40MG, 50MG, 60MG, 80MG	3	NDS
<i>levorphanol tartrate tablet</i>	1	NDS
<i>methadone hcl injection, oral solution, tablet</i>	1	NDS
<i>methadone hydrochloride intensol</i>	1	NDS
<i>methadone hydrochloride concentrate</i>	1	NDS
<i>methadose sugar-free</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>methadose concentrate 10mg/ml</i>	1	NDS
<i>mitigo</i>	1	B/D NDS
<i>morphine sulfate er capsule extended release 24 hour, tablet extended release</i>	1	NDS
MS CONTIN TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	2	NDS
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	3	NDS
<i>oxycodone hcl er tablet er 12 hour abuse-deterrent</i>	1	ST NDS
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT	3	ST NDS
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	NDS
<i>oxymorphone hydrochloride er</i>	1	NDS
PROBUPHINE IMPLANT KIT	3	NDS
<i>tramadol hcl er tablet extended release 24 hour</i>	1	NDS
<i>tramadol hcl er capsule extended release 24 hour</i>	1	PA NDS
XTAMPZA ER	2	NDS
ZOHYDRO ER CAPSULE EXTENDED RELEASE 12 HOUR	3	ST NDS
<i>Opioid Analgesics, Short-acting</i>		
ABSTRAL TABLET SUBLINGUAL 400MCG, 600MCG, 800MCG	3	PA NDS
<i>acetaminophen/caffeine/dihydrocodeine tablet</i>	1	NDS
<i>acetaminophen/caffeine/dihydrocodeine capsule</i>	1	QL (300 EA per 30 days) NDS
<i>acetaminophen/codeine</i>	1	NDS
ACTIQ	3	PA NDS
APADAZ	3	NDS
<i>ascomp/codeine</i>	1	NDS
<i>butalbital/acetaminophen/caffeine/codeine</i>	1	NDS
<i>butalbital/aspirin/caffeine/codeine</i>	1	NDS
<i>butorphanol tartrate</i>	1	NDS
<i>codeine sulfate tablet</i>	1	NDS
DEMEROL INJECTION	3	PA NDS
DILAUDID LIQUID	3	NDS
DILAUDID INJECTION 0.2MG/ML, 1MG/ML, 2MG/ML	3	NDS
DILAUDID TABLET 2MG, 4MG, 8MG	3	NDS
<i>duramorph</i>	1	NDS
<i>dvorah</i>	1	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>fentanyl citrate oral transmucosal</i>	1	PA NDS
<i>fentanyl citrate tablet</i>	1	PA NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate injection 1000mcg/20ml, 100mcg/2ml, 2500mcg/50ml, 250mcg/5ml, 500mcg/10ml, 50mcg/ml</i>	1	B/D NDS
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	PA NDS
<i>fioricet/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	3	NDS
FIORINAL/CODEINE #3	3	NDS
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	1	NDS
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	NDS
<i>hydromorphone hcl liquid, suppository, tablet</i>	1	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	1	NDS
<i>hydromorphone hydrochloride dosette</i>	1	NDS
<i>hydromorphone hydrochloride injection 0.2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	1	NDS
IBUDONE TABLET 10MG; 200MG	3	NDS
<i>ibudone tablet 5mg; 200mg</i>	1	NDS
LAZANDA	3	PA NDS
<i>lorcet</i>	1	NDS
<i>lorcet hd</i>	1	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	1	NDS
<i>lortab elixir 300mg/15ml; 10mg/15ml</i>	3	NDS
<i>lortab tablet 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>meperidine hcl oral solution</i>	1	NDS
<i>meperidine hcl injection 100mg/ml, 25mg/ml, 50mg/ml</i>	1	PA NDS
<i>meperidine hcl tablet 50mg</i>	1	NDS
<i>morphine sulfate/sodium chloride injection 1mg/ml</i>	1	NDS
<i>morphine sulfate oral solution, suppository, tablet</i>	1	NDS
<i>morphine sulfate injection 10mg/ml, 1mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	1	B/D NDS
<i>morphine sulfate injection 0.5mg/ml, 10mg/0.7ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml</i>	1	NDS
<i>nalbuphine hcl injection 10mg/ml, 20mg/ml</i>	1	NDS
<i>nalocet</i>	3	NDS
<i>norco</i>	3	NDS
NUCYNTA	3	NDS
OPANA TABLET	3	NDS
OXAYDO	3	NDS
<i>oxycodone and acetaminophen</i>	1	NDS
<i>oxycodone hcl capsule</i>	1	NDS
<i>oxycodone hydrochloride</i>	1	NDS
<i>oxycodone hydrochloride/acetaminophen</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 2.5mg, 300mg; 5mg, 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	NDS
<i>oxycodone/aspirin tablet 325mg; 4.835mg</i>	1	NDS
<i>oxycodone/ibuprofen</i>	1	NDS
<i>oxymorphone hydrochloride</i>	1	NDS
<i>pentazocine/naloxone hcl</i>	1	NDS
<i>percocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	NDS
<i>primlev</i>	1	NDS
<i>prolate</i>	3	NDS
QDOLO	3	NDS
<i>reprexain tablet 10mg; 200mg</i>	1	NDS
ROXICODONE TABLET	3	NDS
SEGLENTIS	3	QL (120 EA per 30 days) ST NDS
SUBSYS	3	PA NDS
<i>tramadol hcl tablet</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen</i>	1	NDS
<i>tramadol hydrochloride tablet 100mg</i>	1	NDS
<i>trezix capsule 320.5mg; 30mg; 16mg</i>	3	QL (300 EA per 30 days) NDS
TYLENOL/CODEINE #3	3	NDS
TYLENOL/CODEINE #4	3	NDS
ULTRACET	3	NDS
ULTRAM	3	NDS
<i>vicodin es tablet 300mg; 7.5mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	1	NDS
<i>vicodin tablet 300mg; 5mg</i>	1	NDS
<i>xylon</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine and tetracaine cream</i>	1	QL (30 GM per 30 days) PA
<i>lidocaine hcl jelly</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (30 ML per 30 days) PA
<i>lidocaine hcl external solution 4%</i>	1	QL (250 ML per 30 days) PA
<i>lidocaine-prilocaine-cream base cream</i>	1	QL (30 GM per 30 days) PA
<i>lidocaine/prilocaine cream</i>	1	QL (30 GM per 30 days) PA
<i>lidocaine/tetracaine cream 7%; 7%</i>	1	QL (30 GM per 30 days) PA
<i>lidocaine ointment 5%</i>	1	QL (150 GM per 30 days) PA
<i>lidocaine patch 5%</i>	1	PA
LIDODERM	3	PA
PLIAGLIS CREAM	3	QL (30 GM per 30 days) PA
<i>premium lidocaine</i>	1	QL (150 GM per 30 days) PA
QUTENZA	3	QL (4 EA per 90 days) PA NDS

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Drug Name	Drug Tier	Requirements/Limits
SYNERA	3	
ZTLIDO	3	QL (90 EA per 30 days) PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	1	
<i>disulfiram tablet</i>	1	
<i>naltrexone hcl tablet</i>	1	
VIVITROL	3	NDS
Opioid Dependence		
BUNAVAIL FILM 2.1MG; 0.3MG	3	QL (180 EA per 30 days) ST
BUNAVAIL FILM 6.3MG; 1MG	3	QL (60 EA per 30 days) ST
BUNAVAIL FILM 4.2MG; 0.7MG	3	QL (90 EA per 30 days) ST
BUPRENEX INJECTION 0.3MG/ML	3	NDS
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days)
LUCEMYRA	3	QL (224 EA per 14 days) NDS
SUBLOCADE	3	NDS
SUBOXONE FILM 12MG; 3MG, 4MG; 1MG	2	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG, 8MG; 2MG	2	QL (90 EA per 30 days)
ZUBSOLV TABLET SUBLINGUAL 2.9MG; 0.71MG	3	QL (180 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG	3	QL (360 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 8.6MG; 2.1MG	3	QL (60 EA per 30 days) ST
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG, 5.7MG; 1.4MG	3	QL (90 EA per 30 days) ST
Opioid Reversal Agents		
EVZIO INJECTION 2MG/0.4ML	3	NDS
KLOXXADO	3	ST
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	1	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	
ZIMHI	3	ST
Smoking Cessation Agents		
<i>buprob</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK	2	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK	2	QL (504 EA per 365 days)
CHANTIX TABLET 0.5MG, 1MG	2	QL (504 EA per 365 days)

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NICOTROL INHALER	3	QL (2688 EA per 365 days)
NICOTROL NS	2	QL (360 ML per 365 days)
<i>varenicline starting month box</i>	1	QL (504 EA per 365 days)
<i>varenicline tartrate</i>	1	QL (504 EA per 365 days)
ZYBAN	3	QL (60 EA per 30 days)
Antibacterials		
<i>Aminoglycosides</i>		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE	3	PA NDS
<i>gentamicin sulfate pediatric</i>	1	
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate injection 40mg/ml</i>	1	
<i>gentamicin sulfate external ointment 0.1%</i>	1	
<i>humatin</i>	3	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate injection 1gm</i>	1	NDS
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
ZEMDRI	3	NDS
<i>Antibacterials, Other</i>		
AEMCOLO	3	PA
<i>aztreonam</i>	1	
<i>clindacin etz pledgets</i>	1	
<i>clindamycin hcl capsule 150mg, 300mg</i>	1	
<i>clindamycin hydrochloride capsule</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate cream 2%</i>	1	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>colistimethate sodium</i>	1	NDS
COLY-MYCIN M	3	NDS
CUBICIN	3	NDS
CUBICIN RF	3	NDS
DALVANCE	3	NDS
<i>daptomycin</i>	1	NDS
FURADANTIN	3	NDS
IMPAVIDO	3	NDS
KIMYRSA	3	NDS
<i>lincomycin hcl injection</i>	1	
<i>linezolid suspension reconstituted</i>	1	QL (1800 ML per 28 days) NDS
<i>linezolid tablet</i>	1	QL (56 EA per 28 days)
<i>linezolid injection 600mg/300ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid injection 600mg/300ml; 0.9%</i>	1	NDS
<i>methenamine hippurate</i>	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>nitrofurantoin monohydrate capsule</i>	1	
<i>nitrofurantoin suspension</i>	1	NDS
ORBACTIV	3	NDS
PRIMSOL	3	
SIVEXTRO	3	QL (6 EA per 30 days) NDS
SYNERCID INJECTION 350MG; 150MG	3	NDS
<i>tigecycline</i>	1	NDS
<i>tinidazole</i>	1	
<i>trimethoprim tablet</i>	1	
TYGACIL	3	NDS
VANCOCIN CAPSULE 125MG	3	QL (120 EA per 30 days)
VANCOCIN CAPSULE 250MG	3	QL (240 EA per 30 days) NDS
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	1	
VIBATIV INJECTION 750MG	3	NDS
VOQUEZNA DUAL PAK	3	PA
VOQUEZNA TRIPLE PAK	3	PA
XENLETA	3	NDS
ZYVOX SUSPENSION RECONSTITUTED	3	QL (1800 ML per 28 days) NDS
ZYVOX TABLET	3	QL (56 EA per 28 days) NDS
ZYVOX INJECTION 200MG/100ML	3	NDS
Beta-lactam, Cephalosporins		
AVYCAZ	3	NDS
<i>cefaclor capsule</i>	1	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil capsule, suspension reconstituted</i>	1	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin injection 2gm</i>	1	
<i>cefdinir</i>	1	
<i>cefepime</i>	1	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	1	
<i>cefixime capsule</i>	1	
<i>cefotaxime sodium injection 1gm, 2gm</i>	1	
<i>cefotetan injection 1gm, 2gm</i>	1	

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<i>cefboxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	1	
<i>ceftriaxone sodium injection 1gm, 250mg, 2gm, 500mg</i>	1	
<i>cefuroxime axetil tablet</i>	1	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	1	
<i>cephalexin capsule, suspension reconstituted</i>	1	
FETROJA	3	NDS
<i>tazicef injection 1gm, 2gm, 6gm</i>	1	
TEFLARO	3	NDS
ZERBAXA	3	NDS
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin capsule 500mg</i>	1	
AUGMENTIN SUSPENSION RECONSTITUTED 250MG/5ML; 62.5MG/5ML	3	
AUGMENTIN TABLET 500MG; 125MG	3	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin</i>	1	NDS
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>oxacillin sodium injection 300mg/50ml; 2gm/50ml</i>	1	NDS
<i>penicillin g sodium</i>	1	NDS
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	1	
Carbapenems		
<i>ertapenem</i>	1	
<i>ertapenem sodium</i>	1	
<i>imipenem/cilastatin</i>	1	
<i>meropenem</i>	1	
<i>meropenem/sodium chloride injection 1gm/50ml; 0.9%</i>	1	
MERREM INJECTION 1GM	3	
RECARBRIO	3	NDS
VABOMERE	3	NDS
Macrolides		

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin packet, suspension reconstituted, tablet</i>	1	
<i>azithromycin injection 500mg</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin suspension reconstituted, tablet</i>	1	
DIFICID	3	NDS
ERYPED 400	3	NDS
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	1	NDS
Quinolones		
BAXDELA	3	NDS
CIPRO SUSPENSION RECONSTITUTED	3	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	
<i>ofloxacin tablet 300mg, 400mg</i>	1	
Sulfonamides		
<i>sulfadiazine tablet</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
<i>sulfatrim pediatric</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	1	
DORYX TABLET DELAYED RELEASE 200MG, 80MG	3	NDS
<i>doxy 100</i>	1	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	1	
<i>doxycycline hyclate injection 100mg</i>	1	
<i>doxycycline hyclate tablet 100mg</i>	1	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	1	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	1	
<i>doxycycline suspension reconstituted</i>	1	
LYMEPAK	3	NDS
MINOCIN INJECTION	3	NDS
MINOCIN CAPSULE 50MG	3	NDS
<i>minocycline hcl capsule 75mg</i>	1	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mondoxyne nl capsule 100mg, 50mg</i>	1	
<i>morgidox 1x100mg capsule</i>	1	
<i>morgidox 1x50mg</i>	1	
<i>morgidox 2x100mg capsule</i>	1	
NUZYRA	3	NDS
<i>okebo capsule 100mg</i>	1	
SEYSARA	3	NDS
<i>tetracycline hydrochloride capsule</i>	1	
XERAVA	3	NDS
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT	3	PA NDS
ELEPSIA XR	3	NDS
EPIDIOLEX	3	PA NDS
EPRONTIA	3	
<i>felbamate tablet</i>	1	
<i>felbamate suspension</i>	1	NDS
FELBATOL	3	NDS
FINTEPLA	3	PA NDS
FYCOMPA SUSPENSION	3	NDS
FYCOMPA TABLET 2MG	3	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	NDS
KEPPRA XR	3	NDS
KEPPRA INJECTION, ORAL SOLUTION	3	NDS
KEPPRA TABLET 1000MG, 500MG, 750MG	3	NDS
LAMICTAL CHEWABLE DISPERSIBLE	3	NDS
LAMICTAL ODT KIT	3	NDS
LAMICTAL ODT TABLET DISINTEGRATING 50MG	3	
LAMICTAL ODT TABLET DISINTEGRATING 100MG, 200MG, 25MG	3	NDS
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	NDS
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR 100MG, 200MG, 250MG, 300MG, 50MG	3	NDS
LAMICTAL TABLET	3	NDS
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	NDS
<i>lamotrigine starter kit/orange</i>	1	
LAMOTRIGINE TITRATION	3	NDS
<i>lamotrigine tablet chewable, tablet</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam solution, tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NAYZILAM	3	QL (10 EA per 30 days)
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 200MG	3	
QUDEXY XR CAPSULE ER 24 HOUR SPRINKLE 150MG	3	NDS
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	NDS
<i>subvenite starter kit/orange</i>	1	
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	3	NDS
TOPAMAX TABLET 50MG	3	
TOPAMAX TABLET 100MG, 200MG	3	NDS
<i>topiramate er capsule er 24 hour sprinkle 200mg</i>	1	
<i>topiramate er capsule er 24 hour sprinkle 150mg</i>	1	NDS
<i>topiramate capsule sprinkle, tablet</i>	1	
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG	3	NDS
XCOPRI TABLET	3	PA NDS
XCOPRI TABLET THERAPY PACK 0	3	PA
XCOPRI TABLET THERAPY PACK 0	3	PA NDS
Calcium Channel Modifying Agents		
CELONTIN CAPSULE 300MG	3	
<i>ethosuximide</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	1	
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	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	3	PA NDS
<i>diazepam rectal gel</i>	1	
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	1	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium capsule delayed release sprinkle</i>	1	
<i>gabapentin capsule 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin capsule 100mg, 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin solution</i>	1	QL (2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	1	QL (150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	1	QL (180 EA per 30 days)
GABITRIL TABLET 12MG, 16MG, 2MG, 4MG	3	NDS
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days)

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KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days)
MYSOLINE TABLET	3	NDS
NEURONTIN SOLUTION	3	QL (2160 ML per 30 days)
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days)
NEURONTIN CAPSULE 100MG, 300MG	3	QL (360 EA per 30 days)
NEURONTIN TABLET 800MG	3	QL (150 EA per 30 days) NDS
NEURONTIN TABLET 600MG	3	QL (180 EA per 30 days) NDS
ONFI SUSPENSION	3	NDS
ONFI TABLET 10MG, 20MG	3	NDS
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	1	
<i>phenobarbital elixir 20mg/5ml</i>	1	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>primidone tablet</i>	1	
SABRIL	3	PA NDS
SYMPAZAN	3	NDS
<i>tiagabine hydrochloride</i>	1	
VALTOCO	3	QL (10 EA per 30 days) NDS
<i>vigabatrin</i>	1	PA NDS
<i>vigadrone</i>	1	PA NDS
Sodium Channel Agents		
APTiom	3	NDS
BANZEL	3	NDS
<i>carbamazepine er</i>	1	
<i>carbamazepine tablet chewable, suspension, tablet</i>	1	
<i>dilantin capsule 30mg</i>	3	
<i>epitol</i>	1	
<i>lacosamide</i>	1	
<i>oxcarbazepine</i>	1	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600MG	3	NDS
PEGANONE TABLET 250MG	3	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin tablet chewable, suspension</i>	1	
<i>rufinamide suspension</i>	1	NDS
<i>rufinamide tablet 200mg</i>	1	
<i>rufinamide tablet 400mg</i>	1	NDS
TRILEPTAL SUSPENSION	3	NDS
TRILEPTAL TABLET 300MG	3	
TRILEPTAL TABLET 600MG	3	NDS
VIMPAT INJECTION, ORAL SOLUTION	3	NDS
VIMPAT TABLET 100MG, 150MG, 200MG	3	NDS
ZONEGRAN CAPSULE 100MG, 25MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide</i>	1	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	1	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) ST
NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK	3	QL (56 EA per 365 days) ST
<i>Cholinesterase Inhibitors</i>		
ADLARITY	3	ST
<i>donepezil hcl tablet disintegrating</i>	1	
<i>donepezil hcl tablet 10mg, 23mg</i>	1	
<i>donepezil hydrochloride odt</i>	1	
<i>donepezil hydrochloride tablet 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide solution, tablet</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	QL (30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	1	
NAMENDA XR	3	QL (30 EA per 30 days)
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	3	QL (30 EA per 30 days) ST NDS
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	1	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>maprotiline hcl</i>	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tablet</i>	1	
<i>olanzapine/fluoxetine capsule 25mg; 12mg, 50mg; 12mg, 50mg; 6mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine capsule 25mg; 3mg, 25mg; 6mg</i>	1	QL (90 EA per 30 days)
<i>perphenazine/amitriptyline</i>	1	
SPRAVATO 56MG DOSE	3	PA NDS
SPRAVATO 84MG DOSE	3	PA NDS

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SYMBYAX CAPSULE 50MG; 12MG, 50MG; 6MG	3	QL (30 EA per 30 days)
SYMBYAX CAPSULE 25MG; 3MG, 25MG; 6MG	3	QL (90 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150MG, 200MG	3	QL (60 EA per 30 days)
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300MG	3	QL (30 EA per 30 days) NDS
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150MG	3	QL (90 EA per 30 days) NDS
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	3	QL (30 EA per 30 days) ST NDS
MARPLAN	3	
PARNATE	3	NDS
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i>		
BRISDELLE	3	QL (30 EA per 30 days)
<i>citalopram hydrobromide solution, tablet</i>	1	
<i>citalopram hydrobromide capsule</i>	1	ST
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20MG, 60MG	3	QL (60 EA per 30 days)
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30MG	3	QL (90 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL (120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	1	QL (120 EA per 30 days) ST
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	1	QL (30 EA per 30 days) ST
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	3	QL (90 EA per 30 days)
<i>duloxetine hcl capsule delayed release particles 30mg, 40mg</i>	1	QL (90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	1	QL (90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	1	
FETZIMA	3	QL (30 EA per 30 days) ST
FETZIMA TITRATION PACK	3	QL (56 EA per 365 days) ST
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution</i>	1	
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	1	

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<i>fluoxetine hydrochloride tablet</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days)
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) ST
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (30 EA per 30 days) ST
<i>nefazodone hydrochloride</i>	1	
<i>paroxetine</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tablet 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride suspension</i>	1	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	1	
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days)
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	QL (30 EA per 30 days)
PROZAC CAPSULE 20MG	3	
PROZAC CAPSULE 40MG	3	NDS
<i>sertraline hcl concentrate</i>	1	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	
<i>sertraline hydrochloride concentrate</i>	1	
<i>sertraline hydrochloride capsule</i>	1	ST
<i>sertraline hydrochloride tablet 100mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	3	QL (30 EA per 30 days)
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er capsule extended release 24 hour 150mg, 37.5mg</i>	1	
<i>venlafaxine hcl er tablet extended release 24 hour 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	1	
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg, 225mg, 75mg</i>	1	
VIIBRYD STARTER PACK	3	QL (60 EA per 365 days)
VIIBRYD TABLET	3	QL (30 EA per 30 days)
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tablet 10mg, 25mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	NDS
<i>clomipramine hcl capsule</i>	1	

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<i>clomipramine hydrochloride</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>doxepin hcl capsule 75mg</i>	1	
<i>doxepin hcl concentrate</i>	1	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>imipramine hcl tablet 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tablet 10mg</i>	1	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	1	
<i>nortriptyline hcl solution</i>	1	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	
PAMELOR CAPSULE	3	NDS
<i>protriptyline hcl</i>	1	
TOFRANIL TABLET	3	NDS
<i>trimipramine maleate capsule</i>	1	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	1	
DICLEGIS	3	QL (120 EA per 30 days)
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL (120 EA per 30 days)
<i>meclizine hcl tablet</i>	1	
<i>meclizine hydrochloride tablet 25mg</i>	1	
<i>phenadoz</i>	1	
<i>prochlorperazine edisylate injection 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tablet</i>	1	
<i>prochlorperazine suppository 25mg</i>	1	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	1	
<i>promethazine hcl tablet 12.5mg</i>	1	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>promethegan</i>	1	
<i>scopolamine</i>	1	
TIGAN CAPSULE 300MG	3	B/D
<i>trimethobenzamide hydrochloride</i>	1	B/D
<i>Emetogenic Therapy Adjuncts</i>		
AKYNZEO INJECTION	3	
AKYNZEO CAPSULE	3	QL (2 EA per 30 days) B/D
ALOXI INJECTION 0.25MG/5ML	3	NDS
ANZEMET TABLET 50MG	3	QL (5 EA per 30 days) B/D
ANZEMET TABLET 100MG	3	QL (5 EA per 30 days) B/D NDS
<i>aprepitant capsule 40mg</i>	1	QL (1 EA per 30 days) B/D
<i>aprepitant capsule 125mg</i>	1	QL (2 EA per 30 days) B/D
<i>aprepitant capsule 0</i>	1	QL (6 EA per 30 days) B/D
<i>aprepitant capsule 80mg</i>	1	QL (8 EA per 30 days) B/D
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA

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EMEND TRIPACK	3	QL (6 EA per 30 days) B/D
EMEND SUSPENSION RECONSTITUTED	3	QL (6 EA per 30 days) B/D
EMEND CAPSULE 40MG	3	QL (1 EA per 30 days) B/D
EMEND CAPSULE 125MG	3	QL (2 EA per 30 days) B/D
EMEND CAPSULE 80MG	3	QL (8 EA per 30 days) B/D
<i>granisetron hydrochloride tablet</i>	1	QL (30 EA per 30 days) B/D
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA
MARINOL CAPSULE 10MG, 5MG	3	QL (60 EA per 30 days) PA NDS
<i>ondansetron hcl solution</i>	1	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tablet 24mg</i>	1	QL (14 EA per 28 days) B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	1	
<i>ondansetron odt</i>	1	B/D
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
SANCUSO	3	QL (2 EA per 30 days) NDS
SUSTOL	3	QL (1.2 ML per 30 days) NDS
SYNDROS	3	QL (120 ML per 30 days) PA NDS
VARUBI TABLET THERAPY PACK	3	QL (4 EA per 30 days) B/D
ZOFRAN TABLET 4MG, 8MG	3	B/D NDS
ZUPLENZ FILM 4MG	3	B/D
ZUPLENZ FILM 8MG	3	B/D NDS
Antifungals		
<i>Antifungals</i>		
ABELCET	3	B/D
AMBISOME	3	B/D NDS
<i>amphotericin b liposome</i>	1	B/D NDS
<i>amphotericin b injection</i>	1	B/D
ANCOBON	3	NDS
CANCIDAS	3	NDS
<i>casposfungin acetate injection 50mg</i>	1	NDS
<i>clotrimazole cream, troche</i>	1	
CRESEMBA INJECTION	3	NDS
CRESEMBA CAPSULE	3	PA NDS
DIFLUCAN TABLET 200MG	3	NDS
<i>econazole nitrate cream</i>	1	
ERAXIS	3	NDS
ERTACZO	3	NDS
EXTINA	3	NDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole suspension reconstituted, tablet</i>	1	
<i>flucytosine capsule</i>	1	NDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	1	
<i>itraconazole capsule</i>	1	PA

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<i>itraconazole solution</i>	1	PA NDS
JUBLIA	3	NDS
KERYDIN	3	PA
<i>ketoconazole shampoo, tablet</i>	1	
<i>ketoconazole cream</i>	1	QL (90 GM per 30 days)
<i>miconazole injection 100mg</i>	1	
<i>miconazole injection 50mg</i>	1	NDS
MYCAMINE	3	NDS
<i>naftifine hydrochloride gel</i>	1	
NOXAFIL	3	PA NDS
<i>nyamyc</i>	1	QL (120 GM per 30 days)
<i>nyata powder</i>	1	QL (120 GM per 30 days)
<i>nystatin cream, ointment, suspension, tablet</i>	1	
<i>nystatin powder</i>	1	QL (120 GM per 30 days)
<i>nystop</i>	1	QL (120 GM per 30 days)
ORAVIG	3	NDS
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days)
OXISTAT CREAM	3	QL (90 GM per 30 days)
<i>posaconazole dr</i>	1	PA NDS
POSACONAZOLE SUSPENSION	3	PA NDS
<i>posaconazole tablet delayed release</i>	1	PA NDS
SPORANOX PULSEPAK	3	PA NDS
SPORANOX SOLUTION	3	PA
SPORANOX CAPSULE	3	PA NDS
<i>sulconazole nitrate solution</i>	1	
<i>tavaborole</i>	1	PA
<i>terbinafine hcl tablet</i>	1	QL (84 EA per 180 days)
<i>terconazole cream</i>	1	
TOLSURA	3	PA NDS
VFEND IV	3	PA
VFEND SUSPENSION RECONSTITUTED	3	NDS
VIVJOA	3	PA
<i>voriconazole tablet</i>	1	
<i>voriconazole suspension reconstituted</i>	1	NDS
<i>voriconazole injection</i>	1	PA
<i>zazole cream 0.8%</i>	1	
<i>zazole suppository</i>	1	
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet</i>	1	
<i>colchicine capsule</i>	1	
<i>colchicine tablet 0.6mg</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	ST

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KRYSTEXXA	3	PA NDS
<i>probenecid/colchicine</i>	1	
<i>probenecid tablet</i>	1	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>cafergot tablet</i>	3	QL (24 EA per 28 days)
D.H.E. 45	3	QL (24 ML per 28 days) PA NDS
<i>dihydroergotamine mesylate injection</i>	1	QL (24 ML per 28 days) PA NDS
<i>dihydroergotamine mesylate nasal solution</i>	1	QL (8 ML per 30 days) PA NDS
<i>ergomar</i>	3	NDS
<i>ergotamine tartrate/caffeine</i>	1	QL (24 EA per 28 days)
<i>migergot</i>	3	QL (20 EA per 28 days) NDS
MIGRANAL	3	QL (8 ML per 30 days) PA NDS
TRUDHESA	3	QL (12 ML per 28 days) PA NDS
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL (1 ML per 30 days) PA
AIMOVIG INJECTION 70MG/ML	3	QL (2 ML per 30 days) PA
AJOVY	3	QL (4.5 ML per 90 days) PA
EMGALITY INJECTION 120MG/ML	3	QL (1 ML per 30 days) PA
EMGALITY INJECTION 100MG/ML	3	QL (3 ML per 30 days) PA NDS
NURTEC	3	QL (18 EA per 30 days) PA NDS
QULIPTA	3	QL (30 EA per 30 days) PA NDS
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	3	QL (16 EA per 30 days) PA NDS
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan</i>	1	QL (12 EA per 30 days)
<i>almotriptan malate tablet 12.5mg</i>	1	QL (12 EA per 30 days)
AMERGE	3	QL (9 EA per 30 days)
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days)
FROVA	3	QL (12 EA per 30 days) NDS
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days)
IMITREX STATDOSE REFILL	3	QL (5 ML per 30 days) NDS
IMITREX STATDOSE SYSTEM	3	QL (5 ML per 30 days) NDS
IMITREX NASAL SOLUTION	3	QL (12 EA per 30 days)
IMITREX INJECTION	3	QL (5 ML per 30 days) NDS
IMITREX TABLET	3	QL (9 EA per 30 days)
MAXALT-MLT	3	QL (18 EA per 30 days)
MAXALT TABLET 10MG	3	QL (18 EA per 30 days)
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days)
ONZETRA XSAIL	3	QL (16 EA per 30 days) NDS
RELPAX	3	QL (12 EA per 30 days)
REYVOW TABLET 50MG	3	QL (4 EA per 30 days) PA
REYVOW TABLET 100MG	3	QL (8 EA per 30 days) PA
<i>rizatriptan benzoate</i>	1	QL (18 EA per 30 days)

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<i>rizatriptan benzoate odt</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate refill</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate injection</i>	1	QL (5 ML per 30 days)
<i>sumatriptan succinate tablet</i>	1	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days)
<i>sumatriptan solution</i>	1	QL (12 EA per 30 days)
TOSYMRA	3	QL (12 EA per 30 days)
TREXIMET TABLET 500MG; 85MG	3	QL (9 EA per 30 days) NDS
ZEMBRACE SYMTOUCH	3	QL (8 ML per 30 days) NDS
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	1	QL (9 EA per 30 days)
<i>zolmitriptan tablet</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL (12 EA per 30 days)
ZOMIG ZMT TABLET DISINTEGRATING 2.5MG	3	QL (12 EA per 30 days) NDS
ZOMIG ZMT TABLET DISINTEGRATING 5MG	3	QL (9 EA per 30 days) NDS
ZOMIG TABLET	3	QL (12 EA per 30 days) NDS
ZOMIG SOLUTION 5MG	3	QL (12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl</i>	1	
MESTINON TIMESPAN	3	NDS
MESTINON SOLUTION, TABLET	3	NDS
<i>pyridostigmine bromide solution</i>	1	NDS
<i>pyridostigmine bromide tablet 60mg</i>	1	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	1	
MYCOBUTIN	3	NDS
<i>rifabutin</i>	1	
<i>Antituberculars</i>		
CAPASTAT SULFATE	3	NDS
<i>cycloserine</i>	1	NDS
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid injection, syrup, tablet</i>	1	
<i>paser</i>	3	
PRIFTIN	3	
<i>pyrazinamide tablet</i>	1	
RIFADIN INJECTION	3	NDS
<i>rifampin capsule, injection</i>	1	
SIRTURO	3	NDS
TRECTOR	3	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO	3	NDS

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<i>bendamustine hydrochloride</i>	1	NDS
BENDEKA	3	NDS
BICNU	3	NDS
<i>busulfan</i>	1	NDS
BUSULFEX	3	NDS
<i>carmustine</i>	1	NDS
<i>cisplatin injection 50mg</i>	1	NDS
<i>cyclophosphamide monohydrate injection</i>	1	NDS
<i>cyclophosphamide capsule, tablet</i>	1	B/D
<i>cyclophosphamide injection</i>	1	NDS
EVOMELA	3	NDS
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	3	
<i>ifosfamide injection 3gm</i>	1	
LEUKERAN	3	NDS
MATULANE	3	NDS
<i>oxaliplatin injection 100mg/20ml, 100mg, 200mg/40ml, 50mg</i>	1	NDS
PEPAXTO	3	PA NDS
TEMODAR INJECTION	3	NDS
TEPADINA	3	NDS
<i>thiotepa injection 100mg, 15mg</i>	1	NDS
TREANDA INJECTION 100MG, 25MG	3	NDS
VALCHLOR	3	PA NDS
YONDELIS	3	NDS
ZANOSAR	3	NDS
ZEPZELCA	3	PA NDS
Antiandrogens		
<i>abiraterone acetate</i>	1	PA NDS
<i>bicalutamide</i>	1	
CASODEX	3	NDS
ERLEADA	3	PA NDS
<i>eulexin</i>	3	NDS
<i>flutamide</i>	1	
NILANDRON TABLET 150MG	3	NDS
<i>nilutamide</i>	1	NDS
NUBEQA	3	PA NDS
XTANDI	3	PA NDS
YONSA	3	PA NDS
ZYTIGA	3	PA NDS
Antiangiogenic Agents		
FOTIVDA	3	PA NDS
<i>lenalidomide</i>	1	PA NDS
POMALYST	3	PA NDS
QINLOCK	3	PA NDS
REVLIMID	3	PA NDS

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TABRECTA	3	QL (120 EA per 30 days) PA NDS
THALOMID	3	PA NDS
Antiestrogens/Modifiers		
EMCYT	3	NDS
FARESTON	3	NDS
FASLODEX INJECTION 250MG/5ML	3	NDS
<i>fulvestrant</i>	1	NDS
SOLTAMOX	3	NDS
<i>tamoxifen citrate tablet</i>	1	
<i>toremifene citrate</i>	1	NDS
Antimetabolites		
<i>adrucil injection 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
ALIMTA	3	NDS
ARRANON	3	NDS
<i>cladribine</i>	1	B/D NDS
<i>clofarabine</i>	1	NDS
CLOLAR	3	NDS
<i>cytarabine aqueous</i>	1	B/D
<i>cytarabine injection 100mg/ml, 20mg/ml</i>	1	B/D
DROXIA	3	
<i>floxuridine injection</i>	1	B/D NDS
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	PA NDS
<i>gemcitabine hydrochloride injection 200mg/2ml</i>	1	
<i>gemcitabine hydrochloride injection 1.5gm/15ml, 1gm/10ml, 2gm/20ml</i>	1	NDS
<i>hydroxyurea capsule</i>	1	
INFUGEM	3	NDS
<i>mercaptopurine tablet</i>	1	
<i>nelarabine</i>	1	NDS
NIPENT	3	NDS
<i>pemetrexed injection 1gm/40ml, 850mg/34ml</i>	1	
<i>pemetrexed injection 1000mg, 100mg/4ml, 100mg, 1gm/40ml, 500mg/20ml, 500mg, 750mg</i>	1	NDS
PEMFEXY	3	NDS
PURIXAN	3	NDS
SIKLOS TABLET 100MG	3	PA
SIKLOS TABLET 1000MG	3	PA NDS
TABLOID	3	
VYXEOS	3	PA NDS
Antineoplastics, Other		
ABRAXANE	3	NDS
<i>adriamycin injection 10mg, 2mg/ml, 50mg</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide</i>	1	NDS
ASPARLAS	3	NDS
<i>azacitidine</i>	1	NDS
BESREMI	3	PA NDS
<i>bleomycin sulfate</i>	1	B/D
<i>bortezomib injection 1mg, 2.5mg</i>	1	PA
<i>bortezomib injection 3.5mg</i>	1	PA NDS
COSMEGEN	3	NDS
DACOGEN	3	PA NDS
<i>dactinomycin</i>	1	NDS
<i>decitabine</i>	1	PA NDS
<i>docetaxel injection 20mg/2ml</i>	1	NDS
DOXIL	3	NDS
<i>doxorubicin hcl injection 2mg/ml, 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	1	NDS
<i>doxorubicin hydrochloride injection 10mg</i>	1	B/D
ELLENC INJECTION 50MG/25ML	3	
ELZONRIS	3	PA NDS
ERWINASE	3	NDS
ERWINAZE	3	NDS
ETHYOL	3	NDS
<i>fludarabine phosphate</i>	1	NDS
FUSILEV	3	NDS
GAVRETO	3	PA NDS
HALAVEN	3	PA NDS
IBRANCE TABLET 100MG, 125MG, 75MG	3	PA NDS
IDAMYCIN PFS INJECTION 10MG/10ML, 20MG/20ML, 5MG/5ML	3	NDS
<i>idarubicin hcl</i>	1	NDS
IDHIFA	3	QL (30 EA per 30 days) PA NDS
INREBIC	3	PA NDS
ISTODAX (OVERFILL)	3	PA NDS
IXEMPRA KIT	3	NDS
JEVTANA	3	PA NDS
KIMMTRAK	3	PA NDS
KISQALI FEMARA 200 DOSE	3	PA NDS
KISQALI FEMARA 400 DOSE	3	PA NDS
KISQALI FEMARA 600 DOSE	3	PA NDS
<i>leucovorin calcium injection 500mg</i>	1	
<i>levoleucovorin injection 50mg</i>	1	NDS
LONSURF	3	PA NDS
LUMAKRAS	3	PA NDS
MARQIBO	3	NDS
<i>mitomycin injection 20mg, 40mg, 5mg</i>	1	NDS

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<i>mutamycin</i>	1	NDS
NINLARO	3	PA NDS
ONCASPAR	3	NDS
ONUREG	3	PA NDS
<i>paclitaxel protein-bound particles</i>	1	NDS
PEMAZYRE	3	QL (30 EA per 30 days) PA NDS
PHEGO	3	PA NDS
PHOTOFIN	3	NDS
PROLEUKIN	3	NDS
RETEVMO	3	PA NDS
<i>romidepsin</i>	1	PA NDS
RYLAZE	3	NDS
SCEMBLIX TABLET 40MG	3	PA NDS
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA NDS
SYNRIBO	3	PA NDS
TAXOTERE INJECTION 20MG/ML, 80MG/4ML	3	NDS
TAZVERIK	3	PA NDS
<i>teniposide</i>	1	NDS
TICE BCG	3	
TRISENOX	3	NDS
TRUSELTIQ	3	PA NDS
TUKYSA	3	PA NDS
<i>valrubicin</i>	1	NDS
VALSTAR	3	NDS
VELCADE	3	PA NDS
VIDAZA	3	NDS
<i>vinblastine sulfate injection 1mg/ml</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
VONJO	3	PA NDS
XPOVIO	3	PA NDS
XPOVIO 100 MG ONCE WEEKLY	3	PA NDS
XPOVIO 40 MG ONCE WEEKLY	3	PA NDS
XPOVIO 40 MG TWICE WEEKLY	3	PA NDS
XPOVIO 60 MG ONCE WEEKLY	3	PA NDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NDS
XPOVIO 80 MG ONCE WEEKLY	3	PA NDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NDS
ZALTRAP	3	PA NDS
ZOLINZA	3	PA NDS
Antineoplastics		
OPDUALAG	3	PA NDS
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	

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ARIMIDEX	3	
AROMASIN	3	NDS
<i>exemestane</i>	1	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	3	NDS
HYCAMTIN INJECTION	3	NDS
KYPROLIS	3	PA NDS
ONIVYDE	3	NDS
<i>topotecan hcl injection 4mg</i>	1	NDS
Molecular Target Inhibitors		
AFINITOR	3	QL (30 EA per 30 days) PA NDS
AFINITOR DISPERZ	3	PA NDS
ALECENSA	3	PA NDS
ALIQOPA	3	PA NDS
ALUNBRIG TABLET THERAPY PACK	3	QL (60 EA per 365 days) PA NDS
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA NDS
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA NDS
AYVAKIT	3	QL (30 EA per 30 days) PA NDS
BALVERSA	3	PA NDS
BELEODAQ	3	PA NDS
BOSULIF	3	PA NDS
BRAFTOVI CAPSULE 75MG	3	PA NDS
BRUKINSA	3	PA NDS
CABOMETYX	3	PA NDS
CALQUENCE CAPSULE	3	PA NDS
CAPRELSA TABLET 300MG	3	PA NDS
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA NDS
COMETRIQ	3	PA NDS
COPIKTRA	3	PA NDS
COTELLIC	3	PA NDS
DAURISMO	3	PA NDS
ERIVEDGE	3	PA NDS
<i>erlotinib hydrochloride</i>	1	PA NDS
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	1	PA NDS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA NDS
EXKIVITY	3	PA NDS
FARYDAK	3	PA NDS
FYARRO	3	PA NDS
GILOTRIF	3	QL (30 EA per 30 days) PA NDS
GLEEVEC TABLET	3	PA NDS
IBRANCE CAPSULE 100MG, 125MG, 75MG	3	PA NDS
ICLUSIG TABLET 30MG, 45MG	3	PA NDS
ICLUSIG TABLET 10MG, 15MG	3	QL (30 EA per 30 days) PA NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i>	1	PA NDS
IMBRUVICA	3	PA NDS
INLYTA	3	PA NDS
INQOVI	3	PA NDS
IRESSA	3	PA NDS
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	3	PA NDS
JAKAFI TABLET 10MG	3	QL (60 EA per 30 days) PA NDS
KISQALI	3	PA NDS
KOSELUGO	3	PA NDS
<i>lapatinib ditosylate</i>	1	PA NDS
LENVIMA 10 MG DAILY DOSE	3	PA NDS
LENVIMA 12MG DAILY DOSE	3	PA NDS
LENVIMA 14 MG DAILY DOSE	3	PA NDS
LENVIMA 18 MG DAILY DOSE	3	PA NDS
LENVIMA 20 MG DAILY DOSE	3	PA NDS
LENVIMA 24 MG DAILY DOSE	3	PA NDS
LENVIMA 4 MG DAILY DOSE	3	PA NDS
LENVIMA 8 MG DAILY DOSE	3	PA NDS
LORBRENA	3	PA NDS
LYNPARZA TABLET	3	PA NDS
MEKINIST	3	PA NDS
MEKTOVI	3	PA NDS
NERLYNX	3	QL (180 EA per 30 days) PA NDS
NEXAVAR	3	PA NDS
ODOMZO	3	PA NDS
PIQRAY 200MG DAILY DOSE	3	PA NDS
PIQRAY 250MG DAILY DOSE	3	PA NDS
PIQRAY 300MG DAILY DOSE	3	PA NDS
ROZLYTREK	3	PA NDS
RUBRACA	3	PA NDS
RYDAPT	3	PA NDS
<i>sorafenib</i>	1	PA NDS
<i>sorafenib tosylate</i>	1	PA NDS
SPRYCEL	3	PA NDS
STIVARGA	3	PA NDS
<i>sunitinib malate</i>	1	PA NDS
SUTENT	3	PA NDS
TAFINLAR	3	PA NDS
TAGRISSO TABLET 80MG	3	PA NDS
TAGRISSO TABLET 40MG	3	QL (30 EA per 30 days) PA NDS
TALZENNA	3	PA NDS
TARCEVA	3	PA NDS
TASIGNA	3	PA NDS
<i>temsirolimus</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
TEPMETKO	3	PA NDS
TIBSOVO	3	PA NDS
TORISEL	3	NDS
TURALIO	3	PA NDS
TYKERB	3	PA NDS
UKONIQ	3	PA NDS
VENCLEXTA STARTING PACK	3	PA NDS
VENCLEXTA TABLET 10MG	2	PA
VENCLEXTA TABLET 100MG, 50MG	3	PA NDS
VERZENIO	3	PA NDS
VITRAKVI	3	PA NDS
VIZIMPRO	3	PA NDS
VOTRIENT	3	PA NDS
WELIREG	3	PA NDS
XALKORI	3	PA NDS
XOSPATA	3	PA NDS
ZEJULA	3	PA NDS
ZELBORAF	3	PA NDS
ZYDELIG	3	PA NDS
ZYKADIA TABLET	3	PA NDS
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	3	PA NDS
ALYMSYS	3	PA NDS
ARZERRA	3	PA NDS
AVASTIN	3	PA NDS
BAVENCIO	3	PA NDS
BESPOUSA	3	PA NDS
BLINCYTO	3	PA NDS
CYRAMZA	3	PA NDS
DANYELZA	3	PA NDS
DARZALEX	3	PA NDS
DARZALEX FASPRO	3	PA NDS
EMPLICITI	3	PA NDS
ENHERTU	3	PA NDS
ERBITUX	3	PA NDS
GAZYVA	3	PA NDS
HERCEPTIN HYLECTA	3	PA NDS
HERCEPTIN INJECTION 150MG	3	PA NDS
HERZUMA	3	PA NDS
IMFINZI	3	PA NDS
JEMPERLI	3	PA NDS
KADCYLA	3	PA NDS
KANJINTI	3	PA NDS
KEYTRUDA INJECTION 100MG/4ML	3	PA NDS

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LARTRUVO	3	PA NDS
LIBTAYO	3	PA NDS
LUMOXITI	3	PA NDS
MARGENZA	3	PA NDS
MONJUVI	3	PA NDS
MVASI	3	PA NDS
MYLOTARG	3	PA NDS
OGIVRI INJECTION 1.1%; 420MG, 150MG	3	PA NDS
ONTRUZANT	3	PA NDS
OPDIVO	3	PA NDS
PADCEV	3	PA NDS
PERJETA	3	PA NDS
POLIVY	3	PA NDS
PORTRAZZA	3	PA NDS
POTELIGEO	3	PA NDS
RIABNI	3	PA NDS
RITUXAN	3	PA NDS
RITUXAN HYCELA	3	PA NDS
RUXIENCE	3	PA NDS
RYBREVAANT	3	PA NDS
SARCLISA	3	PA NDS
TECENTRIQ	3	PA NDS
TIVDAK	3	PA NDS
TRAZIMERA	3	PA NDS
TRODELVY	3	PA NDS
TRUXIMA	3	PA NDS
UNITUXIN	3	NDS
VECTIBIX INJECTION 100MG/5ML, 400MG/20ML	3	NDS
YERVOY	3	PA NDS
ZEVALIN Y-90	3	NDS
ZIRABEV	3	PA NDS
ZYNLONTA	3	PA NDS
Retinoids		
<i>bexarotene</i>	1	PA NDS
PANRETIN	3	NDS
TARGRETIN	3	PA NDS
<i>tretinoin capsule 10mg</i>	1	NDS
Treatment Adjuncts		
<i>dexrazoxane</i>	1	NDS
ELITEK	3	NDS
KHAPZORY	3	NDS
<i>leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg</i>	1	
MESNEX TABLET	3	NDS
TOTECT	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
VORAXAZE	3	NDS
ZINECARD	3	NDS
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	1	NDS
ALBENZA	3	NDS
<i>emverm</i>	3	NDS
<i>ivermectin tablet 3mg</i>	1	PA
<i>praziquantel tablet</i>	1	
STROMECTOL TABLET 3MG	3	PA
<i>Antiprotozoals</i>		
ALINIA	3	NDS
<i>artesunate</i>	1	NDS
<i>atovaquone</i>	1	NDS
<i>atovaquone/proguanil hcl</i>	1	
<i>benznidazole</i>	1	
<i>chloroquine phosphate tablet</i>	1	
COARTEM	3	
DARAPRIM	3	PA NDS
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	1	
<i>mefloquine hcl</i>	1	
MEPRON SUSPENSION	3	NDS
NEBUPENT	3	B/D
<i>nitazoxanide</i>	1	NDS
<i>pentamidine isethionate injection</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
<i>primaquine phosphate tablet</i>	1	
<i>pyrimethamine tablet</i>	1	PA NDS
QUALAQUIN	3	PA
<i>quinine sulfate capsule 324mg</i>	1	PA
Antiparkinson Agents		
<i>Anticholinergics</i>		
<i>benztropine mesylate tablet</i>	1	
COGENTIN INJECTION	3	NDS
<i>trihexyphenidyl hcl solution</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
<i>Antiparkinson Agents, Other</i>		
<i>carbidopa/levodopa/entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
GOCOVRI	3	PA NDS
NOURIANZ	3	PA NDS
ONGENTYS	3	ST
OSMOLEX ER	3	PA

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Drug Name	Drug Tier	Requirements/Limits
STALEVO 100	3	NDS
STALEVO 125	3	NDS
STALEVO 150	3	
STALEVO 200	3	NDS
TASMAR TABLET 100MG	3	QL (180 EA per 30 days) NDS
<i>tolcapone</i>	1	QL (180 EA per 30 days) NDS
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	3	QL (90 ML per 30 days) PA NDS
<i>apomorphine hydrochloride injection</i>	1	QL (90 ML per 30 days) PA NDS
<i>bromocriptine mesylate capsule, tablet</i>	1	
KYNMOBI	3	QL (150 EA per 30 days) PA NDS
KYNMOBI TITRATION KIT	3	QL (20 EA per 365 days) PA NDS
NEUPRO	3	ST
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12MG	3	NDS
<i>ropinirole er</i>	1	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa tablet</i>	1	
DUOPA	3	PA NDS
INBRIJA	3	PA NDS
LODOSYN	3	NDS
RYTARY	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	NDS
<i>rasagiline mesylate tablet</i>	1	
<i>selegiline hcl capsule, tablet</i>	1	
XADAGO	3	QL (30 EA per 30 days) ST NDS
ZELAPAR	3	NDS
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	1	
<i>chlorpromazine hydrochloride concentrate</i>	1	
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl concentrate, injection, tablet</i>	1	
<i>fluphenazine hydrochloride elixir</i>	1	
<i>haloperidol decanoate injection</i>	1	

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<i>haloperidol lactate</i>	1	
<i>haloperidol concentrate, tablet</i>	1	
<i>loxapine</i>	1	
<i>loxapine succinate capsule 25mg, 50mg, 5mg</i>	1	
<i>molindone hydrochloride</i>	1	
<i>perphenazine tablet</i>	1	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hcl tablet</i>	1	
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA	3	NDS
ABILIFY MYCITE	3	QL (30 EA per 30 days) ST NDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL (30 EA per 30 days) ST NDS
ABILIFY MYCITE STARTER KIT	3	QL (60 EA per 365 days) ST NDS
ABILIFY TABLET	3	QL (30 EA per 30 days) NDS
<i>aripiprazole odt</i>	1	QL (60 EA per 30 days) NDS
<i>aripiprazole tablet</i>	1	QL (30 EA per 30 days)
<i>aripiprazole solution</i>	1	QL (750 ML per 30 days)
ARISTADA	3	NDS
ARISTADA INITIO	3	NDS
<i>asenapine maleate sl</i>	1	QL (60 EA per 30 days)
CAPLYTA CAPSULE 42MG	3	QL (30 EA per 30 days) PA NDS
FANAPT	3	QL (60 EA per 30 days) ST NDS
FANAPT TITRATION PACK	3	QL (8 EA per 180 days) ST
GEODON INJECTION	3	QL (60 EA per 30 days)
GEODON CAPSULE 20MG	3	QL (60 EA per 30 days)
GEODON CAPSULE 40MG, 60MG, 80MG	3	QL (60 EA per 30 days) NDS
INVEGA HAFYERA	3	ST NDS
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NDS
INVEGA TRINZA	3	NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL (30 EA per 30 days) NDS
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) NDS
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) NDS
LATUDA TABLET 80MG	3	QL (60 EA per 30 days) NDS
LYBALVI	3	QL (30 EA per 30 days) ST NDS
NUPLAZID CAPSULE	3	PA NDS
NUPLAZID TABLET 10MG	3	PA NDS
<i>olanzapine odt</i>	1	QL (30 EA per 30 days)
<i>olanzapine injection</i>	1	
<i>olanzapine tablet</i>	1	QL (30 EA per 30 days)

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<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days)
PERSERIS	3	NDS
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 200mg, 25mg, 50mg</i>	1	QL (90 EA per 30 days)
REXULTI	3	QL (30 EA per 30 days) NDS
RISPERDAL CONSTA INJECTION 12.5MG	3	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	3	NDS
RISPERDAL SOLUTION	3	QL (240 ML per 30 days)
RISPERDAL TABLET 0.25MG, 0.5MG, 1MG, 2MG, 3MG	3	QL (60 EA per 30 days)
RISPERDAL TABLET 4MG	3	QL (60 EA per 30 days) NDS
<i>risperidone odt</i>	1	QL (60 EA per 30 days)
<i>risperidone solution</i>	1	QL (240 ML per 30 days)
<i>risperidone tablet</i>	1	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 10MG	3	QL (60 EA per 30 days)
SAPHRIS TABLET SUBLINGUAL 2.5MG, 5MG	3	QL (60 EA per 30 days) NDS
SECUADO	3	QL (30 EA per 30 days) ST NDS
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 300MG, 400MG, 50MG	3	QL (60 EA per 30 days)
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days)
SEROQUEL TABLET 300MG	3	QL (60 EA per 30 days)
SEROQUEL TABLET 400MG	3	QL (60 EA per 30 days) NDS
SEROQUEL TABLET 100MG, 200MG, 25MG, 50MG	3	QL (90 EA per 30 days)
VRAYLAR CAPSULE THERAPY PACK	3	QL (14 EA per 365 days) ST
VRAYLAR CAPSULE	3	QL (30 EA per 30 days) ST NDS
<i>ziprasidone hcl</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate</i>	1	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	3	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	3	NDS
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 5MG	3	QL (30 EA per 30 days)
ZYPREXA ZYDIS TABLET DISINTEGRATING 15MG, 20MG	3	QL (30 EA per 30 days) NDS
ZYPREXA TABLET 10MG, 2.5MG, 5MG, 7.5MG	3	QL (30 EA per 30 days)
ZYPREXA TABLET 15MG, 20MG	3	QL (30 EA per 30 days) NDS
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 200mg</i>	1	QL (120 EA per 30 days) NDS
<i>clozapine odt tablet disintegrating 150mg</i>	1	QL (180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	1	QL (270 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine odt tablet disintegrating 12.5mg</i>	1	QL (90 EA per 30 days)
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days)
<i>clozapine tablet 50mg</i>	1	QL (180 EA per 30 days)
<i>clozapine tablet 100mg, 25mg</i>	1	QL (270 EA per 30 days)
CLOZARIL TABLET 200MG	3	QL (120 EA per 30 days) NDS
CLOZARIL TABLET 50MG	3	QL (180 EA per 30 days)
CLOZARIL TABLET 25MG	3	QL (270 EA per 30 days)
CLOZARIL TABLET 100MG	3	QL (270 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 25MG	3	QL (270 EA per 30 days)
FAZACLO TABLET DISINTEGRATING 100MG	3	QL (270 EA per 30 days) NDS
FAZACLO TABLET DISINTEGRATING 12.5MG	3	QL (90 EA per 30 days)
VERSACLOZ	3	QL (540 ML per 30 days) NDS
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet</i>	1	
<i>baclofen injection 20000mcg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen injection 40mg/20ml, 50mcg/ml</i>	1	B/D NDS
BOTOX	3	PA
DANTRIUM IV	3	NDS
<i>dantrolene sodium capsule</i>	1	
<i>dantrolene sodium injection</i>	1	NDS
DYSPORT	3	PA
FLEQSUVY	3	ST
GABLOFEN INJECTION 10000MCG/20ML	3	B/D
GABLOFEN INJECTION 20000MCG/20ML, 40000MCG/20ML, 50MCG/ML	3	B/D NDS
LIORESAL INTRATHECAL INJECTION 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJECTION 10MG/5ML, 40MG/20ML	3	B/D NDS
LYVISPAH PACKET 20MG	3	QL (120 EA per 30 days) ST NDS
LYVISPAH PACKET 5MG	3	QL (270 EA per 30 days) ST
LYVISPAH PACKET 10MG	3	QL (90 EA per 30 days) ST
MYOBLOC	3	PA
OZOBAX	3	NDS
<i>revonto</i>	1	NDS
<i>tizanidine hcl tablet 2mg</i>	1	
<i>tizanidine hydrochloride tablet 4mg</i>	1	
XEOMIN INJECTION 100UNIT, 50UNIT	3	PA
XEOMIN INJECTION 200UNIT	3	PA NDS
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir</i>	1	NDS
CYTOVENE INJECTION	3	B/D NDS
<i>foscarnet sodium injection 6000mg/250ml</i>	1	B/D NDS
FOSCAVIR INJECTION 6000MG/250ML	3	B/D NDS
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
LIVTENCITY	3	NDS
PREVYMIS	3	NDS
VALCYTE	3	NDS
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NDS
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE TABLET	3	QL (30 EA per 30 days) NDS
BARACLUDE SOLUTION	3	QL (600 ML per 30 days) NDS
<i>entecavir</i>	1	QL (30 EA per 30 days)
EPIVIR HBV SOLUTION	3	
HEPSERA	3	NDS
<i>lamivudine tablet 100mg</i>	1	
VEMLIDY	3	NDS
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET 200MG; 50MG	3	QL (168 EA per 365 days) PA NDS
EPCLUSA PACKET 150MG; 37.5MG	3	QL (84 EA per 365 days) PA NDS
EPCLUSA TABLET 200MG; 50MG	3	QL (168 EA per 365 days) PA NDS
EPCLUSA TABLET 400MG; 100MG	3	QL (84 EA per 365 days) PA NDS
HARVONI PACKET 33.75MG; 150MG	3	QL (168 EA per 365 days) PA NDS
HARVONI PACKET 45MG; 200MG	3	QL (336 EA per 365 days) PA NDS
HARVONI TABLET 90MG; 400MG	3	QL (168 EA per 365 days) PA NDS
HARVONI TABLET 45MG; 200MG	3	QL (336 EA per 365 days) PA NDS
<i>ledipasvir/sofosbuvir</i>	1	QL (168 EA per 365 days) PA NDS
MAVYRET TABLET	3	QL (336 EA per 365 days) PA NDS
MAVYRET PACKET	3	QL (560 EA per 365 days) PA NDS
<i>moderiba tablet</i>	1	
<i>ribasphere capsule</i>	1	
<i>ribasphere tablet 200mg</i>	1	
<i>ribavirin tablet 200mg</i>	1	
<i>sofosbuvir/velpatasvir</i>	1	QL (84 EA per 365 days) PA NDS
SOVALDI TABLET	3	QL (336 EA per 365 days) PA NDS
SOVALDI PACKET 150MG	3	QL (168 EA per 365 days) PA NDS
SOVALDI PACKET 200MG	3	QL (336 EA per 365 days) PA NDS
VIEKIRA PAK	3	QL (672 EA per 365 days) PA NDS
VOSEVI	3	QL (84 EA per 365 days) PA NDS
ZEPATIER	3	QL (112 EA per 365 days) PA NDS
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
BIKTARVY	3	QL (30 EA per 30 days) NDS
CABENUVA	3	NDS
DOVATO	3	QL (30 EA per 30 days) NDS
GENVOYA	3	QL (30 EA per 30 days) NDS
ISENTRESS HD	3	NDS
ISENTRESS PACKET, TABLET	3	NDS
ISENTRESS TABLET CHEWABLE 25MG	2	
ISENTRESS TABLET CHEWABLE 100MG	3	NDS
JULUCA	3	QL (30 EA per 30 days) NDS
STRIBILD	3	QL (30 EA per 30 days) NDS
TIVICAY PD	3	NDS
TIVICAY TABLET 10MG	3	
TIVICAY TABLET 25MG, 50MG	3	NDS
VOCABRIA	3	NDS
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA	3	QL (30 EA per 30 days) NDS
COMPLERA	3	QL (30 EA per 30 days) NDS
DELSTRIGO	3	QL (30 EA per 30 days) NDS
EDURANT	3	NDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days) NDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days) NDS
<i>etravirine</i>	1	NDS
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	3	NDS
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
PIFELTRO	3	NDS
SUSTIVA TABLET	3	NDS
SUSTIVA CAPSULE 200MG	3	NDS
SYMFI	3	QL (30 EA per 30 days) NDS
SYMFI LO	3	QL (30 EA per 30 days) NDS
VIRAMUNE XR TABLET EXTENDED RELEASE 24 HOUR 400MG	3	NDS
VIRAMUNE TABLET	3	NDS
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	QL (30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	QL (60 EA per 30 days) NDS
CIMDUO	3	QL (30 EA per 30 days) NDS
COMBIVIR	3	QL (60 EA per 30 days) NDS
DESCOVY	3	QL (30 EA per 30 days) NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>didanosine capsule delayed release 200mg, 250mg, 400mg</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine/tenofovir disoproxil</i>	1	QL (30 EA per 30 days) NDS
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days) NDS
EMTRIVA SOLUTION	3	
EPZICOM	3	QL (30 EA per 30 days) NDS
<i>lamivudine/zidovudine</i>	1	QL (60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	1	
<i>lamivudine tablet 150mg, 300mg</i>	1	
ODEFSEY	3	QL (30 EA per 30 days) NDS
RETROVIR IV INFUSION	3	
<i>stavudine capsule</i>	1	
TEMIXYS	3	QL (30 EA per 30 days) NDS
<i>tenofovir disoproxil fumarate</i>	1	
TRIUMEQ	3	QL (30 EA per 30 days) NDS
TRIUMEQ PD	3	QL (180 EA per 30 days) NDS
TRIZIVIR	3	QL (60 EA per 30 days) NDS
TRUVADA	3	QL (30 EA per 30 days) NDS
VIDEX PEDIATRIC SOLUTION RECONSTITUTED 2GM	3	
VIREAD	3	NDS
<i>zidovudine</i>	1	
Anti-HIV Agents, Other		
FUZEON	3	NDS
<i>maraviroc</i>	1	NDS
RUKOBIA	3	NDS
SELZENTRY SOLUTION	3	NDS
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 150MG, 300MG, 75MG	3	NDS
TROGARZO	3	NDS
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	3	NDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate capsule 300mg</i>	1	
EVOTAZ	3	QL (30 EA per 30 days) NDS
<i>fosamprenavir calcium</i>	1	NDS
INVIRASE TABLET	3	NDS
KALETRA SOLUTION	3	NDS
KALETRA TABLET 200MG; 50MG	3	NDS
LEXIVA SUSPENSION	3	
LEXIVA TABLET	3	NDS
<i>lopinavir/ritonavir</i>	1	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	3	QL (30 EA per 30 days) NDS

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSPENSION	3	NDS
PREZISTA TABLET 75MG	3	
PREZISTA TABLET 150MG, 600MG, 800MG	3	NDS
REYATAZ	3	NDS
<i>ritonavir</i>	1	
SYMTUZA	3	QL (30 EA per 30 days) NDS
VIRACEPT	3	NDS
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	1	
<i>oseltamivir phosphate capsule 75mg</i>	1	QL (110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	1	QL (84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL (1080 ML per 365 days)
RAPIVAB	3	NDS
RELENZA DISKHALER	3	QL (240 EA per 365 days)
<i>rimantadine hydrochloride</i>	1	
TAMIFLU CAPSULE 75MG	3	QL (110 EA per 365 days)
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days)
TAMIFLU CAPSULE 45MG	3	QL (84 EA per 365 days)
TAMIFLU SUSPENSION RECONSTITUTED 6MG/ML	3	QL (1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	2	QL (2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	2	QL (4 EA per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	
<i>acyclovir suspension 200mg/5ml</i>	1	
<i>acyclovir tablet 400mg, 800mg</i>	1	
<i>famciclovir tablet</i>	1	
SITAVIG	3	QL (2 EA per 30 days) NDS
<i>valacyclovir hcl tablet 1gm</i>	1	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	1	QL (120 EA per 30 days)
VALTREX	3	QL (120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg, 30mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	1	
<i>hydroxyzine pamoate capsule</i>	1	
Benzodiazepines		
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam odt tablet disintegrating 0.25mg, 0.5mg, 1mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam odt tablet disintegrating 2mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 2mg</i>	1	QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam xr tablet extended release 24 hour 0.5mg, 1mg</i>	1	QL (30 EA per 30 days)
<i>alprazolam xr tablet extended release 24 hour 3mg</i>	1	QL (90 EA per 30 days)
<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)
ATIVAN INJECTION	3	NDS
ATIVAN TABLET 2MG	3	QL (150 EA per 30 days) NDS
ATIVAN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) NDS
<i>chlordiazepoxide hcl capsule 5mg</i>	1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl capsule 10mg</i>	1	QL (900 EA per 30 days)
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	1	QL (360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	1	QL (720 EA per 30 days)
<i>diazepam intensol</i>	1	
<i>diazepam concentrate 5mg/ml</i>	1	
<i>diazepam injection 5mg/ml</i>	1	
<i>diazepam oral solution 5mg/5ml</i>	1	
<i>diazepam tablet 10mg</i>	1	QL (120 EA per 30 days)
<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>	1	
<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)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 2MG	3	QL (150 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1MG	3	QL (30 EA per 30 days)
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	3	QL (90 EA per 30 days)
<i>midazolam hcl injection 5mg/ml</i>	1	
<i>oxazepam</i>	1	QL (120 EA per 30 days)
TRANXENE T TABLET 7.5MG	3	QL (360 EA per 30 days)
VALIUM TABLET 10MG	3	QL (120 EA per 30 days)
VALIUM TABLET 5MG	3	QL (240 EA per 30 days)
VALIUM TABLET 2MG	3	QL (300 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (150 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	QL (30 EA per 30 days)
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (90 EA per 30 days)
XANAX TABLET 0.25MG, 0.5MG, 1MG	3	QL (120 EA per 30 days)
XANAX TABLET 2MG	3	QL (150 EA per 30 days) NDS
Bipolar Agents		
<i>Mood Stabilizers</i>		
DEPAKENE SOLUTION	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate capsule, tablet</i>	1	
LITHOBID	3	
<i>valproic acid capsule, solution</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	
ADLYXIN	3	QL (6 ML per 28 days) ST
ADLYXIN STARTER PACK	3	QL (12 ML per 365 days) ST
<i>alogliptin</i>	1	QL (30 EA per 30 days) ST
<i>alogliptin/metformin hcl</i>	1	ST
<i>alogliptin/pioglitazone</i>	1	ST
BYDUREON BCISE	3	QL (3.4 ML per 28 days) ST
BYDUREON PEN	3	QL (4 EA per 28 days) ST
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 28 days) ST
BYETTA INJECTION 5MCG/0.02ML	3	QL (4.8 ML per 28 days) ST
CYCLOSET	3	
FARXIGA	2	
FORTAMET	3	NDS
<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	
GLUMETZA	3	PA NDS
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	ST
INVOKAMET	2	
INVOKAMET XR	2	
INVOKANA	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	QL (30 EA per 30 days)
JARDIANCE	3	ST
JENTADUETO	3	ST
JENTADUETO XR	3	ST
KAZANO	3	ST
KOMBIGLYZE XR	3	ST
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg, 500mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
<i>metformin hydrochloride tablet 625mg</i>	1	PA NDS
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
NESINA	3	QL (30 EA per 30 days) ST
ONGLYZA	3	QL (30 EA per 30 days) ST
OSENI	3	ST
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) ST
OZEMPIC INJECTION 2MG/1.5ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	2	QL (3 ML per 28 days) ST
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
PRANDIN TABLET 2MG	3	NDS
QTERN TABLET 5MG; 5MG	2	
<i>qtern tablet 10mg; 5mg</i>	2	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	2	QL (30 EA per 30 days) ST
RYBELSUS TABLET 3MG	2	QL (60 EA per 365 days) ST
SEGLUROMET	3	ST
SOLQUA 100/33	2	
STEGLATRO	3	ST
STEGLUJAN	3	ST
SYMLINPEN 120	3	PA NDS
SYMLINPEN 60	3	PA NDS
SYNJARDY	3	ST
SYNJARDY XR	3	ST
<i>tolbutamide</i>	1	
TRADJENTA	3	QL (30 EA per 30 days) ST
TRIJARDY XR	3	ST
TRULICITY	2	QL (2 ML per 28 days) ST
VICTOZA	2	QL (9 ML per 30 days) ST
XIGDUO XR	2	
XULTOPHY 100/3.6	3	ST
ZEGALOGUE	3	ST
Glycemic Agents		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide suspension</i>	1	NDS
GLUCAGEN HYPOKIT	3	ST
<i>glucagon emergency kit</i>	1	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	1	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT	2	
GVOKE PFS	2	
<i>Insulins</i>		
ADMELOG	3	ST
ADMELOG SOLOSTAR	3	ST
AFREZZA POWDER 4UNIT, 8UNIT	3	PA
AFREZZA POWDER 0, 12UNIT	3	PA NDS
BASAGLAR KWIKPEN	3	ST
FIASP	3	ST
FIASP FLEXTOUCH	3	ST
FIASP PENFILL	3	ST
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
<i>insulin aspart protamine/insulin aspart flexpen</i>	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXTOUCH	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
<i>argatroban/sodium chloride</i>	1	NDS
<i>argatroban injection 250mg/2.5ml, 50mg/50ml</i>	1	NDS
ARIXTRA INJECTION 5MG/0.4ML	3	QL (14 ML per 90 days) NDS
ARIXTRA INJECTION 2.5MG/0.5ML	3	QL (17.5 ML per 90 days) NDS
ARIXTRA INJECTION 7.5MG/0.6ML	3	QL (21 ML per 90 days) NDS
ARIXTRA INJECTION 10MG/0.8ML	3	QL (28 ML per 90 days) NDS
BEVYXXA	3	QL (43 EA per 180 days)
CEPROTIN	3	NDS
DABIGATRAN ETEXILATE CAPSULE 150MG	3	QL (60 EA per 30 days)
<i>dabigatran etexilate capsule 75mg</i>	1	QL (60 EA per 30 days)
ELIQUIS STARTER PACK	2	QL (148 EA per 365 days)
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days)
ELIQUIS TABLET 5MG	2	QL (90 EA per 30 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	1	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	1	QL (105 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	1	QL (14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	1	QL (21 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml, 80mg/0.8ml</i>	1	QL (28 ML per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 150mg/ml</i>	1	QL (35 ML per 90 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	1	QL (14 ML per 90 days) NDS
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	QL (17.5 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	1	QL (21 ML per 90 days) NDS
<i>fondaparinux sodium injection 10mg/0.8ml</i>	1	QL (28 ML per 90 days) NDS
FRAGMIN INJECTION 7500UNIT/0.3ML	3	QL (10.5 ML per 90 days) NDS
FRAGMIN INJECTION 12500UNIT/0.5ML	3	QL (17.5 ML per 90 days) NDS
FRAGMIN INJECTION 15000UNIT/0.6ML	3	QL (21 ML per 90 days) NDS
FRAGMIN INJECTION 95000UNIT/3.8ML	3	QL (22.8 ML per 90 days) NDS
FRAGMIN INJECTION 18000UNT/0.72ML	3	QL (25.3 ML per 90 days) NDS
FRAGMIN INJECTION 10000UNIT/ML	3	QL (35 ML per 90 days) NDS

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FRAGMIN INJECTION 2500UNIT/0.2ML	3	QL (7 ML per 90 days)
FRAGMIN INJECTION 5000UNIT/0.2ML	3	QL (7 ML per 90 days) NDS
<i>heparin sodium/dextrose injection 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	1	
<i>heparin sodium injection 5000unit/ml</i>	1	
<i>jantoven</i>	1	
LOVENOX INJECTION 30MG/0.3ML	3	QL (10.5 ML per 90 days)
LOVENOX INJECTION 300MG/3ML	3	QL (105 ML per 90 days) NDS
LOVENOX INJECTION 40MG/0.4ML	3	QL (14 ML per 90 days)
LOVENOX INJECTION 60MG/0.6ML	3	QL (21 ML per 90 days) NDS
LOVENOX INJECTION 120MG/0.8ML, 80MG/0.8ML	3	QL (28 ML per 90 days) NDS
LOVENOX INJECTION 100MG/ML, 150MG/ML	3	QL (35 ML per 90 days) NDS
PRADAXA	3	QL (60 EA per 30 days)
TISSEEL KIT	3	NDS
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	2	QL (102 EA per 365 days)
XARELTO SUSPENSION RECONSTITUTED	3	QL (600 ML per 30 days) NDS
XARELTO TABLET 10MG, 20MG	2	QL (30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	2	QL (60 EA per 30 days)
Blood Products and Modifiers, Other		
ADAKVEO	3	PA NDS
<i>anagrelide hydrochloride</i>	1	
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML	3	PA
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	3	PA NDS
EPOGEN INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
EPOGEN INJECTION 20000UNIT/ML	3	PA NDS
FULPHILA	3	PA NDS
GRANIX	3	ST NDS
LEUKINE INJECTION 250MCG	3	PA NDS
MOZOBIL	3	QL (38.4 ML per 365 days) PA NDS
MULPLETA	3	PA NDS
NEULASTA	3	PA NDS
NEULASTA ONPRO KIT	3	PA NDS
NEUPOGEN	3	ST NDS
NIVESTYM	3	ST NDS
NPLATE	3	PA NDS
NYVEPRIA	3	PA NDS
OXBRYTA TABLET	3	QL (150 EA per 30 days) PA NDS
OXBRYTA TABLET SOLUBLE	3	QL (240 EA per 30 days) PA NDS

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PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 40000UNIT/ML	3	PA NDS
PROMACTA	3	PA NDS
PYRUKYND TAPER PACK	3	QL (30 EA per 30 days) PA NDS
PYRUKYND TABLET 50MG	3	QL (120 EA per 30 days) PA NDS
PYRUKYND TABLET 20MG, 5MG	3	QL (60 EA per 30 days) PA NDS
REBLOZYL	3	PA NDS
RELEUKO	3	ST NDS
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
RETACRIT INJECTION 40000UNIT/ML	3	PA NDS
UDENYCA	3	PA NDS
ZARXIO	3	NDS
ZIEXTENZO	3	PA NDS
Hemostasis Agents		
AMICAR SOLUTION, TABLET	3	NDS
<i>aminocaproic acid solution, tablet</i>	1	NDS
<i>tranexamic acid tablet</i>	1	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	1	
<i>aspirin/dipyridamole er</i>	1	
<i>aspirin/omeprazole</i>	1	QL (30 EA per 30 days)
BRILINTA	2	
CABLIVI	3	QL (30 EA per 30 days) PA NDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
DOPTELET	3	PA NDS
<i>eptifibatide injection 200mg/100ml, 20mg/10ml, 75mg/100ml</i>	1	NDS
INTEGRILIN	3	NDS
KENGREAL	3	NDS
<i>prasugrel</i>	1	
TAVALISSE	3	PA NDS
YOSPRALA	3	QL (30 EA per 30 days) NDS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	1	
<i>clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>droxidopa</i>	1	PA NDS
<i>guanfacine hcl</i>	1	
<i>methyldopa tablet 250mg, 500mg</i>	1	
<i>midodrine hcl</i>	1	
NORTHERA	3	PA NDS

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Alpha-adrenergic Blocking Agents		
DIBENZYLINE	3	PA NDS
<i>phenoxybenzamine hydrochloride</i>	1	PA NDS
<i>prazosin hydrochloride capsule</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	3	
<i>eprosartan mesylate</i>	1	
<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>valsartan solution</i>	1	ST NDS
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate solution, tablet</i>	1	
EPANED SOLUTION	3	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	NDS
<i>quinapril hcl tablet 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC TABLET 20MG	3	NDS
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	1	
BETAPACE AF TABLET 120MG	3	
BETAPACE AF TABLET 160MG	3	NDS
BETAPACE TABLET 120MG, 160MG, 80MG	3	NDS
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin solution</i>	1	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	1	
<i>disopyramide phosphate capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	

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<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NEXTERONE INJECTION 360MG/200ML; 41.4MG/ML	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>quinidine sulfate tablet</i>	1	
RYTHMOL SR CAPSULE EXTENDED RELEASE 12 HOUR 325MG, 425MG	3	NDS
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af) tablet 80mg</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>sotalol hydrochloride af</i>	1	
<i>sotalol hydrochloride injection</i>	1	NDS
<i>sotalol hydrochloride tablet 160mg, 80mg</i>	1	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	1	
<i>acebutolol hydrochloride</i>	1	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
HEMANGEOL	3	NDS
INDERAL LA	3	NDS
INDERAL XL	3	NDS
INNOPRAN XL	3	NDS
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>nebivolol tablet 10mg, 20mg, 5mg</i>	1	
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>afeditab cr</i>	1	

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<i>amlodipine besylate tablet</i>	1	
CLEVIPREX	3	NDS
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl capsule</i>	1	
<i>nifedical xl</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine capsule</i>	1	
NORLIQVA	3	ST
NYMALIZE SOLUTION 60MG/20ML, 6MG/ML	3	NDS
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 300MG	3	
CARDIZEM CD CAPSULE EXTENDED RELEASE 24 HOUR 180MG, 240MG, 360MG	3	NDS
CARDIZEM TABLET 120MG, 60MG	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet</i>	1	
<i>diltiazem hydrochloride er</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
<i>verapamil hcl er tablet extended release</i>	1	
<i>verapamil hcl sr capsule extended release 24 hour</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride tablet</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	NDS
ADRENALIN INJECTION 1MG/ML	3	
<i>aliskiren</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
ASPRUZYU SPRINKLE	3	QL (60 EA per 30 days) ST
<i>atenolol/chlorthalidone</i>	1	

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<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	3	QL (30 EA per 30 days) PA NDS
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	1	
CONSENSI	3	QL (30 EA per 30 days) NDS
CORLANOR SOLUTION	3	QL (450 ML per 30 days) PA
CORLANOR TABLET	3	QL (60 EA per 30 days) PA
DEFITELIO	3	NDS
DEMSER	3	PA NDS
<i>dobutamine hcl/d5w injection 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D
<i>dopamine hydrochloride</i>	1	B/D
<i>dopamine hydrochloride/dextrose</i>	1	B/D
<i>dopamine/d5w injection 5%; 3.2mg/ml</i>	1	B/D
EDARBYCLOR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	2	QL (60 EA per 30 days)
EVKEEZA	3	PA NDS
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
KERENDIA	3	QL (30 EA per 30 days) PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE	3	NDS
<i>metyrosine</i>	1	PA NDS
<i>milrinone lactate in dextrose</i>	1	B/D
<i>milrinone lactate injection 10mg/10ml, 20mg/20ml, 50mg/50ml</i>	1	B/D
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	

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<i>vecamyl</i>	3	NDS
VYNDAMAX	3	QL (30 EA per 30 days) PA NDS
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	1	
EDECRIN TABLET 25MG	3	NDS
<i>ethacrynate sodium</i>	1	NDS
<i>furosemide injection, oral solution, tablet</i>	1	
SOAANZ TABLET 40MG, 60MG	3	ST
SODIUM EDECRIN	3	NDS
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized</i>	1	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	
<i>fenofibric acid dr</i>	1	
FENOGLIDE TABLET 120MG	3	NDS
<i>gemfibrozil tablet</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	3	ST NDS
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	3	ST
FLOLIPID	3	ST
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
LIVALO	2	ST
<i>lovastatin tablet</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
SIMVASTATIN SUSPENSION	3	ST
<i>simvastatin tablet</i>	1	
ZYPITAMAG	3	ST
Dyslipidemics, Other		
<i>cholestyramine light</i>	1	
<i>colesevelam hydrochloride tablet</i>	1	
<i>colestipol hcl</i>	1	

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<i>ezetimibe</i>	1	
<i>ezetimibe/rosuvastatin</i>	1	ST
<i>ezetimibe/simvastatin</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID CAPSULE 10MG, 40MG, 5MG, 60MG	3	QL (30 EA per 30 days) PA NDS
JUXTAPID CAPSULE 20MG, 30MG	3	QL (60 EA per 30 days) PA NDS
LEQVIO	3	QL (3 ML per 180 days) PA
<i>lovaza</i>	3	
NEXLETOL	3	QL (30 EA per 30 days) PA
NEXLIZET	3	QL (30 EA per 30 days) PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
PRALUENT	2	QL (2 ML per 28 days) PA
<i>prevalite</i>	1	
REPATHA	2	QL (3 ML per 28 days) PA
REPATHA PUSHTRONEX SYSTEM	2	QL (7 ML per 28 days) PA
REPATHA SURECLICK	2	QL (3 ML per 28 days) PA
ROSZET	3	ST
VASCEPA	2	PA
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR	3	
ISORDIL TITRADOSE TABLET 5MG	3	
ISORDIL TITRADOSE TABLET 40MG	3	NDS
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	1	
<i>isosorbide dinitrate tablet 40mg</i>	1	NDS
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	3	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	3	
<i>nitroglycerin lingual</i>	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	
VERQUVO	3	QL (30 EA per 30 days) PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl injection</i>	1	
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>adderall</i>	3	QL (90 EA per 30 days)
ADDERALL XR	3	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (60 EA per 30 days)

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<i>amphetamine/dextroamphetamine tablet</i>	1	QL (90 EA per 30 days)
DESOXYN	3	QL (150 EA per 30 days) PA NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15MG	3	QL (120 EA per 30 days) NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10MG	3	QL (180 EA per 30 days) NDS
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5MG	3	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	1	QL (90 EA per 30 days)
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE	3	QL (30 EA per 30 days)
<i>methamphetamine hcl</i>	1	QL (150 EA per 30 days) PA NDS
<i>zenzedi tablet 10mg</i>	3	QL (180 EA per 30 days)
<i>zenzedi tablet 2.5mg, 7.5mg</i>	3	QL (240 EA per 30 days)
<i>zenzedi tablet 30mg</i>	3	QL (60 EA per 30 days)
<i>zenzedi tablet 15mg, 20mg, 5mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR	3	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 100mg, 18mg, 25mg</i>	1	QL (30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days)
<i>atomoxetine capsule 10mg</i>	1	QL (60 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 18MG, 27MG, 54MG	3	QL (30 EA per 30 days)
CONCERTA TABLET EXTENDED RELEASE 36MG	3	QL (60 EA per 30 days)
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISINTEGRATING 25.9MG	3	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl er capsule extended release 24 hour 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	1	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days)

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FOCALIN	3	QL (60 EA per 30 days)
FOCALIN XR	3	QL (30 EA per 30 days)
<i>guanfacine er</i>	1	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	1	
<i>metadate er tablet extended release 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl sr</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er (la)</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg, 72mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	1	QL (60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride solution</i>	1	
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	1	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	1	QL (90 EA per 30 days)
<i>relexxii</i>	1	QL (30 EA per 30 days)
RITALIN	3	QL (90 EA per 30 days)
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 30MG, 40MG	3	QL (30 EA per 30 days)
STRATTERA CAPSULE 100MG, 18MG, 25MG, 40MG, 60MG, 80MG	3	QL (30 EA per 30 days)
STRATTERA CAPSULE 10MG	3	QL (60 EA per 30 days)
Central Nervous System, Other		
<i>allzital</i>	3	
AUSTEDO	3	QL (120 EA per 30 days) PA NDS
<i>bupap tablet 300mg; 50mg</i>	3	NDS
<i>butalbital/acetaminophen</i>	1	
<i>butalbital/aspirin/caffeine capsule</i>	1	
<i>caffeine citrate solution 60mg/3ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hydrochloride injection 100mcg/ml, 500mcg/ml</i>	1	B/D
DURACLON INJECTION 100MCG/ML	3	B/D
EXSERVAN	3	PA NDS
FIORINAL CAPSULE	3	
FIRDAPSE	3	QL (240 EA per 30 days) PA NDS
INGREZZA CAPSULE THERAPY PACK	3	QL (56 EA per 365 days) PA NDS
INGREZZA CAPSULE 60MG, 80MG	3	QL (30 EA per 30 days) PA NDS
INGREZZA CAPSULE 40MG	3	QL (60 EA per 30 days) PA NDS
<i>marten-tab</i>	1	
NUEDEXTA	3	PA NDS
PRIALT	3	B/D NDS
QUVIVIQ	3	QL (30 EA per 30 days) PA
RADICAVA	3	PA NDS
RADICAVA ORS	3	QL (50 ML per 28 days) PA NDS
RADICAVA ORS STARTER KIT	3	QL (140 ML per 365 days) PA NDS
RILUTEK	3	PA NDS
<i>riluzole</i>	1	PA
<i>tencon tablet 325mg; 50mg</i>	1	
<i>tetrabenazine tablet 12.5mg</i>	1	PA
<i>tetrabenazine tablet 25mg</i>	1	PA NDS
TIGLUTIK	3	PA NDS
<i>vanatol lq</i>	1	NDS
<i>vanatol s</i>	1	NDS
<i>vtol lq</i>	3	NDS
XENAZINE	3	PA NDS
ZTALMY	3	PA NDS
<i>Fibromyalgia Agents</i>		
LYRICA SOLUTION	3	QL (900 ML per 30 days)
LYRICA CAPSULE 300MG	3	QL (60 EA per 30 days)
LYRICA CAPSULE 100MG, 150MG, 200MG, 225MG, 25MG, 50MG, 75MG	3	QL (90 EA per 30 days)
<i>pregabalin capsule 300mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin solution</i>	1	QL (900 ML per 30 days)
SAVELLA	2	QL (60 EA per 30 days)
SAVELLA TITRATION PACK	2	QL (110 EA per 365 days)
<i>Multiple Sclerosis Agents</i>		
AMPYRA	3	QL (60 EA per 30 days) PA NDS
AUBAGIO	3	QL (30 EA per 30 days) PA NDS
AVONEX PEN	3	QL (4 EA per 28 days) PA NDS
AVONEX INJECTION 30MCG/0.5ML	3	QL (4 EA per 28 days) PA NDS
BAFIERTAM	3	QL (120 EA per 30 days) PA NDS
BETASERON	3	QL (15 EA per 30 days) PA NDS

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE INJECTION 40MG/ML	3	QL (12 ML per 28 days) PA NDS
COPAXONE INJECTION 20MG/ML	3	QL (30 ML per 30 days) PA NDS
<i>dalfampridine er</i>	1	QL (60 EA per 30 days) PA
<i>dimethyl fumarate</i>	1	QL (60 EA per 30 days) PA NDS
<i>dimethyl fumarate starterpack</i>	1	QL (120 EA per 365 days) PA NDS
EXTAVIA	3	QL (15 EA per 30 days) PA NDS
GILENYA	3	QL (30 EA per 30 days) PA NDS
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA NDS
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA NDS
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA NDS
<i>glatopa injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA NDS
KESIMPTA	3	QL (0.4 ML per 28 days) PA NDS
MAVENCLAD	3	PA NDS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (14 EA per 365 days) PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	3	QL (24 EA per 365 days) PA NDS
MAYZENT TABLET 0.25MG	3	QL (120 EA per 30 days) PA NDS
MAYZENT TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA NDS
<i>mitoxantrone hcl injection 2mg/ml</i>	1	PA
OCREVUS	3	QL (40 ML per 365 days) PA NDS
PLEGRIDY	3	QL (1 ML per 28 days) PA NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL (2 ML per 365 days) PA NDS
PLEGRIDY STARTER PACK INJECTION 0	3	QL (4 ML per 365 days) PA NDS
PONVORY	3	QL (30 EA per 30 days) PA NDS
PONVORY 14-DAY STARTER PACK	3	QL (28 EA per 365 days) PA NDS
REBIF	3	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE	3	QL (6 ML per 28 days) PA NDS
REBIF REBIDOSE TITRATION PACK	3	QL (8.4 ML per 365 days) PA NDS
REBIF TITRATION PACK	3	QL (8.4 ML per 365 days) PA NDS
TECFIDERA	3	QL (60 EA per 30 days) PA NDS
TECFIDERA STARTER PACK	3	QL (120 EA per 365 days) PA NDS
TYSABRI	3	PA NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	3	QL (120 EA per 30 days) PA NDS
VUMERITY CAPSULE DELAYED RELEASE 231MG	3	QL (212 EA per 365 days) PA NDS
ZEPOSIA	3	QL (30 EA per 30 days) PA NDS
ZEPOSIA 7-DAY STARTER PACK	3	QL (14 EA per 365 days) PA NDS
ZEPOSIA STARTER KIT	3	QL (74 EA per 365 days) PA NDS
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
ARESTIN	3	NDS
<i>chlorhexidine gluconate oral rinse</i>	1	
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	1	

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KEPIVANCE	3	NDS
<i>lidocaine hcl mouth/throat solution 4%</i>	1	QL (250 ML per 30 days) PA
<i>lidocaine viscous</i>	1	
<i>oralone dental paste</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA	3	PA NDS
ABSORICA LD	3	PA NDS
<i>accutane</i>	1	PA
<i>acitretin</i>	1	
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	
<i>adapalene/benzoyl peroxide pad</i>	1	NDS
<i>adapalene pad, solution</i>	1	NDS
<i>amnesteem</i>	1	PA
ATRALIN	3	PA
AVITA	3	PA
<i>azelaic acid</i>	1	
<i>benzoyl peroxide forte- hc</i>	1	NDS
<i>claravis</i>	1	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	1	
FINACEA FOAM	2	QL (50 GM per 30 days)
<i>isotretinoin capsule</i>	1	PA
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
MIRVASO	3	PA
<i>myorisan</i>	1	PA
NORITATE	3	NDS
RETIN-A	3	PA
RETIN-A MICRO PUMP GEL 0.1%	3	PA
RETIN-A MICRO PUMP GEL 0.04%, 0.08%	3	PA NDS
RETIN-A MICRO GEL 0.1%	3	PA
RETIN-A MICRO GEL 0.04%, 0.06%	3	PA NDS
<i>rosadan</i>	1	
SORIATANE CAPSULE 10MG, 25MG	3	NDS
<i>tazarotene cream</i>	1	
<i>tretinoin microsphere</i>	1	PA
<i>tretinoin microsphere pump</i>	1	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>zenatane</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>Dermatitis and Pruritus Agents</i>		
<i>ala-cort cream 2.5%</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide lotion</i>	1	
<i>ammonium lactate cream, lotion</i>	1	
<i>apexicon e</i>	3	NDS
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	
<i>betamethasone dipropionate cream, lotion, ointment</i>	1	
<i>betamethasone valerate cream, lotion, ointment</i>	1	
CIBINQO	3	QL (30 EA per 30 days) PA NDS
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate gel, ointment, shampoo, solution</i>	1	
CLOBEX LOTION, SHAMPOO	3	NDS
CORDRAN TAPE	3	
CORDRAN LOTION	3	NDS
CORDRAN CREAM 0.05%	3	NDS
CORDRAN OINTMENT 0.05%	3	
<i>cormax scalp application</i>	1	
CUTIVATE LOTION	3	NDS
<i>desonide cream</i>	1	
<i>desonide ointment</i>	1	QL (120 GM per 30 days)
<i>desoximetasone cream</i>	1	QL (100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	1	
<i>doxepin hydrochloride cream 5%</i>	1	QL (90 GM per 30 days) PA
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide ointment 0.025%</i>	1	
<i>fluocinolone acetonide solution 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide cream 0.1%</i>	1	QL (120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	1	
<i>flurandrenolide ointment</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate ointment 0.005%</i>	1	
HALOBETASOL PROPIONATE FOAM	3	NDS
<i>halobetasol propionate cream, ointment</i>	1	
<i>hydrocortisone 1% in absorbase</i>	1	QL (100 GM per 30 days)
<i>hydrocortisone in absorbase</i>	1	QL (100 GM per 30 days)
<i>hydrocortisone valerate cream</i>	1	QL (60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone ointment 2.5%</i>	1	

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<i>hydrocortisone ointment 1%</i>	1	QL (100 GM per 30 days)
IMPOYZ	3	NDS
KENALOG AEROSOL SOLUTION	3	NDS
LEXETTE	3	NDS
LOCOID LOTION	3	NDS
<i>lokara</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate ointment 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i>	1	
OLUX-E	3	NDS
OPZELURA	3	QL (240 GM per 30 days) PA NDS
PANDEL	3	NDS
PRUDOXIN	3	QL (90 GM per 30 days) PA
<i>selenium sulfide</i>	1	
SERNIVO	3	NDS
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	
<i>topicort cream</i>	3	QL (100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	
<i>triderm cream 0.1%</i>	1	
ULTRAVATE LOTION	3	NDS
VANOS	3	QL (120 GM per 30 days) NDS
VERDESO	3	NDS
ZONALON	3	QL (90 GM per 30 days) PA
<i>Dermatological Agents, Other</i>		
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 30 days)
<i>calcipotriene/betamethasone dipropionate suspension</i>	1	QL (400 GM per 30 days) NDS
<i>calcipotriene foam</i>	1	
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days)
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days)
<i>calcitrene</i>	3	QL (120 GM per 30 days)
CARAC	3	NDS
<i>clotrimazole/betamethasone dipropionate cream</i>	1	
<i>diclofenac sodium gel 3%</i>	1	QL (300 GM per 30 days) ST
DOVONEX CREAM	3	QL (120 GM per 30 days) NDS
DUOBRII	3	PA NDS
EFUDEX CREAM	3	QL (40 GM per 30 days)
ENSTILAR	3	QL (420 GM per 28 days) NDS
FLUOROPLEX CREAM	3	NDS
<i>fluorouracil cream 0.5%</i>	1	NDS
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days)
<i>fluorouracil external solution 2%, 5%</i>	1	
<i>hydrocortisone acetate/pramoxine hydrochloride suppository</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod pump</i>	1	NDS
<i>imiquimod cream 5%</i>	1	
<i>imiquimod cream 3.75%</i>	1	NDS
KLISYRI	3	ST NDS
<i>methoxsalen capsule</i>	1	NDS
<i>neo-synalar</i>	3	NDS
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetone ointment</i>	1	
OTEZLA TABLET 30MG	3	QL (60 EA per 30 days) PA NDS
OXSORALEN ULTRA	3	NDS
PICATO	3	ST NDS
<i>podofilox</i>	1	
RADIAURA	3	NDS
REGRANEX	3	PA NDS
SANTYL	3	
<i>silver sulfadiazine</i>	1	
SORILUX	3	
<i>ssd</i>	1	
TACLONEX	3	QL (400 GM per 30 days) NDS
<i>urea lotion 40%</i>	1	
UREVAZ	3	NDS
VECTICAL	3	
VEREGEN	3	NDS
VTAMA	3	PA NDS
WINLEVI	3	PA
WYNZORA	3	QL (420 GM per 28 days) NDS
XERESE	3	NDS
ZYCLARA	3	NDS
ZYCLARA PUMP	3	NDS
<i>Dermatological Agents</i>		
UVADEX	3	NDS
<i>Pediculicides/Scabicides</i>		
<i>ivermectin cream 1%</i>	1	QL (45 GM per 30 days)
<i>malathion</i>	1	
<i>permethrin cream</i>	1	
SOOLANTRA	3	QL (45 GM per 30 days)
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	1	QL (5 GM per 30 days)
<i>acyclovir ointment 5%</i>	1	
ACZONE GEL 5%	3	NDS
<i>benzoyl peroxide gel 6.5%</i>	1	NDS
CENTANY OINTMENT	3	QL (110 GM per 30 days)
<i>ciclodan cream</i>	1	
<i>ciclodan solution</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox nail lacquer</i>	1	PA
<i>ciclopirox olamine</i>	1	
<i>ciclopirox gel, shampoo, suspension</i>	1	
CLEOCIN-T LOTION	3	QL (75 ML per 30 days)
CLINDAGEL	3	NDS
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days)
<i>dapsone gel 7.5%</i>	1	
DENAVIR	3	NDS
EPSOLAY	3	PA
<i>ery</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pad 2%</i>	1	
<i>erythromycin solution 2%</i>	1	
EVOCLIN	3	NDS
<i>mafenide acetate</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin ointment</i>	1	QL (110 GM per 30 days)
PENLAC NAIL LACQUER	3	PA NDS
SULFAMYLON PACKET 5%	3	NDS
ZOVIRAX OINTMENT	3	
ZOVIRAX CREAM	3	QL (5 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</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, 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	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	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; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CARBAGLU	3	NDS
<i>carglumic acid</i>	1	NDS
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
<i>dextrose 5%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>effer-k tablet effervescent 25meq</i>	1	
FREAMINE HBC 6.9%	3	B/D
FREAMINE III INJECTION 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE INJECTION 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	B/D
<i>k-sol solution 10%</i>	1	
KABIVEN	3	B/D
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
<i>magnesium sulfate injection 50%</i>	1	
NEPHRAMINE	3	B/D
PERIKABIVEN	3	B/D NDS
<i>plenamine</i>	1	B/D
<i>potassium chloride er</i>	1	
<i>potassium chloride sr tablet extended release 8meq</i>	1	
<i>potassium citrate er</i>	1	
<i>premasol injection 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml</i>	3	B/D
PROCALAMINE	3	B/D
PROSOL	3	B/D
<i>sodium bicarbonate/dextrose</i>	1	
<i>sodium bicarbonate injection 4.2%, 8.4%</i>	1	
<i>sodium chloride 0.45% injection</i>	1	
<i>sodium chloride injection 0.45%, 0.9%</i>	1	
SYNTHAMIN 17	3	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE INJECTION 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	NDS
<i>clovique</i>	1	PA NDS
CUPRIMINE CAPSULE 250MG	3	PA NDS
<i>deferasirox packet</i>	1	PA NDS
<i>deferasirox tablet soluble 500mg</i>	1	PA
<i>deferasirox tablet soluble 125mg, 250mg</i>	1	PA NDS
<i>deferasirox tablet 360mg, 90mg</i>	1	PA
<i>deferasirox tablet 180mg</i>	1	PA NDS
<i>deferiprone</i>	1	PA NDS
DEPEN TITRATABS	3	NDS
EXJADE	3	PA NDS
FERRIPROX	3	PA NDS
FERRIPROX TWICE-A-DAY	3	PA NDS
JADENU	3	PA NDS
JADENU SPRINKLE	3	PA NDS
JYNARQUE TABLET	3	QL (120 EA per 30 days) PA NDS
JYNARQUE TABLET THERAPY PACK	3	QL (56 EA per 28 days) PA NDS
<i>kionex powder 0</i>	1	
<i>penicillamine tablet</i>	1	NDS
<i>penicillamine capsule</i>	1	PA NDS
SAMSCA TABLET 15MG	3	QL (30 EA per 30 days) PA NDS
SAMSCA TABLET 30MG	3	QL (60 EA per 30 days) PA NDS
<i>sodium polystyrene sulfonate powder 0</i>	1	
SYPRINE	3	PA NDS
<i>tolvaptan tablet 15mg</i>	1	QL (30 EA per 30 days) PA NDS
<i>tolvaptan tablet 30mg</i>	1	QL (60 EA per 30 days) PA NDS
<i>trientine hydrochloride</i>	1	PA NDS
Phosphate Binders		
AURYXIA	3	PA NDS
<i>calcium acetate capsule</i>	1	
FOSRENOL PACKET	3	NDS
FOSRENOL TABLET CHEWABLE 1000MG, 500MG, 750MG	3	NDS
<i>lanthanum carbonate</i>	1	
RENAGEL TABLET 800MG	3	NDS
REVELA	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate tablet</i>	1	
<i>sevelamer carbonate packet</i>	1	NDS
VELPHORO	3	NDS
Potassium Binders		
<i>kionex suspension 15gm/60ml</i>	1	
LOKELMA	3	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate suspension 15gm/60ml</i>	1	
<i>sps</i>	1	
VELTASSA	3	NDS
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	2	QL (60 EA per 30 days)
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
IBSRELA	3	QL (60 EA per 30 days) PA NDS
<i>lactulose solution</i>	1	
LINZESS	2	QL (30 EA per 30 days)
<i>lubiprostone</i>	1	QL (60 EA per 30 days)
MOTEGRITY	2	QL (30 EA per 30 days)
<i>polyethylene glycol 3350 packet 17gm</i>	1	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	1	
RELISTOR TABLET	3	QL (90 EA per 30 days) ST NDS
RELISTOR INJECTION 8MG/0.4ML	3	QL (12 ML per 30 days) ST NDS
RELISTOR INJECTION 12MG/0.6ML	3	QL (18 ML per 30 days) ST NDS
TRULANCE	3	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	1	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	1	
<i>loperamide hcl capsule</i>	1	
LOTRONEX	3	PA NDS
MYTESI	3	QL (60 EA per 30 days) NDS
VIBERZI	3	QL (60 EA per 30 days) PA NDS
XERMELO	3	QL (90 EA per 30 days) PA NDS
Antispasmodics, Gastrointestinal		
<i>belladonna/opium</i>	1	NDS
<i>chlordiazepoxide hcl/clidinium bromide</i>	1	
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	1	
CUVPOSA	3	PA
DARTISLA ODT	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hydrochloride capsule, tablet</i>	1	
GLYCATE	3	PA
<i>glycopyrrolate oral solution, tablet</i>	1	PA
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	1	
LIBRAX	3	NDS
ROBINUL FORTE	3	PA
ROBINUL TABLET	3	PA
Gastrointestinal Agents, Other		
ACTIGALL	3	
BYLVAY	3	PA NDS
BYLVAY (PELLETS)	3	PA NDS
<i>calcium disodium versenate</i>	1	NDS
<i>chenodal</i>	3	PA NDS
CLENPIQ	2	
GATTEX	3	PA NDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-h</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
GIMOTI	3	ST NDS
<i>helidac therapy</i>	3	NDS
<i>metoclopramide hcl injection, oral solution</i>	1	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>metoclopramide odt</i>	1	
MYALEPT	3	PA NDS
OALIVA	3	QL (30 EA per 30 days) PA NDS
<i>peg 3350/electrolytes</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
PYLERA	3	NDS
RECTIV	3	
<i>reltone</i>	3	NDS
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
SUPREP BOWEL PREP KIT	2	
<i>trilyte</i>	1	
<i>ursodiol capsule 200mg, 400mg</i>	1	NDS
<i>ursodiol tablet</i>	1	
XIFAXAN	3	PA NDS
ZELNORM TABLET 6MG	3	QL (60 EA per 30 days) PA
ZINPLAVA	3	NDS
ZORBTIVE	3	PA NDS

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Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
<i>nizatidine solution</i>	1	
<i>pepcid tablet 40mg</i>	3	
Protectants		
<i>misoprostol</i>	1	
<i>sucralfate suspension, tablet</i>	1	
Proton Pump Inhibitors		
ACIPHEX	3	QL (60 EA per 30 days)
ACIPHEX SPRINKLE CAPSULE SPRINKLE 10MG	3	QL (60 EA per 30 days)
DEXILANT	2	QL (30 EA per 30 days)
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium</i>	1	QL (60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	1	QL (60 EA per 30 days)
NEXIUM CAPSULE DELAYED RELEASE	3	QL (60 EA per 30 days)
NEXIUM PACKET 10MG, 20MG, 40MG	3	QL (60 EA per 30 days)
OMEPPi	3	QL (30 EA per 30 days) NDS
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole/sodium bicarbonate capsule</i>	1	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate packet</i>	1	QL (30 EA per 30 days) NDS
<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole sodium packet, tablet delayed release</i>	1	QL (60 EA per 30 days)
PREVACID CAPSULE DELAYED RELEASE	3	QL (60 EA per 30 days)
PROTONIX PACKET, TABLET DELAYED RELEASE	3	QL (60 EA per 30 days)
<i>rabeprazole sodium</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium dr sprinkle</i>	1	QL (60 EA per 30 days)
ZEGERID	3	QL (30 EA per 30 days) NDS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	3	PA NDS
AMONDYS 45	3	PA NDS
AMVUTTRA	3	QL (0.5 ML per 90 days) PA NDS
ARALAST NP INJECTION 500MG	3	PA
ARALAST NP INJECTION 1000MG	3	PA NDS
<i>betaine anhydrous</i>	1	NDS
BUPHENYL	3	NDS
CERDELGA	3	PA NDS
CEREZYME	3	PA NDS
CHOLBAM	3	PA NDS

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Drug Name	Drug Tier	Requirements/Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	
CRYSVITA	3	PA NDS
CYSTADANE	3	NDS
CYSTAGON	3	
ELAPRASE	3	PA NDS
ELELYSO	3	PA NDS
ENDARI	3	PA NDS
EVRYSDI	3	QL (240 ML per 30 days) PA NDS
EXONDYS 51	3	PA NDS
FABRAZYME	3	PA NDS
GALAFOLD	3	QL (14 EA per 28 days) PA NDS
GASTROCROM	3	NDS
GLASSIA	3	PA NDS
KANUMA	3	PA NDS
KEVEYIS	3	QL (120 EA per 30 days) PA NDS
KUVAN	3	PA NDS
LUMIZYME	3	PA NDS
MEPSEVII	3	PA NDS
<i>miglustat</i>	1	PA NDS
NAGLAZYME	3	PA NDS
NEXVIAZYME	3	PA NDS
<i>nitisinone</i>	1	NDS
NITYR	3	NDS
ONPATTRO	3	PA NDS
ORFADIN	3	NDS
PALYNZIQ INJECTION 10MG/0.5ML	3	QL (28 ML per 28 days) PA NDS
PALYNZIQ INJECTION 20MG/ML	3	QL (56 ML per 28 days) PA NDS
PALYNZIQ INJECTION 2.5MG/0.5ML	3	QL (8 ML per 28 days) PA NDS
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	ST
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 83900UNIT; 21000UNIT; 54700UNIT	3	ST NDS
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT	3	ST

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Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT, 90750UNIT; 24000UNIT; 86250UNIT	3	ST NDS
PROCYSBI	3	PA NDS
PROLASTIN-C	3	PA NDS
RAVICTI	3	PA NDS
REVCIVI	3	PA NDS
<i>sapropterin dihydrochloride</i>	1	PA NDS
<i>sodium phenylbutyrate powder, tablet</i>	1	NDS
SPINRAZA	3	PA NDS
STRENSIQ	3	PA NDS
SUCRAID	3	NDS
TEGSEDI	3	PA NDS
VILTEPSO	3	PA NDS
VIMIZIM	3	PA NDS
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	3	ST
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	3	ST NDS
VPRIV	3	PA NDS
VYNDAQEL	3	QL (120 EA per 30 days) PA NDS
VYONDYS 53	3	PA NDS
XIAFLEX	3	PA NDS
XURIDEN	3	QL (120 EA per 30 days) PA NDS
ZAVESCA	3	PA NDS
ZEMAIRA	3	PA NDS
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	2	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE PUMP	3	
GEMTESA	3	ST
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride syrup, tablet</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TOVIAZ	3	ST
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	
CIALIS TABLET 2.5MG, 5MG	3	QL (30 EA per 30 days) PA
<i>doxazosin mesylate</i>	1	
<i>dutasteride capsule</i>	1	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	1	
<i>tadalafil tablet 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	1	
ELMIRON	3	NDS
LITHOSTAT	3	NDS
THIOLA	3	NDS
THIOLA EC	3	NDS
<i>tiopronin</i>	1	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR	3	PA NDS
ALKINDI SPRINKLE CAPSULE SPRINKLE 1MG, 2MG, 5MG	3	NDS
<i>baycadron</i>	1	
<i>cortisone acetate tablet 25mg</i>	1	
CORTROPHIN	3	PA NDS
<i>deltasone tablet 20mg</i>	1	
<i>dexamethasone elixir, solution</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	3	PA NDS
<i>fludrocortisone acetate tablet</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	QL (28 EA per 28 days) PA
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate injection 500mg</i>	1	
<i>methylprednisolone tablet</i>	1	
<i>prednisolone sodium phosphate solution 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone solution</i>	1	
<i>prednisone solution, tablet therapy pack</i>	1	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	

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RAYOS	3	PA NDS
TRIAMCINOLONE ACETONIDE INJECTION 10MG/ML	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	1	PA
DDAVP NASAL SOLUTION	3	
DDAVP INJECTION 4MCG/ML	3	NDS
DDAVP TABLET 0.2MG	3	NDS
<i>desmopressin acetate tablet</i>	1	
<i>desmopressin acetate injection</i>	1	NDS
<i>desmopressin acetate nasal solution 0.01%, 0.1mg/ml</i>	1	
<i>desmopressin acetate nasal solution 1.5mg/ml</i>	1	NDS
EGRIFTA SV	3	QL (30 EA per 30 days) PA NDS
EGRIFTA INJECTION 2MG	3	QL (30 EA per 30 days) PA NDS
EGRIFTA INJECTION 1MG	3	QL (60 EA per 30 days) PA NDS
FENSOLVI	3	QL (1 EA per 168 days) PA NDS
GENOTROPIN	3	PA NDS
GENOTROPIN MINIQUICK	3	PA NDS
HUMATROPE COMBO PACK	3	PA NDS
HUMATROPE INJECTION 12MG, 24MG, 6MG	3	PA NDS
INCRELEX	3	PA NDS
NORDITROPIN FLEXPPO	3	PA NDS
NOVAREL	3	PA
NUTROPIN AQ NUSPIN 10	3	PA NDS
NUTROPIN AQ NUSPIN 20	3	PA NDS
NUTROPIN AQ NUSPIN 5	3	PA NDS
OMNITROPE	3	PA NDS
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	3	PA
SAIZEN	3	PA NDS
SAIZEN CLICK.EASY	3	PA NDS
SAIZENPREP RECONSTITUTIONKIT	3	PA NDS
SEROSTIM	3	PA NDS
SKYTROFA	3	PA NDS
STIMATE SOLUTION	3	NDS
ZOMACTON INJECTION 5MG	3	PA
ZOMACTON INJECTION 10MG	3	PA NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
<i>carboprost tromethamine</i>	1	NDS
HEMABATE	3	NDS
KORLYM	3	QL (120 EA per 30 days) PA NDS
PROSTIN E2	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50	3	PA NDS
<i>oxandrolone tablet 2.5mg</i>	1	QL (240 EA per 30 days) PA
<i>oxandrolone tablet 10mg</i>	1	QL (60 EA per 30 days) PA
Androgens		
ANDRODERM PATCH 24 HOUR 2MG/24HR, 4MG/24HR	2	PA
ANDROGEL	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
AVEED	3	PA
<i>danazol capsule</i>	1	
<i>depo-testosterone injection 100mg/ml, 200mg/ml</i>	3	PA
FORTESTA	3	PA
JATENZO CAPSULE 158MG, 198MG	3	PA
JATENZO CAPSULE 237MG	3	PA NDS
<i>methitest</i>	3	PA NDS
<i>methyltestosterone capsule</i>	1	PA NDS
NATESTO	3	PA
STRIANT	3	PA
TESTIM	3	PA
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate injection</i>	1	PA
<i>testosterone pump</i>	1	PA
<i>testosterone topical solution</i>	1	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	PA
<i>testosterone solution</i>	1	PA
VOGELXO	3	PA
VOGELXO PUMP	3	PA
XYOSTED	3	PA
Estrogens		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	QL (91 EA per 91 days)
<i>amethia lo</i>	1	QL (91 EA per 91 days)
<i>amethyst</i>	1	
ANNOVERA	3	QL (1 EA per 360 days)
<i>ashlyna</i>	1	QL (91 EA per 91 days)
<i>aubra</i>	1	
<i>aubra eq</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>bekyree</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>brielllyn</i>	1	
<i>camrese</i>	1	QL (91 EA per 91 days)
<i>camrese lo</i>	1	QL (91 EA per 91 days)
<i>chateal</i>	1	
<i>chateal eq</i>	1	
CLIMARA PRO	3	
<i>cryselle-28</i>	1	
<i>cyclafem 1/35</i>	1	
<i>cyclafem 7/7/7</i>	1	
<i>cyred</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	QL (91 EA per 91 days)
<i>delyla</i>	1	
<i>desogestrel/ethinyl estradiol</i>	1	
DIVIGEL GEL 0.5MG/0.5GM, 0.75MG/0.75GM, 1.25MG/1.25GM, 1MG/GM	3	
<i>dolishale</i>	1	
<i>dotti</i>	1	
<i>elinest</i>	1	
<i>enpresse-28</i>	1	
<i>estarylla</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol cream, patch twice weekly, patch weekly, oral tablet, vaginal tablet</i>	1	
ESTRING	3	QL (1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>fayosim</i>	1	QL (91 EA per 91 days)
FEMRING	3	QL (1 EA per 90 days)
<i>femynor</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fyavolv</i>	1	
<i>gildagia</i>	1	
<i>gildess 1.5/30</i>	1	
<i>gildess 1/20</i>	1	
<i>gildess 24 fe</i>	1	
<i>gildess fe 1.5/30</i>	1	
<i>gildess fe 1/20</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>iclevia</i>	1	QL (91 EA per 91 days)
IMVEXXY MAINTENANCE PACK	2	PA
IMVEXXY STARTER PACK	2	PA
<i>introvale</i>	1	QL (91 EA per 91 days)
<i>jevantique lo</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	QL (91 EA per 91 days)
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kimidess</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>larissia</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	1	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	1	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	1	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	1	QL (91 EA per 91 days)
<i>levora 0.15/30-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
<i>lomedica 24 fe</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lopreeza</i>	1	
LOSEASONIQUE	3	QL (91 EA per 91 days)
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyllana</i>	1	
<i>marlissa</i>	1	
<i>menest tablet 0.3mg, 0.625mg, 1.25mg</i>	3	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
<i>mono-linyah</i>	1	
<i>mononessa</i>	1	
<i>myzilra</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>necon 1/35</i>	1	
<i>necon 7/7/7</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	1	
<i>norgestimate/ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	
<i>pirmella 7/7/7</i>	1	
<i>portia-28</i>	1	
PREMARIN CREAM	2	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	1	
QUARTETTE	3	QL (91 EA per 91 days)
<i>quasense</i>	1	QL (91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rivelsa</i>	1	QL (91 EA per 91 days)
SEASONIQUE	3	QL (91 EA per 91 days)
<i>setlakin</i>	1	QL (91 EA per 91 days)
<i>simliya</i>	1	
<i>simpesse</i>	1	QL (91 EA per 91 days)
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-mili</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>trinessa</i>	1	
<i>trinessa lo</i>	1	
<i>trivora-28</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>yuvafem</i>	1	
<i>zenchent</i>	1	
<i>zenchent fe</i>	1	
<i>zovia 1/35</i>	1	
<i>zovia 1/35e</i>	1	
<i>zovia 1/50e</i>	1	
Progestins		
<i>camila</i>	1	
CRINONE	3	PA
<i>deblitane</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	QL (1 ML per 90 days)
DEPO-PROVERA INJECTION 400MG/ML	3	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104	3	QL (0.65 ML per 90 days)
ENDOMETRIN	3	PA
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone caproate injection</i>	1	PA NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>jolivette</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
MAKENA	3	PA NDS
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	1	QL (1 ML per 90 days)
MEGACE ES	3	PA NDS
<i>megestrol acetate suspension, tablet</i>	1	PA
<i>nora-be</i>	1	
<i>norethindrone acetate tablet</i>	1	
<i>norethindrone tablet</i>	1	
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>progesterone capsule</i>	1	
<i>sharobel</i>	1	
SKYLA	3	
<i>tulana</i>	1	
Selective Estrogen Receptor Modifying Agents		
<i>clomid</i>	1	PA
<i>clomiphene citrate tablet</i>	1	PA
OSPHENA	2	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	
<i>levothyroxine sodium injection</i>	1	NDS
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
<i>liothyronine sodium injection</i>	1	NDS
SYNTHROID TABLET	3	
TRIOSTAT	3	NDS
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	3	PA NDS
LYSODREN	3	NDS
RECORLEV	3	QL (240 EA per 30 days) PA NDS
Hormonal Agents, Suppressant (Pituitary)		

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Drug Name	Drug Tier	Requirements/Limits
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
BYNFEZIA PEN	3	PA NDS
<i>cabergoline</i>	1	
ELIGARD INJECTION 30MG	3	QL (1 EA per 112 days) PA
ELIGARD INJECTION 45MG	3	QL (1 EA per 168 days) PA
ELIGARD INJECTION 7.5MG	3	QL (1 EA per 28 days) PA
ELIGARD INJECTION 22.5MG	3	QL (1 EA per 84 days) PA
FIRMAGON INJECTION 80MG	3	QL (1 EA per 28 days) PA
FIRMAGON INJECTION 120MG/VIAL	3	QL (4 EA per 365 days) PA NDS
<i>lanreotide acetate</i>	1	PA NDS
<i>leuprolide acetate injection</i>	1	PA NDS
LUPANETA PACK KIT 3.75MG; 5MG	3	QL (1 EA per 28 days) PA NDS
LUPANETA PACK KIT 11.25MG; 5MG	3	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (1-MONTH)	3	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT (3-MONTH)	3	QL (1 EA per 84 days) PA NDS
LUPRON DEPOT (4-MONTH)	3	QL (1 EA per 112 days) PA NDS
LUPRON DEPOT (6-MONTH)	3	QL (1 EA per 168 days) PA NDS
LUPRON DEPOT-PED (1-MONTH)	3	QL (1 EA per 28 days) PA NDS
LUPRON DEPOT-PED (3-MONTH)	3	QL (1 EA per 84 days) PA NDS
MYCAPSSA	3	PA NDS
MYFEMBREE	3	QL (30 EA per 30 days) PA NDS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	1	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	1	PA NDS
ORGOVYX	3	PA NDS
ORIAHNN	3	QL (56 EA per 28 days) PA NDS
ORILISSA TABLET 150MG	3	QL (30 EA per 30 days) PA NDS
ORILISSA TABLET 200MG	3	QL (60 EA per 30 days) PA NDS
SANDOSTATIN LAR DEPOT	3	PA NDS
SANDOSTATIN INJECTION 50MCG/ML	3	PA
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	3	PA NDS
SIGNIFOR	3	QL (60 ML per 30 days) PA NDS
SIGNIFOR LAR	3	QL (1 EA per 28 days) PA NDS
SOMATULINE DEPOT	3	PA NDS
SOMAVERT	3	PA NDS
SUPPRELIN LA	3	QL (1 EA per 365 days) PA NDS
SYNAREL	3	NDS
TRELSTAR MIXJECT INJECTION 22.5MG	3	QL (1 EA per 168 days) PA NDS
TRELSTAR MIXJECT INJECTION 3.75MG	3	QL (1 EA per 28 days) PA NDS
TRELSTAR MIXJECT INJECTION 11.25MG	3	QL (1 EA per 84 days) PA NDS
TRELSTAR INJECTION 11.25MG	3	QL (1 EA per 84 days) PA NDS
TRIPTODUR	3	QL (1 EA per 168 days) PA NDS
VANTAS	3	QL (1 EA per 365 days) PA NDS
ZOLADEX INJECTION 3.6MG	3	QL (1 EA per 28 days) PA
ZOLADEX INJECTION 10.8MG	3	QL (1 EA per 84 days) PA

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Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	
<i>propylthiouracil tablet</i>	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	3	PA NDS
CINRYZE	3	PA NDS
FIRAZYR	3	PA NDS
HAEGARDA	3	PA NDS
<i>icatibant acetate</i>	1	PA NDS
KALBITOR	3	PA NDS
RUCONEST	3	PA NDS
<i>sajazir</i>	1	PA NDS
TAKHZYRO	3	PA NDS
<i>Immunoglobulins</i>		
ASCENIV	3	PA NDS
ATGAM	3	NDS
BIVIGAM INJECTION 10%, 5GM/50ML	3	PA NDS
CARIMUNE NANOFILTERED INJECTION 12GM, 6GM	3	PA NDS
CUTAQUIG	3	PA NDS
CUVITRU	3	PA NDS
CYTOGAM INJECTION 50MG/ML	3	PA NDS
FLEBOGAMMA DIF	3	PA NDS
GAMASTAN	2	PA
GAMMAGARD LIQUID	3	PA NDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA NDS
GAMMAKED	3	PA NDS
GAMMAPLEX	3	PA NDS
GAMUNEX-C	3	PA NDS
HEPAGAM B	3	B/D NDS
HIZENTRA	3	PA NDS
HYPERHEP B	3	B/D
HYPERRAB	3	B/D
HYPERRAB S/D INJECTION 1500UNIT/10ML, 300UNIT/2ML	3	B/D
HYQVIA	3	PA NDS
IMOGAM RABIES-HT	3	B/D
KEDRAB	3	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D NDS
OCTAGAM	3	PA NDS
PANZYGA	3	PA NDS
PRIVIGEN	3	PA NDS
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	3	PA NDS

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THYMOGLOBULIN	3	NDS
VARIZIG INJECTION 125UNIT/1.2ML	3	PA NDS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML, 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	NDS
XEMBIFY	3	PA NDS
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	3	PA NDS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	PA NDS
ACTEMRA INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA NDS
ADBRY	3	QL (4 ML per 28 days) PA NDS
ARCALYST	3	PA NDS
BENLYSTA INJECTION 200MG/ML	3	PA NDS
COSENTYX	3	PA NDS
COSENTYX SENSOREADY PEN	3	PA NDS
DUPIXENT INJECTION 100MG/0.67ML	3	QL (1.34 ML per 28 days) PA NDS
DUPIXENT INJECTION 200MG/1.14ML	3	QL (4.56 ML per 28 days) PA NDS
DUPIXENT INJECTION 300MG/2ML	3	QL (8 ML per 28 days) PA NDS
EMPAVELI	3	PA NDS
ENJAYMO	3	PA NDS
ENSPRYNG	3	PA NDS
ENTYVIO	3	PA NDS
GAMIFANT	3	PA NDS
ILARIS INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA NDS
ILUMYA	3	PA NDS
KEVZARA	3	PA NDS
KINERET	3	PA NDS
LEMTRADA	3	PA NDS
OLUMIANT TABLET 1MG, 2MG	3	QL (30 EA per 30 days) PA NDS
ORENCIA CLICKJECT	3	QL (4 ML per 28 days) PA NDS
ORENCIA INJECTION 125MG/ML, 50MG/0.4ML, 87.5MG/0.7ML	3	PA NDS
OTEZLA TABLET THERAPY PACK 0	3	QL (110 EA per 365 days) PA NDS
RIDAURA	3	NDS
RINVOQ	3	QL (30 EA per 30 days) PA NDS
SAPHNELO	3	PA NDS
SILIQ	3	PA NDS
SIMULECT	3	NDS
SKYRIZI	3	PA NDS
SKYRIZI PEN	3	PA NDS
SOLIRIS	3	PA NDS
STELARA INJECTION 130MG/26ML	3	PA NDS
STELARA INJECTION 45MG/0.5ML, 90MG/ML	3	QL (3 ML per 84 days) PA NDS
SYLVANT	3	PA NDS

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Drug Name	Drug Tier	Requirements/Limits
TALTZ	3	PA NDS
TEPEZZA	3	PA NDS
TREMFYA	3	PA NDS
ULTOMIRIS	3	PA NDS
XELJANZ XR	3	QL (30 EA per 30 days) PA NDS
XELJANZ SOLUTION	3	QL (300 ML per 30 days) PA NDS
XELJANZ TABLET	3	QL (60 EA per 30 days) PA NDS
XOLAIR	3	PA NDS
Immunostimulants		
ACTIMMUNE	3	PA NDS
INTRON A	3	PA NDS
INTRON A W/DILUENT INJECTION 10MU	3	PA NDS
PEG-INTRON REDIPEN INJECTION 50MCG/0.5ML	3	PA NDS
PEGASYS	3	PA NDS
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	3	PA NDS
PEGINTRON INJECTION 50MCG/0.5ML	3	PA NDS
Immunosuppressants		
ARAVA TABLET 10MG, 20MG	3	NDS
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	3	B/D NDS
AVSOLA	3	PA NDS
<i>azasan tablet 100mg</i>	3	B/D
<i>azasan tablet 75mg</i>	3	B/D NDS
<i>azathioprine tablet</i>	1	B/D
<i>azathioprine injection</i>	1	B/D NDS
BENLYSTA INJECTION 120MG, 400MG	3	PA NDS
CELLCEPT	3	B/D NDS
CELLCEPT INTRAVENOUS	3	B/D NDS
CIMZIA	3	PA NDS
CIMZIA STARTER KIT	3	PA NDS
<i>cyclosporine modified</i>	1	B/D
<i>cyclosporine capsule</i>	1	B/D
<i>cyclosporine injection</i>	1	NDS
ENBREL	3	PA NDS
ENBREL MINI	3	PA NDS
ENBREL SURECLICK	3	PA NDS
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	3	B/D NDS
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D NDS
<i>gengraf</i>	1	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>hecoria capsule 0.5mg, 1mg</i>	1	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3	PA NDS
HUMIRA PEN	3	PA NDS
HUMIRA PEN-CD/UC/HS STARTER	3	PA NDS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA NDS
HUMIRA PEN-PS/UV STARTER	3	PA NDS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML, 40MG/0.8ML	3	PA NDS
IMURAN TABLET	3	B/D
INFLECTRA	3	PA NDS
<i>infliximab</i>	1	PA NDS
<i>leflunomide</i>	1	
LUPKYNIS	3	QL (180 EA per 30 days) PA NDS
<i>methotrexate sodium tablet</i>	1	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	
<i>methotrexate tablet</i>	1	
<i>methotrexate injection 50mg/2ml</i>	1	
<i>mycophenolate mofetil capsule, tablet</i>	1	B/D
<i>mycophenolate mofetil injection, suspension reconstituted</i>	1	B/D NDS
<i>mycophenolic acid dr</i>	1	B/D
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D
MYFORTIC TABLET DELAYED RELEASE 360MG	3	B/D NDS
NEORAL	3	B/D
NULOJIX	3	NDS
ORENCIA INJECTION 250MG	3	PA NDS
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	3	QL (1.6 ML per 28 days) PA
PROGRAF PACKET	3	B/D
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D
PROGRAF CAPSULE 5MG	3	B/D NDS
RAPAMUNE SOLUTION	3	B/D NDS
RAPAMUNE TABLET 0.5MG	3	B/D
RAPAMUNE TABLET 1MG, 2MG	3	B/D NDS
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days) PA
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days) PA
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days) PA
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days) PA
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days) PA
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days) PA
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days) PA
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days) PA

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RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REDITREX INJECTION 7.5MG/0.3ML	3	QL (1.2 ML per 28 days) PA
REDITREX INJECTION 10MG/0.4ML	3	QL (1.6 ML per 28 days) PA
REDITREX INJECTION 12.5MG/0.5ML	3	QL (2 ML per 28 days) PA
REDITREX INJECTION 15MG/0.6ML	3	QL (2.4 ML per 28 days) PA
REDITREX INJECTION 17.5MG/0.7ML	3	QL (2.8 ML per 28 days) PA
REDITREX INJECTION 20MG/0.8ML	3	QL (3.2 ML per 28 days) PA
REDITREX INJECTION 22.5MG/0.9ML	3	QL (3.6 ML per 28 days) PA
REDITREX INJECTION 25MG/ML	3	QL (4 ML per 28 days) PA
REMICADE	3	PA NDS
RENFLEXIS	3	PA NDS
REZUROCK	3	QL (60 EA per 30 days) PA NDS
SANDIMMUNE ORAL SOLUTION	3	B/D
SANDIMMUNE INJECTION	3	NDS
SANDIMMUNE CAPSULE 25MG	3	B/D
SANDIMMUNE CAPSULE 100MG	3	B/D NDS
SIMPONI	3	PA NDS
SIMPONI ARIA	3	PA NDS
<i>sirolimus solution</i>	1	B/D NDS
<i>sirolimus tablet 0.5mg, 1mg</i>	1	B/D
<i>sirolimus tablet 2mg</i>	1	B/D NDS
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D
XATMEP	3	
ZORTRESS	3	B/D NDS
Vaccines		
ACTHIB INJECTION 0	2	
ADACEL	2	
BCG VACCINE INJECTION 50MG	2	
BEXSERO	2	
BOOSTRIX	2	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
DENG VAXIA	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	2	B/D
ENGRIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9	2	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	2	
HEPLISAV-B	2	B/D
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	B/D
INFANRIX	2	
IPOL INACTIVATED IPV	2	
IXIARO	2	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	2	
PENTACEL	2	
PREHEVBRIO	2	B/D
PRIORIX	2	
PROQUAD	2	
QUADRACEL	2	
RABAVERT	2	B/D
RECOMBIVAX HB	2	B/D
ROTARIX	2	
ROTATEQ SOLUTION	2	
SHINGRIX	2	
STAMARIL	2	
TDVAX	2	
TENIVAC	2	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
VAXELIS	2	
YF-VAX	2	
ZOSTAVAX	2	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
ASACOL HD	3	
<i>balsalazide disodium</i>	1	
CANASA SUPPOSITORY 1000MG	3	NDS
COLAZAL	3	NDS
DIPENTUM	3	NDS
LIALDA	3	
<i>mesalamine dr tablet delayed release</i>	1	
<i>mesalamine er capsule extended release 24 hour</i>	1	
<i>mesalamine enema, kit, suppository</i>	1	
ROWASA KIT	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
SFROWASA	3	NDS
<i>sulfasalazine tablet, tablet delayed release</i>	1	
Glucocorticoids		
<i>budesonide er</i>	1	NDS
<i>budesonide capsule delayed release particles 3mg</i>	1	
<i>colocort</i>	1	
CORTIFOAM FOAM	3	
ENTOCORT EC	3	NDS
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone enema 100mg/60ml</i>	1	
ORTIKOS	3	NDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TARPEYO	3	QL (120 EA per 30 days) PA NDS
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	NDS
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days)
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days)
<i>alendronate sodium solution</i>	1	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL (4 EA per 28 days)
ATELVIA	3	QL (4 EA per 28 days)
BINOSTO	3	QL (4 EA per 28 days)
BONIVA TABLET 150MG	3	QL (1 EA per 28 days)
<i>calcitonin salmon injection</i>	1	NDS
<i>calcitonin-salmon solution</i>	1	QL (3.7 ML per 30 days)
<i>calcitriol capsule</i>	1	
<i>cinacalcet hydrochloride tablet 30mg</i>	1	
<i>cinacalcet hydrochloride tablet 60mg, 90mg</i>	1	NDS
<i>doxercalciferol capsule</i>	1	
EVENITY	3	QL (2.34 ML per 28 days) PA NDS
FORTEO INJECTION 600MCG/2.4ML	3	PA NDS
FOSAMAX PLUS D	3	QL (4 EA per 28 days)
FOSAMAX TABLET 70MG	3	QL (4 EA per 28 days)
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 28 days)
MIACALCIN INJECTION	3	NDS
NATPARA	3	QL (2 EA per 28 days) PA NDS
<i>paricalcitol capsule</i>	1	
PROLIA	3	QL (2 ML per 365 days)
RAYALDEE	3	NDS
<i>risedronate sodium dr</i>	1	QL (4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days)
SENSIPAR TABLET 30MG	3	
SENSIPAR TABLET 60MG, 90MG	3	NDS
<i>teriparatide</i>	1	PA NDS
TYMLOS	3	PA NDS
XGEVA	3	PA NDS
ZEMPLAR INJECTION 5MCG/ML	3	NDS
<i>zoledronic acid injection 4mg/100ml</i>	1	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ACETADOTE	3	NDS
ALCOHOL PREP PADS	2	
AMMONUL	3	NDS
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL (200 EA per 30 days)
CLINOLIPID	3	B/D
COSELA	3	PA NDS
CURITY GAUZE PADS 2"X2"	2	
<i>deferoxamine mesylate injection 2gm</i>	1	B/D
<i>deferoxamine mesylate injection 500mg</i>	1	B/D NDS
DESFERAL INJECTION 500MG	3	B/D NDS
DOJOLVI	3	PA NDS
EASY TOUCH SAFETY PEN NEEDLES/30G X 1/4"	2	QL (200 EA per 30 days)
ELLA	2	
<i>fomepizole injection 1.5gm/1.5ml</i>	1	NDS
GIVLAARI	3	PA NDS
IGALMI	3	PA
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	3	B/D
KORSUVA	3	PA NDS
LAGEVRIO	3	QL (40 EA per 5 days)
LIVMARLI	3	QL (90 ML per 30 days) PA NDS
<i>methergine tablet</i>	1	QL (56 EA per 365 days) NDS
<i>methylergonovine maleate tablet</i>	1	QL (56 EA per 365 days) NDS
METOPIRONE	3	NDS
NULIBRY	3	PA NDS
NUTRILIPID	3	B/D
ODACTRA	3	QL (30 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
OMEGAVEN	3	B/D NDS
OMNIPOD 10 PACK	2	QL (30 EA per 30 days)
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	2	QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	2	QL (30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (30 EA per 30 days)
ORLADEYO	3	QL (30 EA per 30 days) PA NDS
OXLUMO	3	PA NDS
PALFORZIA INITIAL DOSE ESCALATION	3	PA NDS
PALFORZIA LEVEL 1	3	PA NDS
PALFORZIA LEVEL 10	3	PA NDS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	PA NDS
PALFORZIA LEVEL 11 (TITRATION)	3	PA NDS
PALFORZIA LEVEL 2	3	PA NDS
PALFORZIA LEVEL 3	3	PA NDS
PALFORZIA LEVEL 4	3	PA NDS
PALFORZIA LEVEL 5	3	PA NDS
PALFORZIA LEVEL 6	3	PA NDS
PALFORZIA LEVEL 7	3	PA NDS
PALFORZIA LEVEL 8	3	PA NDS
PALFORZIA LEVEL 9	3	PA NDS
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL (30 EA per 5 days)
<i>remdesivir injection 150mg</i>	1	NDS
<i>remdesivir injection 100mg</i>	1	QL (4 EA per 3 days) NDS
SMOFLIPID	3	B/D
<i>sodium chloride 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate</i>	1	NDS
TACHOSIL	3	NDS
TAVNEOS	3	QL (180 EA per 30 days) PA NDS
THYROGEN INJECTION 0.9MG	3	PA NDS
TYRVAYA	3	QL (8.4 ML per 30 days) PA
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VEKLURY INJECTION 100MG	3	QL (4 EA per 3 days) NDS
VEKLURY INJECTION 100MG/20ML	3	QL (80 ML per 3 days) NDS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL (28 EA per 28 days) PA NDS
VIJOICE TABLET THERAPY PACK 0	3	QL (56 EA per 28 days) PA NDS
VISTOGARD	3	NDS
VOXZOGO	3	QL (30 EA per 30 days) PA NDS

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VYVGART	3	PA NDS
XENICAL	3	PA
ZOKINVY	3	QL (120 EA per 30 days) PA NDS
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BEOVU	3	PA NDS
<i>brimonidine tartrate/timolol maleate</i>	1	
BYOOVIZ	3	PA NDS
CEQUA	3	PA
COMBIGAN	2	
<i>cyclosporine in klarity</i>	1	PA NDS
CYSTADROPS	3	QL (20 ML per 28 days) PA NDS
CYSTARAN	3	QL (60 ML per 28 days) PA NDS
<i>dorzolamide hcl/timolol maleate</i>	1	
EYLEA	3	PA NDS
LUCENTIS	3	PA NDS
<i>neo-polycin</i>	1	
<i>neo-polycin hc</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
OXERVATE	3	QL (56 ML per 28 days) PA NDS
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
ROCKLATAN	2	QL (2.5 ML per 25 days)
SIMBRINZA	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
SUSVIMO	3	PA NDS
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	1	
VABYSMO	3	PA NDS
VERKAZIA	3	PA NDS
VISUDYNE	3	NDS
XIIDRA	3	QL (60 EA per 30 days)
ZYLET	3	
<i>Ophthalmic Anti-allergy Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	
<i>bepotastine besilate</i>	1	
BEPREVE	3	
<i>cromolyn sodium solution 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	
<i>olopatadine hydrochloride solution 0.2%</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	1	
BESIVANCE	3	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak ointment</i>	1	
<i>gentamicin sulfate ophthalmic ointment 0.3%</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	
<i>ilotycin</i>	1	
<i>levofloxacin ophthalmic solution 0.5%</i>	1	
<i>moxifloxacin hydrochloride solution 0.5%</i>	1	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	1	
ZIRGAN	3	
Ophthalmic Anti-inflammatories		
ACUVAIL	3	ST
BROMSITE	3	ST
<i>dexamethasone sodium phosphate solution</i>	1	
DEXYCU	3	NDS
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	
<i>difluprednate</i>	1	
FLAREX	2	
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
ILEVRO	3	QL (4 ML per 30 days)
ILUVIEN	3	NDS
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	
LOTEMAX SM	3	QL (20 GM per 365 days)
LOTEMAX OINTMENT	3	QL (14 GM per 365 days)
LOTEMAX GEL	3	QL (20 GM per 365 days)
<i>loteprednol etabonate gel</i>	1	QL (20 GM per 365 days)

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NEVANAC	3	QL (4 ML per 30 days)
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PROLENSA	3	QL (12 ML per 365 days)
RETISERT	3	NDS
XIPERE	3	PA NDS
YUTIQ	3	NDS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	1	
<i>carteolol hcl</i>	1	
<i>levobunolol hcl solution 0.5%</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	1	
ALPHAGAN P SOLUTION 0.1%	2	
<i>apraclonidine</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brinzolamide</i>	1	
<i>dorzolamide hydrochloride</i>	1	
<i>methazolamide tablet</i>	1	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	1	
RHOPRESSA	2	QL (2.5 ML per 25 days)
VUITY	3	QL (2.5 ML per 25 days) PA
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost</i>	1	QL (5 ML per 30 days)
DURYSTA	3	NDS
<i>latanoprost solution</i>	1	
LUMIGAN	2	QL (2.5 ML per 25 days)
TRAVATAN Z	3	QL (2.5 ML per 25 days)
<i>travoprost</i>	1	QL (2.5 ML per 25 days)
VYZULTA	3	QL (5 ML per 25 days)
XELPROS	3	QL (2.5 ML per 25 days) ST
Otic Agents		
Otic Agents		
<i>acetic acid</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin/dexamethasone</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide ear drops</i>	1	
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	1	
<i>ofloxacin otic solution 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		

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Anti-inflammatories, Inhaled Corticosteroids		
ARMONAIR DIGIHALER	3	QL (1 EA per 30 days) ST
ARNUITY ELLIPTA	2	QL (30 EA per 30 days)
ASMANEX HFA	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	3	QL (1 EA per 30 days)
BREZTRI AEROSPHERE	2	QL (23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	2	QL (21.2 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	2	QL (24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days)
NASONEX	3	QL (34 GM per 30 days)
PULMICORT	3	QL (120 ML per 30 days) B/D
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST
QVAR REDHALER	3	QL (21.2 GM per 30 days) ST
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL (23 GM per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	1	QL (60 ML per 30 days)
<i>carbinoxamine maleate tablet 6mg</i>	1	
<i>clemastine fumarate syrup</i>	1	NDS
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hydrochloride tablet</i>	1	
<i>diphenhydramine hcl injection 50mg/ml</i>	1	
DYMISTA	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl tablet 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	1	
<i>levocetirizine dihydrochloride tablet</i>	1	
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL (30.5 GM per 30 days)
PATANASE	3	QL (30.5 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	1	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	ST NDS

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ZYFLO	3	ST NDS
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
DUAKLIR PRESSAIR	3	QL (2 EA per 30 days) ST NDS
INCRUSE ELLIPTA	2	QL (30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	QL (312.5 ML per 30 days) B/D
LONHALA MAGNAIR REFILL KIT	3	QL (60 ML per 30 days) NDS
LONHALA MAGNAIR STARTER KIT	3	QL (60 ML per 30 days) NDS
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) ST
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL (8 GM per 30 days) ST
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	ST
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST
YUPELRI	3	QL (90 ML per 30 days) B/D NDS
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	1	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	1	QL (48 GM per 30 days)
<i>albuterol sulfate syrup</i>	1	
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	1	QL (100 EA per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	1	QL (525 ML per 30 days) B/D
ARCAPTA NEOHALER	3	QL (30 EA per 30 days) ST
<i>arformoterol tartrate</i>	1	QL (120 ML per 30 days) PA NDS
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) ST NDS
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	ST NDS
BROVANA	3	QL (120 ML per 30 days) PA NDS
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	
EPIPEN 2-PAK	2	
EPIPEN-JR 2-PAK	2	
<i>formoterol fumarate nebulization solution</i>	1	QL (120 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 1.25mg/3ml</i>	1	QL (270 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	1	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa</i>	1	QL (30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	1	QL (90 EA per 30 days) B/D

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PERFOROMIST	3	QL (120 ML per 30 days) B/D NDS
PROAIR HFA	3	QL (17 GM per 30 days)
PROVENTIL HFA	3	QL (13.4 GM per 30 days)
SEREVENT DISKUS	2	QL (60 EA per 30 days)
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days)
<i>terbutaline sulfate injection, tablet</i>	1	
VENTOLIN HFA	3	QL (48 GM per 30 days) ST
XOPENEX CONCENTRATE	3	QL (90 EA per 30 days) B/D
XOPENEX HFA	3	QL (30 GM per 30 days)
XOPENEX NEBULIZATION SOLUTION 1.25MG/3ML	3	QL (270 ML per 30 days) B/D
XOPENEX NEBULIZATION SOLUTION 0.31MG/3ML, 0.63MG/3ML	3	QL (540 ML per 30 days) B/D
Cystic Fibrosis Agents		
BETHKIS	3	B/D NDS
CAYSTON	3	PA NDS
KALYDECO	3	PA NDS
KITABIS PAK	3	B/D NDS
ORKAMBI TABLET	3	QL (112 EA per 28 days) PA NDS
ORKAMBI PACKET	3	QL (56 EA per 28 days) PA NDS
PULMOZYME	3	PA NDS
SYMDEKO TABLET THERAPY PACK 150MG; 100MG	3	QL (56 EA per 28 days) PA NDS
SYMDEKO TABLET THERAPY PACK 75MG; 50MG	3	QL (60 EA per 30 days) PA NDS
TOBI	3	B/D NDS
TOBI PODHALER	3	QL (224 EA per 56 days) NDS
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	1	B/D NDS
TRIKAFTA	3	QL (84 EA per 28 days) PA NDS
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D NDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA
<i>theophylline er tablet extended release 24 hour</i>	1	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	3	QL (60 EA per 30 days) PA NDS
ADEMPAS	3	QL (90 EA per 30 days) PA NDS
<i>alyq</i>	1	QL (60 EA per 30 days) PA NDS
<i>ambrisentan</i>	1	QL (30 EA per 30 days) PA NDS
<i>bosentan</i>	1	QL (60 EA per 30 days) PA NDS
<i>epoprostenol sodium</i>	1	PA NDS
FLOLAN	3	PA NDS
LETAIRIS	3	QL (30 EA per 30 days) PA NDS
OPSUMIT	3	QL (30 EA per 30 days) PA NDS
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA

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ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	3	PA NDS
REMODULIN	3	PA NDS
REVATIO INJECTION, SUSPENSION RECONSTITUTED	3	PA NDS
REVATIO TABLET	3	QL (90 EA per 30 days) PA NDS
<i>sildenafil citrate suspension reconstituted</i>	1	PA NDS
<i>sildenafil citrate tablet</i>	1	QL (90 EA per 30 days) PA
<i>sildenafil injection</i>	1	PA NDS
<i>tadalafil tablet 20mg</i>	1	QL (60 EA per 30 days) PA
TRACLEER TABLET SOLUBLE	3	QL (112 EA per 28 days) PA NDS
TRACLEER TABLET	3	QL (60 EA per 30 days) PA NDS
<i>treprostinil</i>	1	PA NDS
TYVASO	3	QL (87 ML per 30 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL (112 EA per 28 days) PA NDS
TYVASO DPI MAINTENANCE KIT POWDER 0	3	QL (224 EA per 28 days) PA NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL (392 EA per 365 days) PA NDS
TYVASO DPI TITRATION KIT POWDER 0	3	QL (504 EA per 365 days) PA NDS
TYVASO REFILL	3	QL (87 ML per 30 days) PA NDS
TYVASO STARTER	3	QL (87 ML per 30 days) PA NDS
UPTRAVI INJECTION	3	PA NDS
UPTRAVI TABLET THERAPY PACK	3	QL (400 EA per 365 days) PA NDS
UPTRAVI TABLET	3	QL (60 EA per 30 days) PA NDS
VELETRI	3	PA NDS
VENTAVIS	3	QL (270 ML per 30 days) PA NDS
Pulmonary Fibrosis Agents		
ESBRIET	3	PA NDS
OFEV	3	PA NDS
<i>pirfenidone tablet 267mg, 801mg</i>	1	PA NDS
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	1	B/D
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (24 GM per 30 days)
AIRDUO DIGIHALER 113/14	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 232/14	3	QL (1 EA per 30 days)
AIRDUO DIGIHALER 55/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days)
ANORO ELLIPTA	2	QL (60 EA per 30 days)
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days)
BREO ELLIPTA	2	QL (60 EA per 30 days)
BRONCHITOL	3	QL (560 EA per 28 days) PA NDS
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (10.2 GM per 30 days) PA

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CINQAIR	3	PA NDS
COMBIVENT RESPIMAT	2	QL (8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	3	QL (13 GM per 30 days) PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	3	QL (17.6 GM per 30 days) PA
FASENRA	3	PA NDS
FASENRA PEN	3	PA NDS
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL (1 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	1	QL (540 ML per 30 days) B/D
NUCALA INJECTION 40MG/0.4ML	3	QL (0.4 ML per 28 days) PA NDS
NUCALA INJECTION 100MG	3	QL (3 EA per 28 days) PA NDS
NUCALA INJECTION 100MG/ML	3	QL (3 ML per 28 days) PA NDS
<i>ribavirin solution reconstituted 6gm</i>	1	NDS
STIOLTO RESPIMAT	3	QL (24 GM per 30 days) ST
SYMBICORT AEROSOL 160MCG/ACT; 4.5MCG/ACT	2	QL (12 GM per 30 days)
SYMBICORT AEROSOL 80MCG/ACT; 4.5MCG/ACT	2	QL (13.8 GM per 30 days)
TEZSPIRE	3	QL (1.91 ML per 28 days) PA NDS
TRELEGY ELLIPTA	2	QL (60 EA per 30 days)
UTIBRON NEOHALER	3	ST
VIRAZOLE	3	NDS
<i>wixela inhub</i>	1	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
AMRIX	3	NDS
<i>carisoprodol/aspirin</i>	1	PA
<i>carisoprodol/aspirin/codeine</i>	1	PA NDS
<i>carisoprodol tablet</i>	1	PA
<i>chlorzoxazone tablet 375mg, 500mg, 750mg</i>	1	
<i>chlorzoxazone tablet 250mg</i>	1	NDS
<i>cyclobenzaprine hydrochloride er</i>	1	
<i>cyclobenzaprine hydrochloride tablet</i>	1	
<i>fexmid</i>	3	
<i>lorzone</i>	3	
<i>methocarbamol tablet</i>	1	
<i>methocarbamol injection 1000mg/10ml</i>	1	
<i>norgesic forte</i>	3	NDS
<i>orphenadrine citrate er</i>	1	
<i>orphenadrine citrate/aspirin/caffeine</i>	1	NDS
ORPHENGESIC FORTE	3	NDS
ROBAXIN-750	3	
ROBAXIN INJECTION 1000MG/10ML	3	NDS

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SOMA TABLET 250MG	3	PA
SOMA TABLET 350MG	3	PA NDS
<i>vanadom</i>	3	PA NDS
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
AMBIEN	3	QL (30 EA per 30 days)
AMBIEN CR	3	QL (30 EA per 30 days)
BELSOMRA	2	QL (30 EA per 30 days)
DAYVIGO	3	QL (30 EA per 30 days) PA
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days)
<i>estazolam</i>	1	QL (30 EA per 30 days)
<i>eszopiclone</i>	1	QL (30 EA per 30 days)
HETLIOZ	3	QL (30 EA per 30 days) PA NDS
HETLIOZ LQ	3	QL (158 ML per 30 days) PA NDS
LUNESTA	3	QL (30 EA per 30 days)
<i>ramelteon</i>	1	QL (30 EA per 30 days)
RESTORIL	3	QL (30 EA per 30 days) NDS
ROZEREM	3	QL (30 EA per 30 days)
<i>seconal sodium</i>	1	
SILENOR	3	QL (30 EA per 30 days)
<i>temazepam</i>	1	QL (30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days)
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	1	QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA
<i>modafinil</i>	1	QL (30 EA per 30 days) PA
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA NDS
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA
PROVIGIL	3	QL (30 EA per 30 days) PA NDS
SUNOSI	3	QL (30 EA per 30 days) PA
WAKIX	3	QL (60 EA per 30 days) PA NDS
XYREM	3	QL (540 ML per 30 days) PA NDS
XYWAV	3	QL (540 ML per 30 days) PA NDS

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<i>acarbose</i>	40	ADLYXIN STARTER PACK	40
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<i>acetazolamide er</i>	89	AEMCOLO	7
<i>acetazolamide sodium</i>	48	<i>afeditab cr</i>	47
<i>acetic acid</i>	89	AFINITOR	26
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<i>alprazolam odt</i>	38	<i>amphetamine/dextroamphetamine</i>	51
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ARIXTRA	43	ATRIPLA	36
<i>armodafinil</i>	95	<i>atropine sulfate</i>	87
ARMONAIR DIGIHALER	90	ATROVENT HFA	91
ARNUITY ELLIPTA	90	AUBAGIO	54
AROMASIN	26	<i>aubra</i>	71
ARRANON	23	<i>aubra eq</i>	71
<i>arsenic trioxide</i>	24	AUGMENTIN	9
<i>artesanate</i>	30	<i>aurovela 1.5/30</i>	72
ARYMO ER	2	<i>aurovela 1/20</i>	72
ARZERRA	28	<i>aurovela 24 fe</i>	72
ASACOL HD	83	<i>aurovela fe 1.5/30</i>	72
ASCENIV	78	<i>aurovela fe 1/20</i>	72
<i>ascomp/codeine</i>	3	AURYXIA	63
<i>asenapine maleate sl</i>	32	AUSTEDO	53
<i>ashlyna</i>	71	AUVI-Q	91
ASMANEX HFA	90	AVASTIN	28
ASMANEX TWISTHALER 120	90	AVEED	71
METERED DOSES		<i>aviane</i>	72
ASMANEX TWISTHALER 14 METERED	90	AVITA	56
DOSES		AVONEX	54
ASMANEX TWISTHALER 30 METERED	90	AVONEX PEN	54
DOSES		AVSOLA	80

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AVYCAZ	8	<i>belladonna/opium</i>	64
<i>ayuna</i>	72	BELRAPZO	21
AYVAKIT	26	BELSOMRA	95
<i>azacitidine</i>	24	<i>benazepril hcl</i>	46
<i>azasan</i>	80	<i>benazepril hcl/hydrochlorothiazide</i>	49
<i>azathioprine</i>	80	<i>benazepril hydrochloride</i>	46
<i>azelaic acid</i>	56	<i>benazepril</i>	49
<i>azelastine hcl</i>	88	<i>hydrochloride/hydrochlorothiazide</i>	
<i>azelastine hcl</i>	90	<i>bendamustine hydrochloride</i>	22
<i>azelastine hydrochloride</i>	90	BENDEKA	22
<i>azelastine hydrochloride/fluticasone</i>	90	BENLYSTA	79
<i>propionate</i>		BENLYSTA	80
AZILECT	31	<i>benznidazole</i>	30
<i>azithromycin</i>	10	<i>benzoyl peroxide forte- hc</i>	56
<i>aztreonam</i>	7	<i>benzoyl peroxide</i>	59
<i>azurette</i>	72	<i>benztropine mesylate</i>	30
<i>bacitracin</i>	88	BEOVU	87
<i>bacitracin/polymyxin b</i>	87	<i>bepotastine besilate</i>	88
<i>baclofen</i>	34	BEPREVE	88
BAFIERTAM	54	BERINERT	78
<i>balsalazide disodium</i>	83	BESIVANCE	88
BALVERSA	26	BESPONSA	28
<i>balziva</i>	72	BESREMI	24
BANZEL	13	<i>betaine anhydrous</i>	66
BAQSIMI ONE PACK	41	<i>betamethasone dipropionate</i>	57
BAQSIMI TWO PACK	41	<i>betamethasone dipropionate augmented</i>	57
BARACLUDE	35	<i>betamethasone valerate</i>	57
BASAGLAR KWIKPEN	42	BETAPACE	46
BAVENCIO	28	BETAPACE AF	46
BAXDELA	10	BETASERON	54
<i>baycadron</i>	69	<i>betaxolol hcl</i>	47
BCG VACCINE	82	<i>betaxolol hcl</i>	89
BD INSULIN SYRINGE	85	<i>bethanechol chloride</i>	69
SAFETYGLIDE/1ML/29G X 1/2"		BETHKIS	92
B-D INSULIN SYRINGE ULTRAFINE	85	BEVESPI AEROSPHERE	93
II/0.3ML/31G X 5/16"		BEVYXXA	43
BD INSULIN SYRINGE ULTRA-	85	<i>bexarotene</i>	29
FINE/0.5ML/30G X 12.7MM		BEXSERO	82
BD INSULIN SYRINGE ULTRA-	85	<i>bicalutamide</i>	22
FINE/1ML/31G X 8MM		BICILLIN L-A	9
BD PEN NEEDLE/ORIGINAL/ULTRA-	85	BICNU	22
FINE/29G X 12.7MM		BIKTARVY	36
<i>bekyree</i>	72	<i>bimatoprost</i>	89
BELBUCA	2	BINOSTO	84
BELEODAQ	26	<i>bisoprolol fumarate</i>	47

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<i>bisoprolol fumarate/hydrochlorothiazide</i>	49	<i>bupropion hydrochloride</i>	14
BIVIGAM	78	<i>bupropion hydrochloride er (sr)</i>	6
<i>bleomycin sulfate</i>	24	<i>bupropion hydrochloride er (sr)</i>	14
BLINCYTO	28	<i>bupropion hydrochloride er (xl)</i>	14
<i>blisovi 24 fe</i>	72	<i>buspirone hcl</i>	38
<i>blisovi fe 1.5/30</i>	72	<i>buspirone hydrochloride</i>	38
<i>blisovi fe 1/20</i>	72	<i>busulfan</i>	22
BONIVA	84	BUSULFEX	22
BOOSTRIX	82	<i>butalbital/acetaminophen</i>	53
<i>bortezomib</i>	24	<i>butalbital/acetaminophen/caffeine/codeine</i>	3
<i>bosentan</i>	92	<i>butalbital/aspirin/caffeine</i>	53
BOSULIF	26	<i>butalbital/aspirin/caffeine/codeine</i>	3
BOTOX	34	<i>butorphanol tartrate</i>	3
BRAFTOVI	26	BUTRANS	2
BREO ELLIPTA	93	BYDUREON BCISE	40
BREZTRI AEROSPHERE	90	BYDUREON PEN	40
<i>briellyn</i>	72	BYETTA	40
BRILINTA	45	BYLVAY	65
<i>brimonidine tartrate</i>	89	BYLVAY (PELLETS)	65
<i>brimonidine tartrate/timolol maleate</i>	87	BYNFEZIA PEN	77
<i>brinzolamide</i>	89	BYOOVIZ	87
BRISDELLE	15	CABENUVA	36
BRIVIACT	11	<i>cabergoline</i>	77
<i>bromocriptine mesylate</i>	31	CABLIVI	45
BROMSITE	88	CABOMETYX	26
BRONCHITOL	93	<i>cafergot</i>	20
BROVANA	91	<i>caffeine citrate</i>	53
BRUKINSA	26	<i>calcipotriene</i>	58
<i>budesonide</i>	84	<i>calcipotriene/betamethasone dipropionate</i>	58
<i>budesonide</i>	90	<i>calcitonin salmon</i>	84
<i>budesonide er</i>	84	<i>calcitonin-salmon</i>	84
<i>budesonide/formoterol fumarate dihydrate</i>	93	<i>calcitrene</i>	58
<i>bumetanide</i>	50	<i>calcitriol</i>	84
BUNAVAIL	6	<i>calcium acetate</i>	63
<i>bupap</i>	53	<i>calcium disodium versenate</i>	65
BUPHENYL	66	CALQUENCE	26
BUPRENEX	6	CAMBIA	1
<i>buprenorphine</i>	2	<i>camila</i>	75
<i>buprenorphine buccal</i>	2	<i>camrese</i>	72
<i>buprenorphine hcl</i>	6	<i>camrese lo</i>	72
<i>buprenorphine hcl/naloxone hcl</i>	6	CAMZYOS	49
<i>buprenorphine hydrochloride/naloxone</i>	6	CANASA	83
<i>hydrochloride</i>		CANCIDAS	18
<i>buproban</i>	6	<i>candesartan cilexetil</i>	46
<i>bupropion hcl</i>	14	<i>candesartan cilexetil/hydrochlorothiazide</i>	49

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CAPASTAT SULFATE	21	<i>ceftazidime</i>	9
CAPLYTA	32	<i>ceftriaxone sodium</i>	9
CAPRELSA	26	<i>cefuroxime axetil</i>	9
<i>captopril</i>	46	<i>cefuroxime sodium</i>	9
<i>captopril/hydrochlorothiazide</i>	49	CELEBREX	1
CARAC	58	<i>celecoxib</i>	1
CARBAGLU	61	CELLCEPT	80
<i>carbamazepine</i>	13	CELLCEPT INTRAVENOUS	80
<i>carbamazepine er</i>	13	CELONTIN	12
<i>carbidopa</i>	31	CENTANY	59
<i>carbidopa/levodopa</i>	31	<i>cephalexin</i>	9
<i>carbidopa/levodopa er</i>	31	CEPROTIN	43
<i>carbidopa/levodopa odt</i>	31	CEQUA	87
<i>carbidopa/levodopa/entacapone</i>	30	CERDELGA	66
<i>carbinoxamine maleate</i>	90	CEREZYME	66
<i>carboprost tromethamine</i>	70	CHANTIX	6
CARDIZEM	48	CHANTIX CONTINUING MONTH PAK	6
CARDIZEM CD	48	CHANTIX STARTING MONTH PAK	6
<i>carglumic acid</i>	61	<i>chateal</i>	72
CARIMUNE NANOFILTERED	78	<i>chateal eq</i>	72
<i>carisoprodol</i>	94	CHEMET	63
<i>carisoprodol/aspirin</i>	94	<i>chenodal</i>	65
<i>carisoprodol/aspirin/codeine</i>	94	<i>chlordiazepoxide hcl</i>	39
<i>carmustine</i>	22	<i>chlordiazepoxide hcl/clidinium bromide</i>	64
<i>carteolol hcl</i>	89	<i>chlordiazepoxide hydrochloride</i>	39
<i>cartia xt</i>	48	<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	64
<i>carvedilol</i>	47	<i>chlordiazepoxide/amitriptyline</i>	14
<i>carvedilol phosphate er</i>	47	<i>chlorhexidine gluconate</i>	55
CASODEX	22	<i>chlorhexidine gluconate oral rinse</i>	55
<i>caspofungin acetate</i>	18	<i>chloroquine phosphate</i>	30
<i>cataflam</i>	1	<i>chlorpromazine hcl</i>	31
CAYSTON	92	<i>chlorpromazine hydrochloride</i>	31
<i>cefaclor</i>	8	<i>chlorthalidone</i>	50
<i>cefadroxil</i>	8	<i>chlorzoxazone</i>	94
<i>cefazolin</i>	8	CHOLBAM	66
<i>cefazolin sodium</i>	8	<i>cholestyramine light</i>	50
<i>cefdinir</i>	8	<i>chorionic gonadotropin</i>	70
<i>cefepime</i>	8	CIALIS	69
<i>cefepime hydrochloride</i>	8	CIBINQO	57
<i>cefixime</i>	8	<i>ciclodan</i>	59
<i>cefotaxime sodium</i>	8	<i>ciclopirox</i>	60
<i>cefotetan</i>	8	<i>ciclopirox nail lacquer</i>	60
<i>cefoxitin sodium</i>	9	<i>ciclopirox olamine</i>	60
<i>cefpodoxime proxetil</i>	9	<i>cidofovir</i>	35
<i>cefprozil</i>	9		

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<i>cilostazol</i>	45	CLINIMIX E 8/10	61
CIMDUO	36	CLINIMIX E 8/14	61
CIMZIA	80	<i>clinisol sf 15%</i>	61
CIMZIA STARTER KIT	80	CLINOLIPID	85
<i>cinacalcet hydrochloride</i>	84	<i>clobazam</i>	12
CINQAIR	94	<i>clobetasol propionate</i>	57
CINRYZE	78	<i>clobetasol propionate e</i>	57
CIPRO	10	CLOBEX	57
<i>ciprofloxacin</i>	89	<i>clofarabine</i>	23
<i>ciprofloxacin hcl</i>	10	CLOLAR	23
<i>ciprofloxacin hydrochloride</i>	10	<i>clomid</i>	76
<i>ciprofloxacin hydrochloride</i>	88	<i>clomiphene citrate</i>	76
<i>ciprofloxacin i.v.-in d5w</i>	10	<i>clomipramine hcl</i>	16
<i>ciprofloxacin/dexamethasone</i>	89	<i>clomipramine hydrochloride</i>	17
<i>cisplatin</i>	22	<i>clonazepam</i>	12
<i>citalopram hydrobromide</i>	15	<i>clonazepam odt</i>	12
<i>cladribine</i>	23	<i>clonidine hcl</i>	45
<i>claravis</i>	56	<i>clonidine hydrochloride</i>	45
<i>clarithromycin</i>	10	<i>clonidine hydrochloride</i>	54
<i>clarithromycin er</i>	10	<i>clopidogrel</i>	45
<i>clemastine fumarate</i>	90	<i>clorazepate dipotassium</i>	39
CLENPIQ	65	<i>clotrimazole</i>	18
CLEOCIN-T	60	<i>clotrimazole/betamethasone dipropionate</i>	58
CLEVIPREX	48	<i>clovique</i>	63
CLIMARA PRO	72	<i>clozapine</i>	34
<i>clindacin etz pledgets</i>	7	<i>clozapine odt</i>	33
CLINDAGEL	60	CLOZARIL	34
<i>clindamycin hcl</i>	7	COARTEM	30
<i>clindamycin hydrochloride</i>	7	<i>codeine sulfate</i>	3
<i>clindamycin palmitate hcl</i>	7	COGENTIN	30
<i>clindamycin phosphate</i>	7	COLAZAL	83
<i>clindamycin phosphate</i>	60	<i>colchicine</i>	19
<i>clindamycin phosphate/benzoyl peroxide</i>	56	<i>colesevelam hydrochloride</i>	50
CLINIMIX 4.25%/DEXTROSE 10%	61	<i>colestipol hcl</i>	50
CLINIMIX 4.25%/DEXTROSE 5%	61	<i>colistimethate sodium</i>	7
CLINIMIX 5%/DEXTROSE 15%	61	<i>colocort</i>	84
CLINIMIX 5%/DEXTROSE 20%	61	COLY-MYCIN M	7
CLINIMIX 6/5	61	COMBIGAN	87
CLINIMIX 8/10	61	COMBIVENT RESPIMAT	94
CLINIMIX 8/14	61	COMBIVIR	36
CLINIMIX E 2.75%/DEXTROSE 5%	61	COMETRIQ	26
CLINIMIX E 4.25%/DEXTROSE 10%	61	COMPLERA	36
CLINIMIX E 4.25%/DEXTROSE 5%	61	<i>compro</i>	17
CLINIMIX E 5%/DEXTROSE 15%	61	COMTAN	30
CLINIMIX E 5%/DEXTROSE 20%	61	CONCERTA	52

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CONSENSI	49	CYMBALTA	15
<i>constulose</i>	64	<i>cyproheptadine hcl</i>	90
CONZIP	2	<i>cyproheptadine hydrochloride</i>	90
COPAXONE	55	CYRAMZA	28
COPIKTRA	26	<i>cyred</i>	72
CORDRAN	57	CYSTADANE	67
CORDRAN TAPE	57	CYSTADROPS	87
CORLANOR	49	CYSTAGON	67
<i>cormax scalp application</i>	57	CYSTARAN	87
CORTIFOAM	84	<i>cytarabine</i>	23
<i>cortisone acetate</i>	69	<i>cytarabine aqueous</i>	23
CORTROPHIN	69	CYTOGAM	78
COSELA	85	CYTOVENE	35
COSENTYX	79	D.H.E. 45	20
COSENTYX SENSOREADY PEN	79	DABIGATRAN ETEXILATE	43
COSMEGEN	24	DACOGEN	24
COTELLIC	26	<i>dactinomycin</i>	24
COTEMPLA XR-ODT	52	<i>dalfampridine er</i>	55
CREON	67	DALIRESP	92
CRESEMBA	18	DALVANCE	7
CRINONE	75	<i>danazol</i>	71
<i>cromolyn sodium</i>	67	DANTRIUM IV	34
<i>cromolyn sodium</i>	88	<i>dantrolene sodium</i>	34
<i>cromolyn sodium</i>	92	DANYELZA	28
<i>cryselle-28</i>	72	<i>dapsone</i>	21
CRYSVITA	67	<i>dapsone</i>	60
CUBICIN	7	DAPTACEL	82
CUBICIN RF	7	<i>daptomycin</i>	7
CUPRIMINE	63	DARAPRIM	30
CURITY GAUZE PADS 2"X2"	85	<i>darifenacin hydrobromide er</i>	68
CUTAQUIG	78	DARTISLA ODT	64
CUTIVATE	57	DARZALEX	28
CUVITRU	78	DARZALEX FASPRO	28
CUVPOSA	64	<i>dasetta 1/35</i>	72
<i>cyclafem 1/35</i>	72	<i>dasetta 7/7/7</i>	72
<i>cyclafem 7/7/7</i>	72	DAURISMO	26
<i>cyclobenzaprine hydrochloride</i>	94	<i>daysee</i>	72
<i>cyclobenzaprine hydrochloride er</i>	94	DAYVIGO	95
<i>cyclophosphamide</i>	22	DDAVP	70
<i>cyclophosphamide monohydrate</i>	22	<i>deblitane</i>	75
<i>cycloserine</i>	21	<i>decitabine</i>	24
CYCLOSET	40	<i>deferasirox</i>	63
<i>cyclosporine</i>	80	<i>deferiprone</i>	63
<i>cyclosporine in klarity</i>	87	<i>deferoxamine mesylate</i>	85
<i>cyclosporine modified</i>	80	DEFITELIO	49

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DELSTRIGO	36	DIBENZYLINE	46
<i>deltasone</i>	69	DICLEGIS	17
<i>delyla</i>	72	<i>diclofenac epolamine</i>	1
<i>demeclocycline hcl</i>	10	<i>diclofenac potassium</i>	1
DEMEROL	3	<i>diclofenac sodium</i>	1
DEMSER	49	<i>diclofenac sodium</i>	58
DENAVIR	60	<i>diclofenac sodium</i>	88
DENG VAXIA	82	<i>diclofenac sodium dr</i>	1
DEPAKENE	39	<i>diclofenac sodium er</i>	1
DEPEN TITRATABS	63	DICLONA	1
DEPO-PROVERA	75	<i>dicloxacin sodium</i>	9
DEPO-PROVERA CONTRACEPTIVE	75	<i>dicyclomine hcl</i>	65
DEPO-SUBQ PROVERA 104	75	<i>dicyclomine hydrochloride</i>	65
<i>depo-testosterone</i>	71	<i>didanosine</i>	37
DESCOVY	36	DIFICID	10
DESFERAL	85	DIFLUCAN	18
<i>desipramine hydrochloride</i>	17	<i>diflunisal</i>	1
<i>desmopressin acetate</i>	70	<i>difluprednate</i>	88
<i>desogestrel/ethinyl estradiol</i>	72	<i>digitek</i>	46
<i>desonide</i>	57	<i>digox</i>	46
<i>desoximetasone</i>	57	<i>digoxin</i>	46
DESOXYN	52	<i>dihydroergotamine mesylate</i>	20
<i>desvenlafaxine er</i>	15	<i>dilantin</i>	13
<i>dexamethasone</i>	69	DILATRATE SR	51
<i>dexamethasone sodium phosphate</i>	88	DILAUDID	3
DEXEDRINE	52	<i>diltiazem hcl</i>	48
DEXILANT	66	<i>diltiazem hcl cd</i>	48
<i>dexlansoprazole</i>	66	<i>diltiazem hcl er</i>	48
<i>dexmethylphenidate hcl</i>	52	<i>diltiazem hydrochloride er</i>	48
<i>dexmethylphenidate hcl er</i>	52	<i>dilt-xr</i>	48
<i>dexmethylphenidate hydrochloride</i>	52	<i>dimethyl fumarate</i>	55
<i>dexmethylphenidate hydrochloride er</i>	52	<i>dimethyl fumarate starterpack</i>	55
<i>dexrazoxane</i>	29	DIPENTUM	83
<i>dextroamphetamine sulfate</i>	52	<i>diphenhydramine hcl</i>	90
<i>dextroamphetamine sulfate er</i>	52	<i>diphenoxylate hydrochloride/atropine</i>	64
<i>dextrose 5%</i>	61	<i>sulfate</i>	
<i>dextrose 5%/nacl 0.45%</i>	61	<i>diphtheria/tetanus toxoids adsorbed</i>	82
<i>dextrose 5%/nacl 0.9%</i>	61	<i>pediatric</i>	
DEXYCU	88	<i>disopyramide phosphate</i>	46
DIACOMIT	12	<i>disulfiram</i>	6
<i>diazepam</i>	12	<i>divalproex sodium</i>	12
<i>diazepam</i>	39	<i>divalproex sodium dr</i>	12
<i>diazepam intensol</i>	39	<i>divalproex sodium er</i>	12
<i>diazepam rectal gel</i>	12	DIVIGEL	72
<i>diazoxide</i>	41	<i>dobutamine hcl</i>	49

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<i>dobutamine hcl/d5w</i>	49	<i>duloxetine hydrochloride</i>	15
<i>dobutamine hydrochloride/dextrose 5%</i>	49	DUOBRII	58
<i>docetaxel</i>	24	DUOPA	31
<i>dofetilide</i>	46	DUPIXENT	79
DOJOLVI	85	DURACLON	54
<i>dolishale</i>	72	DURAGESIC	2
DOLOPHINE	2	<i>duramorph</i>	3
<i>donepezil hcl</i>	14	DURYSTA	89
<i>donepezil hydrochloride</i>	14	<i>dutasteride</i>	69
<i>donepezil hydrochloride odt</i>	14	<i>dvorah</i>	3
<i>dopamine hydrochloride</i>	49	DYANAVEL XR	52
<i>dopamine hydrochloride/dextrose</i>	49	DYMISTA	90
<i>dopamine/d5w</i>	49	DYSPORT	34
DOPTLET	45	EASY TOUCH SAFETY PEN	85
DORYX	10	NEEDLES/30G X 1/4"	
<i>dorzolamide hcl/timolol maleate</i>	87	<i>econazole nitrate</i>	18
<i>dorzolamide hydrochloride</i>	89	EDARBI	46
<i>dotti</i>	72	EDARBYCLOR	49
DOVATO	36	EDECIN	50
DOVONEX	58	EDURANT	36
<i>doxazosin mesylate</i>	69	<i>efavirenz</i>	36
<i>doxepin hcl</i>	17	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	36
<i>doxepin hydrochloride</i>	17	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	36
<i>doxepin hydrochloride</i>	57	<i>effek</i>	61
<i>doxepin hydrochloride</i>	95	EFUDEX	58
<i>doxercalciferol</i>	84	EGRIFTA	70
DOXIL	24	EGRIFTA SV	70
<i>doxorubicin hcl</i>	24	ELAPRASE	67
<i>doxorubicin hydrochloride</i>	24	ELELYSO	67
<i>doxorubicin hydrochloride liposomal</i>	24	ELEPSIA XR	11
<i>doxy 100</i>	10	<i>eletriptan hydrobromide</i>	20
<i>doxycycline</i>	10	ELIGARD	77
<i>doxycycline hyclate</i>	10	<i>elinest</i>	72
<i>doxycycline hyclate</i>	55	ELIQUIS	43
<i>doxycycline monohydrate</i>	10	ELIQUIS STARTER PACK	43
<i>doxylamine succinate/pyridoxine hydrochloride</i>	17	ELITEK	29
DRIZALMA SPRINKLE	15	ELLA	85
<i>dronabinol</i>	17	ELLENCE	24
DROXIA	23	ELMIRON	69
<i>droxidopa</i>	45	ELYXYB	1
DUAKLIR PRESSAIR	91	ELZONRIS	24
DUEXIS	1	EMCYT	23
DULERA	94	EMEND	18
<i>duloxetine hcl</i>	15		

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EMEND TRIPACK	18	EPRONTIA	11
EMFLAZA	69	<i>eprosartan mesylate</i>	46
EMGALITY	20	EPSOLAY	60
EMPAVELI	79	<i>eptifibatide</i>	45
EMPLICITI	28	EPZICOM	37
EMSAM	15	ERAXIS	18
<i>emtricitabine</i>	37	ERBITUX	28
<i>emtricitabine/tenofovir disoproxil</i>	37	<i>ergoloid mesylates</i>	14
<i>emtricitabine/tenofovir disoproxil fumarate</i>	37	<i>ergomar</i>	20
EMTRIVA	37	<i>ergotamine tartrate/cafeine</i>	20
<i>emverm</i>	30	ERIVEDGE	26
<i>enalapril maleate</i>	46	ERLEADA	22
<i>enalapril maleate/hydrochlorothiazide</i>	49	<i>erlotinib hydrochloride</i>	26
ENBREL	80	<i>errin</i>	75
ENBREL MINI	80	ERTACZO	18
ENBREL SURECLICK	80	<i>ertapenem</i>	9
ENDARI	67	<i>ertapenem sodium</i>	9
<i>endocet</i>	3	ERWINASE	24
ENDOMETRIN	75	ERWINAZE	24
ENGERIX-B	82	<i>ery</i>	60
ENHERTU	28	ERYPED 400	10
ENJAYMO	79	<i>erythromycin</i>	60
<i>enoxaparin sodium</i>	43	<i>erythromycin</i>	88
<i>enpresse-28</i>	72	<i>erythromycin dr</i>	10
ENSPRYNG	79	<i>erythromycin ethylsuccinate</i>	10
ENSTILAR	58	ESBRIET	93
<i>entacapone</i>	30	<i>escitalopram oxalate</i>	15
<i>entecavir</i>	35	<i>esomeprazole magnesium</i>	66
ENTOCORT EC	84	<i>estarylla</i>	72
ENTRESTO	49	<i>estazolam</i>	95
ENTYVIO	79	<i>estradiol</i>	72
<i>enulose</i>	64	<i>estradiol/norethindrone acetate</i>	72
ENVARUSUS XR	80	ESTRING	72
EPANED	46	<i>eszopiclone</i>	95
EPCLUSA	35	<i>ethacrynate sodium</i>	50
EPIDIOLEX	11	<i>ethambutol hydrochloride</i>	21
<i>epinastine hcl</i>	88	<i>ethosuximide</i>	12
<i>epinephrine</i>	91	<i>ethynodiol diacetate/ethinyl estradiol</i>	72
EPIPEN 2-PAK	91	ETHYOL	24
EPIPEN-JR 2-PAK	91	<i>etodolac</i>	1
<i>epitol</i>	13	ETOPOPHOS	26
EPIVIR HBV	35	<i>etravirine</i>	36
<i>eplerenone</i>	50	EUCRISA	57
EPOGEN	44	<i>eulexin</i>	22
<i>epoprostenol sodium</i>	92	<i>euthyrox</i>	76

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EVENITY	84	FENSOLVI	70
<i>everolimus</i>	26	<i>fentanyl</i>	2
<i>everolimus</i>	80	<i>fentanyl citrate</i>	3
EVKEEZA	49	<i>fentanyl citrate oral transmucosal</i>	3
EVOCLIN	60	FENTORA	4
EVOMELA	22	FERRIPROX	63
EVOTAZ	37	FERRIPROX TWICE-A-DAY	63
EVRYSDI	67	<i>fesoterodine fumarate er</i>	68
EVZIO	6	FETROJA	9
<i>exemestane</i>	26	FETZIMA	15
EXJADE	63	FETZIMA TITRATION PACK	15
EXKIVITY	26	<i>fexmid</i>	94
EXONDYS 51	67	FIASP	42
EXSERVAN	54	FIASP FLEXTOUCH	42
EXTAVIA	55	FIASP PENFILL	42
EXTINA	18	FINACEA	56
EYLEA	87	<i>finasteride</i>	69
EZALLOR SPRINKLE	50	FINTEPLA	11
<i>ezetimibe</i>	51	<i>fioricet/codeine</i>	4
<i>ezetimibe/rosuvastatin</i>	51	FIORINAL	54
<i>ezetimibe/simvastatin</i>	51	FIORINAL/CODEINE #3	4
FABRAZYME	67	FIRAZYR	78
<i>falmina</i>	72	FIRDAPSE	54
<i>famciclovir</i>	38	FIRMAGON	77
<i>famotidine</i>	66	<i>flac</i>	89
FANAPT	32	FLAREX	88
FANAPT TITRATION PACK	32	<i>flavoxate hcl</i>	68
FARESTON	23	FLEBOGAMMA DIF	78
FARXIGA	40	<i>flecainide acetate</i>	46
FARYDAK	26	FLECTOR	1
FASENRA	94	FLEQSUVY	34
FASENRA PEN	94	FLOLAN	92
FASLODEX	23	FLOLIPID	50
<i>fayosim</i>	72	FLOVENT DISKUS	90
FAZACLO	34	FLOVENT HFA	90
<i>febuxostat</i>	19	<i>floxuridine</i>	23
<i>felbamate</i>	11	<i>fluconazole</i>	18
FELBATOL	11	<i>fluconazole in sodium chloride</i>	18
<i>felodipine er</i>	48	<i>flucytosine</i>	18
FEMRING	72	<i>fludarabine phosphate</i>	24
<i>femynor</i>	72	<i>fludrocortisone acetate</i>	69
<i>fenofibrate</i>	50	<i>flunisolide</i>	90
<i>fenofibrate micronized</i>	50	<i>fluocinolone acetonide</i>	57
<i>fenofibric acid dr</i>	50	<i>fluocinolone acetonide</i>	89
FENOGLIDE	50	<i>fluocinolone acetonide body</i>	57

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<i>fluocinolone acetonide ear drops</i>	89	FREAMINE HBC 6.9%	61
<i>fluocinolone acetonide scalp</i>	57	FREAMINE III	61
<i>fluocinonide</i>	57	FROVA	20
<i>fluorometholone</i>	88	<i>frovatriptan succinate</i>	20
FLUOROPLEX	58	FULPHILA	44
<i>fluorouracil</i>	23	<i>fulvestrant</i>	23
<i>fluorouracil</i>	58	FURADANTIN	7
<i>fluoxetine hcl</i>	15	<i>furosemide</i>	50
<i>fluoxetine hydrochloride</i>	15	FUSILEV	24
<i>fluphenazine decanoate</i>	31	FUZEON	37
<i>fluphenazine hcl</i>	31	FYARRO	26
<i>fluphenazine hydrochloride</i>	31	<i>fyavolv</i>	73
<i>flurandrenolide</i>	57	FYCOMPA	11
<i>flurbiprofen</i>	1	<i>gabapentin</i>	12
<i>flurbiprofen sodium</i>	88	GABITRIL	12
<i>flutamide</i>	22	GABLOFEN	34
<i>fluticasone propionate</i>	57	GALAFOLD	67
<i>fluticasone propionate</i>	90	<i>galantamine hydrobromide</i>	14
<i>fluticasone propionate/salmeterol</i>	94	<i>galantamine hydrobromide er</i>	14
<i>fluticasone propionate/salmeterol diskus</i>	94	GAMASTAN	78
<i>fluvastatin</i>	50	GAMIFANT	79
<i>fluvastatin sodium er</i>	50	GAMMAGARD LIQUID	78
<i>fluvoxamine maleate</i>	16	GAMMAGARD S/D IGA LESS THAN	78
<i>fluvoxamine maleate er</i>	16	1MCG/ML	
FML	88	GAMMAKED	78
FML FORTE	88	GAMMAPLEX	78
FOCALIN	53	GAMUNEX-C	78
FOCALIN XR	53	<i>ganciclovir</i>	35
FOLOTYN	23	GARDASIL 9	82
<i>fomepizole</i>	85	GASTROCROM	67
<i>fondaparinux sodium</i>	43	<i>gatifloxacin</i>	88
<i>formoterol fumarate</i>	91	GATTEX	65
FORTAMET	40	<i>gavilyte-c</i>	65
FORTEO	84	<i>gavilyte-g</i>	65
FORTESTA	71	<i>gavilyte-h</i>	65
FOSAMAX	84	<i>gavilyte-n/flavor pack</i>	65
FOSAMAX PLUS D	84	GAVRETO	24
<i>fosamprenavir calcium</i>	37	GAZYVA	28
<i>foscarnet sodium</i>	35	GELNIQUE PUMP	68
FOSCAVIR	35	<i>gemcitabine hydrochloride</i>	23
<i>fosinopril sodium</i>	46	<i>gemfibrozil</i>	50
<i>fosinopril sodium/hydrochlorothiazide</i>	49	GEMTESA	68
FOSRENOL	63	<i>generlac</i>	64
FOTIVDA	22	<i>gengraf</i>	80
FRAGMIN	43	GENOTROPIN	70

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GENOTROPIN MINISQUICK	70	<i>guanfacine hydrochloride</i>	53
<i>gentak</i>	88	<i>guanidine hcl</i>	21
<i>gentamicin sulfate</i>	7	GVOKE HYPOPEN 1-PACK	41
<i>gentamicin sulfate</i>	88	GVOKE HYPOPEN 2-PACK	41
<i>gentamicin sulfate pediatric</i>	7	GVOKE KIT	42
GENVOYA	36	GVOKE PFS	42
GEODON	32	HAEGARDA	78
<i>gildagia</i>	73	<i>hailey 1.5/30</i>	73
<i>gildess 1.5/30</i>	73	<i>hailey 24 fe</i>	73
<i>gildess 1/20</i>	73	HALAVEN	24
<i>gildess 24 fe</i>	73	HALOBETASOL PROPIONATE	57
<i>gildess fe 1.5/30</i>	73	<i>haloperidol</i>	32
<i>gildess fe 1/20</i>	73	<i>haloperidol decanoate</i>	31
GILENYA	55	<i>haloperidol lactate</i>	32
GILOTRIF	26	HARVONI	35
GIMOTI	65	HAVRIX	82
GIVLAARI	85	<i>heather</i>	75
GLASSIA	67	<i>hecoria</i>	81
<i>glatiramer acetate</i>	55	<i>helidac therapy</i>	65
<i>glatopa</i>	55	HEMABATE	70
GLEEVEC	26	HEMANGEOL	47
GLEOSTINE	22	HEPAGAM B	78
<i>glimepiride</i>	40	<i>heparin sodium</i>	44
<i>glipizide</i>	40	<i>heparin sodium/dextrose</i>	44
<i>glipizide er</i>	40	HEPATAMINE	62
<i>glipizide xl</i>	40	HEPLISAV-B	82
<i>glipizide/metformin hydrochloride</i>	40	HEPSERA	35
GLOPERBA	19	HERCEPTIN	28
GLUCAGEN HYPOKIT	41	HERCEPTIN HYLECTA	28
<i>glucagon emergency kit</i>	41	HERZUMA	28
<i>glucagon emergency kit for low blood sugar</i>	41	HETLIOZ	95
GLUMETZA	40	HETLIOZ LQ	95
<i>glyburide</i>	40	HIBERIX	82
<i>glyburide/metformin hydrochloride</i>	40	HIZENTRA	78
GLYCATE	65	HUMALOG	42
<i>glycopyrrolate</i>	65	HUMALOG JUNIOR KWIKPEN	42
<i>glydo</i>	5	HUMALOG KWIKPEN	42
GLYXAMBI	40	HUMALOG MIX 50/50	42
GOCOVRI	30	HUMALOG MIX 50/50 KWIKPEN	42
<i>granisetron hydrochloride</i>	18	HUMALOG MIX 75/25	42
GRANIX	44	HUMALOG MIX 75/25 KWIKPEN	42
<i>griseofulvin microsize</i>	18	<i>humatin</i>	7
<i>griseofulvin ultramicrosize</i>	18	HUMATROPE	70
<i>guanfacine er</i>	53	HUMATROPE COMBO PACK	70
<i>guanfacine hcl</i>	45	HUMIRA	81

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HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	81	HYSINGLA ER	2
HUMIRA PEN	81	<i>ibandronate sodium</i>	84
HUMIRA PEN-CD/UC/HS STARTER	81	IBRANCE	24
HUMIRA PEN-PEDIATRIC UC STARTER PACK	81	IBRANCE	26
HUMIRA PEN-PS/UV STARTER	81	IBSRELA	64
HUMULIN 70/30	42	<i>ibu</i>	1
HUMULIN 70/30 KWIKPEN	42	IBUDONE	4
HUMULIN N	42	<i>ibuprofen</i>	1
HUMULIN N KWIKPEN	42	<i>ibuprofen lysine</i>	1
HUMULIN R	42	<i>ibuprofen/famotidine</i>	1
HUMULIN R U-500 (CONCENTRATED)	42	<i>icatibant acetate</i>	78
HUMULIN R U-500 KWIKPEN	42	<i>iclevia</i>	73
HYCAMTIN	26	ICLUSIG	26
<i>hydralazine hcl</i>	51	<i>icosapent ethyl</i>	51
<i>hydralazine hydrochloride</i>	51	IDAMYCIN PFS	24
<i>hydrochlorothiazide</i>	50	<i>idarubicin hcl</i>	24
<i>hydrocodone bitartrate er</i>	2	IDHIFA	24
<i>hydrocodone bitartrate/acetaminophen</i>	4	<i>ifosfamide</i>	22
<i>hydrocodone/acetaminophen</i>	4	IGALMI	85
<i>hydrocodone/ibuprofen</i>	4	ILARIS	79
<i>hydrocortisone</i>	57	ILEVRO	88
<i>hydrocortisone</i>	69	<i>ilotycin</i>	88
<i>hydrocortisone</i>	84	ILUMYA	79
<i>hydrocortisone 1% in absorbase</i>	57	ILUVIEN	88
<i>hydrocortisone acetate/pramoxine</i>	58	<i>imatinib mesylate</i>	27
<i>hydrochloride</i>		IMBRUVICA	27
<i>hydrocortisone in absorbase</i>	57	IMFINZI	28
<i>hydrocortisone valerate</i>	57	<i>imipenem/cilastatin</i>	9
<i>hydromorphone hcl</i>	4	<i>imipramine hcl</i>	17
<i>hydromorphone hcl er</i>	2	<i>imipramine hydrochloride</i>	17
<i>hydromorphone hydrochloride</i>	4	<i>imiquimod</i>	59
<i>hydromorphone hydrochloride dosette</i>	4	<i>imiquimod pump</i>	59
<i>hydromorphone hydrochloride er</i>	2	IMITREX	20
<i>hydroxychloroquine sulfate</i>	30	IMITREX STATDOSE REFILL	20
<i>hydroxyprogesterone caproate</i>	75	IMITREX STATDOSE SYSTEM	20
<i>hydroxyurea</i>	23	IMOGAM RABIES-HT	78
<i>hydroxyzine hcl</i>	90	IMOVAX RABIES (H.D.C.V.)	82
<i>hydroxyzine hydrochloride</i>	90	IMPAVIDO	7
<i>hydroxyzine pamoate</i>	38	IMPOYZ	58
HYPERHEP B	78	IMURAN	81
HYPERRAB	78	IMVEXXY MAINTENANCE PACK	73
HYPERRAB S/D	78	IMVEXXY STARTER PACK	73
HYQVIA	78	INBRIJA	31
		<i>incassia</i>	76
		INCRELEX	70

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INCRUSE ELLIPTA	91	<i>isosorbide dinitrate</i>	51
<i>indapamide</i>	50	<i>isosorbide dinitrate/hydralazine</i>	49
INDERAL LA	47	<i>hydrochloride</i>	
INDERAL XL	47	<i>isosorbide mononitrate</i>	51
INDOCIN	1	<i>isosorbide mononitrate er</i>	51
<i>indomethacin</i>	1	<i>isotretinoin</i>	56
<i>indomethacin er</i>	1	<i>isradipine</i>	48
INFANRIX	82	ISTODAX (OVERFILL)	24
INFLECTRA	81	ISTURISA	76
<i>infliximab</i>	81	<i>itraconazole</i>	18
INFUGEM	23	<i>ivermectin</i>	30
INFUMORPH 200	2	<i>ivermectin</i>	59
INFUMORPH 500	2	IXEMPRA KIT	24
INGREZZA	54	IXIARO	82
INLYTA	27	JADENU	63
INNOPRAN XL	47	JADENU SPRINKLE	63
INQOVI	27	JAKAFI	27
INREBIC	24	<i>jantoven</i>	44
<i>insulin aspart protamine/insulin aspart</i>	42	JANUMET	40
<i>flexpen</i>		JANUMET XR	40
INTEGRILIN	45	JANUVIA	40
INTELENCE	36	JARDIANCE	40
INTRALIPID	85	JATENZO	71
INTRAROSA	69	JEMPERLI	28
INTRON A	80	<i>jencycla</i>	76
INTRON A W/DILUENT	80	JENTADUETO	40
<i>introvale</i>	73	JENTADUETO XR	40
INVEGA	32	<i>jevantique lo</i>	73
INVEGA HAFYERA	32	JEVTANA	24
INVEGA SUSTENNA	32	<i>jinteli</i>	73
INVEGA TRINZA	32	<i>jolessa</i>	73
INVIRASE	37	<i>jolivet</i>	76
INVOKAMET	40	JUBLIA	19
INVOKAMET XR	40	JULUCA	36
INVOKANA	40	<i>junel 1.5/30</i>	73
IPOL INACTIVATED IPV	82	<i>junel 1/20</i>	73
<i>ipratropium bromide</i>	91	<i>junel fe 1.5/30</i>	73
<i>ipratropium bromide/albuterol sulfate</i>	94	<i>junel fe 1/20</i>	73
<i>irbesartan</i>	46	<i>junel fe 24</i>	73
<i>irbesartan/hydrochlorothiazide</i>	49	JUXTAPID	51
IRESSA	27	JYNARQUE	63
ISENTRESS	36	KABIVEN	62
ISENTRESS HD	36	KADCYLA	28
<i>isoniazid</i>	21	KADIAN	2
ISORDIL TITRADOSE	51	KALBITOR	78

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<i>kalliga</i>	73	<i>klor-con m20</i>	62
KALYDECO	92	<i>klor-con sprinkle</i>	62
KANJINTI	28	<i>klor-con/ef</i>	62
KANUMA	67	KLOXXADO	6
<i>kariva</i>	73	KOMBIGLYZE XR	40
KAZANO	40	KORLYM	70
KEDRAB	78	KORSUVA	85
<i>kelnor 1/35</i>	73	KOSELUGO	27
<i>kelnor 1/50</i>	73	KRYSTEXXA	20
KENALOG	58	<i>k-sol</i>	62
KENGREAL	45	<i>kurvelo</i>	73
KEPIVANCE	56	KUVAN	67
KEPPRA	11	KYNMOBI	31
KEPPRA XR	11	KYNMOBI TITRATION KIT	31
KERENDIA	49	KYPROLIS	26
KERYDIN	19	<i>labetalol hydrochloride</i>	47
KESIMPTA	55	<i>lacosamide</i>	13
<i>ketoconazole</i>	19	<i>lactulose</i>	64
<i>ketoprofen</i>	1	LAGEVRIO	85
<i>ketorolac tromethamine</i>	1	LAMICTAL	11
<i>ketorolac tromethamine</i>	88	LAMICTAL CHEWABLE DISPERSIBLE	11
KEVEYIS	67	LAMICTAL ODT	11
KEVZARA	79	LAMICTAL STARTER/TAKING	11
KEYTRUDA	28	CARBAMAZEPINE/NOT TAKING	
KHAPZORY	29	VALPROATE	
KHEDEZLA	16	LAMICTAL XR	11
<i>kimidess</i>	73	<i>lamivudine</i>	35
KIMMTRAK	24	<i>lamivudine</i>	37
KIMYRSA	7	<i>lamivudine/zidovudine</i>	37
KINERET	79	<i>lamotrigine</i>	11
KINRIX	83	<i>lamotrigine er</i>	11
<i>kionex</i>	63	<i>lamotrigine odt</i>	11
<i>kionex</i>	64	<i>lamotrigine starter kit/blue</i>	11
KISQALI	27	<i>lamotrigine starter kit/green</i>	11
KISQALI FEMARA 200 DOSE	24	<i>lamotrigine starter kit/orange</i>	11
KISQALI FEMARA 400 DOSE	24	LAMOTRIGINE TITRATION	11
KISQALI FEMARA 600 DOSE	24	<i>lanreotide acetate</i>	77
KITABIS PAK	92	<i>lansoprazole</i>	66
KLISYRI	59	<i>lanthanum carbonate</i>	63
<i>klofensaid ii</i>	1	LANTUS	42
KLONOPIN	12	LANTUS SOLOSTAR	42
<i>klor-con 10</i>	62	<i>lapatinib ditosylate</i>	27
<i>klor-con 8</i>	62	<i>larin 1.5/30</i>	73
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<i>larin fe 1/20</i>	73	<i>levorphanol tartrate</i>	2
<i>larissia</i>	73	<i>levo-t</i>	76
LARTRUVO	29	<i>levothyroxine sodium</i>	76
<i>latanoprost</i>	89	<i>levoxyl</i>	76
LATUDA	32	LEXETTE	58
LAZANDA	4	LEXIVA	37
<i>ledipasvir/sofosbuvir</i>	35	LIALDA	83
<i>leflunomide</i>	81	LIBRAX	65
LEMTRADA	79	LIBTAYO	29
<i>lenalidomide</i>	22	LICART	1
LENVIMA 10 MG DAILY DOSE	27	<i>lidocaine</i>	5
LENVIMA 12MG DAILY DOSE	27	<i>lidocaine and tetracaine cream</i>	5
LENVIMA 14 MG DAILY DOSE	27	<i>lidocaine hcl</i>	5
LENVIMA 18 MG DAILY DOSE	27	<i>lidocaine hcl</i>	47
LENVIMA 20 MG DAILY DOSE	27	<i>lidocaine hcl</i>	56
LENVIMA 24 MG DAILY DOSE	27	<i>lidocaine hcl jelly</i>	5
LENVIMA 4 MG DAILY DOSE	27	<i>lidocaine viscous</i>	56
LENVIMA 8 MG DAILY DOSE	27	<i>lidocaine/prilocaine</i>	5
LEQVIO	51	<i>lidocaine/tetracaine</i>	5
<i>lessina</i>	73	<i>lidocaine-prilocaine-cream base</i>	5
LETAIRIS	92	LIDODERM	5
<i>letrozole</i>	26	<i>lillow</i>	73
<i>leucovorin calcium</i>	24	<i>lincomycin hcl</i>	7
<i>leucovorin calcium</i>	29	<i>linezolid</i>	7
LEUKERAN	22	LINZESS	64
LEUKINE	44	LIORESAL INTRATHECAL	34
<i>leuprolide acetate</i>	77	<i>liothyronine sodium</i>	76
<i>levabuterol</i>	91	<i>lisinopril</i>	46
<i>levabuterol hcl</i>	91	<i>lisinopril/hydrochlorothiazide</i>	49
<i>levabuterol hydrochloride</i>	91	<i>lithium</i>	40
<i>levabuterol tartrate hfa</i>	91	<i>lithium carbonate</i>	40
LEVEMIR	42	<i>lithium carbonate er</i>	40
LEVEMIR FLEXTOUCH	42	LITHOBID	40
<i>levetiracetam</i>	11	LITHOSTAT	69
<i>levetiracetam er</i>	11	LIVALO	50
<i>levobunolol hcl</i>	89	LIVMARLI	85
<i>levocetirizine dihydrochloride</i>	90	LIVTENCITY	35
<i>levofloxacin</i>	10	LOCOID	58
<i>levofloxacin</i>	88	<i>lodine</i>	1
<i>levofloxacin in d5w</i>	10	LODOSYN	31
<i>levoleucovorin</i>	24	<i>lofena</i>	1
<i>levonest</i>	73	<i>lokara</i>	58
<i>levonorgestrel and ethinyl estradiol</i>	73	LOKELMA	64

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<i>lomedina 24 fe</i>	73	LUPRON DEPOT-PED (3-MONTH)	77
LONHALA MAGNAIR REFILL KIT	91	<i>luter</i>	74
LONHALA MAGNAIR STARTER KIT	91	LYBALVI	32
LONSURF	24	<i>lyleq</i>	76
<i>loperamide hcl</i>	64	<i>lyllana</i>	74
<i>lopinavir/ritonavir</i>	37	LYMEPAK	10
<i>loprezza</i>	74	LYNPARZA	27
<i>lorazepam</i>	39	LYRICA	54
<i>lorazepam intensol</i>	39	LYSODREN	76
LORBRENA	27	LYUMJEV	42
<i>lorcet</i>	4	LYUMJEV KWIKPEN	42
<i>lorcet hd</i>	4	LYVISPAH	34
<i>lorcet plus</i>	4	<i>lyza</i>	76
LOREEV XR	39	<i>mafenide acetate</i>	60
<i>lortab</i>	4	<i>magnesium sulfate</i>	62
<i>lorzone</i>	94	MAKENA	76
<i>losartan potassium</i>	46	<i>malathion</i>	59
<i>losartan potassium/hydrochlorothiazide</i>	49	<i>maprotiline hcl</i>	14
LOSEASONIQUE	74	<i>maraviroc</i>	37
LOTEMAX	88	MARGENZA	29
LOTEMAX SM	88	MARINOL	18
<i>loteprednol etabonate</i>	88	<i>marlissa</i>	74
LOTRONEX	64	MARPLAN	15
<i>lovastatin</i>	50	MARQIBO	24
<i>lovaza</i>	51	<i>marten-tab</i>	54
LOVENOX	44	MATULANE	22
<i>low-ogestrel</i>	74	<i>matzim la</i>	48
<i>loxapine</i>	32	MAVENCLAD	55
<i>loxapine succinate</i>	32	MAVYRET	35
<i>lo-zumandimine</i>	73	MAXALT	20
<i>lubiprostone</i>	64	MAXALT-MLT	20
LUCEMYRA	6	MAYZENT	55
LUCENTIS	87	MAYZENT STARTER PACK	55
LUMAKRAS	24	<i>meclizine hcl</i>	17
LUMIGAN	89	<i>meclizine hydrochloride</i>	17
LUMIZYME	67	<i>medroxyprogesterone acetate</i>	76
LUMOXITI	29	<i>mefloquine hcl</i>	30
LUNESTA	95	MEGACE ES	76
LUPANETA PACK	77	<i>megestrol acetate</i>	76
LUPKYNIS	81	MEKINIST	27
LUPRON DEPOT (1-MONTH)	77	MEKTOVI	27
LUPRON DEPOT (3-MONTH)	77	<i>meloxicam</i>	1
LUPRON DEPOT (4-MONTH)	77	<i>memantine hcl titration pak</i>	14
LUPRON DEPOT (6-MONTH)	77	<i>memantine hydrochloride</i>	14
LUPRON DEPOT-PED (1-MONTH)	77	<i>memantine hydrochloride er</i>	14

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<i>menest</i>	74	<i>metoclopramide hcl</i>	65
MENQUADFI	83	<i>metoclopramide hydrochloride</i>	65
MENVEO	83	<i>metoclopramide odt</i>	65
<i>meperidine hcl</i>	4	<i>metolazone</i>	50
MEPRON	30	METOPIRONE	85
MEPSEVII	67	<i>metoprolol succinate er</i>	47
<i>mercaptapurine</i>	23	METOPROLOL SUCCINATE	49
<i>meropenem</i>	9	ER/HYDROCHLOROTHIAZIDE	
<i>meropenem/sodium chloride</i>	9	<i>metoprolol tartrate</i>	47
MERREM	9	<i>metronidazole</i>	8
<i>mesalamine</i>	83	<i>metronidazole</i>	56
<i>mesalamine dr</i>	83	<i>metronidazole vaginal</i>	8
<i>mesalamine er</i>	83	<i>metryrosine</i>	49
MESNEX	29	<i>mexiletine hcl</i>	47
MESTINON	21	MIACALCIN	84
MESTINON TIMESPAN	21	<i>micafungin</i>	19
<i>metadate er</i>	53	<i>microgestin 1.5/30</i>	74
<i>metformin hydrochloride</i>	41	<i>microgestin 1/20</i>	74
<i>metformin hydrochloride er</i>	40	<i>microgestin 24 fe</i>	74
<i>methadone hcl</i>	2	<i>microgestin fe 1.5/30</i>	74
<i>methadone hydrochloride</i>	2	<i>microgestin fe 1/20</i>	74
<i>methadone hydrochloride intensol</i>	2	<i>midazolam hcl</i>	39
<i>methadose</i>	3	<i>midodrine hcl</i>	45
<i>methadose sugar-free</i>	2	<i>migergot</i>	20
<i>methamphetamine hcl</i>	52	<i>miglitol</i>	41
<i>methazolamide</i>	89	<i>miglustat</i>	67
<i>methenamine hippurate</i>	8	MIGRANAL	20
<i>methergine</i>	85	<i>mili</i>	74
<i>methimazole</i>	78	<i>milrinone lactate</i>	49
<i>methitest</i>	71	<i>milrinone lactate in dextrose</i>	49
<i>methocarbamol</i>	94	<i>mimvey</i>	74
<i>methotrexate</i>	81	<i>mimvey lo</i>	74
<i>methotrexate sodium</i>	81	MINOCIN	10
<i>methoxsalen</i>	59	<i>minocycline hcl</i>	10
<i>methyldopa</i>	45	<i>minocycline hydrochloride</i>	10
<i>methylergonovine maleate</i>	85	<i>minoxidil</i>	51
<i>methylphenidate hcl sr</i>	53	<i>mirtazapine</i>	14
<i>methylphenidate hydrochloride</i>	53	<i>mirtazapine odt</i>	14
<i>methylphenidate hydrochloride cd</i>	53	MIRVASO	56
<i>methylphenidate hydrochloride er</i>	53	<i>misoprostol</i>	66
<i>methylphenidate hydrochloride er (la)</i>	53	<i>mitigo</i>	3
<i>methylprednisolone</i>	69	<i>mitomycin</i>	24
<i>methylprednisolone dose pack</i>	69	<i>mitoxantrone hcl</i>	55
<i>methylprednisolone sodium succinate</i>	69	M-M-R II	83

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<i>moderiba</i>	35	<i>nabumetone</i>	1
<i>moexipril hcl</i>	46	<i>nadolol</i>	47
<i>molindone hydrochloride</i>	32	<i>nafcillin</i>	9
<i>mometasone furoate</i>	58	<i>nafcillin sodium</i>	9
<i>mometasone furoate</i>	90	<i>naftifine hydrochloride</i>	19
<i>mondoxyme nl</i>	11	NAGLAZYME	67
MONJUVI	29	<i>nalbuphine hcl</i>	4
<i>mono-lynyah</i>	74	<i>nalocet</i>	4
<i>mononessa</i>	74	<i>naloxone hcl</i>	6
<i>montelukast sodium</i>	90	<i>naloxone hydrochloride</i>	6
<i>morgidox 1x100mg</i>	11	<i>naltrexone hcl</i>	6
<i>morgidox 1x50mg</i>	11	NAMENDA XR	14
<i>morgidox 2x100mg</i>	11	NAMZARIC	14
<i>morphine sulfate</i>	4	NAPRELAN	1
<i>morphine sulfate er</i>	3	NAPROSYN	1
<i>morphine sulfate/sodium chloride</i>	4	<i>naproxen</i>	2
MOTEGRITY	64	<i>naproxen sodium</i>	2
<i>moxifloxacin hydrochloride/sodium</i>	10	<i>naproxen sodium cr</i>	1
<i>hydrochloride</i>		<i>naproxen sodium er</i>	2
<i>moxifloxacin hydrochloride</i>	10	<i>naproxen/esomeprazole magnesium</i>	2
<i>moxifloxacin hydrochloride</i>	88	<i>naratriptan hcl</i>	20
MOZOBIL	44	NASONEX	90
MS CONTIN	3	NATACYN	88
MULPLETA	44	<i>nateglinide</i>	41
MULTAQ	47	NATESTO	71
<i>mupirocin</i>	60	NATPARA	84
<i>mupirocin calcium</i>	60	NAYZILAM	12
<i>mutamycin</i>	25	<i>nebivolol</i>	47
MVASI	29	<i>nebivolol hydrochloride</i>	47
MYALEPT	65	NEBUPENT	30
MYCAMINE	19	<i>necon 0.5/35-28</i>	74
MYCAPSSA	77	<i>necon 1/35</i>	74
MYCOBUTIN	21	<i>necon 7/7/7</i>	74
<i>mycophenolate mofetil</i>	81	<i>nefazodone hydrochloride</i>	16
<i>mycophenolic acid dr</i>	81	<i>nelarabine</i>	23
MYFEMBREE	77	<i>neomycin sulfate</i>	7
MYFORTIC	81	<i>neomycin/bacitracin/polymyxin</i>	87
MYLOTARG	29	<i>neomycin/polymyxin/bacitracin</i>	87
MYOBLOC	34	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	87
<i>myorisan</i>	56	<i>one</i>	
MYRBETRIQ	68	<i>neomycin/polymyxin/dexamethasone</i>	87
MYSOLINE	13	<i>neomycin/polymyxin/gramicidin</i>	87
MYTESI	64	<i>neomycin/polymyxin/hc</i>	89
<i>myzilra</i>	74	<i>neomycin/polymyxin/hydrocortisone</i>	89

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<i>neo-polycin hc</i>	87	<i>nizatidine</i>	66
NEOPROFEN	2	<i>nora-be</i>	76
NEORAL	81	<i>norco</i>	4
<i>neo-synalar</i>	59	NORDITROPIN FLEXPEN	70
NEPHRAMINE	62	<i>norethindrone</i>	76
NERLYNX	27	<i>norethindrone acetate</i>	76
NESINA	41	<i>norethindrone acetate/ethinyl estradiol</i>	74
NEULASTA	44	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	74
NEULASTA ONPRO KIT	44	<i>norgesic forte</i>	94
NEUPOGEN	44	<i>norgestimate/ethinyl estradiol</i>	74
NEUPRO	31	NORITATE	56
NEURONTIN	13	NORLIQVA	48
NEVANAC	89	<i>norlyda</i>	76
<i>nevirapine</i>	36	<i>norlyroc</i>	76
<i>nevirapine er</i>	36	NORTHERA	45
NEXAVAR	27	<i>nortrel 0.5/35 (28)</i>	74
NEXIUM	66	<i>nortrel 1/35</i>	74
NEXLETOL	51	<i>nortrel 7/7/7</i>	74
NEXLIZET	51	<i>nortriptyline hcl</i>	17
NEXTERONE	47	<i>nortriptyline hydrochloride</i>	17
NEXVIAZYME	67	NORVIR	37
<i>niacin er</i>	51	NOURIANZ	30
<i>nicardipine hcl</i>	48	NOVAREL	70
NICOTROL INHALER	7	NOVOLIN 70/30	42
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<i>nifedical xl</i>	48	NOVOLIN 70/30 FLEXPEN RELION	42
<i>nifedipine er</i>	48	NOVOLIN 70/30 RELION	42
NILANDRON	22	NOVOLIN N	42
<i>nilutamide</i>	22	NOVOLIN N FLEXPEN	42
<i>nimodipine</i>	48	NOVOLIN N FLEXPEN RELION	42
NINLARO	25	NOVOLIN N RELION	42
NIPENT	23	NOVOLIN R	42
<i>nitazoxanide</i>	30	NOVOLIN R FLEXPEN	42
<i>nitisinone</i>	67	NOVOLIN R FLEXPEN RELION	42
<i>nitro-bid</i>	51	NOVOLIN R RELION	42
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<i>nitrofurantoin</i>	8	NOVOLOG FLEXPEN	43
<i>nitrofurantoin macrocrystals</i>	8	NOVOLOG FLEXPEN RELION	43
<i>nitrofurantoin monohydrate</i>	8	NOVOLOG MIX 70/30	43
<i>nitrofurantoin monohydrate/macrocrystals</i>	8	NOVOLOG MIX 70/30 PREFILLED	43
<i>nitroglycerin</i>	51	FLEXPEN	
<i>nitroglycerin lingual</i>	51	NOVOLOG MIX 70/30 PREFILLED	43
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NOVOLOG PENFILL	43	<i>olmesartan medoxomil</i>	46
NOVOLOG RELION	43	<i>olmesartan medoxomil/hydrochlorothiazide</i>	49
NOXAFIL	19	<i>olopatadine hcl</i>	88
NPLATE	44	<i>olopatadine hcl</i>	90
NUBEQA	22	<i>olopatadine hydrochloride</i>	88
NUCALA	94	OLUMIANT	79
NUCYNTA	4	OLUX-E	58
NUCYNTA ER	3	<i>omega-3-acid ethyl esters</i>	51
NUEDEXTA	54	OMEGAVEN	86
NULIBRY	85	OMEPPi	66
NULOJIX	81	<i>omeprazole</i>	66
NUPLAZID	32	<i>omeprazole dr</i>	66
NURTEC	20	<i>omeprazole/sodium bicarbonate</i>	66
NUTRILIPID	85	OMNIPOD 10 PACK	86
NUTROPIN AQ NUSPIN 10	70	OMNIPOD 5 G6 INTRO KIT (GEN 5)	86
NUTROPIN AQ NUSPIN 20	70	OMNIPOD 5 G6 PODS (GEN 5)	86
NUTROPIN AQ NUSPIN 5	70	OMNIPOD CLASSIC PDM STARTER	86
NUVIGIL	95	KIT (GEN 3)	
NUZYRA	11	OMNIPOD CLASSIC PODS (GEN 3)	86
<i>nyamyc</i>	19	OMNIPOD DASH INTRO KIT (GEN 4)	86
<i>nyata</i>	19	OMNIPOD DASH PDM KIT (GEN 4)	86
<i>nylia 1/35</i>	74	OMNIPOD DASH PODS (GEN 4)	86
<i>nylia 7/7/7</i>	74	OMNITROPE	70
NYMALIZE	48	ONCASPAR	25
<i>nystatin</i>	19	<i>ondansetron hcl</i>	18
<i>nystatin/triamcinolone</i>	59	<i>ondansetron hydrochloride</i>	18
<i>nystatin/triamcinolone acetonide</i>	59	<i>ondansetron odt</i>	18
<i>nystop</i>	19	ONFI	13
NYVEPRIA	44	ONGENTYS	30
OALIVA	65	ONGLYZA	41
OCREVUS	55	ONIVYDE	26
OCTAGAM	78	ONPATTRO	67
<i>octreotide acetate</i>	77	ONTRUZANT	29
ODACTRA	85	ONUREG	25
ODEFSEY	37	ONZETRA XSAIL	20
ODOMZO	27	OPANA	4
OFEV	93	OPDIVO	29
<i>ofloxacin</i>	10	OPDUALAG	25
<i>ofloxacin</i>	88	OPSUMIT	92
<i>ofloxacin</i>	89	OPZELURA	58
OGIVRI	29	<i>oralone dental paste</i>	56
<i>okebo</i>	11	ORAVIG	19
<i>olanzapine</i>	32	ORBACTIV	8
<i>olanzapine odt</i>	32	ORENCIA	79

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ORENCIA CLICKJECT	79	<i>oxymorphone hydrochloride</i>	5
ORENITRAM	92	<i>oxymorphone hydrochloride er</i>	3
ORFADIN	67	<i>oxymorphone hydrochlorideer</i>	3
ORGOVYX	77	OZEMPIC	41
ORIAHNN	77	OZOBAX	34
ORILISSA	77	<i>pacerone</i>	47
ORKAMBI	92	<i>paclitaxel protein-bound particles</i>	25
ORLADEYO	86	PADCEV	29
<i>orphenadrine citrate er</i>	94	PALFORZIA INITIAL DOSE	86
<i>orphenadrine citrate/aspirin/caffeeine</i>	94	ESCALATION	
ORPHENGESIC FORTE	94	PALFORZIA LEVEL 1	86
<i>orsythia</i>	74	PALFORZIA LEVEL 10	86
ORTIKOS	84	PALFORZIA LEVEL 11	86
<i>oseltamivir phosphate</i>	38	(MAINTENANCE)	
OSENI	41	PALFORZIA LEVEL 11 (TITRATION)	86
OSMOLEX ER	30	PALFORZIA LEVEL 2	86
OSPHERA	76	PALFORZIA LEVEL 3	86
OTEZLA	59	PALFORZIA LEVEL 4	86
OTEZLA	79	PALFORZIA LEVEL 5	86
OTREXUP	81	PALFORZIA LEVEL 6	86
<i>oxacillin sodium</i>	9	PALFORZIA LEVEL 7	86
<i>oxaliplatin</i>	22	PALFORZIA LEVEL 8	86
<i>oxandrolone</i>	71	PALFORZIA LEVEL 9	86
<i>oxaprozin</i>	2	<i>paliperidone er</i>	33
OXAYDO	4	<i>palonosetron hydrochloride</i>	18
<i>oxazepam</i>	39	PALYNZIQ	67
OXBRYTA	44	PAMELOR	17
<i>oxcarbazepine</i>	13	PANCREAZE	67
OXERVATE	87	PANDEL	58
<i>oxiconazole nitrate</i>	19	PANRETIN	29
OXISTAT	19	<i>pantoprazole sodium</i>	66
OXLUMO	86	PANZYGA	78
OXSORALEN ULTRA	59	<i>paricalcitol</i>	84
OXTELLAR XR	13	PARNATE	15
<i>oxybutynin chloride</i>	68	<i>paroex</i>	56
<i>oxybutynin chloride er</i>	68	<i>paromomycin sulfate</i>	7
<i>oxycodone and acetaminophen</i>	4	<i>paroxetine</i>	16
<i>oxycodone hcl</i>	4	<i>paroxetine hcl</i>	16
<i>oxycodone hcl er</i>	3	<i>paroxetine hcl er</i>	16
<i>oxycodone hydrochloride</i>	4	<i>paroxetine hydrochloride</i>	16
<i>oxycodone hydrochloride/acetaminophen</i>	4	<i>paser</i>	21
<i>oxycodone/acetaminophen</i>	5	PATANASE	90
<i>oxycodone/aspirin</i>	5	PAXLOVID	86
<i>oxycodone/ibuprofen</i>	5	PEDIARIX	83

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PEDVAX HIB	83	PICATO	59
<i>peg 3350/electrolytes</i>	65	PIFELTRO	36
<i>peg-3350/electrolytes</i>	65	<i>pilocarpine hcl</i>	89
<i>peg-3350/nacl/na bicarbonate/kcl</i>	65	<i>pilocarpine hydrochloride</i>	56
PEGANONE	13	<i>pimtrea</i>	74
PEGASYS	80	<i>pindolol</i>	47
PEGASYS PROCLICK	80	<i>pioglitazone hcl</i>	41
PEGINTRON	80	<i>pioglitazone hcl/metformin hcl</i>	41
PEG-INTRON REDIPEN	80	<i>pioglitazone hydrochloride</i>	41
PEMAZYRE	25	<i>piperacillin sodium/tazobactam sodium</i>	9
<i>pemetrexed</i>	23	PIQRAY 200MG DAILY DOSE	27
PEMFEXY	23	PIQRAY 250MG DAILY DOSE	27
<i>penicillamine</i>	63	PIQRAY 300MG DAILY DOSE	27
<i>penicillin g sodium</i>	9	<i>pirfenidone</i>	93
<i>penicillin v potassium</i>	9	<i>pirmella 1/35</i>	74
PENLAC NAIL LACQUER	60	<i>pirmella 7/7/7</i>	74
PENNSAID	2	<i>piroxicam</i>	2
PENTACEL	83	PLEGRIDY	55
<i>pentamidine isethionate</i>	30	PLEGRIDY STARTER PACK	55
<i>pentazocine/naloxone hcl</i>	5	<i>plenamine</i>	62
<i>pentoxifylline er</i>	49	PLIAGLIS	5
PEPAXTO	22	<i>podofilox</i>	59
<i>pepcid</i>	66	POLIVY	29
<i>percocet</i>	5	<i>polycin</i>	87
PERFOROMIST	92	<i>polyethylene glycol 3350</i>	64
PERIKABIVEN	62	<i>polymyxin b sulfate/trimethoprim sulfate</i>	87
<i>perindopril erbumine</i>	46	POMALYST	22
<i>periogard</i>	56	PONVORY	55
PERJETA	29	PONVORY 14-DAY STARTER PACK	55
<i>permethrin</i>	59	<i>portia-28</i>	74
<i>perphenazine</i>	32	PORTRAZZA	29
<i>perphenazine/amitriptyline</i>	14	POSACONAZOLE	19
PERSERIS	33	<i>posaconazole dr</i>	19
PERTZYE	67	<i>potassium chloride er</i>	62
<i>phenadoz</i>	17	<i>potassium chloride sr</i>	62
<i>phenelzine sulfate</i>	15	<i>potassium citrate er</i>	62
<i>phenobarbital</i>	13	POTELIGEO	29
<i>phenobarbital sodium</i>	13	PRADAXA	44
<i>phenoxybenzamine hydrochloride</i>	46	PRALUENT	51
<i>phenytoin</i>	13	<i>pramipexole dihydrochloride</i>	31
<i>phenytoin infatabs</i>	13	<i>pramipexole dihydrochloride er</i>	31
<i>phenytoin sodium extended</i>	13	PRANDIN	41
PHESGO	25	<i>prasugrel</i>	45
<i>philith</i>	74	<i>pravastatin sodium</i>	50
PHOTOFRIN	25	<i>praziquantel</i>	30

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<i>prazosin hydrochloride</i>	46	<i>progesterone</i>	76
PRED MILD	89	PROGRAF	81
<i>prednisolone</i>	69	PROLASTIN-C	68
<i>prednisolone acetate</i>	89	<i>prolate</i>	5
<i>prednisolone sodium phosphate</i>	69	PROLENSA	89
<i>prednisone</i>	69	PROLEUKIN	25
<i>pregabalin</i>	54	PROLIA	84
PREGNYL W/DILUENT BENZYL	70	PROMACTA	45
ALCOHOL/NACL		<i>promethazine hcl</i>	17
PREHEVBRIO	83	<i>promethazine hydrochloride</i>	17
PREMARIN	74	<i>promethegan</i>	17
<i>premasol</i>	62	<i>propafenone hcl</i>	47
<i>premium lidocaine</i>	5	<i>propafenone hydrochloride er</i>	47
PREMPHASE	74	<i>propranolol hcl</i>	47
PREMPRO	74	<i>propranolol hcl er</i>	47
<i>prenatal</i>	64	<i>propranolol hydrochloride</i>	47
PREVACID	66	<i>propranolol hydrochloride er</i>	47
<i>prevalite</i>	51	<i>propylthiouracil</i>	78
<i>previfem</i>	74	PROQUAD	83
PREVYMIS	35	PROSOL	62
PREZCOBIX	37	PROSTIN E2	70
PREZISTA	38	PROTONIX	66
PRIALT	54	<i>protriptyline hcl</i>	17
PRIFTIN	21	PROVENTIL HFA	92
<i>primaquine phosphate</i>	30	PROVIGIL	95
<i>primidone</i>	13	PROZAC	16
<i>primlev</i>	5	PRUDOXIN	58
PRIMSOL	8	PULMICORT	90
PRIORIX	83	PULMICORT FLEXHALER	90
PRISTIQ	16	PULMOZYME	92
PRIVIGEN	78	PURIXAN	23
PROAIR HFA	92	PYLERA	65
<i>probenecid</i>	20	<i>pyrazinamide</i>	21
<i>probenecid/colchicine</i>	20	<i>pyridostigmine bromide</i>	21
PROBUPHINE IMPLANT KIT	3	<i>pyrimethamine</i>	30
PROCALAMINE	62	PYRUKYND	45
<i>prochlorperazine</i>	17	PYRUKYND TAPER PACK	45
<i>prochlorperazine edisylate</i>	17	QBRELIS	46
<i>prochlorperazine maleate</i>	17	QDOLO	5
PROCRIT	45	QINLOCK	22
<i>procto-med hc</i>	84	QTERN	41
<i>proctosol hc</i>	84	QUADRACEL	83
<i>proctozone-hc</i>	84	QUALAQUIN	30
PROCYSBI	68	QUARTETTE	74
<i>profeno</i>	2	<i>quasense</i>	74

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<i>quetiapine fumarate</i>	33	RELISTOR	64
<i>quetiapine fumarate er</i>	33	RELPAK	20
<i>quinapril hcl</i>	46	<i>reltone</i>	65
<i>quinapril hydrochloride</i>	46	<i>remdesivir</i>	86
<i>quinapril/hydrochlorothiazide</i>	49	REMICADE	82
<i>quinidine sulfate</i>	47	REMODULIN	93
<i>quinine sulfate</i>	30	RENAGEL	63
QULIPTA	20	RENFLEXIS	82
QUTENZA	5	REVELA	63
QUVIVIQ	54	<i>repaglinide</i>	41
QVAR REDIHALER	90	REPATHA	51
RABAVER	83	REPATHA PUSHTRONEX SYSTEM	51
<i>rabeprazole sodium</i>	66	REPATHA SURECLICK	51
<i>rabeprazole sodium dr sprinkle</i>	66	<i>reprexain</i>	5
RADIAURA	59	REQUIP XL	31
RADICAVA	54	RESTASIS	87
RADICAVA ORS	54	RESTASIS MULTIDOSE	87
RADICAVA ORS STARTER KIT	54	RESTORIL	95
<i>raloxifene hydrochloride</i>	76	RETACRIT	45
<i>ramelteon</i>	95	RETEVMO	25
<i>ramipril</i>	46	RETIN-A	56
<i>ranolazine er</i>	49	RETIN-A MICRO	56
RAPAMUNE	81	RETIN-A MICRO PUMP	56
RAPIVAB	38	RETISERT	89
<i>rasagiline mesylate</i>	31	RETROVIR IV INFUSION	37
RASUVO	81	REVATIO	93
RAVICTI	68	REVCovi	68
RAYALDEE	84	REVLIMID	22
RAYOS	70	<i>revonto</i>	34
REBIF	55	REXULTI	33
REBIF REBIDOSE	55	REYATAZ	38
REBIF REBIDOSE TITRATION PACK	55	REYVOW	20
REBIF TITRATION PACK	55	REZUROCK	82
REBLOZYL	45	RHOPRESSA	89
RECARBRIO	9	RIABNI	29
RECOMBIVAX HB	83	<i>ribasphere</i>	35
RECORLEV	76	<i>ribavirin</i>	35
RECTIV	65	<i>ribavirin</i>	94
REDITREX	82	RIDAURA	79
REGRANEX	59	<i>rifabutin</i>	21
<i>relafen</i>	2	RIFADIN	21
<i>relafen ds</i>	2	<i>rifampin</i>	21
RELENZA DISKHALER	38	RILUTEK	54
RELEUKO	45	<i>riluzole</i>	54

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RINVOQ	79	RYLAZE	25
<i>risedronate sodium</i>	84	RYTARY	31
<i>risedronate sodium dr</i>	84	RYTHMOL SR	47
RISPERDAL	33	SABRIL	13
RISPERDAL CONSTA	33	SAIZEN	70
<i>risperidone</i>	33	SAIZEN CLICK.EASY	70
<i>risperidone odt</i>	33	SAIZENPREP RECONSTITUTIONKIT	70
RITALIN	53	<i>sajazir</i>	78
RITALIN LA	53	SAMSCA	63
<i>ritonavir</i>	38	SANCUSO	18
RITUXAN	29	SANDIMMUNE	82
RITUXAN HYCELA	29	SANDOSTATIN	77
<i>rivastigmine tartrate</i>	14	SANDOSTATIN LAR DEPOT	77
<i>rivastigmine transdermal system</i>	14	SANTYL	59
<i>rivelsa</i>	75	SAPHNELO	79
<i>rizatriptan benzoate</i>	20	SAPHRIS	33
<i>rizatriptan benzoate odt</i>	21	<i>sapropterin dihydrochloride</i>	68
ROBAXIN	94	SARCLISA	29
ROBAXIN-750	94	SAVELLA	54
ROBINUL	65	SAVELLA TITRATION PACK	54
ROBINUL FORTE	65	SCEMBLIX	25
ROCKLATAN	87	<i>scopolamine</i>	17
<i>romidepsin</i>	25	SEASONIQUE	75
<i>ropinirole er</i>	31	<i>seconal sodium</i>	95
<i>ropinirole hcl</i>	31	SECUADO	33
<i>ropinirole hydrochloride</i>	31	SEGLENTIS	5
<i>rosadan</i>	56	SEGLUROMET	41
<i>rosuvastatin calcium</i>	50	<i>selegiline hcl</i>	31
ROSZET	51	<i>selenium sulfide</i>	58
ROTARIX	83	SELZENTRY	37
ROTATEQ	83	SENSIPAR	85
ROWASA	83	SEREVENT DISKUS	92
<i>roweepra</i>	12	SERNIVO	58
<i>roweepra xr</i>	12	SEROQUEL	33
ROXICODONE	5	SEROQUEL XR	33
ROZEREM	95	SEROSTIM	70
ROZLYTREK	27	<i>sertraline hcl</i>	16
RUBRACA	27	<i>sertraline hydrochloride</i>	16
RUCONEST	78	<i>setlakin</i>	75
<i>rufinamide</i>	13	<i>sevelamer carbonate</i>	64
RUKOBIA	37	SEYSARA	11
RUXIENCE	29	SFROWASA	84
RYBELSUS	41	<i>sharobel</i>	76
RYBREVANT	29	SHINGRIX	83

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SIKLOS	23	<i>sorafenib</i>	27
<i>sildenafil</i>	93	<i>sorafenib tosylate</i>	27
<i>sildenafil citrate</i>	93	SORIATANE	56
SILENOR	95	SORILUX	59
SILIQ	79	<i>sorine</i>	47
<i>silodosin</i>	69	<i>sotalol hcl</i>	47
<i>silver sulfadiazine</i>	59	<i>sotalol hcl (af)</i>	47
SIMBRINZA	87	<i>sotalol hydrochloride</i>	47
<i>simliya</i>	75	<i>sotalol hydrochloride (af)</i>	47
<i>simpesse</i>	75	<i>sotalol hydrochloride af</i>	47
SIMPONI	82	SOVALDI	35
SIMPONI ARIA	82	SPINRAZA	68
SIMULECT	79	SPIRIVA HANDIHALER	91
SIMVASTATIN	50	SPIRIVA RESPIMAT	91
<i>sirolimus</i>	82	<i>spironolactone</i>	50
SIRTURO	21	<i>spironolactone/hydrochlorothiazide</i>	49
SITAVIG	38	SPORANOX	19
SIVEXTRO	8	SPORANOX PULSEPAK	19
SKYLA	76	SPRAVATO 56MG DOSE	14
SKYRIZI	79	SPRAVATO 84MG DOSE	14
SKYRIZI PEN	79	<i>sprintec 28</i>	75
SKYTROFA	70	SPRITAM	12
SMOFLIPID	86	SPRIX	2
SOAANZ	50	SPRYCEL	27
<i>sodium bicarbonate</i>	62	<i>sps</i>	64
<i>sodium bicarbonate/dextrose</i>	62	<i>sronyx</i>	75
<i>sodium chloride</i>	62	<i>ssd</i>	59
<i>sodium chloride 0.45%</i>	62	STALEVO 100	31
<i>sodium chloride 0.9%</i>	86	STALEVO 125	31
SODIUM EDECRIN	50	STALEVO 150	31
<i>sodium phenylacetate/sodium benzoate</i>	86	STALEVO 200	31
<i>sodium phenylbutyrate</i>	68	STAMARIL	83
<i>sodium polystyrene sulfonate</i>	63	<i>stavudine</i>	37
<i>sodium polystyrene sulfonate</i>	64	STEGLATRO	41
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	65	STEGLUJAN	41
<i>sofosbuvir/velpatasvir</i>	35	STELARA	79
<i>solifenacin succinate</i>	68	STIMATE	70
SOLQUA 100/33	41	STIOLTO RESPIMAT	94
SOLIRIS	79	STIVARGA	27
SOLTAMOX	23	STRATTERA	53
SOMA	95	STRENSIQ	68
SOMATULINE DEPOT	77	<i>streptomycin sulfate</i>	7
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SUBLOCADE	6	SYNERA	6
SUBOXONE	6	SYNERCID	8
SUBSYS	5	SYNJARDY	41
<i>subvenite</i>	12	SYNJARDY XR	41
<i>subvenite starter kit/blue</i>	12	SYNRIBO	25
<i>subvenite starter kit/green</i>	12	SYNTHAMIN 17	62
<i>subvenite starter kit/orange</i>	12	SYNTHROID	76
SUCRAID	68	SYPRINE	63
<i>sucralfate</i>	66	TABLOID	23
<i>sulconazole nitrate</i>	19	TABRECTA	23
<i>sulfacetamide sodium</i>	88	TACHOSIL	86
<i>sulfacetamide sodium/prednisolone sodium</i>	87	TACLONEX	59
<i>phosphate</i>		<i>tacrolimus</i>	58
<i>sulfadiazine</i>	10	<i>tacrolimus</i>	82
<i>sulfamethoxazole/trimethoprim</i>	10	<i>tadalafil</i>	69
<i>sulfamethoxazole/trimethoprim ds</i>	10	<i>tadalafil</i>	93
SULFAMYLON	60	TAFINLAR	27
<i>sulfasalazine</i>	84	TAGRISSO	27
<i>sulfatrim pediatric</i>	10	TAKHZYRO	78
<i>sulindac</i>	2	TALTZ	80
<i>sumatriptan</i>	21	TALZENNA	27
<i>sumatriptan succinate</i>	21	TAMIFLU	38
<i>sumatriptan succinate refill</i>	21	<i>tamoxifen citrate</i>	23
<i>sumatriptan/naproxen sodium</i>	21	<i>tamsulosin hydrochloride</i>	69
<i>sunitinib malate</i>	27	TARCEVA	27
SUNOSI	95	TARGRETIN	29
SUPPRELIN LA	77	<i>tarina 24 fe</i>	75
SUPREP BOWEL PREP KIT	65	<i>tarina fe 1/20</i>	75
SUSTIVA	36	<i>tarina fe 1/20 eq</i>	75
SUSTOL	18	TARPEYO	84
SUSVIMO	87	TASIGNA	27
SUTENT	27	TASMAR	31
SYLVANT	79	<i>tavaborole</i>	19
SYMBICORT	94	TAVALISSE	45
SYMBYAX	15	TAVNEOS	86
SYMDEKO	92	TAXOTERE	25
SYMFI	36	<i>tazarotene</i>	56
SYMFI LO	36	<i>tazicef</i>	9
SYMLINPEN 120	41	<i>taztia xt</i>	48
SYMLINPEN 60	41	TAZVERIK	25
SYMPAZAN	13	TDVAX	83
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TECFIDERA STARTER PACK	55	TIBSOVO	28
TEFLARO	9	TICE BCG	25
TEGSEDI	68	TICOVAC	83
<i>telmisartan</i>	46	TIGAN	17
<i>telmisartan/amlodipine</i>	49	<i>tigecycline</i>	8
<i>telmisartan/hydrochlorothiazide</i>	49	TIGLUTIK	54
<i>temazepam</i>	95	<i>timolol maleate</i>	20
TEMIXYS	37	<i>timolol maleate</i>	89
TEMODAR	22	<i>tinidazole</i>	8
<i>temsirolimus</i>	27	<i>tiopronin</i>	69
<i>tencon</i>	54	TISSEEL	44
<i>teniposide</i>	25	TIVDAK	29
TENIVAC	83	TIVICAY	36
<i>tenofovir disoproxil fumarate</i>	37	TIVICAY PD	36
TEPADINA	22	<i>tizanidine hcl</i>	34
TEPEZZA	80	<i>tizanidine hydrochloride</i>	34
TEPMETKO	28	TOBI	92
<i>terazosin hcl</i>	46	TOBI PODHALER	92
<i>terazosin hydrochloride</i>	46	TOBRADEX	87
<i>terbinafine hcl</i>	19	TOBRADEX ST	87
<i>terbutaline sulfate</i>	92	<i>tobramycin</i>	88
<i>terconazole</i>	19	<i>tobramycin</i>	92
<i>teriparatide</i>	85	<i>tobramycin sulfate</i>	7
TESTIM	71	<i>tobramycin/dexamethasone</i>	87
<i>testosterone</i>	71	TOFRANIL	17
<i>testosterone cypionate</i>	71	<i>tolbutamide</i>	41
<i>testosterone enanthate</i>	71	<i>tolcapone</i>	31
<i>testosterone pump</i>	71	TOLSURA	19
<i>testosterone topical solution</i>	71	<i>tolterodine tartrate</i>	68
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	83	<i>tolterodine tartrate er</i>	68
<i>tetrabenazine</i>	54	<i>tolvaptan</i>	63
<i>tetracycline hydrochloride</i>	11	TOPAMAX	12
TEZSPIRE	94	TOPAMAX SPRINKLE	12
THALOMID	23	<i>topicort</i>	58
<i>theophylline er</i>	92	<i>topiramate</i>	12
THIOLA	69	<i>topiramate er</i>	12
THIOLA EC	69	<i>topotecan hcl</i>	26
<i>thioridazine hcl</i>	32	<i>toremifene citrate</i>	23
<i>thiotepa</i>	22	TORISEL	28
<i>thiothixene</i>	32	<i>torseamide</i>	50
THYMOGLOBULIN	79	TOSYMRA	21
THYROGEN	86	TOTECT	29
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TRACLEER	93	TRIKAFTA	92
TRADJENTA	41	TRILEPTAL	13
<i>tramadol hcl</i>	5	<i>tri-linyah</i>	75
<i>tramadol hcl er</i>	3	<i>tri-lo-mili</i>	75
<i>tramadol hydrochloride</i>	5	<i>trilyte</i>	65
<i>tramadol hydrochloride/acetaminophen</i>	5	<i>trimethobenzamide hydrochloride</i>	17
<i>trandolapril</i>	46	<i>trimethoprim</i>	8
<i>trandolapril/verapamil hcl er</i>	49	<i>tri-mili</i>	75
<i>tranexamic acid</i>	45	<i>trimipramine maleate</i>	17
TRANXENE T	39	<i>trinessa</i>	75
<i>tranylcypromine sulfate</i>	15	<i>trinessa lo</i>	75
TRAVASOL	62	TRINTELLIX	16
TRAVATAN Z	89	TRIOSTAT	76
<i>travoprost</i>	89	<i>tri-previfem</i>	75
TRAZIMERA	29	TRIPTODUR	77
<i>trazodone hydrochloride</i>	16	TRISENOX	25
TREANDA	22	<i>tri-sprintec</i>	75
TRECATOR	21	TRIUMEQ	37
TRELEGY ELLIPTA	94	TRIUMEQ PD	37
TRELSTAR	77	<i>trivora-28</i>	75
TRELSTAR MIXJECT	77	<i>tri-vylibra</i>	75
TREMFYA	80	TRIZIVIR	37
<i>treprostinil</i>	93	TRODELVY	29
TRESIBA	43	TROGARZO	37
TRESIBA FLEXTOUCH	43	TROKENDI XR	12
<i>tretinoin</i>	29	TROPHAMINE	63
<i>tretinoin</i>	56	<i>trospium chloride</i>	69
<i>tretinoin microsphere</i>	56	<i>trospium chloride er</i>	69
<i>tretinoin microsphere pump</i>	56	TRUDHESA	20
TREXIMET	21	TRULANCE	64
<i>trezix</i>	5	TRULICITY	41
<i>tri femynor</i>	75	TRUMENBA	83
<i>triamcinolone acetonide</i>	58	TRUSELTIQ	25
TRIAMCINOLONE ACETONIDE	70	TRUVADA	37
<i>triamcinolone acetonide dental paste</i>	56	TRUXIMA	29
<i>triamterene/hydrochlorothiazide</i>	49	TUDORZA PRESSAIR	91
<i>triderm</i>	58	TUKYSA	25
<i>trientine hydrochloride</i>	63	<i>tulana</i>	76
<i>tri-estarylla</i>	75	TURALIO	28
<i>trifluoperazine hcl</i>	32	TWINRIX	83
<i>trifluoperazine hydrochloride</i>	32	TYBOST	37
<i>trifluridine</i>	88	TYGACIL	8
<i>trihexyphenidyl hcl</i>	30	TYKERB	28
<i>trihexyphenidyl hydrochloride</i>	30	TYLENOL/CODEINE #3	5

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TYLENOL/CODEINE #4	5	VANCOCIN	8
TYMLOS	85	<i>vancomycin hydrochloride</i>	8
TYPHIM VI	83	VANOS	58
TYRVAYA	86	VANTAS	77
TYSABRI	55	VAQTA	83
TYVASO	93	<i>varenicline starting month box</i>	7
TYVASO DPI MAINTENANCE KIT	93	<i>varenicline tartrate</i>	7
TYVASO DPI TITRATION KIT	93	VARIVAX	83
TYVASO REFILL	93	VARIZIG	79
TYVASO STARTER	93	VARUBI	18
UBRELVY	20	VASCEPA	51
UCERIS	84	VASOTEC	46
UDENYCA	45	VAXELIS	83
UKONIQ	28	<i>vecamyl</i>	50
ULTOMIRIS	80	VECTIBIX	29
ULTRACET	5	VECTICAL	59
ULTRAM	5	VEKLURY	86
ULTRAVATE	58	VELCADE	25
<i>unithroid</i>	76	VELETRI	93
UNITUXIN	29	VELPHORO	64
UPTRAVI	93	VELTASSA	64
<i>urea</i>	59	VEMLIDY	35
UREVAZ	59	VENCLEXTA	28
<i>ursodiol</i>	65	VENCLEXTA STARTING PACK	28
UTIBRON NEOHALER	94	<i>venlafaxine hcl</i>	16
UVADEX	59	<i>venlafaxine hcl er</i>	16
VABOMERE	9	<i>venlafaxine hydrochloride</i>	16
VABYSMO	87	<i>venlafaxine hydrochloride er</i>	16
<i>valacyclovir hcl</i>	38	VENTAVIS	93
<i>valacyclovir hydrochloride</i>	38	VENTOLIN HFA	92
VALCHLOR	22	<i>verapamil hcl</i>	48
VALCYTE	35	<i>verapamil hcl er</i>	48
<i>valganciclovir</i>	35	<i>verapamil hcl sr</i>	48
<i>valganciclovir hydrochloride</i>	35	<i>verapamil hydrochloride</i>	48
VALIUM	39	<i>verapamil hydrochloride er</i>	48
<i>valproic acid</i>	40	VERDESO	58
<i>valrubicin</i>	25	VEREGEN	59
<i>valsartan</i>	46	VERKAZIA	87
<i>valsartan/hydrochlorothiazide</i>	49	VERQUVO	51
VALSTAR	25	VERSACLOZ	34
VALTOCO	13	VERZENIO	28
VALTREX	38	<i>vestura</i>	75
<i>vanadom</i>	95	VFEND	19
<i>vanatol lq</i>	54	VFEND IV	19
<i>vanatol s</i>	54	V-GO 20	86

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V-GO 30	86	VOQUEZNA TRIPLE PAK	8
V-GO 40	86	VORAXAZE	30
VIBATIV	8	<i>voriconazole</i>	19
VIBERZI	64	VOSEVI	35
<i>vicodin</i>	5	VOTRIENT	28
<i>vicodin es</i>	5	VOXZOGO	86
<i>vicodin hp</i>	5	VPRIV	68
VICTOZA	41	VRAYLAR	33
VIDAZA	25	VTAMA	59
VIDEX PEDIATRIC	37	<i>vtol lq</i>	54
VIEKIRA PAK	35	VUITY	89
<i>vienva</i>	75	VUMERITY	55
<i>vigabatrin</i>	13	<i>vyfemla</i>	75
<i>vigadrone</i>	13	<i>vylibra</i>	75
VIIBRYD	16	VYNDAMAX	50
VIIBRYD STARTER PACK	16	VYNDAQEL	68
VIJOICE	86	VYONDYS 53	68
<i>vilazodone hydrochloride</i>	16	VYVGART	87
VILTEPSO	68	VYXEOS	23
VIMIZIM	68	VYZULTA	89
VIMOVO	2	WAKIX	95
VIMPAT	13	<i>warfarin sodium</i>	44
<i>vinblastine sulfate</i>	25	WELIREG	28
<i>vincasar pfs</i>	25	WELLBUTRIN SR	15
<i>vincristine sulfate</i>	25	WELLBUTRIN XL	15
VIOKACE	68	<i>wera</i>	75
<i>viorele</i>	75	WINLEVI	59
VIRACEPT	38	WINRHO SDF	79
VIRAMUNE	36	<i>wixela inhub</i>	94
VIRAMUNE XR	36	WYNZORA	59
VIRAZOLE	94	XADAGO	31
VIREAD	37	XALKORI	28
VISTOGARD	86	XANAX	39
VISUDYNE	87	XANAX XR	39
VITRAKVI	28	XARELTO	44
VIVITROL	6	XARELTO STARTER PACK	44
VIVJOA	19	XATMEP	82
VIVLODEX	2	XCOPRI	12
VIZIMPRO	28	XELJANZ	80
VOCABRIA	36	XELJANZ XR	80
VOGELXO	71	XELPROS	89
VOGELXO PUMP	71	XEMBIFY	79
VOLTAREN	2	XENAZINE	54
VONJO	25	XENICAL	87
VOQUEZNA DUAL PAK	8	XENLETA	8

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XEOMIN	34	ZAVESCA	68
XERAVA	11	<i>zazole</i>	19
XERESE	59	ZEGALOGUE	41
XERMELO	64	ZEGERID	66
XGEVA	85	ZEJULA	28
XIAFLEX	68	ZELAPAR	31
XIFAXAN	65	ZELBORAF	28
XIGDUO XR	41	ZELNORM	65
XIIDRA	87	ZEMAIRA	68
XIPERE	89	ZEMBRACE SYMTOUCH	21
XOFLUZA	38	ZEMDRI	7
XOLAIR	80	ZEMPLAR	85
XOPENEX	92	<i>zenatane</i>	56
XOPENEX CONCENTRATE	92	<i>zenchent</i>	75
XOPENEX HFA	92	<i>zenchent fe</i>	75
XOSPATA	28	ZENPEP	68
XPOVIO	25	<i>zenzedi</i>	52
XPOVIO 100 MG ONCE WEEKLY	25	ZEPATIER	35
XPOVIO 40 MG ONCE WEEKLY	25	ZEPOSIA	55
XPOVIO 40 MG TWICE WEEKLY	25	ZEPOSIA 7-DAY STARTER PACK	55
XPOVIO 60 MG ONCE WEEKLY	25	ZEPOSIA STARTER KIT	55
XPOVIO 60 MG TWICE WEEKLY	25	ZEPZELCA	22
XPOVIO 80 MG ONCE WEEKLY	25	ZERBAXA	9
XPOVIO 80 MG TWICE WEEKLY	25	ZEVALIN Y-90	29
XTAMPZA ER	3	<i>zidovudine</i>	37
XTANDI	22	ZIEXTENZO	45
XULTOPHY 100/3.6	41	<i>zileuton er</i>	90
XURIDEN	68	ZIMHI	6
<i>xylon</i>	5	ZINECARD	30
XYOSTED	71	ZINPLAVA	65
XYREM	95	<i>ziprasidone hcl</i>	33
XYWAV	95	<i>ziprasidone mesylate</i>	33
YERVOY	29	ZIPSOR	2
YF-VAX	83	ZIRABEV	29
YONDELIS	22	ZIRGAN	88
YONSA	22	ZOFRAN	18
YOSPRALA	45	ZOHYDRO ER	3
YUPELRI	91	ZOKINVY	87
YUTIQ	89	ZOLADEX	77
<i>yuvafem</i>	75	<i>zoledronic acid</i>	85
<i>zafirlukast</i>	90	ZOLINZA	25
<i>zaleplon</i>	95	<i>zolmitriptan</i>	21
ZALTRAP	25	<i>zolmitriptan odt</i>	21
ZANOSAR	22	<i>zolpidem tartrate</i>	95
ZARXIO	45	<i>zolpidem tartrate er</i>	95

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ZOMACTON	70
ZOMIG	21
ZOMIG ZMT	21
ZONALON	58
ZONEGRAN	13
<i>zonisamide</i>	14
ZORBTIVE	65
ZORTRESS	82
ZOSTAVAX	83
<i>zovia 1/35</i>	75
<i>zovia 1/35e</i>	75
<i>zovia 1/50e</i>	75
ZOVIRAX	60
ZTALMY	54
ZTLIDO	6
ZUBSOLV	6
ZUPLENZ	18
ZYBAN	7
ZYCLARA	59
ZYCLARA PUMP	59
ZYDELIG	28
ZYFLO	91
ZYKADIA	28
ZYLET	87
ZYNLONTA	29
ZYPITAMAG	50
ZYPREXA	33
ZYPREXA RELPREVV	33
ZYPREXA ZYDIS	33
ZYTIGA	22
ZYVOX	8

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Vermont Blue Advantage Group PPO

This formulary was updated on 10/01/2022. For more recent information or other questions, please contact **Vermont Blue Advantage Group PPO** Customer Service at **1-855-489-0646** or, for TTY users, 711, twenty-four hours a day, seven days a week. From October 1 through November 30, 2022, hours are from 8 a.m. to 8 p.m., Central time, seven days a week, or visit www.VermontBlueAdvantage.com/formularies.

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