



Provider Partners Health Plans

2024 Formulary

(List of Covered Drugs)

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

24513, Version 16

This formulary was updated on 09/27/2024. For more recent information or other questions, please contact Provider Partners Health Plans' Member Service at 1-800-405-9681 (TTY users should call 711), Hours are 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30 or visit www.pphealthplan.com.

Y0135_form24_C

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 Provider Partners Health Plans. When it refers to “plan” or “our plan,” it means Provider Partners Illinois Advantage Plan, Provider Partners Maryland Advantage Plan, Provider Partners Maryland Community Plan, Provider Partners Missouri Advantage Plan, Provider Partners Missouri Community Plan, Provider Partners North Carolina Advantage Plan, Provider Partners North Carolina Community Plan, Provider Partners Pennsylvania Advantage Plan, Provider Partners Pennsylvania Community Plan and Provider Partners Texas Advantage Plan.

This document includes list of the drugs (formulary) for our plan which is current as of 09/27/2024. 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 Provider Partners Health Plans’ Formulary?

A formulary is a list of covered drugs selected by Provider Partners Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Provider Partners Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Provider Partners Health Plans 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 Provider Partners Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information

on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Provider Partners Health Plans’ Formulary?”

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 Provider Partners Health Plans’ Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 09/27/2024. To get updated information about the drugs covered by Provider Partners Health Plans please contact us. Our contact information appears on the front and back cover pages. Provider Partners Health Plans will send you a notice in the event of a mid- year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.pphealthplan.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your

drug is used for, look for the category name in the list that begins on page 7. 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 81. 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?

Provider Partners Health Plans 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: Provider Partners Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Provider Partners Health Plans before you fill your prescriptions. If you don't get approval, Provider Partners Health Plans may not cover the drug.

Quantity Limits: For certain drugs, Provider Partners Health Plans limits the amount of the drug that Provider Partners Health Plans will cover. For example, Provider Partners Health Plans provides 30 tablets per prescription for aripiprazole. This may be in addition to a standard one-month or three-month supply.

Step Therapy: In some cases, Provider Partners Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Provider Partners Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Provider Partners Health 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Provider Partners Health Plans 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 Provider Partners Health Plans’ formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Provider Partners Health Plans does not cover your drug, you have two options:

You can ask Member Services for a list of similar drugs that are covered by Provider Partners Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Provider Partners Health Plans.

You can ask Provider Partners Health Plans 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 Provider Partners Health Plans’ Formulary?

You can ask Provider Partners Health Plans 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Provider Partners Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Provider Partners Health Plans will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

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

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

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

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

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

For members who are outside their transition period and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility, hospice to home).

We will allow an early refill for a 30-day supply of medication in the retail setting and up to a 31-day supply in the long-term care setting for formulary medications and an emergency transition fill for non-formulary medications (including those medications that are on formulary but require prior authorization, step therapy, or are subject to quantity limit restrictions).

For more information

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

If you have questions about Provider Partners Health 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 day a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Provider Partners Health Plans' Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Provider Partners Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

The information in the Requirements/Limits column tells you if Provider Partners Health Plans has any special requirements for coverage of your drug.

List of Covered Drugs
List of Drugs by Medical Condition

ANALGESICS	4
ANESTHETICS	6
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	6
ANTIBACTERIALS	7
ANTICONVULSANTS	12
ANTIDEMENTIA AGENTS	15
ANTIDEPRESSANTS	15
ANTIEMETICS	17
ANTIFUNGALS	18
ANTIGOUT AGENTS	20
ANTIMIGRAINE AGENTS	20
ANTIMYASTHENIC AGENTS	21
ANTIMYCOBACTERIALS	21
ANTINEOPLASTICS	21
ANTIPARASITICS	28
ANTIPARKINSON AGENTS	29
ANTIPSYCHOTICS	30
ANTISPASTICITY AGENTS	33
ANTIVIRALS	33
ANXIOLYTICS	36
BIPOLAR AGENTS	37
BLOOD GLUCOSE REGULATORS	37
BLOOD PRODUCTS AND MODIFIERS	41
CARDIOVASCULAR AGENTS	42
CENTRAL NERVOUS SYSTEM AGENTS	48
DENTAL AND ORAL AGENTS	50
DERMATOLOGICAL AGENTS	50
ELECTROLYTES/MINERALS/METALS/VITAMINS	54
GASTROINTESTINAL AGENTS	56
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	58
GENITOURINARY AGENTS	59
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	60
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	61

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	61
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	65
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	66
HORMONAL AGENTS, SUPPRESSANT (THYROID)	67
IMMUNOLOGICAL AGENTS	67
INFLAMMATORY BOWEL DISEASE AGENTS	72
METABOLIC BONE DISEASE AGENTS	73
OPHTHALMIC AGENTS	73
OTIC AGENTS	76
RESPIRATORY TRACT/ PULMONARY AGENTS	76
SKELETAL MUSCLE RELAXANTS	79
SLEEP DISORDER AGENTS	80

Legend

1: Covered Medications

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

HRM: High Risk Medication - Prior authorization (PA) may be required for ages 65 and over.

MO: Mail Order - This prescription may also be available via mail.

PA: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics		
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	QL (180 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	MO
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
IBU ORAL TABLET 600 MG, 800 MG	1	MO
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	MO
<i>naproxen oral suspension 125 mg/5ml</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	PA; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	
<i>oxycodone hcl oral capsule 5 mg</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>tramadol hcl oral solution 5 mg/ml</i>	1	QL (2400 ML per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl external solution 4 %</i>	1	QL (50 ML per 30 days)
<i>lidocaine hcl injection solution 1 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	MO
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	1	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	1	QL (90 EA per 30 days)
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	1	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML	1	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	1	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	1	
XIFAXAN ORAL TABLET 550 MG	1	MO
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>oxacillin sodium in dextrose intravenous solution 1 gm/50ml, 2 gm/50ml</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	1	ST
DIFICID ORAL TABLET 200 MG	1	ST
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	1	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
Quinolones		
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
ANTICONVULSANTS		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	MO; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; MO; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; MO; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	1	PA; MO; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	1	PA; MO; QL (180 EA per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO
<i>felbamate oral suspension 600 mg/5ml</i>	1	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	MO; QL (30 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	MO
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	MO
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	1	MO; QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	1	MO; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	1	MO
<i>valproic acid oral solution 250 mg/5ml</i>	1	MO
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	MO; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	MO; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	QL (28 EA per 28 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	1	MO
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	1	MO
<i>methsuximide oral capsule 300 mg</i>	1	MO
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	MO; QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	MO
<i>gabapentin oral solution 250 mg/5ml</i>	1	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	QL (10 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	MO; QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	1	PA; MO
<i>vigabatrin oral tablet 500 mg</i>	1	PA; MO
VIGADRONE ORAL PACKET 500 MG	1	PA; MO
VIGADRONE ORAL TABLET 500 MG	1	PA; MO
VIGPODER ORAL PACKET 500 MG	1	PA; MO
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG	1	MO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet chewable 100 mg</i>	1	MO
DILANTIN ORAL CAPSULE 30 MG	1	MO
EPITOL ORAL TABLET 200 MG	1	MO
<i>lacosamide oral solution 10 mg/ml</i>	1	MO; QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	1	MO; QL (120 EA per 30 days)
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	1	MO; QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	MO; QL (2400 ML per 30 days)
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	MO; QL (240 EA per 30 days)

ANTIDEMENTIA AGENTS

Antidementia Agents, Other

<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	MO
<i>memantine hcl oral solution 2 mg/ml</i>	1	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	1	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	MO

Cholinesterase Inhibitors

<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	MO
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	MO
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	MO
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	MO; QL (30 EA per 30 days)

ANTIDEPRESSANTS

Antidepressants, Other

AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	MO; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	MO
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	MO
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	PA; MO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	1	MO; QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	1	MO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral capsule 30 mg</i>	1	MO
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	MO
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>desvenlafaxine er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	1	MO; QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	MO; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	MO
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	MO
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	MO
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	1	MO
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	MO
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	MO; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	1	MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	MO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	MO
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO

ANTIEMETICS

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
PHENADOZ RECTAL SUPPOSITORY 25 MG	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>promethazine hcl injection solution 25 mg/ml</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	1	BvD; QL (4 EA per 28 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1	BvD; QL (8 EA per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	BvD; QL (12 EA per 28 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (60 EA per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	1	BvD; QL (60 EA per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	1	BvD
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BvD
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	BvD
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
<i>itraconazole oral solution 10 mg/ml</i>	1	PA
JUBLIA EXTERNAL SOLUTION 10 %	1	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG	1	PA; MO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	1	
<i>posaconazole oral suspension 40 mg/ml</i>	1	PA; MO
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA; MO
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA; QL (300 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	1	PA; QL (120 EA per 30 days)
ANTIGOUT AGENTS		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	MO
<i>probenecid oral tablet 500 mg</i>	1	MO
ANTIMIGRAINE AGENTS		
Ergot Alkaloids		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 EA per 28 days)
Prophylactic		
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; MO
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; MO
EPRONTIA ORAL SOLUTION 25 MG/ML	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	1	MO
<i>propranolol hcl oral tablet 80 mg</i>	1	MO
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (4 ML per 30 days)

ANTIMYASTHENIC AGENTS

Parasympathomimetics

<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	

ANTIMYCOBACTERIALS

Antimycobacterials, Other

<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	
<i>rifabutin oral capsule 150 mg</i>	1	

Antituberculars

<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	

ANTINEOPLASTICS

Alkylating Agents

<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	BvD
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	BvD
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	PA
LEUKERAN ORAL TABLET 2 MG	1	
MATULANE ORAL CAPSULE 50 MG	1	PA
VALCHLOR EXTERNAL GEL 0.016 %	1	PA; QL (60 GM per 30 days)

Antiandrogens

<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	1	QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; QL (120 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
LYSODREN ORAL TABLET 500 MG	1	
<i>nilutamide oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
NUBEQA ORAL TABLET 300 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	1	PA; QL (120 EA per 30 days)
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG, 86 MG	1	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	PA; MO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>toremifene citrate oral tablet 60 mg</i>	1	PA; MO
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
<i>hydroxyurea oral capsule 500 mg</i>	1	
INQOVI ORAL TABLET 35-100 MG	1	PA
<i>mercaptopurine oral tablet 50 mg</i>	1	
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	
TABLOID ORAL TABLET 40 MG	1	
Antineoplastics, Other		
IDHIFA ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 50 MG	1	PA; QL (60 EA per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA; MO
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA; QL (91 EA per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
KRAZATI ORAL TABLET 200 MG	1	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA
LUMAKRAS ORAL TABLET 120 MG	1	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; QL (3 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	1	PA
WELIREG ORAL TABLET 40 MG	1	PA
XATMEP ORAL SOLUTION 2.5 MG/ML	1	BvD
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA
ZOLINZA ORAL CAPSULE 100 MG	1	PA; QL (120 EA per 30 days)
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>exemestane oral tablet 25 mg</i>	1	MO
<i>letrozole oral tablet 2.5 mg</i>	1	MO
Enzyme Inhibitors		
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 EA per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 EA per 30 days)
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA
ALUNBRIG ORAL TABLET 180 MG	1	PA; QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (180 EA per 30 days)
ALUNBRIG ORAL TABLET 90 MG	1	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA; QL (30 EA per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	1	PA; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA; QL (28 EA per 28 days)
BOSULIF ORAL CAPSULE 100 MG	1	PA; QL (180 EA per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; QL (30 EA per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA
BRUKINSA ORAL CAPSULE 80 MG	1	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA; QL (56 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA; QL (112 EA per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA
DAURISMO ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	1	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	1	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	1	PA; QL (60 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; QL (21 EA per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 EA per 21 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 EA per 21 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA
<i>gefitinib oral tablet 250 mg</i>	1	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; QL (90 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (240 ML per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	1	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; QL (60 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	1	PA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	1	PA; QL (60 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA; QL (120 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA
LORBRENA ORAL TABLET 100 MG	1	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; QL (90 EA per 30 days)
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA; QL (140 EA per 28 days)
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA; QL (1260 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA
NERLYNX ORAL TABLET 40 MG	1	PA; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA; QL (96 ML per 28 days)
OJEMDA ORAL TABLET 100 MG	1	PA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 EA per 30 days)
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	1	PA
RETEVMO ORAL CAPSULE 40 MG	1	PA; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; QL (120 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; QL (90 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL PACKET 50 MG	1	PA; QL (360 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA; QL (240 EA per 30 days)
SCSEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 EA per 30 days)
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 50 MG, 70 MG, 80 MG	1	PA; QL (60 EA per 30 days)
SPRYCEL ORAL TABLET 140 MG	1	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; QL (28 EA per 28 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA; QL (900 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	1	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA
TEPMETKO ORAL TABLET 225 MG	1	PA
TIBSOVO ORAL TABLET 250 MG	1	PA
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA; QL (30 EA per 30 days)
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	1	PA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	1	PA; QL (60 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	1	PA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA; QL (180 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA; QL (240 EA per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; QL (240 EA per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA
Retinoids		
<i>bexarotene external gel 1 %</i>	1	PA; QL (60 GM per 30 days)
<i>bexarotene oral capsule 75 mg</i>	1	PA
<i>tretinoin oral capsule 10 mg</i>	1	
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	1	
EMVERM ORAL TABLET CHEWABLE 100 MG	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	MO
LAMPIT ORAL TABLET 120 MG, 30 MG	1	
<i>mefloquine hcl oral tablet 250 mg</i>	1	MO
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	1	MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	1	MO
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
INBRIJA INHALATION CAPSULE 42 MG	1	PA; MO; QL (300 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	1	ST; MO
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
ANTIPSYCHOTICS		
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	MO
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	MO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
2Nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	MO; QL (1 EA per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	MO; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	MO; QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	MO; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	QL (8 EA per 28 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 ML per 90 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	1	MO; QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	MO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	MO
NUPLAZID ORAL TABLET 10 MG	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	1	MO; QL (60 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	MO; QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	MO; QL (1 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	1	MO; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	MO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	MO; QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	1	MO; QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	MO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	MO; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	1	QL (2 EA per 28 days)
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	QL (540 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
ANTISPASTICITY AGENTS		
Antispasticity Agents		
<i>baclofen oral solution 10 mg/5ml</i>	1	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
ANTIVIRALS		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	MO
<i>valganciclovir hcl oral tablet 450 mg</i>	1	MO
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	MO; QL (30 EA per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	1	MO; QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	MO
VEMLIDY ORAL TABLET 25 MG	1	MO
Anti-Hepatitis C (Hcv) Agents		
MAVYRET ORAL PACKET 50-20 MG	1	PA
MAVYRET ORAL TABLET 100-40 MG	1	PA
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	1	PA
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	BvD
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO
DOVATO ORAL TABLET 50-300 MG	1	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO
ISENTRESS ORAL PACKET 100 MG	1	MO
ISENTRESS ORAL TABLET 400 MG	1	MO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	MO
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	MO
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	1	MO
EDURANT ORAL TABLET 25 MG	1	MO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	MO
<i>efavirenz oral tablet 600 mg</i>	1	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	MO
<i>nevirapine oral suspension 50 mg/5ml</i>	1	MO
<i>nevirapine oral tablet 200 mg</i>	1	MO
PIFELTRO ORAL TABLET 100 MG	1	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	MO
<i>abacavir sulfate oral tablet 300 mg</i>	1	MO
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	MO
CIMDUO ORAL TABLET 300-300 MG	1	MO
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	MO
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	MO
<i>emtricitabine oral capsule 200 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO
<i>lamivudine oral solution 10 mg/ml</i>	1	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO
TRIZIVIR ORAL TABLET 300-150-300 MG	1	MO
VIREAD ORAL POWDER 40 MG/GM	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
<i>zidovudine oral capsule 100 mg</i>	1	MO
<i>zidovudine oral syrup 50 mg/5ml</i>	1	MO
<i>zidovudine oral tablet 300 mg</i>	1	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	MO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	MO
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	MO
TYBOST ORAL TABLET 150 MG	1	MO
Anti-Hiv Agents, Protease Inhibitors (Pi)		
APTIVUS ORAL CAPSULE 250 MG	1	MO
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	MO
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	MO
EVOTAZ ORAL TABLET 300-150 MG	1	MO
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL PACKET 100 MG	1	MO
PREZCOBIX ORAL TABLET 800-150 MG	1	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
REYATAZ ORAL PACKET 50 MG	1	MO
<i>ritonavir oral tablet 100 mg</i>	1	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO
Anti-Influenza Agents		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	1	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	1	
Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	1	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	
ANXIOLYTICS		
Anxiolytics, Other		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>lorazepam injection solution 2 mg/ml</i>	1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

BIPOLAR AGENTS

Mood Stabilizers

<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	MO
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	1	MO

BLOOD GLUCOSE REGULATORS

Antidiabetic Agents

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	1	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	1	MO
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	MO; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	MO; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	MO; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	MO
<i>metformin hcl oral solution 500 mg/5ml</i>	1	MO
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; MO; QL (2 ML per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.5ML	1	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	1	PA; MO; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	1	PA; MO; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; MO; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; MO; QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	1	PA; MO
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	1	PA; MO
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	1	MO
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; MO; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	1	PA; MO; QL (9 ML per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	1	MO; QL (15 ML per 30 days)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	1	
<i>diazoxide oral suspension 50 mg/ml</i>	1	MO
<i>glucagon emergency injection kit 1 mg</i>	1	
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; QL (120 EA per 30 days)
Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
FIASP INJECTION SOLUTION 100 UNIT/ML	1	MO
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	1	MO
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	1	MO
<i>insulin aspart injection solution 100 unit/ml</i>	1	MO
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	1	MO
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	1	MO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	MO
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	1	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	1	MO; QL (18 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	1	MO
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
BLOOD PRODUCTS AND MODIFIERS		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	MO
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	1	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 23 MG/0.574ML	1	PA; MO; QL (16.072 ML per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 32.4 MG/0.81ML	1	PA; MO; QL (22.68 ML per 28 days)
Blood Products And Modifiers, Other		
ALVAIZ ORAL TABLET 18 MG, 9 MG	1	PA; MO; QL (30 EA per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	1	PA; MO; QL (60 EA per 30 days)
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	1	PA
PROMACTA ORAL PACKET 12.5 MG	1	PA; MO; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	1	PA; MO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	1	PA; MO; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; MO; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	1	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA

Platelet Modifying Agents

<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO

CARDIOVASCULAR AGENTS

Alpha-Adrenergic Agonists

<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	MO
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Alpha-Adrenergic Blocking Agents

<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO

Angiotensin Ii Receptor Antagonists

<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
MULTAQ ORAL TABLET 400 MG	1	MO
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	1	MO
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	MO
KATERZIA ORAL SUSPENSION 1 MG/ML	1	MO
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	MO
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	1	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	MO
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO
<i>digoxin oral solution 0.05 mg/ml</i>	1	MO
<i>digoxin oral tablet 125 mcg</i>	1	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	MO
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; MO; QL (30 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	MO
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	PA; MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metyrosine oral capsule 250 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
KERENDIA ORAL TABLET 10 MG, 20 MG	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	MO
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	MO
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	MO
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	1	MO
<i>cholestyramine oral packet 4 gm</i>	1	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	1	MO
<i>colesevelam hcl oral tablet 625 mg</i>	1	MO
<i>colestipol hcl oral packet 5 gm</i>	1	MO
<i>colestipol hcl oral tablet 1 gm</i>	1	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	MO
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	MO
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	PA; MO
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	PA; MO
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	PA; MO

Vasodilators, Direct-Acting Arterial/ Venous

<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	MO
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	MO

CENTRAL NERVOUS SYSTEM AGENTS

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO

Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines

<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	1	MO; QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (30 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	1	PA; MO; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	1	PA; MO; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	1	PA; QL (42 EA per 28 days)
DAYBUE ORAL SOLUTION 200 MG/ML	1	PA; MO; QL (3600 ML per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	1	PA; MO
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; MO; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; MO; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA; QL (28 EA per 28 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO
<i>riluzole oral tablet 50 mg</i>	1	PA; MO
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA; MO
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (90 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 EA per 30 days)
Fibromyalgia Agents		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	MO; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	QL (55 EA per 28 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; MO
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	1	PA; MO
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; MO
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	1	PA; MO
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	PA; MO
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	1	PA; MO
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA; MO
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	1	PA; MO
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; MO

DENTAL AND ORAL AGENTS

Dental And Oral Agents

<i>cevimeline hcl oral capsule 30 mg</i>	1	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	

DERMATOLOGICAL AGENTS

Acne And Rosacea Agents

AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	PA
<i>adapalene external cream 0.1 %</i>	1	PA
<i>adapalene external gel 0.3 %</i>	1	PA
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
TAZORAC EXTERNAL CREAM 0.05 %	1	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA
Dermatitis And Pruitus Agents		
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
EUCRISA EXTERNAL OINTMENT 2 %	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	1	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	1	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	1	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
Dermatological Agents, Other		
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcitriol external ointment 3 mcg/gm</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>global alcohol prep ease pad 70 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
HYFTOR EXTERNAL GEL 0.2 %	1	PA
<i>imiquimod external cream 5 %</i>	1	
<i>methoxsalen rapid oral capsule 10 mg</i>	1	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
PANRETIN EXTERNAL GEL 0.1 %	1	PA
<i>podofilox external solution 0.5 %</i>	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	1	
REGRANEX EXTERNAL GEL 0.01 %	1	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
SSD EXTERNAL CREAM 1 %	1	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	1	
<i>permethrin external cream 5 %</i>	1	
Topical Anti-Infectives		
<i>acyclovir external ointment 5 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>clindamycin phosphate external gel 1 %, 1 % (twice daily)</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>ery external pad 2 %</i>	1	
<i>erythromycin external gel 2 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin external solution 2 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA; MO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	1	BvD
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w intravenous solution 20 meq/l</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	MO
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	1	MO
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	1	MO
KLOR-CON ORAL PACKET 20 MEQ	1	MO
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	1	MO
<i>lactated ringers intravenous solution</i>	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1	BvD
PLASMA-LYTE A INTRAVENOUS SOLUTION	1	BvD
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	
Electrolyte/Mineral/Metal Modifiers		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA; MO
FERRIPROX ORAL SOLUTION 100 MG/ML	1	PA; MO
FERRIPROX ORAL TABLET 1000 MG	1	PA; MO
KIONEX ORAL SUSPENSION 15 GM/60ML	1	
LOKELMA ORAL PACKET 10 GM, 5 GM	1	MO
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML	1	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA
<i>trientine hcl oral capsule 250 mg</i>	1	PA
<i>trientine hcl oral capsule 500 mg</i>	1	PA; QL (120 EA per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	1	BvD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	1	BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	1	BvD
CLINISOL SF INTRAVENOUS SOLUTION 15 %	1	BvD
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	BvD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	1	BvD
<i>levocarnitine oral solution 1 gm/10ml</i>	1	MO
<i>levocarnitine oral tablet 330 mg</i>	1	MO
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	BvD
PLENAMINE INTRAVENOUS SOLUTION 15 %	1	BvD
PREMASOL INTRAVENOUS SOLUTION 10 %	1	BvD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROSOL INTRAVENOUS SOLUTION 20 %	1	BvD
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	BvD
TRAVASOL INTRAVENOUS SOLUTION 10 %	1	BvD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	1	BvD
Phosphate Binders		
AURYXIA ORAL TABLET 1 GM 210 MG(FE)	1	PA; MO
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	MO
<i>calcium acetate oral tablet 667 mg</i>	1	MO
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	1	MO
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	MO
VELPHORO ORAL TABLET CHEWABLE 500 MG	1	MO
GASTROINTESTINAL AGENTS		
Anti-Constipation Agents		
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>enulose oral solution 10 gm/15ml</i>	1	MO
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 EA per 30 days)
Anti-Diarrheal Agents		
<i>alosectron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA; MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>loperamide hcl oral capsule 2 mg</i>	1	
XERMELO ORAL TABLET 250 MG	1	PA; MO; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
Gastrointestinal Agents, Other		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG	1	PA; MO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	1	PA; MO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML, 10-3.5-12 MG-GM -GM/175ML	1	
GATTEX SUBCUTANEOUS KIT 5 MG	1	PA; MO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	
SUTAB ORAL TABLET 1479-225-188 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	MO
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	MO
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>sucralfate oral suspension 1 gm/10ml</i>	1	MO
<i>sucralfate oral tablet 1 gm</i>	1	MO
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	MO
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	MO
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral packet 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	MO
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	1	MO
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	1	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; MO
<i>l-glutamine oral packet 5 gm</i>	1	PA; QL (180 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	1	PA; MO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; MO
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	1	PA
RAVICTI ORAL LIQUID 1.1 GM/ML	1	PA; MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA; MO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; MO
SOHONOS ORAL CAPSULE 1 MG, 2.5 MG, 5 MG	1	PA; MO; QL (28 EA per 28 days)
SOHONOS ORAL CAPSULE 1.5 MG, 10 MG	1	PA; MO; QL (56 EA per 28 days)
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	1	PA; MO
VIJOICE ORAL PACKET 50 MG	1	PA; MO
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	1	PA; MO
YARGESA ORAL CAPSULE 100 MG	1	PA; MO
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	MO
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	1	PA; MO

GENITOURINARY AGENTS

Antispasmodics, Urinary

<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	MO
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	MO
<i>flavoxate hcl oral tablet 100 mg</i>	1	MO
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	1	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	MO
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	MO
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	MO
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	MO
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	MO
<i>tropium chloride oral tablet 20 mg</i>	1	MO

Benign Prostatic Hypertrophy Agents

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	MO
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	MO
Genitourinary Agents, Other		
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
<i>penicillamine oral tablet 250 mg</i>	1	PA
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML	1	PA; MO; QL (0.5 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	1	PA; MO; QL (0.8 ML per 30 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	1	PA; MO; QL (1 ML per 30 days)
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
ISTURISA ORAL TABLET 1 MG	1	PA; MO; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; MO; QL (180 EA per 30 days)
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	BvD
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	BvD
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	BvD
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	1	BvD
<i>prednisone oral solution 5 mg/5ml</i>	1	BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA; MO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	1	PA; MO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	1	PA; MO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)

Androgens

<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; MO
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; MO
<i>testosterone transdermal solution 30 mg/act</i>	1	PA; MO

Estrogens

DUAVEE ORAL TABLET 0.45-20 MG	1	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	MO
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	MO
YUVAFEM VAGINAL TABLET 10 MCG	1	MO
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
APRI ORAL TABLET 0.15-30 MG-MCG	1	MO
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	MO
BALZIVA ORAL TABLET 0.4-35 MG-MCG	1	MO
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	MO
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	1	MO
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	1	MO
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	MO
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	1	MO
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	1	MO
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	MO
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	MO
FALMINA ORAL TABLET 0.1-20 MG-MCG	1	MO
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	1	MO
ICLEVIA ORAL TABLET 0.15-0.03 MG	1	MO
INTROVALE ORAL TABLET 0.15-0.03 MG	1	MO
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	1	MO
JASMIEL ORAL TABLET 3-0.02 MG	1	MO
JULEBER ORAL TABLET 0.15-30 MG-MCG	1	MO
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	1	MO
KURVELO ORAL TABLET 0.15-30 MG-MCG	1	MO
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	MO
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	1	MO
LORYNA ORAL TABLET 3-0.02 MG	1	MO
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	1	MO
LUTERA ORAL TABLET 0.1-20 MG-MCG	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	1	MO
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	MO
MILI ORAL TABLET 0.25-35 MG-MCG	1	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NIKKI ORAL TABLET 3-0.02 MG	1	MO
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	MO
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	1	MO
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	1	MO
NYMYO ORAL TABLET 0.25-35 MG-MCG	1	MO
OCELLA ORAL TABLET 3-0.03 MG	1	MO
OSPHENA ORAL TABLET 60 MG	1	PA; MO
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	1	MO
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	1	MO
PREMPHASE ORAL TABLET 0.625-5 MG	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	1	MO
SETLAKIN ORAL TABLET 0.15-0.03 MG	1	MO
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	1	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	MO
SYEDA ORAL TABLET 3-0.03 MG	1	MO
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	MO
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	1	MO
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	MO
TURQOZ ORAL TABLET 0.3-30 MG-MCG	1	MO
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	1	MO
VESTURA ORAL TABLET 3-0.02 MG	1	MO
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	MO
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	1	MO
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	1	MO
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	MO

Progestins

CAMILA ORAL TABLET 0.35 MG	1	MO
DEBLITANE ORAL TABLET 0.35 MG	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	
ERRIN ORAL TABLET 0.35 MG	1	MO
HEATHER ORAL TABLET 0.35 MG	1	MO
INCASSIA ORAL TABLET 0.35 MG	1	MO
LYLEQ ORAL TABLET 0.35 MG	1	MO
LYZA ORAL TABLET 0.35 MG	1	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	MO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
NORA-BE ORAL TABLET 0.35 MG	1	MO
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	MO
SHAROBEL ORAL TABLET 0.35 MG	1	MO

HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO

HORMONAL AGENTS, SUPPRESSANT (PITUITARY)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline oral tablet 0.5 mg</i>	1	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA
<i>leuprolide acetate (3 month) intramuscular injectable 22.5 mg</i>	1	PA
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	1	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	1	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; MO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO
SYNAREL NASAL SOLUTION 2 MG/ML	1	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA

HORMONAL AGENTS, SUPPRESSANT (THYROID)

Antithyroid Agents

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO

IMMUNOLOGICAL AGENTS

Angioedema Agents

<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	1	PA; MO
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	1	PA; MO

Immunoglobulins

PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	1	BvD
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	1	BvD

Immunological Agents, Other

ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA; MO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; MO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; MO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; MO
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA; MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA; MO
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	1	PA; MO
JOENJA ORAL TABLET 70 MG	1	PA; MO; QL (60 EA per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO
OTEZLA ORAL TABLET 30 MG	1	PA; MO; QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	1	PA; QL (55 EA per 28 days)
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA; MO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA; MO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA; MO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA; MO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA; MO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA; MO
TAVNEOS ORAL CAPSULE 10 MG	1	PA; MO
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	1	PA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA; QL (8 EA per 28 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML	1	PA; MO; QL (11.648 ML per 28 days)
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA; MO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
Immunosuppressants		
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	BvD; MO
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; MO
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; MO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	BvD; MO
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA; MO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA; MO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA; MO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	1	BvD; MO
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	BvD; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	1	BvD; MO
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; MO; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; MO; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; MO; Only NDCs starting with 00074
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; MO; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; MO; Only NDCs starting with 00074
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA; MO
LUPKYNIS ORAL CAPSULE 7.9 MG	1	PA; MO; QL (180 EA per 30 days)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BvD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	BvD; MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	BvD; MO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	BvD; MO
REZUROCK ORAL TABLET 200 MG	1	PA; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	BvD; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	BvD; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	BvD; MO
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	BvD
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	
<i>bcg vaccine injection solution reconstituted 50 mg</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	1	BvD
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	BvD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	BvD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	BvD
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	BvD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	BvD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BvD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	BvD
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION RECONSTITUTED	1	
ROTATEQ ORAL SOLUTION	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	BvD
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5- 2 LFU (INJECTION)	1	BvD
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	

INFLAMMATORY BOWEL DISEASE AGENTS

Aminosalicylates

<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	MO
<i>mesalamine oral capsule delayed release 400 mg</i>	1	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	MO
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
METABOLIC BONE DISEASE AGENTS		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	MO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	MO
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	BvD; MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	BvD; MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1	BvD; MO; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	1	BvD; MO; QL (120 EA per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	BvD; MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	1	
<i>raloxifene hcl oral tablet 60 mg</i>	1	MO
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	1	MO
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	MO
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	1	PA; MO
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; MO
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA; QL (1.7 ML per 28 days)
OPHTHALMIC AGENTS		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	MO
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	MO; QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	1	PA; MO; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	1	PA; MO; QL (60 ML per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
XDEMVI OPHTHALMIC SOLUTION 0.25 %	1	PA
Ophthalmic Anti-Inflammatories		
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
BROMSITE OPHTHALMIC SOLUTION 0.075 %	1	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	1	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	MO
<i>brinzolamide ophthalmic suspension 1 %</i>	1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	MO
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	MO
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	MO
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	MO
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	MO
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	MO
OTIC AGENTS		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
<i>ciprofloxacin-fluocinolone pf otic solution 0.3-0.025 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	1	
<i>cetirizine hcl oral solution 5 mg/5ml</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	1	MO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	1	MO
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	1	MO
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	MO
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	BvD; MO
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	1	MO
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	1	MO
<i>montelukast sodium oral tablet 10 mg</i>	1	MO
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	MO
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	MO
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	MO
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	1	MO
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	BvD; MO
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	1	MO
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	MO
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	1	MO
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	1	PA; MO
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; MO; QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	BvD; MO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	1	PA; MO; QL (56 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BvD; MO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	1	PA; MO; QL (84 EA per 28 days)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	1	PA; MO; QL (56 EA per 28 days)
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	MO
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	MO
<i>theophylline oral solution 80 mg/15ml</i>	1	MO
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; QL (90 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; MO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; QL (30 EA per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; MO; QL (90 EA per 30 days)
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO
<i>pirfenidone oral capsule 267 mg</i>	1	PA; MO
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	1	PA; MO
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	BvD
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	1	MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	MO
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	1	MO
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	1	MO
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	MO
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	MO
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	BvD; MO
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i>	1	MO
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 113-14 mcg/act, 232-14 mcg/act, 250-50 mcg/act, 500-50 mcg/act, 55-14 mcg/act</i>	1	MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; MO
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML	1	PA; MO
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; MO
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	MO
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		
<i>carisoprodol oral tablet 350 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
SLEEP DISORDER AGENTS		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	1	QL (120 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	1	PA; QL (540 ML per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 24513, Version 16. Effective 10/01/2024. Last updated 09/27/2024.

Alphabetical Listing

A

abacavir sulfate 34
abacavir sulfate-
lamivudine 34
 ABELCET 18
 ABILIFY ASIMTUFII..... 30
 ABILIFY MAINTENA 30, 31
abiraterone acetate 21
 ABRYSVO 70
acamprosate calcium .. 6
acarbose 37
 ACCUTANE 50
acebutolol hcl..... 43
acetaminophen-codeine
 5
acetazolamide 75
acetazolamide er 75
acetic acid..... 60, 76
acetylcysteine 79
acitretin..... 50
 ACTHIB 70
 ACTIMMUNE 68
acyclovir..... 33, 53
acyclovir sodium..... 33
 ADACEL..... 70
adapalene 50
adefovir dipivoxil 33
 ADEMPAS 78
 ADVAIR HFA..... 79
 AKEEGA..... 23
albendazole..... 28
albuterol sulfate..... 77
albuterol sulfate hfa ... 77
alclometasone
dipropionate 51
 ALECENSA 23
alendronate sodium ... 73
alfuzosin hcl er..... 60
aliskiren fumarate 45
allopurinol..... 20

alose tron hcl57
alprazolam36
 ALTAVERA.....62
 ALUNBRIG..... 23, 24
 ALVAIZ41
alyacen 1/3562
amantadine hcl29
ambrisentan.....78
amikacin sulfate7
amiloride hcl46
amiloride-
hydrochlorothiazide.45
amiodarone hcl43
amitriptyline hcl..... 17
amlodipine besy-
benazepril hcl45
amlodipine besylate....44
amlodipine besylate-
valsartan45
amlodipine-atorvastatin
45
amlodipine-olmesartan
45
ammonium lactate51
 AMNESTEEM50
amoxapine17
amoxicill-clarithro-
lansopraz.....57
amoxicillin.....9
amoxicillin-pot
clavulanate9
amoxicillin-pot
clavulanate er9
amphetamine-
dextroamphetamine 48
amphotericin b 18
amphotericin b liposome
 18
ampicillin9
ampicillin sodium ... 9, 10

ampicillin-sulbactam
sodium..... 10
anagrelide hcl 41
anastrozole 23
 ANORO ELLIPTA 79
apraclonidine hcl..... 75
aprepitant 18
 APRI 62
 APTIOM..... 14
 APTIVUS 35
 ARANELLE 62
 ARCALYST 67
 AREXVY 70
 ARIKAYCE 7
aripiprazole 31
armodafinil 80
 ARNUITY ELLIPTA..... 76
asenapine maleate 31
 ASMANEX (120 METERED
 DOSES) 76
 ASMANEX (30 METERED
 DOSES) 77
 ASMANEX (60 METERED
 DOSES) 77
 ASMANEX HFA 77
aspirin-dipyridamole er
 42
 ASSURE ID INSULIN
 SAFETY SYR 39
atazanavir sulfate 35
atenolol 43
atenolol-chlorthalidone
 45
atomoxetine hcl..... 48
atorvastatin calcium ... 47
atovaquone..... 28
atovaquone-proguanil
hcl 28
atropine sulfate 73
 ATROVENT HFA 77

AUBRA EQ	62	<i>betamethasone valerate</i>	.....51	<i>buprenorphine hcl-</i>	
AUGTYRO	24	BETASERON	49	<i>naloxone hcl</i>	6
AURYXIA	56	<i>betaxolol hcl</i>	43, 75	<i>bupropion hcl</i>	16
AUSTEDO	49	<i>bethanechol chloride</i> ..	60	<i>bupropion hcl er</i>	
AUSTEDO XR	49	<i>bexarotene</i>	28	<i>(smoking det)</i>	6
AUSTEDO XR PATIENT		BEXSERO	70	<i>bupropion hcl er (sr)</i> ...	15
TITRATION.....	49	<i>bicalutamide</i>	21	<i>bupropion hcl er (xl)</i>	15
AUVELITY	15	BICILLIN C-R	10	<i>buspironone hcl</i>	36
AVIANE.....	62	BICILLIN C-R 900/300 .	10	<i>butalbital-apap-caff-cod</i>	
AVONEX PEN	49	BICILLIN L-A.....	10	.....	4
AVONEX PREFILLED ...	49	BIKTARVY	34	<i>butalbital-apap-caffeine</i> 4	
AYVAKIT.....	24	<i>bimatoprost</i>	76	<i>butalbital-asa-caff-</i>	
<i>azathioprine</i>	69	<i>bisoprolol fumarate</i>	43	<i>codeine</i>	4
<i>azelastine hcl</i>	74, 76	<i>bisoprolol-</i>		<i>butalbital-aspirin-</i>	
<i>azithromycin</i>	10, 11	<i>hydrochlorothiazide</i> .45		<i>caffeine</i>	4
<i>aztreonam</i>	7	BLISOVI FE 1.5/30	62	BYLVAY	57
B		BOOSTRIX.....	70	BYLVAY (PELLETS).....	57
<i>bacitracin</i>	74	<i>bosentan</i>	78	C	
<i>bacitracin-polymyxin b</i>	74	BOSULIF	24	<i>cabergoline</i>	66
<i>bacitra-neomycin-</i>		BRAFTOVI.....	24	CABOMETYX	24
<i>polymyxin-hc</i>	73	BREO ELLIPTA.....	79	<i>calcipotriene</i>	52
<i>baclofen</i>	33	BREZTRI AEROSPHERE	79	<i>calcitonin (salmon)</i>	73
<i>balsalazide disodium</i> .	72	<i>briellyn</i>	62	<i>calcitriol</i>	52, 73
BALVERSA	24	BRILINTA.....	42	<i>calcium acetate</i>	56
BALZIVA	62	<i>brimonidine tartrate</i> ...	75	<i>calcium acetate (phos</i>	
BAQSIMI ONE PACK ...	39	<i>brimonidine tartrate-</i>		<i>binder)</i>	56
BARACLUDGE	33	<i>timolol</i>	75	CALQUENCE.....	24
<i>bcg vaccine</i>	70	<i>brinzolamide</i>	75	CAMILA	65
BELSOMRA.....	80	BRIVIACT.....	12	CAMZYOS	45
<i>benazepril hcl</i>	43	<i>bromfenac sodium</i>	74	<i>candesartan cilexetil</i> ...	42
<i>benazepril-</i>		<i>bromfenac sodium</i>		<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide</i>	45	<i>(once-daily)</i>	74	<i>hctz</i>	45
BENLYSTA.....	69	<i>bromocriptine mesylate</i>		CAPLYTA	31
<i>benznidazole</i>	28	.....	29	CAPRELSA	24
<i>benzoyl peroxide-</i>		BROMSITE.....	75	<i>captopril</i>	43
<i>erythromycin</i>	50	BRONCHITOL	78	<i>carbamazepine</i>	14
<i>benztropine mesylate</i> .	29	BRUKINSA.....	24	<i>carbamazepine er</i>	14
BESIVANCE	11	<i>budesonide</i>	73, 77	<i>carbidopa</i>	29
BESREMI	68	<i>budesonide er</i>	73	<i>carbidopa-levodopa</i> ...	29
<i>betaine</i>	58	<i>budesonide-formoterol</i>		<i>carbidopa-levodopa er</i>	29
<i>betamethasone</i>		<i>fumarate</i>	79	<i>carbidopa-levodopa-</i>	
<i>dipropionate</i>	51	<i>bumetanide</i>	46	<i>entacapone</i>	29
<i>betamethasone</i>		<i>buprenorphine hcl</i>	6	<i>carglumic acid</i>	54
<i>dipropionate aug</i>	51			<i>carisoprodol</i>	79

<i>carteolol hcl</i>	75	<i>citalopram hydrobromide</i>		<i>clopidogrel bisulfate</i> ...	42
CARTIA XT.....	44	.....	16	<i>clorazepate dipotassium</i>	
<i>carvedilol</i>	43	CLARAVIS.....	50	.....	37
<i>casprofungin acetate</i> ...	18	<i>clarithromycin</i>	11	<i>clotrimazole</i>	18, 19
CAYSTON	78	<i>clarithromycin er</i>	11	<i>clotrimazole-</i>	
<i>cefaclor</i>	8	CLENPIQ.....	57	<i>betamethasone</i>	53
<i>cefadroxil</i>	8	<i>clindamycin hcl</i>	7	<i>clozapine</i>	32
<i>cefazolin sodium</i>	8	<i>clindamycin palmitate</i>		COARTEM	28
<i>cefdinir</i>	8	<i>hcl</i>	7	<i>codeine sulfate</i>	5
<i>cefepime hcl</i>	8	<i>clindamycin phos-</i>		<i>colchicine</i>	20
<i>cefixime</i>	8, 9	<i>benzoyl perox</i>	50	<i>colchicine-probenecid</i>	20
<i>cefoxitin sodium</i>	9	<i>clindamycin phosphate</i> 7,		<i>colesevelam hcl</i>	47
<i>cefpodoxime proxetil</i>	9	53		<i>colestipol hcl</i>	47
<i>cefprozil</i>	9	<i>clindamycin phosphate</i>		<i>colistimethate sodium</i>	
<i>ceftazidime</i>	9	<i>in d5w</i>	7	<i>(cba)</i>	7
<i>ceftriaxone sodium</i>	9	CLINIMIX E/DEXTROSE		COMBIVENT RESPIMAT	
<i>cefuroxime axetil</i>	9	(2.75/5).....	55	.....	79
<i>cefuroxime sodium</i>	9	CLINIMIX E/DEXTROSE		COMETRIQ (100 MG	
<i>celecoxib</i>	4	(4.25/10).....	55	DAILY DOSE).....	24
<i>cephalexin</i>	9	CLINIMIX E/DEXTROSE		COMETRIQ (140 MG	
<i>cetirizine hcl</i>	76	(4.25/5).....	55	DAILY DOSE).....	24
<i>cevimeline hcl</i>	50	CLINIMIX E/DEXTROSE		COMETRIQ (60 MG DAILY	
<i>chlordiazepoxide hcl</i> ..	36	(5/15)	55	DOSE)	24
<i>chlorhexidine gluconate</i>		CLINIMIX E/DEXTROSE		COMFORT ASSIST	
.....	50	(5/20)	55	INSULIN SYRINGE ...	39
<i>chloroquine phosphate</i>		CLINIMIX/DEXTROSE		COMPLERA.....	34
.....	28	(4.25/10).....	55	COMPRO	18
<i>chlorpromazine hcl</i>	30	CLINIMIX/DEXTROSE		<i>constulose</i>	56
<i>chlorthalidone</i>	47	(4.25/5).....	55	COPAXONE.....	50
<i>cholestyramine</i>	47	CLINIMIX/DEXTROSE		COPIKTRA.....	24
<i>cholestyramine light</i> ...	47	(5/15)	56	COSENTYX.....	67
<i>ciclopirox</i>	53	CLINIMIX/DEXTROSE		COSENTYX (300 MG	
<i>ciclopirox olamine</i>	18	(5/20)	56	DOSE)	67
<i>cilostazol</i>	42	CLINISOL SF.....	56	COSENTYX	
CIMDUO.....	34	<i>clobazam</i>	13	SENSOREADY (300	
<i>cimetidine</i>	58	<i>clobetasol propionate</i> .51		MG).....	67
<i>cinacalcet hcl</i>	73	<i>clobetasol propionate e</i>		COSENTYX UNOREADY	
<i>ciprofloxacin hcl</i> ...	11, 76	.....	51	.....	67
<i>ciprofloxacin in d5w</i> ...	11	<i>clobetasol propionate</i>		COTELLIC	24
<i>ciprofloxacin-</i>		<i>emulsion</i>	51	CREON	58
<i>dexamethasone</i>	76	<i>clomipramine hcl</i>	17	<i>cromolyn sodium</i> .58, 74,	
<i>ciprofloxacin-</i>		<i>clonazepam</i>	37	79	
<i>fluocinolone pf</i>	76	<i>clonidine</i>	42	CRYSSELLE-28	62
		<i>clonidine hcl</i>	42	<i>cvs gauze sterile</i>	39

cyclobenzaprine hcl ... 79
cyclophosphamide 21
cyclosporine..... 69, 73
cyclosporine modified 69
cyproheptadine hcl 76
 CYRED EQ 62
 CYSTADROPS 73
 CYSTAGON 58
 CYSTARAN 73
D
dalfampridine er 50
danazol 61
dapsone 21
 DAPTACEL 70
daptomycin 7
darifenacin
 hydrobromide er 59
darunavir 35
 DAURISMO 24
 DAYBUE..... 49
 DEBLITANE 65
deferasirox 55
deferasirox granules ... 55
deferiprone..... 55
 DELSTRIGO 34
demeclocycline hcl.... 12
 DEPO-SUBQ PROVERA
 104 65
 DESCOVY 34
desipramine hcl 17
desloratadine 76
desmopressin ace spray
 refrig..... 61
desmopressin acetate 61
desogestrel-ethinyl
 estradiol 62
desonide 51
desoximetasone 51
desvenlafaxine er 16
desvenlafaxine succinate
 er 16
dexamethasone 60
dexamethasone sod
 phosphate pf..... 60

dexamethasone sodium
 phosphate 60, 75
dexmethylphenidate hcl
 48
dextroamphetamine
 sulfate48
dextrose.....56
dextrose-sodium
 chloride56
 DIACOMIT 12
diazepam 14, 37
 DIAZEPAM INTENSOL..37
diazoxide.....39
diclofenac potassium....4
diclofenac sodium . 4, 53,
 75
diclofenac sodium er4
diclofenac-misoprostol .4
dicloxacin sodium 10
dicyclomine hcl57
 DIFICID 11
diflunisal4
difluprednate.....75
digoxin45
dihydroergotamine
 mesylate.....20
 DILANTIN 14
diltiazem hcl.....44
diltiazem hcl er44
diltiazem hcl er beads .44
diltiazem hcl er coated
 beads44
dilt-xr44
dimethyl fumarate.....50
dimethyl fumarate starter
 pack.....50
diphenoxylate-atropine
 57
diphtheria-tetanus
 toxoids dt.....70
dipyridamole42
disopyramide phosphate
 43
disulfiram6

divalproex sodium 37
divalproex sodium er... 37
dofetilide 43
donepezil hcl 15
dorzolamide hcl 75
dorzolamide hcl-timolol
 mal 75
dorzolamide hcl-timolol
 mal pf..... 75
 DOVATO..... 34
doxazosin mesylate 42
doxepin hcl 17, 80
 DOXY 100 12
doxycycline hyclate 12
doxycycline
 monohydrate 12
 DRIZALMA SPRINKLE .. 16
dronabinol 18
drospirenone-ethinyl
 estradiol 62
 DROXIA..... 22
droxidopa 42
 DUAVEE 61
duloxetine hcl..... 16
 DUPIXENT..... 68
dutasteride 60
dutasteride-tamsulosin
 hcl 60
E
econazole nitrate 19
 EDURANT 34
efavirenz 34
efavirenz-emtricitab-
 tenofo df..... 34
efavirenz-lamivudine-
 tenofovir 34
 ELIGARD 66
 ELIQUIS 41
 ELIQUIS DVT/PE STARTER
 PACK..... 41
 ELMIRON 60
 ELURYNG..... 62
 EMGALITY 20
 EMSAM 16

<i>emtricitabine</i>	34	<i>esomeprazole</i>		FIASP PENFILL	39
<i>emtricitabine-tenofovir df</i>		<i>magnesium</i>	58	FILSPARI	45
.....	35	ESTARYLLA.....	62	<i>finasteride</i>	60
EMTRIVA.....	35	<i>estradiol</i>	61, 62	<i> fingolimod hcl</i>	50
EMVERM	28	<i>ethambutol hcl</i>	21	FINTEPLA.....	12
<i>enalapril maleate</i>	43	<i>ethosuximide</i>	13	FIRMAGON	66
<i>enalapril-</i>		<i>ethynodiol diac-eth</i>		FIRMAGON (240 MG	
<i>hydrochlorothiazide</i>	45	<i>estradiol</i>	62	DOSE)	66
ENBREL.....	69	<i>etodolac</i>	4	FIRVANQ.....	7
ENBREL MINI	69	<i>etonogestrel-ethinyl</i>		<i>flavoxate hcl</i>	59
ENBREL SURECLICK ..	69	<i>estradiol</i>	63	<i>flecainide acetate</i>	43
ENGERIX-B	70	<i>etravirine</i>	34	<i>fluconazole</i>	19
ENILLORING	62	EUCRISA	51	<i>fluconazole in sodium</i>	
<i>enoxaparin sodium</i>	41	EUTHYROX	66	<i>chloride</i>	19
ENPRESSE-28.....	62	<i>everolimus</i>	24, 69	<i>flucytosine</i>	19
ENSKYCE.....	62	EVOTAZ	35	<i>fludrocortisone acetate</i>	
<i>entacapone</i>	29	EVRYSDI.....	49	.....	60
<i>entecavir</i>	33	EXEL COMFORT POINT		<i>flunisolide</i>	77
ENTRESTO	45	PEN NEEDLE.....	39	<i>fluocinolone acetonide</i>	
<i>enulose</i>	56	<i>exemestane</i>	23	.....	51, 52, 76
ENVARUSUS XR.....	69	<i>ezetimibe</i>	47	<i>fluocinolone acetonide</i>	
EPIDIOLEX.....	12	<i>ezetimibe-simvastatin</i> .	47	<i>scalp</i>	52
<i>epinastine hcl</i>	74	F		<i>fluocinonide</i>	52
<i>epinephrine</i>	77	FALMINA	63	<i>fluocinonide emulsified</i>	
EPITOL	14	<i>famciclovir</i>	33	<i>base</i>	52
<i>eplerenone</i>	46	<i>famotidine</i>	58	<i>fluorometholone</i>	75
EPRONTIA	20	FANAPT	31	<i>fluorouracil</i>	53
ERAXIS	19	FANAPT TITRATION PACK		<i>fluoxetine hcl</i>	16
<i>ergotamine-caffeine</i> ...	20	.....	31	<i>fluphenazine decanoate</i>	
ERIVEDGE	24	<i>febuxostat</i>	20	.....	30
ERLEADA.....	21	<i>felbamate</i>	12	<i>fluphenazine hcl</i>	30
<i>erlotinib hcl</i>	24	<i>felodipine er</i>	44	<i>flurbiprofen</i>	4
ERRIN	65	<i>fenofibrate</i>	47	<i>flurbiprofen sodium</i>	75
<i>ertapenem sodium</i>	10	<i>fenofibrate micronized</i>	47	<i>fluticasone propionate</i>	
<i>ery</i>	53	<i>fenofibric acid</i>	47	.....	52, 77
ERYTHROCIN		<i>fentanyl</i>	5	<i>fluticasone propionate</i>	
LACTOBIONATE	11	<i>fentanyl citrate</i>	5	<i>hfa</i>	77
<i>erythromycin</i> .. 11, 53, 54,		FERRIPROX	55	<i>fluticasone-salmeterol</i>	79
74		<i>fesoterodine fumarate er</i>		<i>fluvastatin sodium er</i> ..	47
<i>erythromycin base</i>	11	.....	59	<i>fluvoxamine maleate</i> ..	17
<i>erythromycin</i>		FETZIMA.....	16	<i>fluvoxamine maleate er</i>	
<i>ethylsuccinate</i>	11	FETZIMA TITRATION	16	.....	17
<i>escitalopram oxalate</i> ..	16	FIASP	39	<i>fondaparinux sodium</i> ..	41
		FIASP FLEXTOUCH.....	39	<i>fosamprenavir calcium</i>	35

fosfomycin tromethamine 7
fosinopril sodium 43
fosinopril sodium-hctz 45
 FOTIVDA..... 24
 FRUZAQLA 25
furosemide 46
 FUZEON 35
 FYCOMPA..... 12
G
gabapentin 14
galantamine hydrobromide..... 15
galantamine hydrobromide er 15
 GARDASIL 9..... 70
gatifloxacin 74
 GATTEX 57
 GAVILYTE-C 57
 GAVILYTE-G 57
 GAVRETO 25
gefitinib 25
gemfibrozil..... 47
generlac 56
 GENGRAF 69
gentamicin in saline 7
gentamicin sulfate... 7, 74
 GENVOYA..... 34
 GILOTRIF 25
glatiramer acetate 50
 GLEOSTINE 21
glimepiride 37
glipizide..... 37
glipizide er 37
*glipizide-metformin hcl*37
global alcohol prep ease 53
glucagon emergency .. 39
glyburide 37
glyburide-metformin .. 37
glycopyrrolate..... 57
granisetron hcl..... 18
griseofulvin microsize . 19

griseofulvin ultramicrosize 19
guanfacine hcl 42
guanfacine hcl er 48
H
halobetasol propionate 52
 HALOETTE..... 63
haloperidol..... 30
haloperidol decanoate 30
haloperidol lactate..... 30
 HAVRIX 70
 HEATHER 65
heparin sodium (porcine) 41
 HEPLISAV-B..... 71
 HIBERIX 71
 HUMIRA (2 PEN) 69
 HUMIRA (2 SYRINGE) .. 69
 HUMIRA-CD/UC/HS STARTER 69
 HUMIRA-PED>/=40KG UC STARTER..... 69
 HUMIRA-PSORIASIS/UVEIT STARTER 69
hydralazine hcl 48
hydrochlorothiazide 47
hydrocodone-acetaminophen..... 5
hydrocodone-ibuprofen 5
hydrocortisone 52, 60, 73
hydrocortisone (perianal) 52
hydrocortisone ace-pramoxine 53
hydrocortisone valerate 52
hydrocortisone-acetic acid..... 76
hydromorphone hcl 5
hydroxychloroquine sulfate 28
hydroxyurea 22

hydroxyzine hcl..... 36
hydroxyzine pamoate .. 36
 HYFTOR 53
I
ibandronate sodium ... 73
 IBRANCE 25
 IBU 4
ibuprofen 4
icatibant acetate 67
 ICLEVIA 63
 ICLUSIG..... 25
icosapent ethyl..... 47
 IDHIFA 22
imatinib mesylate 25
 IMBRUVICA..... 25
imipenem-cilastatin ... 10
imipramine hcl 17
imiquimod 53
 IMOVAX RABIES..... 71
 IMVEXXY MAINTENANCE PACK..... 62
 IMVEXXY STARTER PACK 62
 INBRIJA..... 29
 INCASSIA..... 65
 INCRELEX..... 61
indapamide..... 47
indomethacin..... 4
 INFANRIX..... 71
 INGREZZA..... 49
 INLYTA 25
 INQOVI 22
 INREBIC..... 25
insulin asp prot & asp flexpen 39
insulin aspart 39
insulin aspart flexpen.. 39
insulin aspart penfill ... 39
insulin aspart prot & aspart 39
 INTELENCE 34
 INTRALIPID 56
 INTROVALE 63
 INVEGA HAFYERA..... 31

INVEGA SUSTENNA....	31	JUBLIA	19	KOSELUGO	25
INVEGA TRINZA.....	31	JULEBER	63	KRAZATI	23
INVOKAMET.....	38	JULUCA.....	35	KURVELO	63
INVOKAMET XR	38	JUNEL 1.5/30.....	63	L	
INVOKANA.....	38	JUNEL 1/20.....	63	<i>labetalol hcl</i>	44
IPOL.....	71	JUNEL FE 1.5/30	63	<i>lacosamide</i>	14
<i>ipratropium bromide</i> ..	77	JUNEL FE 1/20	63	<i>lactated ringers</i>	54
<i>ipratropium-albuterol</i> .	79	JUXTAPID	47	<i>lactulose</i>	56
<i>irbesartan</i>	42	JYNNEOS	71	LAGEVRIO.....	36
<i>irbesartan-</i>		K		<i>lamivudine</i>	33, 35
<i>hydrochlorothiazide</i>	46	KALYDECO	78	<i>lamivudine-zidovudine</i>	35
ISENTRESS	34	KARIVA.....	63	<i>lamotrigine</i>	12
ISENTRESS HD.....	34	KATERZIA	44	<i>lamotrigine er</i>	12
ISIBLOOM.....	63	<i>kcl in dextrose-nacl</i>	54	<i>lamotrigine starter kit-</i>	
ISOLYTE-P IN D5W	56	<i>kcl-lactated ringers-d5w</i>		<i>blue</i>	13
ISOLYTE-S PH 7.4	54	.....	54	<i>lamotrigine starter kit-</i>	
<i>isoniazid</i>	21	KELNOR 1/35.....	63	<i>green</i>	13
ISOPTO ATROPINE	73	KELNOR 1/50.....	63	<i>lamotrigine starter kit-</i>	
<i>isosorb dinitrate-</i>		KERENDIA.....	47	<i>orange</i>	13
<i>hydralazine</i>	46	KESIMPTA.....	50	LAMPIT	28
<i>isosorbide dinitrate</i>	48	<i>ketoconazole</i>	19	<i>lansoprazole</i>	58
<i>isosorbide mononitrate</i>		<i>ketorolac tromethamine</i>		LANTUS	39
.....	48	.....	4, 75	LANTUS SOLOSTAR	39
<i>isosorbide mononitrate</i>		KINERET.....	69	<i>lapatinib ditosylate</i>	25
<i>er</i>	48	KINRIX	71	LARIN 1.5/30.....	63
<i>isotretinoin</i>	50	KIONEX.....	55	LARIN 1/20.....	63
<i>isradipine</i>	44	KISQALI (200 MG DOSE)		LARIN FE 1.5/30	63
ISTURISA	60	.....	25	LARIN FE 1/20	63
<i>itraconazole</i>	19	KISQALI (400 MG DOSE)		<i>latanoprost</i>	76
<i>ivabradine hcl</i>	46	.....	25	LEENA	63
<i>ivermectin</i>	28	KISQALI (600 MG DOSE)		<i>leflunomide</i>	68
IWILFIN	22	.....	25	<i>lenalidomide</i>	22
IXCHIQ.....	71	KISQALI FEMARA (200		LENVIMA (10 MG DAILY	
IXIARO.....	71	MG DOSE)	22	DOSE)	25
J		KISQALI FEMARA (400		LENVIMA (12 MG DAILY	
JAKAFI	25	MG DOSE)	22	DOSE)	25
JANTOVEN	41	KISQALI FEMARA (600		LENVIMA (14 MG DAILY	
JANUMET.....	38	MG DOSE)	22	DOSE)	25
JANUMET XR.....	38	KLOR-CON	54	LENVIMA (18 MG DAILY	
JANUVIA	38	KLOR-CON 10	54	DOSE)	25
JARDIANCE.....	38	KLOR-CON M10.....	54	LENVIMA (20 MG DAILY	
JASMIEL	63	KLOR-CON M15.....	54	DOSE)	25
JAYPIRCA.....	25	KLOR-CON M20.....	54	LENVIMA (24 MG DAILY	
JOENJA.....	68	KLOXXADO.....	6	DOSE)	26

LENVIMA (4 MG DAILY DOSE).....	26	<i>lisinopril</i>	43	LYNPARZA.....	23
LENVIMA (8 MG DAILY DOSE).....	26	<i>lisinopril-hydrochlorothiazide</i>	46	LYSODREN.....	22
LESSINA.....	63	<i>lithium</i>	37	LYTGOBI (12 MG DAILY DOSE).....	26
<i>letrozole</i>	23	<i>lithium carbonate</i>	37	LYTGOBI (16 MG DAILY DOSE).....	26
<i>leucovorin calcium</i>	23	<i>lithium carbonate er</i>	37	LYTGOBI (20 MG DAILY DOSE).....	26
LEUKERAN.....	21	LOKELMA.....	55	LYZA.....	65
LEUKINE.....	42	LONSURF.....	23	M	
<i>leuprolide acetate</i>	66	<i>loperamide hcl</i>	57	<i>magnesium sulfate</i>	54
<i>leuprolide acetate (3 month)</i>	66	<i>lopinavir-ritonavir</i>	35	<i>malathion</i>	53
<i>levabuterol hcl</i>	78	<i>lorazepam</i>	37	<i>maraviroc</i>	35
<i>levabuterol tartrate</i>	78	LORAZEPAM INTENSOL.....	37	<i>marlissa</i>	63
LEVEMIR.....	40	LORBRENA.....	26	MARPLAN.....	16
LEVEMIR FLEXPEN.....	39	LORYNA.....	63	MATULANE.....	21
<i>levetiracetam</i>	13	<i>losartan potassium</i>	43	MAVYRET.....	33
<i>levetiracetam er</i>	13	<i>losartan potassium-hctz</i>	46	MAYZENT.....	50
<i>levobunolol hcl</i>	75	<i>loteprednol etabonate</i>	75	MAYZENT STARTER PACK.....	50
<i>levocarnitine</i>	56	<i>lovastatin</i>	47	<i>meclizine hcl</i>	18
<i>levocetirizine dihydrochloride</i>	76	LOW-OGESTREL.....	63	<i>medroxyprogesterone acetate</i>	65
<i>levofloxacin</i>	11, 74	<i>loxapine succinate</i>	30	<i>mefloquine hcl</i>	28
<i>levofloxacin in d5w</i>	11	<i>lubiprostone</i>	57	<i>megestrol acetate</i>	65
LEVONEST.....	63	LUMAKRAS.....	23	MEKINIST.....	26
<i>levonorgest-eth estrad 91-day</i>	63	LUMIGAN.....	76	MEKTOVI.....	26
<i>levonorgestrel-ethinyl estrad</i>	63	LUPKYNIS.....	69	<i>meloxicam</i>	4
<i>levonorg-eth estrad triphasic</i>	63	LUPRON DEPOT (1-MONTH).....	66	<i>memantine hcl</i>	15
LEVORA 0.15/30 (28) ..	63	LUPRON DEPOT (3-MONTH).....	66	<i>memantine hcl er</i>	15
<i>levothyroxine sodium</i> .	66	LUPRON DEPOT (4-MONTH).....	66	MENACTRA.....	71
LEVOXYL.....	66	LUPRON DEPOT (6-MONTH).....	66	MENEST.....	62
<i>l-glutamine</i>	58	LUPRON DEPOT (1-MONTH).....	66	MENQUADFI.....	71
LIBERVANT.....	14	LUPRON DEPOT-PED (1-MONTH).....	66	MENVEO.....	71
<i>lidocaine</i>	6	LUPRON DEPOT-PED (3-MONTH).....	66	<i>mercaptopurine</i>	22
<i>lidocaine hcl</i>	6	LUPRON DEPOT-PED (6-MONTH).....	66	<i>meropenem</i>	10
<i>lidocaine hcl (pf)</i>	6	<i>lurasidone hcl</i>	31	<i>mesalamine</i>	72
<i>lidocaine viscous hcl</i>	6	LUTERA.....	63	<i>mesalamine er</i>	72
<i>lidocaine-prilocaine</i>	6	LYBALVI.....	31	MESNEX.....	23
<i>linezolid</i>	7	LYLEQ.....	65	<i>metformin hcl</i>	38
LINZESS.....	56			<i>metformin hcl er</i>	38
<i>liothyronine sodium</i> ...	66			<i>methadone hcl</i>	5
				<i>methazolamide</i>	75
				<i>methenamine hippurate</i>	7

<i>methimazole</i>	67	<i>mometasone furoate</i> .52,		<i>neomycin-bacitracin zn-</i>	
<i>methocarbamol</i>	80	77		<i>polymyx</i>	74
<i>methotrexate sodium</i> .	69	<i>montelukast sodium</i> ...	77	<i>neomycin-polymyxin-</i>	
<i>methotrexate sodium (pf)</i>		<i>morphine sulfate</i>	5	<i>dexameth</i>	74
.....	69	<i>morphine sulfate</i>		<i>neomycin-polymyxin-</i>	
<i>methoxsalen rapid</i>	53	(concentrate)	5	<i>gramicidin</i>	74
<i>methsuximide</i>	13	<i>morphine sulfate er</i>	5	<i>neomycin-polymyxin-hc</i>	
<i>methylphenidate hcl</i> ..	48	MOTPOLY XR	14	.....	74, 76
<i>methylprednisolone</i> ...	60	MOUNJARO	38	NEO-POLYCIN	74
<i>methylprednisolone</i>		MOVANTIK	57	NERLYNX	26
<i>acetate</i>	60	<i>moxifloxacin hcl</i>	11, 74	NEUPRO	29
<i>methylprednisolone</i>		<i>moxifloxacin hcl in nacl</i>		<i>nevirapine</i>	34
<i>sodium succ</i>	60	.....	11	<i>nevirapine er</i>	34
<i>metoclopramide hcl</i> ...	57	MULTAQ	43	<i>niacin er</i>	
<i>metolazone</i>	47	<i>multiple electro type 1 ph</i>		(antihyperlipidemic) 48	
<i>metoprolol succinate er</i>		5.5	54	<i>nicardipine hcl</i>	44
.....	44	<i>mupirocin</i>	54	NICOTROL	6
<i>metoprolol tartrate</i>	44	<i>mupirocin calcium</i>	54	<i>nifedipine</i>	44
<i>metoprolol-</i>		<i>mycophenolate mofetil</i>		<i>nifedipine er</i>	44
<i>hydrochlorothiazide</i> 46		.....	69, 70	<i>nifedipine er osmotic</i>	
<i>metronidazole</i>	7, 8	<i>mycophenolate sodium</i>		<i>release</i>	44
<i>metyrosine</i>	46	.....	70	NIKKI	64
<i>mexiletine hcl</i>	43	MYRBETRIQ	59	<i>nilutamide</i>	22
<i>micafungin sodium</i>	19	N		NINLARO	23
<i>miconazole 3</i>	19	<i>na sulfate-k sulfate-mg</i>		<i>nitazoxanide</i>	28
MICROGESTIN 1.5/30. 63		<i>sulf</i>	57	<i>nitisinone</i>	58
MICROGESTIN 1/20.... 63		<i>nabumetone</i>	4	NITRO-BID	48
MICROGESTIN FE 1.5/30		<i>nadolol</i>	44	<i>nitrofurantoin</i>	8
.....	64	<i>nafacillin sodium</i>	10	<i>nitrofurantoin</i>	
MICROGESTIN FE 1/20 64		<i>naloxone hcl</i>	6	<i>macrocrystal</i>	8
<i>midodrine hcl</i>	42	<i>naltrexone hcl</i>	6	<i>nitrofurantoin monohyd</i>	
<i>mifepristone</i>	39	NAMZARIC	15	<i>macro</i>	8
<i>miglitol</i>	38	<i>naproxen</i>	4	<i>nitroglycerin</i>	48
<i>miglustat</i>	58	<i>naproxen dr</i>	4	<i>nizatidine</i>	58
MILI	64	<i>naproxen sodium</i>	4	NORA-BE	65
<i>minocycline hcl</i>	12	<i>naratriptan hcl</i>	20	<i>norethin ace-eth estrad-</i>	
<i>minoxidil</i>	48	NATACYN	74	<i>fe</i>	64
<i>mirtazapine</i>	16	<i>nateglinide</i>	38	<i>norethindrone</i>	65
<i>misoprostol</i>	58	NAYZILAM	14	<i>norethindrone acetate</i> 65	
M-M-R II	71	<i>nebivolol hcl</i>	44	<i>norethindrone acet-</i>	
<i>modafinil</i>	80	NECON 0.5/35 (28)	64	<i>ethinyl est</i>	64
<i>moexipril hcl</i>	43	<i>nefazodone hcl</i>	17	<i>norgestimate-eth</i>	
<i>molindone hcl</i>	30	<i>neomycin sulfate</i>	7	<i>estradiol</i>	64

<i>norgestim-eth estrad</i>	NYAMYC.....	19	<i>oxazepam</i>	36
<i>triphasic</i>	NYLIA 1/35	64	<i>oxcarbazepine</i>	15
NORTREL 0.5/35 (28)..	NYLIA 7/7/7	64	<i>oxybutynin chloride</i>	59
NORTREL 1/35 (21)....	NYMYO	64	<i>oxybutynin chloride er.</i>	59
NORTREL 1/35 (28)....	<i>nystatin</i>	19	<i>oxycodone hcl</i>	5
NORTREL 7/7/7	<i>nystatin-triamcinolone</i>	53	<i>oxycodone-</i>	
<i>nortriptyline hcl</i>	NYSTOP	19	<i>acetaminophen</i>	5
NORVIR.....	O		OZEMPIC (0.25 OR 0.5	
NOVOLIN 70/30	OCELLA	64	MG/DOSE).....	38
NOVOLIN 70/30	<i>octreotide acetate</i>	67	OZEMPIC (1 MG/DOSE)	
FLEXPEN.....	ODEFSEY	35	.....	38
NOVOLIN 70/30	ODOMZO	26	OZEMPIC (2 MG/DOSE)	
FLEXPEN RELION ...	OFEV	79	.....	38
NOVOLIN 70/30 RELION	<i>ofloxacin</i>	11, 74, 76	P	
.....	OGSIVEO	23	<i>paliperidone er</i>	32
NOVOLIN N	OJEMDA	26	PANRETIN	53
NOVOLIN N FLEXPEN .	OJJAARA.....	26	<i>pantoprazole sodium</i> ..	58
NOVOLIN N FLEXPEN	<i>olanzapine</i>	32	PANZYGA	67
RELION.....	<i>olanzapine-fluoxetine hcl</i>		<i>paricalcitol</i>	73
NOVOLIN N RELION ...	.....	16	<i>paroxetine hcl</i>	17
NOVOLIN R.....	<i>olmesartan medoxomil</i>		<i>paroxetine hcl er</i>	17
NOVOLIN R FLEXPEN .	.....	43	PAXLOVID (150/100) ...	36
NOVOLIN R FLEXPEN	<i>olmesartan medoxomil-</i>		PAXLOVID (300/100) ...	36
RELION.....	<i>hctz</i>	46	<i>pazopanib hcl</i>	26
NOVOLIN R RELION ...	<i>olmesartan-amlodipine-</i>		PEDIARIX	71
NOVOLOG.....	<i>hctz</i>	46	PEDVAX HIB	71
NOVOLOG 70/30	<i>omega-3-acid ethyl</i>		<i>peg 3350-kcl-na bicarb-</i>	
FLEXPEN RELION ...	<i>esters</i>	48	<i>nacl</i>	57
NOVOLOG FLEXPEN ..	<i>omeprazole</i>	58	<i>peg-3350/electrolytes</i> .	57
NOVOLOG FLEXPEN	OMNITROPE.....	61	PEGASYS	68
RELION.....	<i>ondansetron</i>	18	PEMAZYRE	26
NOVOLOG MIX 70/30 .	<i>ondansetron hcl</i>	18	PENBRAYA	71
NOVOLOG MIX 70/30	ONUREG.....	22	<i>penicillamine</i>	60
FLEXPEN.....	OPSUMIT	78	<i>penicillin g pot in</i>	
NOVOLOG MIX 70/30	ORGOVYX	23	<i>dextrose</i>	10
RELION	ORKAMBI	78	<i>penicillin g potassium</i> .	10
NOVOLOG PENFILL....	ORSERDU	22	<i>penicillin g sodium</i>	10
NOVOLOG RELION....	<i>oseltamivir phosphate</i> .	36	<i>penicillin v potassium</i> .	10
NOXAFIL.....	OSPHENA	64	PENTACEL	71
NUBEQA.....	OTEZLA.....	68	<i>pentamidine isethionate</i>	
NUCALA	<i>oxacillin sodium</i>	10	.....	28, 29
NUDEXTA	<i>oxacillin sodium in</i>		<i>pentoxifylline er</i>	46
NUPLAZID	<i>dextrose</i>	10	<i>perindopril erbumine</i> ..	43
NUTRILIPID.....	<i>oxaprozin</i>	4	<i>permethrin</i>	53

<i>perphenazine</i>	30	<i>potassium cl in dextrose</i>	PROMACTA	42
<i>perphenazine-</i>		5%	<i>promethazine hcl</i>	18
<i>amitriptyline</i>	16	<i>pramipexole</i>	PROMETHEGAN	18
PERSERIS	32	<i>dihydrochloride</i>	<i>propafenone hcl</i>	43
PHENADOZ	18	<i>prasugrel hcl</i>	<i>propafenone hcl er</i>	43
<i>phenelzine sulfate</i>	16	<i>pravastatin sodium</i>	<i>propranolol hcl</i>	20, 44
<i>phenobarbital</i>	13	<i>prazosin hcl</i>	<i>propranolol hcl er</i>	20, 44
<i>phenytoin</i>	15	<i>prednisolone</i>	<i>propylthiouracil</i>	67
<i>phenytoin sodium</i>		<i>prednisolone acetate</i>	PROQUAD	71
<i>extended</i>	15	<i>prednisolone sodium</i>	PROSOL	56
PIFELTRO	34	<i>phosphate</i> ...	<i>protriptyline hcl</i>	17
<i>pilocarpine hcl</i>	50, 75	<i>prednisone</i>	PULMOZYME	78
<i>pimecrolimus</i>	52	PREDNISONE INTENSOL	PURIXAN	22
<i>pimozide</i>	30	.....	<i>pyrazinamide</i>	21
PIMTREA	64	<i>preferred plus insulin</i>	<i>pyridostigmine bromide</i>	
<i>pindolol</i>	44	<i>syringe</i> .....	.....	21
<i>pioglitazone hcl</i>	38	<i>pregabalin</i>	Q	
<i>pioglitazone hcl-</i>		PREHEVBRIO	QINLOCK	26
<i>metformin hcl</i>	38	PREMARIN	QUADRACEL	71
<i>piperacillin sod-</i>		PREMASOL	<i>quetiapine fumarate</i> ...	32
<i>tazobactam so</i>	10	PREMPHASE	<i>quetiapine fumarate er</i>	32
PIQRAY (200 MG DAILY		PREMPRO	<i>quinapril hcl</i>	43
DOSE)	26	<i>prenatal</i>	<i>quinidine sulfate</i>	43
PIQRAY (250 MG DAILY		PREVYMIS	<i>quinine sulfate</i>	29
DOSE)	26	PREZCOBIX	R	
PIQRAY (300 MG DAILY		PREZISTA	RABAVERT	71
DOSE)	26	PRIFTIN	<i>raloxifene hcl</i>	73
<i>pirfenidone</i>	79	<i>primaquine phosphate</i>	<i>ramelteon</i>	80
<i>piroxicam</i>	4	<i>primidone</i>	<i>ramipril</i>	43
PLASMA-LYTE A	54	PRIORIX	<i>ranolazine er</i>	46
PLENAMINE	56	PRIVIGEN	<i>rasagiline mesylate</i>	30
<i>podofilox</i>	53	<i>probenecid</i>	RAVICTI	58
<i>polymyxin b-</i>		<i>prochlorperazine</i>	RECLIPSEN	64
<i>trimethoprim</i>	74	<i>prochlorperazine</i>	RECOMBIVAX HB ...	71, 72
POMALYST	22	<i>maleate</i>	REGRANEX	53
PORTIA-28	64	PROCTOFOAM HC	RELENZA DISKHALER .	36
<i>posaconazole</i>	19	PROCTO-MED HC	RELI-ON INSULIN	
<i>potassium chloride</i>	54, 55	PROCTOSOL HC	SYRINGE	41
<i>potassium chloride crys</i>		PROCTOZONE-HC	<i>repaglinide</i>	38
<i>er</i>	54	<i>progesterone</i>	REPATHA	48
<i>potassium chloride er</i>	54	PROGRAF	REPATHA PUSHTRONEX	
<i>potassium chloride in</i>		PROLASTIN-C	SYSTEM	48
<i>nacl</i>	54	PROLENSA	REPATHA SURECLICK .	48
<i>potassium citrate er</i> ...	55	PROLIA	RETACRIT	42

RETEVMO	26	<i>scopolamine</i>	18	SSD	53
REXULTI.....	32	SECUADO	32	STELARA.....	68
REYATAZ.....	36	<i>selegiline hcl</i>	30	STIVARGA	27
REZLIDHIA.....	26	<i>selenium sulfide</i>	52	STRIBILD.....	34
REZUROCK.....	70	SELZENTRY	35	SUBOXONE.....	6
RHOPRESSA.....	75	SEREVENT DISKUS.....	78	<i>sucralfate</i>	58
<i>ribavirin</i>	33	<i>sertraline hcl</i>	17	<i>sulfacetamide sodium</i>	74
<i>rifabutin</i>	21	SETLAKIN	64	<i>sulfacetamide sodium</i>	
<i>rifampin</i>	21	<i>sevelamer carbonate</i> ..	56	(<i>acne</i>)	11
<i>riluzole</i>	49	<i>sevelamer hcl</i>	56	<i>sulfacetamide-</i>	
<i>rimantadine hcl</i>	36	SHAROBEL.....	65	<i>prednisolone</i>	74
RINVOQ	68	SHINGRIX	72	<i>sulfadiazine</i>	11
RINVOQ LQ.....	68	SIGNIFOR.....	67	<i>sulfamethoxazole-</i>	
<i>risedronate sodium</i>	73	<i>sildenafil citrate</i>	79	<i>trimethoprim</i>	11, 12
RISPERDAL CONSTA ..	32	<i>silodosin</i>	60	<i>sulfasalazine</i>	72, 73
<i>risperidone</i>	32	<i>silver sulfadiazine</i>	53	<i>sulindac</i>	4
<i>ritonavir</i>	36	SIMBRINZA.....	76	<i>sumatriptan</i>	20
<i>rivastigmine</i>	15	<i>simvastatin</i>	47	<i>sumatriptan succinate</i>	
<i>rivastigmine tartrate</i> ...	15	<i>sirolimus</i>	70	.....	20, 21
RIVFLOZA	60	SIRTURO	21	<i>sumatriptan succinate</i>	
<i>rizatriptan benzoate</i> ...	20	SKYRIZI	68	<i>refill</i>	20
ROCKLATAN	75	SKYRIZI PEN	68	<i>sunitinib malate</i>	27
<i>roflumilast</i>	78	<i>sodium chloride</i>	55	SUNLENCA	35
<i>ropinirole hcl</i>	29	<i>sodium fluoride</i>	55	SUTAB	57
<i>ropinirole hcl er</i>	29	<i>sodium oxybate</i>	80	SYEDA	64
<i>rosuvastatin calcium</i> ..	47	<i>sodium polystyrene</i>		SYMDEKO	78
ROTARIX	72	<i>sulfonate</i>	55	SYMLINPEN 120	38
ROTATEQ	72	<i>sofosbuvir-velpatasvir</i> .	33	SYMLINPEN 60	38
ROZLYTREK.....	26, 27	SOHONOS	59	SYMPAZAN.....	14
RUBRACA.....	27	<i>solifenacin succinate</i> ..	59	SYMTUZA	34
<i>rufinamide</i>	15	SOLIQUA.....	41	SYNAREL	67
RUKOBIA	35	SOLTAMOX	22	SYNJARDY.....	38
RYBELSUS	38	SOMAVERT.....	67	SYNJARDY XR.....	39
RYDAPT	27	<i>sorafenib tosylate</i>	27	SYNTHROID	66
RYTARY.....	30	<i>sotalol hcl</i>	43	T	
S		<i>sotalol hcl (af)</i>	43	TABLOID	22
SANDIMMUNE	70	SPIRIVA RESPIMAT	77	TABRECTA.....	27
SANTYL	53	<i>spironolactone</i>	47	<i>tacrolimus</i>	52, 70
<i>sapropterin</i>		<i>spironolactone-hctz</i>	46	TAFINLAR.....	27
<i>dihydrochloride</i>	59	SPRINTEC 28	64	TAGRISSO	27
SAVELLA.....	49	SPRITAM	13	TAKHZYRO	67
SAVELLA TITRATION		SPRYCEL.....	27	TALZENNA	27
PACK	49	SPS.....	55	<i>tamoxifen citrate</i>	22
SCEMBLIX	27	SRONYX.....	64	<i>tamsulosin hcl</i>	60

TARINA FE 1/20 EQ	64	<i>tinidazole</i>	8	TRI-ESTARYLLA.....	64
TASIGNA.....	27	<i>tiotropium bromide</i>		<i>trifluoperazine hcl</i>	30
TAVNEOS.....	68	<i>monohydrate</i>	77	<i>trifluridine</i>	33
<i>tazarotene</i>	50	TIVICAY	34	<i>trihexyphenidyl hcl</i>	29
TAZORAC.....	51	TIVICAY PD	34	TRIKAFTA	78
TAZVERIK.....	27	<i>tizanidine hcl</i>	33	<i>trimethobenzamide hcl</i>	
TDVAX	72	<i>tobramycin</i>	74, 78	.....	18
TEFLARO	9	<i>tobramycin sulfate</i>	7	<i>trimethoprim</i>	8
TEGLUTIK	49	<i>tobramycin-</i>		TRI-MILI	64
TEGSEDI.....	59	<i>dexamethasone</i>	74	<i>trimipramine maleate</i> .	17
<i>telmisartan</i>	43	<i>tolterodine tartrate</i>	59	TRINTELLIX	17
<i>telmisartan-amlodipine</i>		<i>tolterodine tartrate er</i> ..	59	TRI-NYMYO	64
.....	46	<i>tolvaptan</i>	55	TRI-SPRINTEC	64
<i>telmisartan-hctz</i>	46	<i>topiramate</i>	20	TRIUMEQ	35
<i>temazepam</i>	80	<i>topiramate er</i>	20	TRIUMEQ PD	35
TENIVAC.....	72	<i>toremifene citrate</i>	22	TRIVORA (28).....	65
<i>tenofovir disoproxil</i>		TORPENZ	27	TRI-VYLIBRA.....	65
<i>fumarate</i>	35	<i>torseamide</i>	46	TRIZIVIR	35
TEPMETKO.....	27	TOUJEO MAX SOLOSTAR		TROPHAMINE.....	56
<i>terazosin hcl</i>	42	.....	41	<i>tropium chloride</i>	59
<i>terbinafine hcl</i>	19	TOUJEO SOLOSTAR.....	41	<i>tropium chloride er</i> ...	59
<i>terbutaline sulfate</i>	78	TPN ELECTROLYTES....	56	TRULICITY.....	39
<i>terconazole</i>	19	<i>tramadol hcl</i>	5	TRUMENBA.....	72
<i>teriparatide</i>		<i>tramadol-</i>		TRUQAP.....	27
<i>(recombinant)</i>	73	<i>acetaminophen</i>	5	TUKYSA.....	27
<i>testosterone</i>	61	<i>trandolapril</i>	43	TURALIO	27
<i>testosterone cypionate</i>	61	<i>tranexamic acid</i>	42	TURQOZ	65
<i>testosterone enanthate</i>		<i>tranylcypromine sulfate</i>		TWINRIX	72
.....	61	.....	16	TYBOST.....	35
<i>tetrabenazine</i>	49	TRAVASOL.....	56	TYMLOS	73
<i>tetracycline hcl</i>	12	<i>travoprost (bak free)</i>	76	TYPHIM VI	72
THALOMID.....	22	<i>trazodone hcl</i>	17	U	
<i>theophylline</i>	78	TRECATOR.....	21	UBRELVY	20
<i>theophylline er</i>	78	TRELEGY ELLIPTA.....	79	UNITHROID.....	66
<i>thioridazine hcl</i>	30	TRELSTAR MIXJECT	67	<i>ursodiol</i>	57
<i>thiothixene</i>	30	TRESIBA.....	41	V	
TIADYLT ER	45	TRESIBA FLEXTOUCH..	41	<i>valacyclovir hcl</i>	33
<i>tiagabine hcl</i>	14	<i>tretinoin</i>	28, 51	VALCHLOR.....	21
TIBSOVO	27	TREXALL	70	<i>valganciclovir hcl</i>	33
TICOVAC	72	<i>triamcinolone acetoneide</i>		<i>valproic acid</i>	13
<i>tigecycline</i>	8	.....	50, 52	<i>valsartan</i>	43
<i>timolol maleate</i>	44, 75	<i>triamterene-hctz</i>	46	<i>valsartan-</i>	
<i>timolol maleate (once-</i>		<i>triazolam</i>	36	<i>hydrochlorothiazide</i>	46
<i>daily)</i>	75	<i>trientine hcl</i>	55	VALTOCO 10 MG DOSE14	

VALTOCO 15 MG DOSE	14	VRAYLAR.....	32	XULTOPHY	39
VALTOCO 20 MG DOSE	14	VUMERITY	50	Y	
VALTOCO 5 MG DOSE.	14	VYFEMLA	65	YARGESA	59
<i>vancomycin hcl</i>	8	VYLIBRA.....	65	YF-VAX.....	72
<i>vancomycin hcl in</i>		VYZULTA.....	76	YONSA.....	22
<i>dextrose</i>	8	W		YUVAFEM.....	62
<i>vancomycin hcl in nacl</i> .	8	<i>warfarin sodium</i>	41	Z	
VANFLYTA.....	27	WELIREG.....	23	<i>zafirlukast</i>	77
VAQTA	72	X		<i>zaleplon</i>	80
<i>varenicline tartrate</i>	7	XALKORI.....	28	ZARXIO	42
<i>varenicline tartrate</i>		XARELTO	41	ZEJULA	28
<i>(starter)</i>	7	XARELTO STARTER PACK		ZELBORAF	28
VARIVAX	72	.....	41	ZEMDRI.....	7
VELIVET.....	65	XATMEP	23	ZENPEP	59
VELPHORO.....	56	XCOPRI	13	<i>zidovudine</i>	35
VEMLIDY	33	XCOPRI (250 MG DAILY		ZIEXTENZO.....	42
VENCLEXTA.....	27	DOSE)	13	ZILBRYSQ.....	41, 68
VENCLEXTA STARTING		XCOPRI (350 MG DAILY		ZIMHI.....	6
PACK	27	DOSE)	13	<i>ziprasidone hcl</i>	32
<i>venlafaxine besylate er</i>	17	XDEMVY.....	74	<i>ziprasidone mesylate</i> ..	32
<i>venlafaxine hcl</i>	17	XERMELO.....	57	ZIRGAN	33
<i>venlafaxine hcl er</i>	17	XGEVA	73	ZOKINVY.....	59
VENTOLIN HFA	78	XIFAXAN.....	8	ZOLINZA	23
<i>verapamil hcl</i>	45	XOFLUZA (40 MG DOSE)		<i>zolpidem tartrate</i>	80
<i>verapamil hcl er</i>	45	.....	36	ZONISADE	13
VERQUVO.....	46	XOFLUZA (80 MG DOSE)		<i>zonisamide</i>	13
VERSACLOZ.....	32	.....	36	ZOVIA 1/35 (28)	65
VERZENIO	27	XOLAIR	68	ZTALMY.....	13
VESTURA.....	65	XOSPATA.....	28	ZURZUVAE	16
VICTOZA.....	39	XPOVIO (100 MG ONCE		ZYDELIG	28
VIENVA.....	65	WEEKLY).....	23	ZYKADIA	28
<i>vigabatrin</i>	14	XPOVIO (40 MG ONCE		ZYPREXA RELPREVV ...	32
VIGADRONE	14	WEEKLY).....	23		
VIGPODER.....	14	XPOVIO (40 MG TWICE			
VIJOICE	59	WEEKLY).....	23		
<i>vilazodone hcl</i>	17	XPOVIO (60 MG ONCE			
VIRACEPT	36	WEEKLY).....	23		
VIREAD.....	35	XPOVIO (60 MG TWICE			
VITRAKVI	27, 28	WEEKLY).....	23		
VIVITROL.....	6	XPOVIO (80 MG ONCE			
VIZIMPRO	28	WEEKLY).....	23		
VONJO	28	XPOVIO (80 MG TWICE			
<i>voriconazole</i>	19, 20	WEEKLY).....	23		
VOSEVI.....	33	XTANDI	22		

This formulary was updated on 09/27/2024. For more recent information or other questions, please contact Provider Partners Health Plan (HMO I-SNP) Member Service at 1-800-405-9681, (TTY users should call 711), Hours are 8:00 A.M. to 8:00 P.M., seven days a week from October 1 through March 31; 8:00 A.M. to 8:00 P.M. Monday to Friday from April 1 through September 30 or visit www.pphealthplan.com