

University Hospitals MA Red Plan by PTHP

2024 Abridged Formulary

(Partial List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 24440, Version Number 6

This abridged formulary was updated on 08/25/2023. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact University Hospitals MA Red Plan by PTHP Customer Service at 1-833-954-0483 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

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Formulary ID: 24440, Version: 6, Effective: 01/01/2024
Last Updated: August 2023

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 University Hospitals MA Red Plan by PTHP. When it refers to “plan” or “our plan,” it means University Hospitals MA Red Plan by PTHP.

This document includes a partial list of the drugs (formulary) for our plan which is current as of January 1, 2024. For a complete 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, 2025, and from time to time during the year.

What is the University Hospitals MA Red Plan by PTHP Abridged Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by our plan. For a complete listing of all prescription drugs covered by our plan, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

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

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

the section below titled “How do I request an exception to the University Hospitals MA Red Plan by PTHP’s 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the University Hospitals MA Red Plan by PTHP’s 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 January 1, 2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. In the event of mid-year non-maintenance formulary changes, we will contact all utilizing members and advise of the changes and allow appropriate transition. The printed formulary version will be updated on our website.

How do I use the Formulary?

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

Medical Condition

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

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

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 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our 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 us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the University Hospitals MA Red Plan by PTHP's Formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

so we may cover your drug. For more information, 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 learn that our plan does not cover your drug, you have two options:

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

How do I request an exception to the University Hospitals MA Red Plan by PTHP's Formulary?

- You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.
- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

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

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

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

If you are a current enrollee being admitted to or discharged from a long-term care facility, early refill edits are not used to limit appropriate and necessary access to your Part D benefit. You will be able to access a refill upon admission or discharge.

For more information

For more detailed information about your University Hospitals MA Red Plan by PTHP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about University Hospitals MA Red Plan by PTHP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

University Hospitals MA Red Plan by PTHP Formulary

The abridged formulary below provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

Remember: This is only a partial list of drugs covered by our plan. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

- **Tier 1** - Preferred Generic drug
- **Tier 2** - Generic drug
- **Tier 3** - Preferred Brand drug
- **Tier 4** - Non-Preferred drug
- **Tier 5** - Specialty drug (Medications indicated by our plan that are high-cost injectable, infused, oral, or inhaled drugs that generally require special storage or handling and close

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

monitoring of the patient's drug therapy. Certain medications within this tier must be obtained through a contracted specialty provider.)

The information in the Requirements/Limits column tells you if University Hospitals MA Red Plan by PTHP has any special requirements for coverage of your drug.

- **B/D PA:** This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- **GC:** Gap Coverage. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **NM:** Non-Mail. Drugs not available via your mail order benefit.
- **PA:** Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **QL:** Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.
- **ST:** Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	2	GC
<i>diclofenac potassium tablet 50mg</i>	2	GC
<i>diclofenac sodium dr</i>	2	GC
<i>diclofenac sodium er</i>	2	GC
<i>diclofenac sodium/misoprostol</i>	4	
<i>diclofenac sodium gel 1%</i>	2	GC
<i>diflunisal tablet 500mg</i>	2	GC
<i>etodolac er</i>	4	
<i>etodolac capsule, tablet</i>	2	GC
<i>flurbiprofen tablet 100mg</i>	2	GC
<i>ibuprofen suspension</i>	2	GC
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	GC
<i>ibu tablet 600mg, 800mg</i>	1	GC
<i>ketoprofen er capsule extended release 24 hour 200mg</i>	4	
<i>ketoprofen capsule 25mg, 50mg</i>	4	
<i>meloxicam tablet</i>	1	GC
<i>nabumetone tablet</i>	2	GC
<i>naproxen sodium tablet 275mg, 550mg</i>	2	GC
<i>naproxen tablet delayed release</i>	2	GC
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	GC
<i>piroxicam capsule</i>	2	GC
<i>sulindac tablet</i>	2	GC
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine</i>	3	QL(4 EA per 28 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	3	QL(15 EA per 30 days)
<i>fentanyl patch 72 hour 87.5mcg/hr</i>	5	QL(15 EA per 30 days)
<i>methadone hcl tablet</i>	2	GC
<i>methadone hcl solution</i>	4	
<i>morphine sulfate er capsule extended release 24 hour 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL(30 EA per 30 days)
<i>morphine sulfate er capsule extended release 24 hour 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate er tablet extended release</i>	2	QL(120 EA per 30 days); GC
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 50MG	4	QL(60 EA per 30 days)
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200MG, 250MG	5	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochlorideer</i>	3	QL(60 EA per 30 days)

Formulary ID: 24440, Version: 6, Effective: 01/01/2024

Last Updated: August 2023

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er capsule extended release 24 hour 100mg, 200mg, 300mg</i>	4	QL(30 EA per 30 days)
<i>tramadol hcl er tablet extended release 24 hour</i>	4	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	4	QL(30 EA per 30 days)
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine tablet</i>	2	QL(360 EA per 30 days); GC
<i>acetaminophen/codeine solution</i>	3	QL(3240 ML per 30 days)
<i>ascomp/codeine</i>	4	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 325mg; 50mg; 40mg; 30mg</i>	3	QL(180 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine capsule 300mg; 50mg; 40mg; 30mg</i>	4	QL(180 EA per 30 days)
<i>butalbital/aspirin/caffeine/codeine</i>	4	QL(180 EA per 30 days)
<i>butorphanol tartrate solution</i>	4	QL(10 ML per 30 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
FENTANYL CITRATE ORAL TRANSMUCOSAL LOZENGE ON A HANDLE 1200MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5400 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 325mg; 10mg</i>	2	QL(180 EA per 30 days); GC
<i>hydrocodone bitartrate/acetaminophen tablet 300mg; 5mg, 300mg; 7.5mg, 325mg; 5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(360 EA per 30 days); GC
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	4	
<i>hydromorphone hcl tablet</i>	2	QL(180 EA per 30 days); GC
<i>hydromorphone hcl liquid</i>	4	
<i>hydromorphone hcl injection 10mg/ml</i>	4	
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	
<i>morphine sulfate tablet</i>	2	QL(180 EA per 30 days); GC
<i>morphine sulfate solution</i>	4	
<i>nalocet</i>	5	
NUCYNTA	4	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tablet</i>	2	QL(180 EA per 30 days); GC
<i>oxycodone hydrochloride capsule, concentrate, solution</i>	4	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	GC
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days); GC
<i>tramadol hcl tablet</i>	2	GC
<i>tramadol hydrochloride/acetaminophen</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hydrochloride tablet 100mg</i>	2	GC
Anesthetics		
Local Anesthetics		
<i>lidocaine hcl solution</i>	4	
<i>lidocaine/prilocaine cream</i>	2	GC
<i>lidocaine ointment 5%</i>	2	GC
LIDOCAINE PATCH 5%	3	QL(90 EA per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	GC
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl</i>	2	GC
<i>buprenorphine hcl tablet sublingual 2mg</i>	2	QL(360 EA per 30 days); GC
<i>buprenorphine hcl tablet sublingual 8mg</i>	2	QL(90 EA per 30 days); GC
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 2mg/2ml</i>	2	GC
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	GC
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	GC
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	4	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	GC
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	GC
<i>isotonic gentamicin injection 0.8mg/ml; 0.9%</i>	4	
<i>neomycin sulfate</i>	2	GC
<i>paromomycin sulfate</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
STREPTOMYCIN SULFATE INJECTION 1GM	4	
<i>tobramycin sulfate injection 10mg/ml, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	5	
<i>clindamycin hcl capsule 300mg</i>	2	GC
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	GC
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	2	GC
<i>colistimethate sodium</i>	5	
DALVANCE	5	
DAPTOMYCIN INJECTION 500MG	5	
<i>fosfomicin tromethamine</i>	3	
<i>linezolid tablet</i>	4	
<i>linezolid suspension reconstituted</i>	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	2	GC
<i>metronidazole capsule 375mg</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	GC
<i>nitrofurantoin macrocrystals</i>	2	GC
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	GC
<i>nitrofurantoin suspension</i>	5	
SIVEXTRO	5	
SOLOSEC	4	
<i>tigecycline</i>	4	
<i>tinidazole</i>	4	
<i>trimethoprim tablet</i>	2	GC
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE CAPSULE	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 750mg</i>	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLUTION RECONSTITUTED 25MG/ML	4	
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	2	GC
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tablet extended release 12 hour 500mg</i>	4	
<i>cefaclor capsule</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	3	
<i>cefadroxil capsule, suspension reconstituted</i>	2	GC
<i>cefadroxil tablet</i>	3	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir capsule</i>	2	GC
<i>cefdinir suspension reconstituted</i>	4	
<i>cefepime injection 1gm, 2gm</i>	4	
<i>cefixime</i>	4	
<i>cefotetan injection 1gm, 2gm</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil tablet</i>	3	
<i>cefprozil suspension reconstituted</i>	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil tablet</i>	2	GC
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
<i>cephalexin capsule 250mg, 500mg</i>	2	GC
<i>cephalexin capsule 750mg</i>	3	
<i>cephalexin suspension reconstituted, tablet</i>	2	GC
SUPRAX TABLET CHEWABLE	4	
SUPRAX SUSPENSION RECONSTITUTED 500MG/5ML	4	
TAZICEF INJECTION 1GM, 2GM, 6GM	4	
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable, tablet</i>	2	GC
<i>amoxicillin/clavulanate potassium suspension reconstituted</i>	3	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	GC
<i>amoxicillin tablet chewable 125mg, 250mg</i>	1	GC
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin capsule 500mg</i>	2	GC
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	GC
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 1.5gm/50ml; 1gm/50ml, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium injection 2000000unit</i>	4	
<i>penicillin g procaine</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	GC
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
VABOMERE	4	
Macrolides		
<i>azithromycin tablet</i>	2	GC
<i>azithromycin packet, suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID	5	ST
<i>erythrocin stearate tablet 250mg</i>	4	
<i>erythromycin base tablet</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate tablet</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	5	
<i>erythromycin capsule delayed release particles 250mg</i>	4	
Quinolones		
BAXDELA TABLET	5	
<i>ciprofloxacin hcl tablet 750mg</i>	2	GC
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	2	GC
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	GC
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	
<i>ofloxacin tablet 300mg, 400mg</i>	4	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	2	GC
<i>sulfamethoxazole/trimethoprim tablet</i>	2	GC
<i>sulfamethoxazole/trimethoprim suspension</i>	4	
Tetracyclines		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline</i>	4	
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	4	
<i>doxycycline hyclate capsule</i>	2	GC
<i>doxycycline hyclate tablet 100mg, 20mg, 50mg, 75mg</i>	2	GC
<i>doxycycline hyclate tablet 150mg</i>	3	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	GC
<i>doxycycline monohydrate capsule 150mg, 75mg</i>	4	
<i>doxycycline monohydrate tablet</i>	2	GC
<i>minocycline hcl capsule 75mg</i>	2	GC
<i>minocycline hcl tablet</i>	4	
<i>minocycline hydrochloride er tablet extended release 24 hour 105mg, 80mg</i>	4	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	GC
<i>tetracycline hydrochloride capsule</i>	4	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	4	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
LAMICTAL XR KIT	4	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet chewable, tablet</i>	2	GC
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	GC
NAYZILAM	5	
<i>roweepra tablet 500mg</i>	2	GC
SPRITAM	4	
TOPIRAMATE ER CAPSULE ER 24 HOUR SPRINKLE 100MG, 150MG, 25MG, 50MG	4	
<i>topiramate er capsule er 24 hour sprinkle 200mg</i>	4	
<i>topiramate er capsule extended release 24 hour</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate capsule sprinkle, tablet</i>	2	GC
<i>valproic acid</i>	2	GC
XCOPRI TABLET THERAPY PACK 0	4	
XCOPRI TABLET THERAPY PACK 0	5	
XCOPRI TABLET 100MG, 150MG, 50MG	4	
XCOPRI TABLET 200MG	5	
Calcium Channel Modifying Agents		
<i>ethosuximide capsule</i>	3	
<i>ethosuximide solution</i>	4	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	4	
<i>clonazepam tablet</i>	2	GC
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	GC
<i>divalproex sodium er</i>	2	GC
<i>divalproex sodium capsule delayed release sprinkle</i>	2	GC
<i>gabapentin capsule</i>	2	GC
<i>gabapentin solution</i>	4	
<i>gabapentin tablet 600mg, 800mg</i>	2	GC
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	GC
<i>pregabalin capsule 225mg, 300mg</i>	2	QL(60 EA per 30 days); GC
<i>pregabalin capsule 100mg, 150mg, 200mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days); GC
<i>pregabalin solution</i>	3	
<i>primidone tablet</i>	2	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
VIGABATRIN	5	
VIGADRONE PACKET	5	
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er capsule extended release 12 hour</i>	2	GC
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine tablet chewable, tablet</i>	2	GC
<i>carbamazepine suspension</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution, tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	GC
<i>oxcarbazepine suspension</i>	4	
<i>phenytoin sodium extended</i>	2	GC
<i>phenytoin tablet chewable, suspension</i>	2	GC
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	
<i>zonisamide</i>	2	GC
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
NAMZARIC	3	
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	GC
<i>donepezil hcl tablet 10mg</i>	1	GC
<i>donepezil hcl tablet 23mg</i>	2	GC
<i>donepezil hydrochloride tablet 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	4	
GALANTAMINE HYDROBROMIDE SOLUTION	4	
<i>galantamine hydrobromide tablet</i>	4	
<i>rivastigmine tartrate</i>	2	GC
<i>rivastigmine transdermal system</i>	4	QL(30 EA per 30 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	GC
<i>memantine hydrochloride er</i>	2	QL(30 EA per 30 days); GC
<i>memantine hydrochloride tablet</i>	2	QL(60 EA per 30 days); GC
<i>memantine hydrochloride solution</i>	4	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN	5	
AUVELITY	4	
<i>bupropion hcl tablet 100mg</i>	2	GC
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	GC
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	4	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	GC
<i>bupropion hydrochloride tablet 75mg</i>	2	GC
<i>chlordiazepoxide/amitriptyline</i>	2	GC
FORFIVO XL	4	
<i>mirtazapine odt</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tablet</i>	2	GC
<i>perphenazine/amitriptyline</i>	4	
Monoamine Oxidase Inhibitors		
EMSAM	5	
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	GC
<i>citalopram hydrobromide capsule, solution</i>	4	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	2	GC
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	GC
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg, 60mg</i>	2	GC
<i>escitalopram oxalate tablet</i>	2	GC
<i>escitalopram oxalate solution</i>	4	
FETZIMA	4	
FETZIMA TITRATION PACK	4	
<i>fluoxetine dr</i>	4	
<i>fluoxetine hcl capsule 20mg</i>	2	GC
<i>fluoxetine hydrochloride capsule 10mg, 40mg</i>	2	GC
<i>fluoxetine hydrochloride solution</i>	2	GC
<i>fluoxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
<i>fluoxetine hydrochloride tablet 60mg</i>	4	
<i>fluvoxamine maleate</i>	2	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl er</i>	3	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	GC
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	GC
<i>sertraline hcl concentrate</i>	4	
<i>sertraline hcl tablet 25mg, 50mg</i>	1	GC
SERTRALINE HYDROCHLORIDE CAPSULE	4	
<i>sertraline hydrochloride tablet 100mg</i>	1	GC
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tablet 300mg</i>	2	GC
TRINTELLIX	4	
VENLAFAXINE BESYLATE ER	4	
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days); GC
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL(60 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hydrochloride</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days); GC
<i>venlafaxine hydrochloride er tablet extended release 24 hour</i>	3	QL(30 EA per 30 days)
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	GC
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	GC
<i>amoxapine</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	2	GC
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	GC
<i>imipramine hcl tablet 25mg, 50mg</i>	2	GC
<i>imipramine hydrochloride tablet 10mg</i>	2	GC
<i>imipramine pamoate</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	GC
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	GC
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	2	GC
<i>prochlorperazine maleate tablet</i>	2	GC
<i>prochlorperazine suppository 25mg</i>	2	GC
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	GC
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	GC
<i>promethegan suppository 25mg</i>	4	
<i>scopolamine</i>	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hydrochloride tablet</i>	4	B/D
<i>ondansetron hcl solution</i>	4	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D; GC
<i>ondansetron odt</i>	2	B/D; GC
VARUBI TABLET THERAPY PACK	4	B/D
Antifungals		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
ABELCET	4	B/D
<i>amphotericin b injection</i>	4	B/D
<i>casposfungin acetate injection 70mg</i>	4	
<i>casposfungin acetate injection 50mg</i>	5	
<i>clotrimazole cream, solution, troche</i>	2	GC
CRESEMBA CAPSULE	5	
<i>econazole nitrate cream</i>	2	GC
ERAXIS	5	
ERTACZO	5	
EXELDERM	4	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole tablet</i>	2	GC
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	
<i>itraconazole solution</i>	5	
<i>ketoconazole cream, shampoo, tablet</i>	2	GC
<i>micafungin injection 100mg</i>	4	
<i>micafungin injection 50mg</i>	5	
<i>miconazole 3 suppository</i>	4	
<i>naftifine hydrochloride gel 2%</i>	2	GC
NOXAFIL PACKET, SUSPENSION	5	
<i>nyamyc</i>	2	GC
<i>nystatin cream, ointment, powder, suspension, tablet</i>	2	GC
<i>nystop</i>	2	GC
<i>posaconazole dr</i>	5	
<i>posaconazole suspension</i>	5	
<i>tavaborole</i>	4	
<i>terbinafine hcl tablet</i>	2	GC
<i>terconazole</i>	2	GC
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	B/D
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	GC
COLCHICINE CAPSULE	3	QL(120 EA per 30 days)
COLCHICINE TABLET 0.6MG	4	QL(120 EA per 30 days)
<i>febuxostat</i>	2	ST; GC
MITIGARE	3	QL(120 EA per 30 days)
<i>probenecid/colchicine</i>	2	GC
<i>probenecid tablet</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE SOLUTION	4	QL(24 ML per 30 days)
<i>ergotamine tartrate/caffeine</i>	3	
MIGERGOT	5	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 30 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	4	
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>frovatriptan succinate</i>	4	QL(12 EA per 30 days)
<i>naratriptan hcl</i>	2	QL(9 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(45 EA per 30 days); GC
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(30 EA per 30 days); GC
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(45 EA per 30 days); GC
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days); GC
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(9 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan odt</i>	4	QL(6 EA per 30 days)
<i>zolmitriptan tablet</i>	4	QL(6 EA per 30 days)
Antimychasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tablet</i>	2	GC
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet 100mg, 25mg</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>ethambutol hydrochloride</i>	4	
<i>isoniazid tablet</i>	2	GC
<i>isoniazid syrup</i>	3	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	4	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cyclophosphamide capsule, tablet</i>	3	B/D
GLEOSTINE CAPSULE 10MG, 40MG	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	
Antiandrogens		
ABIRATERONE ACETATE TABLET 250MG	4	QL(120 EA per 30 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(60 EA per 30 days); PA
<i>bicalutamide</i>	2	GC
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA
ERLEADA TABLET 240MG	5	QL(30 EA per 30 days); PA
<i>nilutamide</i>	5	
NUBEQA	5	QL(120 EA per 30 days); PA
XTANDI CAPSULE	5	QL(120 EA per 30 days); PA
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA
YONSA	5	QL(120 EA per 30 days); PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(28 EA per 28 days); PA
POMALYST	5	PA
QINLOCK	5	QL(90 EA per 30 days); PA
TABRECTA	5	PA
THALOMID CAPSULE 100MG, 50MG	5	QL(28 EA per 28 days); PA
THALOMID CAPSULE 150MG, 200MG	5	QL(56 EA per 28 days); PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	GC
TOREMIFENE CITRATE	5	
Antimetabolites		
DROXIA	3	
<i>hydroxyurea capsule</i>	2	GC
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
Antineoplastics, Other		
BESREMI	5	PA
GAVRETO	5	QL(120 EA per 30 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	QL(120 EA per 30 days); PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tablet 5mg</i>	2	GC
<i>leucovorin calcium tablet 10mg, 15mg, 25mg</i>	3	
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI	5	PA
NINLARO	5	QL(3 EA per 28 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
ORSERDU	5	PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA
SCEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(600 EA per 30 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
VONJO	5	QL(120 EA per 30 days); PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	QL(30 EA per 30 days); GC
EXEMESTANE	3	
<i>letrozole</i>	2	GC
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	QL(240 EA per 30 days); PA
ALUNBRIG TABLET THERAPY PACK	5	PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABLET 30MG	5	QL(60 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA
BOSULIF TABLET 400MG, 500MG	5	QL(30 EA per 30 days); PA
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX TABLET 20MG, 60MG	5	QL(30 EA per 30 days); PA
CABOMETYX TABLET 40MG	5	QL(60 EA per 30 days); PA
CALQUENCE	5	QL(60 EA per 30 days); PA
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
COPIKTRA	5	QL(60 EA per 30 days); PA
COTELLIC	5	PA
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA
ERIVEDGE	5	QL(30 EA per 30 days); PA
ERLOTINIB HYDROCHLORIDE TABLET 100MG, 25MG	4	PA
ERLOTINIB HYDROCHLORIDE TABLET 150MG	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(120 EA per 30 days); PA
<i>gefitinib</i>	5	QL(30 EA per 30 days); PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA
IMBRUVICA SUSPENSION	5	QL(324 ML per 30 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL(30 EA per 30 days); PA
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA	5	PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA
LYNPARZA TABLET	5	QL(120 EA per 30 days); PA
MEKINIST SOLUTION RECONSTITUTED	5	PA
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA
MEKTOVI	5	QL(180 EA per 30 days); PA
NERLYNX	5	PA
ODOMZO	5	QL(30 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA
RUBRACA	5	QL(120 EA per 30 days); PA
RYDAPT	5	PA
<i>sorafenib tosylate</i>	5	QL(120 EA per 30 days); PA
SPRYCEL TABLET 100MG, 140MG, 50MG, 80MG	5	QL(30 EA per 30 days); PA
SPRYCEL TABLET 20MG, 70MG	5	QL(60 EA per 30 days); PA
STIVARGA	5	QL(84 EA per 28 days); PA
SUNITINIB MALATE	5	QL(30 EA per 30 days); PA
TAFINLAR TABLET SOLUBLE	5	PA
TAFINLAR CAPSULE	5	QL(120 EA per 30 days); PA
TAGRISSE	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.5MG, 0.75MG, 1MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA
TASIGNA CAPSULE 150MG, 200MG	5	QL(112 EA per 28 days); PA
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO CAPSULE 125MG	5	QL(120 EA per 30 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA
VERZENIO	5	QL(60 EA per 30 days); PA
VITRAKVI SOLUTION	5	PA
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA
VIZIMPRO	5	QL(30 EA per 30 days); PA
VOTRIENT	5	QL(120 EA per 30 days); PA
WELIREG	5	PA
XALKORI	5	QL(60 EA per 30 days); PA
XOSPATA	5	PA
ZEJULA CAPSULE	5	QL(90 EA per 30 days); PA
ZELBORAF	5	QL(240 EA per 30 days); PA
ZYDELIG	5	QL(60 EA per 30 days); PA
ZYKADIA TABLET	5	QL(90 EA per 30 days); PA
Retinoids		
BEXAROTENE CAPSULE	5	PA
<i>bexarotene gel</i>	5	PA
PANRETIN	5	
TRETINOIN CAPSULE 10MG	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Treatment Adjuncts		
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
ALBENDAZOLE TABLET	5	
EMVERM	4	
<i>ivermectin tablet</i>	3	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ATOVAQUONE	4	
<i>atovaquone/proguanil hcl</i>	4	
<i>chloroquine phosphate tablet</i>	4	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet</i>	2	GC
<i>mefloquine hcl</i>	2	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
<i>primaquine phosphate tablet</i>	4	
<i>pyrimethamine tablet</i>	5	
<i>quinine sulfate capsule 324mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	GC
<i>trihexyphenidyl hcl solution</i>	2	GC
<i>trihexyphenidyl hydrochloride</i>	2	GC
Antiparkinson Agents, Other		
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	3	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN INJECTION 30MG/3ML	5	
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate tablet</i>	4	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	GC
<i>ropinirole er</i>	2	GC
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	GC
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	GC
<i>carbidopa/levodopa er</i>	2	GC
<i>carbidopa/levodopa odt</i>	2	GC
<i>carbidopa tablet</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
DUOPA	5	B/D
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	GC
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl tablet</i>	3	
<i>fluphenazine hcl concentrate, injection</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol concentrate, tablet</i>	2	GC
<i>loxapine</i>	2	GC
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	QL(1 EA per 28 days)
ABILIFY MYCITE MAINTENANCE KIT TABLET THERAPY PACK 15MG, 20MG, 2MG, 30MG, 5MG	5	
ABILIFY MYCITE STARTER KIT TABLET THERAPY PACK 10MG	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days); GC
<i>aripiprazole solution</i>	4	
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	
CAPLYTA	5	
FANAPT TITRATION PACK	4	
FANAPT TABLET 4MG	4	
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 6MG, 8MG	5	
INVEGA HAFYERA	5	PA
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA	5	PA
<i>lurasidone hydrochloride</i>	4	
LYBALVI	5	
NUPLAZID CAPSULE	5	QL(30 EA per 30 days); PA
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>olanzapine odt</i>	4	
<i>olanzapine tablet</i>	2	GC
<i>olanzapine injection</i>	4	
<i>paliperidone er</i>	4	
PERSERIS	5	
<i>quetiapine fumarate</i>	2	GC
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL(30 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL(60 EA per 30 days)
REXULTI	5	
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone</i>	2	GC
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	4	
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	
SECUADO	5	
VRAYLAR CAPSULE THERAPY PACK	4	
VRAYLAR CAPSULE	5	
<i>ziprasidone hcl</i>	2	GC
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg, 12.5mg, 150mg, 25mg</i>	4	
<i>clozapine odt tablet disintegrating 200mg</i>	5	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	3	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet</i>	2	GC
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl capsule 4mg</i>	3	
<i>tizanidine hcl tablet 2mg</i>	2	GC
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tablet 4mg</i>	2	GC
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS TABLET	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir</i>	3	
VALGANCICLOVIR HYDROCHLORIDE	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	
ENTECAVIR	4	
<i>lamivudine tablet 100mg</i>	3	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA PACKET	5	PA
EPCLUSA TABLET	5	QL(28 EA per 28 days); PA
HARVONI PACKET	5	PA
HARVONI TABLET 90MG; 400MG	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET PACKET	5	PA
MAVYRET TABLET	5	QL(84 EA per 28 days); PA
<i>ribavirin capsule</i>	3	
<i>ribavirin tablet 200mg</i>	3	
SOFOSBUVIR/VELPATASVIR	5	QL(28 EA per 28 days); PA
VOSEVI	5	QL(28 EA per 28 days); PA
ZEPATIER	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	4	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er</i>	4	
<i>nevirapine tablet</i>	3	
<i>nevirapine suspension</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
CIMDUO	5	
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	4	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg, 300mg</i>	4	
ODEFSEY	5	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine capsule, tablet</i>	3	
<i>zidovudine syrup</i>	4	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir tablet 600mg</i>	4	
<i>darunavir tablet 800mg</i>	5	
EVOTAZ	5	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET	4	
PREZCOBIX	5	
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution, tablet</i>	3	
<i>oseltamivir phosphate capsule</i>	3	
<i>oseltamivir phosphate suspension reconstituted</i>	4	
RELENZA DISKHALER	4	
<i>rimantadine hydrochloride</i>	4	
XOFLUZA TABLET THERAPY PACK 40MG, 80MG	3	
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	GC
<i>acyclovir suspension 200mg/5ml</i>	3	
<i>acyclovir tablet 400mg, 800mg</i>	2	GC
<i>famciclovir tablet</i>	2	GC
<i>valacyclovir hcl tablet 1gm</i>	2	GC
<i>valacyclovir hydrochloride tablet 500mg</i>	2	GC
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg, 30mg</i>	2	GC
<i>bupirone hydrochloride tablet 10mg, 5mg, 7.5mg</i>	2	GC
Benzodiazepines		
<i>alprazolam</i>	2	GC
<i>alprazolam er</i>	4	
<i>alprazolam intensol</i>	4	
<i>clorazepate dipotassium tablet 15mg</i>	3	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	3	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	3	QL(720 EA per 30 days)
<i>diazepam intensol</i>	4	
<i>diazepam tablet</i>	2	QL(120 EA per 30 days); GC
<i>diazepam solution</i>	4	
<i>lorazepam intensol</i>	2	GC
<i>lorazepam tablet</i>	2	GC
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er</i>	2	GC
<i>lithium carbonate capsule</i>	1	GC
<i>lithium carbonate tablet</i>	2	GC
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days)
BYDUREON BCISE	4	QL(4 ML per 28 days); PA
FARXIGA	3	QL(30 EA per 30 days)
<i>glimepiride</i>	1	GC
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL(240 EA per 30 days); GC
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days); GC
<i>glipizide tablet 5mg</i>	1	QL(240 EA per 30 days); GC
<i>glyburide micronized</i>	2	QL(60 EA per 30 days); PA; GC
<i>glyburide/metformin hydrochloride</i>	2	PA; GC
<i>glyburide tablet 5mg</i>	2	QL(120 EA per 30 days); PA; GC
<i>glyburide tablet 1.25mg, 2.5mg</i>	2	QL(60 EA per 30 days); PA; GC
GLYXAMBI	3	QL(30 EA per 30 days)
JANUMET	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(60 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(60 EA per 30 days)
JENTADUETO TABLET 2.5MG; 1000MG, 2.5MG; 500MG	3	QL(60 EA per 30 days)
KAZANO	4	QL(60 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	4	QL(30 EA per 30 days); ST
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	4	QL(60 EA per 30 days); ST

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	GC
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	2	GC
NESINA	4	QL(30 EA per 30 days); ST
ONGLYZA	4	QL(30 EA per 30 days); ST
OSENI TABLET 12.5MG; 30MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	4	QL(30 EA per 30 days)
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	GC
<i>pioglitazone hcl tablet 45mg</i>	1	GC
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	GC
QTERN	4	QL(30 EA per 30 days)
<i>repaglinide</i>	2	GC
RYBELSUS	3	QL(30 EA per 30 days); PA
SOLIQUA 100/33	3	QL(90 ML per 30 days); PA
SYMLINPEN 120	5	QL(10.8 ML per 30 days); PA
SYMLINPEN 60	5	QL(6 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(120 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(60 EA per 30 days)
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY	3	QL(2 ML per 28 days); PA
VICTOZA	3	QL(9 ML per 30 days); PA
XIGDUO XR	3	QL(30 EA per 30 days)
XULTOPHY 100/3.6	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	4	
GLUCAGON EMERGENCY KIT	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMALOG TEMPO PEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
INSULIN LISPRO	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG PENFILL	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
FONDAPARINUX SODIUM INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	GC
<i>jantoven</i>	1	GC
<i>warfarin sodium tablet</i>	1	GC
XARELTO STARTER PACK	3	
XARELTO TABLET	3	
XARELTO SUSPENSION RECONSTITUTED	5	
ZONTIVITY	4	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
FULPHILA	5	
GRANIX	5	
LEUKINE INJECTION 250MCG	5	
NEULASTA	5	
NEUPOGEN	5	
NIVESTYM	5	
NYVEPRIA	5	
PROCRT INJECTION 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRT INJECTION 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
UDENYCA	5	
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
<i>cilostazol</i>	2	GC
<i>clopidogrel tablet 75mg</i>	2	GC
<i>prasugrel</i>	2	GC
TAVALISSE	5	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly</i>	2	GC
<i>clonidine hydrochloride tablet</i>	1	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	2	GC
<i>midodrine hcl</i>	2	GC
Alpha-adrenergic Blocking Agents		
PHENOXYBENZAMINE HYDROCHLORIDE	5	
<i>prazosin hydrochloride capsule</i>	2	GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	GC
<i>irbesartan</i>	1	GC
<i>losartan potassium tablet</i>	1	GC
<i>olmesartan medoxomil tablet</i>	1	GC
<i>telmisartan</i>	2	GC
<i>valsartan tablet</i>	1	GC
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride tablet 20mg</i>	1	GC
<i>captopril tablet</i>	2	GC
<i>enalapril maleate tablet</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>lisinopril tablet</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	2	GC
<i>quinapril hcl tablet 20mg, 40mg</i>	1	GC
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	GC
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	2	GC
<i>digoxin tablet 250mcg</i>	2	PA; GC
<i>digoxin tablet 125mcg</i>	2	QL(30 EA per 30 days); GC
<i>dofetilide</i>	2	GC
<i>flecainide acetate</i>	2	GC
<i>mexiletine hcl</i>	4	
MULTAQ	3	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	GC
<i>propafenone hcl</i>	2	GC
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tablet</i>	2	GC
<i>sorine</i>	2	GC
<i>sotalol hcl</i>	2	GC
<i>sotalol hydrochloride (af)</i>	2	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol hydrochloride</i>	2	GC
<i>atenolol tablet</i>	1	GC
<i>bisoprolol fumarate</i>	2	GC
<i>carvedilol</i>	1	GC
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tablet</i>	2	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	GC
<i>nadolol tablet 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); GC
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL(60 EA per 30 days); GC
<i>pindolol tablet</i>	2	GC
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	GC
<i>propranolol hcl solution</i>	3	
<i>propranolol hcl tablet 40mg</i>	2	GC
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	GC
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	GC
<i>felodipine er</i>	2	GC
<i>nicardipine hcl capsule</i>	4	
<i>nifedipine er</i>	2	GC
<i>nimodipine capsule</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	GC
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	GC
<i>diltiazem hcl er capsule extended release 12 hour</i>	2	GC
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	2	GC
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	GC
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	GC
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>diltiazem hydrochloride tablet 120mg</i>	2	GC
<i>matzim la</i>	2	GC
<i>taztia xt</i>	2	GC
<i>tiadytl er</i>	2	GC
<i>verapamil hcl er capsule extended release 24 hour 100mg, 300mg</i>	2	GC
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	GC
<i>verapamil hcl sr capsule extended release 24 hour</i>	2	GC
<i>verapamil hcl tablet 40mg, 80mg</i>	1	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	2	GC
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	GC
<i>verapamil hydrochloride tablet 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>aliskiren</i>	4	
<i>amiloride/hydrochlorothiazide</i>	2	GC
<i>amlodipine besylate/atorvastatin calcium</i>	3	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	1	GC
<i>amlodipine/olmesartan medoxomil</i>	2	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>benazepril hcl/hydrochlorothiazide</i>	2	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	GC
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	GC
CORLANOR TABLET	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
ENTRESTO	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>metoprolol/hydrochlorothiazide</i>	2	GC
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	GC
<i>pentoxifylline er</i>	2	GC
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	2	QL(60 EA per 30 days); GC
<i>ranolazine er tablet extended release 12 hour 500mg</i>	2	QL(90 EA per 30 days); GC
<i>spironolactone/hydrochlorothiazide</i>	2	GC
<i>telmisartan/amlodipine</i>	3	
<i>telmisartan/hydrochlorothiazide</i>	3	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	GC
<i>triamterene/hydrochlorothiazide tablet</i>	1	GC
<i>valsartan/hydrochlorothiazide</i>	1	GC
Diuretics, Loop		
<i>bumetanide tablet</i>	2	GC
<i>bumetanide injection</i>	4	
<i>furosemide tablet</i>	1	GC
<i>furosemide oral solution</i>	2	GC
<i>furosemide injection</i>	4	
<i>toremide tablet</i>	2	GC
Diuretics, Potassium-sparing		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl tablet</i>	2	GC
<i>eplerenone</i>	2	GC
<i>spironolactone tablet</i>	1	GC
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	2	GC
<i>hydrochlorothiazide capsule, tablet</i>	1	GC
<i>indapamide tablet</i>	1	GC
<i>metolazone</i>	2	GC
Dyslipidemics, Fibrin Acid Derivatives		
ANTARA CAPSULE 90MG	3	
FENOFIBRATE MICRONIZED CAPSULE 90MG	3	
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	GC
<i>fenofibrate capsule 130mg, 43mg</i>	2	GC
<i>fenofibrate capsule 150mg, 50mg</i>	3	
<i>fenofibrate tablet</i>	2	GC
<i>fenofibric acid dr</i>	2	GC
<i>gemfibrozil tablet</i>	2	GC
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
<i>lovastatin tablet</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	1	GC
<i>simvastatin tablet</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light packet</i>	2	GC
<i>cholestyramine packet</i>	2	GC
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tablet</i>	2	GC
<i>colestipol hcl packet</i>	3	
<i>ezetimibe</i>	2	QL(30 EA per 30 days); GC
<i>ezetimibe/simvastatin</i>	2	QL(30 EA per 30 days); GC
<i>icosapent ethyl</i>	3	
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	5	PA
<i>niacin er</i>	2	GC
<i>niacin tablet 500mg</i>	4	
NIACOR	4	
<i>omega-3-acid ethyl esters</i>	2	GC
PRALUENT	3	PA
<i>prevalite packet</i>	2	GC
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	GC
<i>isosorbide dinitrate tablet 40mg</i>	4	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	2	GC
NITRO-BID	4	
<i>nitroglycerin lingual solution</i>	4	
<i>nitroglycerin transdermal</i>	2	GC
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	GC
VERQUVO	4	QL(30 EA per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	GC
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	2	GC
<i>minoxidil tablet</i>	2	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine tablet</i>	2	GC
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	4	
<i>dextroamphetamine sulfate er</i>	4	
<i>dextroamphetamine sulfate tablet</i>	2	GC
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	3	
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	3	
<i>clonidine hydrochloride er</i>	4	
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	4	
<i>dexmethylphenidate hcl tablet 10mg, 5mg</i>	2	GC
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	4	
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	2	GC
<i>guanfacine er tablet extended release 24 hour 2mg</i>	4	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	4	
<i>methylphenidate hydrochloride er (la)</i>	4	
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg, 20mg, 30mg, 40mg</i>	4	
<i>methylphenidate hydrochloride er tablet extended release 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	4	
<i>methylphenidate hydrochloride tablet</i>	2	GC
<i>methylphenidate hydrochloride tablet chewable, solution</i>	4	
Central Nervous System, Other		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO	5	PA
<i>butalbital/acetaminophen/caffeine capsule</i>	2	GC
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	2	GC
<i>butalbital/aspirin/caffeine capsule</i>	3	
INGREZZA	5	PA
NUEDEXTA	5	PA
<i>riluzole</i>	3	
TETRABENAZINE TABLET 25MG	4	QL(120 EA per 30 days); PA
TETRABENAZINE TABLET 12.5MG	4	QL(240 EA per 30 days); PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	4	QL(30 EA per 30 days)
<i>pregabalin er tablet extended release 24 hour 330mg</i>	4	QL(60 EA per 30 days)
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Multiple Sclerosis Agents		
AUBAGIO	5	PA
AVONEX PEN	5	
AVONEX INJECTION 30MCG/0.5ML	5	
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	PA
<i>dimethyl fumarate starterpack</i>	5	PA
<i>fingolimod</i>	5	PA
GILENYA CAPSULE 0.25MG	5	PA
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAYZENT	5	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	PA
PLEGRIDY	5	
<i>teriflunomide</i>	4	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	4	
<i>chlorhexidine gluconate solution</i>	2	GC
<i>lidocaine hydrochloride viscous</i>	2	GC
<i>periogard</i>	2	GC
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	2	GC
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	4	
<i>acitretin</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene gel 0.3%</i>	4	
<i>amnesteem</i>	4	
<i>avita cream</i>	3	
<i>azelaic acid</i>	2	GC
CLARAVIS	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	4	
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>isotretinoin capsule 25mg, 35mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	GC
<i>metronidazole gel 0.75%, 1%</i>	2	GC
<i>metronidazole lotion 0.75%</i>	4	
<i>tazarotene gel</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin microsphere</i>	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	
<i>zenatane</i>	4	
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	GC
<i>alclometasone dipropionate cream</i>	2	GC
<i>ammonium lactate cream, lotion</i>	2	GC
<i>betamethasone dipropionate augmented cream</i>	2	GC
<i>betamethasone dipropionate augmented gel, lotion, ointment</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	2	GC
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate cream, lotion, ointment</i>	2	GC
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, gel, solution</i>	2	GC
<i>clobetasol propionate ointment, shampoo</i>	4	
<i>clodan</i>	4	
<i>desoximetasone cream, gel, ointment</i>	4	
<i>fluocinolone acetonide scalp</i>	4	
<i>fluocinolone acetonide cream, ointment</i>	2	GC
<i>fluocinolone acetonide solution</i>	4	
<i>fluocinonide</i>	2	GC
<i>fluocinonide emulsified base</i>	2	GC
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate lotion 0.05%</i>	4	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate cream, ointment</i>	2	GC
<i>hydrocortisone butyrate cream, ointment, solution</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone cream 1%, 2.5%</i>	2	GC
<i>hydrocortisone lotion 2.5%</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone ointment 2.5%</i>	2	GC
<i>mometasone furoate cream 0.1%</i>	2	GC
<i>mometasone furoate ointment 0.1%</i>	2	GC
<i>mometasone furoate solution 0.1%</i>	2	GC
<i>selenium sulfide</i>	2	GC
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream, lotion</i>	2	GC
<i>triamcinolone acetonide aerosol solution</i>	4	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	GC
<i>triamcinolone acetonide ointment 0.05%</i>	4	
<i>trianex</i>	4	
<i>triderm</i>	2	GC
<i>tritocin</i>	4	
<i>Dermatological Agents, Other</i>		
CALCIPOTRIENE FOAM	4	
<i>calcipotriene cream, ointment, solution</i>	4	
<i>calcitriol ointment 3mcg/gm</i>	4	
CARAC	5	
<i>clotrimazole/betamethasone dipropionate cream</i>	2	GC
<i>clotrimazole/betamethasone dipropionate lotion</i>	4	
CONDYLOX GEL	4	
DICLOFENAC SODIUM GEL 3%	4	PA
<i>fluorouracil cream 5%</i>	4	
<i>fluorouracil cream 0.5%</i>	5	
<i>fluorouracil solution</i>	4	
IMIQUIMOD PUMP	5	
<i>imiquimod cream 5%</i>	2	GC
METHOXSALEN CAPSULE	5	
NEO-SYNALAR	4	
<i>nystatin/triamcinolone</i>	4	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox</i>	4	
REGRANEX	5	PA
SANTYL	4	
<i>silver sulfadiazine</i>	2	GC
<i>ssd</i>	2	GC
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	2	GC
<i>acyclovir ointment 5%</i>	4	
<i>ciclopirox nail lacquer</i>	2	GC
<i>ciclopirox olamine</i>	2	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox suspension</i>	2	GC
<i>ciclopirox shampoo</i>	3	
<i>ciclopirox gel</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	
<i>clindamycin phosphate external solution 1%</i>	2	GC
<i>dapsone gel 5%</i>	4	
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	2	GC
<i>mupirocin ointment</i>	2	GC
<i>mupirocin cream</i>	4	
<i>penciclovir cream</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
CARGLUMIC ACID	5	
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINISOL SF 15%	4	B/D
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 10%</i>	4	
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>klor-con</i>	3	
<i>klor-con 10</i>	2	GC
<i>klor-con 8</i>	2	GC
<i>klor-con m10</i>	2	GC
<i>klor-con m15</i>	2	GC
<i>klor-con m20</i>	2	GC
<i>magnesium sulfate injection 50%</i>	4	
PLASMA-LYTE A	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	2	GC
<i>potassium chloride/dextrose/lactated ringers injection 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	3	
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet</i>	3	
<i>potassium chloride oral solution</i>	4	
<i>potassium chloride injection 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	4	
<i>potassium citrate er</i>	2	GC
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL	4	B/D
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.9%</i>	3	
<i>sodium chloride injection 3%, 5%</i>	4	
TPN ELECTROLYTES	4	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024
Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg, 90mg</i>	4	PA
<i>deferiprone</i>	5	PA
FERRIPROX TWICE-A-DAY	5	PA
FERRIPROX SOLUTION	5	PA
<i>penicillamine capsule 250mg</i>	5	
<i>sodium polystyrene sulfonate</i>	2	GC
<i>tolvaptan</i>	5	
TRIENTINE HYDROCHLORIDE	5	
Phosphate Binders		
AURYXIA	5	PA
<i>calcium acetate capsule</i>	2	GC
<i>calcium acetate tablet 667mg</i>	2	GC
FOSRENOL PACKET	5	
<i>lanthanum carbonate</i>	5	
<i>sevelamer carbonate tablet</i>	2	GC
<i>sevelamer carbonate packet</i>	4	
<i>sevelamer hydrochloride</i>	4	
VELPHORO	5	
Potassium Binders		
LOKELMA	3	QL(90 EA per 30 days)
<i>sps</i>	2	GC
VELTASSA	4	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	GC
<i>enulose</i>	2	GC
<i>generlac</i>	2	GC
<i>lactulose solution</i>	2	GC
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone capsule 8mcg</i>	3	QL(180 EA per 30 days)
<i>lubiprostone capsule 24mcg</i>	3	QL(60 EA per 30 days)
MOVANTIK	3	QL(30 EA per 30 days)
RELISTOR	5	PA
TRULANCE	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	
<i>alosetron hydrochloride tablet 1mg</i>	5	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	GC
<i>diphenoxylate/atropine liquid</i>	4	
<i>loperamide hcl capsule</i>	2	GC
MYTESI	4	
VIBERZI	5	QL(60 EA per 30 days); PA
XERMELO	5	QL(90 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	GC
<i>glycate</i>	2	GC
<i>glycopyrrolate tablet</i>	2	GC
<i>methscopolamine bromide tablet</i>	4	
Gastrointestinal Agents, Other		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	4	
GATTEX	5	PA
<i>gavilyte-c</i>	2	GC
<i>gavilyte-g</i>	2	GC
<i>lansoprazole/amoxicillin/clarithromycin therapy pack</i>	4	
<i>metoclopramide hcl solution</i>	2	GC
<i>metoclopramide hcl tablet 5mg</i>	1	GC
<i>metoclopramide hydrochloride tablet 10mg</i>	1	GC
MYALEPT	5	
<i>peg-3350/electrolytes</i>	2	GC
<i>peg-3350/electrolytes/ascorbate</i>	2	GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	GC
PYLERA	5	
RECTIV	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	
URSODIOL CAPSULE 300MG	3	
<i>ursodiol tablet</i>	3	
XIFAXAN TABLET 200MG	4	
XIFAXAN TABLET 550MG	5	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine tablet</i>	3	
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	1	GC
<i>nizatidine capsule</i>	2	GC
Protectants		
<i>misoprostol</i>	3	
<i>sucrafate tablet</i>	2	GC
<i>sucrafate suspension</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(30 EA per 30 days); GC
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(90 EA per 30 days); GC
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(90 EA per 30 days); GC
<i>omeprazole capsule delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>omeprazole capsule delayed release 20mg</i>	1	QL(90 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL(30 EA per 30 days); GC
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL(90 EA per 30 days); GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium</i>	2	QL(30 EA per 30 days); GC
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ARALAST NP INJECTION 1000MG	5	PA
<i>betaine anhydrous</i>	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
ENDARI	5	PA
GLASSIA	5	PA
MIGLUSTAT	5	PA
<i>nitisinone</i>	5	
ORFADIN SUSPENSION	5	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 83900UNIT; 21000UNIT; 54700UNIT	5	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 15125UNIT; 4000UNIT; 14375UNIT, 30250UNIT; 8000UNIT; 28750UNIT, 90750UNIT; 24000UNIT; 86250UNIT	4	
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 60500UNIT; 16000UNIT; 57500UNIT	5	
PROLASTIN-C INJECTION 1000MG	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder</i>	5	
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	4	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>darifenacin hydrobromide er</i>	4	QL(30 EA per 30 days)
<i>fesoterodine fumarate er</i>	3	QL(30 EA per 30 days)
<i>flavoxate hcl</i>	4	
GEMTESA	4	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(30 EA per 30 days)
<i>oxybutynin chloride er</i>	2	QL(60 EA per 30 days); GC
<i>oxybutynin chloride syrup</i>	2	GC
<i>oxybutynin chloride tablet 5mg</i>	2	GC
<i>solifenacin succinate</i>	4	QL(30 EA per 30 days)
<i>tolterodine tartrate</i>	2	QL(60 EA per 30 days); GC
<i>tolterodine tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>tropium chloride</i>	2	QL(60 EA per 30 days); GC
<i>tropium chloride er</i>	2	QL(30 EA per 30 days); GC
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	GC
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	GC
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	GC
<i>finasteride tablet</i>	1	GC
<i>tadalafil tablet 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride capsule 2mg</i>	1	GC
Genitourinary Agents, Other		
<i>bethanechol chloride tablet</i>	2	GC
<i>penicillamine tablet 250mg</i>	5	
<i>tiopronin</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone solution</i>	4	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	GC
<i>fludrocortisone acetate tablet</i>	2	GC
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	GC
<i>methylprednisolone dose pack tablet therapy pack</i>	2	GC
<i>methylprednisolone tablet</i>	2	GC
MILLIPRED TABLET	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	3	
<i>prednisolone solution</i>	2	GC
<i>prednisone intensol</i>	4	
<i>prednisone solution</i>	2	GC
<i>prednisone tablet therapy pack</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	2	GC
<i>desmopressin acetate solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJECTION 0.2MG	4	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	
LUPRON DEPOT-PED	5	
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE	5	PA
ZOMACTON	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
METHITEST	4	
<i>methyltestosterone capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	GC
<i>testosterone enanthate injection</i>	2	GC
<i>testosterone pump gel 1.62%</i>	3	
<i>testosterone pump gel 1%</i>	4	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	4	
<i>testosterone solution</i>	4	
<i>Estrogens</i>		
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>amethia</i>	3	
<i>apri</i>	3	
<i>aranelle</i>	3	
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aviane</i>	3	
<i>balziva</i>	4	
<i>blisovi 24 fe</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30</i>	3	
<i>briellyn</i>	4	
<i>camrese lo</i>	4	
<i>cryselle-28</i>	4	
<i>cyred eq</i>	3	
<i>desogestrel/ethinyl estradiol</i>	3	
<i>dolishale</i>	4	
<i>dotti</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	
<i>eluryng</i>	4	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	
<i>estradiol valerate injection 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tablet</i>	1	GC
<i>estradiol cream, vaginal tablet</i>	2	GC
<i>estradiol patch twice weekly, patch weekly</i>	3	
<i>estradiol gel</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	3	
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fyavolv</i>	3	
<i>gemmily</i>	2	GC
<i>hailey 24 fe</i>	3	
<i>iclevia</i>	2	GC
<i>introvale</i>	3	
<i>isibloom</i>	3	
<i>jasmiel</i>	3	
<i>jinteli</i>	3	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	3	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	4	
<i>kelnor 1/50</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>lessina</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>levora 0.15/30-28</i>	3	
<i>loryna</i>	3	
<i>low-ogestrel</i>	4	
<i>lutera</i>	3	
<i>lyllana</i>	3	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>merzee</i>	2	GC
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin 24 fe</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>mili</i>	3	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate capsule</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg</i>	2	GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 0; 75mg; 1mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>nylia 1/35</i>	4	
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	4	
<i>ocella</i>	4	
<i>pimtreea</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	3	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
PREMPRO	4	
<i>reclipsen</i>	3	
<i>rivelsa</i>	4	
<i>setlakin</i>	3	
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>syeda</i>	3	
<i>tarina 24 fe</i>	4	
<i>tarina fe 1/20 eq</i>	3	
<i>tilia fe</i>	4	
<i>tri-legest fe</i>	4	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	4	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	
<i>velivet</i>	3	
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>yuvafem</i>	2	GC
<i>zovia 1/35</i>	4	
Progestins		
<i>camila</i>	4	
<i>deblitane</i>	4	
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	4	
<i>incassia</i>	4	
<i>lyleq</i>	4	
<i>lyza</i>	4	
<i>medroxyprogesterone acetate tablet</i>	2	GC
<i>medroxyprogesterone acetate injection</i>	4	
<i>megestrol acetate tablet</i>	3	
<i>megestrol acetate suspension 40mg/ml</i>	3	
<i>megestrol acetate suspension 625mg/5ml</i>	4	
<i>norethindrone acetate tablet</i>	2	GC
<i>norethindrone tablet</i>	4	
<i>progesterone capsule</i>	2	GC
<i>sharobel</i>	4	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	GC
<i>levothyroxine sodium tablet</i>	1	GC
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	GC
SYNTHROID TABLET	3	
<i>unithroid</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	5	
RECORLEV	5	QL(240 EA per 30 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	GC
ELIGARD	4	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days)
FIRMAGON INJECTION 120MG/VIAL	5	QL(2 EA per 28 days)
LEUPROLIDE ACETATE INJECTION 22.5MG	4	
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH) INJECTION 7.5MG	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	
OCTREOTIDE ACETATE INJECTION 1000MCG/ML	4	
OCTREOTIDE ACETATE INJECTION 500MCG/ML	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
ORGOVYX	5	PA
SIGNIFOR	5	
SOMAVERT	5	
SYNAREL	5	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	1	GC
<i>propylthiouracil tablet</i>	3	
Immunological Agents		
<i>Angioedema Agents</i>		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
CINRYZE	5	PA
ICATIBANT ACETATE	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
BIVIGAM INJECTION 5GM/50ML	5	PA
FLEBOGAMMA DIF INJECTION 5GM/50ML	5	PA
GAMMAGARD LIQUID INJECTION 2.5GM/25ML	5	PA
GAMMAKED INJECTION 1GM/10ML	5	PA
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C INJECTION 1GM/10ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
<i>Immunological Agents, Other</i>		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	
BENLYSTA	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	PA
RIDAURA	3	
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	4	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(0.5 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(1 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE	5	
PEGASYS	5	
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D; GC
<i>cyclosporine modified</i>	3	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	3	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	3	B/D
<i>gengraf solution</i>	3	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0, 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML, 80MG/0.8ML	5	QL(4 EA per 30 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
<i>leflunomide</i>	2	GC
<i>methotrexate sodium tablet</i>	2	GC
<i>methotrexate sodium injection 50mg/2ml</i>	2	GC
<i>methotrexate injection 50mg/2ml</i>	2	GC
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D; GC
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D; GC
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	4	B/D
REZUROCK	5	QL(30 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
TREXALL	4	
XATMEP	4	
Vaccines		
ACTHIB INJECTION 0	3	
ADACEL	3	
BCG VACCINE INJECTION 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	4	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLUTION	4	
SHINGRIX	3	
TDVAX	3	
TENIVAC	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	2	GC
DIPENTUM	5	
<i>mesalamine dr</i>	3	
<i>mesalamine er capsule extended release 24 hour</i>	3	
<i>mesalamine er capsule extended release</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine enema</i>	4	
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	GC
<i>Glucocorticoids</i>		
BUDESONIDE ER	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>budesonide foam 2mg</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	GC
<i>proctosol hc</i>	2	GC
<i>proctozone-hc</i>	2	GC
UCERIS FOAM	4	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 70mg</i>	1	GC
<i>calcitonin-salmon solution</i>	3	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	GC
<i>calcitriol solution 1mcg/ml</i>	4	
<i>cinacalcet hydrochloride</i>	4	
<i>doxercalciferol capsule 0.5mcg</i>	3	
<i>doxercalciferol capsule 1mcg, 2.5mcg</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	
<i>ibandronate sodium tablet</i>	2	GC
NATPARA	5	
<i>paricalcitol capsule</i>	4	
PROLIA	4	
RAYALDEE	5	
<i>risedronate sodium dr</i>	3	
<i>risedronate sodium tablet 150mg, 35mg</i>	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
TERIPARATIDE	5	
TYMLOS	5	
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>alcohol prep pads</i>	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CURITY GAUZE PADS 2"X2" 12 PLY	3	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
<i>levocarnitine solution, tablet</i>	4	
NUTRILIPID	4	B/D
<i>sodium chloride 0.9%</i>	3	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b</i>	2	GC
BRIMONIDINE TARTRATE/TIMOLOL MALEATE	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTADROPS	5	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	GC
<i>neo-polycin</i>	2	GC
<i>neo-polycin hc</i>	2	GC
<i>neomycin/bacitracin/polymyxin</i>	2	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	GC
<i>neomycin/polymyxin/dexamethasone</i>	2	GC
<i>neomycin/polymyxin/gramicidin</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>polycin</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	GC
RESTASIS	3	
RESTASIS MULTIDOSE	3	
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	GC
TOBRADEX OINTMENT	3	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl</i>	2	GC
<i>cromolyn sodium solution 4%</i>	2	GC
<i>epinastine hcl</i>	2	GC
<i>olopatadine hcl ophthalmic solution 0.1%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	2	GC
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	GC
<i>erythromycin ointment 5mg/gm</i>	2	GC
<i>gatifloxacin</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	GC
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	GC
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	GC
<i>sulfacetamide sodium solution</i>	2	GC
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	2	GC
<i>trifluridine</i>	3	
ZIRGAN	4	
Ophthalmic Anti-inflammatory		
<i>bromfenac</i>	3	
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	GC
<i>difluprednate</i>	2	GC
<i>fluorometholone</i>	2	GC
<i>flurbiprofen sodium</i>	2	GC
FML FORTE	4	
ILEVRO	3	
<i>ketorolac tromethamine</i>	2	GC
LOTEMAX SM	4	
LOTEMAX OINTMENT	3	
<i>loteprednol etabonate</i>	3	
<i>prednisolone acetate</i>	2	GC
<i>prednisolone sodium phosphate ophthalmic solution 1%</i>	2	GC
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>carteolol hcl</i>	2	GC
<i>levobunolol hcl solution 0.5%</i>	2	GC
<i>timolol maleate ophthalmic gel forming</i>	4	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	GC

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate solution 0.5%</i>	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	3	
<i>acetazolamide er</i>	4	
ALPHAGAN P SOLUTION 0.1%	3	
<i>apraclonidine</i>	3	
<i>brimonidine tartrate solution 0.2%</i>	1	GC
<i>brimonidine tartrate solution 0.15%</i>	2	GC
<i>brinzolamide</i>	2	GC
<i>dorzolamide hydrochloride</i>	2	GC
<i>methazolamide tablet</i>	4	
PHOSPHOLINE IODIDE SOLUTION RECONSTITUTED 0.125%	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>latanoprost solution</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	3	
<i>travoprost</i>	3	ST
VYZULTA	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	GC
<i>ciprofloxacin/dexamethasone</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	2	GC
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	GC
<i>ofloxacin otic solution 0.3%</i>	2	GC
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(60 ML per 30 days); B/D
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AEROSOL 44MCG/ACT	3	QL(10.6 GM per 30 days)
FLOVENT HFA AEROSOL 110MCG/ACT	3	QL(12 GM per 30 days)
FLOVENT HFA AEROSOL 220MCG/ACT	3	QL(24 GM per 30 days)
<i>flunisolide solution 0.025%</i>	2	GC
<i>fluticasone propionate suspension 50mcg/act</i>	2	GC
<i>mometasone furoate suspension 50mcg/act</i>	4	

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
QNASL CHILDRENS	4	
QVAR REDIHALER AEROSOL BREATH ACTIVATED 40MCG/ACT	3	QL(10.6 GM per 30 days)
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80MCG/ACT	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hydrochloride solution 0.1%</i>	2	GC
<i>carbinoxamine maleate solution</i>	2	GC
<i>carbinoxamine maleate tablet 4mg</i>	2	GC
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>desloratadine</i>	2	GC
<i>hydroxyzine hcl tablet 50mg</i>	2	GC
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	GC
<i>hydroxyzine pamoate capsule</i>	2	GC
<i>levocetirizine dihydrochloride tablet</i>	1	GC
<i>levocetirizine dihydrochloride solution</i>	4	
<i>olopatadine hcl nasal solution 0.6%</i>	4	
Antileukotrienes		
<i>montelukast sodium tablet chewable, tablet</i>	2	GC
<i>montelukast sodium packet</i>	3	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	
INCRUSE ELLIPTA	3	
<i>ipratropium bromide inhalation solution</i>	2	B/D; GC
<i>ipratropium bromide nasal solution</i>	2	GC
SPIRIVA HANDIHALER	3	QL(90 EA per 30 days)
SPIRIVA RESPIMAT	3	QL(4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa</i>	2	GC
<i>albuterol sulfate nebulization solution</i>	2	B/D; GC
<i>albuterol sulfate syrup, tablet</i>	3	
<i>arformoterol tartrate</i>	4	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.15MG/0.3ML, 0.3MG/0.3ML	3	
EPIPEN 2-PAK	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 1.25mg/3ml</i>	4	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	B/D
<i>levalbuterol nebulization solution</i>	4	B/D
SEREVENT DISKUS	3	QL(60 EA per 30 days)
STRIVERDI RESPIMAT	4	QL(4 GM per 30 days)

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
SYMJEPI	4	
VENTOLIN HFA	3	
XOPENEX HFA	4	
Cystic Fibrosis Agents		
CAYSTON	5	
KALYDECO PACKET	5	QL(56 EA per 28 days); PA
KALYDECO TABLET	5	QL(60 EA per 30 days); PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml, 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
TRIKAFTA THERAPY PACK	5	QL(90 EA per 30 days); PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	3	QL(30 EA per 30 days)
THEO-24	4	
<i>theophylline er tablet extended release 24 hour</i>	2	GC
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	2	GC
<i>theophylline solution</i>	3	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
ALYQ	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days); PA
<i>bosentan tablet 62.5mg</i>	5	QL(90 EA per 30 days); PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	2	PA; GC
<i>sildenafil citrate suspension reconstituted</i>	4	PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
TRACLEER TABLET SOLUBLE	5	PA
UPTRAVI TITRATION PACK	5	PA
UPTRAVI TABLET	5	PA
Pulmonary Fibrosis Agents		
ESBRIET CAPSULE	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 267MG	5	QL(270 EA per 30 days); PA
ESBRIET TABLET 801MG	5	QL(90 EA per 30 days); PA
OFEV	5	QL(60 EA per 30 days); PA

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone capsule</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(270 EA per 30 days); PA
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL(90 EA per 30 days); PA
Respiratory Tract Agents, Other		
<i>acetylcysteine solution</i>	3	B/D
ANORO ELLIPTA	3	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days)
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA	4	QL(13 GM per 30 days)
FASENRA	5	QL(1 ML per 28 days); PA
FASENRA PEN	5	QL(1 ML per 28 days); PA
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D; GC
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(4 GM per 30 days)
SYMBICORT	3	QL(10.2 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days); GC
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>chlorzoxazone tablet 500mg</i>	3	PA
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	PA; GC
<i>cyclobenzaprine hydrochloride tablet 7.5mg</i>	4	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	4	QL(30 EA per 30 days)
<i>eszopiclone</i>	2	QL(30 EA per 30 days); GC
<i>tasimelteon</i>	5	QL(30 EA per 30 days); PA
<i>temazepam</i>	2	GC
<i>zaleplon</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate er</i>	2	QL(30 EA per 30 days); GC
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days); GC
Wakefulness Promoting Agents		
<i>armodafinil</i>	4	PA
<i>modafinil tablet 100mg</i>	2	QL(30 EA per 30 days); PA; GC
<i>modafinil tablet 200mg</i>	2	QL(60 EA per 30 days); PA; GC
SODIUM OXYBATE	5	QL(540 ML per 30 days); PA

Index of Drugs

Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	29	ALOGLIPTIN/METFORMIN	31
<i>abacavir sulfate/lamivudine</i>	29	HYDROCHLORIDE	
ABELCET	19	ALOGLIPTIN/PIOGLITAZONE	31
ABILIFY MAINTENA	26	<i>alosectron hydrochloride</i>	45
ABILIFY MYCITE MAINTENANCE KIT	26	ALPHAGAN P	60
ABILIFY MYCITE STARTER KIT	26	<i>alprazolam</i>	30
ABIRATERONE ACETATE	21	<i>alprazolam er</i>	30
<i>acamprosate calcium dr</i>	10	<i>alprazolam intensol</i>	30
<i>acarbose</i>	31	<i>altavera</i>	49
<i>accutane</i>	40	ALUNBRIG	22
<i>acebutolol hydrochloride</i>	36	<i>alyacen 1/35</i>	49
<i>acetaminophen/codeine</i>	9	ALYQ	62
<i>acetazolamide</i>	60	<i>amantadine hcl</i>	30
<i>acetazolamide er</i>	60	<i>ambrisentan</i>	62
<i>acetic acid</i>	60	<i>amethia</i>	49
<i>acetylcysteine</i>	63	<i>amikacin sulfate</i>	10
<i>acitretin</i>	40	<i>amiloride hcl</i>	38
ACTEMRA	54	<i>amiloride/hydrochlorothiazide</i>	37
ACTEMRA ACTPEN	54	<i>amiodarone hydrochloride</i>	35
ACTHIB	56	<i>amitriptyline hcl</i>	18
ACTIMMUNE	55	<i>amitriptyline hydrochloride</i>	18
<i>acyclovir</i>	30	<i>amlodipine besylate</i>	36
<i>acyclovir</i>	42	<i>amlodipine besylate/atorvastatin calcium</i>	37
<i>acyclovir sodium</i>	30	<i>amlodipine besylate/benazepril hydrochloride</i>	37
ADACEL	56	<i>amlodipine besylate/valsartan</i>	37
<i>adapalene</i>	41	<i>amlodipine/olmesartan medoxomil</i>	37
<i>adefovir dipivoxil</i>	28	<i>ammonium lactate</i>	41
ADEMPAS	62	<i>amnesteem</i>	41
AIMOVIG	20	<i>amoxapine</i>	18
<i>ala-cort</i>	41	<i>amoxicillin</i>	12
ALBENDAZOLE	25	<i>amoxicillin/clavulanate potassium</i>	12
<i>albuterol sulfate</i>	61	<i>amoxicillin/clavulanate potassium er</i>	12
<i>albuterol sulfate hfa</i>	61	<i>amphetamine/dextroamphetamine</i>	39
<i>alclometasone dipropionate</i>	41	<i>amphotericin b</i>	19
<i>alcohol prep pads</i>	58	<i>ampicillin</i>	12
ALECENSA	22	<i>ampicillin sodium</i>	12
<i>alendronate sodium</i>	57	<i>ampicillin-sulbactam</i>	12
<i>alfuzosin hcl er</i>	48	<i>anagrelide hydrochloride</i>	34
<i>aliskiren</i>	37	<i>anastrozole</i>	22
<i>allopurinol</i>	19	ANORO ELLIPTA	63
ALOGLIPTIN	31	ANTARA	38
ALOGLIPTIN/METFORMIN HCL	31	APLENZIN	16
		APOKYN	25
		<i>apomorphine hydrochloride</i>	25
		<i>apraclonidine</i>	60

Formulary ID: 24440, Version: 6, Effective Date: 01/01/2024

Last Updated: August 2023

Drug Name	Page #	Drug Name	Page #
<i>aprepitant</i>	18	<i>aztreonam</i>	11
<i>apri</i>	49	<i>bacitracin</i>	59
APTIOM	15	<i>bacitracin/polymyxin b</i>	58
APTIVUS	29	<i>baclofen</i>	27
ARALAST NP	47	<i>balsalazide disodium</i>	57
<i>aranelle</i>	49	BALVERSA	22
ARCALYST	54	<i>balziva</i>	49
<i>arformoterol tartrate</i>	61	BAQSIMI ONE PACK	32
<i>aripiprazole</i>	26	BARACLUDGE	28
<i>aripiprazole odt</i>	26	BAXDELA	13
ARISTADA	26	BCG VACCINE	56
ARISTADA INITIO	26	BD INSULIN SYRINGE	58
<i>armodafinil</i>	63	SAFETYGLIDE/1ML/29G X 1/2"	
ARNUITY ELLIPTA	60	B-D INSULIN SYRINGE ULTRAFINE	58
<i>ascomp/codeine</i>	9	II/0.3ML/31G X 5/16"	
<i>asenapine maleate sl</i>	26	BD INSULIN SYRINGE ULTRA-	58
<i>ashlyna</i>	49	FINE/0.5ML/30G X 12.7MM	
<i>aspirin/dipyridamole er</i>	34	BD INSULIN SYRINGE ULTRA-	58
ASTAGRAF XL	55	FINE/1ML/31G X 8MM	
<i>atazanavir</i>	29	BD PEN NEEDLE/ORIGINAL/ULTRA-	58
<i>atazanavir sulfate</i>	29	FINE/29G X 12.7MM	
<i>atenolol</i>	36	BELSOMRA	63
<i>atenolol/chlorthalidone</i>	37	<i>benazepril hcl</i>	35
<i>atomoxetine</i>	39	<i>benazepril hcl/hydrochlorothiazide</i>	37
<i>atomoxetine hydrochloride</i>	39	<i>benazepril hydrochloride</i>	35
<i>atorvastatin calcium</i>	38	BENLYSTA	54
ATOVAQUONE	25	<i>benztropine mesylate</i>	25
<i>atovaquone/proguanil hcl</i>	25	BESREMI	21
<i>atropine sulfate</i>	58	<i>betaine anhydrous</i>	47
ATROVENT HFA	61	<i>betamethasone dipropionate</i>	41
AUBAGIO	40	<i>betamethasone dipropionate augmented</i>	41
<i>aubra eq</i>	49	<i>betamethasone valerate</i>	41
AURYXIA	45	<i>betaxolol hcl</i>	59
AUSTEDO	40	<i>bethanechol chloride</i>	48
AUVELITY	16	BETIMOL	59
<i>aviane</i>	49	BETOPTIC-S	59
<i>avita</i>	41	BEVESPI AEROSPHERE	63
AVONEX	40	BEXAROTENE	24
AVONEX PEN	40	BEXSERO	56
AVYCAZ	11	<i>bicalutamide</i>	21
AYVAKIT	22	BICILLIN C-R	12
<i>azathioprine</i>	55	BICILLIN L-A	12
<i>azelaic acid</i>	41	BIKTARVY	28
<i>azelastine hcl</i>	59	<i>bismuth subcitrate</i>	46
<i>azelastine hydrochloride</i>	61	<i>pot/metronidazole/tetracycline hydrochloride</i>	
<i>azithromycin</i>	13	<i>bisoprolol fumarate</i>	36

Drug Name	Page #	Drug Name	Page #
<i>bisoprolol fumarate/hydrochlorothiazide</i>	37	<i>calcitonin-salmon</i>	57
BIVIGAM	54	<i>calcitriol</i>	42
<i>blisovi 24 fe</i>	49	<i>calcitriol</i>	57
<i>blisovi fe 1.5/30</i>	50	<i>calcium acetate</i>	45
BOOSTRIX	56	CALQUENCE	22
<i>bosentan</i>	62	<i>camila</i>	52
BOSULIF	22	<i>camrese lo</i>	50
BRAFTOVI	22	<i>candesartan cilexetil</i>	35
BREO ELLIPTA	63	<i>candesartan cilexetil/hydrochlorothiazide</i>	37
<i>briellyn</i>	50	CAPLYTA	26
BRILINTA	34	CAPRELSA	22
<i>brimonidine tartrate</i>	60	<i>captopril</i>	35
BRIMONIDINE TARTRATE/TIMOLOL	58	CARAC	42
MALEATE		<i>carbamazepine</i>	15
<i>brinzolamide</i>	60	<i>carbamazepine er</i>	15
BRIVIACT	14	<i>carbidopa</i>	25
<i>bromfenac</i>	59	<i>carbidopa/levodopa</i>	25
<i>bromocriptine mesylate</i>	25	<i>carbidopa/levodopa er</i>	25
BRONCHITOL	63	<i>carbidopa/levodopa odt</i>	25
BRUKINSA	22	<i>carbidopa/levodopa/entacapone</i>	25
<i>budesonide</i>	57	<i>carbinoxamine maleate</i>	61
<i>budesonide</i>	60	CARDURA XL	48
BUDESONIDE ER	57	CARGLUMIC ACID	43
<i>bumetanide</i>	37	<i>carteolol hcl</i>	59
<i>buprenorphine</i>	8	<i>cartia xt</i>	36
<i>buprenorphine hcl</i>	10	<i>carvedilol</i>	36
<i>buprenorphine hcl/naloxone hcl</i>	10	<i>carvedilol phosphate er</i>	36
<i>buprenorphine hydrochloride/naloxone</i>	10	<i>caspofungin acetate</i>	19
<i>hydrochloride</i>		CAYSTON	62
<i>bupropion hcl</i>	16	<i>cefaclor</i>	11
<i>bupropion hydrochloride</i>	16	<i>cefaclor er</i>	11
<i>bupropion hydrochloride er (sr)</i>	10	<i>cefadroxil</i>	12
<i>bupropion hydrochloride er (sr)</i>	16	<i>cefazolin sodium</i>	12
BUPROPION HYDROCHLORIDE ER	16	<i>cefdinir</i>	12
(XL)		<i>cefepime</i>	12
<i>bupirone hcl</i>	30	<i>cefixime</i>	12
<i>bupirone hydrochloride</i>	30	<i>cefotetan</i>	12
<i>butalbital/acetaminophen/caffeine</i>	40	<i>cefoxitin sodium</i>	12
<i>butalbital/acetaminophen/caffeine/codeine</i>	9	<i>cefpodoxime proxetil</i>	12
<i>butalbital/aspirin/caffeine</i>	40	<i>cefprozil</i>	12
<i>butalbital/aspirin/caffeine/codeine</i>	9	<i>ceftazidime</i>	12
<i>butorphanol tartrate</i>	9	<i>ceftriaxone sodium</i>	12
BYDUREON BCISE	31	<i>cefuroxime axetil</i>	12
<i>cabergoline</i>	53	<i>cefuroxime sodium</i>	12
CABOMETYX	22	<i>celecoxib</i>	8
CALCIPOTRIENE	42	<i>cephalexin</i>	12

Drug Name	Page #	Drug Name	Page #
<i>cevimeline hydrochloride</i>	40	<i>clobazam</i>	15
CHEMET	44	<i>clobetasol propionate</i>	41
<i>chlordiazepoxide/amitriptyline</i>	16	<i>clobetasol propionate e</i>	41
<i>chlorhexidine gluconate</i>	40	<i>clodan</i>	41
<i>chloroquine phosphate</i>	25	<i>clomipramine hydrochloride</i>	18
<i>chlorpromazine hcl</i>	26	<i>clonazepam</i>	15
CHLORPROMAZINE	26	<i>clonazepam odt</i>	15
HYDROCHLORIDE		<i>clonidine hcl</i>	34
<i>chlorthalidone</i>	38	<i>clonidine hydrochloride</i>	34
<i>chlorzoxazone</i>	63	<i>clonidine hydrochloride er</i>	39
CHOLBAM	47	<i>clopidogrel</i>	34
<i>cholestyramine</i>	38	<i>clorazepate dipotassium</i>	30
<i>cholestyramine light</i>	38	<i>clotrimazole</i>	19
<i>ciclopirox</i>	43	<i>clotrimazole/betamethasone dipropionate</i>	42
<i>ciclopirox nail lacquer</i>	42	<i>clozapine</i>	27
<i>ciclopirox olamine</i>	42	<i>clozapine odt</i>	27
<i>cilostazol</i>	34	COARTEM	25
CIMDUO	29	COLCHICINE	19
<i>cimetidine</i>	46	<i>colesevelam hydrochloride</i>	38
<i>cinacalcet hydrochloride</i>	57	<i>colestipol hcl</i>	38
CINRYZE	54	<i>colistimethate sodium</i>	11
<i>ciprofloxacin hcl</i>	13	COMBIVENT RESPIMAT	63
<i>ciprofloxacin hydrochloride</i>	13	COMETRIQ	22
<i>ciprofloxacin hydrochloride</i>	59	COMPLERA	28
<i>ciprofloxacin i.v.-in d5w</i>	13	<i>compro</i>	18
<i>ciprofloxacin/dexamethasone</i>	60	CONDYLOX	42
<i>citalopram hydrobromide</i>	17	<i>constulose</i>	45
CLARAVIS	41	COPIKTRA	23
<i>clarithromycin</i>	13	CORLANOR	37
<i>clarithromycin er</i>	13	COSENTYX	54
<i>clindamycin hcl</i>	11	COSENTYX SENSOREADY PEN	54
<i>clindamycin hydrochloride</i>	11	COTELIC	23
<i>clindamycin palmitate hcl</i>	11	CREON	47
<i>clindamycin phosphate</i>	11	CRESEMBA	19
<i>clindamycin phosphate</i>	43	<i>cromolyn sodium</i>	47
<i>clindamycin phosphate/dextrose</i>	11	<i>cromolyn sodium</i>	59
CLINIMIX 4.25%/DEXTROSE 10%	43	<i>cromolyn sodium</i>	62
CLINIMIX 4.25%/DEXTROSE 5%	43	<i>cryselle-28</i>	50
CLINIMIX 5%/DEXTROSE 15%	43	CURITY GAUZE PADS 2"X2" 12 PLY	58
CLINIMIX 5%/DEXTROSE 20%	43	<i>cyclobenzaprine hydrochloride</i>	63
CLINIMIX E 2.75%/DEXTROSE 5%	43	<i>cyclophosphamide</i>	20
CLINIMIX E 4.25%/DEXTROSE 10%	43	<i>cyclosporine</i>	55
CLINIMIX E 4.25%/DEXTROSE 5%	43	<i>cyclosporine</i>	58
CLINIMIX E 5%/DEXTROSE 15%	43	<i>cyclosporine modified</i>	55
CLINIMIX E 5%/DEXTROSE 20%	43	CYLTEZO	55
CLINISOL SF 15%	43		

Drug Name	Page #	Drug Name	Page #
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	55	dextrose 5%/nacl 0.2%	43
CYLTEZO STARTER PACKAGE FOR PSORIASIS	55	dextrose 5%/nacl 0.45%	43
<i>cyproheptadine hcl</i>	61	dextrose 5%/nacl 0.9%	43
<i>cyproheptadine hydrochloride</i>	61	DIACOMIT	15
<i>cyred eq</i>	50	<i>diazepam</i>	30
CYSTADROPS	58	<i>diazepam intensol</i>	30
CYSTARAN	58	<i>diazepam rectal gel</i>	15
<i>dalfampridine er</i>	40	<i>diazoxide</i>	32
DALVANCE	11	<i>diclofenac potassium</i>	8
<i>danazol</i>	49	<i>diclofenac sodium</i>	8
<i>dantrolene sodium</i>	27	DICLOFENAC SODIUM	42
<i>dapsone</i>	20	<i>diclofenac sodium</i>	59
<i>dapsone</i>	43	<i>diclofenac sodium dr</i>	8
DAPTACEL	56	<i>diclofenac sodium er</i>	8
DAPTOMYCIN	11	<i>diclofenac sodium/misoprostol</i>	8
<i>darifenacin hydrobromide er</i>	48	<i>dicloxacillin sodium</i>	12
<i>darunavir</i>	29	<i>dicyclomine hcl</i>	46
DAURISMO	23	<i>dicyclomine hydrochloride</i>	46
<i>deblitane</i>	52	DIFICID	13
<i>deferasirox</i>	44	<i>diflunisal</i>	8
<i>deferiprone</i>	45	<i>difluprednate</i>	59
DELSTRIGO	28	<i>digoxin</i>	35
<i>demeclocycline hcl</i>	14	DIHYDROERGOTAMINE MESYLATE	20
DEPO-SUBQ PROVERA 104	52	DILANTIN	16
DESCOVY	29	<i>diltiazem hcl</i>	36
<i>desipramine hydrochloride</i>	18	<i>diltiazem hcl er</i>	36
<i>desloratadine</i>	61	<i>diltiazem hydrochloride</i>	36
<i>desmopressin acetate</i>	49	<i>diltiazem hydrochloride er</i>	36
<i>desogestrel/ethinyl estradiol</i>	50	<i>dilt-xr</i>	36
<i>desoximetasone</i>	41	<i>dimethyl fumarate</i>	40
DESVENLAFAXINE ER	17	<i>dimethyl fumarate starterpack</i>	40
<i>dexamethasone</i>	48	DIPENTUM	57
<i>dexamethasone sodium phosphate</i>	59	<i>diphenoxylate hydrochloride/atropine</i>	45
<i>dexmethylphenidate hcl</i>	39	<i>sulfate</i>	
<i>dexmethylphenidate hcl er</i>	39	<i>diphenoxylate/atropine</i>	45
<i>dexmethylphenidate hydrochloride</i>	39	DIPHThERIA/TETANUS TOXOIDS	56
<i>dexmethylphenidate hydrochloride er</i>	39	ADSORBED PEDIATRIC	
<i>dextroamphetamine sulfate</i>	39	<i>disulfiram</i>	10
<i>dextroamphetamine sulfate er</i>	39	<i>divalproex sodium</i>	15
<i>dextrose 10%/nacl 0.45%</i>	43	<i>divalproex sodium dr</i>	15
<i>dextrose 10%</i>	43	<i>divalproex sodium er</i>	15
<i>dextrose 10%/nacl 0.2%</i>	43	<i>dofetilide</i>	35
<i>dextrose 2.5%/nacl 0.45%</i>	43	<i>dolishale</i>	50
<i>dextrose 5%</i>	43	<i>donepezil hcl</i>	16
		<i>donepezil hydrochloride</i>	16
		<i>dorzolamide hcl/timolol maleate</i>	58

Drug Name	Page #	Drug Name	Page #
<i>dorzolamide hydrochloride</i>	60	<i>enalapril maleate</i>	35
<i>dorzolamide hydrochloride/timolol maleate</i>	58	<i>enalapril maleate/hydrochlorothiazide</i>	37
<i>pf</i>		ENBREL	55
<i>dotti</i>	50	ENBREL MINI	55
DOVATO	28	ENBREL SURECLICK	55
<i>doxazosin mesylate</i>	48	ENDARI	47
<i>doxepin hcl</i>	18	<i>endocet</i>	9
<i>doxepin hydrochloride</i>	18	ENGERIX-B	56
<i>doxepin hydrochloride</i>	63	<i>enoxaparin sodium</i>	33
<i>doxercalciferol</i>	57	<i>enpresse-28</i>	50
<i>doxy 100</i>	14	<i>enskyce</i>	50
<i>doxycycline</i>	14	<i>entacapone</i>	25
<i>doxycycline hyclate</i>	14	ENTECAVIR	28
<i>doxycycline hyclate dr</i>	14	ENTRESTO	37
<i>doxycycline monohydrate</i>	14	<i>enulose</i>	45
<i>dronabinol</i>	18	ENVARBUS XR	55
<i>drospirenone/ethinyl estradiol</i>	50	EPCLUSA	28
DROXIA	21	EPIDIOLEX	14
<i>droxidopa</i>	35	<i>epinastine hcl</i>	59
DUAVEE	52	EPINEPHRINE	61
DULERA	63	EPIPEN 2-PAK	61
<i>duloxetine hcl</i>	17	<i>epitol</i>	16
<i>duloxetine hydrochloride</i>	17	<i>eplerenone</i>	38
DUOPA	26	EPRONTIA	14
DUPIXENT	54	EQUETRO	30
<i>dutasteride</i>	48	ERAXIS	19
<i>dutasteride/tamsulosin hydrochloride</i>	48	<i>ergotamine tartrate/caffeine</i>	20
<i>econazole nitrate</i>	19	ERIVEDGE	23
EDURANT	28	ERLEADA	21
<i>efavirenz</i>	28	ERLOTINIB HYDROCHLORIDE	23
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	28	<i>errin</i>	52
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	28	ERTACZO	19
ELIGARD	53	<i>ertapenem</i>	13
ELIQUIS	33	<i>ery</i>	43
ELIQUIS STARTER PACK	33	<i>erythrocin stearate</i>	13
<i>eluryng</i>	50	<i>erythromycin</i>	13
EMCYT	21	<i>erythromycin</i>	43
EMEND	18	<i>erythromycin</i>	59
EMSAM	17	<i>erythromycin base</i>	13
<i>emtricitabine</i>	29	<i>erythromycin dr</i>	13
<i>emtricitabine/tenofovir disoproxil fumarate</i>	29	<i>erythromycin ethylsuccinate</i>	13
<i>emtricitabine/tenofovir disoproxil fumarate</i>	29	<i>erythromycin/benzoyl peroxide</i>	41
EMTRIVA	29	ESBRIET	62
EMVERM	25	<i>escitalopram oxalate</i>	17
		<i>esomeprazole magnesium</i>	46
		<i>estradiol</i>	50

Drug Name	Page #	Drug Name	Page #
<i>estradiol valerate</i>	50	FLEBOGAMMA DIF	54
<i>eszopiclone</i>	63	<i>flecainide acetate</i>	35
<i>ethambutol hydrochloride</i>	20	FLOVENT DISKUS	60
<i>ethosuximide</i>	15	FLOVENT HFA	60
<i>ethynodiol diacetate/ethinyl estradiol</i>	50	<i>fluconazole</i>	19
<i>etodolac</i>	8	<i>fluconazole in sodium chloride</i>	19
<i>etodolac er</i>	8	<i>flucytosine</i>	19
<i>etonogestrel/ethinyl estradiol</i>	50	<i>fludrocortisone acetate</i>	48
<i>etravirine</i>	28	<i>flunisolide</i>	60
<i>euthyrox</i>	53	<i>fluocinolone acetonide</i>	41
<i>everolimus</i>	23	<i>fluocinolone acetonide scalp</i>	41
<i>everolimus</i>	55	<i>fluocinonide</i>	41
EVOTAZ	29	<i>fluocinonide emulsified base</i>	41
EXELDERM	19	<i>fluorometholone</i>	59
EXEMESTANE	22	<i>fluorouracil</i>	42
EXKIVITY	23	<i>fluoxetine dr</i>	17
<i>ezetimibe</i>	38	<i>fluoxetine hcl</i>	17
<i>ezetimibe/simvastatin</i>	38	<i>fluoxetine hydrochloride</i>	17
<i>falmina</i>	50	<i>fluphenazine decanoate</i>	26
<i>famciclovir</i>	30	<i>fluphenazine hcl</i>	26
<i>famotidine</i>	46	<i>fluphenazine hydrochloride</i>	26
FANAPT	26	<i>flurbiprofen</i>	8
FANAPT TITRATION PACK	26	<i>flurbiprofen sodium</i>	59
FARXIGA	31	<i>fluticasone propionate</i>	41
FASENRA	63	<i>fluticasone propionate</i>	60
FASENRA PEN	63	<i>fluvastatin</i>	38
<i>febuxostat</i>	19	<i>fluvastatin sodium er</i>	38
<i>felbamate</i>	14	<i>fluvoxamine maleate</i>	17
<i>felodipine er</i>	36	<i>fluvoxamine maleate er</i>	17
<i>fenofibrate</i>	38	FML FORTE	59
FENOFIBRATE MICRONIZED	38	FONDAPARINUX SODIUM	33
<i>fenofibric acid dr</i>	38	FORFIVO XL	16
<i>fentanyl</i>	8	<i>formoterol fumarate</i>	61
FENTANYL CITRATE ORAL	9	FORTEO	57
TRANSMUCOSAL		<i>fosamprenavir calcium</i>	30
FERRIPROX	45	<i>fosfomycin tromethamine</i>	11
FERRIPROX TWICE-A-DAY	45	<i>fosinopril sodium</i>	35
<i>fesoterodine fumarate er</i>	48	<i>fosinopril sodium/hydrochlorothiazide</i>	37
FETZIMA	17	FOSRENOL	45
FETZIMA TITRATION PACK	17	FOTIVDA	21
FINACEA	41	FRAGMIN	33
<i>finasteride</i>	48	<i>frovatriptan succinate</i>	20
<i>fingolimod</i>	40	FULPHILA	34
FINTEPLA	14	<i>furosemide</i>	37
FIRMAGON	53	FUZEON	29
<i>flavoxate hcl</i>	48	<i>fyavolv</i>	50

Drug Name	Page #	Drug Name	Page #
FYCOMPA	14	<i>griseofulvin microsize</i>	19
<i>gabapentin</i>	15	<i>griseofulvin ultramicrosize</i>	19
GALANTAMINE HYDROBROMIDE	16	<i>guanfacine er</i>	39
<i>galantamine hydrobromide er</i>	16	<i>guanfacine hydrochloride</i>	35
GAMMAGARD LIQUID	54	<i>guanfacine hydrochloride</i>	39
GAMMAKED	54	GVOKE HYPOPEN 2-PACK	32
GAMMAPLEX	54	GVOKE KIT	32
GAMUNEX-C	54	GVOKE PFS	32
GARDASIL 9	56	<i>hailey 24 fe</i>	50
<i>gatifloxacin</i>	59	<i>halobetasol propionate</i>	41
GATTEX	46	<i>haloperidol</i>	26
<i>gavilyte-c</i>	46	<i>haloperidol decanoate</i>	26
<i>gavilyte-g</i>	46	<i>haloperidol lactate</i>	26
GAVRETO	21	HARVONI	28
<i>gefitinib</i>	23	HAVRIX	56
<i>gemfibrozil</i>	38	<i>heparin sodium</i>	34
<i>gemmily</i>	50	HEPLISAV-B	56
GEMTESA	48	HIBERIX	56
<i>generlac</i>	45	HUMALOG	33
<i>gengraf</i>	55	HUMALOG JUNIOR KWIKPEN	33
GENOTROPIN	49	HUMALOG KWIKPEN	33
GENOTROPIN MINIQUICK	49	HUMALOG MIX 50/50	33
<i>gentamicin sulfate</i>	10	HUMALOG MIX 50/50 KWIKPEN	33
<i>gentamicin sulfate</i>	59	HUMALOG MIX 75/25	33
<i>gentamicin sulfate/0.9% sodium chloride</i>	10	HUMALOG MIX 75/25 KWIKPEN	33
GENVOYA	28	HUMALOG TEMPO PEN	33
GILENYA	40	HUMIRA	55
GILOTRIF	23	HUMIRA PEDIATRIC CROHNS	55
GLASSIA	47	DISEASE STARTER PACK	
<i>glatiramer acetate</i>	40	HUMIRA PEN	55
<i>glatopa</i>	40	HUMIRA PEN-CD/UC/HS STARTER	55
GLEOSTINE	20	HUMIRA PEN-PEDIATRIC UC	55
<i>glimepiride</i>	31	STARTER PACK	
<i>glipizide</i>	31	HUMIRA PEN-PS/UV STARTER	55
<i>glipizide er</i>	31	HUMULIN 70/30	33
<i>glipizide/metformin hydrochloride</i>	31	HUMULIN 70/30 KWIKPEN	33
GLUCAGEN HYPOKIT	32	HUMULIN N	33
GLUCAGON EMERGENCY KIT	32	HUMULIN N KWIKPEN	33
<i>glyburide</i>	31	HUMULIN R	33
<i>glyburide micronized</i>	31	HUMULIN R U-500 (CONCENTRATED)	33
<i>glyburide/metformin hydrochloride</i>	31	HUMULIN R U-500 KWIKPEN	33
<i>glycate</i>	46	<i>hydralazine hcl</i>	39
<i>glycopyrrolate</i>	46	<i>hydralazine hydrochloride</i>	39
GLYXAMBI	31	<i>hydrochlorothiazide</i>	38
<i>granisetron hydrochloride</i>	18	<i>hydrocodone bitartrate/acetaminophen</i>	9
GRANIX	34	<i>hydrocodone/acetaminophen</i>	9

Drug Name	Page #	Drug Name	Page #
<i>hydrocodone/ibuprofen</i>	9	<i>introvale</i>	50
<i>hydrocortisone</i>	41	INVEGA HAFYERA	26
<i>hydrocortisone</i>	48	INVEGA SUSTENNA	26
<i>hydrocortisone</i>	57	INVEGA TRINZA	27
<i>hydrocortisone butyrate</i>	41	IPOL INACTIVATED IPV	56
<i>hydrocortisone valerate</i>	41	<i>ipratropium bromide</i>	61
<i>hydrocortisone/acetic acid</i>	60	<i>ipratropium bromide/albuterol sulfate</i>	63
<i>hydromorphone hcl</i>	9	<i>irbesartan</i>	35
<i>hydromorphone hydrochloride</i>	9	<i>irbesartan/hydrochlorothiazide</i>	37
<i>hydroxychloroquine sulfate</i>	25	ISENTRESS	28
<i>hydroxyurea</i>	21	ISENTRESS HD	28
<i>hydroxyzine hcl</i>	61	<i>isibloom</i>	50
<i>hydroxyzine hydrochloride</i>	61	ISOLYTE-P/DEXTROSE 5%	43
<i>hydroxyzine pamoate</i>	61	ISOLYTE-S PH 7.4	43
<i>ibandronate sodium</i>	57	<i>isoniazid</i>	20
IBRANCE	21	<i>isosorbide dinitrate</i>	39
IBRANCE	23	<i>isosorbide dinitrate/hydralazine</i>	37
<i>ibu</i>	8	<i>hydrochloride</i>	
<i>ibuprofen</i>	8	<i>isosorbide mononitrate</i>	39
ICATIBANT ACETATE	54	<i>isosorbide mononitrate er</i>	39
<i>iclevia</i>	50	<i>isotonic gentamicin</i>	10
ICLUSIG	23	<i>isotretinoin</i>	41
<i>icosapent ethyl</i>	38	<i>itraconazole</i>	19
IDHIFA	21	<i>ivermectin</i>	25
ILEVRO	59	IXIARO	56
<i>imatinib mesylate</i>	23	JAKAFI	23
IMBRUVICA	23	<i>jantoven</i>	34
<i>imipenem/cilastatin</i>	13	JANUMET	31
<i>imipramine hcl</i>	18	JANUMET XR	31
<i>imipramine hydrochloride</i>	18	JANUVIA	31
<i>imipramine pamoate</i>	18	JARDIANCE	31
<i>imiquimod</i>	42	<i>jasmiel</i>	50
IMIQUIMOD PUMP	42	JAYPIRCA	23
IMOVAX RABIES (H.D.C.V.)	56	JENTADUETO	31
<i>incassia</i>	52	JENTADUETO XR	31
INCRELEX	49	<i>jinteli</i>	50
INCRUSE ELLIPTA	61	<i>juleber</i>	50
<i>indapamide</i>	38	JULUCA	28
INFANRIX	56	<i>junel 1.5/30</i>	50
INGREZZA	40	<i>junel 1/20</i>	50
INLYTA	23	<i>junel fe 1.5/30</i>	50
INQOVI	23	<i>junel fe 1/20</i>	50
INREBIC	21	<i>junel fe 24</i>	50
INSULIN LISPRO	33	JUXTAPID	38
INTELENCE	28	JYNNEOS	56
INTRALIPID	58	<i>kaitlib fe</i>	50

Drug Name	Page #	Drug Name	Page #
KALYDECO	62	LANTUS	33
<i>kariva</i>	50	LANTUS SOLOSTAR	33
KAZANO	31	<i>lapatinib ditosylate</i>	23
<i>kcl 0.15%/d5w/nacl 0.2%</i>	43	<i>larin 1.5/30</i>	50
<i>kelnor 1/35</i>	50	<i>larin 1/20</i>	50
<i>kelnor 1/50</i>	50	<i>larin fe 1.5/30</i>	50
KERENDIA	37	<i>larin fe 1/20</i>	50
<i>ketoconazole</i>	19	<i>latanoprost</i>	60
<i>ketoprofen</i>	8	LEDIPASVIR/SOFOSBUVIR	28
<i>ketoprofen er</i>	8	<i>leflunomide</i>	55
<i>ketorolac tromethamine</i>	59	<i>lenalidomide</i>	21
KEVZARA	54	LENVIMA 10 MG DAILY DOSE	23
KINERET	54	LENVIMA 12MG DAILY DOSE	23
KINRIX	56	LENVIMA 14 MG DAILY DOSE	23
KISQALI	23	LENVIMA 18 MG DAILY DOSE	23
KISQALI FEMARA 200 DOSE	21	LENVIMA 20 MG DAILY DOSE	23
KISQALI FEMARA 400 DOSE	21	LENVIMA 24 MG DAILY DOSE	23
KISQALI FEMARA 600 DOSE	21	LENVIMA 4 MG DAILY DOSE	23
<i>klor-con</i>	43	LENVIMA 8 MG DAILY DOSE	23
<i>klor-con 10</i>	43	<i>lessina</i>	50
<i>klor-con 8</i>	43	<i>letrozole</i>	22
<i>klor-con m10</i>	43	<i>leucovorin calcium</i>	22
<i>klor-con m15</i>	43	LEUKERAN	21
<i>klor-con m20</i>	43	LEUKINE	34
KOMBIGLYZE XR	31	LEUPROLIDE ACETATE	53
KORLYM	49	<i>levalbuterol</i>	61
KOSELUGO	23	<i>levalbuterol hcl</i>	61
KRAZATI	21	<i>levalbuterol hydrochloride</i>	61
<i>kurvelo</i>	50	LEVEMIR	33
<i>labetalol hydrochloride</i>	36	LEVEMIR FLEXPEN	33
<i>lacosamide</i>	16	<i>levetiracetam</i>	14
<i>lactulose</i>	45	<i>levetiracetam er</i>	14
LAMICTAL XR	14	<i>levobunolol hcl</i>	59
<i>lamivudine</i>	28	<i>levocarnitine</i>	58
<i>lamivudine</i>	29	<i>levocetirizine dihydrochloride</i>	61
<i>lamivudine/zidovudine</i>	29	<i>levofloxacin</i>	13
<i>lamotrigine</i>	14	<i>levofloxacin</i>	59
<i>lamotrigine er</i>	14	<i>levofloxacin in d5w</i>	13
<i>lamotrigine odt</i>	14	<i>levonest</i>	51
<i>lamotrigine starter kit/blue</i>	14	<i>levonorgestrel and ethinyl estradiol</i>	51
<i>lamotrigine starter kit/green</i>	14	<i>levonorgestrel/ethinyl estradiol</i>	51
<i>lamotrigine starter kit/orange</i>	14	<i>levora 0.15/30-28</i>	51
<i>lamotrigine titration</i>	14	<i>levothyroxine sodium</i>	53
<i>lansoprazole</i>	46	LEVOXYL	53
<i>lansoprazole/amoxicillin/clarithromycin</i>	46	LEXIVA	30
<i>lanthanum carbonate</i>	45	<i>lidocaine</i>	10

Drug Name	Page #	Drug Name	Page #
<i>lidocaine hcl</i>	10	<i>malathion</i>	42
<i>lidocaine hydrochloride viscous</i>	40	<i>maraviroc</i>	29
<i>lidocaine/prilocaine</i>	10	<i>marlissa</i>	51
<i>linezolid</i>	11	MARPLAN	17
LINZESS	45	MATULANE	21
<i>liothyronine sodium</i>	53	<i>matzim la</i>	36
<i>lisinopril</i>	35	MAVYRET	28
<i>lisinopril/hydrochlorothiazide</i>	37	MAYZENT	40
<i>lithium carbonate</i>	31	MAYZENT STARTER PACK	40
<i>lithium carbonate er</i>	31	<i>meclizine hcl</i>	18
LOKELMA	45	<i>medroxyprogesterone acetate</i>	52
LONSURF	22	<i>mefloquine hcl</i>	25
<i>loperamide hcl</i>	45	<i>megestrol acetate</i>	52
<i>lopinavir/ritonavir</i>	30	MEKINIST	23
<i>lorazepam</i>	30	MEKTOVI	23
<i>lorazepam intensol</i>	30	<i>meloxicam</i>	8
LORBRENA	23	<i>memantine hcl titration pak</i>	16
<i>loryna</i>	51	<i>memantine hydrochloride</i>	16
<i>losartan potassium</i>	35	<i>memantine hydrochloride er</i>	16
<i>losartan potassium/hydrochlorothiazide</i>	37	MENACTRA	56
LOTEMAX	59	MENEST	51
LOTEMAX SM	59	MENQUADFI	56
<i>loteprednol etabonate</i>	59	MENVEO	56
<i>lovastatin</i>	38	<i>mercaptopurine</i>	21
<i>low-ogestrel</i>	51	<i>meropenem</i>	13
<i>loxapine</i>	26	<i>merzee</i>	51
<i>lubiprostone</i>	45	<i>mesalamine</i>	57
LUMAKRAS	22	<i>mesalamine dr</i>	57
LUMIGAN	60	<i>mesalamine er</i>	57
LUPRON DEPOT (1-MONTH)	53	MESNEX	25
LUPRON DEPOT (3-MONTH)	53	<i>metformin hydrochloride</i>	32
LUPRON DEPOT (4-MONTH)	53	<i>metformin hydrochloride er</i>	32
LUPRON DEPOT (6-MONTH)	53	<i>methadone hcl</i>	8
LUPRON DEPOT-PED	49	<i>methazolamide</i>	60
LUPRON DEPOT-PED (1-MONTH)	53	<i>methenamine hippurate</i>	11
LUPRON DEPOT-PED (3-MONTH)	53	<i>methimazole</i>	53
<i>lurasidone hydrochloride</i>	27	METHITEST	49
<i>lutra</i>	51	<i>methotrexate</i>	55
LYBALVI	27	<i>methotrexate sodium</i>	55
<i>lyleq</i>	52	METHOXSALEN	42
<i>lyllana</i>	51	<i>methscopolamine bromide</i>	46
LYNPARZA	23	<i>methsuximide</i>	15
LYSODREN	53	<i>methylphenidate hydrochloride</i>	39
LYTGOBI	22	<i>methylphenidate hydrochloride er</i>	39
<i>lyza</i>	52	<i>methylphenidate hydrochloride er (la)</i>	39
<i>magnesium sulfate</i>	43	<i>methylprednisolone</i>	48

Drug Name	Page #	Drug Name	Page #
<i>methylprednisolone dose pack</i>	48	<i>moxifloxacin hydrochloride</i>	13
<i>methyltestosterone</i>	49	<i>moxifloxacin hydrochloride</i>	59
<i>metoclopramide hcl</i>	46	MULTAQ	35
<i>metoclopramide hydrochloride</i>	46	<i>mupirocin</i>	43
<i>metolazone</i>	38	MYALEPT	46
<i>metoprolol succinate er</i>	36	<i>mycophenolate mofetil</i>	55
<i>metoprolol tartrate</i>	36	<i>mycophenolic acid dr</i>	55
<i>metoprolol/hydrochlorothiazide</i>	37	MYRBETRIQ	48
<i>metronidazole</i>	11	MYTESI	45
<i>metronidazole</i>	41	<i>nabumetone</i>	8
<i>metronidazole vaginal</i>	11	<i>nadolol</i>	36
<i>metyrosine</i>	37	<i>nafcillin sodium</i>	12
<i>mexiletine hcl</i>	35	<i>naftifine hydrochloride</i>	19
<i>micafungin</i>	19	<i>nalocet</i>	9
<i>miconazole 3</i>	19	<i>naloxone hcl</i>	10
<i>microgestin 1.5/30</i>	51	<i>naloxone hydrochloride</i>	10
<i>microgestin 1/20</i>	51	<i>naltrexone hcl</i>	10
<i>microgestin 24 fe</i>	51	NAMZARIC	16
<i>microgestin fe 1.5/30</i>	51	<i>naproxen</i>	8
<i>microgestin fe 1/20</i>	51	<i>naproxen sodium</i>	8
<i>midodrine hcl</i>	35	<i>naratriptan hcl</i>	20
MIGERGOT	20	NATACYN	59
MIGLUSTAT	47	<i>nateglinide</i>	32
<i>mili</i>	51	NATPARA	57
MILLIPRED	48	NAYZILAM	14
<i>minocycline hcl</i>	14	<i>nebivolol hydrochloride</i>	36
<i>minocycline hydrochloride</i>	14	<i>necon 0.5/35-28</i>	51
<i>minocycline hydrochloride er</i>	14	<i>nefazodone hydrochloride</i>	17
<i>minoxidil</i>	39	<i>neomycin sulfate</i>	10
<i>mirtazapine</i>	17	<i>neomycin/bacitracin/polymyxin</i>	58
<i>mirtazapine odt</i>	16	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	58
<i>misoprostol</i>	46	<i>one</i>	
MITIGARE	19	<i>neomycin/polymyxin/dexamethasone</i>	58
M-M-R II	56	<i>neomycin/polymyxin/gramicidin</i>	58
<i>modafinil</i>	63	<i>neomycin/polymyxin/hc</i>	60
<i>moexipril hcl</i>	35	<i>neomycin/polymyxin/hydrocortisone</i>	58
<i>molindone hydrochloride</i>	26	<i>neomycin/polymyxin/hydrocortisone</i>	60
<i>mometasone furoate</i>	42	<i>neo-polycin</i>	58
<i>mometasone furoate</i>	60	<i>neo-polycin hc</i>	58
<i>montelukast sodium</i>	61	NEO-SYNALAR	42
<i>morphine sulfate</i>	9	NERLYNX	23
<i>morphine sulfate er</i>	8	NESINA	32
MOUNJARO	32	NEULASTA	34
MOVANTIK	45	NEUPOGEN	34
<i>moxifloxacin hydrochloride/sodium</i>	13	NEUPRO	25
<i>hydrochloride</i>		<i>nevirapine</i>	29

Drug Name	Page #	Drug Name	Page #
<i>nevirapine er</i>	29	NOVOLOG PENFILL	33
<i>niacin</i>	38	NOXAFIL	19
<i>niacin er</i>	38	NUBEQA	21
NIACOR	38	NUCALA	63
<i>nicardipine hcl</i>	36	NUCYNTA	9
NICOTROL INHALER	10	NUCYNTA ER	8
NICOTROL NS	10	NUEDEXTA	40
<i>nifedipine er</i>	36	NUPLAZID	27
<i>nikki</i>	51	NUTRILIPID	58
<i>nilutamide</i>	21	NUTROPIN AQ NUSPIN 10	49
<i>nimodipine</i>	36	NUTROPIN AQ NUSPIN 20	49
NINLARO	22	NUTROPIN AQ NUSPIN 5	49
<i>nitazoxanide</i>	25	<i>nyamyc</i>	19
<i>nitisinone</i>	47	<i>nylia 1/35</i>	51
NITRO-BID	39	<i>nylia 7/7/7</i>	51
<i>nitrofurantoin</i>	11	<i>nymyo</i>	51
<i>nitrofurantoin macrocrystals</i>	11	<i>nystatin</i>	19
<i>nitrofurantoin monohydrate/macrocrystals</i>	11	<i>nystatin/triamcinolone</i>	42
<i>nitroglycerin</i>	39	<i>nystop</i>	19
<i>nitroglycerin lingual</i>	39	NYVEPRIA	34
<i>nitroglycerin transdermal</i>	39	<i>ocella</i>	51
NIVESTYM	34	OCTREOTIDE ACETATE	53
<i>nizatidine</i>	46	ODEFSEY	29
<i>norethindrone</i>	52	ODOMZO	23
<i>norethindrone acetate</i>	52	OFEV	62
<i>norethindrone acetate/ethinyl estradiol</i>	51	<i>ofloxacin</i>	13
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	51	<i>ofloxacin</i>	59
<i>norgestimate/ethinyl estradiol</i>	51	<i>ofloxacin</i>	60
<i>nortrel 0.5/35 (28)</i>	51	<i>olanzapine</i>	27
<i>nortrel 1/35</i>	51	<i>olanzapine odt</i>	27
<i>nortrel 7/7/7</i>	51	<i>olmesartan medoxomil</i>	35
<i>nortriptyline hcl</i>	18	<i>olmesartan</i>	37
<i>nortriptyline hydrochloride</i>	18	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
NORVIR	30	<i>olmesartan medoxomil/hydrochlorothiazide</i>	37
NOVOLIN 70/30	33	<i>olopatadine hcl</i>	59
NOVOLIN 70/30 FLEXPEN	33	<i>olopatadine hcl</i>	61
NOVOLIN N	33	<i>omega-3-acid ethyl esters</i>	38
NOVOLIN N FLEXPEN	33	<i>omeprazole</i>	46
NOVOLIN R	33	<i>omeprazole dr</i>	46
NOVOLIN R FLEXPEN	33	OMNITROPE	49
NOVOLOG	33	<i>ondansetron hcl</i>	18
NOVOLOG FLEXPEN	33	<i>ondansetron hydrochloride</i>	18
NOVOLOG MIX 70/30	33	<i>ondansetron odt</i>	18
NOVOLOG MIX 70/30 PREFILLED	33	ONGLYZA	32
FLEXPEN		ONUREG	22
		OPSUMIT	62

Drug Name	Page #	Drug Name	Page #
ORENCIA	54	<i>peniclovir</i>	43
ORENCIA CLICKJECT	54	<i>penicillamine</i>	45
ORENITRAM	62	<i>penicillamine</i>	48
ORENITRAM TITRATION KIT MONTH 1	62	<i>penicillin g potassium</i>	12
ORENITRAM TITRATION KIT MONTH 2	62	<i>penicillin g procaine</i>	12
ORENITRAM TITRATION KIT MONTH 3	62	<i>penicillin g sodium</i>	13
ORFADIN	47	<i>penicillin v potassium</i>	13
ORGOVYX	53	PENTACEL	56
ORKAMBI	62	<i>pentamidine isethionate</i>	25
ORSERDU	22	PENTASA	57
<i>oseltamivir phosphate</i>	30	<i>pentoxifylline er</i>	37
OSENI	32	<i>perindopril erbumine</i>	35
OSPHENA	53	<i>perio gard</i>	40
OTEZLA	42	<i>permethrin</i>	42
OTEZLA	54	<i>perphenazine</i>	26
OTREXUP	55	<i>perphenazine/amitriptyline</i>	17
<i>oxacillin sodium</i>	12	PERSERIS	27
<i>oxcarbazepine</i>	16	PERTZYE	47
<i>oxybutynin chloride</i>	48	<i>phenelzine sulfate</i>	17
<i>oxybutynin chloride er</i>	48	<i>phenobarbital</i>	15
<i>oxycodone hydrochloride</i>	9	PHENOXYBENZAMINE	35
<i>oxycodone/acetaminophen</i>	9	HYDROCHLORIDE	
<i>oxymorphone hydrochloride</i>	9	<i>phenytoin</i>	16
<i>oxymorphone hydrochloride er</i>	8	<i>phenytoin sodium extended</i>	16
<i>oxymorphone hydrochloride er</i>	8	PHOSPHOLINE IODIDE	60
OZEMPIC	32	PIFELTRO	29
<i>pacerone</i>	35	<i>pilocarpine hcl</i>	60
<i>paliperidone er</i>	27	<i>pilocarpine hydrochloride</i>	40
PANCREAZE	47	<i>pimozide</i>	26
PANRETIN	24	<i>pimtrea</i>	51
<i>pantoprazole sodium</i>	46	<i>pindolol</i>	36
<i>paricalcitol</i>	57	<i>pioglitazone hcl</i>	32
<i>paromomycin sulfate</i>	10	<i>pioglitazone hcl/metformin hcl</i>	32
<i>paroxetine hcl</i>	17	<i>pioglitazone hydrochloride</i>	32
<i>paroxetine hcl er</i>	17	<i>piperacillin sodium/tazobactam sodium</i>	13
<i>paroxetine hydrochloride</i>	17	PIQRAY 200MG DAILY DOSE	24
PEDIARIX	56	PIQRAY 250MG DAILY DOSE	24
PEDVAX HIB	56	PIQRAY 300MG DAILY DOSE	24
<i>peg-3350/electrolytes</i>	46	<i>pirfenidone</i>	63
<i>peg-3350/electrolytes/ascorbate</i>	46	<i>piroxicam</i>	8
<i>peg-3350/nacl/na bicarbonate/kcl</i>	46	PLASMA-LYTE A	43
PEGASYS	55	PLASMA-LYTE-148	44
PEMAZYRE	22	PLEGRIDY	40
		<i>plenamine</i>	44
		<i>podofilox</i>	42
		<i>polycin</i>	58

Drug Name	Page #	Drug Name	Page #
<i>polymyxin b sulfate/trimethoprim sulfate</i>	58	<i>prochlorperazine maleate</i>	18
POMALYST	21	PROCRIT	34
<i>portia-28</i>	51	<i>procto-med hc</i>	57
<i>posaconazole</i>	19	<i>proctosol hc</i>	57
<i>posaconazole dr</i>	19	<i>proctozone-hc</i>	57
<i>potassium chloride</i>	44	<i>progesterone</i>	52
<i>potassium chloride er</i>	44	PROGRAF	55
<i>potassium chloride/dextrose</i>	44	PROLASTIN-C	47
<i>potassium chloride/dextrose/lactated</i>	44	PROLIA	57
<i>ringers</i>		PROMACTA	34
<i>potassium chloride/dextrose/sodium</i>	44	<i>promethazine hcl</i>	18
<i>chloride</i>		<i>promethazine hydrochloride</i>	18
<i>potassium chloride/sodium chloride</i>	44	<i>promethegan</i>	18
<i>potassium citrate er</i>	44	<i>propafenone hcl</i>	35
PRALUENT	38	<i>propafenone hydrochloride er</i>	35
<i>pramipexole dihydrochloride</i>	25	<i>propranolol hcl</i>	36
<i>prasugrel</i>	34	<i>propranolol hcl er</i>	36
<i>pravastatin sodium</i>	38	<i>propranolol hydrochloride</i>	36
<i>praziquantel</i>	25	<i>propranolol hydrochloride er</i>	36
<i>prazosin hydrochloride</i>	35	<i>propylthiouracil</i>	53
<i>prednisolone</i>	48	PROQUAD	56
<i>prednisolone acetate</i>	59	PROSOL	44
<i>prednisolone sodium phosphate</i>	48	<i>protriptyline hcl</i>	18
<i>prednisolone sodium phosphate</i>	59	PULMOZYME	62
<i>prednisolone sodium phosphate odt</i>	48	PURIXAN	21
<i>prednisone</i>	48	PYLERA	46
<i>prednisone intensol</i>	48	<i>pyrazinamide</i>	20
<i>pregabalin</i>	15	<i>pyridostigmine bromide</i>	20
<i>pregabalin er</i>	40	<i>pyridostigmine bromide er</i>	20
PREHEVBRIO	56	<i>pyrimethamine</i>	25
PREMARIN	51	QINLOCK	21
PREMASOL	44	QNASL CHILDRENS	61
PREMPHASE	51	QTERN	32
PREMPRO	52	QUADRACEL	56
<i>prevalite</i>	38	<i>quetiapine fumarate</i>	27
PREVYMIS	27	<i>quetiapine fumarate er</i>	27
PREZCOBIX	30	<i>quinapril hcl</i>	35
PREZISTA	30	<i>quinapril hydrochloride</i>	35
PRIFTIN	20	<i>quinidine gluconate cr</i>	35
<i>primaquine phosphate</i>	25	<i>quinidine sulfate</i>	35
<i>primidone</i>	15	<i>quinine sulfate</i>	25
PRIORIX	56	QVAR REDIHALER	61
PRIVIGEN	54	RABAVERT	56
<i>probenecid</i>	19	<i>rabeprazole sodium</i>	47
<i>probenecid/colchicine</i>	19	<i>raloxifene hydrochloride</i>	53
<i>prochlorperazine</i>	18	<i>ramipril</i>	35

Drug Name	Page #	Drug Name	Page #
<i>ranolazine er</i>	37	ROTARIX	56
<i>rasagiline mesylate</i>	26	ROTATEQ	56
RAYALDEE	57	<i>roweepira</i>	14
<i>reclipsen</i>	52	ROZLYTREK	24
RECOMBIVAX HB	56	RUBRACA	24
RECORLEV	53	<i>rufinamide</i>	16
RECTIV	46	RUKOBIA	29
REGRANEX	42	RYBELSUS	32
RELENZA DISKHALER	30	RYDAPT	24
RELISTOR	45	<i>sajazir</i>	54
<i>repaglinide</i>	32	SANDIMMUNE	55
REPATHA	38	SANTYL	42
REPATHA PUSHTRONEX SYSTEM	38	<i>sapropterin dihydrochloride</i>	47
REPATHA SURECLICK	38	SAVELLA	40
RESTASIS	58	SAVELLA TITRATION PACK	40
RESTASIS MULTIDOSE	58	SCEMBLIX	22
RETACRIT	34	<i>scopolamine</i>	18
RETEVMO	22	SECUADO	27
REXULTI	27	<i>selegiline hcl</i>	26
REYATAZ	30	<i>selenium sulfide</i>	42
REZLIDHIA	24	SELZENTRY	29
REZUROCK	55	SEREVENT DISKUS	61
RHOPRESSA	60	<i>sertraline hcl</i>	17
<i>ribavirin</i>	28	SERTRALINE HYDROCHLORIDE	17
RIDAURA	54	<i>setlakin</i>	52
<i>rifabutin</i>	20	<i>sevelamer carbonate</i>	45
<i>rifampin</i>	20	<i>sevelamer hydrochloride</i>	45
<i>riluzole</i>	40	<i>sharobel</i>	52
<i>rimantadine hydrochloride</i>	30	SHINGRIX	56
RINVOQ	54	SIGNIFOR	53
<i>risedronate sodium</i>	57	<i>sildenafil citrate</i>	62
<i>risedronate sodium dr</i>	57	<i>silver sulfadiazine</i>	42
RISPERDAL CONSTA	27	SIMBRINZA	58
<i>risperidone</i>	27	<i>simvastatin</i>	38
RISPERIDONE ODT	27	<i>sirolimus</i>	56
<i>ritonavir</i>	30	SIRTURO	20
<i>rivastigmine tartrate</i>	16	SIVEXTRO	11
<i>rivastigmine transdermal system</i>	16	SKYRIZI	54
<i>rivelsa</i>	52	SKYRIZI PEN	54
<i>rizatriptan benzoate</i>	20	<i>sodium chloride</i>	44
<i>rizatriptan benzoate odt</i>	20	<i>sodium chloride 0.45%</i>	44
<i>roflumilast</i>	62	<i>sodium chloride 0.9%</i>	58
<i>ropinirole er</i>	25	SODIUM OXYBATE	63
<i>ropinirole hcl</i>	25	<i>sodium phenylbutyrate</i>	47
<i>ropinirole hydrochloride</i>	25	<i>sodium polystyrene sulfonate</i>	45
<i>rosuvastatin calcium</i>	38		

Drug Name	Page #	Drug Name	Page #
SODIUM SULFATE/POTASSIUM	46	SYMLINPEN 120	32
SULFATE/MAGNESIUM SULFATE		SYMLINPEN 60	32
SOFOSBUVIR/VELPATASVIR	28	SYMPAZAN	15
<i>solifenacin succinate</i>	48	SYMTUZA	30
SOLQUA 100/33	32	SYNAREL	53
SOLOSEC	11	SYNJARDY	32
SOLTAMOX	21	SYNJARDY XR	32
SOMAVERT	53	SYNRIBO	22
<i>sorafenib tosylate</i>	24	SYNTHROID	53
<i>sorine</i>	35	TABLOID	21
<i>sotalol hcl</i>	35	TABRECTA	21
<i>sotalol hydrochloride (af)</i>	35	<i>tacrolimus</i>	42
SOTYLIZE	35	<i>tacrolimus</i>	56
SPIRIVA HANDIHALER	61	<i>tadalafil</i>	48
SPIRIVA RESPIMAT	61	<i>tadalafil</i>	62
<i>spironolactone</i>	38	TAFINLAR	24
<i>spironolactone/hydrochlorothiazide</i>	37	<i>tafluprost</i>	60
<i>sprintec 28</i>	52	TAGRISSE	24
SPRITAM	14	TALZENNA	24
SPRYCEL	24	<i>tamoxifen citrate</i>	21
<i>sps</i>	45	<i>tamsulosin hydrochloride</i>	48
<i>sronyx</i>	52	<i>tarina 24 fe</i>	52
<i>ssd</i>	42	<i>tarina fe 1/20 eq</i>	52
STELARA	54	TASIGNA	24
STIOLTO RESPIMAT	63	<i>tasimelteon</i>	63
STIVARGA	24	<i>tavaborole</i>	19
STREPTOMYCIN SULFATE	11	TAVALISSE	34
STRIBILD	28	<i>tazarotene</i>	41
STRIVERDI RESPIMAT	61	TAZICEF	12
<i>sucralfate</i>	46	<i>taztia xt</i>	36
<i>sulfacetamide sodium</i>	59	TAZVERIK	22
<i>sulfacetamide sodium/prednisolone sodium</i>	58	TDVAX	56
<i>phosphate</i>		TEFLARO	12
<i>sulfadiazine</i>	13	<i>telmisartan</i>	35
<i>sulfamethoxazole/trimethoprim</i>	13	<i>telmisartan/amlodipine</i>	37
<i>sulfamethoxazole/trimethoprim ds</i>	13	<i>telmisartan/hydrochlorothiazide</i>	37
<i>sulfasalazine</i>	57	<i>temazepam</i>	63
<i>sulindac</i>	8	TENIVAC	56
<i>sumatriptan</i>	20	<i>tenofovir disoproxil fumarate</i>	29
<i>sumatriptan succinate</i>	20	TEPMETKO	24
SUNITINIB MALATE	24	<i>terazosin hcl</i>	48
SUNLENCA	29	<i>terazosin hydrochloride</i>	48
SUPRAX	12	<i>terbinafine hcl</i>	19
<i>syeda</i>	52	<i>terconazole</i>	19
SYMBICORT	63	<i>teriflunomide</i>	40
SYMJEPI	62	TERIPARATIDE	58

Drug Name	Page #	Drug Name	Page #
<i>testosterone</i>	49	<i>tramadol hcl</i>	9
<i>testosterone cypionate</i>	49	<i>tramadol hcl er</i>	9
<i>testosterone enanthate</i>	49	<i>tramadol hydrochloride</i>	10
<i>testosterone pump</i>	49	<i>tramadol hydrochloride er</i>	9
TETRABENAZINE	40	<i>tramadol hydrochloride/acetaminophen</i>	9
<i>tetracycline hydrochloride</i>	14	<i>trandolapril</i>	35
THALOMID	21	<i>tranexamic acid</i>	34
THEO-24	62	<i>tranylcyromine sulfate</i>	17
<i>theophylline</i>	62	TRAVASOL	44
<i>theophylline er</i>	62	<i>travoprost</i>	60
<i>thioridazine hcl</i>	26	<i>trazodone hydrochloride</i>	17
<i>thiothixene</i>	26	TRECATOR	20
<i>tiadylt er</i>	36	TRELEGY ELLIPTA	63
<i>tiagabine hydrochloride</i>	15	TRELSTAR MIXJECT	53
TIBSOVO	24	TRESIBA	33
TICOVAC	57	TRESIBA FLEXTOUCH	33
<i>tigecycline</i>	11	TRETINOIN	24
<i>tilia fe</i>	52	<i>tretinoin</i>	41
<i>timolol maleate</i>	20	<i>tretinoin microsphere</i>	41
<i>timolol maleate</i>	59	TREXALL	56
<i>timolol maleate ophthalmic gel forming</i>	59	<i>triamcinolone acetonide</i>	42
<i>tinidazole</i>	11	<i>triamcinolone acetonide dental paste</i>	40
<i>tiopronin</i>	48	<i>triamterene/hydrochlorothiazide</i>	37
TIVICAY	28	<i>trianex</i>	42
TIVICAY PD	28	<i>triderm</i>	42
<i>tizanidine hcl</i>	27	TRIENTINE HYDROCHLORIDE	45
<i>tizanidine hydrochloride</i>	27	<i>trifluoperazine hcl</i>	26
TOBI PODHALER	62	<i>trifluoperazine hydrochloride</i>	26
TOBRADEX	58	<i>trifluridine</i>	59
<i>tobramycin</i>	59	<i>trihexyphenidyl hcl</i>	25
<i>tobramycin</i>	62	<i>trihexyphenidyl hydrochloride</i>	25
<i>tobramycin sulfate</i>	11	TRIJARDY XR	32
<i>tobramycin/dexamethasone</i>	59	TRIKAFTA	62
<i>tolcapone</i>	25	<i>tri-legest fe</i>	52
<i>tolterodine tartrate</i>	48	<i>tri-lo-estarylla</i>	52
<i>tolterodine tartrate er</i>	48	<i>tri-lo-sprintec</i>	52
<i>tolvaptan</i>	45	<i>trimethoprim</i>	11
<i>topiramate</i>	15	<i>tri-mili</i>	52
TOPIRAMATE ER	14	<i>trimipramine maleate</i>	18
TOREMIFENE CITRATE	21	TRINTELLIX	17
<i>toremide</i>	37	<i>tri-nymyo</i>	52
TOUJEO MAX SOLOSTAR	33	<i>tri-sprintec</i>	52
TOUJEO SOLOSTAR	33	<i>tritocin</i>	42
TPN ELECTROLYTES	44	TRIUMEQ	29
TRACLEER	62	TRIUMEQ PD	29
TRADJENTA	32	<i>trivora-28</i>	52

Drug Name	Page #	Drug Name	Page #
<i>tri-vylibra</i>	52	VEMLIDY	28
<i>tri-vylibra lo</i>	52	VENCLEXTA	24
TRIZIVIR	29	VENCLEXTA STARTING PACK	24
TROPHAMINE	44	VENLAFAXINE BESYLATE ER	17
<i>trospium chloride</i>	48	<i>venlafaxine hcl er</i>	17
<i>trospium chloride er</i>	48	<i>venlafaxine hydrochloride</i>	18
TRULANCE	45	<i>venlafaxine hydrochloride er</i>	18
TRULICITY	32	VENTOLIN HFA	62
TRUMENBA	57	<i>verapamil hcl</i>	36
TUKYSA	22	<i>verapamil hcl er</i>	36
TURALIO	24	<i>verapamil hcl sr</i>	36
TWINRIX	57	<i>verapamil hydrochloride</i>	37
TYBOST	29	<i>verapamil hydrochloride er</i>	37
TYMLOS	58	VEREGEN	42
TYPHIM VI	57	VERQUVO	39
UBRELVY	20	VERSACLOZ	27
UCERIS	57	VERZENIO	24
UDENYCA	34	<i>vestura</i>	52
<i>unithroid</i>	53	VIBERZI	45
UPTRAVI	62	VICTOZA	32
UPTRAVI TITRATION PACK	62	<i>vienva</i>	52
URSODIOL	46	VIGABATRIN	15
VABOMERE	13	VIGADRONE	15
<i>valacyclovir hcl</i>	30	VIIBRYD STARTER PACK	18
<i>valacyclovir hydrochloride</i>	30	<i>vilazodone hydrochloride</i>	18
VALCHLOR	21	VIRACEPT	30
<i>valganciclovir</i>	28	VIREAD	29
VALGANCICLOVIR HYDROCHLORIDE	28	VITRAKVI	24
<i>valproic acid</i>	15	VIVITROL	10
<i>valsartan</i>	35	VIZIMPRO	24
<i>valsartan/hydrochlorothiazide</i>	37	VONJO	22
VALTOCO 10 MG DOSE	15	<i>voriconazole</i>	19
VALTOCO 15 MG DOSE	15	VOSEVI	28
VALTOCO 20 MG DOSE	15	VOTRIENT	24
VALTOCO 5 MG DOSE	15	VRAYLAR	27
<i>vancomycin hcl</i>	11	<i>vyfemla</i>	52
VANCOMYCIN HYDROCHLORIDE	11	<i>vylibra</i>	52
VAQTA	57	VYZULTA	60
<i>varenicline starting month box</i>	10	<i>warfarin sodium</i>	34
<i>varenicline tartrate</i>	10	WELIREG	24
VARIVAX	57	<i>wixela inhub</i>	63
VARUBI	18	XALKORI	24
VASCEPA	38	XARELTO	34
<i>velivet</i>	52	XARELTO STARTER PACK	34
VELPHORO	45	XATMEP	56
VELTASSA	45	XCOPRI	15

Drug Name	Page #	Drug Name	Page #
XELJANZ	54	ZYKADIA	24
XELJANZ XR	54	ZYPREXA RELPREVV	27
XERMELO	45		
XGEVA	58		
XIFAXAN	46		
XIGDUO XR	32		
XIIDRA	59		
XOFLUZA	30		
XOLAIR	54		
XOPENEX HFA	62		
XOSPATA	24		
XPOVIO	22		
XPOVIO 60 MG TWICE WEEKLY	22		
XPOVIO 80 MG TWICE WEEKLY	22		
XTANDI	21		
XULTOPHY 100/3.6	32		
YF-VAX	57		
YONSA	21		
<i>yuvafem</i>	52		
<i>zafirlukast</i>	61		
<i>zaleplon</i>	63		
ZARXIO	34		
ZEJULA	24		
ZELAPAR	26		
ZELBORAF	24		
ZEMAIRA	47		
<i>zenatane</i>	41		
ZENPEP	47		
ZEPATIER	28		
ZERBAXA	12		
<i>zidovudine</i>	29		
<i>ziprasidone hcl</i>	27		
<i>ziprasidone mesylate</i>	27		
ZIRGAN	59		
ZOLINZA	22		
<i>zolmitriptan</i>	20		
<i>zolmitriptan odt</i>	20		
<i>zolpidem tartrate</i>	63		
<i>zolpidem tartrate er</i>	63		
ZOMACTON	49		
ZONISADE	16		
<i>zonisamide</i>	16		
ZONTIVITY	34		
<i>zovia 1/35</i>	52		
ZTALMY	40		
ZYDELIG	24		

This abridged formulary was updated on 08/25/2023. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact University Hospitals MA Red Plan by PTHP Customer Service at 1-833-954-0483 (TTY users should call 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week, 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com/uh.

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