

Medicare Advantage

2022 Comprehensive Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 22332, Version Number 09

This formulary was updated on 01/01/2022. For more recent information or other questions, please contact Medicare Advantage Customer Services at 844-705-7498 or, for TTY users, 711. Our hours of operation are 24 hours a day, 7 days a week. You can also visit our website at ccahealthmi.org.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Medicare Advantage. When it refers to “plan” or “our plan,” it means 2022 Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 02/01/2022. 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, 2022, and from time to time during the year.

What is the Medicare Advantage Comprehensive Formulary?

A formulary is a list of covered drugs selected by Medicare Advantage 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. Medicare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Advantage 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 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 Medicare Advantage 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 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 Medicare Advantage Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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.

The enclosed formulary is current as of 02/01/2022. To get updated information about the drugs covered by Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents.” If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 73. 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?

Medicare Advantage 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:** Medicare Advantage requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Advantage before you fill your prescriptions. If you don't get approval, Medicare Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Advantage limits the amount of the drug that Medicare Advantage will cover. For example, Medicare Advantage provides 90 units per prescription for LYRICA CAPS. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Advantage 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, Medicare Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medicare Advantage will then cover Drug B.

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

You can ask Medicare Advantage 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 Medicare Advantage's formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

Medicare Advantage LEVEL-OF-CARE CHANGE transition policy:

Medicare Advantage provides transition fills for enrollees who experience a transition characterized as a level-of-care change from one treatment setting to another. Examples of level-of-care changes where a transition may apply include:

1. Enrollees who are discharged from a hospital to a home setting (i.e., assisted living, LTC, or private home) accompanied by a list of medications that may not always consider the formulary of the enrollee's plan due to the short-term nature of the hospital visit
2. Enrollees who end their Skilled Nursing Facility (SNF) Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary
3. Enrollees who give up hospice status to revert to standard Medicare Part A and B benefits
4. Enrollees who end an LTC facility stay and return to the community
5. Enrollees who are discharged from psychiatric hospitals with drug regimens that are highly individualized

Medicare Advantage considers these unplanned transitions and applies the transition fill process as required.

Medicare Advantage understands that while Part A provides reimbursement for "a limited supply" to facilitate enrollee discharge, the enrollee is entitled to a full outpatient supply in order to continue therapy once this limited supply is exhausted. This is particularly true for enrollees using a mail-order pharmacy or home infusion therapy, or for those residing in rural areas where obtaining a continuing supply of drugs may involve certain delays.

Medicare Advantage ensures that enrollees are able to receive their outpatient Part D prescriptions in advance of discharge from a Part A stay through this transition process.

For more information

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

If you have questions about Medicare Advantage, 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>.

Medicare Advantage's Formulary

The comprehensive formulary below provides coverage information about the drugs covered by Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

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

Requirements/Limits	Helpful Tips
B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
NDS	Non-Extended Days' Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Medicare Advantage before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
ST	Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Analgesics					
Nonsteroidal Anti-inflammatory Drugs					
celecoxib oral capsule	1	QL (60 EA per 30 days)	naproxen oral tablet delayed release	1	
diclofenac potassium oral tablet	1		naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac sodium er oral tablet extended release 24 hour	1		oxaprozin oral tablet	1	
diclofenac sodium external gel 1 %	1	QL (1000 GM per 30 days)	piroxicam oral capsule	1	
diclofenac sodium external solution	1	PA	sulindac oral tablet	1	
diclofenac sodium oral tablet delayed release	1		Opioid Analgesics, Long-acting		
diflunisal oral tablet	1		fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	NDS
ec-naproxen oral tablet delayed release 375 mg	1		methadone hcl intensol oral concentrate	1	NDS
ELYXYB ORAL SOLUTION	1	PA; QL (19.2 ML per 30 days)	methadone hcl oral concentrate	1	NDS
etodolac oral capsule	1		methadone hcl oral solution	1	NDS
etodolac oral tablet	1		methadone hcl oral tablet	1	NDS
flurbiprofen oral tablet	1		methadose oral concentrate 10 mg/ml	1	NDS
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		methadose sugar-free oral concentrate	1	NDS
indomethacin oral capsule 25 mg, 50 mg	1		morphine sulfate er oral tablet extended release	1	NDS
ketorolac tromethamine injection solution	1		XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	1	NDS
ketorolac tromethamine intramuscular solution	1		Opioid Analgesics, Short-acting		
ketorolac tromethamine oral tablet	1	QL (20 EA per 30 days)	acetaminophen-codeine #3 oral tablet	1	NDS
LOFENA ORAL TABLET	1		acetaminophen-codeine oral solution	1	NDS
meloxicam oral tablet	1		acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	NDS
nabumetone oral tablet	1		CODEINE SULFATE ORAL TABLET 15 MG, 60 MG	1	NDS
naproxen oral tablet	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
codeine sulfate oral tablet 30 mg	1	NDS	oxycodone hcl oral tablet	1	NDS
endocet oral tablet	1	NDS	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	NDS
fentanyl citrate buccal lozenge on a handle	1	PA; NDS	tramadol hcl oral tablet 50 mg	1	NDS
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	NDS	tramadol-acetaminophen oral tablet	1	NDS
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	NDS	Anesthetics		
hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml	1	NDS	Local Anesthetics		
hydromorphone hcl oral tablet	1	NDS	glydo external prefilled syringe	1	PA; QL (30 ML per 30 days)
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 50 mg/5ml	1	NDS	lidocaine external ointment 5 %	1	PA; QL (150 GM per 30 days)
loracet hd oral tablet 10-325 mg	1	NDS	lidocaine external patch 5 %	1	PA
loracet oral tablet 5-325 mg	1	NDS	lidocaine hcl urethral/mucosal external prefilled syringe	1	PA; QL (30 ML per 30 days)
loracet plus oral tablet 7.5-325 mg	1	NDS	lidocaine-prilocaine external cream	1	PA; QL (30 GM per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	NDS	premium lidocaine external ointment	1	PA; QL (150 GM per 30 days)
morphine sulfate (pf) intravenous solution 10 mg/ml, 4 mg/ml	1	NDS	Anti-Addiction/Substance Abuse Treatment Agents		
morphine sulfate intravenous solution 4 mg/ml	1	NDS	Alcohol Deterrents/Anti-craving		
morphine sulfate oral solution	1	NDS	acamprosate calcium oral tablet delayed release	1	
morphine sulfate oral tablet	1	NDS	disulfiram oral tablet	1	
oxycodone hcl oral solution	1	NDS	naltrexone hcl oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1		CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (504 EA per 365 days)
Opioid Dependence			CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	1	QL (504 EA per 365 days)
buprenorphine hcl sublingual tablet sublingual	1		NICOTROL NS NASAL SOLUTION	1	QL (360 ML per 365 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	1	QL (60 EA per 30 days)	varenicline tartrate oral tablet	1	QL (504 EA per 365 days)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg	1	QL (90 EA per 30 days)	Antibacterials		
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (360 EA per 30 days)	Aminoglycosides		
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (90 EA per 30 days)	amikacin sulfate injection solution	1	
Opioid Reversal Agents			gentamicin sulfate external cream	1	
naloxone hcl injection solution	1		gentamicin sulfate external ointment	1	
naloxone hcl injection solution cartridge	1		gentamicin sulfate injection solution	1	
naloxone hcl injection solution prefilled syringe	1		neomycin sulfate oral tablet	1	
NALOXONE HCL NASAL LIQUID	1		paromomycin sulfate oral capsule	1	
NARCAN NASAL LIQUID	1		streptomycin sulfate intramuscular solution reconstituted	1	
Smoking Cessation Agents			tobramycin sulfate injection solution	1	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	QL (60 EA per 30 days)	tobramycin sulfate injection solution reconstituted	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	1	QL (504 EA per 365 days)	Antibacterials, Other		
			aztreonam injection solution reconstituted	1	
			clindacin etz external swab	1	
			clindacin-p external swab	1	
			clindamycin hcl oral capsule	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clindamycin palmitate hcl oral solution reconstituted	1		<i>nitrofurantoin monohydrate macrocrystals oral capsule</i>	1	
clindamycin phosphate external swab	1		<i>tinidazole oral tablet</i>	1	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	1		<i>trimethoprim oral tablet</i>	1	
clindamycin phosphate vaginal cream	1		<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	1	
colistimethate sodium (cba) injection solution reconstituted	1		VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	
daptomycin intravenous solution reconstituted	1		<i>vancomycin hcl oral capsule 125 mg</i>	1	QL (120 EA per 30 days)
IMPAVIDO ORAL CAPSULE	1		<i>vancomycin hcl oral capsule 250 mg</i>	1	QL (240 EA per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	1		XENLETA ORAL TABLET	1	
linezolid intravenous solution	1		Beta-lactam, Cephalosporins		
linezolid oral suspension reconstituted	1	QL (1800 ML per 28 days)	<i>cefaclor oral capsule</i>	1	
linezolid oral tablet	1	QL (56 EA per 28 days)	<i>cefadroxil oral capsule</i>	1	
methenamine hippurate oral tablet	1		<i>cefadroxil oral suspension reconstituted</i>	1	
metronidazole in nacl intravenous solution 5-0.79 mg/ml-%	1		<i>cefazolin sodium injection solution reconstituted 1 gm</i>	1	
metronidazole oral tablet	1		<i>cefdinir oral capsule</i>	1	
metronidazole vaginal gel	1		<i>cefdinir oral suspension reconstituted</i>	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1		<i>cefepime hcl injection solution reconstituted</i>	1	
			<i>cefepime hcl intravenous solution reconstituted</i>	1	
			<i>cefixime oral capsule</i>	1	
			<i>cefotaxime sodium injection solution reconstituted</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan disodium injection solution reconstituted</i>	1		<i>tazicef injection solution reconstituted</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1		<i>tazicef intravenous solution reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1		TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	1	
<i>cefpodoxime proxetil oral tablet</i>	1		Beta-lactam, Penicillins		
<i>cefprozil oral suspension reconstituted</i>	1		<i>amoxicillin oral capsule</i>	1	
<i>cefprozil oral tablet</i>	1		<i>amoxicillin oral suspension reconstituted</i>	1	
<i>ceftazidime and dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>	1		<i>amoxicillin oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted</i>	1		<i>amoxicillin oral tablet chewable</i>	1	
<i>ceftazidime intravenous solution reconstituted</i>	1		<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1		<i>amoxicillin-potassium clavulanate oral suspension reconstituted</i>	1	
<i>cefuroxime axetil oral tablet</i>	1		<i>amoxicillin-potassium clavulanate oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted</i>	1		<i>amoxicillin-potassium clavulanate oral tablet chewable</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted</i>	1		<i>ampicillin oral capsule</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1		<i>ampicillin sodium injection solution reconstituted 1 gm</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1		<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	1		<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	1	
			BICILLIN L-A INTRAMUSCULAR SUSPENSION	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
dicloxacillin sodium oral capsule	1		clarithromycin oral suspension reconstituted	1	
nafcillin sodium injection solution reconstituted	1		clarithromycin oral tablet	1	
nafcillin sodium intravenous solution reconstituted	1		DIFICID ORAL SUSPENSION RECONSTITUTED	1	
penicillin g sodium injection solution reconstituted	1		DIFICID ORAL TABLET	1	
penicillin v potassium oral solution reconstituted	1		erythromycin base oral tablet delayed release 333 mg, 500 mg	1	
penicillin v potassium oral tablet	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	1		erythromycin oral tablet delayed release 250 mg	1	
Carbapenems			Quinolones		
ertapenem sodium injection solution reconstituted	1		BAXDELA ORAL TABLET	1	
imipenem-cilastatin intravenous solution reconstituted	1		ciprofloxacin hcl oral tablet	1	
meropenem intravenous solution reconstituted	1		ciprofloxacin in d5w intravenous solution 200 mg/100ml	1	
Macrolides			ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1	
azithromycin intravenous solution reconstituted	1		levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	1	
AZITHROMYCIN ORAL PACKET	1		levofloxacin intravenous solution	1	
azithromycin oral suspension reconstituted	1		levofloxacin oral solution	1	
azithromycin oral tablet	1		levofloxacin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1		moxifloxacin hcl in nacl intravenous solution	1	
			moxifloxacin hcl oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin oral tablet</i>	1		Anticonvulsants, Other		
Sulfonamides					
<i>sulfadiazine oral tablet</i>	1		BRIVIACT ORAL SOLUTION	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1		BRIVIACT ORAL TABLET	1	PA
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1		EPIDIOLEX ORAL SOLUTION	1	PA
Tetracyclines					
<i>demeocycline hcl oral tablet</i>	1		EPRONTIA ORAL SOLUTION	1	
<i>doxy 100 intravenous solution reconstituted</i>	1		<i>felbamate oral suspension</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted</i>	1		<i>felbamate oral tablet</i>	1	
<i>doxycycline hyclate oral capsule</i>	1		FINTEPLA ORAL SOLUTION	1	PA
<i>doxycycline hyclate oral tablet 100 mg</i>	1		FYCOMPA ORAL SUSPENSION	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1		FYCOMPA ORAL TABLET	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1		<i>lamotrigine oral kit</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1		<i>lamotrigine oral tablet</i>	1	
<i>minocycline hcl oral capsule</i>	1		<i>lamotrigine oral tablet chewable</i>	1	
<i>monodoxine nl oral capsule</i>	1		<i>lamotrigine starter kit-blue oral kit</i>	1	
<i>morgidox oral capsule 100 mg</i>	1		<i>lamotrigine starter kit-green oral kit</i>	1	
<i>NUZYRA ORAL TABLET</i>	1		<i>lamotrigine starter kit-orange oral kit</i>	1	
<i>SEYSARA ORAL TABLET</i>	1		<i>levetiracetam er oral tablet extended release 24 hour</i>	1	
<i>tetracycline hcl oral capsule</i>	1		<i>levetiracetam oral solution</i>	1	
Anticonvulsants					
You can find information on what the symbols and abbreviations on this table mean by going to page 7 Formulary ID 22332 Version 9 Effective Date: 02/01/2022 Last Updated: January 2022					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	1		DIACOMIT ORAL CAPSULE	1	PA
<i>subvenite oral tablet</i>	1		DIACOMIT ORAL PACKET	1	PA
<i>subvenite starter kit-blue oral kit</i>	1		<i>diazepam rectal gel</i>	1	
<i>subvenite starter kit-green oral kit</i>	1		<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	
<i>subvenite starter kit-orange oral kit</i>	1		<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>topiramate oral capsule sprinkle</i>	1		<i>divalproex sodium oral tablet delayed release</i>	1	
<i>topiramate oral tablet</i>	1		<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
XCOPRI ORAL TABLET	1	PA	<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	1	PA	<i>gabapentin oral solution 250 mg/5ml</i>	1	QL (2160 ML per 30 days)
Calcium Channel Modifying Agents			<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
CELONTIN ORAL CAPSULE	1		<i>gabapentin oral tablet 800 mg</i>	1	QL (150 EA per 30 days)
<i>ethosuximide oral capsule</i>	1		<i>phenobarbital oral elixir</i>	1	PA
<i>ethosuximide oral solution</i>	1		<i>phenobarbital oral tablet</i>	1	PA
Gamma-aminobutyric Acid (GABA) Augmenting Agents			<i>primidone oral tablet</i>	1	
<i>clobazam oral suspension</i>	1		<i>SYMPAZAN ORAL FILM</i>	1	
<i>clobazam oral tablet</i>	1		<i>tiagabine hcl oral tablet</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)	<i>VALTOCO NASAL LIQUID</i>	1	QL (10 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)	<i>VALTOCO NASAL LIQUID THERAPY PACK</i>	1	QL (10 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)	<i>vigabatrin oral packet</i>	1	PA
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 EA per 30 days)	<i>vigabatrin oral tablet</i>	1	PA
Sodium Channel Agents			<i>vigadronе oral packet</i>	1	PA
APTIOM ORAL TABLET					

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
carbamazepine er oral capsule extended release 12 hour	1		NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)
carbamazepine er oral tablet extended release 12 hour	1		NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days)
carbamazepine oral suspension	1		Cholinesterase Inhibitors		
carbamazepine oral tablet	1		donepezil hcl oral tablet	1	
carbamazepine oral tablet chewable	1		donepezil hcl oral tablet dispersible	1	
dilantin oral capsule 30 mg	1		galantamine hydrobromide er oral capsule extended release 24 hour	1	
epitol oral tablet	1		galantamine hydrobromide oral solution	1	
oxcarbazepine oral suspension	1		galantamine hydrobromide oral tablet	1	
oxcarbazepine oral tablet	1		rivastigmine tartrate oral capsule	1	
PEGANONE ORAL TABLET 250 MG	1		rivastigmine transdermal patch 24 hour	1	
phenytoin oral suspension 125 mg/5ml	1		N-methyl-D-aspartate (NMDA) Receptor Antagonist		
phenytoin oral tablet chewable	1		memantine hcl er oral capsule extended release 24 hour	1	QL (30 EA per 30 days)
phenytoin sodium extended oral capsule	1		memantine hcl oral tablet 10 mg, 5 mg	1	
rufinamide oral suspension	1		MEMANTINE HCL ORAL TABLET 28 X 5 MG & 21 X 10 MG	1	
rufinamide oral tablet	1		Antidepressants		
VIMPAT ORAL SOLUTION	1		Antidepressants, Other		
VIMPAT ORAL TABLET	1		bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1	QL (90 EA per 30 days)
zonisamide oral capsule	1				
Antidementia Agents					
Antidementia Agents, Other					
ergoloid mesylates oral tablet	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1	QL (60 EA per 30 days)	citalopram hydrobromide oral tablet	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1	QL (90 EA per 30 days)	desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg	1	QL (120 EA per 30 days)
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	1	QL (30 EA per 30 days)	desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg	1	QL (30 EA per 30 days)
bupropion hcl oral tablet	1		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	1	QL (60 EA per 30 days)
maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg	1		DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG	1	QL (90 EA per 30 days)
mirtazapine oral tablet	1		duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg	1	QL (60 EA per 30 days)
mirtazapine oral tablet dispersible	1		duloxetine hcl oral capsule delayed release particles 30 mg	1	QL (90 EA per 30 days)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	1	PA	escitalopram oxalate oral solution	1	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	1	PA	escitalopram oxalate oral tablet	1	
Monoamine Oxidase Inhibitors			FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	ST; QL (30 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	1	ST; QL (30 EA per 30 days)	FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	1	ST; QL (56 EA per 365 days)
MARPLAN ORAL TABLET	1		fluoxetine hcl oral capsule	1	
phenelzine sulfate oral tablet	1		fluoxetine hcl oral solution	1	
tranylcypromine sulfate oral tablet	1		fluvoxamine maleate oral tablet	1	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor			nefazodone hcl oral tablet	1	
citalopram hydrobromide oral solution	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Formulary ID 22332 Version 9 Effective Date: 02/01/2022

Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
paroxetine hcl er oral tablet extended release 24 hour	1		nortriptyline hcl oral solution	1		
paroxetine hcl oral suspension	1		protriptyline hcl oral tablet	1		
paroxetine hcl oral tablet	1		trimipramine maleate oral capsule	1		
PAXIL ORAL SUSPENSION	1		Antiemetics			
SERTRALINE HCL ORAL CAPSULE	1	ST	Antiemetics, Other			
sertraline hcl oral concentrate	1		compro rectal suppository	1		
sertraline hcl oral tablet	1		meclizine hcl oral tablet	1		
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1		phenadoz rectal suppository 12.5 mg, 25 mg	1		
TRINTELLIX ORAL TABLET	1	QL (30 EA per 30 days)	prochlorperazine edisylate injection solution 10 mg/2ml	1		
venlafaxine hcl er oral capsule extended release 24 hour	1		prochlorperazine maleate oral tablet	1		
venlafaxine hcl oral tablet	1		prochlorperazine rectal suppository	1		
VIIBRYD ORAL TABLET	1	QL (30 EA per 30 days)	promethazine hcl oral syrup	1		
VIIBRYD STARTER PACK ORAL KIT	1	QL (60 EA per 365 days)	promethazine hcl oral tablet	1		
Tricyclics			promethazine hcl rectal suppository	1		
amitriptyline hcl oral tablet	1	PA	promethegan rectal suppository 12.5 mg, 25 mg	1		
amoxapine oral tablet	1		scopolamine transdermal patch 72 hour	1		
clomipramine hcl oral capsule	1		Emetogenic Therapy Adjuncts			
desipramine hcl oral tablet	1		AKYNZEO INTRAVENOUS SOLUTION	1		
doxepin hcl oral capsule	1	PA	AKYNZEO ORAL CAPSULE	1	B/D; QL (2 EA per 30 days)	
doxepin hcl oral concentrate	1	PA	aprepitant oral capsule 125 mg	1	B/D; QL (2 EA per 30 days)	
imipramine hcl oral tablet	1					
nortriptyline hcl oral capsule	1					

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 40 mg</i>	1	B/D; QL (1 EA per 30 days)	<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>aprepitant oral capsule 80 & 125 mg</i>	1	B/D; QL (6 EA per 30 days)	<i>fluconazole oral suspension reconstituted</i>	1	
<i>aprepitant oral capsule 80 mg</i>	1	B/D; QL (8 EA per 30 days)	<i>fluconazole oral tablet</i>	1	
<i>dronabinol oral capsule</i>	1	PA; QL (60 EA per 30 days)	<i>flucytosine oral capsule</i>	1	
<i>ondansetron hcl oral solution</i>	1	B/D; QL (450 ML per 30 days)	<i>griseofulvin microsize oral suspension</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D	<i>griseofulvin microsize oral tablet</i>	1	
<i>ondansetron odt oral tablet dispersible</i>	1	B/D	<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>SYNDROS ORAL SOLUTION</i>	1	PA; QL (120 ML per 30 days)	<i>itraconazole oral capsule</i>	1	PA
Antifungals					
Antifungals			<i>itraconazole oral solution</i>	1	PA
<i>ABELCET INTRAVENOUS SUSPENSION</i>	1	B/D	<i>JUBLIA EXTERNAL SOLUTION</i>	1	
<i>AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED</i>	1	B/D	<i>ketoconazole external cream</i>	1	
<i>amphotericin b intravenous solution reconstituted</i>	1	B/D	<i>ketoconazole external shampoo</i>	1	
<i>caspofungin acetate intravenous solution reconstituted</i>	1		<i>ketoconazole oral tablet</i>	1	
<i>clotrimazole external cream</i>	1		<i>miconazole 3 vaginal suppository</i>	1	
<i>clotrimazole mouth/throat troche</i>	1		<i>naftifine hcl external gel</i>	1	
<i>CRESEMBOLA ORAL CAPSULE</i>	1		<i>NOXAFL ORAL SUSPENSION</i>	1	PA
<i>econazole nitrate external cream</i>	1		<i>nyamyc external powder</i>	1	
			<i>nystatin external cream</i>	1	
			<i>nystatin external ointment</i>	1	
			<i>nystatin external powder</i>	1	
			<i>nystatin mouth/throat suspension</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
 Formulary ID 22332 Version 9 Effective Date: 02/01/2022
 Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
nystatin oral tablet	1		EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 30 days)	
nystop external powder	1		EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (1 ML per 30 days)	
posaconazole oral tablet delayed release	1	PA	EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 30 days)	
terbinafine hcl oral tablet	1	QL (84 EA per 180 days)	timolol maleate oral tablet	1		
terconazole vaginal cream	1		UBRELVY ORAL TABLET	1	PA; QL (16 EA per 30 days)	
voriconazole intravenous solution reconstituted	1	PA	Serotonin (5-HT) Receptor Agonist			
voriconazole oral suspension reconstituted	1		eletriptan hydrobromide oral tablet	1	QL (12 EA per 30 days)	
voriconazole oral tablet	1		naratriptan hcl oral tablet	1	QL (9 EA per 30 days)	
Antigout Agents						
Antigout Agents						
allopurinol oral tablet	1		rizatriptan benzoate oral tablet	1	QL (18 EA per 30 days)	
colchicine oral tablet	1		rizatriptan benzoate oral tablet dispersible	1	QL (18 EA per 30 days)	
colchicine-probenecid oral tablet	1		sumatriptan nasal solution	1	QL (12 EA per 30 days)	
febuxostat oral tablet	1		sumatriptan succinate oral tablet	1	QL (9 EA per 30 days)	
probenecid oral tablet	1		sumatriptan succinate refill subcutaneous solution cartridge	1	QL (5 ML per 30 days)	
Antimigraine Agents						
Ergot Alkaloids						
dihydroergotamine mesylate injection solution	1	PA	sumatriptan succinate subcutaneous solution	1	QL (5 ML per 30 days)	
dihydroergotamine mesylate nasal solution	1	PA; QL (8 ML per 30 days)	sumatriptan succinate subcutaneous solution auto-injector	1	QL (5 ML per 30 days)	
ergotamine-caffeine oral tablet	1		sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml	1	QL (5 ML per 30 days)	
Prophylactic						
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; QL (1 ML per 30 days)				
AIMOVIG	1	PA; QL (2 ML per 30 days)				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
 Formulary ID 22332 Version 9 Effective Date: 02/01/2022
 Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
zolmitriptan oral tablet	1	QL (12 EA per 30 days)	GLEOSTINE ORAL CAPSULE	1				
Antimyasthenic Agents								
Parasympathomimetics								
guanidine hcl oral tablet 125 mg	1		ifosfamide intravenous solution reconstituted 3 gm	1				
pyridostigmine bromide oral tablet 60 mg	1		LEUKERAN ORAL TABLET	1				
Antimycobacterials								
Antimycobacterials, Other								
dapsone oral tablet	1		thiotepa injection solution reconstituted 100 mg	1				
rifabutin oral capsule	1		VALCHLOR EXTERNAL GEL	1	PA			
Antituberculars								
cycloserine oral capsule	1		ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA			
ethambutol hcl oral tablet	1		Antiandrogens					
isoniazid oral syrup	1		abiraterone acetate oral tablet	1	PA			
isoniazid oral tablet	1		bicalutamide oral tablet	1				
paser oral packet	1		ERLEADA ORAL TABLET	1	PA			
PRIFTIN ORAL TABLET	1		flutamide oral capsule	1				
pyrazinamide oral tablet	1		nilutamide oral tablet	1				
rifampin intravenous solution reconstituted	1		NUBEQA ORAL TABLET	1	PA			
rifampin oral capsule	1		XTANDI ORAL CAPSULE	1	PA			
SIRTURO ORAL TABLET	1		XTANDI ORAL TABLET	1	PA			
TRECATOR ORAL TABLET	1		Antiangiogenic Agents					
Antineoplastics								
Alkylating Agents								
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	1		FOTIVDA ORAL CAPSULE	1	PA			
cyclophosphamide oral capsule	1	B/D	POMALYST ORAL CAPSULE	1	PA			
QINLOCK ORAL TABLET								
REVLIMID ORAL CAPSULE								

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TABRECTA ORAL TABLET	1	PA; QL (120 EA per 30 days)	NINLARO ORAL CAPSULE	1	PA
THALOMID ORAL CAPSULE	1	PA	ONUREG ORAL TABLET	1	PA
Antiestrogens/Modifiers					
EMCYT ORAL CAPSULE	1		PEMAZYRE ORAL TABLET	1	PA; QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION	1		PHESGO SUBCUTANEOUS SOLUTION	1	PA
<i>tamoxifen citrate oral tablet</i>	1		RETEVMO ORAL CAPSULE	1	PA
<i>toremifene citrate oral tablet</i>	1		ROMIDEPSIN INTRAVENOUS SOLUTION	1	PA
Antimetabolites					
DROXIA ORAL CAPSULE	1		RYLAZE INTRAMUSCULAR SOLUTION	1	
<i>hydroxyurea oral capsule</i>	1		SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
<i>mercaptopurine oral tablet</i>	1		SCEMBLIX ORAL TABLET 40 MG	1	PA
PURIXAN ORAL SUSPENSION	1		SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
TABLOID ORAL TABLET	1		TAZVERIK ORAL TABLET	1	PA
Antineoplastics, Other					
GAVRETO ORAL CAPSULE	1	PA	TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
IBRANCE ORAL TABLET	1	PA	TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
IDHIFA ORAL TABLET	1	PA; QL (30 EA per 30 days)	TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
INREBIC ORAL CAPSULE	1	PA	TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	1	PA
KISQALI FEMARA ORAL TABLET THERAPY PACK	1	PA	TUKYSA ORAL TABLET	1	PA
LONSURF ORAL TABLET	1	PA			
LUMAKRAS ORAL TABLET	1	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 EA per 30 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (120 EA per 30 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	ALUNBRIG ORAL TABLET THERAPY PACK	1	PA; QL (60 EA per 365 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	AYVAKIT ORAL TABLET	1	PA; QL (30 EA per 30 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	BALVERSA ORAL TABLET	1	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	BOSULIF ORAL TABLET	1	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	1	PA	BRAFTOVI ORAL CAPSULE	1	PA
ZOLINZA ORAL CAPSULE	1	PA	BRUKINSA ORAL CAPSULE	1	PA
Aromatase Inhibitors, 3rd Generation			CABOMETYX ORAL TABLET	1	PA
<i>anastrozole oral tablet</i>	1		CALQUENCE ORAL CAPSULE	1	PA
<i>exemestane oral tablet</i>	1		CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
<i>letrozole oral tablet</i>	1		CAPRELSA ORAL TABLET 300 MG	1	PA
Molecular Target Inhibitors			COMETRIQ ORAL KIT	1	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	1	PA	COPIKTRA ORAL CAPSULE	1	PA
AFINITOR ORAL TABLET 10 MG	1	PA; QL (30 EA per 30 days)	COTELLIC ORAL TABLET	1	PA
ALECensa ORAL CAPSULE	1	PA	DAURISMO ORAL TABLET	1	PA
			ERIVEDGE ORAL CAPSULE	1	PA
			<i>erlotinib hcl oral tablet</i>	1	PA
			<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
			<i>everolimus oral tablet soluble</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXKIVITY ORAL CAPSULE	1	PA	LYNPARZA ORAL CAPSULE 50 MG	1	
FARYDAK ORAL CAPSULE	1	PA	LYNPARZA ORAL TABLET	1	PA
GILOTRIF ORAL TABLET	1	PA; QL (30 EA per 30 days)	MEKINIST ORAL TABLET	1	PA
IBRANCE ORAL CAPSULE	1	PA	MEKTOVI ORAL TABLET	1	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	1	PA; QL (30 EA per 30 days)	NERLYNX ORAL TABLET	1	PA; QL (180 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	1	PA	NEXAVAR ORAL TABLET	1	PA
<i>imatinib mesylate oral tablet</i>	1	PA	ODOMZO ORAL CAPSULE	1	PA
IMBRUICA ORAL CAPSULE	1	PA	PIQRAY ORAL TABLET THERAPY PACK	1	PA
IMBRUICA ORAL TABLET	1	PA	ROZLYTREK ORAL CAPSULE	1	PA
INLYTA ORAL TABLET	1	PA	RUBRACA ORAL TABLET	1	PA
INQOVI ORAL TABLET	1	PA	RYDAPT ORAL CAPSULE	1	PA
IRESSA ORAL TABLET	1	PA	SPRYCEL ORAL TABLET	1	PA
JAKAFI ORAL TABLET 10 MG	1	PA; QL (60 EA per 30 days)	STIVARGA ORAL TABLET	1	PA
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	1	PA	<i>sunitinib malate oral capsule</i>	1	PA
KISQALI ORAL TABLET THERAPY PACK 200 MG	1	PA	SUTENT ORAL CAPSULE	1	PA
KOSELUGO ORAL CAPSULE	1	PA	TAFINLAR ORAL CAPSULE	1	PA
<i>lapatinib ditosylate oral tablet</i>	1	PA	TAGRISSO ORAL TABLET 40 MG	1	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	1	PA	TAGRISSO ORAL TABLET 80 MG	1	PA
LORBRENA ORAL TABLET	1	PA	TALZENNA ORAL CAPSULE	1	PA
			TASIGNA ORAL CAPSULE	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TEPMETKO ORAL TABLET	1	PA	Monoclonal Antibody/Antibody-Drug Conjugate		
TIBSOVO ORAL TABLET	1	PA	DANYELZA INTRAVENOUS SOLUTION	1	PA
TURALIO ORAL CAPSULE	1	PA	DARZALEX FASPRO SUBCUTANEOUS SOLUTION	1	PA
TYKERB ORAL TABLET	1	PA	JEMPERLI INTRAVENOUS SOLUTION	1	PA
UKONIQ ORAL TABLET	1	PA	KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
VENCLEXTA ORAL TABLET	1	PA	MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	1	PA	MVASI INTRAVENOUS SOLUTION	1	PA
VERZENIO ORAL TABLET	1	PA	POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
VITRAKVI ORAL CAPSULE	1	PA	RUXIENCE INTRAVENOUS SOLUTION	1	PA
VITRAKVI ORAL SOLUTION	1	PA	RYBREVANT INTRAVENOUS SOLUTION	1	PA
VIZIMPRO ORAL TABLET	1	PA	SARCLISA INTRAVENOUS SOLUTION	1	PA
VOTRIENT ORAL TABLET	1	PA	TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
WELIREG ORAL TABLET	1	PA	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
XALKORI ORAL CAPSULE	1	PA			
XOSPATA ORAL TABLET	1	PA			
ZEJULA ORAL CAPSULE	1	PA			
ZELBORAF ORAL TABLET	1	PA			
ZYDELIG ORAL TABLET	1	PA			
ZYKADIA ORAL CAPSULE 150 MG	1	PA			
ZYKADIA ORAL TABLET	1	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>chloroquine phosphate oral tablet</i>	1	
ZIRABEV INTRAVENOUS SOLUTION	1	PA	COARTEM ORAL TABLET	1	
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>hydroxychloroquine sulfate oral tablet</i>	1	
Retinoids			<i>mefloquine hcl oral tablet</i>	1	
<i>bexarotene oral capsule</i>	1	PA	<i>nitazoxanide oral tablet</i>	1	
PANRETIN EXTERNAL GEL	1		<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D
TARGRETIN EXTERNAL GEL	1	PA	<i>pentamidine isethionate injection solution reconstituted</i>	1	
<i>tretinoiin oral capsule</i>	1		<i>primaquine phosphate oral tablet</i>	1	
Treatment Adjuncts			<i>pyrimethamine oral tablet</i>	1	PA
<i>leucovorin calcium injection solution reconstituted 500 mg</i>	1		<i>quinine sulfate oral capsule</i>	1	PA
<i>leucovorin calcium oral tablet</i>	1		Antiparkinson Agents		
MESNEX ORAL TABLET	1		Anticholinergics		
Antiparasitics			<i>benztropine mesylate oral tablet</i>	1	
Anthelmintics			<i>trihexyphenidyl hcl oral solution</i>	1	
<i>albendazole oral tablet</i>	1		<i>trihexyphenidyl hcl oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1		Antiparkinson Agents, Other		
<i>praziquantel oral tablet</i>	1		<i>entacapone oral tablet</i>	1	
Antiprotozoals			<i>tolcapone oral tablet</i>	1	
ALINIA ORAL SUSPENSION RECONSTITUTED	1		Dopamine Agonists		
<i>atovaquone oral suspension</i>	1		<i>bromocriptine mesylate oral capsule</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	1		<i>bromocriptine mesylate oral tablet</i>	1	
BENZNIDAZOLE ORAL TABLET	1		KYNMOBI SUBLINGUAL FILM	1	PA; QL (150 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KYNMOBI TITRATION KIT SUBLINGUAL KIT	1	PA; QL (20 EA per 365 days)	<i>fluphenazine hcl oral concentrate</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR	1	ST	<i>fluphenazine hcl oral elixir</i>	1	
<i>pramipexole dihydrochloride oral tablet</i>	1		<i>fluphenazine hcl oral tablet</i>	1	
<i>ropinirole hcl oral tablet</i>	1		<i>haloperidol decanoate intramuscular solution</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			<i>haloperidol lactate injection solution</i>	1	
<i>carbidopa oral tablet</i>	1		<i>haloperidol lactate oral concentrate</i>	1	
<i>carbidopa-levodopa er oral tablet extended release</i>	1		<i>haloperidol oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1		<i>loxapine succinate oral capsule</i>	1	
<i>carbidopa-levodopa oral tablet dispersible</i>	1		<i>molindone hcl oral tablet</i>	1	
INBRIJA INHALATION CAPSULE	1	PA	<i>perphenazine oral tablet</i>	1	
RYTARY ORAL CAPSULE EXTENDED RELEASE	1	ST	<i>pimozide oral tablet</i>	1	
Monoamine Oxidase B (MAO-B) Inhibitors			<i>thioridazine hcl oral tablet</i>	1	PA
<i>rasagiline mesylate oral tablet</i>	1		<i>thiothixene oral capsule</i>	1	
<i>selegiline hcl oral capsule</i>	1		<i>trifluoperazine hcl oral tablet</i>	1	
<i>selegiline hcl oral tablet</i>	1		2nd Generation/Atypical		
Antipsychotics			<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</i>	1	
1st Generation/Typical			<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</i>	1	
<i>chlorpromazine hcl oral concentrate</i>	1		<i>ariPIPRAZOLE oral solution</i>	1	QL (750 ML per 30 days)
<i>chlorpromazine hcl oral tablet</i>	1		<i>ariPIPRAZOLE oral tablet</i>	1	QL (30 EA per 30 days)
<i>fluphenazine decanoate injection solution</i>	1		<i>ariPIPRAZOLE oral tablet dispersible</i>	1	QL (60 EA per 30 days)
<i>fluphenazine hcl injection solution</i>	1		<i>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Formulary ID 22332 Version 9 Effective Date: 02/01/2022

Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	1		<i>olanzapine oral tablet dispersible</i>	1	QL (30 EA per 30 days)
asenapine maleate sublingual tablet sublingual	1	QL (60 EA per 30 days)	<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE	1	ST; QL (30 EA per 30 days)	<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (60 EA per 30 days)
FANAPT ORAL TABLET	1	ST; QL (60 EA per 30 days)	PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	1	
FANAPT TITRATION PACK ORAL TABLET	1	ST; QL (8 EA per 180 days)	<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	ST	<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	1	QL (90 EA per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	1		<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 EA per 30 days)	REXULTI ORAL TABLET	1	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	1	QL (60 EA per 30 days)	RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	
LYBALVI ORAL TABLET	1	ST; QL (30 EA per 30 days)	<i>risperidone oral solution</i>	1	QL (240 ML per 30 days)
NUPLAZID ORAL CAPSULE	1	PA	<i>risperidone oral tablet</i>	1	QL (60 EA per 30 days)
NUPLAZID ORAL TABLET	1	PA	<i>risperidone oral tablet dispersible</i>	1	QL (60 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	1		SECUADO TRANSDERMAL PATCH 24 HOUR	1	PA; QL (30 EA per 30 days)
<i>olanzapine oral tablet</i>	1	QL (30 EA per 30 days)	VRAYLAR ORAL CAPSULE	1	ST; QL (30 EA per 30 days)
			VRAYLAR ORAL CAPSULE THERAPY PACK	1	ST; QL (14 EA per 365 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Formulary ID 22332 Version 9 Effective Date: 02/01/2022

Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl oral capsule	1	QL (60 EA per 30 days)	<i>ganciclovir sodium intravenous solution reconstituted</i>	1	B/D
ziprasidone mesylate intramuscular solution reconstituted	1	QL (60 EA per 30 days)	PREVYMIS INTRAVENOUS SOLUTION	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	1		PREVYMIS ORAL TABLET	1	
Treatment-Resistant			<i>valganciclovir hcl oral solution reconstituted</i>	1	
clozapine oral tablet 100 mg, 25 mg	1	QL (270 EA per 30 days)	<i>valganciclovir hcl oral tablet</i>	1	
clozapine oral tablet 200 mg	1	QL (120 EA per 30 days)	Anti-hepatitis B (HBV) Agents		
clozapine oral tablet 50 mg	1	QL (180 EA per 30 days)	<i>adefovir dipivoxil oral tablet</i>	1	
clozapine oral tablet dispersible 100 mg, 25 mg	1	QL (270 EA per 30 days)	BARACLUDE ORAL SOLUTION	1	QL (600 ML per 30 days)
clozapine oral tablet dispersible 12.5 mg	1	QL (90 EA per 30 days)	<i>entecavir oral tablet</i>	1	QL (30 EA per 30 days)
clozapine oral tablet dispersible 150 mg	1	QL (180 EA per 30 days)	EPIVIR HBV ORAL SOLUTION	1	
clozapine oral tablet dispersible 200 mg	1	QL (120 EA per 30 days)	<i>lamivudine oral tablet 100 mg</i>	1	
VERSACLOZ ORAL SUSPENSION	1	QL (540 ML per 30 days)	VEMLIDY ORAL TABLET	1	
Antispasticity Agents			Anti-hepatitis C (HCV) Agents		
Antispasticity Agents			<i>MAVYRET ORAL PACKET</i>	1	PA; QL (560 EA per 365 days)
<i>baclofen oral tablet</i>	1		<i>MAVYRET ORAL TABLET</i>	1	PA; QL (336 EA per 365 days)
<i>dantrolene sodium oral capsule</i>	1		<i>ribavirin oral tablet</i>	1	
<i>tizanidine hcl oral tablet</i>	1		<i>sofosbuvir-velpatasvir oral tablet</i>	1	PA; QL (84 EA per 365 days)
Antivirals			<i>VOSEVI ORAL TABLET</i>	1	PA; QL (84 EA per 365 days)
Anti-cytomegalovirus (CMV) Agents			Antiherpetic Agents		
<i>cidofovir intravenous solution</i>	1		<i>acyclovir oral capsule</i>	1	
<i>ganciclovir sodium intravenous solution</i>	1	B/D	<i>acyclovir oral suspension</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
acyclovir oral tablet	1		DELSTRIGO ORAL TABLET	1	QL (30 EA per 30 days)
acyclovir sodium intravenous solution	1	B/D	EDURANT ORAL TABLET	1	
famciclovir oral tablet	1		efavirenz oral capsule	1	
valacyclovir hcl oral tablet	1	QL (120 EA per 30 days)	efavirenz oral tablet	1	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			efavirenz-emtricitab-tenofovir oral tablet	1	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	1	QL (30 EA per 30 days)	efavirenz-lamivudine-tenofovir oral tablet	1	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	1		etravirine oral tablet	1	
DOVATO ORAL TABLET	1	QL (30 EA per 30 days)	INTELENCE ORAL TABLET	1	
GENVOYA ORAL TABLET	1	QL (30 EA per 30 days)	nevirapine er oral tablet extended release 24 hour	1	
ISENTRESS HD ORAL TABLET	1		nevirapine oral suspension	1	
ISENTRESS ORAL PACKET	1		nevirapine oral tablet	1	
ISENTRESS ORAL TABLET	1		PIFELTRO ORAL TABLET	1	
ISENTRESS ORAL TABLET CHEWABLE	1		RESCRIPTOR ORAL TABLET 200 MG	1	
JULUCA ORAL TABLET	1	QL (30 EA per 30 days)	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
STRIBILD ORAL TABLET	1	QL (30 EA per 30 days)	abacavir sulfate oral solution	1	
TIVICAY ORAL TABLET	1		abacavir sulfate oral tablet	1	
TIVICAY PD ORAL TABLET SOLUBLE	1		abacavir sulfate-lamivudine oral tablet	1	QL (30 EA per 30 days)
VOCABRIA ORAL TABLET	1		abacavir-lamivudine-zidovudine oral tablet	1	QL (60 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			CIMDUO ORAL TABLET	1	QL (30 EA per 30 days)
COMPLERA ORAL TABLET	1	QL (30 EA per 30 days)	DESCOVY ORAL TABLET	1	QL (30 EA per 30 days)
			didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine oral capsule</i>	1		FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	
<i>emtricitabine-tenofovir df oral tablet</i>	1	QL (30 EA per 30 days)	RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	1	
EMTRIVA ORAL SOLUTION	1		SELZENTRY ORAL SOLUTION	1	
<i>lamivudine oral solution</i>	1		SELZENTRY ORAL TABLET	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1		TYBOST ORAL TABLET	1	
<i>lamivudine-zidovudine oral tablet</i>	1	QL (60 EA per 30 days)	Anti-HIV Agents, Protease Inhibitors (PI)		
ODEFSEY ORAL TABLET	1	QL (30 EA per 30 days)	APTIVUS ORAL CAPSULE	1	
PAXLOVID ORAL TABLET THERAPY PACK	1	QL (60 EA per 365 days)	APTIVUS ORAL SOLUTION 100 MG/ML	1	
RETROVIR INTRAVENOUS SOLUTION	1		<i>atazanavir sulfate oral capsule</i>	1	
<i>stavudine oral capsule</i>	1		CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
TEMIXYS ORAL TABLET	1	QL (30 EA per 30 days)	EVOTAZ ORAL TABLET	1	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet</i>	1		<i>fosamprenavir calcium oral tablet</i>	1	
TRIUMEQ ORAL TABLET	1	QL (30 EA per 30 days)	INVIRASE ORAL TABLET	1	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	1		KALETRA ORAL TABLET	1	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	1		LEXIVA ORAL SUSPENSION	1	
VIREAD ORAL POWDER	1		<i>lopinavir-ritonavir oral solution</i>	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1		<i>lopinavir-ritonavir oral tablet</i>	1	
<i>zidovudine oral capsule</i>	1		NORVIR ORAL PACKET	1	
<i>zidovudine oral syrup</i>	1		NORVIR ORAL SOLUTION	1	
<i>zidovudine oral tablet</i>	1				
Anti-HIV Agents, Other					

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PREZCOBIX ORAL TABLET	1	QL (30 EA per 30 days)	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
PREZISTA ORAL SUSPENSION	1		<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
PREZISTA ORAL TABLET	1		<i>chlordiazepoxide hcl oral capsule 10 mg</i>	1	QL (900 EA per 30 days)
REYATAZ ORAL PACKET	1		<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (360 EA per 30 days)
<i>ritonavir oral tablet</i>	1		<i>chlordiazepoxide hcl oral capsule 5 mg</i>	1	QL (120 EA per 30 days)
SYMTUZA ORAL TABLET	1	QL (30 EA per 30 days)	<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
VIRACEPT ORAL TABLET	1		<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (720 EA per 30 days)
Anti-influenza Agents			<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360 EA per 30 days)
<i>amantadine hcl oral capsule</i>	1		<i>diazepam injection solution</i>	1	
<i>amantadine hcl oral solution</i>	1		<i>diazepam oral concentrate</i>	1	
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (168 EA per 365 days)	<i>diazepam oral solution</i>	1	
<i>oseltamivir phosphate oral capsule 45 mg</i>	1	QL (84 EA per 365 days)	<i>diazepam oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	1	QL (110 EA per 365 days)	<i>diazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 ML per 365 days)	<i>diazepam oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>rimantadine hcl oral tablet</i>	1		<i>lorazepam intensol oral concentrate</i>	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	1	QL (4 EA per 365 days)	<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	QL (2 EA per 365 days)	<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
Anxiolytics					
Anxiolytics, Other					
<i>buspirone hcl oral tablet</i>	1		<i>lithium carbonate er oral tablet extended release</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1		<i>lithium carbonate oral capsule</i>	1	
Benzodiazepines					
Mood Stabilizers					
			<i>lithium carbonate oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITHIUM ORAL SOLUTION 8 MEQ/5ML	1		JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
valproic acid oral capsule	1		metformin hcl er oral tablet extended release 24 hour	1	
valproic acid oral solution	1		metformin hcl oral tablet	1	
Blood Glucose Regulators			nateglinide oral tablet	1	
Antidiabetic Agents			OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	1	QL (1.5 ML per 28 days)
acarbose oral tablet	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	QL (3 ML per 28 days)
CYCLOSET ORAL TABLET	1		pioglitazone hcl oral tablet	1	
FARXIGA ORAL TABLET	1		pioglitazone hcl-metformin hcl oral tablet	1	
glimepiride oral tablet	1		repaglinide oral tablet	1	
glipizide er oral tablet extended release 24 hour	1		RYBELSUS ORAL TABLET 14 MG, 7 MG	1	QL (30 EA per 30 days)
glipizide oral tablet	1		RYBELSUS ORAL TABLET 3 MG	1	QL (60 EA per 365 days)
glipizide xl oral tablet extended release 24 hour	1		SYMLINPEN 120	1	PA
glipizide-metformin hcl oral tablet	1		SYMLINPEN 60	1	PA
glyburide oral tablet	1		SYNJARDY ORAL TABLET	1	
glyburide-metformin oral tablet	1		SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
GLYXAMBI ORAL TABLET	1		tolazamide oral tablet 250 mg, 500 mg	1	
JANUMET ORAL TABLET	1		TRADJENTA ORAL TABLET	1	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1		TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
JANUVIA ORAL TABLET	1				
JARDIANCE ORAL TABLET	1				
JENTADUETO ORAL TABLET	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	QL (2 ML per 28 days)	HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION	1	
VICTOZA	1	QL (9 ML per 30 days)	HUMALOG MIX 75/25 KWIKPEN	1	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1		HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION	1	
Glycemic Agents			HUMALOG SUBCUTANEOUS SOLUTION	1	
BAQSIMI ONE PACK NASAL POWDER	1		HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	1	
BAQSIMI TWO PACK NASAL POWDER	1		HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	
<i>diazoxide oral suspension</i>	1		HUMULIN 70/30 KWIKPEN	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	1	ST	HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION	1	
<i>glucagon emergency kit</i>	1		HUMULIN N KWIKPEN	1	
GLUCAGON EMERGENCY KIT	1		HUMULIN N VIAL SUBCUTANEOUS SUSPENSION	1	
GVOKE HYPOPEN 1- PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1		HUMULIN R U-500 KWIKPEN	1	
GVOKE HYPOPEN 2- PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1		HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1		HUMULIN R VIAL INJECTION SOLUTION	1	
Insulins			INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	1				
HUMALOG MIX 50/50 KWIKPEN	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		TRESIBA SUBCUTANEOUS SOLUTION	1	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	1		Blood Products and Modifiers		
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1		Anticoagulants		
LANTUS U-100 SOLOSTAR	1		ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	1	QL (148 EA per 365 days)
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION	1		ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 EA per 30 days)
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		ELIQUIS ORAL TABLET 5 MG	1	QL (90 EA per 30 days)
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION	1		<i>enoxaparin sodium injection solution</i>	1	QL (105 ML per 90 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	1	QL (35 ML per 90 days)
LYUMJEV VIAL INJECTION SOLUTION	1		<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	1	QL (28 ML per 90 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	1	QL (10.5 ML per 90 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	1	QL (14 ML per 90 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	1		<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	1	QL (21 ML per 90 days)
			<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	1	QL (28 ML per 90 days)
			<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	1	QL (17.5 ML per 90 days)
			<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	1	QL (14 ML per 90 days)
			<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	1	QL (21 ML per 90 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML	1	QL (35 ML per 90 days)	<i>anagrelide hcl oral capsule</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 12500 UNIT/0.5ML	1	QL (17.5 ML per 90 days)	NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 15000 UNIT/0.6ML	1	QL (21 ML per 90 days)	NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 18000 UNT/0.72ML	1	QL (25.3 ML per 90 days)	PROCRT INJECTION SOLUTION	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	1	QL (7 ML per 90 days)	PROMACTA ORAL PACKET	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 7500 UNIT/0.3ML	1	QL (10.5 ML per 90 days)	PROMACTA ORAL TABLET	1	PA
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	1	QL (22.8 ML per 90 days)	UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	1		ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	1	
<i>jantoven oral tablet</i>	1		Hemostasis Agents		
<i>warfarin sodium oral tablet</i>	1		<i>tranexamic acid oral tablet</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 EA per 30 days)	Platelet Modifying Agents		
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 EA per 30 days)	<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	1	QL (102 EA per 365 days)	BRILINTA ORAL TABLET	1	
Blood Products and Modifiers, Other			CABLIVI INJECTION KIT	1	PA; QL (30 EA per 30 days)
			<i>cilostazol oral tablet</i>	1	
			<i>clopidogrel bisulfate oral tablet</i>	1	
			<i>prasugrel hcl oral tablet</i>	1	
			TAVALISSE ORAL TABLET	1	PA
			Cardiovascular Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Alpha-adrenergic Agonists					
<i>clonidine hcl oral tablet</i>	1		<i>perindopril erbumine oral tablet</i>	1	
<i>clonidine transdermal patch weekly</i>	1		<i>quinapril hcl oral tablet</i>	1	
<i>droxidopa oral capsule</i>	1	PA	<i>ramipril oral capsule</i>	1	
<i>guanfacine hcl oral tablet</i>	1		<i>trandolapril oral tablet</i>	1	
<i>methyldopa oral tablet</i>	1		Antiarrhythmics		
<i>midodrine hcl oral tablet</i>	1		<i>amiodarone hcl oral tablet</i>	1	
Alpha-adrenergic Blocking Agents			<i>digitek oral tablet</i>	1	
<i>prazosin hcl oral capsule</i>	1		<i>digox oral tablet</i>	1	
<i>terazosin hcl oral capsule</i>	1		<i>digoxin oral solution</i>	1	
Angiotensin II Receptor Antagonists			<i>digoxin oral tablet</i>	1	
<i>candesartan cilexetil oral tablet</i>	1		<i>disopyramide phosphate oral capsule</i>	1	
<i>eprosartan mesylate oral tablet 600 mg</i>	1		<i>dofetilide oral capsule</i>	1	
<i>irbesartan oral tablet</i>	1		<i>flecainide acetate oral tablet</i>	1	
<i>losartan potassium oral tablet</i>	1		<i>mexiletine hcl oral capsule</i>	1	
<i>olmesartan medoxomil oral tablet</i>	1		<i>pacerone oral tablet</i>	1	
<i>telmisartan oral tablet</i>	1		<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	
<i>valsartan oral tablet</i>	1		<i>propafenone hcl oral tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors			<i>quinidine gluconate er oral tablet extended release</i>	1	
<i>benazepril hcl oral tablet</i>	1		<i>quinidine sulfate oral tablet</i>	1	
<i>captopril oral tablet</i>	1		<i>sorine oral tablet</i>	1	
<i>enalapril maleate oral tablet</i>	1		<i>sotalol hcl (af) oral tablet</i>	1	
<i>fosinopril sodium oral tablet</i>	1		<i>sotalol hcl oral tablet</i>	1	
<i>lisinopril oral tablet</i>	1		Beta-adrenergic Blocking Agents		
<i>moexipril hcl oral tablet</i>	1		<i>acebutolol hcl oral capsule</i>	1	
			<i>atenolol oral tablet</i>	1	
			<i>betaxolol hcl oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate oral tablet	1		Calcium Channel Blocking Agents, Nondihydropyridines		
BYSTOLIC ORAL TABLET	1		cartia xt oral capsule extended release 24 hour	1	
carvedilol oral tablet	1		diltiazem hcl er beads oral capsule extended release 24 hour	1	
carvedilol phosphate er oral capsule extended release 24 hour	1		diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
labetalol hcl oral tablet	1		diltiazem hcl er coated beads oral tablet extended release 24 hour	1	
metoprolol succinate er oral tablet extended release 24 hour	1		diltiazem hcl er oral capsule extended release 12 hour	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		diltiazem hcl er oral capsule extended release 24 hour	1	
nadolol oral tablet	1		diltiazem hcl oral tablet	1	
nebivolol hcl oral tablet	1		dilt-xr oral capsule extended release 24 hour	1	
pindolol oral tablet	1		matzim la oral tablet extended release 24 hour	1	
propranolol hcl er oral capsule extended release 24 hour	1		taztia xt oral capsule extended release 24 hour	1	
propranolol hcl oral tablet	1		tiadylt er oral capsule extended release 24 hour	1	
Calcium Channel Blocking Agents, Dihydropyridines			verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
amlodipine besylate oral tablet	1		VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	1	
felodipine er oral tablet extended release 24 hour	1				
nicardipine hcl oral capsule	1				
nifedipine er oral tablet extended release 24 hour	1				
nifedipine er osmotic release oral tablet extended release 24 hour	1				
nimodipine oral capsule	1				
NYMALIZE ORAL SOLUTION	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er oral tablet extended release	1		enalapril-hydrochlorothiazide oral tablet	1	
verapamil hcl oral tablet	1		ENTRESTO ORAL TABLET	1	QL (60 EA per 30 days)
Cardiovascular Agents, Other					
acetazolamide oral tablet	1		fosinopril sodium-hctz oral tablet	1	
aliskiren fumarate oral tablet	1		irbesartan-hydrochlorothiazide oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1		lisinopril-hydrochlorothiazide oral tablet	1	
amlodipine besylate-benazepril hcl oral capsule	1		losartan potassium-hctz oral tablet	1	
amlodipine besylate-valsartan oral tablet	1		metyrosine oral capsule	1	
amlodipine-atorvastatin oral tablet	1		olmesartan medoxomil-hctz oral tablet	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1		pentoxifylline er oral tablet extended release	1	
atenolol-chlorthalidone oral tablet	1		quinapril-hydrochlorothiazide oral tablet	1	
benazepril-hydrochlorothiazide oral tablet	1		ranolazine er oral tablet extended release 12 hour	1	
bisoprolol-hydrochlorothiazide oral tablet	1		spironolactone-hctz oral tablet	1	
candesartan cilexetil-hctz oral tablet	1		telmisartan-hctz oral tablet	1	
captotriptopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1		trandolapril-verapamil hcl er oral tablet extended release	1	
CORLANOR ORAL SOLUTION	1	PA; QL (450 ML per 30 days)	triamterene-hctz oral capsule	1	
CORLANOR ORAL TABLET	1	PA; QL (60 EA per 30 days)	triamterene-hctz oral tablet	1	
			valsartan-hydrochlorothiazide oral tablet	1	
			VYNDAMAX ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
			Diuretics, Loop		

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
bumetanide injection solution	1		Dyslipidemics, HMG CoA Reductase Inhibitors		
bumetanide oral tablet	1		atorvastatin calcium oral tablet	1	
furosemide injection solution	1		fluvastatin sodium er oral tablet extended release 24 hour	1	
furosemide oral solution	1		fluvastatin sodium oral capsule	1	
furosemide oral tablet	1		LIVALO ORAL TABLET	1	ST
torsemide oral tablet	1		lovastatin oral tablet	1	
Diuretics, Potassium-sparing			pravastatin sodium oral tablet	1	
amiloride hcl oral tablet	1		rosuvastatin calcium oral tablet	1	
eplerenone oral tablet	1		simvastatin oral tablet	1	
spironolactone oral tablet	1		Dyslipidemics, Other		
Diuretics, Thiazide			cholestyramine light oral packet	1	
chlorothiazide oral tablet 250 mg, 500 mg	1		cholestyramine light oral powder	1	
chlorthalidone oral tablet	1		cholestyramine oral packet	1	
DIURIL ORAL SUSPENSION	1		cholestyramine oral powder	1	
hydrochlorothiazide oral capsule	1		colestipol hcl oral granules	1	
hydrochlorothiazide oral tablet	1		colestipol hcl oral packet	1	
indapamide oral tablet	1		colestipol hcl oral tablet	1	
metolazone oral tablet	1		ezetimibe oral tablet	1	
Dyslipidemics, Fibric Acid Derivatives			ezetimibe-simvastatin oral tablet	1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1		icosapent ethyl oral capsule	1	PA
fenofibrate oral capsule 200 mg, 67 mg	1		JUXTAPID ORAL CAPSULE 10 MG, 40 MG, 5 MG, 60 MG	1	PA; QL (30 EA per 30 days)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		JUXTAPID ORAL CAPSULE 20 MG, 30 MG	1	PA; QL (60 EA per 30 days)
fenofibric acid oral capsule delayed release	1				
gemfibrozil oral tablet	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits	
niacin er (antihyperlipidemic) oral tablet extended release	1		<i>nitro-bid transdermal ointment</i>	1		
omega-3-acid ethyl esters oral capsule	1		<i>nitroglycerin sublingual tablet sublingual</i>	1		
prevalite oral packet	1		<i>nitroglycerin transdermal patch 24 hour</i>	1		
prevalite oral powder	1		Central Nervous System Agents			
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA; QL (7 ML per 28 days)	Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 28 days)	<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days)	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (3 ML per 28 days)	<i>amphetamine-dextroamphetamine oral tablet</i>	1	QL (90 EA per 30 days)	
Vasodilators, Direct-acting Arterial			<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (180 EA per 30 days)	
hydralazine hcl oral tablet	1		<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (120 EA per 30 days)	
minoxidil oral tablet	1		<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (60 EA per 30 days)	
Vasodilators, Direct-acting Arterial/Venous			<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 EA per 30 days)	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE 40 MG	1		<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 EA per 30 days)	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
isosorbide mononitrate er oral tablet extended release 24 hour	1		<i>atomoxetine hcl oral capsule 10 mg</i>	1	QL (60 EA per 30 days)	
isosorbide mononitrate oral tablet	1					
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1					

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL (30 EA per 30 days)	pregabalin oral capsule 300 mg	1	QL (60 EA per 30 days)
clonidine hcl er oral tablet extended release 12 hour	1		pregabalin oral solution	1	QL (900 ML per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	1		SAVELLA ORAL TABLET	1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	QL (30 EA per 30 days)	SAVELLA TITRATION PACK ORAL	1	QL (110 EA per 365 days)
methylphenidate hcl er oral tablet extended release 36 mg	1	QL (60 EA per 30 days)	Multiple Sclerosis Agents		
methylphenidate hcl oral solution 5 mg/5ml	1		AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	1	PA; QL (4 EA per 28 days)
methylphenidate hcl oral tablet	1	QL (90 EA per 30 days)	AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	1	PA; QL (4 EA per 28 days)
Central Nervous System, Other			AVONEX VIAL INTRAMUSCULAR KIT INTRAMUSCULAR KIT 30 MCG	1	PA; QL (4 EA per 28 days)
AUSTEDO ORAL TABLET	1	PA; QL (120 EA per 30 days)	BAFIERTAM ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)
butalbital-apap-caffeine oral tablet	1	PA	BETASERON SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days)
EXSERVAN ORAL FILM	1	PA	dalfampridine er oral tablet extended release 12 hour	1	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG	1	PA; QL (60 EA per 30 days)	dimethyl fumarate oral capsule delayed release	1	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	1	PA; QL (30 EA per 30 days)	dimethyl fumarate starter pack oral	1	PA; QL (120 EA per 365 days)
NUEDEXTA ORAL CAPSULE	1	PA	EXTAVIA SUBCUTANEOUS KIT	1	PA; QL (15 EA per 30 days)
riluzole oral tablet	1	PA	GILENYA ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
tetrabenazine oral tablet	1	PA	glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	1	PA; QL (30 ML per 30 days)
Fibromyalgia Agents					
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg	1	QL (90 EA per 30 days)			

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	1	PA; QL (12 ML per 28 days)	REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (8.4 ML per 365 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (0.4 ML per 28 days)	REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (120 EA per 30 days)	REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (8.4 ML per 365 days)
MAYZENT ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)	TYSABRI INTRAVENOUS CONCENTRATE	1	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	1	PA; QL (24 EA per 365 days)	VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (212 EA per 365 days)
OCREVUS INTRAVENOUS SOLUTION	1	PA; QL (40 ML per 365 days)	VUMERITY ORAL CAPSULE DELAYED RELEASE	1	PA; QL (120 EA per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days)	ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	1	PA; QL (14 EA per 365 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	PA; QL (2 ML per 365 days)	ZEPOSIA ORAL CAPSULE	1	PA; QL (30 EA per 30 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (4 ML per 365 days)	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	1	PA; QL (74 EA per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	PA; QL (1 ML per 28 days)	Dental and Oral Agents		
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (1 ML per 28 days)	Dental and Oral Agents		
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (6 ML per 28 days)	chlorhexidine gluconate mouth/throat solution	1	
			doxycycline hyclate oral tablet 20 mg	1	
			lidocaine viscous hcl mouth/throat solution	1	
			oralone mouth/throat paste	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
paroex mouth/throat solution	1		ala-cort external cream 2.5 %	1	
pilocarpine hcl oral tablet	1		alclometasone dipropionate external cream	1	
triamcinolone acetonide mouth/throat paste	1		alclometasone dipropionate external ointment	1	
Dermatological Agents					
Acne and Rosacea Agents					
acitretin oral capsule	1		ammonium lactate external cream	1	
amnesteem oral capsule	1	PA	ammonium lactate external lotion	1	
azelaic acid external gel	1		betamethasone dipropionate aug external cream	1	
benzoyl peroxide-erythromycin extermal gel	1		betamethasone dipropionate aug external gel	1	
claravis oral capsule	1	PA	betamethasone dipropionate aug external ointment	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1		betamethasone dipropionate external cream	1	
FINACEA EXTERNAL FOAM	1		betamethasone dipropionate external lotion	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	PA	betamethasone dipropionate external ointment	1	
metronidazole external cream	1		betamethasone valerate external cream	1	
metronidazole external gel	1		betamethasone valerate external lotion	1	
metronidazole external lotion	1		betamethasone valerate external ointment	1	
myorisan oral capsule	1	PA	clobetasol propionate e external cream	1	
rosadan external cream	1		clobetasol propionate external cream	1	
rosadan external gel	1		clobetasol propionate external gel	1	
tazarotene external cream	1		clobetasol propionate external ointment	1	
tretinoin external cream 0.025 %, 0.05 %	1	PA			
zenatane oral capsule	1	PA			
Dermatitis and Pruitus Agents					

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate external solution	1		hydrocortisone external ointment 2.5 %	1	
desonide external cream	1		hydrocortisone valerate external cream	1	QL (60 GM per 30 days)
desonide external ointment	1		mometasone furoate external cream	1	
desoximetasone external cream 0.25 %	1		mometasone furoate external ointment	1	
desoximetasone external ointment 0.25 %	1		mometasone furoate external solution	1	
EUCRISA EXTERNAL OINTMENT	1	PA	OPZELURA EXTERNAL CREAM	1	PA; QL (240 GM per 30 days)
fluocinolone acetonide external cream	1		selenium sulfide external lotion	1	
fluocinolone acetonide external ointment	1		tacrolimus external ointment	1	
fluocinolone acetonide external solution	1		triamcinolone acetonide external cream	1	
fluocinonide external cream 0.05 %	1		triamcinolone acetonide external lotion	1	
fluocinonide external cream 0.1 %	1	QL (120 GM per 30 days)	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
fluocinonide external gel	1		triderm external cream	1	
fluocinonide external ointment	1		Dermatological Agents, Other		
fluocinonide external solution	1		calcipotriene external cream	1	QL (120 GM per 30 days)
fluticasone propionate external cream	1		calcipotriene external ointment	1	QL (120 GM per 30 days)
fluticasone propionate external ointment	1		calcipotriene external solution	1	QL (60 ML per 30 days)
halobetasol propionate external cream	1		clotrimazole- betamethasone external cream	1	
halobetasol propionate external ointment	1		diclofenac sodium external gel 3 %	1	ST; QL (300 GM per 30 days)
hydrocortisone (perianal) external cream 2.5 %	1		fluorouracil external cream	1	
hydrocortisone external cream 2.5 %	1		fluorouracil external solution	1	
hydrocortisone external lotion 2.5 %	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Formulary ID 22332 Version 9 Effective Date: 02/01/2022

Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod external cream 5 %</i>	1		<i>erythromycin external gel</i>	1	
<i>nystatin-triamcinolone external cream</i>	1		<i>erythromycin external pad 2 %</i>	1	
<i>nystatin-triamcinolone external ointment</i>	1		<i>erythromycin external solution</i>	1	
PICATO EXTERNAL GEL 0.015 %, 0.05 %	1	ST	<i>mupirocin external ointment</i>	1	
<i>podofilox external solution</i>	1		Electrolytes/Minerals/Metals/Vitamins		
SANTYL EXTERNAL OINTMENT	1		Electrolyte/Mineral Replacement		
<i>silver sulfadiazine external cream</i>	1		AMINOSYN II INTRAVENOUS SOLUTION	1	B/D
SSD EXTERNAL CREAM	1		AMINOSYN-PF INTRAVENOUS SOLUTION	1	B/D
<i>urea external lotion</i>	1		CARBAGLU ORAL TABLET	1	
Pediculicides/Scabicides			<i>carglumic acid oral tablet</i>	1	
<i>malathion external lotion</i>	1		<i>clinisol sf intravenous solution</i>	1	B/D
<i>permethrin external cream</i>	1		<i>dextrose intravenous solution 5 %</i>	1	
Topical Anti-infectives			<i>dextrose-nad intravenous solution 5-0.45 %, 5-0.9 %</i>	1	
<i>acyclovir external ointment</i>	1		KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	
BACTROBAN NASAL NASAL OINTMENT 2 %	1		<i>klor-con m10 oral tablet extended release</i>	1	
<i>ciclodan external solution</i>	1	PA	<i>klor-con m15 oral tablet extended release</i>	1	
<i>ciclopirox external gel</i>	1		<i>klor-con m20 oral tablet extended release</i>	1	
<i>ciclopirox external shampoo</i>	1		<i>klor-con oral packet</i>	1	
<i>ciclopirox external solution</i>	1	PA	KLOR-CON ORAL TABLET EXTENDED RELEASE	1	
<i>ciclopirox olamine external cream</i>	1				
<i>ciclopirox olamine external suspension</i>	1				
<i>clindamycin phosphate external solution</i>	1				
<i>ery external pad</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
klor-con sprinkle oral capsule extended release 10 meq, 8 meq	1		calcium acetate (phos binder) oral capsule	1	
plenamine intravenous solution	1	B/D	calcium acetate oral tablet 667 mg	1	
potassium chloride cycler oral tablet extended release	1		lanthanum carbonate oral tablet chewable	1	
potassium chloride er oral capsule extended release	1		sevelamer carbonate oral packet	1	
potassium chloride er oral tablet extended release	1		sevelamer carbonate oral tablet	1	
PVELPHORO ORAL TABLET CHEWABLE			Potassium Binders		
potassium chloride oral packet	1		kionex oral suspension 15 gm/60ml	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1		sodium polystyrene sulfonate oral suspension 15 gm/60ml	1	
potassium citrate er oral tablet extended release	1		sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %	1		sps oral suspension	1	
Electrolyte/Mineral/Metal Modifiers			VELTASSA ORAL PACKET	1	
CHEMET ORAL CAPSULE	1		Vitamins		
clovique oral capsule 250 mg	1	PA	prenatal oral tablet 27-1 mg	1	
deferasirox granules oral packet	1	PA	Gastrointestinal Agents		
deferasirox oral tablet	1	PA	Anti-Constipation Agents		
deferasirox oral tablet soluble	1	PA	constulose oral solution	1	
deferiprone oral tablet	1	PA	enulose oral solution	1	
sodium polystyrene sulfonate oral powder	1		generlac oral solution	1	
trientine hcl oral capsule	1	PA	lactulose encephalopathy oral solution	1	
Phosphate Binders			lactulose oral solution 10 gm/15ml	1	
AURYXIA ORAL TABLET	1	PA	LINZESS ORAL CAPSULE	1	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone oral capsule</i>	1	QL (60 EA per 30 days)	GATTEX SUBCUTANEOUS KIT	1	PA
MOTEGRITY ORAL TABLET	1	QL (30 EA per 30 days)	<i>gavilyte-c oral solution reconstituted</i>	1	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	1		<i>gavilyte-g oral solution reconstituted</i>	1	
<i>polyethylene glycol 3350 oral powder</i>	1		<i>gavilyte-h oral kit 5-210 mg-gm</i>	1	
RELISTOR ORAL TABLET	1	ST; QL (90 EA per 30 days)	<i>gavilyte-n with flavor pack oral solution reconstituted</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	1	ST; QL (18 ML per 30 days)	<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	1	ST; QL (12 ML per 30 days)	<i>metoclopramide hcl oral tablet</i>	1	
Anti-Diarrheal Agents			MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
<i>alosetron hcl oral tablet</i>	1	PA	<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1		<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>loperamide hcl oral capsule</i>	1		<i>peg-3350/electrolytes oral solution reconstituted</i>	1	
XERMELO ORAL TABLET	1	PA; QL (90 EA per 30 days)	RECTIV RECTAL OINTMENT	1	
Antispasmodics, Gastrointestinal			SUPREP BOWEL PREP KIT ORAL SOLUTION	1	
CUVPOSA ORAL SOLUTION	1		<i>trilyte oral solution reconstituted 420 gm</i>	1	
<i>dicyclomine hcl oral capsule</i>	1		<i>ursodiol oral tablet</i>	1	
<i>dicyclomine hcl oral tablet</i>	1		XIFAXAN ORAL TABLET	1	PA
<i>glycopyrrolate oral tablet</i>	1		ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
Gastrointestinal Agents, Other			Histamine2 (H2) Receptor Antagonists		
CLENPIQ ORAL SOLUTION	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
famotidine oral suspension reconstituted	1		CHOLBAM ORAL CAPSULE	1	PA
famotidine oral tablet 20 mg, 40 mg	1		CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	1	
nizatidine oral solution	1		cromolyn sodium oral concentrate	1	
Protectants					
misoprostol oral tablet	1		CYSTAGON ORAL CAPSULE	1	
sucralfate oral suspension	1		ELAPRASE INTRAVENOUS SOLUTION	1	PA
sucralfate oral tablet	1		EVRYSDI ORAL SOLUTION RECONSTITUTED	1	PA; QL (240 MIL per 30 days)
Proton Pump Inhibitors					
esomeprazole magnesium oral capsule delayed release	1	QL (60 EA per 30 days)	FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	1	PA
lansoprazole oral capsule delayed release	1	QL (60 EA per 30 days)	GALAFOLD ORAL CAPSULE	1	PA; QL (14 EA per 28 days)
omeprazole oral capsule delayed release	1	QL (60 EA per 30 days)	KANUMA INTRAVENOUS SOLUTION	1	PA
pantoprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)	LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
rabeprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)	miglustat oral capsule	1	PA
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment					
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment					
ALDURAZYME INTRAVENOUS SOLUTION	1	PA	NAGLAZYME INTRAVENOUS SOLUTION	1	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	nitisinone oral capsule	1	
CERDELGA ORAL CAPSULE	1	PA	ORFADIN ORAL CAPSULE 20 MG	1	
			ORFADIN ORAL SUSPENSION	1	
			PROSYSBI ORAL CAPSULE DELAYED RELEASE	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	
RAVICTI ORAL LIQUID	1	PA	<i>flavoxate hcl oral tablet</i>	1	
REVCovi INTRAMUSCULAR SOLUTION	1	PA	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	1	
<i>sapropterin dihydrochloride oral packet</i>	1	PA	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
<i>sapropterin dihydrochloride oral tablet</i>	1	PA	<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	
<i>sodium phenylbutyrate oral powder</i>	1		<i>oxybutynin chloride oral syrup</i>	1	
STRENSIQ SUBCUTANEOUS SOLUTION	1	PA	<i>oxybutynin chloride oral tablet</i>	1	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	<i>solifenacain succinate oral tablet</i>	1	
VIMIZIM INTRAVENOUS SOLUTION	1	PA	<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	
VYNDAQEL ORAL CAPSULE	1	PA; QL (120 EA per 30 days)	<i>tolterodine tartrate oral tablet</i>	1	
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	<i>trospium chloride er oral capsule extended release 24 hour</i>	1	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	1		<i>trospium chloride oral tablet</i>	1	
ZOKINVY ORAL CAPSULE	1	PA; QL (120 EA per 30 days)	Benign Prostatic Hypertrophy Agents		
Genitourinary Agents			<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	
Antispasmodics, Urinary			<i>doxazosin mesylate oral tablet</i>	1	
			<i>dutasteride oral capsule</i>	1	
			<i>finasteride oral tablet 5 mg</i>	1	
			<i>silodosin oral capsule</i>	1	
			<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
tamsulosin hcl oral capsule	1		prednisone oral tablet	1	
Genitourinary Agents, Other			prednisone oral tablet therapy pack	1	
acetic acid irrigation solution	1		Hormonal Agents, Stimulant/Replacer t/Modifying (Pituitary)		
bethanechol chloride oral tablet	1		Hormonal Agents, Stimulant/Replacer t/Modifying (Pituitary)		
d-penamine oral tablet 125 mg	1		desmopressin ace spray refrig nasal solution	1	
ELMIRON ORAL CAPSULE	1		desmopressin acetate injection solution	1	
penicillamine oral tablet	1		desmopressin acetate nasal solution	1	
THIOLA EC ORAL TABLET DELAYED RELEASE	1		desmopressin acetate oral tablet	1	
Hormonal Agents, Stimulant/Replacer t/Modifying (Adrenal)			desmopressin acetate pf injection solution	1	
Hormonal Agents, Stimulant/Replacer t/Modifying (Adrenal)			desmopressin acetate spray nasal solution	1	
cortisone acetate oral tablet 25 mg	1		GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
dexamethasone oral elixir	1		GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
dexamethasone oral solution	1		INCRELEX SUBCUTANEOUS SOLUTION	1	PA
dexamethasone oral tablet	1		SKYTROFA SUBCUTANEOUS CARTRIDGE	1	PA
fludrocortisone acetate oral tablet	1		STIMATE NASAL SOLUTION	1	
hydrocortisone oral tablet	1		Hormonal Agents, Stimulant/Replacer t/Modifying (Prostaglandins)		
methylprednisolone oral tablet	1				
methylprednisolone oral tablet therapy pack	1				
prednisolone oral solution	1				
prednisolone sodium phosphate oral solution	1				
prednisone oral solution	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			<i>aubra oral tablet</i>	1	
KORLYM ORAL TABLET	1	PA; QL (120 EA per 30 days)	<i>aurovela 1.5/30 oral tablet</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			<i>aurovela 1/20 oral tablet</i>	1	
Anabolic Steroids			<i>aurovela 24 fe oral tablet</i>	1	
ANADROL-50 ORAL TABLET 50 MG	1	PA	<i>aurovela fe 1.5/30 oral tablet</i>	1	
<i>oxandrolone oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)	<i>aurovela fe 1/20 oral tablet</i>	1	
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; QL (240 EA per 30 days)	<i>aviane oral tablet</i>	1	
Androgens			<i>ayuna oral tablet</i>	1	
ANDRODERM TRANSDERMAL PATCH 24 HOUR	1	PA	<i>azurette oral tablet</i>	1	
<i>danazol oral capsule</i>	1		<i>balziva oral tablet</i>	1	
<i>testosterone cypionate intramuscular solution</i>	1	PA	<i>bekyree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>testosterone enanthate intramuscular solution</i>	1	PA	<i>blisovi 24 fe oral tablet</i>	1	
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA	<i>blisovi fe 1.5/30 oral tablet</i>	1	
Estrogens			<i>blisovi fe 1/20 oral tablet</i>	1	
<i>afirmelle oral tablet</i>	1		<i>briellyn oral tablet</i>	1	
<i>altavera oral tablet</i>	1		<i>chateal eq oral tablet</i>	1	
<i>alyacen 1/35 oral tablet</i>	1		<i>chateal oral tablet</i>	1	
<i>alyacen 7/7/7 oral tablet</i>	1		<i>CLIMARA PRO TRANSDERMAL PATCH WEEKLY</i>	1	
<i>amabelz oral tablet</i>	1		<i>cryselle-28 oral tablet</i>	1	
<i>amethyst oral tablet</i>	1		<i>cyclafem 1/35 oral tablet</i>	1	
<i>aubra eq oral tablet</i>	1		<i>cyclafem 7/7/7 oral tablet</i>	1	
			<i>dasetta 1/35 oral tablet</i>	1	
			<i>dasetta 7/7/7 oral tablet</i>	1	
			<i>delyla oral tablet</i>	1	
			<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
 Formulary ID 22332 Version 9 Effective Date: 02/01/2022
 Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	1		<i>kariva oral tablet</i>	1	
<i>dolishale oral tablet</i>	1		<i>kelnor 1/35 oral tablet</i>	1	
<i>dotti transdermal patch twice weekly</i>	1		<i>kelnor 1/50 oral tablet</i>	1	
<i>elinest oral tablet</i>	1		<i>kimidess oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	
<i>enpresse-28 oral tablet</i>	1		<i>kurvelo oral tablet</i>	1	
<i>estarrylla oral tablet</i>	1		<i>larin 1.5/30 oral tablet</i>	1	
<i>estradiol oral tablet</i>	1		<i>larin 1/20 oral tablet</i>	1	
<i>estradiol transdermal patch twice weekly</i>	1		<i>larin 24 fe oral tablet</i>	1	
<i>estradiol transdermal patch weekly</i>	1		<i>larin fe 1.5/30 oral tablet</i>	1	
<i>estradiol vaginal cream</i>	1		<i>larin fe 1/20 oral tablet</i>	1	
<i>estradiol vaginal tablet</i>	1		<i>larissia oral tablet</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1		<i>lessina oral tablet</i>	1	
ESTRING VAGINAL RING	1	QL (1 EA per 90 days)	<i>levonest oral tablet</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1		<i>levonorgestrel-ethinyl estradiol oral tablet</i>	1	
<i>falmina oral tablet</i>	1		<i>levonorg-eth estrad triphasic oral tablet</i>	1	
<i>femynor oral tablet</i>	1		<i>levora 0.15/30 (28) oral tablet</i>	1	
<i>fyavolv oral tablet</i>	1		<i>lillow oral tablet</i>	1	
<i>hailey 1.5/30 oral tablet</i>	1		<i>lopreeza oral tablet 0.5- 0.1 mg, 1-0.5 mg</i>	1	
<i>hailey 24 fe oral tablet</i>	1		<i>low-ogestrel oral tablet</i>	1	
<i>hailey fe 1.5/30 oral tablet</i>	1		<i>lutera oral tablet</i>	1	
<i>hailey fe 1/20 oral tablet</i>	1		<i>lyllana transdermal patch twice weekly</i>	1	
<i>jintel oral tablet</i>	1		<i>marlissa oral tablet</i>	1	
<i>junel 1.5/30 oral tablet</i>	1		<i>menest oral tablet</i>	1	
<i>junel 1/20 oral tablet</i>	1		<i>microgestin 1.5/30 oral tablet</i>	1	
<i>junel fe 1.5/30 oral tablet</i>	1		<i>microgestin 1/20 oral tablet</i>	1	
<i>junel fe 1/20 oral tablet</i>	1		<i>microgestin 24 fe oral tablet</i>	1	
<i>junel fe 24 oral tablet</i>	1		<i>microgestin fe 1.5/30 oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
microgestin fe 1/20 oral tablet	1		portia-28 oral tablet	1	
mili oral tablet	1		PREMARIN ORAL TABLET	1	
mimvey lo oral tablet 0.5-0.1 mg	1		PREMARIN VAGINAL CREAM	1	
mimvey oral tablet	1		PREMPHASE ORAL TABLET	1	
mono-linyah oral tablet	1		PREMPRO ORAL TABLET	1	
mononessa oral tablet 0.25-35 mg-mcg	1		previfem oral tablet	1	
necon 0.5/35 (28) oral tablet	1		simliya oral tablet	1	
necon 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1		sprintec 28 oral tablet	1	
norethin ace-eth estrad-fe oral tablet	1		sronyx oral tablet	1	
norethindrone acet-ethinyl est oral tablet	1		tarina 24 fe oral tablet	1	
norethindrone-eth estradiol oral tablet	1		tarina fe 1/20 eq oral tablet	1	
norgestimate-eth estradiol oral tablet	1		tarina fe 1/20 oral tablet	1	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1		tri-femynor oral tablet	1	
nortrel 0.5/35 (28) oral tablet	1		tri-estarrylla oral tablet	1	
nortrel 1/35 (21) oral tablet	1		tri-linyah oral tablet	1	
nortrel 1/35 (28) oral tablet	1		tri-mili oral tablet	1	
nortrel 7/7/7 oral tablet	1		trinessa (28) oral tablet	1	
nylia 1/35 oral tablet	1		tri-nymyo oral tablet	1	
nylia 7/7/7 oral tablet	1		tri-previfem oral tablet	1	
nymyo oral tablet	1		tri-sprintec oral tablet	1	
orsythia oral tablet	1		trivora (28) oral tablet	1	
philith oral tablet	1		tri-vylibra oral tablet	1	
pimtrea oral tablet	1		vienna oral tablet	1	
pirmella 1/35 oral tablet	1		viorele oral tablet	1	
pirmella 7/7/7 oral tablet	1		volnea oral tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
zovia 1/35e (28) oral tablet	1		norethindrone acetate oral tablet	1	
Progestins					
camila oral tablet	1		norethindrone oral tablet	1	
deblitane oral tablet	1		norlyda oral tablet	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	QL (10 ML per 28 days)	norlyroc oral tablet	1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	1	QL (0.65 ML per 90 days)	progesterone oral capsule	1	
errin oral tablet	1		sharobel oral tablet	1	
heather oral tablet	1		tulana oral tablet	1	
incassia oral tablet	1		Selective Estrogen Receptor Modifying Agents		
jencycla oral tablet	1		OSPHENA ORAL TABLET	1	PA; QL (30 EA per 30 days)
jolivette oral tablet 0.35 mg	1		raloxifene hcl oral tablet	1	
lyeq oral tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
lyza oral tablet	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	levothyroxine sodium oral tablet	1	
medroxyprogesterone acetate intramuscular suspension	1	QL (1 ML per 90 days)	LEVOXYL ORAL TABLET	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL (1 ML per 90 days)	liothyronine sodium oral tablet	1	
medroxyprogesterone acetate oral tablet	1		UNITHROID ORAL TABLET	1	
megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml	1	PA	Hormonal Agents, Suppressant (Adrenal)		
megestrol acetate oral tablet	1	PA	Hormonal Agents, Suppressant (Adrenal)		
nora-be oral tablet	1		ISTURISA ORAL TABLET	1	PA
			LYSODREN ORAL TABLET	1	
Hormonal Agents, Suppressant (Pituitary)					

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)					
<i>cabergoline oral tablet</i>	1		ORGOVYX ORAL TABLET	1	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (4 EA per 365 days)	ORILISSA ORAL TABLET 150 MG	1	PA; QL (30 EA per 30 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (1 EA per 28 days)	ORILISSA ORAL TABLET 200 MG	1	PA; QL (60 EA per 30 days)
<i>leuprolide acetate injection kit</i>	1	PA	SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	PA; QL (1 EA per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days)	SIGNIFOR SUBCUTANEOUS SOLUTION	1	PA; QL (60 ML per 30 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days)	SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 112 days)	SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT	1	PA; QL (1 EA per 168 days)	SUPPRELIN LA SUBCUTANEOUS KIT	1	PA; QL (1 EA per 365 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 28 days)	SYNAREL NASAL SOLUTION	1	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	1	PA; QL (1 EA per 84 days)	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	1	PA; QL (1 EA per 84 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	1	PA	TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	1	PA; QL (1 EA per 168 days)
MYFEMBREE ORAL TABLET	1	PA; QL (30 EA per 30 days)	TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	1	PA; QL (1 EA per 168 days)
<i>octreotide acetate injection solution</i>	1	PA	ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	PA; QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)					
Antithyroid Agents					
<i>methimazole oral tablet</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil oral tablet</i>	1		GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
Immunological Agents					
Angioedema Agents					
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	GAMMAKED INJECTION SOLUTION	1	PA
<i>icatibant acetate subcutaneous solution</i>	1	PA	GAMMAPLEX INTRAVENOUS SOLUTION	1	PA
<i>sajazir subcutaneous solution</i>	1	PA	GAMUNEX-C INJECTION SOLUTION	1	PA
Immunoglobulins					
ASCENIV INTRAVENOUS SOLUTION	1	PA	HEPAGAM B INJECTION SOLUTION	1	B/D
BIVIGAM INTRAVENOUS SOLUTION	1	PA	HIZENTRA SUBCUTANEOUS SOLUTION	1	PA
<i>carimune nf intravenous solution reconstituted 12 gm, 6 gm</i>	1	PA	HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
CUTAQUIG SUBCUTANEOUS SOLUTION	1	PA	HYPERHEP B INTRAMUSCULAR SOLUTION	1	B/D
CUVITRU SUBCUTANEOUS SOLUTION	1	PA	HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	1	PA	HYPERRAB INJECTION SOLUTION	1	B/D
GAMASTAN INTRAMUSCULAR INJECTABLE	1	PA	HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	PA
<i>gammagard injection solution 1 gm/10ml, 10 gm/100ml, 20 gm/200ml, 5 gm/50ml</i>	1	PA	NABI-HB INTRAMUSCULAR SOLUTION	1	B/D
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML	1	PA	OCTAGAM INTRAVENOUS SOLUTION	1	PA
			PANZYGA INTRAVENOUS SOLUTION	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INTRAVENOUS SOLUTION	1	PA	COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA
SYNAGIS INTRAMUSCULAR SOLUTION	1	PA	COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA
VARIZIG INTRAMUSCULAR SOLUTION	1	PA	DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
XEMBIFY SUBCUTANEOUS SOLUTION	1	PA	DUPIXENT SUBCUTANEOUS SOLUTION PEN- INJECTOR 300 MG/2ML	1	PA; QL (8 ML per 28 days)
Immunological Agents, Other			DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; QL (1.34 ML per 28 days)
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	1	PA; QL (4.56 ML per 28 days)
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3.6 ML per 28 days)	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	1	PA; QL (8 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA	EMPAVELI SUBCUTANEOUS SOLUTION	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA	ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA			
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	TALTZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA
LEMTRADA INTRAVENOUS SOLUTION	1	PA	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA; QL (4 ML per 28 days)	TREMFYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	1	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	1	PA	XELJANZ ORAL SOLUTION	1	PA
SAPHNELO INTRAVENOUS SOLUTION	1	PA	XELJANZ ORAL TABLET	1	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR	1	PA	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
STELARA INTRAVENOUS SOLUTION	1	PA	Immunostimulants		
STELARA SUBCUTANEOUS SOLUTION	1	PA	ACTIMMUNE SUBCUTANEOUS SOLUTION	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	1	PA
			INTRON A INJECTION SOLUTION RECONSTITUTED	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	1	PA	ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA
PEGASYS SUBCUTANEOUS SOLUTION	1	PA	ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA	<i>gengraf oral capsule</i>	1	B/D
Immunosuppressants			<i>gengraf oral solution</i>	1	B/D
<i>azathioprine oral tablet</i>	1	B/D	HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
CIMZIA PREFILLED KIT SUBCUTANEOUS KIT	1	PA	HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
CIMZIA STARTER KIT SUBCUTANEOUS KIT	1	PA	HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
<i>cyclosporine modified oral capsule</i>	1	B/D	HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
<i>cyclosporine modified oral solution</i>	1	B/D	HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	1	PA
<i>cyclosporine oral capsule</i>	1	B/D	HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	1	PA			
ENBREL SUBCUTANEOUS SOLUTION	1	PA			
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA			

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	SIMPONI ARIA INTRAVENOUS SOLUTION	1	PA
<i>infliximab intravenous solution reconstituted</i>	1	PA	<i>sirolimus oral solution</i>	1	B/D
<i>leflunomide oral tablet</i>	1		<i>sirolimus oral tablet</i>	1	B/D
<i>methotrexate oral tablet</i>	1		<i>tacrolimus oral capsule</i>	1	B/D
<i>methotrexate sodium (pf) injection solution</i>	1		XATMEP ORAL SOLUTION	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1		ZORTRESS ORAL TABLET 1 MG	1	B/D
<i>methotrexate sodium oral tablet</i>	1		Vaccines		
<i>mycophenolate mofetil oral capsule</i>	1	B/D	ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	B/D	ADACEL INTRAMUSCULAR SUSPENSION	1	
<i>mycophenolate mofetil oral tablet</i>	1	B/D	BCG VACCINE INJECTION INJECTABLE	1	
<i>mycophenolate sodium oral tablet delayed release</i>	1	B/D	BEXZERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	BOOSTRIX INTRAMUSCULAR SUSPENSION	1	
PROGRAF ORAL PACKET	1	B/D	BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	DAPTACEL INTRAMUSCULAR SUSPENSION	1	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	1	PA	DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	1	
REZUROCK ORAL TABLET	1	PA; QL (60 EA per 30 days)	ENGERIX-B INJECTION SUSPENSION	1	B/D
SANDIMMUNE ORAL SOLUTION	1	B/D			

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1		PEDIARIX INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
HAVRIX INTRAMUSCULAR SUSPENSION	1		PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
HIBERIX INJECTION SOLUTION RECONSTITUTED	1		PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	1	B/D	QUADRACEL INTRAMUSCULAR SUSPENSION	1	
INFANRIX INTRAMUSCULAR SUSPENSION	1		RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
IPOV INJECTION INJECTABLE	1		RECOMBIVAX HB INJECTION SUSPENSION	1	B/D
IXIARO INTRAMUSCULAR SUSPENSION	1		ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
KINRIX INTRAMUSCULAR SUSPENSION	1		ROTAQUE ORAL SOLUTION	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
MENACTRA INTRAMUSCULAR SOLUTION	1		STAMARIL INJECTION SUSPENSION RECONSTITUTED	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1		TDVAX INTRAMUSCULAR SUSPENSION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1		TENIVAC INTRAMUSCULAR INJECTABLE	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	1		<i>balsalazide disodium oral capsule</i>	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		<i>mesalamine er oral capsule extended release 24 hour</i>	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		<i>mesalamine oral tablet delayed release</i>	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		<i>mesalamine rectal enema</i>	1	
TYPHIM VI INTRAMUSCULAR SOLUTION	1		<i>mesalamine rectal suppository</i>	1	
VAQTA INTRAMUSCULAR SUSPENSION	1		<i>mesalamine-cleanser rectal kit</i>	1	
VARIVAX SUBCUTANEOUS INJECTABLE	1		<i>sulfasalazine oral tablet</i>	1	
VAXELIS INTRAMUSCULAR SUSPENSION	1		<i>sulfasalazine oral tablet delayed release</i>	1	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1		Glucocorticoids		
YF-VAX SUBCUTANEOUS INJECTABLE	1		<i>budesonide er oral tablet extended release 24 hour</i>	1	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	1		<i>budesonide oral capsule delayed release particles</i>	1	
Inflammatory Bowel Disease Agents			<i>cocolort rectal enema 100 mg/60ml</i>	1	
Aminosalicylates			<i>hydrocortisone rectal enema</i>	1	
			<i>procto-med hc external cream</i>	1	
			<i>proctosol hc external cream</i>	1	
			<i>proctozone-hc external cream</i>	1	
Metabolic Bone Disease Agents			Metabolic Bone Disease Agents		
			<i>alendronate sodium oral solution</i>	1	
			<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
alendronate sodium oral tablet 70 mg	1	QL (4 EA per 28 days)	BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML	1	QL (200 EA per 30 days)
calcitonin (salmon) nasal solution	1	QL (3.7 ML per 30 days)	cvs gauze sterile pad 2"x2"	1	
calcitriol oral capsule	1		ELLA ORAL TABLET	1	
cinacalcet hcl oral tablet	1		insulin pen needles 29g x 12mm	1	QL (200 EA per 30 days)
doxercalciferol oral capsule	1		insulin syringes 28g x 1/2" 0.5 ml, 29g 0.3 ml, 29g x 1/2" 1 ml	1	QL (200 EA per 30 days)
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA	LIVMARLI ORAL SOLUTION	1	PA; QL (90 ML per 30 days)
ibandronate sodium oral tablet	1	QL (1 EA per 28 days)	MOLNUPIRAVIR ORAL CAPSULE	1	QL (80 EA per 365 days)
NATPARA SUBCUTANEOUS CARTRIDGE	1	PA; QL (2 EA per 28 days)	NUTRILIPID INTRAVENOUS EMULSION	1	B/D
paricalcitol oral capsule	1		OMNIPOD 5 PACK	1	QL (30 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	QL (2 ML per 365 days)	OMNIPOD DASH 5 PACK PODS	1	QL (30 EA per 30 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	1		OMNIPOD DASH SYSTEM KIT	1	QL (1 EA per 365 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA	OMNIPOD STARTER KIT	1	QL (1 EA per 365 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA	OXLUMO SUBCUTANEOUS SOLUTION	1	PA
XGEVA SUBCUTANEOUS SOLUTION	1	PA	SODIUM CHLORIDE IRRIGATION SOLUTION	1	
Miscellaneous Therapeutic Agents			TAVNEOS ORAL CAPSULE	1	PA; QL (180 EA per 30 days)
Miscellaneous Therapeutic Agents			V-GO 20 KIT	1	
alcohol prep pads pad 70 %	1		V-GO 30 KIT	1	
			V-GO 40 KIT	1	
			VISTOGARD ORAL PACKET	1	
			Ophthalmic Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents, Other			PRED-G S.O.P. OPHTHALMIC OINTMENT	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	1		RESTASIS MULTIDOSE OPHTHALMIC EMULSION	1	
bacitracin-polymyxin b ophthalmic ointment	1		RESTASIS OPHTHALMIC EMULSION	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1		ROCKLATAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)
COMBIGAN OPHTHALMIC SOLUTION	1		SIMBRINZA OPHTHALMIC SUSPENSION	1	
CYSTARAN OPHTHALMIC SOLUTION	1	PA; QL (60 ML per 28 days)	sulfacetamide-prednisolone ophthalmic solution	1	
dorzolamide hcl-timolol mal ophthalmic solution	1		TOBRADEX OPHTHALMIC OINTMENT	1	
dorzolamide hcl-timolol mal pf ophthalmic solution	1		TOBRADEX ST OPHTHALMIC SUSPENSION	1	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	1		tobramycin-dexamethasone ophthalmic suspension	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1		XIIDRA OPHTHALMIC SOLUTION	1	QL (60 EA per 30 days)
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1		ZYLET OPHTHALMIC SUSPENSION	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1		Ophthalmic Anti-allergy Agents		
neo-polycin hc ophthalmic ointment	1		azelastine hcl ophthalmic solution	1	
neo-polycin ophthalmic ointment	1		bepotastine besilate ophthalmic solution	1	
polycin ophthalmic ointment	1		cromolyn sodium ophthalmic solution	1	
polymyxin b-trimethoprim ophthalmic solution	1		epinastine hcl ophthalmic solution	1	
			olopatadine hcl ophthalmic solution	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Anti-Infectives					
bacitracin ophthalmic ointment	1		FLAREX OPHTHALMIC SUSPENSION	1	
BESIVANCE OPHTHALMIC SUSPENSION	1		flurbiprofen sodium ophthalmic solution	1	
ciprofloxacin hcl ophthalmic solution	1		FML FORTE OPHTHALMIC SUSPENSION	1	
erythromycin ophthalmic ointment	1		ketorolac tromethamine ophthalmic solution	1	
gatifloxacin ophthalmic solution	1		LOTEMAX SM OPHTHALMIC GEL	1	QL (20 GM per 365 days)
gentak ophthalmic ointment	1		loteprednol etabonate ophthalmic gel	1	QL (20 GM per 365 days)
gentamicin sulfate ophthalmic solution	1		loteprednol etabonate ophthalmic suspension	1	
levofloxacin ophthalmic solution	1		prednisolone acetate ophthalmic suspension	1	
moxifloxacin hcl ophthalmic solution	1		PROLENSA OPHTHALMIC SOLUTION	1	QL (12 ML per 365 days)
NATACYN OPHTHALMIC SUSPENSION	1		Ophthalmic Beta-Adrenergic Blocking Agents		
ofloxacin ophthalmic solution	1		betaxolol hcl ophthalmic solution	1	
sulfacetamide sodium ophthalmic ointment	1		carteolol hcl ophthalmic solution	1	
sulfacetamide sodium ophthalmic solution	1		levobunolol hcl ophthalmic solution	1	
tobramycin ophthalmic solution	1		timolol maleate (once-daily) ophthalmic solution	1	
trifluridine ophthalmic solution	1		timolol maleate ophthalmic gel forming solution	1	
ZIRGAN OPHTHALMIC GEL	1		timolol maleate ophthalmic solution	1	
Ophthalmic Anti-inflammatories					
dexamethasone sodium phosphate ophthalmic solution	1		Ophthalmic Intraocular Pressure Lowering Agents, Other		
diclofenac sodium ophthalmic solution	1		acetazolamide er oral capsule extended release 12 hour	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1		<i>fluocinolone acetonide otic oil</i>	1	
<i>apraclonidine hcl ophthalmic solution</i>	1		<i>hydrocortisone-acetic acid otic solution</i>	1	
BRIMONIDINE TARTRATE OPHTHALMIC SOLUTION 0.15 %	1		<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1		<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>brinzolamide ophthalmic suspension</i>	1		<i>ofloxacin otic solution</i>	1	
<i>dorzolamide hcl ophthalmic solution</i>	1		Respiratory Tract/Pulmonary Agents		
<i>methazolamide oral tablet</i>	1		Antihistamines		
<i>pilocarpine hcl ophthalmic solution</i>	1		<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	QL (60 ML per 30 days)
RHOPRESSA OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)	<i>cypheptadine hcl oral tablet</i>	1	
Ophthalmic Prostaglandin and Prostamide Analogs			<i>diphenhydramine hcl injection solution</i>	1	
<i>latanoprost ophthalmic solution</i>	1		<i>hydroxyzine hcl oral tablet</i>	1	
LUMIGAN OPHTHALMIC SOLUTION	1	QL (2.5 ML per 25 days)	<i>levocetirizine dihydrochloride oral tablet</i>	1	
VYZULTA OPHTHALMIC SOLUTION	1	QL (5 ML per 25 days)	Anti-inflammatories, Inhaled Corticosteroids		
Otic Agents			<i>ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED</i>	1	QL (30 EA per 30 days)
Otic Agents			<i>ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</i>	1	QL (1 EA per 30 days)
<i>acetic acid otic solution</i>	1		<i>ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED</i>	1	QL (1 EA per 30 days)
CIPROFLOXACIN HCL OTIC SOLUTION	1				
<i>ciprofloxacin- dexamethasone otic suspension</i>	1				
<i>flac otic oil</i>	1				

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	<i>mometasone furoate nasal suspension</i>	1	QL (34 GM per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	Antileukotrienes		
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (1 EA per 30 days)	<i>montelukast sodium oral packet</i>	1	
ASMANEX HFA INHALATION AEROSOL	1	QL (13 GM per 30 days)	<i>montelukast sodium oral tablet</i>	1	
BREZTRI AEROSPHERE INHALATION AEROSOL	1	QL (23.6 GM per 28 days)	<i>montelukast sodium oral tablet chewable</i>	1	
<i>budesonide inhalation suspension</i>	1	B/D; QL (120 ML per 30 days)	<i>zafirlukast oral tablet</i>	1	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	1	QL (60 EA per 30 days)	Bronchodilators, Anticholinergic		
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	1	QL (240 EA per 30 days)	ATROVENT HFA INHALATION AEROSOL SOLUTION	1	QL (25.8 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	1	QL (24 GM per 30 days)	INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (30 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	1	QL (21.2 GM per 30 days)	<i>ipratropium bromide inhalation solution</i>	1	B/D; QL (312.5 ML per 30 days)
<i>fluticasone propionate nasal suspension</i>	1		<i>ipratropium bromide nasal solution</i>	1	
			LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	1	QL (60 ML per 30 days)
			SPIRIVA HANDIHALER INHALATION CAPSULE	1	QL (30 EA per 30 days)
			SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	1	QL (8 GM per 30 days)
			SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	
			YUPELRI INHALATION SOLUTION	1	B/D; QL (90 ML per 30 days)
			Bronchodilators, Sympathomimetic		

You can find information on what the symbols and abbreviations on this table mean by going to page 7

Formulary ID 22332 Version 9 Effective Date: 02/01/2022

Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	QL (17 GM per 30 days)	<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	B/D; QL (540 ML per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent proventil)</i>	1	QL (13.4 GM per 30 days)	<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	B/D; QL (90 EA per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (brand equivalent ventolin)</i>	1	QL (48 GM per 30 days)	<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	B/D; QL (270 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D; QL (525 ML per 30 days)	<i>levalbuterol hfa inhalation aerosol 45 mcg/act</i>	1	QL (30 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	B/D; QL (375 ML per 30 days)	PERFOROMIST INHALATION NEBULIZATION SOLUTION	1	B/D; QL (120 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	B/D; QL (100 EA per 30 days)	PROAIR HFA INHALATION AEROSOL SOLUTION	1	QL (17 GM per 30 days)
<i>albuterol sulfate oral syrup</i>	1		PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (2 EA per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	Applies to products manufactured by Impax or Lineage Therapeutics	SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml</i>	1		<i>terbutaline sulfate oral tablet</i>	1	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	1	Applies to product manufactured by Mylan Specialty L.P. Only	Cystic Fibrosis Agents		
<i>formoterol fumarate inhalation nebulization solution</i>	1	B/D; QL (120 ML per 30 days)	CAYSTON INHALATION SOLUTION RECONSTITUTED	1	PA
			KALYDECO ORAL PACKET	1	PA
			KALYDECO ORAL TABLET	1	PA
			ORKAMBI ORAL PACKET	1	PA; QL (56 EA per 28 days)
			ORKAMBI ORAL TABLET	1	PA; QL (112 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION	1	PA	<i>epoprostenol sodium intravenous solution reconstituted</i>	1	B/D
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	1	PA; QL (56 EA per 28 days)	OPSUMIT ORAL TABLET	1	PA; QL (30 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	1	PA; QL (60 EA per 30 days)	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA
TOBI PODHALER INHALATION CAPSULE	1	QL (224 EA per 56 days)	<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
<i>tobramycin inhalation nebulization solution</i>	1	B/D	<i>tadalafil (pah) oral tablet</i>	1	PA; QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK	1	PA; QL (84 EA per 28 days)	UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
Mast Cell Stabilizers					
cromolyn sodium inhalation nebulization solution	1	B/D	VENTAVIS INHALATION SOLUTION	1	PA; QL (270 MIL per 30 days)
Phosphodiesterase Inhibitors, Airways Disease					
DALIRESP ORAL TABLET	1	PA	Pulmonary Fibrosis Agents		
<i>theophylline er oral tablet extended release 12 hour</i>	1		ESBRIET ORAL CAPSULE	1	PA
<i>theophylline er oral tablet extended release 24 hour</i>	1		ESBRIET ORAL TABLET	1	PA
Pulmonary Antihypertensives			OFEV ORAL CAPSULE	1	PA
ADEMPAS ORAL TABLET	1	PA; QL (90 EA per 30 days)	Respiratory Tract Agents, Other		
<i>alyq oral tablet</i>	1	PA; QL (60 EA per 30 days)	<i>acetylcysteine inhalation solution</i>	1	B/D
<i>ambrisentan oral tablet</i>	1	PA; QL (30 EA per 30 days)	ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
<i>bosentan oral tablet</i>	1	PA; QL (60 EA per 30 days)	BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
			COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (8 GM per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	1	QL (17.6 GM per 30 days)	SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	1	QL (13.8 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	1	QL (13 GM per 30 days)	TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	1	QL (60 EA per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA	wixela <i>inhub</i> inhalation aerosol powder breath activated	1	QL (60 EA per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA	Skeletal Muscle Relaxants		
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)	Skeletal Muscle Relaxants		
<i>ipratropium-albuterol inhalation solution</i>	1	B/D; QL (540 ML per 30 days)	chlorzoxazone oral tablet 500 mg	1	PA
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	PA; QL (3 ML per 28 days)	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA; QL (3 ML per 28 days)	methocarbamol oral tablet	1	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	1	PA; QL (3 EA per 28 days)	Sleep Disorder Agents		
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	1	QL (24 GM per 30 days)	BELSOMRA ORAL TABLET	1	QL (30 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	1	QL (12 GM per 30 days)	eszopiclone oral tablet	1	QL (30 EA per 30 days)
			ramelteon oral tablet	1	QL (30 EA per 30 days)
			temazepam oral capsule 15 mg, 30 mg	1	QL (30 EA per 30 days)
			zaleplon oral capsule 10 mg	1	QL (60 EA per 30 days)
			zaleplon oral capsule 5 mg	1	QL (30 EA per 30 days)
			zolpidem tartrate er oral tablet extended release	1	QL (30 EA per 30 days)
			zolpidem tartrate oral tablet	1	QL (30 EA per 30 days)
			Wakefulness Promoting Agents		

You can find information on what the symbols and abbreviations on this table mean by going to page 7
Formulary ID 22332 Version 9 Effective Date: 02/01/2022
Last Updated: January 2022

Drug Name	Drug Tier	Requirements/ Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet</i>	1	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	1	PA; QL (540 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 7
 Formulary ID 22332 Version 9 Effective Date: 02/01/2022
 Last Updated: January 2022

Index of Drugs

A

abacavir sulfate.....30
abacavir sulfate-lamivudine...30
abacavir-lamivudine-zidovudine
.....30
ABELCET19
ABILIFY MAINTENA27
abiraterone acetate21
acamprosate calcium9
acarbose33
acebutolol hcl37
acetaminophen-codeine8
acetaminophen-codeine #38
acetazolamide39
acetazolamide er66
acetic acid51, 67
acetylcysteine70
acitretin44
ACTEMRA58
ACTEMRA ACTPEN58
ACTHIB61
ACTIMMUNE59
acyclovir29, 30, 46
acyclovir sodium30
ADACEL61
adefovir dipivoxil29
ADEMPAS70
AFINITOR23
AFINITOR DISPERZ23
afirmelle52
AIMOVIG20
AKYNZEO18
ala-cort44
albendazole26
albuterol sulfate69
albuterol sulfate hfa69
alclometasone dipropionate...44
alcohol prep pads64
ALDURAZYME49
ALECENSA23
alendronate sodium63, 64
alfuzosin hcl er50
ALINIA26
aliskiren fumarate39
allopurinol20
alosetron hcl48
ALPHAGAN P67
alprazolam32
altavera52
ALUNBRIG23
alyacen 1/3552
alyacen 7/7/752
alyq70

amabelz52
amantadine hcl32
AMBISOME19
ambrisentan70
amethyst52
amikacin sulfate10
amiloride hcl40
amiloride-hydrochlorothiazide 39
AMINOSYN II46
AMINOSYN-PF46
amiodarone hcl37
amitriptyline hcl18
amlodipine besylate38
amlodipine besylate-benazepril
hcl39
amlodipine besylate-valsartan 39
amlodipine-atorvastatin39
amlodipine-valsartan-hctz39
ammonium lactate44
amnesteem44
amoxapine18
amoxicillin12
amoxicillin-potassium
clavulanate12
amoxicillin-potassium
clavulanate er12
amphetamine-
dextroamphetamine41
amphetamine-
dextroamphetamine er41
amphotericin b19
ampicillin12
ampicillin sodium12
ampicillin-sulbactam sodium..12
ANADROL-5052
anagrelide hcl36
anastrozole23
ANDRODERM52
ANORO ELLIPTA70
apraclonidine hcl67
aprepitant18, 19
APTIOM15
APTIVUS31
ARALAST NP49
ARCALYST58
ariPIPRAZOLE27
ARISTADA28
ARISTADA INITIO27
armodafinil72
ARNUTY ELLIPTA67
ASCENIV57
asenapine maleate28

ASMANEX (120 METERED
DOSES)67
ASMANEX (14 METERED
DOSES)67
ASMANEX (30 METERED
DOSES)68
ASMANEX (60 METERED
DOSES)68
ASMANEX (7 METERED
DOSES)68
ASMANEX HFA68
aspirin-dipyridamole er36
atazanavir sulfate31
atenolol37
atenolol-chlorthalidone39
atomoxetine hcl41, 42
atorvastatin calcium40
atovaquone26
atovaquone-proguanil hcl26
ATROPINE SULFATE65
ATROVENT HFA68
aubra52
aubra eq52
aurovela 1.5/3052
aurovela 1/2052
aurovela 24 fe52
aurovela fe 1.5/3052
aurovela fe 1/2052
AURYXIA47
AUSTEDO42
aviane52
AVONEX PEN42
AVONEX PREFILLED42
AVONEX VIAL
INTRAMUSCULAR KIT42
ayuna52
AYVAKIT23
azathioprine60
azelaic acid44
azelastine hcl65, 67
azithromycin13
AZITHROMYCIN13
aztreonam10
azurette52
B
bacitracin66
bacitracin-polymyxin b65
bacitra-neomycin-polymyxin-hc
.....65
baclofen29
BACTROBAN NASAL46
BAFIERTAM42
balsalazide disodium63

BALVERSA	23
balziva.....	52
BAQSIMI ONE PACK.....	34
BAQSIMI TWO PACK.....	34
BARACLUDE.....	29
BAXDELA.....	13
BCG VACCINE.....	61
BD ULTRA-FINE INSULIN SYRINGES	64
bekyree	52
BELSOMRA.....	71
benazepril hcl	37
benazepril-hydrochlorothiazide	39
BENLYSTA.....	58, 60
BENZNIDAZOLE	26
benzoyl peroxide-erythromycin	44
benztropine mesylate.....	26
bepotastine besilate	65
BESIVANCE	66
betamethasone dipropionate .44	
betamethasone dipropionate aug	44
betamethasone valerate.....	44
BETASERON	42
betaxolol hcl.....	37, 66
bethanechol chloride.....	51
bexarotene	26
BEXSERO	61
bicalutamide	21
BICILLIN L-A	12
BIKTARVY.....	30
bisoprolol fumarate	38
bisoprolol-hydrochlorothiazide39	
BIVIGAM	57
blisovi 24 fe	52
blisovi fe 1.5/30.....	52
blisovi fe 1/20.....	52
BOOSTRIX.....	61
bosentan	70
BOSULIF.....	23
BRAFTOVI	23
BREO ELLIPTA.....	70
BREZTRI AEROSPHERE.....	68
briellyn.....	52
BRILINTA.....	36
brimonidine tartrate	67
BRIMONIDINE TARTRATE..67	
brinzolamide	67
BRIVIACT.....	14
bromocriptine mesylate	26
BRUKINSA	23
budesonide.....	63, 68
budesonide er.....	63
bumetanide.....	40
buprenorphine hcl	10
buprenorphine hcl-naloxone hcl	10
bupropion hcl.....	17
bupropion hcl er (smoking det)	10
bupropion hcl er (sr)	16, 17
bupropion hcl er (xl)	17
buspirone hcl	32
butalbital-apap-caffeine	42
BYSTOLIC.....	38
C	
CABENUVA	30
cabergoline	56
CABLIVI.....	36
CABOMETYX	23
calcipotriene.....	45
calcitonin (salmon)	64
calcitriol	64
calcium acetate	47
calcium acetate (phos binder)	47
CALQUENCE	23
camila.....	55
candesartan cilexetil.....	37
candesartan cilexetil-hctz	39
CAPLYTA	28
CAPRELSA.....	23
captopril.....	37
captopril-hydrochlorothiazide.39	
CARBAGLU	46
carbamazepine	16
carbamazepine er	16
carbidopa.....	27
carbidopa-levodopa.....	27
carbidopa-levodopa er.....	27
carglumic acid.....	46
carimune nf	57
carteolol hcl.....	66
cartia xt.....	38
carvedilol	38
carvedilol phosphate er	38
caspofungin acetate	19
CAYSTON	69
cefaclor.....	11
cefadroxil.....	11
cefazolin sodium	11
cefdinir.....	11
cefepime hcl.....	11
cefixime	11
cefotaxime sodium	11
cefotetan disodium.....	12
cefoxitin sodium	12
cefodoxime proxetil	12
cefprozil.....	12
ceftazidime	12
ceftazidime and dextrose.....	12
ceftriaxone sodium.....	12
cefuroxime axetil.....	12
cefuroxime sodium.....	12
celecoxib.....	8
CELONTIN	15
cephalexin	12
CERDELGA.....	49
CHANTIX.....	10
CHANTIX CONTINUING MONTH PAK.....	10
CHANTIX STARTING MONTH PAK	10
chateal	52
chateal eq	52
CHEMET	47
chlordiazepoxide hcl.....	32
chlorhexidine gluconate.....	43
chloroquine phosphate	26
chlorothiazide.....	40
chlorpromazine hcl	27
chlorthalidone	40
chlorzoxazone.....	71
CHOLBAM.....	49
cholestyramine.....	40
cholestyramine light	40
ciclodan	46
ciclopirox	46
ciclopirox olamine.....	46
cidofovir	29
cilostazol.....	36
CIMDUO	30
CIMZIA PREFILLED KIT	60
CIMZIA STARTER KIT	60
cinacalcet hcl	64
CINRYZE.....	57
ciprofloxacin.....	13
ciprofloxacin hcl	13, 66
CIPROFLOXACIN HCL.....	67
ciprofloxacin in d5w.....	13
ciprofloxacin-dexamethasone 67	
citalopram hydrobromide	17
claravis	44
clarithromycin.....	13
clarithromycin er.....	13
CLENPIQ	48
CLIMARA PRO.....	52
clindacin etz.....	10
clindacin-p	10
clindamycin hcl.....	10
clindamycin palmitate hcl.....	11
clindamycin phosphate....11, 46	
clindamycin phosphate-benzoyl peroxide.....	44

clinisol sf.....	46	cyclosporine.....	60	DIFICID	13
clobazam.....	15	cyclosporine modified.....	60	diflunisal	8
clobetasol propionate.....	44, 45	cyproheptadine hcl.....	67	digitek.....	37
clobetasol propionate e	44	CYSTAGON.....	49	digox.....	37
clomipramine hcl.....	18	CYSTARAN	65	digoxin.....	37
clonazepam.....	15	D		dihydroergotamine mesylate..	20
clonidine	37	dalfampridine er	42	dilantin.....	16
clonidine hcl.....	37	DALIRESP.....	70	DILATRATE-SR.....	41
clonidine hcl er.....	42	danazol.....	52	diltiazem hcl	38
clopidogrel bisulfate	36	dantrolene sodium.....	29	diltiazem hcl er.....	38
clorazepate dipotassium.....	32	DANYELZA.....	25	diltiazem hcl er beads.....	38
clotrimazole	19	dapsone.....	21	diltiazem hcl er coated beads	38
clotrimazole-betamethasone .	45	DAPTACEL.....	61	dilt-xr	38
clovique.....	47	daptomycin	11	dimethyl fumarate.....	42
clozapine	29	darifenacin hydrobromide er ..	50	dimethyl fumarate starter pack	
COARTEM	26	DARZALEX FASPRO.....	25	.....	42
codeine sulfate.....	9	dasetta 1/35.....	52	diphenhydramine hcl.....	67
CODEINE SULFATE.....	8	dasetta 7/7/7.....	52	diphenoxylate-atropine	48
colchicine.....	20	DAURISMO	23	DIPHTHERIA-TETANUS	
colchicine-probenecid	20	deblitane.....	55	TOXOIDS DT	61
colestipol hcl.....	40	deferasirox.....	47	disopyramide phosphate	37
colistimethate sodium (cba)...	11	deferasirox granules.....	47	disulfiram	9
cocolcort.....	63	deferiprone	47	DIURIL.....	40
COMBIGAN.....	65	DELSTRIGO	30	divalproex sodium	15
COMBIVENT RESPIMAT.....	70	delyla.....	52	divalproex sodium er	15
COMETRIQ.....	23	demeocycline hcl	14	DIVIGEL	53
COMPLERA	30	DEPO-PROVERA	55	dofetilide	37
compro	18	DEPO-SUBQ PROVERA 10455		dolishale	53
constulose.....	47	DESCOVY	30	donepezil hcl.....	16
COPIKTRA.....	23	desipramine hcl.....	18	dorzolamide hcl.....	67
CORLANOR	39	desmopressin ace spray refrigerated	51	dorzolamide hcl-timolol mal ..	65
cortisone acetate	51	desmopressin acetate	51	dorzolamide hcl-timolol mal pf65	
COSENTYX (300 MG DOSE)58		desmopressin acetate pf	51	dotti	53
COSENTYX 150 MG/ML.....	58	desmopressin acetate spray ..	51	DOVATO	30
COSENTYX SENSOREADY (300 MG)	58	desogestrel-ethynodiol ..	52	doxazosin mesylate.....	50
COSENTYX SENSOREADY PEN.....	58	desonide.....	45	doxepin hcl	18
COTELLIC.....	23	desoximetasone.....	45	doxercalciferol.....	64
CREON	49	desvenlafaxine succinate er ..	17	doxy 100.....	14
CRESEMBA	19	dexamethasone	51	doxycycline hydiate	14, 43
CRIXIVAN	31	dexamethasone sodium		doxycycline monohydrate	14
cromolyn sodium.....	49, 65, 70	phosphate	66	d-penamine	51
cryselle-28.....	52	dextroamphetamine sulfate ..	41	DRIZALMA SPRINKLE.....	17
CUTAQUIG	57	dextroamphetamine sulfate er	41	dronabinol.....	19
CUVITRU	57	dextrose.....	46	DROXIA.....	22
CUVPOSA.....	48	dextrose-nacl	46	droxidopa	37
cvs gauze sterile	64	DIACOMIT	15	DULEREA	71
cyclafem 1/35	52	diazepam	15, 32	duloxetine hcl.....	17
cyclafem 7/7/7	52	diazoxide	34	DUPIXENT	58
cyclobenzaprine hcl	71	diclofenac potassium.....	8	dutasteride	50
cyclophosphamide	21	diclofenac sodium	8, 45, 66	E	
CYCLOPHOSPHAMIDE	21	diclofenac sodium er	8	ec-naproxen.....	8
cycloserine	21	dicloxacillin sodium	13	econazole nitrate.....	19
CYCLOSET	33	dicyclomine hcl.....	48	EDURANT	30
		didanosine	30	efavirenz.....	30
				efavirenz-emtricitab-tenofovir.	30

efavirenz-lamivudine-tenofovir	30
ELAPRASE	49
eletriptan hydrobromide	20
elinest	53
ELIQUIS	35
ELIQUIS DVT/PE STARTER PACK	35
ELLA	64
ELMIRON	51
ELYXYB	8
EMCYT	22
EMGALITY	20
EMGALITY (300 MG DOSE)	20
EMPAVELI	58
EMSAM	17
emtricitabine	31
emtricitabine-tenofovir df	31
EMTRIVA	31
enalapril maleate	37
enalapril-hydrochlorothiazide	39
ENBREL	60
ENBREL MINI	60
ENBREL SURECLICK	60
endocet	9
ENGERIX-B	61
enoxaparin sodium	35
empresse-28	53
ENSPRYNG	58
entacapone	26
entecavir	29
ENTRESTO	39
ENTYVIO	58
enulose	47
EPIDIOLEX	14
epinastine hcl	65
epinephrine	69
epitol	16
EPIVIR HBV	29
eplerenone	40
epoprostenol sodium	70
EPRONTIA	14
eprosartan mesylate	37
ergoloid mesylates	16
ergotamine-caffeine	20
ERIVEDGE	23
ERLEADA	21
erlotinib hcl	23
errin	55
ertapenem sodium	13
ery	46
erythromycin	13, 46, 66
erythromycin base	13
erythromycin ethylsuccinate	13
ESBRIET	70
escitalopram oxalate	17
esomeprazole magnesium	49
estarrylla	53
estradiol	53
estradiol-norethindrone acet	53
ESTRING	53
eszopiclone	71
ethambutol hcl	21
ethosuximide	15
ethynodiol diac-eth estradiol	53
etodolac	8
etravirine	30
EUCRISA	45
everolimus	23, 60
EVOTAZ	31
EVRYSDI	49
exemestane	23
EXKIVITY	24
EXSERVAN	42
EXTAVIA	42
ezetimibe	40
ezetimibe-simvastatin	40
F	
FABRAZYME	49
falmina	53
famciclovir	30
famotidine	49
FANAPT	28
FANAPT TITRATION PACK	28
FARXIGA	33
FARYDAK	24
FASENRA	71
FASENRA PEN	71
febuxostat	20
felbamate	14
felodipine er	38
femynor	53
fenofibrate	40
fenofibrate micronized	40
fenofibric acid	40
fentanyl	8
fentanyl citrate	9
FETROJA	12
FETZIMA	17
FETZIMA TITRATION	17
FINACEA	44
finasteride	50
FINTEPLA	14
FIRMAGON	56
FIRMAGON (240 MG DOSE)	56
flac	67
FLAREX	66
flavoxate hcl	50
FLEBOGAMMA DIF	57
flecainide acetate	37
FLOVENT DISKUS	68
FLOVENT HFA	68
fluconazole	19
fluconazole in sodium chloride	19
flucytosine	19
fludrocortisone acetate	51
fluocinolone acetonide	45, 67
fluocinonide	45
fluorouracil	45
fluoxetine hcl	17
fluphenazine decanoate	27
fluphenazine hcl	27
flurbiprofen	8
flurbiprofen sodium	66
flutamide	21
fluticasone propionate	45, 68
fluticasone-salmeterol	71
fluvastatin sodium	40
fluvastatin sodium er	40
fluvoxamine maleate	17
FML FORTE	66
fondaparinux sodium	35
formoterol fumarate	69
FORTEO	64
fosamprenavir calcium	31
fosinopril sodium	37
fosinopril sodium-hctz	39
FOTIVDA	21
FRAGMIN	36
furosemide	40
FUZEON	31
fyavolv	53
FYCOMPRA	14
G	
gabapentin	15
GALAFOLD	49
galantamine hydrobromide	16
galantamine hydrobromide er	16
GAMASTAN	57
gammagard	57
GAMMAGARD	57
GAMMAGARD S/D LESS IGA	57
GAMMAKED	57
GAMMAPLEX	57
GAMUNEX-C	57
ganciclovir sodium	29
GARDASIL 9	62
gatifloxacin	66
GATTEX	48
gavilyte-c	48
gavilyte-g	48
gavilyte-h	48
gavilyte-n with flavor pack	48

GAVRETO.....	22
gemfibrozil.....	40
generlac	47
gengrafi.....	60
GENOTROPIN.....	51
GENOTROPIN MINIQUICK..	51
gentak	66
gentamicin sulfate.....	10, 66
GENVOYA.....	30
GILENYA.....	42
GILOTrif.....	24
glatiramer acetate	42, 43
GLEOSTINE.....	21
glimepiride.....	33
glipizide er.....	33
glipizide ir.....	33
glipizide xl.....	33
glipizide-metformin hcl	33
GLUCAGEN HYPOKIT	34
glucagon emergency kit	34
GLUCAGON EMERGENCY KIT	34
glyburide.....	33
glyburide-metformin	33
glycopyrrolate	48
glydo	9
GLYXAMBI.....	33
griseofulvin microsize.....	19
griseofulvin ultramicrosize	19
guanfacine hcl	37
guanfacine hcl er	42
guanidine hcl	21
GVOKE HYPOPEN 1-PACK.	34
GVOKE HYPOPEN 2-PACK.	34
GVOKE PFS.....	34
H	
hailey 1.5/30	53
hailey 24 fe	53
hailey fe 1.5/30	53
hailey fe 1/20	53
halobetasol propionate.....	45
haloperidol.....	27
haloperidol decanoate.....	27
haloperidol lactate.....	27
HAVRIX.....	62
heather.....	55
HEPAGAM B	57
heparin sodium (porcine).....	36
HIBERIX.....	62
HIZENTRA	57
HUMALOG	34
HUMALOG KWIKPEN	34
HUMALOG MIX 50/50 KWIKPEN	34
HUMALOG MIX 50/50 VIAL..	34
HUMALOG MIX 75/25 KWIKPEN	34
HUMALOG MIX 75/25 VIAL ..	34
HUMALOG U-100 JUNIOR KWIKPEN	34
HUMIRA	60
HUMIRA PEDIATRIC CROHNS START.....	60
HUMIRA PEN	60
HUMIRA PEN-CD/UC/HS STARTER.....	60
HUMIRA PEN-PEDIATRIC UC START.....	60
HUMIRA PEN-PS/UV/ADOL HS START.....	60
HUMIRA PEN-PSOR/UVEIT STARTER.....	60
HUMULIN 70/30 KWIKPEN..	34
HUMULIN 70/30 VIAL	34
HUMULIN N KWIKPEN	34
HUMULIN N VIAL	34
HUMULIN R U-500 KWIKPEN	34
HUMULIN R U-500 VIAL	34
HUMULIN R VIAL	34
hydralazine hcl.....	41
hydrochlorothiazide	40
hydrocodone-acetaminophen ..	9
hydrocortisone	45, 51, 63
hydrocortisone (perianal)	45
hydrocortisone valerate	45
hydrocortisone-acetic acid....	67
hydromorphone hcl	9
hydromorphone hcl pf.....	9
hydroxychloroquine sulfate....	26
hydroxyurea.....	22
hydroxyzine hcl.....	67
hydroxyzine pamoate	32
HYPERHEP B.....	57
HYPERRAB	57
HYQVIA	57
I	
ibandronate sodium.....	64
IBRANCE.....	22, 24
ibuprofen.....	8
icatibant acetate	57
ICLUSIG	24
icosapent ethyl.....	40
IDHIFA.....	22
ifosfamide	21
ILUMYA	59
imatinib mesylate	24
IMBRUVICA.....	24
imipenem-cilastatin	13
imipramine hcl.....	18
imiquimod	46
IMOVAx RABIES.....	62
IMPAVIDO	11
INBRIJA.....	27
incassia	55
INCRELEX.....	51
INCRUSE ELLIPTA.....	68
indapamide	40
indomethacin	8
INFANRIX.....	62
INFLECTRA.....	61
infliximab.....	61
INGREZZA	42
INLYTA.....	24
INQOVI.....	24
INREBIC	22
INSULIN LISPRO	35
INSULIN LISPRO (1 UNIT DIAL).....	34
INSULIN LISPRO JUNIOR KWIKPEN	35
INSULIN LISPRO PROT & LISPRO.....	35
insulin pen needles	64
insulin syringes	64
INTELENCE.....	30
INTRON A	59
INVEGA HAFYERA.....	28
INVEGA SUSTENNA	28
INVEGA TRINZA.....	28
INVIRASE	31
IPOL.....	62
ipratropium bromide	68
ipratropium-albuterol	71
irbesartan.....	37
irbesartan-hydrochlorothiazide	39
IRESSA	24
ISENTRESS	30
ISENTRESS HD	30
isoniazid	21
isosorbide dinitrate	41
isosorbide mononitrate	41
isosorbide mononitrate er	41
isotretinoin	44
ISTURISA	55
itraconazole	19
ivermectin	26
IXIARO	62
J	
JAKAFI	24
jantoven	36
JANUMET	33
JANUMET XR.....	33
JANUVIA	33

JARDIANCE	33	lanthanum carbonate.....	47	LONHALA MAGNAIR REFILL	
JEMPERLI.....	25	LANTUS SOLOSTAR.....	35	KIT.....	68
jencycla.....	55	LANTUS U-100 VIAL.....	35	LONSURF	22
JENTADUETO.....	33	lapatinib ditosylate.....	24	loperamide hcl.....	48
JENTADUETO XR.....	33	larin 1.5/30.....	53	lopinavir-ritonavir.....	31
jinteli.....	53	larin 1/20.....	53	lopreeza.....	53
jolivette.....	55	larin 24 fe.....	53	lorazepam.....	32
JUBLIA.....	19	larin fe 1.5/30.....	53	lorazepam intensol.....	32
JULUCA.....	30	larin fe 1/20.....	53	LORBRENA.....	24
junel 1.5/30.....	53	larissia	53	lorcet	9
junel 1/20.....	53	latanoprost.....	67	lorcet hd.....	9
junel fe 1.5/30.....	53	LATUDA	28	lorcet plus	9
junel fe 1/20.....	53	leflunomide	61	losartan potassium.....	37
junel fe 24.....	53	LEMTRADA.....	59	losartan potassium-hctz.....	39
JUXTAPID.....	40	LENVIMA.....	24	LOTEMAX SM	66
K		lessina	53	loteprednol etabonate.....	66
KALETRA.....	31	letrozole.....	23	lovastatin	40
KALYDECO.....	69	leucovorin calcium.....	26	low-ogestrel	53
KANJINTI.....	25	LEUKERAN	21	loxapine succinate.....	27
KANUMA.....	49	leuprolide acetate.....	56	lubiprostone	48
kariva	53	levalbuterol hcl.....	69	LUMAKRAS.....	22
kelnor 1/35.....	53	levalbuterol hfa.....	69	LUMIGAN	67
kelnor 1/50.....	53	LEVEMIR U-100 FLEXTOUCH	35	LUMIZYME	49
KESIMPTA.....	43	LEVEMIR U-100 VIAL.....	35	LUPRON DEPOT (1-MONTH)	
ketoconazole	19	levetiracetam	14	.....	56
ketorolac tromethamine....	8, 66	levetiracetam er	14	LUPRON DEPOT (3-MONTH)	
kimidess	53	levobunolol hcl.....	66	.....	56
KIMYRSA.....	11	levocetirizine dihydrochloride.	67	LUPRON DEPOT (4-MONTH)	
KINRIX.....	62	levofloxacin.....	13, 66	INTRAMUSCULAR KIT	
kionex.....	47	levofloxacin in d5w	13	30MG.....	56
KISQALI	24	levonest.....	53	LUPRON DEPOT (6-MONTH)	
KISQALI FEMARA.....	22	levonorgestrel-ethinyl estrad..	53	INTRAMUSCULAR KIT	
klor-con	46	levonorg-eth estrad triphasic..	53	45MG.....	56
KLOR-CON	46	levora 0.15/30 (28)	53	LUPRON DEPOT-PED (1-MONTH)	
KLOR-CON 10.....	46	levothyroxine sodium.....	55	.....	56
klor-con m10.....	46	LEVOXYL	55	LUPRON DEPOT-PED (3-MONTH)	
klor-con m15.....	46	LEXIVA.....	31	.....	56
klor-con m20.....	46	lidocaine	9	lutera.....	53
klor-con sprinkle.....	47	lidocaine hcl urethral/mucosal..	9	LYBALVI	28
KORLYM.....	52	lidocaine viscous hcl.....	43	lyeq.....	55
KOSELUGO	24	lidocaine-prilocaine	9	lyllana	53
kurvelo.....	53	lillow	53	LYNPARZA.....	24
KYNMOBI.....	26	linezolid	11	LYSODREN	55
KYNMOBI TITRATION KIT ..	27	LINZESS.....	47	LYUMJEV KWIKPEN	35
L		liothyronine sodium	55	LYUMJEV VIAL.....	35
labetalol hcl	38	lisinopril	37	lyza.....	55
lactulose.....	47	lisinopril-hydrochlorothiazide..	39	M	
lactulose encephalopathy.....	47	LITHIUM	33	MAKENA	55
lamivudine	29, 31	lithium carbonate.....	32	malathion	46
lamivudine-zidovudine.....	31	lithium carbonate er.....	32	maprotiline hcl.....	17
lamotrigine.....	14	LIVALO.....	40	marlissa	53
lamotrigine starter kit-blue....	14	LIVMARLI.....	64	MARPLAN	17
lamotrigine starter kit-green...14		LOFENA.....	8	MATULANE.....	21
lamotrigine starter kit-orange.14				matzim la	38
lansoprazole	49			MAVYRET	29

MAYZENT	43	miglustat	49	NAYZILAM	14
MAYZENT STARTER PACK	43	mili	54	nebivolol hcl	38
meclizine hcl	18	mimvey	54	necon 0.5/35 (28)	54
medroxyprogesterone acetate	55	mimvey lo	54	necon 7/7/7	54
mefloquine hcl	26	minitran	41	nefazodone hcl	17
megestrol acetate	55	minocycline hcl	14	neomycin sulfate	10
MEKINIST	24	minoxidil	41	neomycin-bacitracin zn-polymyx	65
MEKTOVI	24	mirtazapine	17	neomycin-polymyxin-dexameth	65
meloxicam	8	misoprostol	49	neomycin-polymyxin-gramicidin	65
memantine hcl	16	M-M-R II	62	neomycin-polymyxin-hc	67
MEMANTINE HCL	16	modafinil	72	neo-polycin	65
memantine hcl er	16	moexipril hcl	37	neo-polycin hc	65
MENACTRA	62	molindone hcl	27	NERLYNX	24
menest	53	MOLNUPIRAVIR	64	NEULASTA	36
MENQUADFI	62	mometasone furoate	45, 68	NEULASTA ONPRO	36
MENVEO	62	monodoxine nl	14	NEUPRO	27
mercaptopurine	22	MONJUVI	25	nevirapine	30
meropenem	13	mono-linyah	54	nevirapine er	30
mesalamine	63	mononessa	54	NEXAVAR	24
mesalamine er oral capsule 0.375 gm	63	montelukast sodium	68	niacin er (antihyperlipidemic)	41
mesalamine-cleanser	63	morgidox	14	nicardipine hcl	38
MESNEX	26	morphine sulfate	9	NICOTROL NS	10
metformin hcl er	33	morphine sulfate (concentrate)	9	nifedipine er	38
metformin hcl ir	33	morphine sulfate (pf)	9	nifedipine er osmotic release	38
methadone hcl	8	morphine sulfate er	8	nilutamide	21
methadone hcl intensol	8	MOTEGRITY	48	nimodipine	38
methadose	8	moxifloxacin hcl	13, 66	NINLARO	22
methadose sugar-free	8	moxifloxacin hcl in nacl	13	nitazoxanide	26
methazolamide	67	mupirocin	46	nitisinone	49
methenamine hippurate	11	MVASI	25	nitro-bid	41
methimazole	56	MYALEPT	48	nitrofurantoin macrocrystal	11
methocarbamol	71	MYCAPSSA	56	nitrofurantoin monohydrate macrocrystals	11
methotrexate	61	mycophenolate mofetil	61	nitroglycerin	41
methotrexate sodium	61	mycophenolate sodium	61	nizatidine	49
methotrexate sodium (pf)	61	MYFEMBREE	56	nora-be	55
methyldopa	37	myorisan	44	norethin ace-eth estrad-fe	54
methylphenidate hcl	42	MYRBETRIQ	50	norethindrone	55
methylphenidate hcl er	42	N		norethindrone acetate	55
methylprednisolone	51	NABI-HB	57	norethindrone acet-ethinyl est	54
metoclopramide hcl	48	nabumetone	8	norethindrone-eth estradiol	54
metolazone	40	nadolol	38	norgestimate-eth estradiol	54
metoprolol succinate er	38	nafcillin sodium	13	norgestimate-ethinyl estradiol triphasic	54
metoprolol tartrate	38	naftifine hcl	19	norlyda	55
metronidazole	11, 44	NAGLAZYME	49	norlyroc	55
metronidazole in nacl	11	naloxone hcl	10	nortrel 0.5/35 (28)	54
metyrosine	39	NALOXONE HCL	10	nortrel 1/35 (21)	54
mexiletine hcl	37	naltrexone hcl	9	nortrel 1/35 (28)	54
miconazole 3	19	NAMZARIC	16	nortrel 7/7/7	54
microgestin 1.5/30	53	naproxen	8	nortriptyline hcl	18
microgestin 1/20	53	naproxen sodium	8	NORVIR	31
microgestin 24 fe	53	naratriptan hcl	20		
microgestin fe 1.5/30	53	NARCAN	10		
microgestin fe 1/20	54	NATACYN	66		
midodrine hcl	37	nateglinide	33		
		NATPARA	64		

NOXAFIL.....	19	oxybutynin chloride er	50	PIQRAY	24
NUBEQA	21	oxycodone hcl.....	9	pirmella 1/35	54
NUCALA.....	71	oxycodone-acetaminophen.....	9	pirmella 7/7/7	54
NUEDEXTA.....	42	OZEMPIC	33	piroxicam	8
NUPLAZID.....	28	P		PLEGRIDY	43
NUTRILIPID.....	64	pacerone.....	37	PLEGRIDY STARTER PACK	43
NUZYRA	14	paliperidone er	28	plenamine	47
nyamyc.....	19	PANRETIN	26	podofilox	46
nylia 1/35.....	54	pantoprazole sodium.....	49	POLIVY	25
nylia 7/7/7.....	54	PANZYGA	57	polycin	65
NYMALIZE	38	paricalcitol.....	64	polyethylene glycol 3350	48
nymyo.....	54	paroex	44	polymyxin b-trimethoprim	65
nystatin.....	19, 20	paromomycin sulfate	10	POMALYST	21
nystatin-triamcinolone	46	paroxetine hcl	18	portia-28	54
nystop	20	paroxetine hcl er	18	posaconazole	20
O		paser	21	potassium chloride	47
OCREVUS.....	43	PAXIL	18	potassium chloride crys er	47
OCTAGAM.....	57	PAXLOVID	31	potassium chloride er	47
octreotide acetate	56	PEDIARIX	62	potassium citrate er	47
ODEFSEY	31	PEDVAX HIB	62	pramipexole dihydrochloride	27
ODOMZO.....	24	peg 3350/electrolytes	48	prasugrel hcl	36
OFEV	70	peg 3350-kcl-na bicarb-nacl	48	pravastatin sodium	40
ofloxacin.....	14, 66, 67	peg-3350/electrolytes	48	praziquantel	26
olanzapine.....	28	PEGANONE	16	prazosin hcl	37
olmesartan medoxomil.....	37	PEGASYS	60	PRED-G S.O.P.	65
olmesartan medoxomil-hctz..	39	PEGASYS PROCLICK	60	prednisolone	51
olopatadine hcl	65	PEMAZYRE	22	prednisolone acetate	66
omega-3-acid ethyl esters	41	penicillamine	51	prednisolone sodium phosphate	51
omeprazole.....	49	penicillin g sodium	13	prednisone	51
OMNIPOD 5 PACK.....	64	penicillin v potassium	13	pregabalin	42
OMNIPOD DASH 5 PACK		PENTACEL.....	62	PREMARIN	54
PODS	64	pentamidine isethionate	26	premium lidocaine	9
OMNIPOD DASH SYSTEM..	64	pentoxifylline er	39	PREMPHASE	54
OMNIPOD STARTER.....	64	PERFOROMIST	69	PREMPRO	54
ondansetron hcl.....	19	perindopril erbumine	37	prenatal	47
ondansetron odt.....	19	permethrin	46	prevalite	41
ONUREG.....	22	perphenazine	27	previfem	54
OPSUMIT	70	PERSERIS	28	PREVYMIS	29
OPZELURA.....	45	phenadoz	18	PREZCOBIX	32
oralone	43	phenelzine sulfate	17	PREZISTA	32
ORENCIA.....	59, 61	phenobarbital	15	PRIFTIN	21
ORENCIA CLICKJECT	59	phenytoin	16	primaquine phosphate	26
ORENITRAM.....	70	phenytoin sodium extended	16	primidone	15
ORFADIN.....	49	PHESGO	22	PRIVIGEN	58
ORGOVYX	56	philith	54	PROAIR HFA.....	69
ORILISSA.....	56	PICATO	46	PROAIR RESPICLICK	69
ORKAMBI.....	69	PIFELTRO	30	probenecid	20
orsythia.....	54	pilocarpine hcl	44, 67	prochlorperazine	18
oseltamivir phosphate	32	pimozone	27	prochlorperazine edisylate	18
OSPHENA.....	55	pimtrea	54	prochlorperazine maleate	18
oxandrolone.....	52	pindolol	38	PROCRT	36
oxaprozin.....	8	pioglitazone hcl	33	proto-med hc	63
oxcarbazepine	16	pioglitazone hcl-metformin hcl33		proctosol hc	63
OXLUMO.....	64	piperacillin sod-tazobactam so	13	protozone-hc	63
oxybutynin chloride	50				

PROCYSBI	49	REPATHA SURECLICK	41
progesterone	55	RESCRIPTOR	30
PROGRAF	61	RESTASIS	65
PROLASTIN-C	50	RESTASIS MULTIDOSE	65
PROLENSA	66	RETEVMO	22
PROLIA	64	RETROVIR	31
PROMACTA	36	REVCAMI	50
promethazine hcl	18	REVLIMID	21
promethegan	18	REXULTI	28
propafenone hcl	37	REYATAZ	32
propafenone hcl er	37	REZUROCK	61
propranolol hcl	38	RHOPRESSA	67
propranolol hcl er	38	ribavirin	29
propylthiouracil	57	rifabutin	21
PROQUAD	62	rifampin	21
protriptyline hcl	18	riluzole	42
PULMOZYME	70	rimantadine hcl	32
PURIXAN	22	RINVOQ	59
pyrazinamide	21	RISPERDAL CONSTA	28
pyridostigmine bromide	21	risperidone	28
pyrimethamine	26	ritonavir	32
Q		rivastigmine	16
QINLOCK	21	rivastigmine tartrate	16
QUADRACEL	62	rizatriptan benzoate	20
quetiapine fumarate	28	ROCKLATAN	65
quetiapine fumarate er	28	ROMIDEPSIN	22
quinapril hcl	37	ropinirole hcl	27
quinapril-hydrochlorothiazide	39	rosadan	44
quinidine gluconate er	37	rosuvastatin calcium	40
quinidine sulfate	37	ROTARIX	62
quinine sulfate	26	ROTATEQ	62
R		roweepra	14
RABAVERT	62	roweepra xr	14
rabeprazole sodium	49	ROZLYTREK	24
raloxifene hcl	55	RUBRACA	24
ramelteon	71	rufinamide	16
ramipril	37	RUKOBIA	31
ranolazine er	39	RUXIENCE	25
rasagiline mesylate	27	RYBELSUS	33
RAVICTI	50	RYBREVANT	25
RAYALDEE	64	RYDAPT	24
REBIF	43	RYLAZE	22
REBIF REBIDOSE	43	RYTARY	27
REBIF REBIDOSE TITRATION PACK	43	S	
REBIF TITRATION PACK	43	sajazir	57
RECOMBIVAX HB	62	SANDIMMUNE	61
RECTIV	48	SANTYL	46
RELISTOR	48	SAPHNELO	59
REMICADE	61	sapropterin dihydrochloride	50
RENFLEXIS	61	SARCLISA	25
repaglinide	33	SAVELLA	42
REPATHA	41	SAVELLA TITRATION PACK	42
REPATHA PUSHTRONEX SYSTEM	41	SCEMBLIX	22
		scopolamine	18
		SECUADO	28
		selegiline hcl	27
		selenium sulfide	45
		SELZENTRY	31
		SEREVENT DISKUS	69
		sertraline hcl	18
		SERTRALINE HCL	18
		sevelamer carbonate	47
		SEYSARA	14
		sharobel	55
		SHINGRIX	62
		SIGNIFOR	56
		SIGNIFOR LAR	56
		sildenafil citrate	70
		silodosin	50
		silver sulfadiazine	46
		SIMBRINZA	65
		simliya	54
		SIMPONI ARIA	61
		simvastatin	40
		sirolimus	61
		SIRTURO	21
		SKYRIZI	59
		SKYRIZI (150 MG DOSE)	59
		SKYRIZI PEN	59
		SKYTROFA	51
		sodium chloride	47
		SODIUM CHLORIDE	64
		sodium phenylbutyrate	50
		sodium polystyrene sulfonate	47
		sofosbuvir-velpatasvir	29
		solifenacin succinate	50
		SOLTAMOX	22
		SOMATULINE DEPOT	56
		SOMAVERT	56
		sorine	37
		sotalol hcl	37
		sotalol hcl (af)	37
		SPIRIVA HANDIHALER	68
		SPIRIVA RESPIMAT	68
		spironolactone	40
		spironolactone-hctz	39
		SPRAVATO (56 MG DOSE)	17
		SPRAVATO (84 MG DOSE)	17
		sprintec 28	54
		SPRITAM	15
		SPRYCEL	24
		sps	47
		sronyx	54
		SSD	46
		STAMARIL	62
		stavudine	31
		STELARA	59
		STIMATE	51
		STIOLTO RESPIMAT	71
		STIVARGA	24

STRENSIQ	50
streptomycin sulfate	10
STRIBILD	30
subvenite	15
subvenite starter kit-blue	15
subvenite starter kit-green	15
subvenite starter kit-orange	15
sucralfate	49
sulfacetamide sodium	66
sulfacetamide-prednisolone	65
sulfadiazine	14
sulfamethoxazole-trimethoprim	14
sulfasalazine	63
sulindac	8
sumatriptan	20
sumatriptan succinate	20
sumatriptan succinate refill	20
sunitinib malate	24
SUPPRELIN LA	56
SUPREP BOWEL PREP KIT	48
SUTENT	24
SYLATRON	60
SYMBICORT	71
SYMDEKO	70
SYMLINPEN 120	33
SYMLINPEN 60	33
SYMPAZAN	15
SYMTUZA	32
SYNAGIS	58
SYNAREL	56
SYNDROS	19
SYNJARDY	33
SYNJARDY XR	33
SYNRIBO	22
T	
TABLOID	22
TABRECTA	22
tacrolimus	45, 61
tadalafil	50
tadalafil (pah)	70
TAFINLAR	24
TAGRISSO	24
TALTZ	59
TALZENNA	24
tamoxifen citrate	22
tamsulosin hcl	51
TARGRETIN	26
tarina 24 fe	54
tarina fe 1/20	54
tarina fe 1/20 eq	54
TASIGNA	24
TAVALISSE	36
TAVNEOS	64
tazarotene	44
tazicef	12
taztia xt	38
TAZVERIK	22
TDVAX	62
TEFLARO	12
TEGSEDI	50
telmisartan	37
telmisartan-hctz	39
temazepam	71
TEMIXYS	31
TENIVAC	62
tenofovir disoproxil fumarate	31
TEPMETKO	25
terazosin hcl	37
terbinafine hcl	20
terbutaline sulfate	69
terconazole	20
TERIPARATIDE (RECOMBINANT)	64
testosterone	52
testosterone cypionate	52
testosterone enanthate	52
TETANUS-Diphtheria TOXOIDS TD	63
tetrabenazine	42
tetracycline hcl	14
THALOMID	22
theophylline er	70
THIOLA EC	51
thioridazine hcl	27
thiotepa	21
thiothixene	27
tiadylt er	38
tiagabine hcl	15
TIBSOVO	25
TICOVAC	63
timolol maleate	20, 66
timolol maleate (once-daily)	66
tinidazole	11
TIVDAK	25
TIVICAY	30
TIVICAY PD	30
tizanidine hcl	29
TOBI PODHALER	70
TOBRADEX	65
TOBRADEX ST	65
tobramycin	66, 70
tobramycin sulfate	10
tobramycin-dexamethasone	65
tolazamide	33
tolcapone	26
tolterodine tartrate	50
tolterodine tartrate er	50
topiramate	15
toremifene citrate	22
torsemide	40
TOUJEO MAX SOLOSTAR	35
TOUJEO SOLOSTAR	35
TRADJENTA	33
tramadol hcl ir	9
tramadol-acetaminophen	9
trandolapril	37
trandolapril-verapamil hcl er	39
tranexamic acid	36
tranylcypromine sulfate	17
TRAZIMERA	25
trazodone hcl	18
TRECATOR	21
TRELEGY ELLIPTA	71
TRELSTAR MIXJECT	56
TREMFYA	59
TRESIBA	35
TRESIBA FLEXTOUCH	35
tretinoin	26, 44
tri-femynor	54
triamcinolone acetonide	44, 45
triamterene-hctz	39
triderm	45
trientine hcl	47
tri-estarrylla	54
trifluoperazine hcl	27
trifluridine	66
trihexyphenidyl hcl	26
TRIJARDY XR	33
TRIKAFTA	70
tri-linyah	54
trilyte	48
trimethoprim	11
tri-mili	54
trimipramine maleate	18
trinessa (28)	54
TRINTELLIX	18
tri-nymyo	54
tri-previfem	54
TRIPTODUR	56
tri-sprintec	54
TRIUMEQ	31
trivora (28)	54
tri-vylibra	54
TRODELVY	26
trospium chloride	50
trospium chloride er	50
TRULICITY	34
TRUMENBA	63
TRUSELTIQ (100MG DAILY DOSE)	22
TRUSELTIQ (125MG DAILY DOSE)	22
TRUSELTIQ (50MG DAILY DOSE)	22

TRUSELTIQ (75MG DAILY DOSE).....	22
TUKYSA.....	22
tulana.....	55
TURALIO.....	25
TWINRIX.....	63
TYBOST.....	31
TYKERB.....	25
TYMLOS.....	64
TYPHIM VI.....	63
TYSABRI.....	43
U	
UBRELVY.....	20
UDENYCA.....	36
UKONIQ.....	25
UNITHROID.....	55
UPTRAVI.....	70
urea.....	46
ursodiol.....	48
V	
valacyclovir hcl.....	30
VALCHLOR.....	21
valganciclovir hcl.....	29
valproic acid.....	33
valsartan.....	37
valsartan-hydrochlorothiazide	39
VALTOCO.....	15
vancomycin hcl.....	11
VANCOMYCIN HCL.....	11
VAQTA.....	63
varenicline tartrate	10
VARIVAX.....	63
VARIZIG.....	58
VAXELIS.....	63
VELPHORO.....	47
VELTASSA.....	47
VEMLIDY.....	29
VENCLEXTA.....	25
VENCLEXTA STARTING PACK	25
venlafaxine hcl.....	18
venlafaxine hcl er.....	18
VENTAVIS.....	70
verapamil hcl	39
verapamil hcl er	38, 39
VERAPAMIL HCL ER.....	38
VERSACLOZ.....	29
VERZENIO.....	25
V-GO 20.....	64
V-GO 30.....	64
V-GO 40.....	64
VICTOZA.....	34
VIDEX	31
VIDEX EC.....	31
vienna.....	54
vigabatrin.....	15
vigadronе.....	15
VIIBRYD.....	18
VIIBRYD STARTER PACK....	18
VIMIZIM.....	50
VIMPAT.....	16
viorele.....	54
VIRACEPT.....	32
VIREAD.....	31
VISTOGARD.....	64
VITRAKVI.....	25
VIVITROL.....	10
VIZIMPRO.....	25
VOCABRIA.....	30
volnea.....	54
voriconazole.....	20
VOSEVI.....	29
VOTRIENT.....	25
VRAYLAR.....	28
VUMERITY.....	43
VUMERITY (STARTER).....	43
vyfemla.....	54
vylibra.....	54
VYNDAMAX.....	39
VYNDAQEL.....	50
VYZULTA.....	67
W	
warfarin sodium.....	36
WELIREG.....	25
wera	54
wixela inhub.....	71
X	
XALKORI.....	25
XARELTO.....	36
XARELTO STARTER PACK.....	36
XATMEP.....	61
XCOPRI.....	15
XELJANZ.....	59
XELJANZ XR.....	59
XEMBIFY.....	58
XENLETA.....	11
XERMELO.....	48
XGEVA.....	64
XIFAXAN.....	48
XIGDUO XR.....	34
XXIDRA	65
XOFLUZA (40 MG DOSE)....	32
XOFLUZA (80 MG DOSE)....	32
XOLAIR	59
XOSPATA.....	25
XPOVIO (100 MG ONCE WEEKLY).....	23
XPOVIO (40 MG ONCE WEEKLY).....	23
X	
XPOVIO (40 MG TWICE WEEKLY).....	23
XPOVIO (60 MG ONCE WEEKLY).....	23
XPOVIO (60 MG TWICE WEEKLY).....	23
XPOVIO (80 MG ONCE WEEKLY).....	23
XPOVIO (80 MG TWICE WEEKLY).....	23
XTAMPZA ER.....	8
XTANDI.....	21
XYREM.....	72
Y	
YF-VAX.....	63
YUPELRI.....	68
yuvafem.....	54
Z	
zafirlukast	68
zaleplon.....	71
ZARXIO.....	36
ZEJULA.....	25
ZELBORAF.....	25
ZEMAIRA.....	50
zenatane.....	44
ZENPEP.....	50
ZEPOSIA.....	43
ZEPOSIA 7-DAY STARTER PACK.....	43
ZEPOSIA STARTER KIT.....	43
ZEPZELCA.....	21
zidovudine	31
ziprasidone hcl.....	29
ziprasidone mesylate.....	29
ZIRABEV	26
ZIRGAN.....	66
ZOKINVY.....	50
ZOLADEX.....	56
ZOLINZA.....	23
zolmitriptan	21
zolpidem tartrate	71
zolpidem tartrate er	71
zonisamide	16
ZORBTIVE.....	48
ZORTRESS.....	61
ZOSTAVAX.....	63
zovia 1/35 (28).....	54
zovia 1/35e (28).....	55
ZYDELIG	25
ZYKADIA.....	25
ZYLET	65
ZYNLONTA.....	26
ZYPREXA RELPREVV.....	29

This formulary was updated on 01/01/2022. For more recent information or other questions, please contact Medicare Advantage Customer Services at 844-705-7498 or, for TTY users, 711. Our hours of operation are 24 hours a day, 7 days a week. You can also visit our website at ccahealthmi.org.