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Harvard Pilgrim Health Care StrideSM (HMO)/(HMO-POS)

2023 Formulary (List of Covered Drugs)

PLEASE READ: This document contains information about the drugs we cover in this plan

23555 Version 16

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30 or visit www.harvardpilgrim.org/stridedruglist.

Important Message About What you Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What you Pay for Insulin

You won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Harvard Pilgrim Health Care StrideSM (HMO) 2023 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Harvard Pilgrim Health Care of New England, Inc. When it refers to “plan” or “our plan,” it means StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS).

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

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

What is the Harvard Pilgrim StrideSM HMO/HMO-POS Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue

to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled “*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*”

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

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

The enclosed formulary is current as of December 2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “*Cardiovascular Drugs.*” If you know what your drug is used for,

look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 65. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that we will cover. For example, our plans provide 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section "*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plans do not cover your drug, you have two options:

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

How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?

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

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

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

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

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

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

you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the Member Services department.

For more information

For more detailed information about your StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that begins on page 65.

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

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

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, our plans have placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask us to make an exception to our coverage rules. See the section, “*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*” on page V for information about how to request an exception.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30, or visit www.harvardpilgrim.org/stridedruglist.

PA: Prior Authorization Required

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member’s medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

PA NSO: Prior Authorization for New Starts Only

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

STPA: Step Therapy Prior Authorization Applies

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to us for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask us to make an exception to our coverage rules. See the section, “*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*” on page V for information about how to request an exception.

NEDS: Non-extended Day Supply Drug

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

SP: Available Through a Designated Special Pharmacy Provider

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-800-265-1705**

SI: Select Insulin

Insulin is covered at no more than a \$35 copayment for a 30-day supply during the Deductible, Initial Coverage Limit, Coverage Gap, and Catastrophic stages of your Part D benefit.

Additional coverage

Diabetic Testing Supplies: Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- FreeStyle Libre continuous glucose monitoring system (Requires prior authorization)

Part B Vaccines: Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- Covid-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

Part B Oral Anti-Cancer Drugs: Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral Anti-Cancer Drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Harvard Pilgrim Stride SM (HMO)/(HMO-POS)			
Deductible	Basic Rx: \$445 Choice Rx, Value Rx, Value Rx Plus: \$270 (Deductible applies to Tiers 3, 4, and 5 only)		
Copays	Preferred Retail 30-day supply	Preferred Retail 60-day supply	Preferred Retail 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$10 (Basic Rx); \$8 (All other plans)	\$20 (Basic Rx); \$16 (All other plans)	\$30 (Basic Rx); \$24 (All other plans)
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	25% (Basic Rx); 28% (All other plans)	N/A	N/A
Tier 6	\$0	N/A	N/A
Insulin	\$35	\$70	\$105
Copays	Non-Preferred Retail 30-day supply	Non-Preferred Retail 60-day supply	Non-Preferred Retail 90-day supply
Tier 1	\$5	\$10	\$15
Tier 2	\$20	\$40	\$60
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	25% (Basic Rx); 28% (All other plans)	N/A	N/A
Tier 6	\$0	N/A	N/A
Insulin	\$35	\$70	\$105
Copays	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$10 (Basic Rx); \$8 (All other plans)	\$20 (Basic Rx); \$16 (All other plans)	\$20 (Basic Rx); \$16 (All other plans)
Tier 3	\$47	\$94	\$94
Tier 4	\$100	\$200	\$250
Tier 5	25% (Basic Rx); 28% (All other plans)	N/A	N/A
Tier 6	N/A	N/A	N/A
Insulin	\$35	\$70	\$70
Coverage Gap Stage After your total prescription drug costs reach \$4,660, and until your payments reach \$7,400, you pay:		<ul style="list-style-type: none"> ● no more than \$35 for a 30-day supply of covered insulin ● \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy ● 25% of costs for Part D generic drugs ● 25% of costs for Part D brand drugs 	
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$7,400 you pay:		<ul style="list-style-type: none"> ● the greater of 5% per prescription, or \$4.15 per prescription for Part D generic drugs, and \$10.35 per prescription for Part D brand drugs ● \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy ● no more than \$35 for a 30-day supply of covered insulin 	

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

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	3	
<i>praziquantel tabs</i>	3	
Antibacterials		
AEMCOLO	4	QL(12 EA per 3 days)
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	4	
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE	5	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
AVYCAZ	3	
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	4	
<i>aztreonam</i>	4	
BAXDELA TABS	5	NEDS
BAXDELA INJ	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA; NEDS
<i>cefactor caps</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	4	
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	4	
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	4	
<i>cefdinir</i>	3	
<i>cefepime hydrochloride inj 2gm</i>	4	
<i>cefepime inj 1gm, 2gm</i>	4	
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	
<i>cephalexin caps, susr</i>	2	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	3	
<i>clarithromycin susr</i>	4	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	
<i>colistimethate sodium inj</i>	5	NEDS
DALVANCE	3	
<i>daptomycin</i>	5	NEDS
DAPTOMYCIN/SODIUM CHLORIDE INJ 1000MG/100ML; 0.9%	4	
<i>daptomycin/sodium chloride inj 350mg/50ml; 0.9%, 500mg/50ml; 0.9%, 700mg/100ml; 0.9%</i>	4	
<i>demeclocycline hcl tabs</i>	4	
<i>dicloxacillin sodium</i>	2	
DIFICID	5	PA; NEDS
DOXY 100	3	
<i>doxycycline</i>	4	
<i>doxycycline hyclate caps</i>	3	
<i>doxycycline hyclate inj</i>	3	
<i>doxycycline hyclate tabs 100mg, 20mg, 50mg</i>	3	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	3	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	3	
<i>ertapenem</i>	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	
<i>erythromycin base tabs</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin lactobionate</i>	3	
<i>erythromycin cpep 250mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
FIRVANQ	4	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	4	
gentamicin sulfate inj 40mg/ml	4	
imipenem/cilastatin	4	
isotonic gentamicin inj 0.8mg/ml; 0.9%	4	
levofloxacin in d5w	4	
levofloxacin inj 25mg/ml	4	
levofloxacin oral soln 25mg/ml	3	
levofloxacin tabs 250mg, 500mg, 750mg	1	
linezolid tabs	4	
linezolid susr	5	NEDS
linezolid inj 600mg/300ml	4	
meropenem inj 1gm, 500mg	4	
minocycline hcl caps 75mg	2	
minocycline hcl tabs	4	
minocycline hydrochloride caps 100mg, 50mg	2	
moxifloxacin hydrochloride/sodium hydrochloride	4	
moxifloxacin hydrochloride tabs 400mg	3	
nafcillin sodium inj 10gm, 1gm, 2gm	4	
neomycin sulfate tabs	2	
NUZYRA TABS	5	NEDS
ofloxacin tabs 300mg, 400mg	3	
oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml	4	
penicillin g potassium in iso-osmotic dextrose	4	
penicillin g potassium inj 20000000unit, 5000000unit	4	
penicillin g procaine	4	
penicillin g sodium	5	NEDS
penicillin v potassium	2	
piperacillin sodium/tazobactam sodium	4	
polymyxin b sulfate inj	4	
SIVEXTRO INJ	3	
SIVEXTRO TABS	5	NEDS
streptomycin sulfate inj 1gm	5	NEDS
sulfadiazine tabs	3	
sulfamethoxazole/trimethoprim ds	2	
sulfamethoxazole/trimethoprim susp, tabs	2	
sulfasalazine tabs, tbec	2	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
targadox	3	
tazicef inj 1gm, 2gm	4	
TEFLARO	3	
tetracycline hydrochloride caps	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline</i>	5	NEDS
TOBI PODHALER	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD; NEDS; SP-Optum Specialty
VABOMERE	3	
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps, oral solr</i>	4	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
VIBRAMYCIN SYRP	4	
XENLETA TABS	5	NEDS
XIFAXAN TABS 200MG	5	NEDS
XIFAXAN TABS 550MG	5	PA; NEDS
ZERBAXA	5	NEDS
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
Antifungals		
ABELCET	4	PA
AMBISOME	5	PA; NEDS
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	NEDS
CRESEMBA CAPS	5	NEDS
ERAXIS	3	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	3	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin</i>	3	
NOXAFIL PACK, SUSP	5	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>voriconazole inj</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
Antimycobacterials		
<i>dapsone tabs</i>	4	
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	2	
<i>isoniazid syrp</i>	4	
PASER	4	
<i>pretomanid</i>	4	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifabutin</i>	2	
<i>rifampin caps</i>	3	
<i>rifampin inj</i>	4	
SIRTURO	5	PA; NEDS
TRECTOR	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	4	
<i>atovaquone susp</i>	5	NEDS
BENZNIDAZOLE	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	5	NEDS
KRINTAFEL	3	
LAMPIT	4	
<i>mefloquine hcl</i>	2	
<i>metronidazole inj 500mg/100ml</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	3	
<i>paromomycin sulfate caps</i>	4	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	3	
<i>quinine sulfate caps 324mg</i>	4	
SOLOSEC	4	
<i>tinidazole tabs</i>	4	
Antivirals		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	5	NEDS
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
BIKTARVY	5	NEDS
<i>cidofovir</i>	5	NEDS
CIMDUO	5	NEDS
COMPLERA	5	NEDS
<i>darunavir tabs 600mg</i>	4	
<i>darunavir tabs 800mg</i>	5	NEDS
DELSTRIGO	3	
DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT	5	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz caps</i>	3	
<i>efavirenz tabs</i>	4	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	4	
EPCLUSA	5	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	3	
<i>etravirine tabs 200mg</i>	5	NEDS
EVOTAZ	5	NEDS
<i>famciclovir tabs</i>	4	
<i>fosamprenavir calcium</i>	5	NEDS
FUZEON	5	NEDS
GENVOYA	5	NEDS
HARVONI PACK	5	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	5	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
<i>lamivudine</i>	3	
<i>lamivudine/zidovudine</i>	4	
LEXIVA SUSP	3	
LIVTENCITY	5	QL(112 EA per 28 days); PA; NEDS

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<i>lopinavir/ritonavir soln</i>	3	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
MAVYRET	5	PA; NEDS; SP-Optum Specialty
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	3	
<i>nevirapine susp</i>	4	
NORVIR PACK, SOLN	3	
ODEFSEY	5	NEDS
<i>oseltamivir phosphate caps, susr</i>	3	
PAXLOVID TBPK 150MG; 100MG	3	QL(40 EA per 365 days)
PAXLOVID TBPK 150MG; 100MG	3	QL(60 EA per 365 days)
PEGASYS	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	5	NEDS
PREVYMIS TABS	5	PA; NEDS
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	NEDS
RELENZA DISKHALER	3	
REYATAZ PACK	5	NEDS
<i>ribavirin tabs 200mg</i>	3	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	4	
<i>ritonavir</i>	3	
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	3	QL(120 EA per 30 days)
SELZENTRY TABS 75MG	3	QL(60 EA per 30 days)
SELZENTRY TABS 300MG	5	QL(120 EA per 30 days); NEDS
SELZENTRY TABS 150MG	5	QL(60 EA per 30 days); NEDS
STRIBILD	5	NEDS
SUNLENCA TBPK	5	NEDS
SYMTUZA	5	NEDS
TEMIXYS	5	NEDS
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
TRIUMEQ	5	NEDS
TRIUMEQ PD	5	NEDS
TRIZIVIR	5	NEDS
<i>valacyclovir hcl tabs 1gm</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hydrochloride tabs 500mg</i>	3	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
VEMLIDY	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
VIREAD POWD	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
VOSEVI	5	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPk 40MG, 80MG	3	QL(1 EA per 7 days)
XOFLUZA TBPk 40MG	4	QL(1 EA per 7 days)
XOFLUZA TBPk 20MG	4	QL(2 EA per 7 days)
<i>zidovudine</i>	3	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	4	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>trimethoprim tabs</i>	2	
Antihistamine Drugs		
First Generation Antihistamines		
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>promethazine hcl plain</i>	3	
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	3	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	3	
Second Generation Antihistamines		
<i>levocetirizine dihydrochloride tabs</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	5	PA NSO; NEDS; SP-Optum Specialty
ALECENSA	5	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	5	PA NSO; NEDS
AYVAKIT	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	5	PA NSO; NEDS
BESREMI	5	PA; NEDS
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
<i>bortezomib inj 1mg, 2.5mg</i>	4	

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<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	5	NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO; NEDS
CABOMETYX	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	5	PA NSO; NEDS
CALQUENCE CAPS	5	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	4	PA BvD
<i>cyclophosphamide caps</i>	4	PA BvD; SP-Optum Specialty
DARZALEX	5	NEDS
DAURISMO	5	PA NSO; NEDS; SP-Optum Specialty
<i>docetaxel inj 160mg/8ml, 20mg/ml</i>	4	
<i>docetaxel inj 80mg/4ml</i>	5	NEDS
DROXIA	3	
EMCYT	3	
ERIVEDGE	5	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

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EXKIVITY	5	PA NSO; NEDS
<i>flutamide</i>	3	
FOTIVDA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS
IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	5	PA NSO; NEDS
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
KYPROLIS	5	NEDS
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	5	PA NSO; NEDS
MATULANE	5	NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	3	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate tabs</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
NEXAVAR	5	QL(220 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
OJJAARA	5	PA NSO; NEDS
ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	5	NEDS
ORSERDU	5	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO; NEDS
RETEVMO	5	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	5	PA NSO; NEDS; SP-Optum Specialty
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX	5	PA NSO; NEDS; SP-Optum Specialty
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUSELTIQ	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VANFLYTA	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
VOTRIENT	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	5	PA NSO; NEDS
XALKORI	5	PA NSO; NEDS; SP-Optum Specialty
XATMEP	4	PA BvD
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
YERVOY	5	NEDS
YONSA	5	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
ORALAIR	4	PA
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS
CUVITRU	5	PA BvD; NEDS
FLEBOGAMMA DIF	5	PA BvD; NEDS
GAMMAGARD LIQUID	5	PA BvD; NEDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA BvD; NEDS
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS
GAMUNEX-C	5	PA BvD; NEDS
HIZENTRA	5	PA BvD; NEDS
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA BvD
OCTAGAM INJ 25GM/500ML	5	PA BvD; NEDS
PANZYGA	5	PA BvD; NEDS
PRIVIGEN	5	PA BvD; NEDS
VARIZIG INJ 125UNIT/1.2ML	6	
<i>Toxoids</i>		

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Drug Name	Drug Tier	Requirements/Limits
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML <i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
Vaccines		
ABRYSVO	6	
ACTHIB	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
DENGVAXIA	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXIARO	6	
JYNNEOS	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TICOVAC	6	
TRUMENBA	6	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
YF-VAX	6	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	3	QL(180 EA per 90 days)
ATROVENT HFA	3	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
<i>methscopolamine bromide tabs</i>	4	
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(180 GM per 90 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 90 days)
YUPELRI	5	PA BvD; NEDS
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	3	QL(60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs</i>	2	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	NEDS
<i>pyridostigmine bromide tabs 60mg</i>	3	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
Skeletal Muscle Relaxants		
<i>baclofen tabs</i>	2	
<i>chlorzoxazone</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	
<i>dantrolene sodium caps</i>	4	
FEXMID	4	
<i>tizanidine hcl caps 4mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	3	
<i>tizanidine hydrochloride caps 2mg</i>	4	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	1	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	
<i>albuterol sulfate syrup</i>	4	
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
<i>droxidopa</i>	5	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	4	PA BvD
LUCEMYRA	5	QL(224 EA per 14 days); NEDS
<i>midodrine hcl</i>	3	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(180 GM per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Blood Formation,Coagulation & Thrombosis Agents		
Antihemorrhagic Agents		
<i>aminocaproic acid inj, oral soln</i>	2	
<i>aminocaproic acid tabs 500mg</i>	2	
Antithrombotic Agents		
<i>enoxaparin sodium inj 300mg/3ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Hematopoietic Agents		
MOZOBIL	5	NEDS
NEULASTA ONPRO KIT	5	NEDS
<i>plerixafor</i>	5	NEDS
Blood Formation, Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid</i>	3	
Antithrombotic Agents		
<i>anagrelide hydrochloride</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium/d5w</i>	2	
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>prasugrel</i>	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA TABS 300MG	5	NEDS
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA TABS 500MG	5	NEDS
OXBRYTA TBSO 300MG	5	NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
TAVALISSE	5	QL(60 EA per 30 days); NEDS
Hematopoietic Agents		
DOPTELET	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
LEUKINE	5	NEDS; SP-Optum Specialty
MULPLETA	5	PA; NEDS; SP-Optum Specialty
NEULASTA	5	NEDS; SP-Optum Specialty
PROCRT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty
ZIEXTENZO	5	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	2	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
<i>doxazosin mesylate tabs</i>	2	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	3	
<i>cholestyramine pack, powd</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 160mg, 54mg</i>	1	
<i>fenofibrate tabs 145mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>icosapent ethyl</i>	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NEDS
LIVALO	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs</i>	1	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	4	
<i>pitavastatin calcium</i>	1	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	4	
beta-Adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
SOTYLIZE	4	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbc 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	3	
<i>verapamil hydrochloride er tbc 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs</i>	1	
CAMZYOS	5	QL(30 EA per 30 days); PA; NEDS
CORLANOR	4	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	3	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	3	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i>	2	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	4	
<i>mexiletine hcl</i>	3	
MULTAQ	3	
NORPACE CR	4	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
Hypotensive Agents		
<i>clonidine hcl ptwk</i>	4	
<i>clonidine hydrochloride er</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
CAROSPIR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	3	
<i>eplerenone</i>	3	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>perindopril erbumine</i>	1	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone susp, tabs</i>	2	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	5	PA; NEDS; SP-Optum Specialty
BIDIL	3	
<i>dipyridamole tabs</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin lingual soln</i>	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate susr</i>	5	PA; NEDS; SP-Optum Specialty
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>varденаfil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<i>varденаfil hydrochloride tabs</i>	2	QL(4 EA per 30 days); EC
VERQUVO	4	
Central Nervous System Agents		
Analgesics and Antipyretics		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL(4 EA per 28 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	
<i>butalbital/aspirin/caffeine caps</i>	3	
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)
<i>celecoxib caps</i>	3	
<i>codeine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diflunisal tabs 500mg</i>	3	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>etodolac er</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>fenoprofen calcium caps 400mg</i>	4	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	3	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	4	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	4	QL(30 EA per 30 days)
<i>ibu</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
INDOCIN SUSP	4	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg, 50mg</i>	3	
LAZANDA SOLN 400MCG/ACT	5	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	5	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	5	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	3	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL(600 ML per 30 days)
<i>morphine sulfate er cp24 40mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 15mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 200mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>morphine sulfate soln 20mg/ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tbec</i>	2	
<i>naproxen susp</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	3	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
<i>salsalate tabs</i>	2	
SUBSYS	5	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	3	QL(30 EA per 30 days)
<i>tramadol hcl tabs</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>Anorexigenic Agents and Respiratory and CNS Stimulants</i>		
<i>amphetamine sulfate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs</i>	3	
<i>lisdexamfetamine dimesylate</i>	3	PA
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>modafinil</i>	4	PA
QUILLIVANT XR	4	
SUNOSI	4	PA
VYVANSE	4	PA
WAKIX	5	QL(60 EA per 30 days); PA; NEDS
Anticonvulsants		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine chew, susp, tabs</i>	3	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	4	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO; NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	3	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide caps, soln</i>	3	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	NEDS
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide inj, oral soln</i>	3	
<i>lacosamide tabs 50mg</i>	3	QL(60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
<i>methsuximide</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er cs24</i>	4	
<i>topiramate csp, tabs</i>	2	
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
VIMPAT INJ, ORAL SOLN	4	
XCOPRI TABS	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
ZONISADE	4	
<i>zonisamide caps</i>	2	
ZTALMY	5	PA NSO; NEDS
Antimanic Agents		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Antimigraine Agents		
AIMOVIG	3	QL(1 ML per 30 days); PA
<i>almotriptan</i>	4	
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
<i>frovatriptan succinate</i>	4	
MIGERGOT	5	NEDS
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	3	
<i>rizatriptan benzoate odt</i>	3	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj</i>	4	
<i>sumatriptan soln</i>	4	
UBRELVY	4	PA
Antiparkinsonian Agents		
<i>amantadine hcl soln</i>	2	
<i>amantadine hcl caps, tabs</i>	3	
<i>apomorphine hydrochloride inj</i>	5	NEDS
<i>benztropine mesylate tabs</i>	2	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	3	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	4	
DUOPA	4	
EMSAM	5	STPA; NEDS
<i>entacapone</i>	4	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL(30 EA per 30 days)
ONGENTYS	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
RYTARY	4	
<i>selegiline hcl caps, tabs</i>	3	
<i>tolcapone</i>	5	NEDS
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	
<i>clorazepate dipotassium tabs</i>	3	
DAYVIGO	4	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	4	
<i>diazepam soln, tabs</i>	2	
HETLIOZ	5	PA; NEDS
HETLIOZ LQ	5	PA; NEDS
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrp</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg</i>	2	
<i>zaleplon</i>	3	
<i>zolpidem tartrate tabs</i>	2	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	4	
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
EXSERVAN	5	NEDS
<i>guanfacine er tb24 2mg</i>	3	QL(90 EA per 90 days)
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	3	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	3	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
NAMZARIC	3	
NOURIANZ	5	QL(30 EA per 30 days); NEDS
NUEDEXTA	3	PA
QELBREE	4	
RADICAVA ORS	5	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA; NEDS; SP-Optum Specialty
RELYVRIO	5	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	3	
<i>sodium oxybate</i>	5	PA; NEDS
TIGLUTIK	5	NEDS
XYREM	5	PA; NEDS
XYWAV	5	PA; NEDS
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Opiate Antagonists		
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naltrexone hcl tabs</i>	3	
VIVITROL	5	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	5	NEDS
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	4	
<i>amoxapine</i>	3	
ALENZIN TB24 174MG, 348MG	4	STPA
ALENZIN TB24 522MG	5	STPA; NEDS
<i>aripiprazole</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole odt</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	3	STPA
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 450mg</i>	3	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
<i>desipramine hydrochloride</i>	3	
<i>desvenlafaxine er</i>	3	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	3	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	3	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	3	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FANAPT	4	STPA
FANAPT TITRATION PACK	4	STPA
FETZIMA	4	STPA
FETZIMA TITRATION PACK	4	STPA
<i>fluoxetine dr</i>	4	
<i>fluoxetine hcl caps 20mg</i>	2	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln</i>	2	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl conc</i>	3	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	3	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL(30 EA per 30 days)
LATUDA TABS 80MG	4	QL(60 EA per 30 days)
<i>loxapine</i>	2	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	4	
<i>paliperidone er</i>	3	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>perphenazine tabs</i>	4	
PERSERIS	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
PEXEVA	4	STPA
<i>phenelzine sulfate tabs</i>	3	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate er</i>	3	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA	3	
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	2	
<i>risperidone soln</i>	4	
SECUADO	5	NEDS
<i>sertraline hcl conc</i>	4	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<i>trimipramine maleate caps</i>	4	
TRINTELLIX	4	
<i>venlafaxine besylate er</i>	3	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	3	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	3	
VERSACLOZ	5	NEDS
VIIBRYD STARTER PACK	4	
VIIBRYD TABS	4	
<i>vilazodone hydrochloride</i>	3	
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV	3	
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO	5	PA; NEDS; SP-Optum Specialty
INGREZZA	5	PA; NEDS
<i>tetrabenazine</i>	5	PA; NEDS; SP-Optum Specialty
Devices		
<i>Devices</i>		
<i>alcohol prep pads</i>	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	3	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	3	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	3	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	3	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	3	
<i>curity gauze pads 2"x2"</i>	3	
<i>gauze pads 2"x2"</i>	2	
<i>gnp ultra comfort insulin syringe/0.3ml/30g x 5/16" short</i>	3	
<i>gnp ultra comfort insulin syringe/0.5ml/30g x 5/16" short</i>	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	3	
<i>techlite pen needles 29g x 10mm</i>	3	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	3	
<i>trueplus pen needles 29gx12mm</i>	3	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
<i>Ammonia Detoxicants</i>		
CARBAGLU	5	PA; NEDS
<i>carglumic acid</i>	5	PA; NEDS
<i>constulose</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
<i>lactulose pack</i>	3	
RAVICTI	5	PA; NEDS
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
Caloric Agents		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
CLINISOL SF 15%	3	PA BvD
<i>dextrose 10%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
DOJOLVI	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
NUTRILIPID	3	PA BvD
PLENAMINE	3	PA BvD
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROCALAMINE	3	PA BvD
PROSOL	3	PA BvD
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
Diuretics		
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral soln</i>	2	
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	2	
JYNARQUE TBPK	5	NEDS; SP-Optum Specialty
<i>metolazone</i>	3	
<i>tolvaptan</i>	5	NEDS; SP-Optum Specialty
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>triamterene caps</i>	4	
Ion-removing Agents		
AURYXIA	5	PA; NEDS
<i>lanthanum carbonate</i>	5	NEDS
LOKELMA	3	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack</i>	5	NEDS
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sps</i>	3	
VELPHORO	5	NEDS
VELTASSA	3	
Irrigating Solutions		
<i>acetic acid 0.25%</i>	2	
<i>sodium chloride 0.9%</i>	3	
<i>sterile water for irrigation</i>	2	
Replacement Preparations		
<i>calcium acetate caps</i>	3	
<i>calcium acetate tabs 667mg</i>	3	
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>effer-k tbef 25meq</i>	1	
ISOLYTE-P/DEXTROSE 5%	3	
<i>k-prime</i>	1	
K-TAB TBCR 10MEQ	4	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	4	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>multiple electrolytes injection type 1</i>	2	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq</i>	1	
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tbcr 15meq</i>	4	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	4	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride pack, oral soln</i>	3	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 2.5meq/ml, 4meq/ml</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	4	
<i>tpn electrolytes</i>	4	PA BvD
Uricosuric Agents		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Enzymes		
Enzymes		
PALYNZIQ	5	PA; NEDS; SP-Optum Specialty
REVCovi	5	NEDS
SUCRAID	5	NEDS

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Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	4	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	4	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	3	
ZIRGAN	4	
Anti-inflammatory Agents		
ALREX	3	
BLEPHAMIDE S.O.P.	4	
BROMSITE	4	
<i>ciprofloxacin/dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	4	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>fluorometholone susp</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
FML	3	

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Drug Name	Drug Tier	Requirements/Limits
FML FORTE	4	
<i>hydrocortisone/acetic acid</i>	3	
ILEVRO	3	
INVELTYS	4	
<i>ketorolac tromethamine</i>	3	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	3	
MAXIDEX SUSP	4	
<i>mometasone furoate susp 50mcg/act</i>	4	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	4	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
ZYLET	3	
Antiallergic Agents		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln</i>	3	
<i>azelastine hcl nasal soln 0.15%</i>	3	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	3	QL(120 ML per 90 days)
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl soln</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
Antiglaucoma Agents		
<i>acetazolamide er</i>	4	
<i>acetazolamide tabs</i>	3	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	

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Drug Name	Drug Tier	Requirements/Limits
BETOPTIC-S	3	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%</i>	3	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	1	
<i>levobunolol hcl soln 0.5%</i>	2	
LUMIGAN	3	
<i>methazolamide tabs</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>tafluprost</i>	3	
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<i>timolol maleate soln 0.25%</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
ZIOPTAN	4	
<i>EENT Drugs, Miscellaneous</i>		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	3	
CYSTADROPS	3	
CYSTARAN	3	
IOPIDINE SOLN 1%	4	
OXERVATE	5	PA; NEDS
<i>Local Anesthetics</i>		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>Mydriatics</i>		
<i>atropine sulfate soln 1%</i>	3	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln</i>	2	
Gastrointestinal Drugs		
<i>Anti-inflammatory Agents</i>		
<i>alosetron hydrochloride</i>	5	NEDS
<i>balsalazide disodium</i>	4	
<i>mesalamine dr</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine er cp24</i>	3	
<i>mesalamine er cpcr</i>	4	
<i>mesalamine kit</i>	2	
<i>mesalamine enem, supp</i>	4	
PENTASA	3	
ROWASA KIT	4	
Antidiarrhea Agents		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine liqd</i>	4	
<i>loperamide hcl caps</i>	2	
MYTESI	3	PA
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
XERMELO	5	PA; NEDS; SP-Optum Specialty
Antiemetics		
ANZEMET TABS 50MG	3	PA BvD
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
EMEND SUSR	3	PA BvD
<i>granisetron hydrochloride tabs</i>	4	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	4	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt</i>	2	PA BvD
SANCUSO	5	NEDS
<i>scopolamine</i>	3	
VARUBI TBPK	4	PA BvD
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine hcl soln</i>	2	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>misoprostol tabs</i>	3	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium dr tbec 20mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium tbec</i>	1	
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
Cathartics and Laxatives		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flower pack</i>	2	
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUPREP BOWEL PREP KIT	3	
Cholelitholytic Agents		
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol tabs</i>	4	
Digestants		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
GI Drugs, Miscellaneous		
BYLVAY	5	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA; NEDS; SP-Optum Specialty
CHOLBAM	5	PA; NEDS
GATTEX	5	PA; NEDS
LINZESS	3	
LIVMARLI	5	PA; NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
OCALIVA	5	QL(30 EA per 30 days); PA; NEDS
RELISTOR	5	NEDS
SKYRIZI INJ 600MG/10ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
<i>deferasirox pack, tbso</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
FERRIPROX SOLN	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	3	QL(180 EA per 90 days)
<i>brey-na</i>	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	4	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
EMFLAZA	5	PA; NEDS
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(180 EA per 90 days); STPA
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); STPA
FLOVENT HFA AERO 44MCG/ACT	4	QL(63.6 GM per 90 days); STPA
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL(72 GM per 90 days); STPA
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	4	QL(180 EA per 90 days); STPA
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); STPA

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<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); STPA
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); STPA
<i>fluticasone propionate/salmeterol</i>	3	QL(3 EA per 90 days)
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
INTRAROSA	4	
<i>kenalog-10</i>	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
PREDNISONE INTENSOL	4	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	3	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	4	
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
Androgens		
AVEED	4	
<i>danazol caps</i>	4	
METHITEST	4	
<i>methyltestosterone caps</i>	5	NEDS
<i>oxandrolone tabs</i>	2	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	3	
<i>testosterone pump gel 1%</i>	3	
<i>testosterone pump gel 1.62%</i>	4	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	4	
XYOSTED	4	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	
BYETTA	4	
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
HUMALOG	3	SI
HUMALOG JUNIOR KWIKPEN	3	SI
HUMALOG KWIKPEN	3	SI
HUMALOG MIX 50/50	3	SI
HUMALOG MIX 50/50 KWIKPEN	3	SI
HUMALOG MIX 75/25	3	SI
HUMALOG MIX 75/25 KWIKPEN	3	SI
HUMULIN 70/30	3	SI
HUMULIN 70/30 KWIKPEN	3	SI
HUMULIN N	3	SI
HUMULIN N KWIKPEN	3	SI
HUMULIN R	3	SI
HUMULIN R U-500 (CONCENTRATED)	3	SI
HUMULIN R U-500 KWIKPEN	3	SI
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
LANTUS	3	SI
LANTUS SOLOSTAR	3	SI
LEVEMIR	3	SI
LEVEMIR FLEXPEN	3	SI
LEVEMIR FLEXTOUCH	3	SI
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OZEMPIC	3	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEO MAX SOLOSTAR	3	SI
TOUJEO SOLOSTAR	3	SI
TRADJENTA	3	
TRESIBA	3	SI
TRESIBA FLEXTOUCH	3	SI
TRULICITY	3	
VICTOZA	3	
XIGDUO XR	3	
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	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	
<i>Contraceptives</i>		
<i>amethia</i>	4	
ANNOVERA	4	
<i>apri</i>	4	
<i>aranelle</i>	4	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	4	
<i>eluryng</i>	3	
<i>emoquette</i>	4	
<i>enilloring</i>	3	
<i>errin</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>finzala</i>	4	
<i>haloette</i>	3	
<i>iclevia</i>	4	
<i>introvale</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	
<i>marlissa</i>	4	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
NEXTSTELLIS	4	
<i>nikki</i>	4	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>orsythia</i>	4	
<i>portia-28</i>	4	
<i>sharobel</i>	3	
<i>tarina fe 1/20 eq</i>	4	
<i>tri-sprintec</i>	4	
<i>trivora-28</i>	4	
<i>tyblume</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	4	
<i>Estrogens and Antiestrogens</i>		

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<i>anastrozole</i>	1	
ANGELIQ	4	
COMBIPATCH	4	
DELESTROGEN	4	
DEPO-ESTRADIOL	3	
DIVIGEL	4	
<i>dotti</i>	3	
DUAVEE	4	
ELESTRIN	4	
<i>estradiol valerate</i>	4	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, gel, pttw, ptwk</i>	3	
<i>estradiol vaginal tabs</i>	4	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	4	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	4	
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	2	
MENEST	4	
MENOSTAR	4	
<i>norethindrone acetate/ethinyl estradiol</i>	4	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS	4	
PREMPHASE	4	
PREMPRO	4	
<i>raloxifene hydrochloride</i>	3	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
Gonadotropins and Antigonadotropins		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	5	PA NSO; NEDS
ORIAHNN	5	QL(56 EA per 28 days); PA; NEDS
ORILISSA TABS 150MG	5	QL(30 EA per 30 days); PA; NEDS
ORILISSA TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT	5	NEDS
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>cinacalcet hydrochloride tabs 30mg</i>	4	
<i>cinacalcet hydrochloride tabs 60mg, 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA; NEDS
NATPARA	5	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	5	PA; NEDS
TYMLOS	5	PA; NEDS
Pituitary		
ACTHAR	5	PA; NEDS; SP-Optum Specialty
CORTROPHIN	5	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate soln 0.01%</i>	4	
Progestins		
CRINONE	3	PA
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate tabs</i>	2	
<i>medroxyprogesterone acetate inj</i>	4	
<i>megestrol acetate tabs</i>	3	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
LANREOTIDE ACETATE	5	NEDS
MYCAPSSA	5	PA; NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	NEDS; SP-Optum Specialty
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	5	NEDS
Somatotropin Agonists and Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK	3	PA; SP-Optum Specialty
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	5	PA; NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG, 5MG/1.5ML	3	PA; SP-Optum Specialty
OMNITROPE INJ 10MG/1.5ML	5	PA; NEDS; SP-Optum Specialty
SAIZEN	5	PA; NEDS; SP-Optum Specialty
SAIZENPREP RECONSTITUTIONKIT	5	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NEDS; SP-Optum Specialty
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
ZOMACTON INJ 10MG	3	PA
ZOMACTON INJ 5MG	3	PA; SP-Optum Specialty
ZORBTIVE	5	PA; NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
<i>propylthiouracil tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT-SOL	4	
<i>unithroid</i>	3	
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
Alcohol Deterrents		
<i>disulfiram tabs</i>	3	
Antidotes		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs 10mg, 15mg, 5mg</i>	3	
<i>leucovorin calcium tabs 25mg</i>	4	
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps, tabs</i>	3	
<i>febuxostat</i>	3	STPA
GLOPERBA	4	
Antisense Oligonucleotides		
TEGSEDI	5	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
EVENITY	5	PA; NEDS
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium</i>	2	
PROLIA	4	PA
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	3	
XGEVA	5	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	5	PA; NEDS
KEVEYIS	5	PA; NEDS
Cariostatic Agents		
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 1.1</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm crea</i>	2	
Disease-modifying Antirheumatic Drugs		
COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP-Optum Specialty
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
KINERET	5	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	2	
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty
ENSPRYNG	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
EXTAVIA	5	NEDS; SP-Optum Specialty
<i> fingolimod</i>	5	NEDS
GILENYA CAPS 0.5MG	5	NEDS; SP-Optum Specialty
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
<i> teriflunomide</i>	4	
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty
ZEPOSIA	5	NEDS
ZEPOSIA 7-DAY STARTER PACK	5	NEDS
ZEPOSIA STARTER KIT	5	NEDS
<i>Immunosuppressive Agents</i>		
ASTAGRAF XL	4	PA BvD
AZASAN	4	PA BvD
<i> azathioprine tabs 50mg</i>	2	PA BvD
<i> azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA INJ 200MG/ML	5	PA; NEDS; SP-Optum Specialty
<i> cyclosporine modified</i>	3	PA BvD
<i> cyclosporine caps 100mg, 25mg</i>	3	PA BvD
ENVARUSUS XR	4	PA BvD
<i> everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	3	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
LUPKYNIS	5	PA NSO; NEDS
MAVENCLAD	5	NEDS; SP-Optum Specialty
<i> mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i> mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i> mycophenolic acid dr</i>	4	PA BvD
NULOJIX	5	NEDS
PROGRAF PACK	4	PA BvD
<i> sirolimus tabs</i>	4	PA BvD
<i> sirolimus soln</i>	5	PA BvD; NEDS
<i> tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	PA BvD
<i>Kallikrein-Kinin System Inhibitors</i>		
BERINERT	5	PA; NEDS
CINRYZE	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
ORLADEYO	5	QL(30 EA per 30 days); PA; NEDS
RUCONEST	5	NEDS
SAJAZIR	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAKHZYRO INJ 150MG/ML	5	PA; NEDS
TAKHZYRO INJ 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
TAVNEOS	5	PA; NEDS
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	5	PA; NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA; NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
EVRYSDI	5	PA; NEDS
FIRDAPSE	5	PA; NEDS
GALAFOLD	5	PA; NEDS
ISTURISA TABS 10MG	5	QL(180 EA per 30 days); PA; NEDS
ISTURISA TABS 1MG	5	QL(240 EA per 30 days); PA; NEDS
ISTURISA TABS 5MG	5	QL(60 EA per 30 days); PA; NEDS
<i>javygtor</i>	4	PA
<i>levocarnitine soln, tabs</i>	3	
<i>metyrosine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
NITYR	5	PA; NEDS; SP-Optum Specialty
ORFADIN SUSP	5	PA; NEDS
ORFADIN CAPS 20MG	5	PA; NEDS
RECORLEV	5	QL(240 EA per 30 days); PA; NEDS
REZUROCK	5	PA; NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
<i>tiopronin tabs</i>	5	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	5	PA; NEDS; SP-Optum Specialty
VYNDAMAX	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
VYNDAQEL	5	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
XURIDEN	5	QL(120 EA per 30 days); PA; NEDS
<i>yargesa</i>	5	PA; NEDS
Protective Agents		
MESNEX TABS	5	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA; NEDS; SP-Optum Specialty
FASENRA	5	PA; NEDS
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA; NEDS
NUCALA INJ 100MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
Antifibrotic Agents		
ESBRIET CAPS	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
KALYDECO PACK 13.4MG, 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	5	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	5	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPk	5	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
Mucolytic Agents		
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	4	
<i>roflumilast</i>	3	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	5	QL(560 EA per 28 days); NEDS
PROLASTIN-C	5	PA; NEDS
XOLAIR INJ 150MG, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	5	PA; NEDS
<i>ambrisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	5	PA; NEDS
UPTRAVI TABS	5	PA; NEDS
VENTAVIS	5	PA; NEDS
Skin and Mucous Membrane Agents		
Anti-infectives		
<i>naftifine hydrochloride gel 1%</i>	3	
Anti-inflammatory Agents		
CORTIFOAM FOAM	4	
<i>fluocinolone acetonide topical</i>	4	
<i>kourzeq</i>	3	
Antipruritics and Local Anesthetics		

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Drug Name	Drug Tier	Requirements/Limits
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride prsy 2%</i>	2	QL(100 ML per 30 days)
PROCTOFOAM HC	4	
Cell Stimulants and Proliferants		
<i>tretinoin microsphere gel 0.08%</i>	3	PA
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir oint 5%</i>	4	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	3	
<i>ciclopirox gel, susp</i>	3	
<i>ciclopirox sham</i>	4	
CLEOCIN	4	
<i>clindacin</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phosphate/benzoyl peroxide</i>	4	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>crotan</i>	3	
DENAVIR	5	NEDS
<i>econazole nitrate</i>	4	
<i>ery</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>lindane</i>	4	

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<i>luliconazole</i>	3	
<i>mafenide acetate</i>	3	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3</i>	3	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin crea</i>	3	QL(180 GM per 30 days)
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride crea 2%</i>	3	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>penciclovir</i>	4	
<i>permethrin</i>	3	
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
<i>selenium sulfide</i>	2	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SULFAMYLON	4	
<i>terconazole</i>	3	
<i>vandazole</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
ALA-SCALP	4	
<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide</i>	4	
APEXICON E	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate</i>	2	
<i>budesonide foam 2mg</i>	3	
CAPEX	4	
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate emollient</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	
CORDRAN	4	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
DESRX	4	
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(200 GM per 30 days)
<i>diflorasone diacetate</i>	4	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide</i>	4	
<i>fluocinonide emulsified base</i>	4	
<i>flurandrenolide crea, lotn</i>	3	
<i>flurandrenolide oint</i>	4	QL(120 GM per 30 days)
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	4	
HALOG	4	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>oralone dental paste</i>	3	
PANDEL	4	
<i>procto-med hc</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	4	QL(200 GM per 30 days)
<i>triamcinolone acetone dental paste</i>	3	
<i>triamcinolone acetone aers 0.147mg/gm</i>	4	
<i>triamcinolone acetone crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetone lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetone oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetone oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	
UCERIS	4	
Antipruritics and Local Anesthetics		
<i>doxepin hydrochloride crea 5%</i>	5	QL(90 GM per 30 days); NEDS
<i>lidocaine hcl external soln 4%</i>	2	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	3	QL(60 GM per 30 days)
<i>lidocaine ptch</i>	3	QL(90 EA per 30 days); PA
<i>lidocaine oint</i>	4	QL(100 GM per 30 days)
<i>premium lidocaine</i>	4	QL(100 GM per 30 days)
Cell Stimulants and Proliferants		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP	4	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
Depigmenting and Pigmenting Agents		
<i>methoxsalen</i>	5	NEDS
Emollients, Demulcents, and Protectants		
<i>ammonium lactate</i>	3	
Skin and Mucous Membrane Agents, Misc		
<i>acutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene/benzoyl peroxide</i>	3	PA
<i>adapalene crea</i>	2	PA
<i>adapalene gel</i>	4	PA
<i>azelaic acid</i>	3	
AZELEX	4	
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS
<i>calcipotriene crea</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>claravis</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
CONDYLOX	4	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
FABIOR	4	PA
<i>fluorouracil soln</i>	3	
<i>fluorouracil crea</i>	4	
HYFTOR	5	PA; NEDS
<i>imiquimod</i>	4	
<i>imiquimod pump</i>	4	
<i>isotretinoin</i>	4	
KLISYRI	5	PA; NEDS
<i>minocycline hydrochloride er</i>	3	
MYORISAN	4	
PANRETIN	5	NEDS
<i>pimecrolimus</i>	3	
<i>podofilox</i>	3	
RECTIV	4	QL(30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
TALTZ	5	QL(4 ML per 28 days); PA; NEDS; SP-Optum Specialty
TARGRETIN	5	PA NSO; NEDS; SP-Optum Specialty
<i>tazarotene crea, gel</i>	3	PA
<i>tazarotene foam</i>	4	PA
TAZORAC	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>fesoterodine fumarate er</i>	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate er</i>	4	
Respiratory Smooth Muscle Relaxants		
<i>elixophyllin</i>	2	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	2	
Vitamins		
Multivitamin Preparations		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Vitamin B Complex		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
Vitamin D		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	4	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL(4 EA per 28 days); EC

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Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	6	<i>alendronate sodium</i>	53
<i>abacavir sulfate/lamivudine</i>	6	<i>alfuzosin hcl er</i>	18
<i>abacavir sulfate/lamivudine/zidovudine</i>	6	<i>aliskiren</i>	23
ABELCET	5	<i>allopurinol</i>	53
ABILIFY ASIMTUFII	31	<i>almotriptan</i>	29
ABILIFY MAINTENA	31	ALOCRIIL	41
ABILIFY MYCITE	31	ALOMIDE	41
ABILIFY MYCITE MAINTENANCE KIT	31	<i>alose tron hydrochloride</i>	42
ABILIFY MYCITE STARTER KIT	31	ALPHAGAN P	41
<i>abiraterone acetate</i>	9	<i>alprazolam</i>	30
ABRYSVO	16	<i>alprazolam odt</i>	30
<i>acamprosate calcium dr</i>	30	ALREX	40
<i>acarbose</i>	46	ALUNBRIG	9
<i>accutane</i>	62	<i>alyq</i>	24
<i>acebutolol hydrochloride</i>	21	<i>amantadine hcl</i>	29
<i>acetaminophen/codeine</i>	24	AMBISOME	5
<i>acetazolamide</i>	41	<i>ambrisentan</i>	58
<i>acetazolamide er</i>	41	<i>amcinonide</i>	60
<i>acetic acid</i>	42	<i>amethia</i>	48
<i>acetic acid 0.25%</i>	38	<i>amikacin sulfate</i>	2
<i>acetylcysteine</i>	53	<i>amiloride hcl</i>	37
<i>acitretin</i>	62	<i>amiloride/hydrochlorothiazide</i>	37
ACTHAR	51	<i>aminocaproic acid</i>	18
ACTHIB	16	AMINOSYN II	36
ACTIMMUNE	54	AMINOSYN-PF 7%	36
<i>acyclovir</i>	6	<i>amiodarone hydrochloride</i>	22
<i>acyclovir</i>	59	<i>amitriptyline hcl</i>	31
<i>acyclovir sodium</i>	6	<i>amitriptyline hydrochloride</i>	31
ADACEL	16	<i>amlodipine besylate</i>	21
<i>adapalene</i>	62	<i>amlodipine besylate/atorvastatin calcium</i>	21
<i>adapalene/benzoyl peroxide</i>	62	<i>amlodipine besylate/benazepril hydrochloride</i>	21
<i>adefovir dipivoxil</i>	7	<i>amlodipine besylate/valsartan</i>	21
ADEMPAS	58	<i>amlodipine/olmesartan medoxomil</i>	22
AEMCOLO	2	<i>amlodipine/valsartan/hydrochlorothiazide</i>	22
AIMOVIG	29	<i>ammonium lactate</i>	62
<i>ala-cort</i>	60	<i>amoxapine</i>	31
ALA-SCALP	60	<i>amoxicillin</i>	2
<i>albendazole</i>	2	<i>amoxicillin/clavulanate potassium</i>	2
<i>albuterol sulfate</i>	18	<i>amoxicillin/clavulanate potassium er</i>	2
<i>albuterol sulfate hfa</i>	18	<i>amphetamine sulfate</i>	26
<i>alclometasone dipropionate</i>	60	<i>amphetamine/dextroamphetamine</i>	27
<i>alcohol prep pads</i>	35	<i>amphotericin b</i>	5
ALECENSA	9	<i>amphotericin b liposome</i>	5
		<i>ampicillin</i>	2
		<i>ampicillin sodium</i>	2

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<i>ampicillin/sulbactam</i>	2	AUVELITY	32
<i>ampicillin-sulbactam</i>	2	AVEED	46
<i>anagrelide hydrochloride</i>	19	<i>aviane</i>	48
<i>anastrozole</i>	50	<i>avita</i>	62
ANGELIQ	50	AVONEX	54
ANNOVERA	48	AVONEX PEN	54
ANORO ELLIPTA	17	AVYCAZ	2
ANZEMET	43	AYVAKIT	9
APEXICON E	60	AZASAN	55
APLENZIN	31	AZASITE	40
<i>apomorphine hydrochloride</i>	29	<i>azathioprine</i>	55
<i>apraclonidine</i>	42	<i>azelaic acid</i>	62
<i>aprepitant</i>	43	<i>azelastine hcl</i>	41
<i>apri</i>	48	<i>azelastine hydrochloride</i>	41
APTIOM	27	AZELEX	62
APTIVUS	7	<i>azithromycin</i>	2
<i>aranelle</i>	48	<i>aztreonam</i>	2
ARCALYST	56	<i>bacitracin</i>	40
AREXVY	16	<i>bacitracin/polymyxin b</i>	40
<i>arformoterol tartrate</i>	18	<i>baclofen</i>	17
ARIKAYCE	2	BAFIERTAM	54
<i>aripiprazole</i>	31	<i>balsalazide disodium</i>	42
<i>aripiprazole odt</i>	32	BALVERSA	9
ARISTADA	32	<i>balziva</i>	48
ARISTADA INITIO	32	BAQSIMI ONE PACK	48
<i>armodafinil</i>	27	BAQSIMI TWO PACK	48
ARMOUR THYROID	52	BAXDELA	2
<i>asenapine maleate sl</i>	32	BCG VACCINE	16
<i>ashlyna</i>	48	<i>bd insulin syringe safetyglide/1ml/29g x</i>	35
<i>aspirin/dipyridamole er</i>	19	<i>1/2"</i>	
ASTAGRAF XL	55	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	35
<i>atazanavir</i>	7	<i>5/16"</i>	
<i>atazanavir sulfate</i>	7	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	35
<i>atenolol</i>	21	<i>12.7mm</i>	
<i>atenolol/chlorthalidone</i>	21	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	35
<i>atomoxetine</i>	31	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	35
<i>atomoxetine hydrochloride</i>	30	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	35
<i>atorvastatin calcium</i>	20	<i>bd pen needle/original/ultra-fine/29g x</i>	35
<i>atovaquone</i>	6	<i>12.7mm</i>	
<i>atovaquone/proguanil hcl</i>	6	BELBUCA	24
<i>atropine sulfate</i>	42	BELSOMRA	30
ATROVENT HFA	17	<i>benazepril hcl</i>	23
AUBAGIO	54	<i>benazepril hcl/hydrochlorothiazide</i>	23
AUGMENTIN	2	<i>benazepril hydrochloride</i>	23
AURYXIA	38	<i>benazepril</i>	23
AUSTEDO	35	<i>hydrochloride/hydrochlorothiazide</i>	

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BENLYSTA	55	BRIVIACT	27
BENZNIDAZOLE	6	<i>bromocriptine mesylate</i>	29
<i>benzonatate</i>	57	BROMSITE	40
<i>benztropine mesylate</i>	29	BRONCHITOL	58
<i>bepotastine besilate</i>	41	BRUKINSA	10
BERINERT	55	<i>budesonide</i>	45
BESIVANCE	40	<i>budesonide</i>	60
BESREMI	9	<i>budesonide er</i>	45
<i>betaine anhydrous</i>	56	<i>budesonide/formoterol fumarate dihydrate</i>	45
<i>betamethasone dipropionate</i>	60	<i>bumetanide</i>	37
<i>betamethasone dipropionate augmented</i>	60	<i>buprenorphine</i>	25
<i>betamethasone valerate</i>	60	<i>buprenorphine hcl</i>	24
BETASERON	54	<i>buprenorphine hcl/naloxone hcl</i>	24
<i>betaxolol hcl</i>	21	<i>buprenorphine hydrochloride/naloxone</i>	24
<i>betaxolol hcl</i>	41	<i>hydrochloride</i>	
<i>bethanechol chloride</i>	17	<i>bupropion hcl</i>	32
BETIMOL	41	<i>bupropion hydrochloride</i>	32
BETOPTIC-S	42	<i>bupropion hydrochloride er (sr)</i>	32
BEVESPI AEROSPHERE	17	<i>bupropion hydrochloride er (xl)</i>	32
<i>bexarotene</i>	9	<i>bupirone hcl</i>	30
<i>bexarotene</i>	62	<i>bupirone hydrochloride</i>	30
BEXSERO	16	<i>butalbital/acetaminophen/caffeine</i>	25
<i>bicalutamide</i>	9	<i>butalbital/aspirin/caffeine</i>	25
BICILLIN C-R	2	<i>butorphanol tartrate</i>	25
BICILLIN L-A	2	BYDUREON BCISE	46
BIDIL	24	BYETTA	46
BIKTARVY	7	BYLVAY	44
<i>bismuth subcitrate</i>	43	BYLVAY (PELLETS)	44
<i>pot/metronidazole/tetracycline hydrochlo</i>		<i>cabergoline</i>	29
<i>bisoprolol fumarate</i>	21	CABLIVI	19
<i>bisoprolol fumarate/hydrochlorothiazide</i>	21	CABOMETYX	10
BIVIGAM	15	<i>calcipotriene</i>	62
BLEPHAMIDE S.O.P.	40	<i>calcitonin salmon</i>	51
BOOSTRIX	16	<i>calcitonin-salmon</i>	51
<i>bortezomib</i>	9	<i>calcitriol</i>	62
<i>bosentan</i>	58	<i>calcitriol</i>	64
BOSULIF	10	<i>calcium acetate</i>	38
BRAFTOVI	10	CALQUENCE	10
BREO ELLIPTA	45	<i>camila</i>	48
<i>brey-na</i>	45	CAMZYOS	22
BREZTRI AEROSPHERE	45	<i>candesartan cilexetil</i>	23
<i>briellyn</i>	48	<i>candesartan cilexetil/hydrochlorothiazide</i>	23
BRILINTA	19	CAPEX	60
<i>brimonidine tartrate</i>	42	CAPLYTA	32
<i>brimonidine tartrate/timolol maleate</i>	42	CAPRELSA	10
<i>brinzolamide</i>	42	<i>captopril</i>	23

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CARBAGLU	35	<i>chlorpromazine hydrochloride</i>	32
<i>carbamazepine</i>	27	<i>chlorthalidone</i>	37
<i>carbamazepine er</i>	27	<i>chlorzoxazone</i>	17
<i>carbidopa</i>	29	CHOLBAM	44
<i>carbidopa/levodopa</i>	29	<i>cholestyramine</i>	20
<i>carbidopa/levodopa er</i>	29	<i>cholestyramine light</i>	20
<i>carbidopa/levodopa odt</i>	29	<i>ciclopirox</i>	59
<i>carbidopa/levodopa/entacapone</i>	29	<i>ciclopirox nail lacquer</i>	59
CARDURA XL	20	<i>ciclopirox olamine</i>	59
<i>carglumic acid</i>	35	<i>cidofovir</i>	7
CAROSPIR	23	<i>cilostazol</i>	19
<i>carteolol hcl</i>	42	CIMDUO	7
<i>cartia xt</i>	22	<i>cimetidine</i>	43
<i>carvedilol</i>	21	<i>cimetidine hcl</i>	43
<i>carvedilol phosphate er</i>	21	<i>cimetidine hydrochloride</i>	43
<i>caspofungin acetate</i>	5	<i>cinacalcet hydrochloride</i>	51
CAYSTON	2	CINRYZE	55
<i>cefaclor</i>	2	<i>ciprofloxacin</i>	3
<i>cefadroxil</i>	2	<i>ciprofloxacin hcl</i>	3
<i>cefazolin</i>	2	<i>ciprofloxacin hydrochloride</i>	3
<i>cefazolin sodium</i>	2	<i>ciprofloxacin hydrochloride</i>	40
<i>cefazolin sodium/dextrose</i>	2	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>cefdinir</i>	2	<i>ciprofloxacin/dexamethasone</i>	40
<i>cefepime</i>	2	<i>citalopram hydrobromide</i>	32
<i>cefepime hydrochloride</i>	2	<i>claravis</i>	62
<i>cefixime</i>	2	<i>clarithromycin</i>	3
<i>cefotetan</i>	2	<i>clarithromycin er</i>	3
<i>cefoxitin sodium</i>	2	CLENPIQ	44
<i>cefpodoxime proxetil</i>	2	CLEOCIN	59
<i>cefprozil</i>	2	<i>clindacin</i>	59
<i>ceftazidime</i>	2	<i>clindacin etz pledgets</i>	59
<i>ceftriaxone in iso-osmotic dextrose</i>	3	<i>clindacin-p</i>	59
<i>ceftriaxone sodium</i>	3	<i>clindamycin hcl</i>	3
<i>ceftriaxone/dextrose</i>	3	<i>clindamycin hydrochloride</i>	3
<i>cefuroxime axetil</i>	3	<i>clindamycin palmitate hcl</i>	3
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate</i>	3
<i>celecoxib</i>	25	<i>clindamycin phosphate</i>	59
CELONTIN	27	<i>clindamycin phosphate/benzoyl peroxide</i>	59
<i>cephalexin</i>	3	<i>clindamycin phosphate/dextrose</i>	3
CERDELGA	56	<i>clindamycin/benzoyl peroxide</i>	59
CHEMET	45	CLINIMIX 4.25%/DEXTROSE 10%	36
<i>chlordiazepoxide hcl</i>	30	CLINIMIX 4.25%/DEXTROSE 5%	36
<i>chlordiazepoxide hydrochloride</i>	30	CLINIMIX 5%/DEXTROSE 15%	36
<i>chlorhexidine gluconate</i>	40	CLINIMIX 5%/DEXTROSE 20%	36
<i>chloroquine phosphate</i>	6	CLINIMIX 6/5	36
<i>chlorpromazine hcl</i>	32	CLINIMIX 8/10	36

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CLINIMIX E 2.75%/DEXTROSE 5%	36	COSENTYX UNOREADY	53
CLINIMIX E 4.25%/DEXTROSE 10%	36	COTELIC	10
CLINIMIX E 4.25%/DEXTROSE 5%	36	CREON	44
CLINIMIX E 5%/DEXTROSE 15%	36	CRESEMBA	5
CLINIMIX E 5%/DEXTROSE 20%	36	CRINONE	51
CLINIMIX E 8/10	36	<i>cromolyn sodium</i>	41
CLINISOL SF 15%	36	<i>cromolyn sodium</i>	57
<i>clobazam</i>	27	<i>crotan</i>	59
<i>clobetasol propionate</i>	61	<i>curity gauze pads 2"x2"</i>	35
<i>clobetasol propionate e</i>	60	CUVITRU	15
<i>clobetasol propionate emollient</i>	61	<i>cyanocobalamin</i>	64
<i>clocortolone pivalate</i>	61	<i>cyclobenzaprine hydrochloride</i>	18
<i>clodan</i>	61	<i>cyclopentolate hcl</i>	42
<i>clomipramine hydrochloride</i>	32	<i>cyclopentolate hydrochloride</i>	42
<i>clonazepam</i>	27	<i>cyclophosphamide</i>	10
<i>clonazepam odt</i>	27	CYCLOSET	46
<i>clonidine hcl</i>	23	<i>cyclosporine</i>	40
<i>clonidine hydrochloride</i>	23	<i>cyclosporine</i>	55
<i>clonidine hydrochloride er</i>	23	<i>cyclosporine modified</i>	55
<i>clopidogrel</i>	19	<i>cyproheptadine hcl</i>	9
<i>clorazepate dipotassium</i>	30	<i>cyproheptadine hydrochloride</i>	9
<i>clotrimazole</i>	59	CYSTADROPS	42
<i>clotrimazole/betamethasone dipropionate</i>	59	CYSTAGON	56
<i>clozapine</i>	32	CYSTARAN	42
<i>clozapine odt</i>	32	<i>dabigatran etexilate</i>	19
COARTEM	6	<i>dalfampridine er</i>	56
<i>codeine sulfate</i>	25	DALIRES	58
<i>colchicine</i>	53	DALVANCE	3
<i>colesevelam hydrochloride</i>	20	<i>danazol</i>	46
<i>colestipol hcl</i>	20	<i>dantrolene sodium</i>	18
<i>colistimethate sodium</i>	3	<i>dapsone</i>	6
COMBIPATCH	50	DAPTACEL	16
COMBIVENT RESPIMAT	18	<i>daptomycin</i>	3
COMETRIQ	10	DAPTOMYCIN/SODIUM CHLORIDE	3
COMPLERA	7	<i>darunavir</i>	7
CONDYLOX	63	DARZALEX	10
<i>constulose</i>	35	DAURISMO	10
COPAXONE	54	DAYVIGO	30
COPIKTRA	10	<i>deblitane</i>	48
CORDRAN	61	<i>deferasirox</i>	45
CORLANOR	22	<i>deferiprone</i>	45
CORTIFOAM	58	DELESTROGEN	50
CORTISPORIN-TC	40	DELSTRIGO	7
CORTROPHIN	51	<i>demeclocycline hcl</i>	3
COSENTYX	53	DENAVIR	59
COSENTYX SENSOREADY PEN	53	DENGVAXIA	16

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DEPO-ESTRADIOL	50	<i>diclofenac sodium</i>	61
DEPO-MEDROL	45	<i>diclofenac sodium dr</i>	25
DEPO-SUBQ PROVERA 104	51	<i>diclofenac sodium er</i>	25
DESCOVY	7	<i>dicloxacillin sodium</i>	3
<i>desipramine hydrochloride</i>	32	<i>dicyclomine hcl</i>	17
<i>desmopressin acetate</i>	51	<i>dicyclomine hydrochloride</i>	17
<i>desogestrel/ethinyl estradiol</i>	48	DIFICID	3
<i>desonide</i>	61	<i>diflorasone diacetate</i>	61
<i>desoximetasone</i>	61	<i>diflunisal</i>	25
DESRX	61	<i>difluprednate</i>	40
<i>desvenlafaxine er</i>	32	<i>digitek</i>	22
<i>dexamethasone</i>	45	<i>digox</i>	22
<i>dexamethasone intensol</i>	45	<i>digoxin</i>	22
<i>dexamethasone sodium phosphate</i>	40	<i>dihydroergotamine mesylate</i>	18
<i>dexamethasone sodium phosphate</i>	45	DILANTIN	27
DEXLANSOPRAZOLE	43	DILANTIN INFATABS	27
<i>dexmethylphenidate hcl</i>	27	DILANTIN-125	27
<i>dexmethylphenidate hcl er</i>	27	<i>diltiazem hcl</i>	22
<i>dexmethylphenidate hydrochloride</i>	27	<i>diltiazem hcl cd</i>	22
<i>dexmethylphenidate hydrochloride er</i>	27	<i>diltiazem hcl er</i>	22
<i>dextroamphetamine sulfate</i>	27	<i>diltiazem hydrochloride</i>	22
<i>dextroamphetamine sulfate er</i>	27	<i>diltiazem hydrochloride er</i>	22
<i>dextrose 10%/nacl 0.45%</i>	38	<i>dilt-xr</i>	22
<i>dextrose 10%</i>	36	<i>dimethyl fumarate</i>	54
<i>dextrose 10%/nacl 0.2%</i>	38	<i>dimethyl fumarate starterpack</i>	54
<i>dextrose 2.5%/nacl 0.45%</i>	38	<i>diphenhydramine hydrochloride</i>	9
<i>dextrose 5%</i>	36	<i>diphenoxylate hydrochloride/atropine</i>	43
<i>dextrose 5%/nacl 0.2%</i>	38	<i>sulfate</i>	
<i>dextrose 5%/nacl 0.3%</i>	38	<i>diphenoxylate/atropine</i>	43
<i>dextrose 5%/nacl 0.33%</i>	38	<i>diphtheria/tetanus toxoids adsorbed</i>	16
<i>dextrose 5%/nacl 0.45%</i>	38	<i>pediatric</i>	
<i>dextrose 5%/nacl 0.9%</i>	38	<i>dipyridamole</i>	24
<i>dextrose 50%</i>	36	<i>disopyramide phosphate</i>	22
<i>dextrose 70%</i>	36	<i>disulfiram</i>	53
<i>dextrose/sodium chloride</i>	38	<i>divalproex sodium</i>	27
DIACOMIT	27	<i>divalproex sodium dr</i>	27
DIASTAT ACUDIAL	30	<i>divalproex sodium er</i>	27
DIASTAT PEDIATRIC	30	DIVIGEL	50
<i>diazepam</i>	30	<i>docetaxel</i>	10
<i>diazepam intensol</i>	30	<i>dofetilide</i>	22
<i>diazepam rectal gel</i>	30	DOJOLVI	36
<i>diazoxide</i>	48	<i>donepezil hcl</i>	17
<i>dichlorphenamide</i>	53	<i>donepezil hydrochloride</i>	17
<i>diclofenac epolamine</i>	25	DOPTELET	19
<i>diclofenac potassium</i>	25	<i>dorzolamide hcl/timolol maleate</i>	42
<i>diclofenac sodium</i>	40	<i>dorzolamide hydrochloride</i>	42

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<i>dorzolamide hydrochloride/timolol maleate</i>	42	<i>emoquette</i>	48
<i>pf</i>		EMSAM	29
<i>dotti</i>	50	<i>emtricitabine</i>	7
DOVATO	7	<i>emtricitabine/tenofovir disoproxil</i>	7
<i>doxazosin mesylate</i>	20	<i>emtricitabine/tenofovir disoproxil fumarate</i>	7
<i>doxepin hcl</i>	32	EMTRIVA	7
<i>doxepin hydrochloride</i>	32	<i>enalapril maleate</i>	23
<i>doxepin hydrochloride</i>	62	<i>enalapril maleate/hydrochlorothiazide</i>	23
<i>doxercalciferol</i>	64	ENBREL	54
DOXY 100	3	ENBREL MINI	53
<i>doxycycline</i>	3	ENBREL SURECLICK	54
<i>doxycycline hyclate</i>	3	<i>endocet</i>	25
<i>doxycycline monohydrate</i>	3	ENGERIX-B	16
DRIZALMA SPRINKLE	32	<i>enilloring</i>	48
<i>dronabinol</i>	43	<i>enoxaparin sodium</i>	18
<i>drospirenone/ethinyl estradiol</i>	48	<i>enoxaparin sodium</i>	19
DROXIA	10	ENSPRYNG	54
<i>droxidopa</i>	18	<i>entacapone</i>	29
DUAVEE	50	<i>entecavir</i>	7
<i>duloxetine hcl</i>	32	ENTRESTO	23
<i>duloxetine hydrochloride</i>	32	<i>enulose</i>	36
DUOPA	29	ENVARUSUS XR	55
DUPIXENT	57	EPCLUSA	7
DUPIXENT	63	EPIDIOLEX	27
<i>dutasteride</i>	53	<i>epinastine hcl</i>	41
<i>dutasteride/tamsulosin hydrochloride</i>	53	<i>epinephrine</i>	18
<i>econazole nitrate</i>	59	<i>epitol</i>	27
EDURANT	7	<i>eplerenone</i>	23
<i>efavirenz</i>	7	EPRONTIA	27
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	EQUETRO	27
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	ERAXIS	5
<i>effe-r-k</i>	38	ERIVEDGE	10
EGRIFTA SV	52	ERLEADA	10
ELESTRIN	50	<i>erlotinib hydrochloride</i>	10
ELIGARD	50	<i>errin</i>	48
ELIQUIS	19	<i>ertapenem</i>	3
ELIQUIS STARTER PACK	19	<i>ery</i>	59
<i>elixophyllin</i>	64	ERYTHROCIN LACTOBIONATE	3
ELMIRON	56	ERYTHROCIN STEARATE	3
<i>eluryng</i>	48	<i>erythromycin</i>	3
EMCYT	10	<i>erythromycin</i>	40
EMEND	43	<i>erythromycin</i>	59
EMFLAZA	45	<i>erythromycin base</i>	3
EMGALITY	29	<i>erythromycin dr</i>	3
		<i>erythromycin ethylsuccinate</i>	3
		<i>erythromycin lactobionate</i>	3

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<i>erythromycin/benzoyl peroxide</i>	59	<i>fentanyl citrate</i>	25
ESBRIET	57	<i>fentanyl citrate oral transmucosal</i>	25
<i>escitalopram oxalate</i>	32	FERRIPROX	45
<i>esomeprazole magnesium</i>	43	<i>fesoterodine fumarate er</i>	63
<i>estradiol</i>	50	FETZIMA	32
<i>estradiol valerate</i>	50	FETZIMA TITRATION PACK	32
ESTRING	50	FEXMID	18
<i>ethacrynic acid</i>	37	<i>finasteride</i>	53
<i>ethambutol hydrochloride</i>	6	<i>fingolimod</i>	55
<i>ethosuximide</i>	27	FINTEPLA	27
<i>etodolac</i>	25	<i>finzala</i>	48
<i>etodolac er</i>	25	FIRDAPSE	56
<i>etonogestrel/ethinyl estradiol</i>	48	FIRMAGON	50
<i>etravirine</i>	7	FIRVANQ	4
EUCRISA	61	<i>flac</i>	40
<i>euthyrox</i>	52	FLAREX	40
EVAMIST	50	FLEBOGAMMA DIF	15
EVENITY	53	<i>flecainide acetate</i>	23
<i>everolimus</i>	10	FLOLIPID	20
<i>everolimus</i>	55	FLOVENT DISKUS	45
EVOTAZ	7	FLOVENT HFA	45
EVRYSDI	56	<i>fluconazole</i>	5
<i>exemestane</i>	50	<i>fluconazole in sodium chloride</i>	5
EXKIVITY	11	<i>flucytosine</i>	5
EXSERVAN	31	<i>fludrocortisone acetate</i>	45
EXTAVIA	55	<i>flunisolide</i>	40
<i>ezetimibe</i>	20	<i>fluocinolone acetonide</i>	40
<i>ezetimibe/simvastatin</i>	20	<i>fluocinolone acetonide</i>	61
FABIOR	63	<i>fluocinolone acetonide body</i>	61
<i>falmina</i>	48	<i>fluocinolone acetonide scalp</i>	61
<i>famciclovir</i>	7	<i>fluocinolone acetonide topical</i>	58
<i>famotidine</i>	43	<i>fluocinonide</i>	61
FANAPT	32	<i>fluocinonide emulsified base</i>	61
FANAPT TITRATION PACK	32	<i>fluorometholone</i>	40
FARXIGA	46	<i>fluorouracil</i>	63
FASENRA	57	<i>fluoxetine dr</i>	32
FASENRA PEN	57	<i>fluoxetine hcl</i>	32
<i>febuxostat</i>	53	<i>fluoxetine hydrochloride</i>	32
<i>felbamate</i>	27	<i>fluphenazine decanoate</i>	32
<i>felodipine er</i>	22	<i>fluphenazine hcl</i>	32
FEMRING	50	<i>fluphenazine hydrochloride</i>	33
<i>fenofibrate</i>	20	<i>flurandrenolide</i>	61
<i>fenofibrate micronized</i>	20	<i>flurbiprofen</i>	25
<i>fenofibric acid dr</i>	20	<i>flurbiprofen sodium</i>	40
<i>fenopropfen calcium</i>	25	<i>flutamide</i>	11
<i>fentanyl</i>	25	<i>fluticasone propionate</i>	40

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<i>fluticasone propionate</i>	61	<i>gemfibrozil</i>	20
<i>fluticasone propionate diskus</i>	45	GEMTESA	63
<i>fluticasone propionate hfa</i>	46	<i>generlac</i>	36
<i>fluticasone propionate/salmeterol</i>	46	GENGRAF	55
<i>fluticasone propionate/salmeterol diskus</i>	18	GENOTROPIN	52
<i>fluvastatin</i>	20	GENOTROPIN MINIQUICK	52
<i>fluvastatin sodium er</i>	20	<i>gentak</i>	40
<i>fluvoxamine maleate</i>	33	<i>gentamicin sulfate</i>	4
<i>fluvoxamine maleate er</i>	33	<i>gentamicin sulfate</i>	40
FML	40	<i>gentamicin sulfate</i>	59
FML FORTE	41	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
<i>folic acid</i>	64	GENVOYA	7
<i>fondaparinux sodium</i>	19	GILENYA	55
<i>formoterol fumarate</i>	18	GILOTRIF	11
FORTEO	51	GLEOSTINE	11
<i>fosamprenavir calcium</i>	7	<i>glimepiride</i>	46
<i>fosfomycin tromethamine</i>	9	<i>glipizide</i>	47
<i>fosinopril sodium</i>	23	<i>glipizide er</i>	46
<i>fosinopril sodium/hydrochlorothiazide</i>	23	<i>glipizide/metformin hydrochloride</i>	46
FOTIVDA	11	GLOPERBA	53
FRAGMIN	19	GLUCAGEN HYPOKIT	48
FREAMINE III	37	GLUCAGON EMERGENCY KIT	48
<i>frovatriptan succinate</i>	29	GLUCAGON EMERGENCY KIT FOR	48
<i>furosemide</i>	37	LOW BLOOD SUGAR	
FUZEON	7	<i>glyburide</i>	47
<i>fyavolv</i>	50	<i>glyburide micronized</i>	47
FYCOMPA	27	<i>glyburide/metformin hydrochloride</i>	47
<i>gabapentin</i>	28	<i>glycopyrrolate</i>	17
GALAFOLD	56	<i>glydo</i>	59
<i>galantamine hydrobromide</i>	17	GLYXAMBI	47
<i>galantamine hydrobromide er</i>	17	<i>gnp ultra comfort insulin syringe/0.3ml/30g</i>	35
GAMMAGARD LIQUID	15	<i>x 5/16" short</i>	
GAMMAGARD S/D IGA LESS THAN	15	<i>gnp ultra comfort insulin syringe/0.5ml/30g</i>	35
1MCG/ML		<i>x 5/16" short</i>	
GAMMAKED	15	GOCOVRI	29
GAMMAPLEX	15	<i>granisetron hydrochloride</i>	43
GAMUNEX-C	15	<i>griseofulvin microsize</i>	5
GARDASIL 9	16	<i>griseofulvin ultramicrosize</i>	5
<i>gatifloxacin</i>	40	<i>guanfacine er</i>	31
GATTEX	44	<i>guanfacine hydrochloride</i>	31
<i>gauze pads 2"x2"</i>	35	GVOKE HYPOPEN 1-PACK	48
<i>gavilyte-c</i>	44	GVOKE HYPOPEN 2-PACK	48
<i>gavilyte-g</i>	44	GVOKE KIT	48
<i>gavilyte-n/flavor pack</i>	44	GVOKE PFS	48
GAVRETO	11	GYNAZOLE-1	59
<i>gefitinib</i>	11	HAEGARDA	56

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<i>halcinonide</i>	61	<i>hydrocodone bitartrate/homatropine</i>	57
<i>halobetasol propionate</i>	61	<i>methylbromide</i>	
<i>haloette</i>	48	<i>hydrocodone polistirex/chlorpheniramine</i>	57
HALOG	61	<i>polistirex</i>	
<i>haloperidol</i>	33	<i>hydrocodone/acetaminophen</i>	25
<i>haloperidol decanoate</i>	33	<i>hydrocodone/ibuprofen</i>	25
<i>haloperidol lactate</i>	33	<i>hydrocortisone</i>	46
HARVONI	7	<i>hydrocortisone</i>	61
HAVRIX	16	<i>hydrocortisone butyrate</i>	61
<i>heparin sodium</i>	19	<i>hydrocortisone valerate</i>	61
<i>heparin sodium/d5w</i>	19	<i>hydrocortisone/acetic acid</i>	41
HEPATAMINE	37	<i>hydromorphone hcl</i>	25
HEPLISAV-B	16	<i>hydromorphone hcl er</i>	25
HETLIOZ	30	<i>hydromorphone hydrochloride er</i>	25
HETLIOZ LQ	30	<i>hydroxychloroquine sulfate</i>	6
HIBERIX	16	<i>hydroxyurea</i>	11
HIZENTRA	15	<i>hydroxyzine hcl</i>	30
HORIZANT	28	<i>hydroxyzine hydrochloride</i>	30
HUMALOG	47	<i>hydroxyzine pamoate</i>	30
HUMALOG JUNIOR KWIKPEN	47	HYFTOR	63
HUMALOG KWIKPEN	47	<i>ibandronate sodium</i>	53
HUMALOG MIX 50/50	47	IBRANCE	11
HUMALOG MIX 50/50 KWIKPEN	47	<i>ibu</i>	25
HUMALOG MIX 75/25	47	<i>ibuprofen</i>	25
HUMALOG MIX 75/25 KWIKPEN	47	<i>icatibant acetate</i>	56
HUMATROPE	52	<i>iclevia</i>	48
HUMIRA	54	ICLUSIG	11
HUMIRA PEDIATRIC CROHNS	54	<i>icosapent ethyl</i>	20
DISEASE STARTER PACK		IDHIFA	11
HUMIRA PEN	54	ILEVRO	41
HUMIRA PEN-CD/UC/HS STARTER	54	<i>imatinib mesylate</i>	11
HUMIRA PEN-PEDIATRIC UC	54	IMBRUVICA	11
STARTER PACK		<i>imipenem/cilastatin</i>	4
HUMIRA PEN-PS/UV STARTER	54	<i>imipramine hcl</i>	33
HUMULIN 70/30	47	<i>imipramine hydrochloride</i>	33
HUMULIN 70/30 KWIKPEN	47	<i>imipramine pamoate</i>	33
HUMULIN N	47	<i>imiquimod</i>	63
HUMULIN N KWIKPEN	47	<i>imiquimod pump</i>	63
HUMULIN R	47	IMOVAX RABIES (H.D.C.V.)	16
HUMULIN R U-500 (CONCENTRATED)	47	IMPAVIDO	6
HUMULIN R U-500 KWIKPEN	47	IMVEXXY MAINTENANCE PACK	50
<i>hydralazine hcl</i>	23	IMVEXXY STARTER PACK	50
<i>hydralazine hydrochloride</i>	23	INBRIJA	29
<i>hydrochlorothiazide</i>	38	INCRELEX	52
<i>hydrocodone bitartrate er</i>	25	<i>indapamide</i>	38
<i>hydrocodone bitartrate/acetaminophen</i>	25	INDOCIN	25

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<i>indomethacin</i>	25	<i>javygtor</i>	56
<i>indomethacin er</i>	25	JAYPIRCA	11
INFANRIX	16	JENTADUETO	47
INGREZZA	35	JENTADUETO XR	47
INLYTA	11	<i>jinteli</i>	50
INQOVI	11	JULUCA	7
INREBIC	11	<i>junel 1.5/30</i>	49
INTELENCE	7	<i>junel 1/20</i>	49
INTRALIPID	37	<i>junel fe 1.5/30</i>	49
INTRAROSA	46	<i>junel fe 1/20</i>	49
INTRON A	11	<i>junel fe 24</i>	49
<i>introvale</i>	48	JUXTAPID	20
INVEGA HAFYERA	33	JYNARQUE	38
INVEGA SUSTENNA	33	JYNNEOS	16
INVEGA TRINZA	33	KALYDECO	57
INVELTYS	41	<i>kariva</i>	49
IOPIDINE	42	<i>kcl 0.075%/d5w/nacl 0.45%</i>	38
IPOL INACTIVATED IPV	16	<i>kcl 0.15%/d5w/nacl 0.2%</i>	38
<i>ipratropium bromide</i>	17	<i>kcl 0.15%/d5w/nacl 0.225%</i>	38
<i>ipratropium bromide/albuterol sulfate</i>	18	<i>kcl 0.15%/d5w/nacl 0.45%</i>	38
<i>irbesartan</i>	23	<i>kcl 0.15%/d5w/nacl 0.9%</i>	39
<i>irbesartan/hydrochlorothiazide</i>	23	<i>kcl 0.3%/d5w/nacl 0.45%</i>	39
IRESSA	11	<i>kcl 0.3%/d5w/nacl 0.9%</i>	39
ISENTRESS	7	<i>kelnor 1/35</i>	49
ISENTRESS HD	7	<i>kenalog-10</i>	46
ISOLYTE-P/DEXTROSE 5%	38	KERENDIA	23
<i>isoniazid</i>	6	KESIMPTA	55
<i>isosorbide dinitrate</i>	24	<i>ketoconazole</i>	5
<i>isosorbide dinitrate/hydralazine</i>	24	<i>ketoconazole</i>	59
<i>hydrochloride</i>		KETODAN	59
<i>isosorbide mononitrate</i>	24	<i>ketoprofen</i>	26
<i>isosorbide mononitrate er</i>	24	<i>ketoprofen er</i>	26
<i>isotonic gentamicin</i>	4	<i>ketorolac tromethamine</i>	41
<i>isotretinoin</i>	63	KEVEYIS	53
<i>isradipine</i>	22	KINERET	54
ISTURISA	56	KINRIX	16
<i>itraconazole</i>	5	KISQALI	11
<i>ivermectin</i>	2	KISQALI FEMARA 200 DOSE	50
<i>ivermectin</i>	59	KISQALI FEMARA 400 DOSE	50
IXIARO	16	KISQALI FEMARA 600 DOSE	50
JAKAFI	11	KLISYRI	63
<i>jantoven</i>	19	<i>klor-con</i>	39
JANUMET	47	<i>klor-con 10</i>	39
JANUMET XR	47	<i>klor-con 8</i>	39
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JARDIANCE	47	KLOR-CON M15	39

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<i>klor-con m20</i>	39	LENVIMA 4 MG DAILY DOSE	12
<i>klor-con/ef</i>	39	LENVIMA 8 MG DAILY DOSE	12
KORLYM	47	<i>lessina</i>	49
KOSELUGO	11	<i>letrozole</i>	50
<i>kourzeq</i>	58	<i>leucovorin calcium</i>	53
<i>k-prime</i>	38	LEUKERAN	12
KRAZATI	11	LEUKINE	20
KRINTAFEL	6	<i>leuprolide acetate</i>	51
KRISTALOSE	36	<i>levalbuterol</i>	18
K-TAB	38	<i>levalbuterol hcl</i>	18
KYNMOBI	29	<i>levalbuterol hydrochloride</i>	18
KYPROLIS	11	<i>levalbuterol tartrate hfa</i>	18
<i>labetalol hydrochloride</i>	21	LEVEMIR	47
<i>lacosamide</i>	28	LEVEMIR FLEXPEN	47
<i>lactated ringers</i>	39	LEVEMIR FLEXTOUCH	47
<i>lactulose</i>	36	<i>levetiracetam</i>	28
<i>lamivudine</i>	7	<i>levetiracetam er</i>	28
<i>lamivudine/zidovudine</i>	7	<i>levobunolol hcl</i>	42
<i>lamotrigine</i>	28	<i>levocarnitine</i>	56
<i>lamotrigine starter kit/blue</i>	28	<i>levocetirizine dihydrochloride</i>	9
<i>lamotrigine starter kit/green</i>	28	<i>levofloxacin</i>	4
<i>lamotrigine starter kit/orange</i>	28	<i>levofloxacin</i>	40
LAMPIT	6	<i>levofloxacin in d5w</i>	4
LANOXIN	23	<i>levonest</i>	49
LANREOTIDE ACETATE	51	<i>levonorgestrel and ethinyl estradiol</i>	49
<i>lansoprazole</i>	43	<i>levonorgestrel/ethinyl estradiol</i>	49
<i>lansoprazole/amoxicillin/clarithromycin</i>	43	<i>levora 0.15/30-28</i>	49
<i>lanthanum carbonate</i>	38	<i>levorphanol tartrate</i>	26
LANTUS	47	<i>levo-t</i>	52
LANTUS SOLOSTAR	47	<i>levothyroxine sodium</i>	52
<i>lapatinib ditosylate</i>	11	<i>levoxyl</i>	52
<i>larin 1.5/30</i>	49	LEXIVA	7
<i>larin 1/20</i>	49	<i>lidocaine</i>	62
<i>larin fe 1.5/30</i>	49	<i>lidocaine hcl</i>	52
<i>larin fe 1/20</i>	49	<i>lidocaine hcl</i>	59
<i>latanoprost</i>	42	<i>lidocaine hcl</i>	62
LATUDA	33	<i>lidocaine hcl jelly</i>	59
LAZANDA	26	<i>lidocaine hydrochloride</i>	52
<i>leflunomide</i>	54	<i>lidocaine hydrochloride</i>	59
<i>lenalidomide</i>	11	<i>lidocaine hydrochloride viscous</i>	42
LENVIMA 10 MG DAILY DOSE	11	<i>lidocaine viscous</i>	42
LENVIMA 12MG DAILY DOSE	11	<i>lidocaine/prilocaine</i>	62
LENVIMA 14 MG DAILY DOSE	12	<i>lindane</i>	59
LENVIMA 18 MG DAILY DOSE	12	<i>linezolid</i>	4
LENVIMA 20 MG DAILY DOSE	12	LINZESS	44
LENVIMA 24 MG DAILY DOSE	12	<i>liothyronine sodium</i>	52

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<i>lisdexamfetamine dimesylate</i>	27	MATULANE	12
<i>lisinopril</i>	23	<i>matzim la</i>	22
<i>lisinopril/hydrochlorothiazide</i>	23	MAVENCLAD	55
<i>lithium</i>	29	MAVYRET	8
<i>lithium carbonate</i>	29	MAXIDEX	41
<i>lithium carbonate er</i>	29	MAYZENT	55
LIVALO	20	MAYZENT STARTER PACK	55
LIVMARLI	44	<i>meclizine hcl</i>	43
LIVTENCITY	7	<i>meclofenamate sodium</i>	26
LO LOESTRIN FE	49	MEDROL	46
LOKELMA	38	<i>medroxyprogesterone acetate</i>	51
LONHALA MAGNAIR REFILL KIT	17	<i>mefloquine hcl</i>	6
LONHALA MAGNAIR STARTER KIT	17	<i>megestrol acetate</i>	51
LONSURF	12	MEKINIST	12
<i>loperamide hcl</i>	43	MEKTOVI	12
<i>lopinavir/ritonavir</i>	8	<i>meloxicam</i>	26
<i>lorazepam</i>	30	<i>memantine hcl titration pak</i>	31
<i>lorazepam intensol</i>	30	<i>memantine hydrochloride</i>	31
LORBRENA	12	<i>memantine hydrochloride er</i>	31
<i>losartan potassium</i>	23	MENACTRA	16
<i>losartan potassium/hydrochlorothiazide</i>	23	MENEST	50
LOTEMAX	41	MENOSTAR	50
<i>loteprednol etabonate</i>	41	MENQUADFI	16
<i>lovastatin</i>	21	MENTAX	60
<i>loxapine</i>	33	MENVEO	16
<i>lubiprostone</i>	44	<i>mercaptopurine</i>	12
LUCEMYRA	18	<i>meropenem</i>	4
<i>luliconazole</i>	60	<i>mesalamine</i>	43
LUMAKRAS	12	<i>mesalamine dr</i>	42
LUMIGAN	42	<i>mesalamine er</i>	43
LUPKYNIS	55	MESNEX	57
LUPRON DEPOT (1-MONTH)	51	<i>metformin hydrochloride</i>	47
LUPRON DEPOT (3-MONTH)	51	<i>metformin hydrochloride er</i>	47
LUPRON DEPOT (4-MONTH)	51	<i>methadone hcl</i>	26
LUPRON DEPOT (6-MONTH)	51	<i>methamphetamine hcl</i>	27
<i>lurasidone hydrochloride</i>	33	<i>methazolamide</i>	42
LYBALVI	33	<i>methenamine hippurate</i>	9
LYNPARZA	12	<i>methenamine mandelate</i>	9
LYSODREN	12	<i>methimazole</i>	52
LYTGOBI	12	METHITEST	46
<i>mafenide acetate</i>	60	<i>methotrexate</i>	12
<i>magnesium sulfate</i>	28	<i>methotrexate sodium</i>	12
<i>malathion</i>	60	<i>methoxsalen</i>	62
<i>maraviroc</i>	8	<i>methscopolamine bromide</i>	17
<i>marlissa</i>	49	<i>methsuximide</i>	28
MARPLAN	33	<i>methylphenidate hydrochloride</i>	27

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<i>methylphenidate hydrochloride er</i>	27	<i>moxifloxacin hydrochloride/sodium</i>	4
<i>methylprednisolone</i>	46	<i>hydrochloride</i>	
<i>methylprednisolone acetate</i>	46	<i>moxifloxacin hydrochloride</i>	4
<i>methylprednisolone dose pack</i>	46	<i>moxifloxacin hydrochloride</i>	40
<i>methyltestosterone</i>	46	MOZOBIL	19
<i>metoclopramide hcl</i>	45	MULPLETA	20
<i>metoclopramide hydrochloride</i>	45	MULTAQ	23
<i>metolazone</i>	38	<i>multiple electrolytes injection type 1</i>	39
<i>metoprolol succinate er</i>	21	<i>mupirocin</i>	60
<i>metoprolol tartrate</i>	21	MYCAPSSA	51
<i>metoprolol/hydrochlorothiazide</i>	21	<i>mycophenolate mofetil</i>	55
<i>metronidazole</i>	6	<i>mycophenolic acid dr</i>	55
<i>metronidazole</i>	60	MYFEMBREE	51
<i>metronidazole vaginal</i>	60	MYORISAN	63
<i>metyrosine</i>	56	MYRBETRIQ	63
<i>mexiletine hcl</i>	23	MYTESI	43
<i>mibelas 24 fe</i>	49	<i>nabumetone</i>	26
<i>micafungin</i>	5	<i>nadolol</i>	21
<i>miconazole 3</i>	60	<i>nafcillin sodium</i>	4
<i>microgestin 1.5/30</i>	49	<i>naftifine hcl</i>	60
<i>microgestin 1/20</i>	49	<i>naftifine hydrochloride</i>	58
<i>microgestin fe 1.5/30</i>	49	<i>naftifine hydrochloride</i>	60
<i>microgestin fe 1/20</i>	49	<i>naloxone hcl</i>	31
<i>midodrine hcl</i>	18	<i>naloxone hydrochloride</i>	31
MIGERGOT	29	<i>naltrexone hcl</i>	31
<i>miglitol</i>	47	NAMZARIC	31
<i>miglustat</i>	56	<i>naproxen</i>	26
MILLIPRED	46	<i>naproxen sodium</i>	26
<i>minocycline hcl</i>	4	<i>naratriptan hcl</i>	29
<i>minocycline hydrochloride</i>	4	NATACYN	40
<i>minocycline hydrochloride er</i>	63	<i>nateglinide</i>	47
<i>minoxidil</i>	23	NATPARA	51
<i>mirtazapine</i>	33	NAYZILAM	28
<i>mirtazapine odt</i>	33	<i>nebivolol hydrochloride</i>	21
<i>misoprostol</i>	43	<i>necon 0.5/35-28</i>	49
M-M-R II	16	<i>nefazodone hydrochloride</i>	33
<i>modafinil</i>	27	<i>neomycin sulfate</i>	4
<i>moexipril hcl</i>	23	<i>neomycin/bacitracin/polymyxin</i>	40
<i>molindone hydrochloride</i>	33	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	41
<i>mometasone furoate</i>	41	<i>one</i>	
<i>mometasone furoate</i>	61	<i>neomycin/polymyxin/dexamethasone</i>	41
<i>montelukast sodium</i>	57	<i>neomycin/polymyxin/gramicidin</i>	40
<i>morphine sulfate</i>	26	<i>neomycin/polymyxin/hc</i>	41
<i>morphine sulfate er</i>	26	<i>neomycin/polymyxin/hydrocortisone</i>	41
MOVANTIK	44	<i>neo-polycin</i>	40
		<i>neo-polycin hc</i>	41

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NERLYNX	12	NOURIANZ	31
NEULASTA	20	NOXAFIL	5
NEULASTA ONPRO KIT	19	<i>np thyroid 120</i>	52
NEUPRO	29	<i>np thyroid 15</i>	52
<i>nevirapine</i>	8	<i>np thyroid 30</i>	52
<i>nevirapine er</i>	8	<i>np thyroid 60</i>	52
NEXAVAR	12	<i>np thyroid 90</i>	52
NEXLETOL	21	NUBEQA	12
NEXLIZET	21	NUCALA	57
NEXTSTELLIS	49	NUDEXTA	31
<i>niacin</i>	64	NULOJIX	55
<i>niacin er</i>	21	NUPLAZID	33
<i>niacor</i>	64	NURTEC	29
<i>nicardipine hcl</i>	22	NUTRILIPID	37
NICOTROL INHALER	17	NUTROPIN AQ NUSPIN 10	52
NICOTROL NS	17	NUTROPIN AQ NUSPIN 20	52
<i>nifedipine er</i>	22	NUTROPIN AQ NUSPIN 5	52
<i>nikki</i>	49	NUVESSA	60
<i>nilutamide</i>	12	NUZYRA	4
<i>nimodipine</i>	22	<i>nyamyc</i>	60
NINLARO	12	NYMALIZE	22
<i>nisoldipine er</i>	22	<i>nystatin</i>	5
<i>nitazoxanide</i>	6	<i>nystatin</i>	60
<i>nitisinone</i>	56	<i>nystop</i>	60
NITRO-BID	24	OICALIVA	44
<i>nitrofurantoin macrocrystals</i>	9	OCTAGAM	15
<i>nitrofurantoin monohydrate/macrocrystals</i>	9	<i>octreotide acetate</i>	51
<i>nitroglycerin</i>	24	ODEFSEY	8
<i>nitroglycerin lingual</i>	24	ODOMZO	13
<i>nitroglycerin transdermal</i>	24	OFEV	57
NITYR	56	<i>ofloxacin</i>	4
NIVA THYROID	52	<i>ofloxacin</i>	40
NORDITROPIN FLEXPRO	52	OJJAARA	13
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	49	<i>olanzapine</i>	33
<i>norethindrone acetate</i>	51	<i>olanzapine odt</i>	33
<i>norethindrone acetate/ethinyl estradiol</i>	50	<i>olanzapine/fluoxetine</i>	33
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	49	<i>olmesartan medoxomil</i>	23
NORPACE CR	23	<i>olmesartan</i>	22
<i>nortrel 0.5/35 (28)</i>	49	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>nortrel 1/35</i>	49	<i>olmesartan medoxomil/hydrochlorothiazide</i>	23
<i>nortrel 7/7/7</i>	49	<i>olopatadine hcl</i>	41
<i>nortriptyline hcl</i>	33	<i>olopatadine hydrochloride</i>	41
<i>nortriptyline hydrochloride</i>	33	<i>omega-3-acid ethyl esters</i>	21
NORVIR	8	<i>omeprazole</i>	43
		<i>omeprazole dr</i>	43
		OMNIPOD 5 G6 INTRO KIT (GEN 5)	35

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OMNIPOD CLASSIC PDM STARTER	35	<i>oxazepam</i>	30
KIT (GEN 3)		OXBRYTA	19
OMNIPOD CLASSIC PODS (GEN 3)	35	OXBRYTA	19
OMNIPOD DASH INTRO KIT (GEN 4)	35	<i>oxcarbazepine</i>	28
OMNIPOD DASH PDM KIT (GEN 4)	35	OXERVATE	42
OMNIPOD DASH PODS (GEN 4)	35	<i>oxybutynin chloride</i>	63
OMNIPOD GO 10 UNITS/DAY	35	<i>oxybutynin chloride er</i>	63
OMNIPOD GO 15 UNITS/DAY	35	<i>oxycodone hcl er</i>	26
OMNIPOD GO 20 UNITS/DAY	35	<i>oxycodone hydrochloride</i>	26
OMNIPOD GO 25 UNITS/DAY	35	<i>oxycodone hydrochloride er</i>	26
OMNIPOD GO 30 UNITS/DAY	35	<i>oxycodone/acetaminophen</i>	26
OMNIPOD GO 35 UNITS/DAY	35	OXYCONTIN	26
OMNIPOD GO 40 UNITS/DAY	35	OZEMPIC	47
OMNITROPE	52	<i>pacerone</i>	23
<i>ondansetron hcl</i>	43	<i>paclitaxel</i>	13
<i>ondansetron hydrochloride</i>	43	<i>paliperidone er</i>	33
<i>ondansetron odt</i>	43	PALYNZIQ	39
ONGENTYS	29	PANDEL	61
ONUREG	13	PANRETIN	63
OPDIVO	13	<i>pantoprazole sodium</i>	44
<i>opium</i>	43	<i>pantoprazole sodium dr</i>	43
<i>opium tincture</i>	43	PANZYGA	15
OPSUMIT	58	<i>paricalcitol</i>	64
ORALAIR	15	<i>paromomycin sulfate</i>	6
<i>oralone dental paste</i>	61	<i>paroxetine hcl</i>	33
ORENITRAM	58	<i>paroxetine hcl er</i>	33
ORENITRAM TITRATION KIT MONTH	58	<i>paroxetine hydrochloride</i>	33
1		PASER	6
ORENITRAM TITRATION KIT MONTH	58	PAXLOVID	8
2		<i>pazopanib hydrochloride</i>	13
ORENITRAM TITRATION KIT MONTH	58	PEDIARIX	16
3		PEDVAX HIB	16
ORFADIN	56	<i>peg-3350/electrolytes</i>	44
ORGOVYX	51	<i>peg-3350/electrolytes/ascorbate</i>	44
ORIAHNN	51	<i>peg-3350/nacl/na bicarbonate/kcl</i>	44
ORILISSA	51	<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	44
ORKAMBI	58	<i>ascorbate/ascorbic</i>	
ORLADEYO	56	PEGASYS	8
ORSERDU	13	PEMAZYRE	13
<i>orsythia</i>	49	<i>penciclovir</i>	60
<i>oseltamivir phosphate</i>	8	<i>penicillamine</i>	45
OSMOPREP	44	<i>penicillin g potassium</i>	4
OSPHENA	50	<i>penicillin g potassium in iso-osmotic</i>	4
<i>oxacillin sodium</i>	4	<i>dextrose</i>	
<i>oxandrolone</i>	46	<i>penicillin g procaine</i>	4

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<i>penicillin g sodium</i>	4	<i>portia-28</i>	49
<i>penicillin v potassium</i>	4	<i>posaconazole</i>	5
PENTACEL	16	<i>posaconazole dr</i>	5
<i>pentamidine isethionate</i>	6	<i>potassium chloride</i>	39
PENTASA	43	<i>potassium chloride er</i>	39
<i>pentoxifylline er</i>	20	<i>potassium chloride/dextrose</i>	39
<i>perindopril erbumine</i>	24	<i>potassium chloride/dextrose/lactated</i>	39
<i>perio gard</i>	40	<i>ringers</i>	
<i>permethrin</i>	60	<i>potassium chloride/dextrose/sodium</i>	39
<i>perphenazine</i>	33	<i>chloride</i>	
PERSERIS	33	<i>potassium chloride/sodium chloride</i>	39
PEXEVA	34	<i>potassium citrate er</i>	35
<i>phenelzine sulfate</i>	34	PRALUENT	21
<i>phenobarbital</i>	30	<i>pramipexole dihydrochloride</i>	30
<i>phenoxybenzamine hydrochloride</i>	18	<i>prasugrel</i>	19
<i>phenytoin</i>	28	<i>pravastatin sodium</i>	21
<i>phenytoin sodium extended</i>	28	<i>praziquantel</i>	2
PHOSPHOLINE IODIDE	42	<i>prazosin hydrochloride</i>	20
PIFELTRO	8	PRED MILD	41
<i>pilocarpine hcl</i>	42	PRED-G	41
<i>pilocarpine hydrochloride</i>	17	PRED-G S.O.P.	41
<i>pimecrolimus</i>	63	<i>prednisolone</i>	46
<i>pimozide</i>	34	<i>prednisolone acetate</i>	41
<i>pindolol</i>	21	<i>prednisolone sodium phosphate</i>	41
<i>pioglitazone hcl</i>	47	<i>prednisolone sodium phosphate</i>	46
<i>pioglitazone hcl/metformin hcl</i>	47	<i>prednisolone sodium phosphate odt</i>	46
<i>pioglitazone hcl-glimepiride</i>	47	<i>prednisone</i>	46
<i>pioglitazone hydrochloride</i>	47	PREDNISON INTENSOL	46
<i>piperacillin sodium/tazobactam sodium</i>	4	<i>pregabalin</i>	28
PIQRAY 200MG DAILY DOSE	13	<i>pregabalin er</i>	26
PIQRAY 250MG DAILY DOSE	13	PREHEVBRIO	16
PIQRAY 300MG DAILY DOSE	13	PREMARIN	50
<i>pirfenidone</i>	57	PREMASOL	37
<i>piroxicam</i>	26	<i>premium lidocaine</i>	62
<i>pitavastatin calcium</i>	21	PREMPHASE	50
PLASMA-LYTE A	39	PREMPRO	50
PLASMA-LYTE-148	39	<i>prenatal</i>	64
PLEGRIDY	55	<i>pretomanid</i>	6
PLEGRIDY STARTER PACK	55	<i>prevalite</i>	21
PLENAMINE	37	PREVYMIS	8
<i>plerixafor</i>	19	PREZCOBIX	8
<i>podofilox</i>	63	PREZISTA	8
<i>polycin</i>	40	PRIFTIN	6
<i>polymyxin b sulfate</i>	4	<i>primaquine phosphate</i>	6
<i>polymyxin b sulfate/trimethoprim sulfate</i>	40	<i>primidone</i>	28
POMALYST	13	PRIORIX	16

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PRIVIGEN	15	QINLOCK	13
PROAIR RESPICLICK	18	QUADRACEL	16
<i>probenecid</i>	39	<i>quetiapine fumarate</i>	34
<i>probenecid/colchicine</i>	39	<i>quetiapine fumarate er</i>	34
PROCALAMINE	37	QUILLIVANT XR	27
<i>prochlorperazine</i>	34	<i>quinapril hcl</i>	24
<i>prochlorperazine edisylate</i>	34	<i>quinapril hydrochloride</i>	24
<i>prochlorperazine maleate</i>	34	<i>quinapril/hydrochlorothiazide</i>	24
PROCRIT	20	<i>quinidine gluconate cr</i>	23
PROCTOFOAM HC	59	<i>quinidine sulfate</i>	23
<i>procto-med hc</i>	61	<i>quinine sulfate</i>	6
<i>procto-pak</i>	62	QVAR REDIHALER	46
<i>proctosol hc</i>	62	RABAVERT	16
<i>proctozone-hc</i>	62	<i>rabeprazole sodium</i>	44
<i>progesterone</i>	51	RADICAVA ORS	31
PROGRAF	55	RADICAVA ORS STARTER KIT	31
PROLASTIN-C	58	<i>raloxifene hydrochloride</i>	50
PROLENSA	41	<i>ramelteon</i>	30
PROLIA	53	<i>ramipril</i>	24
PROMACTA	20	<i>ranolazine er</i>	23
<i>promethazine hcl</i>	9	<i>rasagiline mesylate</i>	30
<i>promethazine hcl plain</i>	9	RASUVO	54
<i>promethazine hydrochloride</i>	9	RAVICTI	36
<i>promethazine vc/codeine</i>	57	RAYALDEE	64
<i>promethazine/codeine</i>	57	REBIF	55
<i>promethazine/phenylephrine/codeine</i>	57	REBIF REBIDOSE	55
<i>propafenone hcl</i>	23	REBIF REBIDOSE TITRATION PACK	55
<i>propafenone hydrochloride er</i>	23	REBIF TITRATION PACK	55
<i>propranolol hcl</i>	21	RECOMBIVAX HB	16
<i>propranolol hcl er</i>	21	RECORLEV	56
<i>propranolol hydrochloride</i>	21	RECTIV	63
<i>propranolol hydrochloride er</i>	21	REGANEX	63
<i>propylthiouracil</i>	52	RELENZA DISKHALER	8
PROQUAD	16	RELISTOR	44
PROSOL	37	RELYVRIO	31
<i>protriptyline hcl</i>	34	<i>repaglinide</i>	47
PULMOZYME	58	REPATHA	21
PURIXAN	13	REPATHA PUSHTRONEX SYSTEM	21
PYLERA	44	REPATHA SURECLICK	21
<i>pyrazinamide</i>	6	RESTASIS	41
<i>pyridostigmine bromide</i>	17	RESTASIS MULTIDOSE	41
<i>pyridostigmine bromide er</i>	17	RETACRIT	20
<i>pyrimethamine</i>	6	RETEVMO	13
PYRUKYND	19	RETIN-A MICRO PUMP	62
PYRUKYND TAPER PACK	19	REVCIVI	39
QELBREE	31	REVLIMID	13

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REXULTI	34	<i>sapropterin dihydrochloride</i>	56
REYATAZ	8	SAVELLA	31
REZLIDHIA	13	SAVELLA TITRATION PACK	31
REZUROCK	56	SCEMBLIX	13
RHOPRESSA	42	<i>scopolamine</i>	43
<i>ribavirin</i>	8	SECUADO	34
RIDAURA	45	<i>selegiline hcl</i>	30
<i>rifabutin</i>	6	<i>selenium sulfide</i>	60
<i>rifampin</i>	6	SELZENTRY	8
<i>riluzole</i>	31	SEREVENT DISKUS	18
<i>rimantadine hydrochloride</i>	8	SEROSTIM	52
RINVOQ	54	<i>sertraline hcl</i>	34
<i>risedronate sodium</i>	53	<i>sertraline hydrochloride</i>	34
<i>risedronate sodium dr</i>	53	<i>sevelamer carbonate</i>	38
RISPERDAL CONSTA	34	<i>sf 5000 plus</i>	53
<i>risperidone</i>	34	<i>sharobel</i>	49
<i>risperidone odt</i>	34	SHINGRIX	16
<i>ritonavir</i>	8	SIGNIFOR	51
<i>rivastigmine tartrate</i>	17	<i>sildenafil citrate</i>	24
<i>rivastigmine transdermal system</i>	17	<i>silodosin</i>	18
<i>rizatriptan benzoate</i>	29	<i>silver sulfadiazine</i>	60
<i>rizatriptan benzoate odt</i>	29	SIMBRINZA	42
ROCKLATAN	42	<i>simvastatin</i>	21
<i>roflumilast</i>	58	<i>sirolimus</i>	55
<i>ropinirole hcl</i>	30	SIRTURO	6
<i>ropinirole hydrochloride</i>	30	SIVEXTRO	4
<i>rosadan</i>	60	SKYRIZI	44
<i>rosuvastatin calcium</i>	21	SKYRIZI	63
ROTARIX	16	SKYRIZI PEN	63
ROTATEQ	16	<i>sodium chloride</i>	39
ROWASA	43	<i>sodium chloride 0.45%</i>	39
<i>rowepra</i>	28	<i>sodium chloride 0.9%</i>	38
ROZLYTREK	13	<i>sodium fluoride 1.1</i>	53
RUBRACA	13	<i>sodium fluoride 5000 plus</i>	53
RUCONEST	56	<i>sodium fluoride 5000 ppm</i>	53
<i>rufinamide</i>	28	<i>sodium oxybate</i>	31
RUKOBIA	8	<i>sodium phenylbutyrate</i>	36
RYBELSUS	47	<i>sodium polystyrene sulfonate</i>	38
RYDAPT	13	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	44
RYTARY	30	<i>solifenacin succinate</i>	64
SAIZEN	52	SOLOSEC	6
SAIZENPREP RECONSTITUTIONKIT	52	SOLTAMOX	50
SAJAZIR	56	SOLU-CORTEF	46
<i>salsalate</i>	26	SOMATULINE DEPOT	51
SANCUSO	43	SOMAVERT	52
SANTYL	63		

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<i>sorafenib</i>	13	SYMLINPEN 120	47
<i>sorafenib tosylate</i>	13	SYMLINPEN 60	47
<i>sotalol hcl</i>	21	SYMPAZAN	28
<i>sotalol hydrochloride (af)</i>	21	SYMTUZA	8
SOTYLIZE	21	SYNAREL	51
SPIRIVA HANDIHALER	17	SYNJARDY	48
SPIRIVA RESPIMAT	17	SYNJARDY XR	48
<i>spironolactone</i>	24	SYNRIBO	14
<i>spironolactone/hydrochlorothiazide</i>	24	SYNTHROID	52
SPRITAM	28	TABLOID	14
SPRYCEL	13	TABRECTA	14
<i>sps</i>	38	<i>tacrolimus</i>	55
<i>ssd</i>	60	<i>tacrolimus</i>	63
STAMARIL	16	<i>tadalafil</i>	24
STELARA	63	TAFINLAR	14
<i>sterile water for irrigation</i>	38	<i>tafluprost</i>	42
STIOLTO RESPIMAT	17	TAGRISSO	14
STIVARGA	13	TAKHZYRO	56
<i>streptomycin sulfate</i>	4	TALTZ	63
STRIBILD	8	TALZENNA	14
STRIVERDI RESPIMAT	18	<i>tamoxifen citrate</i>	50
SUBSYS	26	<i>tamsulosin hydrochloride</i>	18
<i>subvenite</i>	28	<i>targadox</i>	4
<i>subvenite starter kit/blue</i>	28	TARGRETIN	63
<i>subvenite starter kit/green</i>	28	<i>tarina fe 1/20 eq</i>	49
<i>subvenite starter kit/orange</i>	28	TASIGNA	14
SUCRAID	39	<i>tasimelteon</i>	30
<i>sucralfate</i>	44	TAVALISSE	19
<i>sulfacetamide sodium</i>	40	TAVNEOS	56
<i>sulfacetamide sodium/prednisolone sodium</i>	41	<i>tazarotene</i>	63
<i>phosphate</i>		<i>tazicef</i>	4
<i>sulfadiazine</i>	4	TAZORAC	63
<i>sulfamethoxazole/trimethoprim</i>	4	<i>taztia xt</i>	22
<i>sulfamethoxazole/trimethoprim ds</i>	4	TAZVERIK	14
SULFAMYLON	60	<i>tdvax</i>	16
<i>sulfasalazine</i>	4	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	35
<i>sulindac</i>	26	<i>1/2"</i>	
<i>sumatriptan</i>	29	<i>techlite pen needles 29g x 10mm</i>	35
<i>sumatriptan succinate</i>	29	TEFLARO	4
<i>sumatriptan succinate refill</i>	29	TEGSEDI	53
<i>sunitinib malate</i>	13	TEKTRUNA HCT	24
SUNLENCA	8	<i>telmisartan</i>	24
SUNOSI	27	<i>telmisartan/amlodipine</i>	22
SUPRAX	4	<i>telmisartan/hydrochlorothiazide</i>	24
SUPREP BOWEL PREP KIT	44	<i>temazepam</i>	30
SYMDEKO	58	TEMIXYS	8

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TENIVAC	16	<i>tobramycin/dexamethasone</i>	41
<i>tenofovir disoproxil fumarate</i>	8	<i>tolcapone</i>	30
TEPMETKO	14	<i>tolterodine tartrate er</i>	64
<i>terazosin hcl</i>	20	<i>tolvaptan</i>	38
<i>terazosin hydrochloride</i>	20	<i>topiramate</i>	28
<i>terbinafine hcl</i>	5	<i>topiramate er</i>	28
<i>terconazole</i>	60	<i>toremifene citrate</i>	50
<i>teriflunomide</i>	55	<i>torseamide</i>	38
<i>teriparatide</i>	51	TOUJEO MAX SOLOSTAR	48
<i>testosterone</i>	46	TOUJEO SOLOSTAR	48
<i>testosterone cypionate</i>	46	TOVET	62
<i>testosterone enanthate</i>	46	<i>tpn electrolytes</i>	39
<i>testosterone pump</i>	46	TRACLEER	58
<i>tetrabenazine</i>	35	TRADJENTA	48
<i>tetracycline hydrochloride</i>	4	<i>tramadol hcl</i>	26
THALOMID	55	<i>tramadol hcl er</i>	26
<i>theophylline</i>	64	<i>tramadol hydrochloride er</i>	26
<i>theophylline er</i>	64	<i>tramadol hydrochloride/acetaminophen</i>	26
THIOLA EC	56	<i>trandolapril</i>	24
<i>thioridazine hcl</i>	34	<i>tranexamic acid</i>	19
<i>thiothixene</i>	34	<i>tranylcypromine sulfate</i>	34
THYQUIDITY	52	TRAVASOL	37
THYROID	52	<i>travoprost</i>	42
<i>tiadylt er</i>	22	<i>trazodone hydrochloride</i>	34
<i>tiagabine hydrochloride</i>	28	TRECATOR	6
TIBSOVO	14	TRELEGY ELLIPTA	46
TICOVAC	16	TRELSTAR MIXJECT	51
<i>tigecycline</i>	5	TRESIBA	48
TIGLUTIK	31	TRESIBA FLEXTOUCH	48
<i>timolol maleate</i>	21	<i>tretinoin</i>	14
<i>timolol maleate</i>	42	<i>tretinoin</i>	62
<i>timolol maleate ophthalmic gel forming</i>	42	<i>tretinoin microsphere</i>	59
<i>tinidazole</i>	6	<i>tretinoin microsphere</i>	62
<i>tiopronin</i>	56	TREXALL	14
<i>tiotropium bromide</i>	17	<i>triamcinolone acetonide</i>	46
TIROSINT-SOL	52	<i>triamcinolone acetonide</i>	62
TIVICAY	8	<i>triamcinolone acetonide dental paste</i>	62
TIVICAY PD	8	<i>triamterene</i>	38
<i>tizanidine hcl</i>	18	<i>triamterene/hydrochlorothiazide</i>	38
<i>tizanidine hydrochloride</i>	18	TRIANEX	62
TOBI PODHALER	5	<i>triderm</i>	62
TOBRADEX	41	<i>trientine hydrochloride</i>	45
TOBRADEX ST	41	<i>trifluoperazine hcl</i>	34
<i>tobramycin</i>	5	<i>trifluoperazine hydrochloride</i>	34
<i>tobramycin</i>	40	<i>trifluridine</i>	40
<i>tobramycin sulfate</i>	5	<i>trihexyphenidyl hcl</i>	30

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<i>trihexyphenidyl hydrochloride</i>	30	VALTOCO 15 MG DOSE	28
TRIKAFTA	58	VALTOCO 20 MG DOSE	28
<i>trimethoprim</i>	9	VALTOCO 5 MG DOSE	28
<i>trimipramine maleate</i>	34	<i>vancomycin</i>	5
TRINTELLIX	34	<i>vancomycin hcl</i>	5
<i>tri-sprintec</i>	49	<i>vancomycin hydrochloride</i>	5
TRITOCIN	62	<i>vandazole</i>	60
TRIUMEQ	8	VANFLYTA	14
TRIUMEQ PD	8	VAQTA	17
<i>trivora-28</i>	49	<i>vardenafil hydrochloride</i>	24
TRIZIVIR	8	<i>vardenafil hydrochloride odt</i>	24
TROPHAMINE	37	<i>varenicline starting month box</i>	17
<i>trueplus insulin syringe /u-100/1ml/29g x</i>	35	<i>varenicline tartrate</i>	17
<i>1/2"</i>		VARIVAX	17
<i>trueplus pen needles 29gx12mm</i>	35	VARIZIG	15
TRULICITY	48	VARUBI	43
TRUMENBA	16	VASCEPA	21
TRUSELTIQ	14	<i>velivet</i>	49
TUKYSA	14	VELPHORO	38
TURALIO	14	VELTASSA	38
TWINRIX	17	VEMLIDY	9
<i>tyblume</i>	49	VENCLEXTA	14
TYBOST	56	VENCLEXTA STARTING PACK	14
TYMLOS	51	<i>venlafaxine besylate er</i>	34
TYPHIM VI	17	<i>venlafaxine hcl er</i>	34
UBRELVY	29	<i>venlafaxine hydrochloride</i>	34
UCERIS	62	<i>venlafaxine hydrochloride er</i>	34
UDENYCA	20	VENTAVIS	58
<i>unithroid</i>	52	<i>verapamil hcl</i>	22
UPTRAVI	58	<i>verapamil hcl er</i>	22
UPTRAVI TITRATION PACK	58	<i>verapamil hcl sr</i>	22
UROCIT-K 10	35	<i>verapamil hydrochloride</i>	22
UROCIT-K 15	35	<i>verapamil hydrochloride er</i>	22
UROCIT-K 5	35	VERQUVO	24
<i>ursodiol</i>	44	VERSACLOZ	34
VABOMERE	5	VERZENIO	14
<i>valacyclovir hcl</i>	8	VIBRAMYCIN	5
<i>valacyclovir hydrochloride</i>	9	VICTOZA	48
VALCHLOR	63	<i>vigabatrin</i>	28
<i>valganciclovir</i>	9	<i>vigadrone</i>	28
<i>valganciclovir hydrochloride</i>	9	VIIBRYD	34
<i>valproate sodium</i>	28	VIIBRYD STARTER PACK	34
<i>valproic acid</i>	28	VIJOICE	56
<i>valsartan</i>	24	<i>vilazodone hydrochloride</i>	34
<i>valsartan/hydrochlorothiazide</i>	24	VIMPAT	28
VALTOCO 10 MG DOSE	28	VIRACEPT	9

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VIREAD	9	<i>xulane</i>	49
<i>vitamin d</i>	64	XURIDEN	57
VITRAKVI	14	XYOSTED	46
VIVITROL	31	XYREM	31
VIZIMPRO	14	XYWAV	31
VONJO	14	<i>yargesa</i>	57
<i>voriconazole</i>	5	YERVOY	15
VOSEVI	9	YF-VAX	17
VOTRIENT	14	YONSA	15
VOXZOGO	56	YUPELRI	17
VRAYLAR	34	<i>yuvafem</i>	50
VUMERITY	55	<i>zafemy</i>	49
<i>vyfemla</i>	49	<i>zafirlukast</i>	57
VYNDAMAX	56	<i>zaleplon</i>	30
VYNDAQEL	57	ZARXIO	20
VYVANSE	27	ZEJULA	15
VYZULTA	42	ZELBORAF	15
WAKIX	27	ZENATANE	63
<i>warfarin sodium</i>	19	ZENPEP	44
WELIREG	14	ZEPOSIA	55
WINLEVI	63	ZEPOSIA 7-DAY STARTER PACK	55
<i>wixela inhub</i>	18	ZEPOSIA STARTER KIT	55
XALKORI	14	ZERBAXA	5
XARELTO	19	<i>zidovudine</i>	9
XARELTO STARTER PACK	19	ZIEXTENZO	20
XATMEP	14	<i>zileuton er</i>	57
XCOPRI	28	ZIOPTAN	42
XELJANZ	54	<i>ziprasidone hcl</i>	34
XELJANZ XR	54	<i>ziprasidone mesylate</i>	34
XENLETA	5	ZIRGAN	40
XERMELO	43	<i>zoledronic acid</i>	53
XGEVA	53	ZOLINZA	15
XIFAXAN	5	<i>zolpidem tartrate</i>	30
XIGDUO XR	48	ZOMACTON	52
XOFLUZA	9	ZONISADE	29
XOLAIR	58	<i>zonisamide</i>	29
XOSPATA	14	ZORBTIVE	52
XPOVIO	14	ZOSYN	5
XPOVIO 100 MG ONCE WEEKLY	14	<i>zovia 1/35</i>	49
XPOVIO 40 MG ONCE WEEKLY	15	ZTALMY	29
XPOVIO 40 MG TWICE WEEKLY	15	ZYDELIG	15
XPOVIO 60 MG ONCE WEEKLY	15	ZYKADIA	15
XPOVIO 60 MG TWICE WEEKLY	15	ZYLET	41
XPOVIO 80 MG ONCE WEEKLY	15	ZYPREXA RELPREVV	34
XPOVIO 80 MG TWICE WEEKLY	15		
XTANDI	15		

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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 1-888-609-0692. Someone who speaks English can help you. This is a free service.

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