

CCA Medicare Maximum

(HMO D-SNP)

2024 List of Covered Drugs (Formulary)



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

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact CCA Health Michigan Pharmacy Customer Services at 844-705-7498 (TTY 711). Our hours of operation are 24 hours a day, 7 days a week. Or visit ccahealthmi.org.

H9861_24_LOCD2_C | April 2024 | Formulary ID 24066, Version Number 11

Updated on 03/01/2024



If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

CCA Medicare Maximum (HMO D-SNP) | 2024 List of Covered Drugs (Formulary)

Introduction

This document is called the **List of Covered Drugs** (also known as the Drug List). It tells you which prescription drugs and non-drug products are covered by CCA Medicare Maximum. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by CCA Medicare Maximum.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the **Evidence of Coverage**.

Table of Contents

A. Disclaimers.....	13
B. Frequently Asked Questions (FAQ)	17
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.)	17
B2. Does the Drug List ever change?	17
B3. What happens when there is a change to the Drug List?.....	18
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	19
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	20
B6. What happens if CCA Medicare Maximum changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	20
B7. How can I find a drug on the Drug List?	20
B8. What if the drug I want to take is not on the Drug List?	21

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

B9. What if I am a new CCA Medicare Maximum member and can't find my drug on the Drug List or have a problem getting my drug?	21
B10. Can I ask for an exception to cover my drug?	22
B11. How can I ask for an exception?	22
B12. How long does it take to get an exception?	23
B13. What are generic drugs?	23
B14. Does CCA Medicare Maximum cover long-term supplies of prescriptions?	23
B15. Can I get prescriptions delivered to my home from my local pharmacy?	23
B16. What is my copay?.....	24
C. Overview of the <i>List of Covered Drugs</i>	24
C1. List of Drugs by Medical Condition.....	24
D. Index of Covered Drugs.....	24
Analgesics	27
Nonsteroidal Anti-inflammatory Drugs	27
Opioid Analgesics, Long-acting	27
Opioid Analgesics, Short-acting.....	27
Anesthetics	28
Local Anesthetics	28
Anti-Addiction/Substance Abuse Treatment Agents	28
Alcohol Deterrents/Anti-craving	28
Opioid Dependence.....	28
Opioid Reversal Agents.....	29
Smoking Cessation Agents.....	29
Antibacterials	29
Aminoglycosides	29

 If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. For more information, visit ccahealthmi.org.

Antibacterials, Other	29
Beta-lactam, Cephalosporins.....	30
Beta-lactam, Penicillins	31
Carbapenems.....	31
Macrolides.....	32
Quinolones	32
Sulfonamides	32
Tetracyclines	32
Anticonvulsants.....	33
Anticonvulsants, Other	33
Calcium Channel Modifying Agents	33
Gamma-aminobutyric Acid (GABA) Augmenting Agents	34
Sodium Channel Agents.....	34
Antidementia Agents.....	35
Antidementia Agents, Other.....	35
Cholinesterase Inhibitors	35
N-methyl-D-aspartate (NMDA) Receptor Antagonist.....	35
Antidepressants	35
Antidepressants, Other.....	35
Monoamine Oxidase Inhibitors	36
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor	36
Tricyclics	37
Antiemetics	37
Antiemetics, Other.....	37

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Emetogenic Therapy Adjuncts.....	37
Antifungals	38
Antifungals	38
Antigout Agents.....	38
Antigout Agents.....	38
Antimigraine Agents.....	39
Ergot Alkaloids	39
Prophylactic.....	39
Serotonin (5-HT) Receptor Agonist.....	39
Antimyasthenic Agents.....	39
Parasympathomimetics	39
Antimycobacterials.....	39
Antimycobacterials, Other	39
Antituberculars	39
Antineoplastics.....	40
Alkylating Agents.....	40
Antiandrogens	40
Antiangiogenic Agents.....	40
Antiestrogens/Modifiers	40
Antimetabolites.....	40
Antineoplastics, Other	41
Antineoplastics	42
Aromatase Inhibitors, 3rd Generation	42
Molecular Target Inhibitors	42
Monoclonal Antibody/Antibody-Drug Conjugate.....	44

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Retinoids	44
Treatment Adjuncts	44
Antiparasitics	44
Anthelmintics	44
Antiprotozoals	45
Antiparkinson Agents	45
Anticholinergics	45
Antiparkinson Agents, Other	45
Dopamine Agonists	45
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	45
Monoamine Oxidase B (MAO-B) Inhibitors	45
Antipsychotics	46
1st Generation/Typical	46
2nd Generation/Atypical	46
Treatment-Resistant	47
Antispasticity Agents	48
Antispasticity Agents	48
Antivirals	48
Anti-cytomegalovirus (CMV) Agents	48
Anti-hepatitis B (HBV) Agents	48
Anti-hepatitis C (HCV) Agents	48
Anti-HIV Agents, Integrase Inhibitors (INSTI)	48
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	49
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	49
Anti-HIV Agents, Other	50

 If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. For more information, visit ccahealthmi.org.

Anti-HIV Agents, Protease Inhibitors (PI).....	50
Anti-influenza Agents.....	50
Antiherpetic Agents	51
Anxiolytics.....	51
Anxiolytics, Other	51
Benzodiazepines.....	51
Bipolar Agents.....	51
Mood Stabilizers.....	51
Blood Glucose Regulators	51
Antidiabetic Agents.....	51
Glycemic Agents	53
Insulins.....	53
Blood Products and Modifiers	54
Anticoagulants.....	54
Blood Products and Modifiers, Other	54
Hemostasis Agents	55
Platelet Modifying Agents	55
Cardiovascular Agents	55
Alpha-adrenergic Agonists	55
Alpha-adrenergic Blocking Agents.....	55
Angiotensin II Receptor Antagonists.....	56
Angiotensin-converting Enzyme (ACE) Inhibitors	56
Antiarrhythmics.....	56
Beta-adrenergic Blocking Agents	56
Calcium Channel Blocking Agents, Dihydropyridines	57

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Calcium Channel Blocking Agents, Nondihydropyridines.....	57
Cardiovascular Agents, Other.....	58
Diuretics, Loop	58
Diuretics, Potassium-sparing	59
Diuretics, Thiazide.....	59
Dyslipidemics, Fibric Acid Derivatives	59
Dyslipidemics, HMG CoA Reductase Inhibitors	59
Dyslipidemics, Other	59
Vasodilators, Direct-acting Arterial/Venous.....	60
Vasodilators, Direct-acting Arterial.....	60
Central Nervous System Agents	60
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	60
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	61
Central Nervous System, Other.....	61
Fibromyalgia Agents.....	61
Multiple Sclerosis Agents	61
Dental and Oral Agents.....	62
Dental and Oral Agents	62
Dermatological Agents	62
Acne and Rosacea Agents	62
Dermatitis and Pruritus Agents	63
Dermatological Agents, Other.....	64
Pediculicides/Scabicides	64
Topical Anti-infectives.....	64
Electrolytes/Minerals/Metals/Vitamins	65

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Electrolyte/Mineral Replacement	65
Electrolyte/Mineral/Metal Modifiers	66
Phosphate Binders	66
Potassium Binders	66
Vitamins	66
Gastrointestinal Agents	66
Anti-Constipation Agents	66
Anti-Diarrheal Agents	67
Antispasmodics, Gastrointestinal.....	67
Gastrointestinal Agents, Other.....	67
Histamine2 (H2) Receptor Antagonists.....	67
Protectants	68
Proton Pump Inhibitors	68
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment.....	68
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	68
Genitourinary Agents	69
Antispasmodics, Urinary.....	69
Benign Prostatic Hypertrophy Agents	69
Genitourinary Agents, Other	69
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	69
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	69
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	70
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	70
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	70
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	70

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	70
Androgens.....	70
Estrogens.....	70
Progestins	74
Selective Estrogen Receptor Modifying Agents	75
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	75
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	75
Hormonal Agents, Suppressant (Adrenal)	75
Hormonal Agents, Suppressant (Adrenal)	75
Hormonal Agents, Suppressant (Pituitary)	75
Hormonal Agents, Suppressant (Pituitary).....	75
Hormonal Agents, Suppressant (Thyroid)	76
Antithyroid Agents	76
Immunological Agents.....	76
Angioedema Agents	76
Immunoglobulins	76
Immunological Agents, Other	77
Immunostimulants	78
Immunosuppressants	78
Vaccines.....	79
Inflammatory Bowel Disease Agents.....	81
Aminosalicylates.....	81
Glucocorticoids.....	81
Metabolic Bone Disease Agents	81
Metabolic Bone Disease Agents.....	81

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Miscellaneous Therapeutic Agents.....	82
Miscellaneous Therapeutic Agents.....	82
Ophthalmic Agents.....	83
Ophthalmic Agents, Other	83
Ophthalmic Anti-allergy Agents	83
Ophthalmic Anti-Infectives.....	83
Ophthalmic Anti-inflammatories.....	84
Ophthalmic Beta-Adrenergic Blocking Agents	84
Ophthalmic Intraocular Pressure Lowering Agents, Other	84
Ophthalmic Prostaglandin and Prostamide Analogs	85
Otic Agents	85
Otic Agents.....	85
Respiratory Tract/Pulmonary Agents.....	85
Anti-inflammatories, Inhaled Corticosteroids.....	85
Antihistamines.....	85
Antileukotrienes.....	85
Bronchodilators, Anticholinergic	85
Bronchodilators, Sympathomimetic	86
Cystic Fibrosis Agents.....	86
Mast Cell Stabilizers.....	86
Phosphodiesterase Inhibitors, Airways Disease	87
Pulmonary Antihypertensives	87
Pulmonary Fibrosis Agents.....	87
Respiratory Tract Agents, Other	87
Skeletal Muscle Relaxants	88

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Skeletal Muscle Relaxants	88
Sleep Disorder Agents	88
Sleep Promoting Agents.....	88
Wakefulness Promoting Agents.....	88



If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

A. Disclaimers

This is a list of drugs that members can get in CCA Medicare Maximum.

- ❖ CCA Medicare Maximum (HMO D-SNP) is a health plan with a Medicare contract and a contract with the State Medicaid program. Enrollment depends on contract renewal.
- ❖ When this drug list (formulary) refers to “we,” “us”, or “our,” it means CCA Health Michigan. When it refers to “plan” or “our plan,” it means CCA Medicare Maximum (HMO D-SNP).
- ❖ In the state of Michigan, CCA Health Michigan, Inc. does business as CCA Health Michigan.
- ❖ The List of Covered Drugs may change at any time. You will receive notice when necessary.
- ❖ You can always check CCA Medicare Maximum’s up-to-date *List of Covered Drugs* online at ccahealthmi.org or by calling Member Services at 855-959-5855 (**TTY 711**), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services 855-959-5855 (**TTY 711**), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free.
- ❖ We will keep your request for alternative formats and special language on file for future mailings. Please contact Member Services to change your request for a preferred language and/or format.
- ❖ **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-959-5855 (**TTY 711**), de 8am a 8pm, los 7 días de la semana, del 1 de octubre al 31 de marzo. (Del 1 de abril al 30 de septiembre: de 8 am a 8pm, de lunes a viernes). La llamada es gratis.

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (**TTY 711**), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-959-5855 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-959-5855 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-959-5855 (TTY 711)。
我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-959-5855 (TTY 711)
。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-959-5855 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-959-5855 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-959-5855 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-959-5855 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-959-5855 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-959-5855 (телефон 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-855-959-5855 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-959-5855 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-959-5855 (TTY 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-959-5855 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-959-5855 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-959-5855 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがありますございます。通訳をご用命になるには、
1-855-959-5855 (TTY 711) にお電話ください。日本語を話す人 者
が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા
માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે। દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-855-959-5855
(TTY 711) પર કોલ કરો। અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે। આ એક મફત સેવા છે।

Lao/Laotian:
ພວກເຮົາມີບໍລິການນໍາມະປະທາງໄດ້ລັບແນລ່າງເພື່ອຕອບຖຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜູນສຸຂະພາບ ຫຼື
ແຜູນຍາຂອງພວກເຮົາ. ເພື່ອຂໍ້ມະປະທາງ, ພົງໃຫ້ພວກເຮົາທີ່ເປີ 1-855-959-5855 (TTY 711).
ຈະມີຜູ້ທີ່ເວົ້າທາງອັງກິດ/ວາວຂ່ວຍທ່ານໄດ້. ນີ້ມີມູນການບໍລິການບໍລິການບໍລິການ.

Cambodian: យើងមានសេវាបទក្រឹមជាល័យភាគីតាមពេលវេលាដែលមិនអាចបញ្ជូនបានទេ និងមានតម្លៃ
មេដាយខ្ពស់។ សេវាបទក្រឹមជាល័យភាគីតាមពេលវេលាដែលមិនអាចបញ្ជូនបានទេ និងមានតម្លៃ
ស្ថិតិយាល័យរបស់ពួកគេ។ យើងអាចបញ្ជូនបានទេ និងមានតម្លៃ
ស្ថិតិយាល័យរបស់ពួកគេ។ 1-855-959-5855 (TTY 711) ។

Notice of Nondiscrimination

CCA Health Michigan complies with applicable Federal civil rights laws and does not discriminate on the basis of, or exclude people or treat them differently because of, medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence. CCA Health Michigan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services.

If you believe that CCA Health Michigan has failed to provide these services or discriminated in another way based on medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity), sexual orientation, national origin, race, color, religion, creed, public assistance, or place of residence, you can file a grievance with:

OptumRx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 1-800-562-6223 (TTY 711)
Fax: 855-351-5495
Email: optum_civil_rights@optum.com

You can file a grievance in person or by mail, fax, phone, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 27 are the drugs covered by CCA Medicare Maximum. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs are covered by CCA Medicare Maximum.

- CCA Medicare Maximum will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - CCA Medicare Maximum agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a CCA Medicare Maximum network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at ccahealthmi.org or call Member Services at 855-959-5855 (TTY 711).

B2. Does the Drug List ever change?

Yes, and CCA Medicare Maximum must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from CCA Medicare Maximum before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check CCA Medicare Maximum's up-to-date Drug List online at ccahealthmi.org.
- You can also call Member Services 855-959-5855 (TTY 711) to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10-B12 for more information on exceptions.



If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. To replace the drug that is taken off the market, please contact your healthcare provider. Your provider will issue a prescription for a new medication to replace the drug that is taken off the market.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
 - We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. Please refer to question B10-B12 for more information about exceptions.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

? **If you have questions,** please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CCA Medicare Maximum before you fill your prescription. Prior authorization is different from a referral. CCA Medicare Maximum may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes CCA Medicare Maximum limits the amount of a drug you can get.
- **Step therapy:** Sometimes CCA Medicare Maximum requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 27. You can also get more information by visiting our website at ccahealthmi.org. We have posted online documents that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Medical Condition on page 27 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if CCA Medicare Maximum changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, or

? **If you have questions,** please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 89. Both brand-name drugs and generic drugs are listed in the Index. 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.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 27. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category: Cardiovascular agents. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services 855-959-5855 (TTY 711) and ask about it. If you learn that CCA Medicare Maximum will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask CCA Medicare Maximum to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new CCA Medicare Maximum member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of CCA Medicare Maximum. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CCA Medicare Maximum, **or**

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

- you are taking a drug that is part of a step therapy restriction

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new CCA Medicare Maximum member.
- This is in addition to the temporary supply during the first 90 days you are a member of CCA Medicare Maximum.

We will provide a transition supply of at least 31 days (unless the prescription is written for fewer days) for all non-formulary medications including those that may have step therapy or prior authorization requirements for unplanned level of care change. An unplanned level of care transition could be any of the following:

- a discharge or admission to a long-term care facility
- a discharge or admission to a hospital, or
- a nursing facility skilled level change.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask CCA Medicare Maximum to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, CCA Medicare Maximum may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the **Evidence of Coverage** to learn more about exceptions.

? **If you have questions,** please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

A member, a member's prescriber, and/or appointed representative (with written consent) can request the exception by completing the Prescription Drug Coverage Determination Request form available on our website at ccama.org. The form may be submitted by mail or fax:

CCA Health Michigan, Inc.
C/O OptumRx Prior Authorization Department
P.O. Box 25183
Santa Ana, California 92799
Phone: 844-705-7498 (TTY 711) Fax: 844-403-1028

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

CCA Medicare Maximum covers both brand name drugs and generic drugs.

B14. Does CCA Medicare Maximum cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs.

B15. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

 **If you have questions**, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

B16. What is my copay?

CCA Medicare Maximum members have no copays for prescription as long as the member follows the plan's rules.

If you have questions, call Member Services 855-959-5855 (TTY 711).

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CCA Medicare Maximum. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 89. The index alphabetically lists all drugs covered by CCA Medicare Maximum.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular agents. That is where you will find drugs that treat heart conditions.

D. Index of Covered Drugs

You can find a drug by searching for its name alphabetically, look for your drug in the Index of Covered Drugs section. You can find the Index on page 89. This will tell you the page number where you can find additional coverage information for your drug.



If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Here are the meanings of the codes used in the “Requirements/Limits” column:

EA: Each.

GC: Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

GM: Grams

ML: Milliliters

NDS: Non-Extended Day Supply. You may be able to receive greater than a 1-month supply of most of the drugs on CCA Medicare Maximum Formulary via retail or mail order. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.

PA: Prior approval (or prior authorization). For some drugs, you or your physician or other prescriber must get approval from CCA Medicare Maximum before you fill your prescription. If you don’t get approval, CCA Medicare Maximum may not cover the drug.

B/D: Prior Authorization Restriction for Part B vs Part D Determination: This drug may be eligible for payment under Medicare Part B or Medicare Part D. You or your provider are required to get prior authorization from CCA Medicare Maximum to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCA Medicare Maximum may not cover this drug.

QL: Quantity Limit. For some drugs, CCA Medicare Maximum limit the amount of a drug you can get. For example, CCA Medicare Maximum provide 60 tablets per 30-day prescription of ENTRESTO.

ST: Step Therapy. For some drugs, CCA Medicare Maximum requires you to do step therapy. This means you will have to try drugs in a certain order for your medical conditions. You might have to try one drug before we will cover another drug. If your healthcare provider thinks the first drug doesn’t work for you, then we will cover the second.

VAC: Vaccine. Medicare Part D vaccines covered at \$0.

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 CCA Medicare Maximum has any special requirements for coverage of your drug.



If you have questions, please call CCA Medicare Maximum at 855-959-5855 (TTY 711), 8am to 8pm, 7 days a week from October 1 to March 31. (April 1 to September 30: 8am to 8pm, Monday to Friday. The call is free. **For more information**, visit ccahealthmi.org.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib capsule	2	QL(60 EA per 30 days)
diclofenac potassium tablet 50mg	3	
diclofenac sodium dr	2	
diclofenac sodium er	3	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
diflunisal tablet 500mg	4	
ec-naproxen tablet delayed release 375mg	2	
ec-naproxen tablet delayed release 500mg	4	
etodolac capsule, tablet	3	
flurbiprofen tablet	2	
ibu	1	
ibuprofen tablet 400mg, 600mg, 800mg	1	
indomethacin er	4	
indomethacin capsule 25mg, 50mg	2	
ketorolac tromethamine injection 15mg/ml, 30mg/ml	4	
ketorolac tromethamine tablet 10mg	4	QL(20 EA per 30 days)
meloxicam tablet	1	
nabumetone tablet	2	
naproxen sodium tablet 275mg, 550mg	3	
naproxen tablet delayed release 375mg	2	
naproxen tablet delayed release 500mg	4	
naproxen tablet 250mg, 375mg, 500mg	1	
oxaprozin tablet	3	
piroxicam capsule	3	
sulindac tablet	2	
Opioid Analgesics, Long-acting		
buprenorphine	4	QL(4 EA per 28 days); NDS
fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	NDS
methadone hcl tablet	2	NDS
methadone hcl solution	3	NDS
methadone hydrochloride intensol	3	NDS
methadone hydrochloride concentrate	3	NDS
morphine sulfate er tablet extended release	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
acetaminophen/codeine	2	NDS
endocet tablet 325mg; 5mg	2	NDS
endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	NDS

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
<i>VIVITROL</i>	5	
Opioid Dependence		

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid</i>	4	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledges</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrys</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
CEFEPIME/DEXTROSE INJECTION 2GM/50ML; 5%	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil</i>	4	
<i>ceftazidime</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 7.5gm, 750mg</i>	3	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	2	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demecclocycline hcl tablet</i>	4	
<i>demecclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>monodoxe nl capsule 100mg, 50mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>okebo capsule 100mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	2	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA
XCOPRI TABLET THERAPY PACK 0	5	PA
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i> gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i> gabapentin capsule 100mg, 300mg</i>	2	QL(360 EA per 30 days)
<i> gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i> gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i> gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i> phenobarbital elixir 20mg/5ml</i>	4	
<i> phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i> primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i> tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i> vigabatrin</i>	5	PA
<i> vigadrone</i>	5	PA
<i> vigpoder</i>	5	PA
Sodium Channel Agents		
APTIOM	5	
<i> carbamazepine er tablet extended release 12 hour</i>	3	
<i> carbamazepine er capsule extended release 12 hour</i>	4	
<i> carbamazepine tablet chewable</i>	2	
<i> carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i> epitol</i>	3	
<i> lacosamide solution</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
PHENYTEK	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating</i>	2	
DONEPEZIL HCL TABLET 23MG	4	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	2	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate solution, tablet</i>	2	
FETZIMA	4	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
ONDANSETRON HYDROCHLORIDE INJECTION 4MG/2ML	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
CASPOFUNGIN ACETATE INJECTION 70MG	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine tablet 0.6mg</i>	4	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	3	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
<i>paser</i>	4	
PRIFTIN	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL(120 EA per 30 days); PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	4	
PURIXAN	5	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TABLOID	4	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA
BESREMI	5	PA
COLUMVI	5	PA
EPKINLY	5	PA
GAVRETO	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	PA
IWLIFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
NINLARO	5	PA
OGSIVEO	5	PA
ONUREG	5	PA
ORSERDU	5	PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PHESGO	5	PA
RETEVMO	5	PA
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	2	PA
<i>imatinib mesylate tablet 400mg</i>	4	PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL(180 EA per 30 days); PA
ODOMZO	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSO TABLET 80MG	5	PA
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TRUQAP	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA CAPSULE	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORA ^F	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DARZALEX FASPRO	5	PA
KANJINTI	5	PA
LOQTORZI	5	PA
RUXIENCE	5	PA
TRAZIMERA	5	PA
<i>Retinoids</i>		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
<i>Treatment Adjuncts</i>		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
<i>Antiparasitics</i>		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

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

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl tablet	4	
chlorpromazine hydrochloride concentrate, tablet	4	
fluphenazine decanoate injection	4	
fluphenazine hcl concentrate, injection	4	
fluphenazine hcl tablet 1mg	4	
fluphenazine hydrochloride elixir	4	
fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg	4	
haloperidol decanoate injection	3	
haloperidol lactate	3	
haloperidol concentrate	2	
haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg	2	
haloperidol tablet 20mg	3	
loxapine	2	
molindone hydrochloride	4	
perphenazine tablet 2mg, 4mg	3	
perphenazine tablet 16mg, 8mg	4	
pimozide	4	
thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg	3	
thiothixene capsule 10mg, 1mg, 2mg, 5mg	3	
trifluoperazine hcl tablet 2mg, 5mg	3	
trifluoperazine hcl tablet 10mg	4	
trifluoperazine hydrochloride tablet 1mg	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
aripiprazole odt	5	QL(60 EA per 30 days)
aripiprazole tablet	2	QL(30 EA per 30 days)
aripiprazole solution	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
asenapine maleate sl	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA
FANAPT	5	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL(30 EA per 30 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID	5	PA
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days); ST
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); ST
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
<i>Anti-hepatitis B (HBV) Agents</i>		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
<i>Anti-hepatitis C (HCV) Agents</i>		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	5	
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine er</i>	4	
<i>nevirapine tablet</i>	2	
<i>nevirapine suspension</i>	3	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
<i>Anti-influenza Agents</i>		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl tablet 15mg</i>	1	
<i>buspirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>buspirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet</i>	2	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
CYCLOSET	4	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	2	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Glycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Insulins		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCIT INJECTION 2000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCIT INJECTION 10000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE	4	
ASPIRIN/DIPYRIDAMOLE ER	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	2	
<i>telmisartan</i>	2	
<i>valsartan tablet</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	4	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
<i>PACERONE TABLET 200MG</i>	2	
<i>PACERONE TABLET 100MG, 400MG</i>	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate tablet</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hydrochloride</i>	4	
<i>nebivolol tablet 5mg</i>	4	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
<i>NYMALIZE SOLUTION 60MG/20ML</i>	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	3	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	4	
<i>verapamil hcl tablet 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
<i>Cardiovascular Agents, Other</i>		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>torsemide tablet</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

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

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 10mg
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 12.5mg
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 15mg
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 20mg
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 5mg
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days); Extended-release tablet 7.5mg
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	4	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
riluzole	4	PA
tetrabenazine	4	PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX	5	QL(4 EA per 28 days); PA
AVONEX PEN	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinooin cream 0.025%</i>	2	PA
<i>tretinooin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
Dermatitis and Pruritus Agents		
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented gel, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, ointment, solution</i>	3	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
PICATO	5	ST
<i>podoftilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate external solution 1%</i>	3	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML, 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	3	
<i>dextrose 5%/nacl 0.9%</i>	3	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
<i>PLENAMINE</i>	4	B/D
<i>potassium chloride er capsule extended release</i>	2	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
<i>clovique</i>	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
<i>Potassium Binders</i>		
<i>kionex suspension</i>	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate oral suspension, rectal suspension</i>	4	
<i>sps</i>	3	
VELTASSA	4	
<i>Vitamins</i>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
MOTEGRITY	3	QL(30 EA per 30 days)
<i>polyethylene glycol 3350 packet 17gm</i>	2	
<i>polyethylene glycol 3350 powder 17gm/scoop</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
<i>Antispasmodics, Gastrointestinal</i>		
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
<i>Gastrointestinal Agents, Other</i>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	4	
<i>gavilyte-n/flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
<i>Histamine2 (H2) Receptor Antagonists</i>		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>ALDURAZYME</i>	5	PA
<i>betaine anhydrous</i>	5	
<i>CERDELGA</i>	5	PA
<i>CHOLBAM</i>	5	PA
<i>CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT</i>	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
<i>CYSTAGON</i>	4	
<i>ELAPRASE</i>	5	PA
<i>ENDARI</i>	5	PA
<i>EVRYSDI</i>	5	QL(240 ML per 30 days); PA
<i>FABRAZYME</i>	5	PA
<i>JAVYGTOR</i>	5	PA
<i>KANUMA</i>	5	PA
<i>LUMIZYME</i>	5	PA
<i>miglustat</i>	5	PA
<i>NAGLAZYME</i>	5	PA
<i>nitisinone</i>	5	
<i>PROLASTIN-C INJECTION 1000MG</i>	5	PA
<i>REVCovi</i>	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
<i>STRENSIQ</i>	5	PA
<i>SUCRAID</i>	5	PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacain succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>trospium chloride</i>	3	
<i>trospium chloride er</i>	4	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	2	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate solution 25mg/5ml</i>	3	
<i>prednisolone sodium phosphate solution 5mg/5ml</i>	4	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI PATCH TWICE WEEKLY 0.075MG/24HR, 0.1MG/24HR	4	
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr</i>	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol gel, patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
<i>fyavolv</i>	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0 levora 0.15/30-28</i>	4 3	QL(91 EA per 91 days)
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>minvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nynyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri-femynor</i>	3	
<i>tri-estarrylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienna</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
<i>OSPHENA</i>	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>levo-t</i>	4	
<i>levothyroxine sodium tablet</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	4	
<i>liothyronine sodium tablet</i>	2	
<i>unithroid</i>	4	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
<i>ISTURISA TABLET 10MG</i>	5	QL(180 EA per 30 days); PA
<i>ISTURISA TABLET 1MG</i>	5	QL(240 EA per 30 days); PA
<i>ISTURISA TABLET 5MG</i>	5	QL(60 EA per 30 days); PA
<i>LYSODREN</i>	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	3	
<i>FIRMAGON INJECTION 80MG</i>	4	QL(1 EA per 28 days); PA
<i>FIRMAGON INJECTION 120MG/VIAL</i>	5	QL(4 EA per 365 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>lanreotide acetate</i>	5	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
Immunoglobulins		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
<i>carimmune nanofiltered injection 12gm, 6gm</i>	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJECTION 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL(4 ML per 28 days); PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK INJECTION 180MCG/0.5ML	5	PA
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOP INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
<i>menquadfi</i>	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIOS	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTAVERSE SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

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

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	3	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA
LAGEVRIO	3	QL(40 EA per 5 days)
NUTRILIPID	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 20 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 30 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY	3	QL(10 EA per 30 days)
OMNIPOD GO 40 UNITS/DAY	3	QL(10 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.9%	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
atropine sulfate solution 1%	3	
bacitracin/polymyxin b	2	
brimonidine tartrate/timolol maleate	3	
COMBIGAN	3	
cyclosporine emulsion 0.05%	3	
CYSTARAN	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate	2	
neo-polycin	3	
neo-polycin hc	3	
neomycin/bacitracin/polymyxin	3	
neomycin/polymyxin/bacitracin/hydrocortisone	3	
neomycin/polymyxin/dexamethasone	2	
neomycin/polymyxin/gramicidin	3	
polycin	2	
polymyxin b sulfate(trimethoprim sulfate	2	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
sulfacetamide sodium/prednisolone sodium phosphate	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
tobramycin/dexamethasone	4	
IIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
<i>Ophthalmic Anti-allergy Agents</i>		
azelastine hcl ophthalmic solution 0.05%	3	
cromolyn sodium solution 4%	2	
olopatadine hcl	3	
olopatadine hydrochloride solution 0.2%	3	
<i>Ophthalmic Anti-Infectives</i>		
bacitracin	4	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	4	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	3	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>ciproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
<i>Bronchodilators, Sympathomimetic</i>		
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml</i>	3	
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>epinephrine injection 0.3mg/0.3ml</i>	3	Applies to products manufactured by Impax or Lineage Therapeutics
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
<i>Mast Cell Stabilizers</i>		

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>Pulmonary Antihypertensives</i>		
<i>ADEMPAS</i>	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
<i>OPSUMIT</i>	5	QL(30 EA per 30 days); PA
<i>ORENITRAM TITRATION KIT MONTH 1</i>	5	QL(336 EA per 365 days); PA
<i>ORENITRAM TITRATION KIT MONTH 2</i>	5	QL(672 EA per 365 days); PA
<i>ORENITRAM TITRATION KIT MONTH 3</i>	5	QL(504 EA per 365 days); PA
<i>ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG</i>	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
<i>VENTAVIS</i>	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
<i>OFEV</i>	5	PA
<i>pirfenidone capsule</i>	5	PA
<i>PIRFENIDONE TABLET 534MG</i>	5	PA
<i>pirfenidone tablet 267mg, 801mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>ANORO ELLIPTA</i>	3	QL(60 EA per 30 days)
<i>BREO ELLIPTA</i>	3	QL(60 EA per 30 days)
<i>BRONCHITOL</i>	5	QL(560 EA per 28 days); PA
<i>COMBIVENT RESPIMAT</i>	3	QL(8 GM per 30 days)
<i>DULERA AEROSOL 5MCG/ACT; 50MCG/ACT</i>	4	QL(13 GM per 30 days); PA
<i>DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT</i>	4	QL(17.6 GM per 30 days); PA
<i>FASENRA</i>	5	PA
<i>FASENRA PEN</i>	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
<i>NUCALA INJECTION 40MG/0.4ML</i>	5	QL(0.4 ML per 28 days); PA
<i>NUCALA INJECTION 100MG</i>	5	QL(3 EA per 28 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
wixela inhub	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA	3	QL(30 EA per 30 days)
ESZOPICLONE	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
ARMODAFINIL TABLET 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABLET 50MG	4	QL(60 EA per 30 days); PA
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
abacavir	49	aliskiren	58
abacavir sulfate/lamivudine	49	allopurinol	38
abacavir sulfate/lamivudine/zidovudine	49	alosetron hydrochloride	67
ABELCET	38	ALPHAGAN P	84
ABILITY MAINTENA	46	alprazolam	51
abiraterone acetate	40	altavera	70
ABRYSVO	79	ALUNBRIG	42
acamprosate calcium dr	28	alyacen 1/35	70
acarbose	51	alyacen 7/7/7	71
acebutolol hcl	56	alyq	87
acebutolol hydrochloride	57	amabelz	71
acetaminophen/codeine	27	amantadine hcl	50
acetazolamide	58	ambrisentan	87
acetazolamide er	84	amethia	71
acetic acid	85	amethia lo	71
acetic acid 0.25%	69	amethyst	71
acitretin	62	amikacin sulfate	29
ACTHIB	79	amiloride hcl	59
ACTIMMUNE	78	amiloride/hydrochlorothiazide	58
acyclovir	51	AMINOSYN II	65
acyclovir	64	AMINOSYN-PF	65
acyclovir sodium	51	amiodarone hydrochloride	56
ADACEL	79	amitriptyline hcl	37
ADBRY	77	amitriptyline hydrochloride	37
adefovir dipivoxil	48	amlodipine besylate	57
ADEMPAS	87	amlodipine besylate/benazepril	58
afirmelle	70	hydrochloride	
AIMOVIG	39	amlodipine besylate/valsartan	58
AKEEGA	41	ammonium lactate	63
ALA-CORT	63	amnesteem	62
albendazole	44	amoxapine	37
albuterol sulfate	86	amoxicillin	31
albuterol sulfate hfa	86	amoxicillin/clavulanate potassium	31
alclometasone dipropionate	63	amoxicillin/clavulanate potassium er	31
ALCOHOL PREP PADS	82	amphetamine/dextroamphetamine	60
ALDURAZYME	68	amphotericin b	38
ALECENSA	42	amphotericin b liposome	38
alendronate sodium	81	ampicillin	31
alfuzosin hcl er	69	ampicillin sodium	31
ALINIA	45	ampicillin/sulbactam	31
		ampicillin-sulbactam	31
		anagrelide hydrochloride	54
		anastrozole	42

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
ANORO ELLIPTA	87	AUGMENTIN	31
<i>aprepitant</i>	37	AUGTYRO	82
APRETUDE	48	<i>aurovela 1.5/30</i>	71
APTIOM	34	<i>aurovela 1/20</i>	71
APTIVUS	50	<i>aurovela fe 1.5/30</i>	71
AREXVY	79	<i>aurovela fe 1/20</i>	71
<i>arformoterol tartrate</i>	86	AUSTEDO	61
<i>ariPIPrazole</i>	46	AUVELITY	35
<i>ariPIPrazole odt</i>	46	<i>aviane</i>	71
ARISTADA	46	AVONEX	61
ARISTADA INITIO	46	AVONEX PEN	61
ARMODAFINIL	88	<i>ayuna</i>	71
ARNUTITY ELLIPTA	85	AYVAKIT	42
ASCENIV	76	<i>azathioprine</i>	78
<i>asenapine maleate sl</i>	46	<i>azelaic acid</i>	62
<i>ashlyna</i>	71	<i>azelastine hcl</i>	83
ASMANEX HFA	85	<i>azelastine hcl</i>	85
ASMANEX TWISTHALER 120	85	<i>azelastine hydrochloride</i>	85
METERED DOSES		<i>azithromycin</i>	32
ASMANEX TWISTHALER 14 METERED	85	<i>aztreonam</i>	29
DOSES		<i>azurette</i>	71
ASMANEX TWISTHALER 30 METERED	85	<i>bacitracin</i>	83
DOSES		<i>bacitracin/polymyxin b</i>	83
ASMANEX TWISTHALER 60 METERED	85	<i>baclofen</i>	48
DOSES		BACTROBAN NASAL	64
ASMANEX TWISTHALER 7 METERED	85	BAFIERTAM	61
DOSES		<i>balsalazide disodium</i>	81
ASPIRIN/DIPYRIDAMOLE	55	BALVERSA	42
ASPIRIN/DIPYRIDAMOLE ER	55	<i>balziva</i>	71
ASTAGRAF XL	78	BAQSIMI ONE PACK	53
<i>atazanavir</i>	50	BAQSIMI TWO PACK	53
<i>atazanavir sulfate</i>	50	BARACLUDE	48
<i>atenolol</i>	57	<i>bcg vaccine</i>	79
<i>atenolol/chlorthalidone</i>	58	BD INSULIN SYRINGE	82
<i>atomoxetine</i>	61	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine hydrochloride</i>	61	B-D INSULIN SYRINGE ULTRAFINE	82
<i>atorvastatin calcium</i>	59	II/0.3ML/31G X 5/16"	
<i>atovaquone</i>	45	BD INSULIN SYRINGE ULTRA-	82
<i>atovaquone/proguanil hcl</i>	45	FINE/0.5ML/30G X 12.7MM	
<i>atropine sulfate</i>	83	BD INSULIN SYRINGE ULTRA-	82
ATROVENT HFA	85	FINE/1ML/31G X 8MM	
<i>aubra</i>	71	BD INSULIN SYRINGE/1ML/29G X	82
<i>aubra eq</i>	71	12.7MM	

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	82	BRIVIACT	33
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	82	bromfenac sodium	84
<i>bekyree</i>	71	bromocriptine mesylate	45
BELSOMRA	88	BRONCHITOL	87
<i>benazepril hcl</i>	56	BRUKINSA	42
<i>benazepril hydrochloride</i>	56	<i>budesonide</i>	81
<i>benazepril</i>	58	<i>budesonide</i>	85
<i>hydrochloride/hydrochlorothiazide</i>		BUDESONIDE ER	81
BENLYSTA	77	<i>bumetanide</i>	58
<i>benznidazole</i>	45	<i>buprenorphine</i>	27
<i>benztropine mesylate</i>	45	<i>buprenorphine hcl</i>	29
BESIVANCE	84	<i>buprenorphine hcl/naloxone hcl</i>	29
BESREMI	41	<i>buprenorphine hydrochloride/naloxone</i>	29
<i>betaine anhydrous</i>	68	<i>hydrochloride</i>	
<i>betamethasone dipropionate</i>	63	<i>bupropion hcl</i>	35
<i>betamethasone dipropionate augmented</i>	63	<i>bupropion hydrochloride</i>	35
<i>betamethasone valerate</i>	63	<i>bupropion hydrochloride er (sr)</i>	29
BETASERON	61	<i>bupropion hydrochloride er (sr)</i>	35
<i>betaxolol hcl</i>	57	<i>bupropion hydrochloride er (xl)</i>	35
<i>betaxolol hcl</i>	84	<i>buspirone hcl</i>	51
<i>bethanechol chloride</i>	69	<i>buspirone hydrochloride</i>	51
<i>bexarotene</i>	44	butalbital/acetaminophen/caffeine	61
BEXSERO	79	BYDUREON BCISE	51
<i>bicalutamide</i>	40	BYETTA	52
BICILLIN L-A	31	CABENUVA	48
BIKTARVY	48	<i>cabergoline</i>	75
<i>bisoprolol fumarate</i>	57	CABLIVI	55
<i>bisoprolol fumarate/hydrochlorothiazide</i>	58	CABOMETYX	42
BIVIGAM	76	<i>calcipotriene</i>	64
<i>blisovi fe 1.5/30</i>	71	<i>calcitonin-salmon</i>	81
<i>blisovi fe 1/20</i>	71	<i>calcitriol</i>	81
BOOSTRIX	79	<i>calcium acetate</i>	66
BOSULIF	42	CALQUENCE	42
BRAFTOVI	42	<i>camila</i>	74
BREO ELLIPTA	87	<i>camrese</i>	71
BREZTRI AEROSPHERE	85	<i>camrese lo</i>	71
<i>brielllyn</i>	71	<i>candesartan cilexetil</i>	56
BRILINTA	55	<i>candesartan cilexetil/hydrochlorothiazide</i>	58
BRIMONIDINE TARTRATE	84	CAPLYTA	46
<i>brimonidine tartrate/timolol maleate</i>	83	CAPRELSA	42
<i>brinzolamide</i>	84	<i>captopril</i>	56
		<i>captopril/hydrochlorothiazide</i>	58
		<i>carbamazepine</i>	34

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>carbamazepine er</i>	34	CHOLBAM	68
<i>carbidopa</i>	45	<i>cholestyramine</i>	59
<i>carbidopa/levodopa</i>	45	<i>cholestyramine light</i>	59
<i>carbidopa/levodopa er</i>	45	<i>ciclodan</i>	64
<i>carbidopa/levodopa odt</i>	45	<i>ciclopirox</i>	64
<i>carglumic acid</i>	65	<i>ciclopirox nail lacquer</i>	64
<i>carimune nanofiltered</i>	76	<i>ciclopirox olamine</i>	64
<i>carteolol hcl</i>	84	<i>cidofovir</i>	48
<i>cartia xt</i>	57	<i>cilostazol</i>	55
<i>carvedilol</i>	57	CIMDUO	49
CASPOFUNGIN ACETATE	38	<i>cinacalcet hydrochloride</i>	81
CAYSTON	86	CINRYZE	76
<i>cefaclor</i>	30	CIPRO	32
<i>cefadroxil</i>	30	<i>ciprofloxacin</i>	32
CEFAZOLIN	30	<i>ciprofloxacin</i>	85
<i>cefazolin sodium</i>	30	<i>ciprofloxacin hcl</i>	32
<i>cefdinir</i>	30	<i>ciprofloxacin hydrochloride</i>	32
<i>cefepime</i>	30	<i>ciprofloxacin hydrochloride</i>	84
<i>cefepime hydrochloride</i>	30	<i>ciprofloxacin i.v.-in d5w</i>	32
CEFEPIME/DEXTROSE	30	<i>ciprofloxacin/dexamethasone</i>	85
<i>cefixime</i>	30	<i>cisplatin</i>	40
<i>cefotaxime sodium</i>	30	<i>citalopram hydrobromide</i>	36
<i>cefotetan</i>	30	<i>claravis</i>	62
<i>cefoxitin sodium</i>	30	<i>clarithromycin</i>	32
<i>cefpodoxime proxetil</i>	30	<i>clarithromycin er</i>	32
<i>cefprozil</i>	30	CLENPIQ	67
<i>ceftazidime</i>	31	CLIMARA PRO	71
<i>ceftazidime/dextrose</i>	30	<i>clindacin etz pledges</i>	29
<i>ceftriaxone sodium</i>	31	<i>clindacin-p</i>	29
<i>cefuroxime axetil</i>	31	<i>clindamycin hcl</i>	29
<i>cefuroxime sodium</i>	31	<i>clindamycin hydrochloride</i>	29
<i>celecoxib</i>	27	<i>clindamycin palmitate hydrochloride</i>	29
<i>cephalexin</i>	31	<i>clindamycin phosphate</i>	29
CERDELGA	68	<i>clindamycin phosphate</i>	64
<i>chateal</i>	71	<i>clobazam</i>	34
<i>chateal eq</i>	71	<i>clobetasol propionate</i>	63
CHEMET	66	<i>clobetasol propionate e</i>	63
<i>chlorhexidine gluconate</i>	62	<i>clomipramine hydrochloride</i>	37
<i>chloroquine phosphate</i>	45	<i>clonazepam</i>	34
<i>chlorothiazide</i>	59	<i>clonazepam odt</i>	34
<i>chlorpromazine hcl</i>	46	<i>clonidine hcl</i>	55
<i>chlorpromazine hydrochloride</i>	46	<i>clonidine hydrochloride</i>	55
<i>chlorthalidone</i>	59	<i>clopidogrel</i>	55

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>clorazepate dipotassium</i>	51	CYLTEZO STARTER PACKAGE FOR	78
<i>clotrimazole</i>	38	CROHNS DISEASE/UC/HS	
<i>clotrimazole/betamethasone dipropionate</i>	64	CYLTEZO STARTER PACKAGE FOR	78
<i>clovique</i>	66	PSORIASIS	
<i>clozapine</i>	47	<i>cyproheptadine hydrochloride</i>	85
<i>clozapine odt</i>	47	<i>CYSTAGON</i>	68
COARTEM	45	<i>CYSTARAN</i>	83
<i>colchicine</i>	39	<i>dalfampridine er</i>	61
<i>colestipol hcl</i>	59	<i>danazol</i>	70
<i>colistimethate sodium</i>	30	<i>dantrolene sodium</i>	48
<i>colocort</i>	81	<i>dapsone</i>	39
COLUMVI	41	DAPTACEL	79
COMBIGAN	83	<i>daptomycin</i>	30
COMBIVENT RESPIMAT	87	DAPTOMYCIN/SODIUM CHLORIDE	30
COMETRIQ	42	<i>darunavir</i>	50
COMPLERA	49	DARZALEX FASPRO	44
<i>compro</i>	37	<i>dasetta 1/35</i>	71
<i>constulose</i>	66	<i>dasetta 7/7/7</i>	71
COPIKTRA	42	DAURISMO	42
CORLANOR	58	<i>daysee</i>	71
<i>cortisone acetate</i>	69	<i>deblitane</i>	74
COSENTYX	77	<i>deferasirox</i>	66
COSENTYX SENSOREADY PEN	77	DELSTRIGO	49
COSENTYX UNOREADY	77	<i>delyla</i>	71
COTELLIC	42	<i>demeclacycline hcl</i>	32
CREON	68	<i>demeclacycline hydrochloride</i>	32
<i>cromolyn sodium</i>	68	DENGVAXIA	79
<i>cromolyn sodium</i>	83	DEPO-PROVERA	74
<i>cromolyn sodium</i>	87	DEPO-SUBQ PROVERA 104	74
<i>cryselle-28</i>	71	DESCOVERY	49
CURITY GAUZE PADS 2"X2" 12 PLY	82	<i>desipramine hydrochloride</i>	37
CUTAQUIG	76	<i>desmopressin acetate</i>	70
CUVITRU	76	<i>desogestrel/ethinyl estradiol</i>	71
<i>cyclafem 1/35</i>	71	<i>desonide</i>	63
<i>cyclafem 7/7/7</i>	71	<i>desoximetasone</i>	63
cyclobenzaprine hydrochloride	88	<i>desvenlafaxine er</i>	36
cyclophosphamide	40	<i>dexamethasone</i>	69
<i>cycloserine</i>	39	<i>dexamethasone sodium phosphate</i>	84
CYCLOSET	52	<i>dextroamphetamine sulfate</i>	61
<i>cyclosporine</i>	78	<i>dextroamphetamine sulfate er</i>	60
<i>cyclosporine</i>	83	<i>dextrose 5%</i>	65
<i>cyclosporine modified</i>	78	<i>dextrose 5%/nacl 0.45%</i>	65
CYLTEZO	78	<i>dextrose 5%/nacl 0.9%</i>	65

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
DIACOMIT	34	<i>dorzolamide hydrochloride</i>	84
<i>diazepam</i>	51	DOTTI	71
<i>diazepam intensol</i>	51	DOVATO	48
<i>diazepam rectal gel</i>	34	<i>doxazosin mesylate</i>	69
<i>diazoxide</i>	53	<i>doxepin hcl</i>	37
<i>diclofenac potassium</i>	27	<i>doxepin hydrochloride</i>	37
<i>diclofenac sodium</i>	27	<i>doxy 100</i>	32
<i>diclofenac sodium</i>	64	<i>doxycycline</i>	33
<i>diclofenac sodium</i>	84	<i>doxycycline hyclate</i>	32
<i>diclofenac sodium dr</i>	27	<i>doxycycline hyclate</i>	62
<i>diclofenac sodium er</i>	27	<i>doxycycline monohydrate</i>	32
<i>dicloxacillin sodium</i>	31	<i>d-penamine</i>	69
<i>dicyclomine hydrochloride</i>	67	DRIZALMA SPRINKLE	36
DIFICID	32	<i>dronabinol</i>	37
<i>diflunisal</i>	27	DROXIA	40
<i>digitek</i>	56	<i>droxidopa</i>	55
<i>digox</i>	56	DULERA	87
<i>digoxin</i>	56	<i>duloxetine hydrochloride</i>	36
<i>dihydroergotamine mesylate</i>	39	DUPIXENT	77
DILANTIN	34	<i>dutasteride</i>	69
<i>diltiazem hcl</i>	57	EASY COMFORT INSULIN	82
<i>diltiazem hcl cd</i>	57	SYRINGE/0.3ML/31G X 1/2"	
<i>diltiazem hcl er</i>	57	<i>ec-naproxen</i>	27
<i>diltiazem hydrochloride</i>	57	<i>econazole nitrate</i>	38
<i>diltiazem hydrochloride er</i>	57	EDURANT	49
<i>dilt-xr</i>	57	<i>efavirenz</i>	49
<i>dimethyl fumarate</i>	62	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	49
<i>dimethyl fumarate starterpack</i>	62	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	49
<i>diphenhydramine hcl</i>	85	<i>effer-k</i>	65
<i>diphenoxylate hydrochloride/atropine sulfate</i>	67	ELAPRASE	68
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	79	<i>elinest</i>	71
<i>disulfiram</i>	28	ELIQUIS	54
<i>divalproex sodium</i>	34	ELIQUIS STARTER PACK	54
<i>divalproex sodium dr</i>	34	ELLA	82
<i>divalproex sodium er</i>	34	ELMIRON	69
<i>dofetilide</i>	56	<i>eluryng</i>	71
<i>dolishale</i>	71	EMCYT	40
<i>donepezil hcl</i>	35	EMGALITY	39
<i>donepezil hydrochloride</i>	35	EMPAVELI	77
DOPTELET	55	EMSAM	36
<i>dorzolamide hcl/timolol maleate</i>	83	<i>emtricitabine</i>	49

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>emtricitabine/tenofovir disoproxil</i>	49	<i>estarrylla</i>	72
<i>emtricitabine/tenofovir disoproxil fumarate</i>	49	<i>estradiol</i>	72
EMTRIVA	49	<i>estradiol/norethindrone acetate</i>	72
<i>enalapril maleate</i>	56	ESTRING	72
<i>enalapril maleate/hydrochlorothiazide</i>	58	ESZOPICLONE	88
ENBREL	78	<i>ethambutol hydrochloride</i>	39
ENBREL MINI	78	<i>ethosuximide</i>	33
ENBREL SURECLICK	78	<i>ethynodiol diacetate/ethinyl estradiol</i>	72
ENDARI	68	<i>etodolac</i>	27
<i>endocet</i>	27	<i>etonogestrel/ethinyl estradiol</i>	72
ENGERIX-B	79	<i>etravirine</i>	49
<i>enilloring</i>	71	EUCRISA	63
ENJAYMO	77	<i>euthyrox</i>	75
<i>enoxaparin sodium</i>	54	<i>everolimus</i>	42
<i>enpresse-28</i>	72	<i>everolimus</i>	78
<i>entacapone</i>	45	EVOTAZ	50
<i>entecavir</i>	48	EVRYSDI	68
ENTRESTO	58	<i>exemestane</i>	42
<i>enulose</i>	66	EXKIVITY	42
ENVARSUS XR	78	<i>ezetimibe</i>	59
EPIDIOLEX	33	<i>ezetimibe/simvastatin</i>	59
<i>epinephrine</i>	86	FABRAZYME	68
<i>epitol</i>	34	<i>falmina</i>	72
EPKINLY	41	<i>famciclovir</i>	51
<i>eplerenone</i>	59	<i>famotidine</i>	67
<i>epoprostenol sodium</i>	87	FANAPT	46
EPRONTIA	33	FANAPT TITRATION PACK	46
<i>ergoloid mesylates</i>	35	FARXIGA	52
<i>ergotamine tartrate/caffeine</i>	39	FARYDAK	42
ERIVEDGE	42	FASENRA	87
ERLEADA	40	FASENRA PEN	87
<i>erlotinib hydrochloride</i>	42	<i>fayosim</i>	72
<i>errin</i>	74	<i>febuxostat</i>	39
<i>ertapenem</i>	31	<i>felbamate</i>	33
<i>ertapenem sodium</i>	31	<i>felodipine er</i>	57
<i>ery</i>	64	<i>femynor</i>	72
<i>erythromycin</i>	64	<i>fenofibrate</i>	59
<i>erythromycin</i>	84	<i>fenofibrate micronized</i>	59
<i>erythromycin dr</i>	32	<i>fenofibric acid dr</i>	59
<i>erythromycin ethylsuccinate</i>	32	<i>fentanyl</i>	27
<i>erythromycin/benzoyl peroxide</i>	63	<i>fentanyl citrate oral transmucosal</i>	28
<i>escitalopram oxalate</i>	36	FETZIMA	36
<i>esomeprazole magnesium</i>	68	FETZIMA TITRATION PACK	36

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
FINACEA	63	galantamine hydrobromide er	35
<i>finasteride</i>	69	GAMASTAN	76
<i>fingolimod</i>	62	GAMMAKED	76
FINTEPLA	33	GAMUNEX-C	76
FIRMAGON	75	<i>ganciclovir</i>	48
FLAREX	84	GARDASIL 9	80
<i>flecainide acetate</i>	56	<i>gatifloxacin</i>	84
<i>fluconazole</i>	38	<i>gavilyte-c</i>	67
<i>fluconazole in sodium chloride</i>	38	<i>gavilyte-g</i>	67
<i>flucytosine</i>	38	<i>gavilyte-h</i>	67
<i>fludrocortisone acetate</i>	70	<i>gavilyte-n/flavor pack</i>	67
<i>fluocinolone acetonide</i>	63	GAVRETO	41
<i>fluocinonide</i>	63	<i>gefitinib</i>	42
<i>fluorometholone</i>	84	<i>gemfibrozil</i>	59
<i>fluorouracil</i>	64	GEMTESA	69
<i>fluoxetine hydrochloride</i>	36	<i>generlac</i>	66
<i>fluphenazine decanoate</i>	46	<i>gengraf</i>	78
<i>fluphenazine hcl</i>	46	GENOTROPIN	70
<i>fluphenazine hydrochloride</i>	46	GENOTROPIN MINIQUICK	70
<i>flurbiprofen</i>	27	<i>gentak</i>	84
<i>flurbiprofen sodium</i>	84	<i>gentamicin sulfate</i>	29
<i>flutamide</i>	40	<i>gentamicin sulfate</i>	84
<i>fluticasone propionate</i>	63	<i>gentamicin sulfate pediatric</i>	29
<i>fluticasone propionate</i>	85	GENVOYA	48
<i>fluticasone propionate/salmeterol</i>	87	GIOTRIF	42
<i>fluticasone propionate/salmeterol diskus</i>	87	<i>glatiramer acetate</i>	62
<i>fluvastatin</i>	59	GLEOSTINE	40
<i>fluvastatin sodium er</i>	59	<i>glimepiride</i>	52
<i>fluvoxamine maleate</i>	36	<i>glipizide</i>	52
<i>fondaparinux sodium</i>	54	<i>glipizide er</i>	52
<i>FORTEO</i>	81	<i>glipizide xl</i>	52
<i>fosamprenavir calcium</i>	50	<i>glipizide/metformin hydrochloride</i>	52
<i>fosinopril sodium</i>	56	GLUCAGEN HYPOKIT	53
<i>fosinopril sodium/hydrochlorothiazide</i>	58	<i>glucagon emergency kit</i>	53
<i>FOTIVDA</i>	40	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	53
<i>FRAGMIN</i>	54	<i>glyburide</i>	52
<i>FRUZAQLA</i>	42	<i>glyburide/metformin hydrochloride</i>	52
<i>furosemide</i>	58	<i>glycopyrrrolate</i>	67
<i>FUZEON</i>	50	GLYXAMBI	52
<i>fyavolv</i>	72	<i>griseofulvin microsize</i>	38
<i>FYCOMPA</i>	33	<i>griseofulvin ultramicrosize</i>	38
<i> gabapentin</i>	34	<i>guanfacine er</i>	61
<i>galantamine hydrobromide</i>	35		

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>guanfacine hydrochloride</i>	55	HUMULIN R U-500 (CONCENTRATED)	53
<i>guanfacine hydrochloride</i>	61	HUMULIN R U-500 KWIKPEN	53
<i>guanidine hcl</i>	39	<i>hydralazine hcl</i>	60
GVOKE HYPOPEN 1-PACK	53	<i>hydralazine hydrochloride</i>	60
GVOKE HYPOPEN 2-PACK	53	<i>hydrochlorothiazide</i>	59
GVOKE KIT	53	<i>hydrocodone bitartrate/acetaminophen</i>	28
GVOKE PFS	53	<i>hydrocodone/acetaminophen</i>	28
<i>hailey 1.5/30</i>	72	<i>hydrocortisone</i>	63
<i>hailey fe 1.5/30</i>	72	<i>hydrocortisone</i>	70
<i>hailey fe 1/20</i>	72	<i>hydrocortisone</i>	81
<i>halobetasol propionate</i>	63	<i>hydrocortisone valerate</i>	63
<i>haloette</i>	72	<i>hydrocortisone/acetic acid</i>	85
<i>haloperidol</i>	46	<i>hydromorphone hcl</i>	28
<i>haloperidol decanoate</i>	46	<i>hydromorphone hydrochloride</i>	28
<i>haloperidol lactate</i>	46	<i>hydromorphone hydrochloride dosette</i>	28
HAVRIX	80	<i>hydroxychloroquine sulfate</i>	45
<i>heather</i>	74	<i>hydroxyurea</i>	40
HEPAGAM B	76	<i>hydroxyzine hcl</i>	85
<i>heparin sodium</i>	54	<i>hydroxyzine hydrochloride</i>	85
HEPLISAV-B	80	<i>hydroxyzine pamoate</i>	51
HIBERIX	80	HYPERHEP B	76
HIZENTRA	76	<i>ibandronate sodium</i>	81
HUMALOG	53	IBRANCE	41
HUMALOG JUNIOR KWIKPEN	53	IBRANCE	42
HUMALOG KWIKPEN	53	<i>ibu</i>	27
HUMALOG MIX 50/50	53	<i>ibuprofen</i>	27
HUMALOG MIX 50/50 KWIKPEN	53	<i>icatibant acetate</i>	76
HUMALOG MIX 75/25	53	<i>iclevia</i>	72
HUMALOG MIX 75/25 KWIKPEN	53	ICLUSIG	42
HUMATIN	29	<i>icosapent ethyl</i>	59
HUMIRA	79	IDHIFA	41
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	78	IGALMI	82
HUMIRA PEN	78	<i>imatinib mesylate</i>	42
HUMIRA PEN-CD/UC/HS STARTER	78	IMBRUVICA	43
HUMIRA PEN-PEDIATRIC UC STARTER PACK	78	<i>imipenem/cilastatin</i>	31
HUMIRA PEN-PS/UV STARTER	78	<i>imipramine hcl</i>	37
HUMULIN 70/30	53	<i>imipramine hydrochloride</i>	37
HUMULIN 70/30 KWIKPEN	53	<i>imiquimod</i>	64
HUMULIN N	53	IMOVAX RABIES (H.D.C.V.)	80
HUMULIN N KWIKPEN	53	IMPAVIDO	30
HUMULIN R	53	INBRIJA	45
		<i>incassia</i>	74
		INCRELEX	70

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
INCRUSE ELLIPTA	86	JARDIANC	52
<i>indapamide</i>	59	JAVYGTOR	68
<i>indomethacin</i>	27	JAYPIRCA	43
<i>indomethacin er</i>	27	<i>jencycla</i>	75
INFANRIX	80	JENTADUETO	52
INFLECTRA	79	JENTADUETO XR	52
<i>infliximab</i>	79	<i>jinteli</i>	72
INGREZZA	61	<i>jolessa</i>	72
INLYTA	43	<i>jolivette</i>	75
INQOVI	43	JUBLIA	38
INREBIC	41	JULUCA	48
<i>insulin lispro</i>	53	<i>junel 1.5/30</i>	72
INTELENCE	49	<i>junel 1/20</i>	72
INTRON A	78	<i>junel fe 1.5/30</i>	72
<i>intravale</i>	72	<i>junel fe 1/20</i>	72
INVEGA HAFYERA	46	JYLAMVO	79
INVEGA SUSTENNA	46	JYNNEOS	80
INVEGA TRINZA	46	KALYDECO	86
INVIRASE	50	KANJINTI	44
IPOL INACTIVATED IPV	80	KANUMA	68
<i>ipratropium bromide</i>	86	kariva	72
<i>ipratropium bromide/albuterol sulfate</i>	87	kelnor 1/35	72
<i>irbesartan</i>	56	kelnor 1/50	72
<i>irbesartan/hydrochlorothiazide</i>	58	KERENDIA	58
ISENTRESS	48	KESIMPTA	62
ISENTRESS HD	48	ketoconazole	38
ISONIAZID	39	ketorolac tromethamine	27
<i>isosorbide dinitrate</i>	60	ketorolac tromethamine	84
<i>isosorbide mononitrate</i>	60	kimidess	72
<i>isosorbide mononitrate er</i>	60	KINERET	77
<i>isotretinoin</i>	63	KINRIX	80
ISTURISA	75	kionex	66
<i>itraconazole</i>	38	KISQALI	43
<i>ivermectin</i>	44	KISQALI FEMARA 200 DOSE	41
IWILFIN	41	KISQALI FEMARA 400 DOSE	41
IXCHIQ	80	KISQALI FEMARA 600 DOSE	41
IXIARO	80	klayesta	38
<i>jaimiess</i>	72	KLISYRI	64
JAKAFI	43	klor-con	65
<i>jantoven</i>	54	klor-con 10	65
JANUMET	52	klor-con 8	65
JANUMET XR	52	klor-con m10	65
JANUVIA	52	klor-con m15	65

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>klor-con m20</i>	65	<i>lessina</i>	72
<i>klor-con sprinkle</i>	65	<i>letrozole</i>	42
<i>klor-con/ef</i>	65	<i>leucovorin calcium</i>	44
<i>KORLYM</i>	70	<i>LEUKERAN</i>	40
<i>KOSELUGO</i>	43	<i>leuprolide acetate</i>	76
<i>kourzeq</i>	62	<i>levalbuterol</i>	86
<i>KRAZATI</i>	41	<i>levalbuterol hcl</i>	86
<i>kurvelo</i>	72	<i>levalbuterol hydrochloride</i>	86
<i>KYNMOBI</i>	45	<i>levalbuterol tartrate hfa</i>	86
KYNMOBI TITRATION KIT	45	<i>LEVEMIR</i>	53
<i>labetalol hydrochloride</i>	57	LEVEMIR FLEXPEN	53
<i>lacosamide</i>	34	LEVEMIR FLEXTOUCH	53
<i>lactulose</i>	66	<i>levetiracetam</i>	33
<i>LAGEVRIO</i>	82	<i>levetiracetam er</i>	33
<i>lamivudine</i>	48	<i>levobunolol hcl</i>	84
<i>lamivudine</i>	49	<i>levocetirizine dihydrochloride</i>	85
<i>lamivudine/zidovudine</i>	49	<i>levofloxacin</i>	32
<i>lamotrigine</i>	33	<i>levofloxacin</i>	84
<i>lamotrigine starter kit/blue</i>	33	<i>levofloxacin in d5w</i>	32
<i>lamotrigine starter kit/green</i>	33	<i>levonest</i>	72
<i>lamotrigine starter kit/orange</i>	33	<i>levonorgestrel and ethinyl estradiol</i>	72
<i>lamotrigine titration</i>	33	<i>levonorgestrel/ethinyl estradiol</i>	72
<i>lanreotide acetate</i>	76	<i>levora 0.15/30-28</i>	73
<i>lansoprazole</i>	68	<i>levo-t</i>	75
<i>LANTUS</i>	53	<i>levothyroxine sodium</i>	75
LANTUS SOLOSTAR	53	<i>levoxyl</i>	75
<i>lapatinib ditosylate</i>	43	LEXIVA	50
<i>larin 1.5/30</i>	72	<i>lidocaine</i>	28
<i>larin 1/20</i>	72	<i>lidocaine hydrochloride viscous</i>	62
<i>larin fe 1.5/30</i>	72	<i>lidocaine viscous</i>	62
<i>larin fe 1/20</i>	72	<i>lidocaine/prilocaine</i>	28
<i>larissia</i>	72	<i>lidocaine-prilocaine-cream base</i>	28
<i>latanoprost</i>	85	<i>lillow</i>	73
<i>leflunomide</i>	79	<i>linezolid</i>	30
<i>lenalidomide</i>	40	LINZESS	66
LENVIMA 10 MG DAILY DOSE	43	<i>liothyronine sodium</i>	75
LENVIMA 12MG DAILY DOSE	43	<i>lisinopril</i>	56
LENVIMA 14 MG DAILY DOSE	43	<i>lisinopril/hydrochlorothiazide</i>	58
LENVIMA 18 MG DAILY DOSE	43	<i>lithium</i>	51
LENVIMA 20 MG DAILY DOSE	43	<i>lithium carbonate</i>	51
LENVIMA 24 MG DAILY DOSE	43	<i>lithium carbonate er</i>	51
LENVIMA 4 MG DAILY DOSE	43	<i>LIVALO</i>	59
LENVIMA 8 MG DAILY DOSE	43	<i>LIVTENCITY</i>	48

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>lojaimiess</i>	73	<i>maprotiline hcl</i>	36
LONHALA MAGNAIR REFILL KIT	86	<i>maraviroc</i>	50
LONSURF	41	<i>marlissa</i>	73
<i>loperamide hcl</i>	67	MARPLAN	36
<i>lopinavir/ritonavir</i>	50	MATULANE	40
<i>lopreeza</i>	73	<i>matzim la</i>	57
LOQTORZI	44	MAVYRET	48
<i>lorazepam</i>	51	MAYZENT	62
<i>lorazepam intensol</i>	51	MAYZENT STARTER PACK	62
LORBRENA	43	<i>meclizine hcl</i>	37
<i>lorcet</i>	28	<i>medroxyprogesterone acetate</i>	75
<i>lorcet hd</i>	28	<i>mefloquine hcl</i>	45
<i>lorcet plus</i>	28	<i>megestrol acetate</i>	75
<i>losartan potassium</i>	56	MEKINIST	43
<i>losartan potassium/hydrochlorothiazide</i>	58	MEKTOVI	43
LOTEMAX SM	84	<i>meloxicam</i>	27
<i>lovastatin</i>	59	<i>memantine hcl titration pak</i>	35
<i>low-ogestrel</i>	73	<i>memantine hydrochloride</i>	35
<i>loxapine</i>	46	<i>memantine hydrochloride er</i>	35
<i>lubiprostone</i>	66	MENACTRA	80
LUMAKRAS	41	MENEST	73
LUMIGAN	85	<i>menquadfi</i>	80
LUMIZYME	68	MENVEO	80
LUPRON DEPOT (1-MONTH)	76	<i>mercaptopurine</i>	40
LUPRON DEPOT (3-MONTH)	76	<i>meropenem</i>	31
LUPRON DEPOT (4-MONTH)	76	<i>mesalamine</i>	81
LUPRON DEPOT (6-MONTH)	76	<i>mesalamine dr</i>	81
LUPRON DEPOT-PED (1-MONTH)	76	<i>mesalamine er</i>	81
LUPRON DEPOT-PED (3-MONTH)	76	MESNEX	44
LUPRON DEPOT-PED (6-MONTH)	70	<i>metformin hydrochloride</i>	52
<i>lurasidone hydrochloride</i>	46	<i>metformin hydrochloride er</i>	52
<i>lutera</i>	73	<i>methadone hcl</i>	27
LYBALVI	47	<i>methadone hydrochloride</i>	27
<i>lyleq</i>	75	<i>methadone hydrochloride intensol</i>	27
<i>lyllana</i>	73	<i>methazolamide</i>	84
LYNPARZA	43	<i>methenamine hippurate</i>	30
LYSODREN	75	<i>methimazole</i>	76
LYTGOBI	41	<i>methocarbamol</i>	88
LYUMJEV	53	<i>methotrexate</i>	79
LYUMJEV KWIKPEN	53	<i>methotrexate sodium</i>	79
<i>lyza</i>	75	<i>methsuximide</i>	34
<i>magnesium sulfate</i>	65	<i>methyldopa</i>	55
<i>malathion</i>	64	<i>methylphenidate hydrochloride</i>	61

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>methylphenidate hydrochloride er</i>	61	MOTEGRITY	67
<i>methylprednisolone</i>	70	MOUNJARO	52
<i>methylprednisolone dose pack</i>	70	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	32
<i>metoclopramide hcl</i>	67	<i>moxifloxacin hydrochloride</i>	32
<i>metoclopramide hydrochloride</i>	67	<i>moxifloxacin hydrochloride</i>	84
<i>metolazone</i>	59	<i>mupirocin</i>	65
<i>metoprolol succinate er</i>	57	<i>mycophenolate mofetil</i>	79
<i>metoprolol tartrate</i>	57	<i>mycophenolic acid dr</i>	79
<i>metronidazole</i>	30	<i>myorisan</i>	63
<i>metronidazole</i>	63	MYRBETRIQ	69
<i>metronidazole vaginal</i>	30	NABI-HB	76
<i>metyrosine</i>	58	<i>nabumetone</i>	27
<i>mexiletine hcl</i>	56	<i>nadolol</i>	57
<i>microgestin 1.5/30</i>	73	<i>nafcillin sodium</i>	31
<i>microgestin 1/20</i>	73	NAGLAZYME	68
<i>microgestin fe 1.5/30</i>	73	<i>naloxone hcl</i>	29
<i>microgestin fe 1/20</i>	73	<i>naloxone hydrochloride</i>	29
<i>midodrine hcl</i>	55	<i>naltrexone hcl</i>	28
<i>mifepristone</i>	70	NAMZARIC	35
<i>miglustat</i>	68	<i>naproxen</i>	27
<i>mili</i>	73	<i>naproxen sodium</i>	27
<i>mimvey</i>	73	<i>naratriptan hcl</i>	39
<i>mimvey lo</i>	73	NATACYN	84
<i>minocycline hcl</i>	33	<i>nateglinide</i>	52
<i>minocycline hydrochloride</i>	33	NAYZILAM	33
<i>minoxidil</i>	60	<i>nebivolol</i>	57
<i>mirtazapine</i>	36	<i>nebivolol hydrochloride</i>	57
<i>mirtazapine odt</i>	36	<i>necon 0.5/35-28</i>	73
<i>misoprostol</i>	68	<i>necon 7/7/7</i>	73
<i>M-M-R II</i>	80	<i>nefazodone hydrochloride</i>	36
<i>modafinil</i>	88	<i>neomycin sulfate</i>	29
<i>moexipril hcl</i>	56	<i>neomycin/bacitracin/polymyxin</i>	83
<i>molindone hydrochloride</i>	46	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	83
<i>mometasone furoate</i>	63	<i>neomycin/polymyxin/dexamethasone</i>	83
<i>mometasone furoate</i>	85	<i>neomycin/polymyxin/gramicidin</i>	83
<i>monodoxyne nl</i>	33	<i>neomycin/polymyxin/hc</i>	85
<i>mono-linyah</i>	73	<i>neomycin/polymyxin/hydrocortisone</i>	85
<i>mononessa</i>	73	<i>neo-polycin</i>	83
<i>montelukast sodium</i>	85	<i>neo-polycin hc</i>	83
<i>morgidox 1x100mg</i>	33	NERLYNX	43
<i>morgidox 2x100mg</i>	33	NEULASTA	54
<i>morphine sulfate</i>	28		
<i>morphine sulfate er</i>	27		

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
NEULASTA ONPRO KIT	55	NOVOLIN R	54
NEUPRO	45	NOVOLIN R FLEXPEN	54
<i>nevirapine</i>	49	NOVOLIN R FLEXPEN RELION	54
<i>nevirapine er</i>	49	NOVOLIN R RELION	54
<i>niacin er</i>	59	NOVOLOG	54
NICOTROL NS	29	NOVOLOG FLEXPEN	54
<i>nifedipine er</i>	57	NOVOLOG FLEXPEN RELION	54
<i>nilutamide</i>	40	NOVOLOG MIX 70/30	54
<i>nimodipine</i>	57	NOVOLOG MIX 70/30 PREFILLED	54
NINLARO	41	FLEXPEN	
<i>nitazoxanide</i>	45	NOVOLOG MIX 70/30 PREFILLED	54
<i>nitisinone</i>	68	FLEXPEN RELION	
NITRO-BID	60	NOVOLOG MIX 70/30 RELION	54
<i>nitrofurantoin macrocrystals</i>	30	NOVOLOG PENFILL	54
<i>nitrofurantoin monohydrate</i>	30	NOVOLOG RELION	54
<i>nitrofurantoin monohydrate/microcrystals</i>	30	NUBEQA	40
<i>nitroglycerin</i>	60	NUCALA	87
<i>nitroglycerin</i>	67	NUEDEXTA	61
<i>nitroglycerin transdermal</i>	60	NUPLAZID	47
<i>nizatidine</i>	67	NURTEC	39
<i>nora-be</i>	75	NUTRILIPID	82
<i>norethindrone</i>	75	nyamyc	38
<i>norethindrone acetate</i>	75	nylia 1/35	73
<i>norethindrone acetate/ethinyl estradiol</i>	73	nylia 7/7/7	73
<i>norethindrone acetate/ethinyl</i>	73	NYMALIZE	57
<i>estradiol/ferrous fumarate</i>		nymyo	73
<i>norgestimate/ethinyl estradiol</i>	73	nystatin	38
<i>norlyda</i>	75	nystatin/triamcinolone	64
<i>norlyroc</i>	75	nystop	38
<i>nortrel 0.5/35 (28)</i>	73	OCREVUS	62
<i>nortrel 1/35</i>	73	OCTAGAM	77
<i>nortrel 7/7/7</i>	73	octreotide acetate	76
<i>nortriptyline hcl</i>	37	ODEFSEY	49
<i>nortriptyline hydrochloride</i>	37	ODOMZO	43
NORVIR	50	OFEV	87
NOVOLIN 70/30	53	ofloxacin	84
NOVOLIN 70/30 FLEXPEN	53	ofloxacin	85
NOVOLIN 70/30 FLEXPEN RELION	53	OGSIVEO	41
NOVOLIN 70/30 RELION	53	OJJAARA	43
NOVOLIN N	53	okebo	33
NOVOLIN N FLEXPEN	53	olanzapine	47
NOVOLIN N FLEXPEN RELION	54	olanzapine odt	47
NOVOLIN N RELION	54	olmesartan medoxomil	56

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>olmesartan medoxomil/hydrochlorothiazide</i>	58	ORSERDU	41
<i>olopatadine hcl</i>	83	<i>orsythia</i>	73
<i>olopatadine hydrochloride</i>	83	<i>oseltamivir phosphate</i>	50
<i>omega-3-acid ethyl esters</i>	59	<i>OSMOLEX ER</i>	45
<i>omeprazole</i>	68	<i>OSPHENA</i>	75
<i>omeprazole dr</i>	68	<i>OTEZLA</i>	64
OMNIPOD 5 G6 INTRO KIT (GEN 5)	82	<i>OTEZLA</i>	77
OMNIPOD 5 G6 PODS (GEN 5)	82	<i>oxaprozin</i>	27
OMNIPOD 5 G7 INTRO KIT (GEN 5)	82	<i>OXBRYTA</i>	55
OMNIPOD 5 G7 PODS (GEN 5)	82	<i>oxcarbazepine</i>	35
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	82	<i>OXLUMO</i>	82
OMNIPOD CLASSIC PODS (GEN 3)	82	<i>oxybutynin chloride</i>	69
OMNIPOD DASH INTRO KIT (GEN 4)	82	<i>oxybutynin chloride er</i>	69
OMNIPOD DASH PDM KIT (GEN 4)	82	<i>oxycodone hydrochloride</i>	28
OMNIPOD DASH PODS (GEN 4)	82	<i>oxycodone/acetaminophen</i>	28
OMNIPOD GO 10 UNITS/DAY	82	<i>OZEMPIC</i>	52
OMNIPOD GO 15 UNITS/DAY	82	<i>PACERONE</i>	56
OMNIPOD GO 20 UNITS/DAY	82	<i>paliperidone er</i>	47
OMNIPOD GO 25 UNITS/DAY	82	<i>PANRETIN</i>	44
OMNIPOD GO 30 UNITS/DAY	82	<i>pantoprazole sodium</i>	68
OMNIPOD GO 35 UNITS/DAY	82	<i>PANZYGA</i>	77
OMNIPOD GO 40 UNITS/DAY	82	<i>paricalcitol</i>	81
<i>ondansetron hcl</i>	38	<i>paroex</i>	62
<i>ondansetron hydrochloride</i>	38	<i>paramomycin sulfate</i>	29
<i>ondansetron odt</i>	38	<i>paroxetine hcl</i>	36
<i>ONUREG</i>	41	<i>paroxetine hydrochloride</i>	36
<i>OPDUALAG</i>	42	<i>paser</i>	39
<i>OPSUMIT</i>	87	<i>PAXLOVID</i>	82
<i>oralone dental paste</i>	62	<i>pazopanib hydrochloride</i>	43
<i>ORENCIA</i>	77	<i>PEDIARIX</i>	80
<i>ORENCIA</i>	79	<i>PEDVAX HIB</i>	80
<i>ORENCIA CLICKJECT</i>	77	<i>peg 3350/electrolytes</i>	67
<i>ORENITRAM</i>	87	<i>peg-3350/electrolytes</i>	67
ORENITRAM TITRATION KIT MONTH 1	87	<i>peg-3350/nacl/na bicarbonate/kcl</i>	67
ORENITRAM TITRATION KIT MONTH 2	87	<i>PEGANONE</i>	35
ORENITRAM TITRATION KIT MONTH 3	87	<i>PEGASYS</i>	78
<i>ORGOVYX</i>	76	<i>PEGASYS PROCLICK</i>	78
<i>ORKAMBI</i>	86	<i>PEMAZYRE</i>	41
<i>orphenadrine citrate er</i>	88	<i>PENBRAYA</i>	80
		<i>penicillamine</i>	69
		<i>penicillin g sodium</i>	31
		<i>penicillin v potassium</i>	31
		<i>PENTACEL</i>	80

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>pentamidine isethionate</i>	45	<i>potassium chloride er</i>	65
<i>pentoxifylline er</i>	58	<i>potassium chloride sr</i>	66
<i>perindopril erbumine</i>	56	<i>potassium citrate er</i>	66
<i>permethrin</i>	64	PRALUENT	59
<i>perphenazine</i>	46	<i>pramipexole dihydrochloride</i>	45
PERSERIS	47	<i>prasugrel</i>	55
<i>phenadoxz</i>	37	<i>pravastatin sodium</i>	59
<i>phenelzine sulfate</i>	36	<i>praziquantel</i>	44
<i>phenobarbital</i>	34	<i>prazosin hydrochloride</i>	55
PHENYTEK	35	<i>prednisolone</i>	70
<i>phenytoin</i>	35	<i>prednisolone acetate</i>	84
<i>phenytoin sodium extended</i>	35	<i>prednisolone sodium phosphate</i>	70
PHESGO	41	<i>prednisone</i>	70
<i>philith</i>	73	<i>pregabalin</i>	61
PICATO	64	PREHEVBARIO	80
PIFELTRO	49	PREMARIN	73
<i>pilocarpine hcl</i>	84	PREMPHASE	74
<i>pilocarpine hydrochloride</i>	62	PREMPRO	74
<i>pimozide</i>	46	<i>prenatal</i>	66
<i>pimtrea</i>	73	<i>prevalite</i>	59
<i>pindolol</i>	57	<i>previfem</i>	74
<i>pioglitazone hcl</i>	52	PREVYMIC	48
<i>pioglitazone hcl/metformin hcl</i>	52	PREZCOBIX	50
<i>pioglitazone hydrochloride</i>	52	PREZISTA	50
<i>piperacillin sodium/tazobactam sodium</i>	31	PRIFTIN	39
PIQRAY 200MG DAILY DOSE	43	<i>primaquine phosphate</i>	45
PIQRAY 250MG DAILY DOSE	43	<i>primidone</i>	34
PIQRAY 300MG DAILY DOSE	43	PRIORIX	80
<i>pirfenidone</i>	87	PRIVIGEN	77
<i>pirmella 1/35</i>	73	PROAIR RESPICLICK	86
<i>pirmella 7/7/7</i>	73	<i>probenecid</i>	39
<i>piroxicam</i>	27	<i>probenecid/colchicine</i>	39
<i>pitavastatin calcium</i>	59	<i>prochlorperazine</i>	37
PLENAMINE	65	<i>prochlorperazine edisylate</i>	37
<i>podofilox</i>	64	<i>prochlorperazine maleate</i>	37
<i>polycin</i>	83	PROCIT	55
<i>polyethylene glycol 3350</i>	67	<i>procto-med hc</i>	81
<i>polymyxin b sulfate(trimethoprim sulfate</i>	83	<i>proctosol hc</i>	81
POMALYST	40	<i>protozone-hc</i>	81
<i>portia-28</i>	73	<i>progesterone</i>	75
<i>posaconazole</i>	38	PROGRAF	79
<i>posaconazole dr</i>	38	PROLASTIN-C	68
<i>potassium chloride</i>	66	PROLENSA	84

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
PROLIA	81	RECOMBIVAX HB	80
PROMACTA	55	RECTIV	67
<i>promethazine hcl</i>	37	RELISTOR	67
<i>promethazine hydrochloride</i>	37	REMICADE	79
<i>promethazine hydrochloride plain</i>	37	RENFLEXIS	79
<i>promethegan</i>	37	<i>repaglinide</i>	52
<i>propafenone hcl</i>	56	REPATHA	59
<i>propafenone hydrochloride er</i>	56	REPATHA PUSHTRONEX SYSTEM	59
<i>propranolol hcl</i>	57	REPATHA SURECLICK	59
<i>propranolol hcl er</i>	57	RESTASIS	83
<i>propranolol hydrochloride</i>	57	RESTASIS MULTIDOSE	83
<i>propranolol hydrochloride er</i>	57	RETACRIT	55
<i>propylthiouracil</i>	76	RETEVMO	41
PROQUAD	80	RETROVIR IV INFUSION	49
<i>protriptyline hcl</i>	37	REVCovi	68
PULMOZYME	86	REVLIMID	40
PURIXAN	40	REXULTI	47
<i>pyrazinamide</i>	40	REYATAZ	50
<i>pyridostigmine bromide</i>	39	REZLIDHIA	43
<i>pyrimethamine</i>	45	REZUROCK	79
PYRUKYND	55	RHOPRESA	85
PYRUKYND TAPER PACK	55	<i>ribavirin</i>	48
QINLOCK	40	<i>rifabutin</i>	39
QUADRACEL	80	<i>rifampin</i>	40
<i>quetiapine fumarate</i>	47	<i>riluzole</i>	61
<i>quetiapine fumarate er</i>	47	RINVOQ	77
<i>quinapril hydrochloride</i>	56	<i>risedronate sodium</i>	81
<i>quinapril/hydrochlorothiazide</i>	58	<i>risedronate sodium dr</i>	81
<i>quinidine sulfate</i>	56	RISPERDAL CONSTA	47
<i>quinine sulfate</i>	45	<i>risperidone</i>	47
QULIPTA	39	<i>risperidone er</i>	47
RABAVERT	80	<i>risperidone odt</i>	47
<i>rabeprazole sodium</i>	68	<i>ritonavir</i>	50
<i>raloxifene hydrochloride</i>	75	<i>rivastigmine tartrate</i>	35
<i>ramelteon</i>	88	<i>rivastigmine transdermal system</i>	35
<i>ramipril</i>	56	<i>rivelsa</i>	74
<i>ranolazine er</i>	58	<i>rizatriptan benzoate</i>	39
<i>rasagiline mesylate</i>	45	<i>rizatriptan benzoate odt</i>	39
RAYALDEE	81	ROCKLATAN	83
REBIF	62	<i>roflumilast</i>	87
REBIF REBIDOSE	62	ROLVEDON	55
REBIF REBIDOSE TITRATION PACK	62	<i>ropinirole hcl</i>	45
REBIF TITRATION PACK	62	<i>ropinirole hydrochloride</i>	45

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>rosadan</i>	63	<i>simvastatin</i>	59
<i>rosuvastatin calcium</i>	59	<i>sirolimus</i>	79
ROTARIX	80	SIRTURO	40
ROTATEQ	80	SKYCLARYS	82
<i>roweepra</i>	33	<i>SKYRIZI</i>	77
<i>roweepra xr</i>	33	<i>SKYRIZI PEN</i>	77
ROZLYTREK	43	<i>sodium chloride</i>	66
RUBRACA	43	<i>sodium chloride 0.45%</i>	66
<i>rufinamide</i>	35	<i>sodium chloride 0.9%</i>	83
RUKOBIA	50	<i>sodium oxybate</i>	88
RUXIENCE	44	<i>sodium phenylbutyrate</i>	68
RYBELSUS	52	<i>sodium polystyrene sulfonate</i>	66
RYDAPT	43	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	67
RYTARY	45	<i>sofosbuvir/velpatasvir</i>	48
<i>sajazir</i>	76	<i>solifenacin succinate</i>	69
SANDIMMUNE	79	SOLIQUA 100/33	52
SANTYL	64	SOLTAMOX	40
SAPHNELO	77	SOMATULINE DEPOT	76
<i>sapropterin dihydrochloride</i>	68	SOMAVERT	76
SAVELLA	61	<i>sorafenib</i>	43
SAVELLA TITRATION PACK	61	<i>sorafenib tosylate</i>	43
SCEMBLIX	41	<i>sorine</i>	56
<i>scopolamine</i>	37	<i>sotalol hcl</i>	56
SECUADO	47	<i>sotalol hydrochloride</i>	56
<i>selegiline hcl</i>	45	<i>sotalol hydrochloride (af)</i>	56
<i>selenium sulfide</i>	64	SPIRIVA HANDIHALER	86
SELZENTRY	50	SPIRIVA RESPIMAT	86
SEREVENT DISKUS	86	<i>spironolactone</i>	59
<i>sertraline hcl</i>	36	<i>spironolactone/hydrochlorothiazide</i>	58
<i>sertraline hydrochloride</i>	36	SPRAVATO 56MG DOSE	36
<i>setlakin</i>	74	SPRAVATO 84MG DOSE	36
<i>sevelamer carbonate</i>	66	<i>sprintec</i> 28	74
SFROWASA	81	SPRITAM	33
<i>sharobel</i>	75	SPRYCEL	43
SHINGRIX	80	<i>sps</i>	66
SIGNIFOR	76	<i>sronyx</i>	74
SIGNIFOR LAR	76	<i>ssd</i>	64
<i>sildenafil citrate</i>	87	STAMARIL	80
<i>silodosin</i>	69	<i>stavudine</i>	49
<i>silver sulfadiazine</i>	64	STELARA	77
SIMBRINZA	83	STIOLTO RESPIMAT	88
<i>simliya</i>	74	STIVARGA	43
<i>simpesse</i>	74		

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
STRENSIQ	68	TAZICEF	31
<i>streptomycin sulfate</i>	29	<i>taztia xt</i>	57
STRIBILD	48	TAZVERIK	41
<i>subvenite</i>	33	TDVAX	80
<i>subvenite starter kit/blue</i>	33	TEFLARO	31
<i>subvenite starter kit/green</i>	33	TEGSEDI	69
<i>subvenite starter kit/orange</i>	33	<i>telmisartan</i>	56
SUCRAID	68	<i>telmisartan/hydrochlorothiazide</i>	58
<i>sucralfate</i>	68	<i>temazepam</i>	88
<i>sulfacetamide sodium</i>	84	TEMIXYS	49
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	83	TENIVAC	80
<i>sulfadiazine</i>	32	<i>tenofovir disoproxil fumarate</i>	49
<i>sulfamethoxazole(trimethoprim</i>	32	TEPMETKO	44
<i>sulfamethoxazole(trimethoprim ds</i>	32	<i>terazosin hcl</i>	55
<i>sulfasalazine</i>	81	<i>terazosin hydrochloride</i>	55
<i>sulindac</i>	27	<i>terbinafine hcl</i>	38
<i>sumatriptan</i>	39	<i>terconazole</i>	38
<i>sumatriptan succinate</i>	39	<i>teriparatide</i>	81
<i>sunitinib malate</i>	43	<i>testosterone</i>	70
SUNLENCA	50	<i>testosterone cypionate</i>	70
SUTAB	67	<i>testosterone enanthate</i>	70
SYMPAZAN	34	<i>testosterone pump</i>	70
<i>SYMTUZA</i>	50	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	80
<i>SYNAGIS</i>	77	<i>tetrabenazine</i>	61
<i>SYNJARDY</i>	52	<i>tetracycline hydrochloride</i>	33
<i>SYNJARDY XR</i>	52	THALOMID	40
<i>SYNRIBO</i>	41	<i>theophylline er</i>	87
<i>TABLOID</i>	41	<i>thioridazine hcl</i>	46
TABRECTA	40	<i>thiothixene</i>	46
<i>tacrolimus</i>	64	<i>tiadylt er</i>	57
<i>tacrolimus</i>	79	<i>tiagabine hydrochloride</i>	34
<i>tadalafil</i>	69	TIBSOVO	44
<i>tadalafil</i>	87	TICOVAC	80
TAFINLAR	43	<i>timolol maleate</i>	39
TAGRISSO	43	<i>timolol maleate</i>	84
TALZENNA	44	<i>tinidazole</i>	30
<i>tamoxifen citrate</i>	40	<i>tiotropium bromide</i>	86
<i>tamsulosin hydrochloride</i>	69	TIVICAY	48
<i>tarina fe 1/20</i>	74	TIVICAY PD	48
<i>tarina fe 1/20 eq</i>	74	<i>tizanidine hcl</i>	48
TASIGNA	44	<i>tizanidine hydrochloride</i>	48
<i>tazarotene</i>	63	TOBI PODHALER	86

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
TOBRADEX	83	<i>tri-linyah</i>	74
TOBRADEX ST	83	<i>trilyte</i>	67
<i>tobramycin</i>	84	<i>trimethoprim</i>	30
<i>tobramycin</i>	86	<i>tri-mili</i>	74
<i>tobramycin sulfate</i>	29	<i>trimipramine maleate</i>	37
<i>tobramycin/dexamethasone</i>	83	<i>trinessa</i>	74
<i>tolazamide</i>	52	TRINTELLIX	36
<i>tolterodine tartrate</i>	69	<i>tri-nymyo</i>	74
<i>tolterodine tartrate er</i>	69	<i>tri-previfem</i>	74
<i>topiramate</i>	33	TRIPTODUR	76
<i>toremifene citrate</i>	40	<i>tri-sprintec</i>	74
<i>torsemide</i>	58	TRIUMEQ	49
TOUJEO MAX SOLOSTAR	54	TRIUMEQ PD	49
TOUJEO SOLOSTAR	54	<i>trivora-28</i>	74
TRADJENTA	52	<i>tri-vylibra</i>	74
<i>tramadol hydrochloride</i>	28	TRIZIVIR	50
<i>tramadol hydrochloride/acetaminophen</i>	28	TROGARZO	50
<i>trandolapril</i>	56	<i>trospium chloride</i>	69
<i>tranexamic acid</i>	55	<i>trospium chloride er</i>	69
<i>tranylcypromine sulfate</i>	36	TRULICITY	52
TRAZIMERA	44	TRUMENBA	80
<i>trazodone hydrochloride</i>	36	TRUQAP	44
TRECATOR	40	TRUSELTIQ	41
TRELEGY ELLIPTA	88	TUKYSA	41
TRELSTAR MIXJECT	76	<i>tulana</i>	75
TRESIBA	54	TURALIO	44
TRESIBA FLEXTOUCH	54	<i>turqoz</i>	74
<i>tretinoiin</i>	44	TWINRIX	80
<i>tretinoiin</i>	63	TYBOST	50
<i>tri femy nor</i>	74	TYMLOS	81
<i>triamcinolone acetonide</i>	64	TYPHIM VI	81
<i>triamcinolone acetonide</i>	70	TYRVAYA	83
<i>triamcinolone acetonide dental paste</i>	62	TYSABRI	62
<i>triamterene/hydrochlorothiazide</i>	58	UBRELVY	39
<i>triderm</i>	64	UDENYCA	55
<i>trientine hydrochloride</i>	66	UDENYCA ONBODY	55
<i>tri-estarrylla</i>	74	<i>unithroid</i>	75
<i>trifluoperazine hcl</i>	46	<i>urea</i>	64
<i>trifluoperazine hydrochloride</i>	46	<i>ursodiol</i>	67
<i>trifluridine</i>	84	<i>valacyclovir hydrochloride</i>	51
<i>trihexyphenidyl hydrochloride</i>	45	VALCHLOR	40
TRIJARDY XR	52	<i>valganciclovir</i>	48
TRIKAFTA	86	<i>valganciclovir hydrochloride</i>	48

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
<i>valproic acid</i>	51	VIMIZIM	69
<i>valsartan</i>	56	viorele	74
<i>valsartan/hydrochlorothiazide</i>	58	VIRACEPT	50
VALTOCO 10 MG DOSE	34	VIREAD	50
VALTOCO 15 MG DOSE	34	VISTOGARD	83
VALTOCO 20 MG DOSE	34	VITRAKVI	44
VALTOCO 5 MG DOSE	34	VIVITROL	28
<i>vancomycin hcl</i>	30	VIZIMPRO	44
<i>vancomycin hydrochloride</i>	30	VOCABRIA	49
VANFLYTA	44	<i>volnea</i>	74
VAQTA	81	VONJO	41
<i>varenicline starting month box</i>	29	voriconazole	38
<i>varenicline tartrate</i>	29	VOSEVI	48
VARIVAX	81	VOTRIENT	44
VARIZIG	77	VOWST	67
VAXELIS	81	VRAYLAR	47
VELPHORO	66	VUMERITY	62
VELTASSA	66	<i>vyfemla</i>	74
VENCLEXTA	44	VYJUVEK	83
VENCLEXTA STARTING PACK	44	<i>vylibra</i>	74
<i>venlafaxine hydrochloride</i>	36	VYNDAMAX	58
<i>venlafaxine hydrochloride er</i>	37	VYVGART HYTRULO	77
VENTAVIS	87	VYZULTA	85
VEOPOZ	77	<i>warfarin sodium</i>	54
<i>verapamil hcl</i>	58	WELIREG	44
<i>verapamil hcl er</i>	57	<i>wera</i>	74
<i>verapamil hcl sr</i>	58	wixela inhub	88
<i>verapamil hydrochloride</i>	58	XALKORI	44
<i>verapamil hydrochloride er</i>	58	XARELTO	54
VERQUVO	60	XARELTO STARTER PACK	54
VERSACLOZ	47	XATMEP	79
VERZENIO	44	XCOPRI	33
V-GO 20	83	XELJANZ	77
V-GO 30	83	XELJANZ XR	77
V-GO 40	83	XEMBIFY	77
VIDEX EC	50	XERMELO	67
VIDEX PEDIATRIC	50	XGEVA	81
<i>vienna</i>	74	XIFAXAN	67
<i>vigabatrin</i>	34	XIGDUO XR	52
<i>vigadrone</i>	34	XXIIDRA	83
<i>vigpoder</i>	34	XOFLUZA	50
VIIBRYD STARTER PACK	37	XOLAIR	77
<i>vilazodone hydrochloride</i>	37	XOSPATA	44

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Page #	Drug Name	Page #
XPOVIO	41	ZTALMY	61
XPOVIO 100 MG ONCE WEEKLY	41	ZURZUVAE	36
XPOVIO 40 MG ONCE WEEKLY	41	ZYDELIG	44
XPOVIO 40 MG TWICE WEEKLY	41	ZYKADIA	44
XPOVIO 60 MG ONCE WEEKLY	41	ZYLET	83
XPOVIO 60 MG TWICE WEEKLY	41	ZYPREXA RELPREVV	47
XPOVIO 80 MG ONCE WEEKLY	41		
XPOVIO 80 MG TWICE WEEKLY	42		
XTAMPZA ER	27		
XTANDI	40		
<i>yargesa</i>	69		
YF-VAX	81		
YUFLYMA	79		
YUFLYMA 1-PEN KIT	79		
YUFLYMA 2-PEN KIT	79		
YUFLYMA 2-SYRINGE KIT	79		
YUFLYMA CD/UC/HS STARTER	79		
YUPELRI	86		
<i>yuvafem</i>	74		
<i>zafirlukast</i>	85		
<i>zaleplon</i>	88		
ZARXIO	55		
ZEJULA	44		
ZELBORAF	44		
<i>zenatane</i>	63		
ZENPEP	69		
ZEPOSIA	62		
ZEPOSIA 7-DAY STARTER PACK	62		
ZEPOSIA STARTER KIT	62		
<i>zidovudine</i>	50		
<i>ziprasidone hcl</i>	47		
<i>ziprasidone mesylate</i>	47		
ZIRGAN	84		
ZOKINVY	69		
ZOLINZA	42		
<i>zolmitriptan</i>	39		
<i>zolpidem tartrate</i>	88		
<i>zolpidem tartrate er</i>	88		
ZONISADE	35		
<i>zonisamide</i>	35		
ZOSTAVAX	81		
<i>zovia 1/35</i>	74		
<i>zovia 1/35e</i>	74		

Formulary ID: 24066, Version: 11, Effective Date: 04/01/2024

Last Updated: March 2024

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

This formulary was updated on 03/01/2024. For more recent information or other questions, contact CCA Health Michigan Pharmacy Customer Services at 844-705-7498 (TTY 711). Our hours of operation are 24 hours a day, 7 days a week. Or visit ccahealthmi.org.

© 2024 CCA Health Plans Michigan, Inc