

2024 Formulary





Baylor Scott & White Health Plan 2024 Formulary (List of Covered Drugs)

**BSW SeniorCare Advantage Rx (HMO-POS)
BSW SeniorCare Advantage (PPO)
Covenant Health Advantage Rx (HMO)**

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

This formulary was updated on 03/01/2024. For more recent information or other questions, BSW SeniorCare Advantage members may contact Baylor Scott & White Health Plan Customer Service at 1-866-334-3141 (TTY: 711); Covenant Health Advantage members may contact Baylor Scott & White Health Plan Customer service at 1-833-442-2405 (TTY: 711); October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays); or visit BSWHealthPlan.com/Medicare.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each Insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Baylor Scott & White Health Plan. When it refers to “plan” or “our plan,” it means BSW SeniorCare Advantage HMO-POS/PPO or Covenant Health Advantage Rx HMO.

This document includes a list of the drugs (formulary) for our plan, which is current as of 04/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Baylor Scott & White Health Plan Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow 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 also find information in the section below titled “How do I request an exception to the Baylor Scott & White Health Plan Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug 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 titled “How do I request an exception to the Baylor Scott & White Health Plan 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 04/01/2024. To get updated information about the drugs covered by Baylor Scott & White Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted 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 9. 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 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 68. 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?

Baylor Scott & White Health 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:** Baylor Scott & White Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Baylor Scott & White Health Plan before you fill your prescriptions. If you don't get approval, Baylor Scott & White Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Baylor Scott & White Health Plan limits the amount of the drug that Baylor Scott & White Health Plan will cover. For example, Baylor Scott & White Health Plan provides 60 tablets per prescription for Eliquis 2.5mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Baylor Scott & White Health 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, Baylor Scott & White Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Baylor Scott & White Health Plan 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 9. 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 Baylor Scott & White Health Plan 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 Baylor Scott & White Health Plan formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Baylor Scott & White Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Baylor Scott & White Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Baylor Scott & White Health Plan.
- You can ask Baylor Scott & White Health Plan 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 Baylor Scott and White Health Plan Formulary?

You can ask Baylor Scott & White Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not 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, Baylor Scott & White Health 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, Baylor Scott & White Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 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.

Baylor Scott & White Health Plan provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website to view our Transition Policy for further details.

For more information

For more detailed information about your Baylor Scott & White Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Baylor Scott & White Health Plan, 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>.

Baylor Scott & White Health Plan's Formulary

The formulary below provides coverage information about the drugs covered by Baylor Scott & White Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 68.

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

The information in the Requirements/Limits column tells you if Baylor Scott & White Health Plan has any special requirements for coverage of your drug.

Column Abbreviations:

B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EA	Each
NDS	Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization. This 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 prescription. If you don't get approval, we may not cover the drug.
PA NSO	Prior Authorization for New Starts Only. Prior authorization is required if you are a new member or you have not taken the drug before.
QL	Quantity Limit. For certain drugs, we limit the amount of the drug that we will cover.
ST	Step Therapy. In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
ST NSO	Step Therapy for New Starts Only. Step Therapy is required if you are a new member or if you have not taken the drug before.

Drug Tiers and Drug Payment Stages:

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the stage you are in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a different copay or coinsurance amount. The chart below shows the different drug tiers.

For more information about drug payment stages and copay or coinsurance amounts for each tier, please review your Evidence of Coverage.

Drug Tier	Description
Tier 1: Preferred Generic	Lower-cost, commonly used generic drugs. Most drugs available for up to a 90-day supply.
Tier 2: Generic	Many generic drugs. Most drugs available for up to a 90-day supply.
Tier 3: Preferred Brand	Common brand name drugs called preferred brands and some higher-cost generic drugs. Most drugs available for up to a 90-day supply.
Tier 4: Non-Preferred Drug	Non-preferred generic and non-preferred brand name drugs. Most drugs available for up to a 90-day supply.
Tier 5: Specialty	Unique and/or very high-cost brand and generic drugs. Drugs in Tier 5 are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	2	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
<i>Opioid Analgesics, Long-acting</i>		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
<i>XTAMPZA ER</i>	3	NDS
<i>Opioid Analgesics, Short-acting</i>		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate oral solution, tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hcl injection 2mg/2ml</i>	3	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	3	
<i>Beta-lactam, Cephalosporins</i>		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
<i>Beta-lactam, Penicillins</i>		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>naficillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	
<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>mondoxylene nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	PA NSO
EPIDIOLEX	5	PA NSO
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA NSO
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<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</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	4	PA NSO; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA NSO
XCOPRI TABLET THERAPY PACK 0	5	PA NSO; (100mg-150mg)
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA NSO
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA NSO
<i>vigadrone</i>	5	PA NSO
<i>vigpoder</i>	5	PA NSO
<i>Sodium Channel Agents</i>		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST NSO
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA NSO
SPRAVATO 84MG DOSE	5	PA NSO
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA NSO
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	5	QL(30 EA per 30 days); ST NSO
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL(30 EA per 30 days); ST NSO
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST NSO
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt</i>	2	B/D
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>caspofungin acetate injection 70mg</i>	4	
<i>caspofungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
<i>Antituberculars</i>		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA NSO
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA NSO
<i>abiraterone acetate tablet 500mg</i>	5	PA NSO
<i>bicalutamide</i>	2	
ERLEADA	5	PA NSO
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA NSO
XTANDI	5	PA NSO
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	PA NSO
<i>lenalidomide</i>	5	PA NSO
POMALYST	5	PA NSO
QINLOCK	5	PA NSO
REVLIMID	5	PA NSO
TABRECTA	5	QL(120 EA per 30 days); PA NSO
THALOMID	5	PA NSO

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	
PURIXAN	5	
TABLOID	4	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA NSO
BESREMI	5	PA NSO
COLUMVI	5	PA NSO
EPKINLY	5	PA NSO
GAVRETO	5	PA NSO
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA NSO
IDHIFA	5	QL(30 EA per 30 days); PA NSO
INREBIC	5	PA NSO
IWILFIN	5	PA NSO
KISQALI FEMARA 200 DOSE	5	PA NSO
KISQALI FEMARA 400 DOSE	5	PA NSO
KISQALI FEMARA 600 DOSE	5	PA NSO
KRAZATI	5	PA NSO
LONSURF	5	PA NSO
LUMAKRAS	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO; 20 MG DAILY DOSE
NINLARO	5	PA NSO
OGSIVEO	5	PA NSO
ONUREG	5	PA NSO
ORSERDU	5	PA NSO
PEMAZYRE	5	QL(30 EA per 30 days); PA NSO
PHEGO	5	PA NSO
RETEVMO	5	PA NSO
SCEMBLIX TABLET 40MG	5	PA NSO
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SYNRIBO	5	PA NSO
TAZVERIK	5	PA NSO
TRUSELTIQ	5	PA NSO
TUKYSA	5	PA NSO
VONJO	5	PA NSO

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO	5	PA NSO
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO
ZOLINZA	5	PA NSO
<i>Antineoplastics</i>		
OPDUALAG	5	PA NSO
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA NSO
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT	5	QL(30 EA per 30 days); PA NSO
BALVERSA	5	PA NSO
BOSULIF	5	PA NSO
BRAFTOVI CAPSULE 75MG	5	PA NSO
BRUKINSA	5	PA NSO
CABOMETYX	5	PA NSO
CALQUENCE	5	PA NSO
CAPRELSA TABLET 300MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
COMETRIQ	5	PA NSO
COPIKTRA	5	PA NSO
COTELLIC	5	PA NSO
DAURISMO	5	PA NSO
ERIVEDGE	5	PA NSO
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA NSO
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA NSO
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY	5	
FARYDAK	5	
FRUZAQLA	5	PA NSO
<i>gefitinib</i>	5	PA NSO
GILOTRIF	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA NSO

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG TABLET 30MG, 45MG	5	PA NSO
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	2	PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	PA NSO
IMBRUVICA	5	PA NSO
INLYTA	5	PA NSO
INQOVI	5	PA NSO
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI	5	PA NSO
KOSELUGO	5	PA NSO
<i>lapatinib ditosylate</i>	5	PA NSO
LENVIMA 10 MG DAILY DOSE	5	PA NSO
LENVIMA 12MG DAILY DOSE	5	PA NSO
LENVIMA 14 MG DAILY DOSE	5	PA NSO
LENVIMA 18 MG DAILY DOSE	5	PA NSO
LENVIMA 20 MG DAILY DOSE	5	PA NSO
LENVIMA 24 MG DAILY DOSE	5	PA NSO
LENVIMA 4 MG DAILY DOSE	5	PA NSO
LENVIMA 8 MG DAILY DOSE	5	PA NSO
LORBRENA	5	PA NSO
LYNPARZA TABLET	5	PA NSO
MEKINIST	5	PA NSO
MEKTOVI	5	PA NSO
NERLYNX	5	QL(180 EA per 30 days); PA NSO
ODOMZO	5	PA NSO
OJJAARA	5	PA NSO
<i>pazopanib hydrochloride</i>	5	PA NSO
PIQRAY 200MG DAILY DOSE	5	PA NSO
PIQRAY 250MG DAILY DOSE	5	PA NSO
PIQRAY 300MG DAILY DOSE	5	PA NSO
REZLIDHIA	5	PA NSO
ROZLYTREK	5	PA NSO
RUBRACA	5	PA NSO
RYDAPT	5	PA NSO
<i>sorafenib</i>	5	PA NSO
<i>sorafenib tosylate</i>	5	PA NSO
SPRYCEL	5	PA NSO
STIVARGA	5	PA NSO
<i>sunitinib malate</i>	5	PA NSO
TAFINLAR	5	PA NSO
TAGRISSE TABLET 80MG	5	PA NSO

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA	5	PA NSO
TASIGNA	5	PA NSO
TEPMETKO	5	PA NSO
TIBSOVO	5	PA NSO
TRUQAP	5	PA NSO
TURALIO	5	PA NSO
VANFLYTA	5	PA NSO
VENCLEXTA STARTING PACK	5	PA NSO
VENCLEXTA TABLET 10MG	3	PA NSO
VENCLEXTA TABLET 100MG, 50MG	5	PA NSO
VERZENIO	5	PA NSO
VITRAKVI	5	PA NSO
VIZIMPRO	5	PA NSO
VOTRIENT	5	PA NSO
WELIREG	5	PA NSO
XALKORI	5	PA NSO
XOSPATA	5	PA NSO
ZEJULA CAPSULE	5	PA NSO
ZEJULA TABLET 200MG, 300MG	5	PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF	5	PA NSO
ZYDELIG	5	PA NSO
ZYKADIA TABLET	5	PA NSO
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DARZALEX FASPRO	5	PA NSO
KANJINTI	5	PA NSO
LOQTORZI	5	PA NSO
RUXIENCE	5	PA NSO
TRAZIMERA	5	PA NSO
<i>Retinoids</i>		
<i>bexarotene</i>	5	PA NSO
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
<i>Treatment Adjuncts</i>		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
Antiparasitics		
<i>Anthelmintics</i>		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
<i>Antiprotozoals</i>		
ALINIA SUSPENSION RECONSTITUTED	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

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

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate, injection</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA NSO
FANAPT	5	QL(60 EA per 30 days); ST NSO
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST NSO
INVEGA HAFYERA	5	ST NSO
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE	5	PA NSO
NUPLAZID TABLET 10MG	5	PA NSO
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
<i>Treatment-Resistant</i>		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
<i>Antispasticity Agents</i>		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
<i>Anti-cytomegalovirus (CMV) Agents</i>		

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
INTELENCE TABLET 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
TROGARZO	5	
TYBOST	4	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
<i>Mood Stabilizers</i>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
<i>Antidiabetic Agents</i>		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tablet 45mg</i>	1	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)
TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)
<i>Blood Products and Modifiers, Other</i>		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
ZARXIO	5	
<i>Hemostasis Agents</i>		
<i>tranexamic acid tablet</i>	3	
<i>Platelet Modifying Agents</i>		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>prasugrel</i>	2	
Cardiovascular Agents		
<i>Alpha-adrenergic Agonists</i>		
<i>clonidine hcl patch weekly</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride tablet 1mg, 2mg</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
<i>Angiotensin II Receptor Antagonists</i>		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
<i>valsartan tablet</i>	1	
<i>Angiotensin-converting Enzyme (ACE) Inhibitors</i>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	2	
<i>enalapril maleate tablet</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
<i>Antiarrhythmics</i>		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
MULTAQ	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine sulfate tablet</i>	3	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
<i>Beta-adrenergic Blocking Agents</i>		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
<i>Calcium Channel Blocking Agents, Dihydropyridines</i>		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
<i>Calcium Channel Blocking Agents, Nondihydropyridines</i>		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril/hydrochlorothiazide</i>	2	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
ENTRESTO	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril/verapamil hcl er</i>	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tablet</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	PA
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA NSO
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod</i>	5	QL(30 EA per 30 days); PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
KEPIVANCE	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnestem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
<i>ALA-CORT CREAM 2.5%</i>	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

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

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
<i>Phosphate Binders</i>		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
<i>Potassium Binders</i>		
<i>kionex suspension</i>	3	
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	4	
<i>Vitamins</i>		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
<i>Anti-Constipation Agents</i>		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTTEGRITY	3	QL(30 EA per 30 days)
<i>pegylax</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/flower pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
Proton Pump Inhibitors		

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
DEXILANT	4	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024
Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penamine</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA
<i>Estrogens</i>		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	
<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol gel, patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutra</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	3	
<i>heather</i>	3	
<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA NSO
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(60 EA per 30 days); PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
LANREOTIDE ACETATE	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA NSO
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA NSO
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML, 90MG/0.3ML	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY	5	QL(4 ML per 28 days); PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 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	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
<i>Immunostimulants</i>		
ACTIMMUNE	5	PA NSO
INTRON A	5	PA NSO
PEGASYS	5	PA
<i>Immunosuppressants</i>		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML, 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	
YUFLYMA 1-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
YUFLYMA INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
<i>Vaccines</i>		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
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	
PENBRAYA	3	
PENTACEL	3	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	1	
<i>alendronate sodium tablet 70mg</i>	1	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA NSO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA NSO
LAGEVRIO	3	QL(40 EA per 5 days)
NUTRILIPID	2	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
<i>Otic Agents</i>		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
<i>Antihistamines</i>		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA
<i>pirfenidone</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
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(24 GM per 30 days)

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024

Last Updated: March 2024

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

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

Formulary ID: 24077, Version: 10, Effective Date: 04/01/2024
Last Updated: March 2024

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

Index of Drugs

Drug Name	Page #
<i>abacavir</i>	30
<i>abacavir sulfate/lamivudine</i>	30
<i>abacavir sulfate/lamivudine/zidovudine</i>	30
ABELCET	19
ABILIFY MAINTENA	27
<i>abiraterone acetate</i>	21
ABRYSVO	59
<i>acamprosate calcium dr</i>	10
<i>acarbose</i>	32
ACCUTANE	42
<i>acebutolol hcl</i>	37
<i>acebutolol hydrochloride</i>	37
<i>acetaminophen/codeine</i>	9
<i>acetazolamide</i>	38
<i>acetazolamide er</i>	63
<i>acetic acid</i>	64
<i>acetic acid 0.25%</i>	49
<i>acitretin</i>	42
ACTHIB	59
ACTIMMUNE	57
<i>acyclovir</i>	31
<i>acyclovir</i>	44
<i>acyclovir sodium</i>	31
ADACEL	59
ADBRY	56
<i>adefovir dipivoxil</i>	29
ADEMPAS	66
ADTHYZA	55
<i>afirmelle</i>	50
AIMOVIG	20
AKEEGA	22
ALA-CORT	43
<i>albendazole</i>	25
<i>albuterol sulfate</i>	65
<i>albuterol sulfate er</i>	65
<i>albuterol sulfate hfa</i>	65
<i>alclometasone dipropionate</i>	43
ALCOHOL PREP PADS	61
ALDURAZYME	48
ALECENSA	23
<i>alendronate sodium</i>	61
<i>alfuzosin hcl er</i>	49
ALINIA	25
<i>aliskiren</i>	38

Drug Name	Page #
<i>allopurinol</i>	20
<i>alosetron hydrochloride</i>	47
ALPHAGAN P	63
<i>alprazolam</i>	31
<i>altavera</i>	50
ALUNBRIG	23
<i>alyacen 1/35</i>	50
<i>alyacen 7/7/7</i>	50
<i>alyq</i>	66
<i>amabelz</i>	50
<i>amantadine hcl</i>	31
<i>ambrisentan</i>	66
<i>amethia</i>	50
<i>amethia lo</i>	50
<i>amethyst</i>	50
<i>amikacin sulfate</i>	11
<i>amiloride hcl</i>	39
<i>amiloride/hydrochlorothiazide</i>	38
AMINOSYN II	45
AMINOSYN-PF	45
<i>amiodarone hydrochloride</i>	36
<i>amitriptyline hcl</i>	18
<i>amitriptyline hydrochloride</i>	18
<i>amlodipine besylate</i>	37
<i>amlodipine besylate/benazepril hydrochloride</i>	38
<i>amlodipine besylate/valsartan</i>	38
<i>amlodipine/olmesartan medoxomil ammonium lactate</i>	43
<i>amnestem</i>	42
<i>amoxapine</i>	18
<i>amoxicillin</i>	13
<i>amoxicillin/clavulanate potassium</i>	12
<i>amoxicillin/clavulanate potassium er</i>	12
<i>amphetamine/dextroamphetamine</i>	40
<i>amphotericin b</i>	19
<i>amphotericin b liposome</i>	19
<i>ampicillin</i>	13
<i>ampicillin sodium</i>	13
<i>ampicillin/sulbactam</i>	13
<i>ampicillin-sulbactam</i>	13
<i>anagrelide hydrochloride</i>	35
<i>anastrozole</i>	23
ANORO ELLIPTA	66
<i>aprepitant</i>	19
APRETUDE	29
APTIOM	16

Drug Name	Page #	Drug Name	Page #
APTIVUS	31	<i>aviane</i>	51
AREXVY	59	AVONEX	41
<i>arformoterol tartrate</i>	65	AVONEX PEN	41
<i>aripiprazole</i>	27	<i>ayuna</i>	51
<i>aripiprazole odt</i>	27	AYVAKIT	23
ARISTADA	27	<i>azathioprine</i>	57
ARISTADA INITIO	27	<i>azelaic acid</i>	42
<i>armodafinil</i>	67	<i>azelastine hcl</i>	63
ARMOUR THYROID	55	<i>azelastine hcl</i>	64
ARNUITY ELLIPTA	64	<i>azelastine hydrochloride</i>	64
ASCENIV	56	<i>azithromycin</i>	13
<i>asenapine maleate sl</i>	27	<i>aztreonam</i>	11
<i>ashlyna</i>	50	<i>azurette</i>	51
ASMANEX HFA	64	<i>bacitracin</i>	63
ASMANEX TWISTHALER 120	64	<i>bacitracin/polymyxin b</i>	62
METERED DOSES		<i>baclofen</i>	28
ASMANEX TWISTHALER 14 METERED	64	BACTROBAN NASAL	44
DOSES		BAFIERTAM	41
ASMANEX TWISTHALER 30 METERED	64	<i>balsalazide disodium</i>	60
DOSES		BALVERSA	23
ASMANEX TWISTHALER 60 METERED	64	<i>balziva</i>	51
DOSES		BAQSIMI ONE PACK	33
ASMANEX TWISTHALER 7 METERED	64	BAQSIMI TWO PACK	33
DOSES		BARACLUDGE	29
<i>aspirin/dipyridamole</i>	35	<i>bcg vaccine</i>	59
<i>aspirin/dipyridamole er</i>	35	BD INSULIN SYRINGE	61
ASTAGRAF XL	57	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atazanavir</i>	31	B-D INSULIN SYRINGE ULTRAFINE	61
<i>atazanavir sulfate</i>	31	II/0.3ML/31G X 5/16"	
<i>atenolol</i>	37	BD INSULIN SYRINGE ULTRA-	61
<i>atenolol/chlorthalidone</i>	38	FINE/0.5ML/30G X 12.7MM	
<i>atomoxetine</i>	41	BD INSULIN SYRINGE ULTRA-	61
<i>atomoxetine hydrochloride</i>	41	FINE/1ML/31G X 8MM	
<i>atorvastatin calcium</i>	39	BD PEN NEEDLE/ORIGINAL/ULTRA-	61
<i>atovaquone</i>	26	FINE/29G X 12.7MM	
<i>atovaquone/proguanil hcl</i>	26	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	61
<i>atropine sulfate</i>	62	<i>6mm</i>	
ATROVENT HFA	65	<i>bekyree</i>	51
<i>aubra eq</i>	51	BELSOMRA	67
AUGMENTIN	13	<i>benazepril hcl</i>	36
AUGTYRO	61	<i>benazepril hydrochloride</i>	36
<i>aurovela 1.5/30</i>	51	<i>benazepril</i>	38
<i>aurovela 1/20</i>	51	<i>hydrochloride/hydrochlorothiazide</i>	
<i>aurovela fe 1.5/30</i>	51	BENLYSTA	56
<i>aurovela fe 1/20</i>	51	<i>benznidazole</i>	26
AUSTEDO	41	<i>benztropine mesylate</i>	26
AUVELITY	17	BESIVANCE	63

Drug Name	Page #	Drug Name	Page #
BESREMI	22	<i>bupropion hydrochloride er (xl)</i>	17
<i>betaine anhydrous</i>	48	<i>bupirone hcl</i>	31
<i>betamethasone dipropionate</i>	43	<i>bupirone hydrochloride</i>	31
<i>betamethasone dipropionate augmented</i>	43	<i>butalbital/acetaminophen/caffeine</i>	41
<i>betamethasone valerate</i>	43	BYDUREON BCISE	32
BETASERON	41	BYETTA	32
<i>betaxolol hcl</i>	37	CABENUVA	29
<i>betaxolol hcl</i>	63	<i>cabergoline</i>	55
<i>bethanechol chloride</i>	49	CABLIVI	35
<i>bexarotene</i>	25	CABOMETYX	23
BEXSERO	59	<i>calcipotriene</i>	44
<i>bicalutamide</i>	21	<i>calcitonin-salmon</i>	61
BICILLIN L-A	13	<i>calcitriol</i>	61
BIKTARVY	29	<i>calcium acetate</i>	46
<i>bisoprolol fumarate</i>	37	CALQUENCE	23
<i>bisoprolol fumarate/hydrochlorothiazide</i>	38	<i>camila</i>	54
BIVIGAM	56	<i>camrese</i>	51
<i>blisovi fe 1.5/30</i>	51	<i>camrese lo</i>	51
<i>blisovi fe 1/20</i>	51	<i>candesartan cilexetil</i>	36
BOOSTRIX	59	<i>candesartan cilexetil/hydrochlorothiazide</i>	38
BOSULIF	23	CAPLYTA	27
BRAFTOVI	23	CAPRELSA	23
BREO ELLIPTA	66	<i>captopril</i>	36
BREZTRI AEROSPHERE	64	<i>captopril/hydrochlorothiazide</i>	38
<i>briellyn</i>	51	<i>carbamazepine</i>	16
BRILINTA	35	<i>carbamazepine er</i>	16
BRIMONIDINE TARTRATE	64	<i>carbidopa</i>	26
<i>brimonidine tartrate/timolol maleate</i>	62	<i>carbidopa/levodopa</i>	26
<i>brinzolamide</i>	64	<i>carbidopa/levodopa er</i>	26
BRIVIACT	14	<i>carbidopa/levodopa odt</i>	26
<i>bromfenac sodium</i>	63	<i>carglumic acid</i>	45
<i>bromocriptine mesylate</i>	26	<i>carteolol hcl</i>	63
BRONCHITOL	66	<i>cartia xt</i>	37
BRUKINSA	23	<i>carvedilol</i>	37
<i>budesonide</i>	60	<i>caspofungin acetate</i>	19
<i>budesonide</i>	64	CAYSTON	65
<i>budesonide er</i>	60	<i>cefaclor</i>	12
<i>bumetanide</i>	39	<i>cefadroxil</i>	12
<i>buprenorphine</i>	9	CEFAZOLIN	12
<i>buprenorphine hcl</i>	10	<i>cefazolin sodium</i>	12
<i>buprenorphine hcl/naloxone hcl</i>	10	<i>cefdinir</i>	12
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	10	<i>cefepime</i>	12
<i>bupropion hcl</i>	17	<i>cefepime hydrochloride</i>	12
<i>bupropion hydrochloride</i>	17	<i>cefixime</i>	12
<i>bupropion hydrochloride er (sr)</i>	11	<i>cefotaxime sodium</i>	12
<i>bupropion hydrochloride er (sr)</i>	17	<i>cefotetan</i>	12
		<i>cefoxitin sodium</i>	12

Drug Name	Page #	Drug Name	Page #
<i>cefpodoxime proxetil</i>	12	<i>clindamycin hcl</i>	11
<i>cefprozil</i>	12	<i>clindamycin hydrochloride</i>	11
<i>ceftazidime</i>	12	<i>clindamycin palmitate hydrochloride</i>	11
<i>ceftazidime/dextrose</i>	12	<i>clindamycin phosphate</i>	11
<i>ceftriaxone sodium</i>	12	<i>clindamycin phosphate</i>	44
<i>cefuroxime axetil</i>	12	<i>clobazam</i>	15
<i>cefuroxime sodium</i>	12	<i>clobetasol propionate</i>	43
<i>celecoxib</i>	9	<i>clobetasol propionate e</i>	43
<i>cephalexin</i>	12	<i>clomipramine hydrochloride</i>	18
CERDELGA	48	<i>clonazepam</i>	15
<i>chateal</i>	51	<i>clonazepam odt</i>	15
<i>chateal eq</i>	51	<i>clonidine hcl</i>	36
CHEMET	46	<i>clonidine hydrochloride</i>	36
<i>chlorhexidine gluconate</i>	42	<i>clopidogrel</i>	35
<i>chloroquine phosphate</i>	26	<i>clorazepate dipotassium</i>	32
<i>chlorothiazide</i>	39	<i>clotrimazole</i>	19
<i>chlorpromazine hcl</i>	26	<i>clotrimazole/betamethasone dipropionate</i>	44
<i>chlorpromazine hydrochloride</i>	26	CLOVIQUE	46
<i>chlorthalidone</i>	39	<i>clozapine</i>	28
CHOLBAM	48	<i>clozapine odt</i>	28
<i>cholestyramine</i>	39	COARTEM	26
<i>cholestyramine light</i>	39	<i>colchicine</i>	20
<i>ciclodan</i>	44	<i>colesevelam hydrochloride</i>	39
<i>ciclopirox</i>	44	<i>colestipol hcl</i>	39
<i>ciclopirox nail lacquer</i>	44	<i>colistimethate sodium</i>	11
<i>ciclopirox olamine</i>	44	<i>colocort</i>	60
<i>cidofovir</i>	29	COLUMVI	22
<i>cilostazol</i>	35	COMBIGAN	62
CIMDUO	30	COMBIVENT RESPIMAT	66
<i>cinacalcet hydrochloride</i>	61	COMETRIQ	23
CINRYZE	56	COMPLERA	29
CIPRO	14	<i>compro</i>	19
<i>ciprofloxacin</i>	14	<i>constulose</i>	46
<i>ciprofloxacin</i>	64	COPIKTRA	23
<i>ciprofloxacin hcl</i>	14	CORLANOR	38
<i>ciprofloxacin hydrochloride</i>	14	<i>cortisone acetate</i>	49
<i>ciprofloxacin hydrochloride</i>	63	COSENTYX	57
<i>ciprofloxacin i.v.-in d5w</i>	14	COSENTYX SENSOREADY PEN	56
<i>ciprofloxacin/dexamethasone</i>	64	COSENTYX UNOREADY	56
<i>cisplatin</i>	21	COTELLIC	23
<i>citalopram hydrobromide</i>	17	CREON	48
<i>claravis</i>	42	<i>cromolyn sodium</i>	48
<i>clarithromycin</i>	13	<i>cromolyn sodium</i>	63
<i>clarithromycin er</i>	13	<i>cromolyn sodium</i>	66
CLENPIQ	47	<i>cryselle-28</i>	51
CLIMARA PRO	51	CURITY GAUZE PADS 2"X2" 12 PLY	61
<i>clindacin etz pledgets</i>	11	CUTAQUIG	56

Drug Name	Page #	Drug Name	Page #
CUVITRU	56	<i>dexamethasone sodium phosphate</i>	63
<i>cyclafem 1/35</i>	51	DEXILANT	48
<i>cyclafem 7/7/7</i>	51	<i>dexlansoprazole</i>	48
<i>cyclobenzaprine hydrochloride</i>	67	<i>dextroamphetamine sulfate</i>	41
<i>cyclophosphamide</i>	21	<i>dextroamphetamine sulfate er</i>	40
<i>cycloserine</i>	21	<i>dextrose 5%</i>	45
<i>cyclosporine</i>	57	<i>dextrose 5%/nacl 0.45%</i>	45
<i>cyclosporine</i>	62	<i>dextrose 5%/nacl 0.9%</i>	45
<i>cyclosporine modified</i>	57	DIACOMIT	15
CYLTEZO	57	<i>diazepam</i>	32
CYLTEZO STARTER PACKAGE FOR	57	<i>diazepam intensol</i>	32
CROHNS DISEASE/UC/HS		<i>diazepam rectal gel</i>	15
CYLTEZO STARTER PACKAGE FOR	57	<i>diazoxide</i>	33
PSORIASIS		<i>diclofenac potassium</i>	9
<i>cyproheptadine hydrochloride</i>	64	<i>diclofenac sodium</i>	9
CYSTAGON	48	<i>diclofenac sodium</i>	44
CYSTARAN	62	<i>diclofenac sodium</i>	63
<i>dalfampridine er</i>	41	<i>diclofenac sodium dr</i>	9
<i>danazol</i>	50	<i>diclofenac sodium er</i>	9
<i>dantrolene sodium</i>	28	<i>dicloxacillin sodium</i>	13
<i>dapsone</i>	21	<i>dicyclomine hcl</i>	47
DAPTACEL	59	<i>dicyclomine hydrochloride</i>	47
<i>daptomycin</i>	11	DIFICID	13
DAPTOMYCIN/SODIUM CHLORIDE	11	<i>diflunisal</i>	9
<i>darunavir</i>	31	<i>digitek</i>	36
DARZALEX FASPRO	25	<i>digox</i>	36
<i>dasetta 1/35</i>	51	<i>digoxin</i>	36
<i>dasetta 7/7/7</i>	51	<i>dihydroergotamine mesylate</i>	20
DAURISMO	23	DILANTIN	16
<i>daysee</i>	51	<i>diltiazem hcl</i>	38
<i>deblitane</i>	54	<i>diltiazem hcl cd</i>	37
<i>deferasirox</i>	46	<i>diltiazem hcl er</i>	37
DELSTRIGO	29	<i>diltiazem hydrochloride</i>	38
<i>delyla</i>	51	<i>diltiazem hydrochloride er</i>	38
<i>demeclocycline hcl</i>	14	<i>dilt-xr</i>	37
<i>demeclocycline hydrochloride</i>	14	<i>dimethyl fumarate</i>	41
DENGVAXIA	59	<i>dimethyl fumarate starterpack</i>	41
DEPO-PROVERA	54	<i>diphenhydramine hcl</i>	64
DEPO-SUBQ PROVERA 104	54	<i>diphenhydramine hydrochloride</i>	64
DESCOVY	30	<i>diphenoxylate hydrochloride/atropine</i>	47
<i>desipramine hydrochloride</i>	18	<i>sulfate</i>	
<i>desmopressin acetate</i>	50	<i>diphtheria/tetanus toxoids adsorbed</i>	59
<i>desogestrel/ethinyl estradiol</i>	51	<i>pediatric</i>	
<i>desonide</i>	43	<i>disulfiram</i>	10
<i>desoximetasone</i>	43	<i>divalproex sodium</i>	15
<i>desvenlafaxine er</i>	17	<i>divalproex sodium dr</i>	15
<i>dexamethasone</i>	49	<i>divalproex sodium er</i>	15

Drug Name	Page #	Drug Name	Page #
<i>dofetilide</i>	36	EMCYT	22
<i>dolishale</i>	51	EMGALITY	20
<i>donepezil hcl</i>	16	EMPAVELI	57
<i>donepezil hydrochloride</i>	17	EMSAM	17
DOPTELET	35	<i>emtricitabine</i>	30
<i>dorzolamide hcl/timolol maleate</i>	62	<i>emtricitabine/tenofovir disoproxil</i>	30
<i>dorzolamide hydrochloride</i>	64	<i>emtricitabine/tenofovir disoproxil fumarate</i>	30
DOTTI	51	EMTRIVA	30
DOVATO	29	<i>enalapril maleate</i>	36
<i>doxazosin mesylate</i>	49	<i>enalapril maleate/hydrochlorothiazide</i>	38
<i>doxepin hcl</i>	18	ENBREL	58
<i>doxepin hydrochloride</i>	18	ENBREL MINI	57
<i>doxy 100</i>	14	ENBREL SURECLICK	58
<i>doxycycline</i>	14	ENDARI	48
<i>doxycycline hyclate</i>	14	<i>endocet</i>	9
<i>doxycycline hyclate</i>	42	ENGERIX-B	59
<i>doxycycline monohydrate</i>	14	<i>enilloring</i>	51
<i>d-penamamine</i>	49	ENJAYMO	57
DRIZALMA SPRINKLE	17	<i>enoxaparin sodium</i>	34
<i>dronabinol</i>	19	<i>enpresse-28</i>	51
DROXIA	22	<i>entacapone</i>	26
<i>droxidopa</i>	36	<i>entecavir</i>	29
DULERA	66	ENTRESTO	38
<i>duloxetine hydrochloride</i>	18	<i>enulose</i>	46
DUPIXENT	57	ENVARBUS XR	58
<i>dutasteride</i>	49	EPIDIOLEX	14
<i>dutasteride/tamsulosin hydrochloride</i>	49	<i>epinephrine</i>	38
EASY COMFORT INSULIN	61	<i>epinephrine</i>	65
SYRINGE/0.3ML/31G X 1/2"		<i>epitol</i>	16
<i>ec-naproxen</i>	9	EPKINLY	22
<i>econazole nitrate</i>	19	<i>eplerenone</i>	39
EDARBI	36	<i>epoprostenol sodium</i>	66
EDARBYCLOR	38	EPRONTIA	14
EDURANT	29	<i>ergoloid mesylates</i>	16
<i>efavirenz</i>	29	<i>ergotamine tartrate/caffeine</i>	20
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	29	ERIVEDGE	23
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	29	ERLEADA	21
<i>effe-r-k</i>	45	<i>erlotinib hydrochloride</i>	23
ELAPRASE	48	<i>errin</i>	54
<i>elinest</i>	51	<i>ertapenem</i>	13
ELIQUIS	34	<i>ertapenem sodium</i>	13
ELIQUIS STARTER PACK	34	<i>ery</i>	44
ELLA	61	<i>erythromycin</i>	44
ELMIRON	49	<i>erythromycin</i>	63
<i>eluryng</i>	51	<i>erythromycin dr</i>	13
		<i>erythromycin ethylsuccinate</i>	13
		<i>erythromycin/benzoyl peroxide</i>	42

Drug Name	Page #	Drug Name	Page #
<i>escitalopram oxalate</i>	18	<i> fingolimod</i>	41
<i>esomeprazole magnesium</i>	48	FINTEPLA	14
<i>estarylla</i>	51	FIRMAGON	55
<i>estradiol</i>	51	FLAREX	63
<i>estradiol/norethindrone acetate</i>	51	<i>flecainide acetate</i>	36
ESTRING	51	<i>fluconazole</i>	19
<i>eszopiclone</i>	67	<i>fluconazole in dextrose</i>	19
<i>ethambutol hydrochloride</i>	21	<i>fluconazole in sodium chloride</i>	19
<i>ethosuximide</i>	15	<i>flucytosine</i>	19
<i>ethynodiol diacetate/ethinyl estradiol</i>	51	<i>fludrocortisone acetate</i>	49
<i>etodolac</i>	9	<i>flunisolide</i>	64
<i>etonogestrel/ethinyl estradiol</i>	51	<i>fluocinolone acetonide</i>	43
<i>etravirine</i>	29	<i>fluocinolone acetonide body</i>	43
EUCRISA	43	<i>fluocinolone acetonide scalp</i>	43
EUTHYROX	55	<i>fluocinolone acetonide topical</i>	43
<i>everolimus</i>	23	<i>fluocinonide</i>	43
<i>everolimus</i>	58	<i>fluorometholone</i>	63
EVOTAZ	31	<i>fluorouracil</i>	44
EVRYSDI	48	<i>fluoxetine hydrochloride</i>	18
<i>exemestane</i>	23	<i>fluphenazine decanoate</i>	27
EXKIVITY	23	<i>fluphenazine hcl</i>	27
<i>ezetimibe</i>	39	<i>fluphenazine hydrochloride</i>	27
<i>ezetimibe/simvastatin</i>	39	<i>flurbiprofen</i>	9
FABRAZYME	48	<i>flurbiprofen sodium</i>	63
<i>falmina</i>	51	<i>flutamide</i>	21
<i>famciclovir</i>	31	<i>fluticasone propionate</i>	43
<i>famotidine</i>	47	<i>fluticasone propionate</i>	64
FANAPT	27	<i>fluticasone propionate/salmeterol</i>	66
FANAPT TITRATION PACK	27	<i>fluticasone propionate/salmeterol diskus</i>	66
FARXIGA	32	<i>fluvastatin</i>	39
FARYDAK	23	<i>fluvastatin sodium er</i>	39
FASENRA	66	<i>fluvoxamine maleate</i>	18
FASENRA PEN	66	<i>fondaparinux sodium</i>	34
<i>fayosim</i>	51	<i>formoterol fumarate</i>	65
<i>febuxostat</i>	20	FORTEO	61
<i>felbamate</i>	14	<i>fosamprenavir calcium</i>	31
<i>felodipine er</i>	37	<i>fosinopril sodium</i>	36
<i>femynor</i>	51	<i>fosinopril sodium/hydrochlorothiazide</i>	38
<i>fenofibrate</i>	39	FOTIVDA	21
<i>fenofibrate micronized</i>	39	FRAGMIN	35
<i>fenofibric acid dr</i>	39	FRUZAQLA	23
<i>fentanyl</i>	9	<i>furosemide</i>	39
<i>fentanyl citrate oral transmucosal</i>	9	FUZEON	30
FETZIMA	18	FYAVOLV	51
FETZIMA TITRATION PACK	18	FYCOMPA	14
FINACEA	42	<i>gabapentin</i>	15
<i>finasteride</i>	49	<i>galantamine hydrobromide</i>	17

Drug Name	Page #	Drug Name	Page #
<i>galantamine hydrobromide er</i>	17	GVOKE HYPOPEN 1-PACK	33
GAMASTAN	56	GVOKE HYPOPEN 2-PACK	33
GAMMAKED	56	GVOKE KIT	33
GAMUNEX-C	56	GVOKE PFS	33
<i>ganciclovir</i>	29	<i>hailey 1.5/30</i>	51
GARDASIL 9	59	<i>hailey fe 1.5/30</i>	52
<i>gatifloxacin</i>	63	<i>hailey fe 1/20</i>	52
<i>gavilyte-c</i>	47	<i>halobetasol propionate</i>	43
<i>gavilyte-g</i>	47	<i>haloette</i>	52
<i>gavilyte-h</i>	47	<i>haloperidol</i>	27
<i>gavilyte-n/fluor pack</i>	47	<i>haloperidol decanoate</i>	27
GAVRETO	22	<i>haloperidol lactate</i>	27
<i>gefitinib</i>	23	HAVRIX	59
GELNIQUE PUMP	49	<i>heather</i>	54
<i>gemfibrozil</i>	39	HEPAGAM B	56
GEMTESA	49	<i>heparin sodium</i>	35
<i>generlac</i>	46	HEPLISAV-B	59
<i>gengraf</i>	58	HIBERIX	59
GENOTROPIN	50	HIZENTRA	56
GENOTROPIN MINIQUICK	50	HUMALOG	33
<i>gentak</i>	63	HUMALOG JUNIOR KWIKPEN	33
<i>gentamicin sulfate</i>	11	HUMALOG KWIKPEN	33
<i>gentamicin sulfate</i>	63	HUMALOG MIX 50/50	33
<i>gentamicin sulfate pediatric</i>	11	HUMALOG MIX 50/50 KWIKPEN	33
GENVOYA	29	HUMALOG MIX 75/25	33
GILOTRIF	23	HUMALOG MIX 75/25 KWIKPEN	33
<i>glatiramer acetate</i>	42	HUMATIN	11
GLEOSTINE	21	HUMIRA	58
<i>glimepiride</i>	32	HUMIRA PEDIATRIC CROHNS	58
<i>glipizide</i>	32	DISEASE STARTER PACK	
<i>glipizide er</i>	32	HUMIRA PEN	58
<i>glipizide xl</i>	32	HUMIRA PEN-CD/UC/HS STARTER	58
<i>glipizide/metformin hydrochloride</i>	32	HUMIRA PEN-PEDIATRIC UC	58
GLUCAGEN HYPOKIT	33	STARTER PACK	
<i>glucagon emergency kit</i>	33	HUMIRA PEN-PS/UV STARTER	58
GLUCAGON EMERGENCY KIT FOR	33	HUMULIN 70/30	33
LOW BLOOD SUGAR		HUMULIN 70/30 KWIKPEN	33
<i>glyburide</i>	32	HUMULIN N	33
<i>glyburide/metformin hydrochloride</i>	32	HUMULIN N KWIKPEN	33
<i>glycopyrrolate</i>	47	HUMULIN R	34
GLYXAMBI	32	HUMULIN R U-500 (CONCENTRATED)	34
<i>griseofulvin microsize</i>	19	HUMULIN R U-500 KWIKPEN	34
<i>griseofulvin ultramicrosize</i>	19	<i>hydralazine hcl</i>	40
<i>guanfacine er</i>	41	<i>hydralazine hydrochloride</i>	40
<i>guanfacine hydrochloride</i>	36	<i>hydrochlorothiazide</i>	39
<i>guanfacine hydrochloride</i>	41	<i>hydrocodone bitartrate/acetaminophen</i>	10
GUANIDINE HCL	20	<i>hydrocodone/acetaminophen</i>	10

Drug Name	Page #	Drug Name	Page #
<i>hydrocortisone</i>	43	INQOVI	24
<i>hydrocortisone</i>	50	INREBIC	22
<i>hydrocortisone</i>	60	<i>insulin lispro</i>	34
<i>hydrocortisone valerate</i>	43	INTELENCE	30
<i>hydrocortisone/acetic acid</i>	64	INTRON A	57
<i>hydromorphone hcl</i>	10	<i>introvale</i>	52
<i>hydromorphone hydrochloride</i>	10	INVEGA HAFYERA	27
<i>hydromorphone hydrochloride dosette</i>	10	INVEGA SUSTENNA	27
<i>hydroxychloroquine sulfate</i>	26	INVEGA TRINZA	27
<i>hydroxyurea</i>	22	INVIRASE	31
<i>hydroxyzine hcl</i>	64	IPOL INACTIVATED IPV	59
<i>hydroxyzine hydrochloride</i>	64	<i>ipratropium bromide</i>	65
<i>hydroxyzine pamoate</i>	31	<i>ipratropium bromide/albuterol sulfate</i>	66
HYPERHEP B	56	<i>irbesartan</i>	36
<i>ibandronate sodium</i>	61	<i>irbesartan/hydrochlorothiazide</i>	38
IBRANCE	22	ISENTRESS	29
IBRANCE	23	ISENTRESS HD	29
<i>ibu</i>	9	ISONIAZID	21
<i>ibuprofen</i>	9	<i>isosorbide dinitrate</i>	40
<i>icatibant acetate</i>	56	<i>isosorbide dinitrate/hydralazine</i>	38
<i>iclevia</i>	52	<i>hydrochloride</i>	
ICLUSIG	24	<i>isosorbide mononitrate</i>	40
<i>icosapent ethyl</i>	40	<i>isosorbide mononitrate er</i>	40
IDHIFA	22	<i>isotretinoin</i>	42
IGALMI	61	<i>isradipine</i>	37
ILARIS	57	ISTURISA	55
ILEVRO	63	<i>itraconazole</i>	19
<i>imatinib mesylate</i>	24	<i>ivermectin</i>	25
IMBRUVICA	24	IWILFIN	22
<i>imipenem/cilastatin</i>	13	IXCHIQ	59
<i>imipramine hcl</i>	18	IXIARO	59
<i>imipramine hydrochloride</i>	18	<i>jaimiess</i>	52
<i>imiquimod</i>	44	JAKAFI	24
IMOVAX RABIES (H.D.C.V.)	59	<i>jantoven</i>	35
IMPAVIDO	11	JANUMET	32
INBRIJA	26	JANUMET XR	32
<i>incassia</i>	54	JANUVIA	32
INCRELEX	50	JARDIANCE	32
INCRUSE ELLIPTA	65	JAVYGTOR	48
<i>indapamide</i>	39	JAYPIRCA	24
<i>indomethacin</i>	9	<i>jencycla</i>	54
<i>indomethacin er</i>	9	JENTADUETO	32
INFANRIX	59	JENTADUETO XR	32
INFLECTRA	58	<i>jinteli</i>	52
INFLIXIMAB	58	<i>jolessa</i>	52
INGREZZA	41	<i>jolivette</i>	54
INLYTA	24	JUBLIA	19

Drug Name	Page #	Drug Name	Page #
JULUCA	29	LAGEVRIO	61
<i>junel 1.5/30</i>	52	<i>lamivudine</i>	29
<i>junel 1/20</i>	52	<i>lamivudine</i>	30
<i>junel fe 1.5/30</i>	52	<i>lamivudine/zidovudine</i>	30
<i>junel fe 1/20</i>	52	<i>lamotrigine</i>	15
JYLAMVO	58	<i>lamotrigine er</i>	15
JYNNEOS	59	<i>lamotrigine odt</i>	15
KALYDECO	65	<i>lamotrigine starter kit/blue</i>	15
KANJINTI	25	<i>lamotrigine starter kit/green</i>	15
KANUMA	48	<i>lamotrigine starter kit/orange</i>	15
<i>kariva</i>	52	<i>lamotrigine titration</i>	15
<i>kelnor 1/35</i>	52	LANREOTIDE ACETATE	55
<i>kelnor 1/50</i>	52	<i>lansoprazole</i>	48
KEPIVANCE	42	LANTUS	34
KERENDIA	38	LANTUS SOLOSTAR	34
KESIMPTA	42	<i>lapatinib ditosylate</i>	24
<i>ketoconazole</i>	19	<i>larin 1.5/30</i>	52
<i>ketorolac tromethamine</i>	9	<i>larin 1/20</i>	52
<i>ketorolac tromethamine</i>	63	<i>larin fe 1.5/30</i>	52
<i>kimidess</i>	52	<i>larin fe 1/20</i>	52
KINERET	57	<i>larissia</i>	52
KINRIX	59	<i>latanoprost</i>	64
<i>kionex</i>	46	<i>leflunomide</i>	58
KISQALI	24	<i>lenalidomide</i>	21
KISQALI FEMARA 200 DOSE	22	LENVIMA 10 MG DAILY DOSE	24
KISQALI FEMARA 400 DOSE	22	LENVIMA 12MG DAILY DOSE	24
KISQALI FEMARA 600 DOSE	22	LENVIMA 14 MG DAILY DOSE	24
<i>klayesta</i>	20	LENVIMA 18 MG DAILY DOSE	24
KLISYRI	44	LENVIMA 20 MG DAILY DOSE	24
<i>klor-con</i>	45	LENVIMA 24 MG DAILY DOSE	24
<i>klor-con 10</i>	45	LENVIMA 4 MG DAILY DOSE	24
<i>klor-con 8</i>	45	LENVIMA 8 MG DAILY DOSE	24
<i>klor-con m10</i>	45	<i>lessina</i>	52
<i>klor-con m15</i>	45	<i>letrozole</i>	23
<i>klor-con m20</i>	45	<i>leucovorin calcium</i>	25
<i>klor-con sprinkle</i>	45	LEUKERAN	21
<i>klor-con/ef</i>	45	<i>leuprolide acetate</i>	55
KORLYM	50	<i>levalbuterol</i>	65
KOSELUGO	24	<i>levalbuterol hcl</i>	65
<i>kourzeq</i>	42	<i>levalbuterol hydrochloride</i>	65
KRAZATI	22	<i>levalbuterol tartrate hfa</i>	65
<i>kurvelo</i>	52	LEVEMIR	34
KYNMOBI	26	LEVEMIR FLEXPEN	34
KYNMOBI TITRATION KIT	26	LEVEMIR FLEXTOUCH	34
<i>labetalol hydrochloride</i>	37	<i>levetiracetam</i>	15
<i>lacosamide</i>	16	<i>levetiracetam er</i>	15
<i>lactulose</i>	46	<i>levobunolol hcl</i>	63

Drug Name	Page #	Drug Name	Page #
<i>levocetirizine dihydrochloride</i>	64	<i>lubiprostone</i>	46
<i>levofloxacin</i>	14	LUMAKRAS	22
<i>levofloxacin</i>	63	LUMIGAN	64
<i>levofloxacin in d5w</i>	14	LUMIZYME	48
<i>levonest</i>	52	LUPRON DEPOT (1-MONTH)	55
<i>levonorgestrel and ethinyl estradiol</i>	52	LUPRON DEPOT (3-MONTH)	55
<i>levonorgestrel/ethinyl estradiol</i>	52	LUPRON DEPOT (4-MONTH)	55
<i>levora 0.15/30-28</i>	52	LUPRON DEPOT (6-MONTH)	55
LEVO-T	55	LUPRON DEPOT-PED (1-MONTH)	55
<i>levothyroxine sodium</i>	55	LUPRON DEPOT-PED (3-MONTH)	55
LEVOXYL	55	LUPRON DEPOT-PED (6-MONTH)	50
LEXIVA	31	<i>lurasidone hydrochloride</i>	27
<i>lidocaine</i>	10	<i>lutura</i>	52
<i>lidocaine hydrochloride viscous</i>	42	LYBALVI	27
<i>lidocaine viscous</i>	42	<i>lyleq</i>	54
<i>lidocaine/prilocaine</i>	10	<i>lyllana</i>	52
<i>lidocaine-prilocaine-cream base</i>	10	LYNPARZA	24
<i>lillow</i>	52	LYSODREN	55
<i>linezolid</i>	11	LYTGOBI	22
LINZESS	46	LYUMJEV	34
<i>liothyronine sodium</i>	55	LYUMJEV KWIKPEN	34
<i>lisinopril</i>	36	<i>lyza</i>	54
<i>lisinopril/hydrochlorothiazide</i>	38	<i>magnesium sulfate</i>	45
<i>lithium</i>	32	<i>malathion</i>	44
<i>lithium carbonate</i>	32	<i>maprotiline hcl</i>	17
<i>lithium carbonate er</i>	32	<i>maraviroc</i>	30
LIVALO	39	<i>marlissa</i>	52
LIVTENCITY	29	MARPLAN	17
<i>lojaimiess</i>	52	MATULANE	21
LONHALA MAGNAIR REFILL KIT	65	<i>matzim la</i>	38
LONSURF	22	MAVYRET	29
<i>loperamide hcl</i>	47	MAYZENT	42
<i>lopinavir/ritonavir</i>	31	MAYZENT STARTER PACK	42
<i>lopreeza</i>	52	<i>meclizine hcl</i>	19
LOQTORZI	25	<i>medroxyprogesterone acetate</i>	54
<i>lorazepam</i>	32	<i>mefloquine hcl</i>	26
<i>lorazepam intensol</i>	32	<i>megestrol acetate</i>	54
LORBRENA	24	MEKINIST	24
<i>lorcet</i>	10	MEKTOVI	24
<i>lorcet hd</i>	10	<i>meloxicam</i>	9
<i>lorcet plus</i>	10	<i>memantine hcl titration pak</i>	17
<i>losartan potassium</i>	36	<i>memantine hydrochloride</i>	17
<i>losartan potassium/hydrochlorothiazide</i>	38	<i>memantine hydrochloride er</i>	17
LOTEMAX SM	63	MENACTRA	59
<i>lovastatin</i>	39	MENEST	52
<i>low-ogestrel</i>	52	MENQUADFI	59
<i>loxapine</i>	27	MENVEO	59

Drug Name	Page #	Drug Name	Page #
<i>mercaptapurine</i>	22	<i>mirtazapine odt</i>	17
<i>meropenem</i>	13	<i>misoprostol</i>	47
<i>mesalamine</i>	60	M-M-R II	59
<i>mesalamine dr</i>	60	<i>modafinil</i>	67
<i>mesalamine er</i>	60	<i>moexipril hcl</i>	36
MESNEX	25	<i>molindone hydrochloride</i>	27
<i>metformin hydrochloride</i>	32	<i>mometasone furoate</i>	44
<i>metformin hydrochloride er</i>	32	<i>mometasone furoate</i>	64
<i>methadone hcl</i>	9	<i>mondoxyne nl</i>	14
<i>methadone hydrochloride</i>	9	<i>mono-lynyah</i>	53
<i>methadone hydrochloride intensol</i>	9	<i>mononessa</i>	53
<i>methazolamide</i>	64	<i>montelukast sodium</i>	65
<i>methenamine hippurate</i>	11	<i>morgidox 1x100mg</i>	14
<i>methimazole</i>	56	<i>morgidox 2x100mg</i>	14
<i>methocarbamol</i>	67	<i>morphine sulfate</i>	10
<i>methotrexate</i>	58	<i>morphine sulfate er</i>	9
<i>methotrexate sodium</i>	58	MOTEGRITY	46
<i>methsuximide</i>	15	MOUNJARO	33
<i>methyldopa</i>	36	<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	14
<i>methylphenidate hydrochloride</i>	41	<i>moxifloxacin hydrochloride</i>	14
<i>methylphenidate hydrochloride er</i>	41	<i>moxifloxacin hydrochloride</i>	63
<i>methylprednisolone</i>	50	MULTAQ	37
<i>methylprednisolone dose pack</i>	50	<i>mupirocin</i>	44
<i>metoclopramide hcl</i>	47	<i>mycophenolate mofetil</i>	58
<i>metoclopramide hydrochloride</i>	47	<i>mycophenolic acid dr</i>	58
<i>metolazone</i>	39	<i>myorisan</i>	43
<i>metoprolol succinate er</i>	37	MYRBETRIQ	49
<i>metoprolol tartrate</i>	37	NABI-HB	56
<i>metronidazole</i>	12	<i>nabumetone</i>	9
<i>metronidazole</i>	43	<i>nadolol</i>	37
<i>metronidazole vaginal</i>	12	<i>nafacillin sodium</i>	13
<i>metyrosine</i>	38	NAGLAZYME	48
<i>mexiletine hcl</i>	36	<i>naloxone hcl</i>	11
<i>microgestin 1.5/30</i>	52	<i>naloxone hydrochloride</i>	11
<i>microgestin 1/20</i>	52	<i>naltrexone hcl</i>	10
<i>microgestin fe 1.5/30</i>	52	NAMZARIC	16
<i>microgestin fe 1/20</i>	52	<i>naproxen</i>	9
<i>midodrine hcl</i>	36	<i>naproxen sodium</i>	9
<i>mifepristone</i>	50	<i>naratriptan hcl</i>	20
<i>miglustat</i>	48	NATACYN	63
<i>mili</i>	52	<i>nateglinide</i>	33
<i>mimvey</i>	52	NAYZILAM	15
<i>mimvey lo</i>	53	<i>nebivolol</i>	37
<i>minocycline hcl</i>	14	<i>nebivolol hydrochloride</i>	37
<i>minocycline hydrochloride</i>	14	<i>necon 0.5/35-28</i>	53
<i>minoxidil</i>	40	<i>necon 7/7/7</i>	53
<i>mirtazapine</i>	17		

Drug Name	Page #	Drug Name	Page #
<i>nefazodone hydrochloride</i>	18	<i>nortrel 1/35</i>	53
<i>neomycin sulfate</i>	11	<i>nortrel 7/7/7</i>	53
<i>neomycin/bacitracin/polymyxin</i>	62	<i>nortriptyline hcl</i>	18
<i>neomycin/polymyxin/bacitracin</i>	62	<i>nortriptyline hydrochloride</i>	18
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	62	NORVIR	31
<i>neomycin/polymyxin/dexamethasone</i>	62	NOVOLIN 70/30	34
<i>neomycin/polymyxin/gramicidin</i>	62	NOVOLIN 70/30 FLEXPEN	34
<i>neomycin/polymyxin/hc</i>	64	NOVOLIN 70/30 FLEXPEN RELION	34
<i>neomycin/polymyxin/hydrocortisone</i>	64	NOVOLIN 70/30 RELION	34
<i>neo-polycin</i>	62	NOVOLIN N	34
<i>neo-polycin hc</i>	62	NOVOLIN N FLEXPEN	34
NERLYNX	24	NOVOLIN N FLEXPEN RELION	34
NEULASTA	35	NOVOLIN N RELION	34
NEULASTA ONPRO KIT	35	NOVOLIN R	34
NEUPRO	26	NOVOLIN R FLEXPEN	34
<i>nevirapine</i>	30	NOVOLIN R FLEXPEN RELION	34
<i>nevirapine er</i>	30	NOVOLIN R RELION	34
NEXLETOL	40	NOVOLOG	34
NEXLIZET	40	NOVOLOG FLEXPEN	34
<i>niacin er</i>	40	NOVOLOG FLEXPEN RELION	34
NICOTROL NS	11	NOVOLOG MIX 70/30	34
<i>nifedipine er</i>	37	NOVOLOG MIX 70/30 PREFILLED	34
<i>nilutamide</i>	21	FLEXPEN	
<i>nimodipine</i>	37	NOVOLOG MIX 70/30 PREFILLED	34
NINLARO	22	FLEXPEN RELION	
<i>nitazoxanide</i>	26	NOVOLOG MIX 70/30 RELION	34
<i>nitisinone</i>	48	NOVOLOG PENFILL	34
NITRO-BID	40	NOVOLOG RELION	34
<i>nitrofurantoin macrocrystals</i>	12	<i>np thyroid 120</i>	55
<i>nitrofurantoin monohydrate</i>	12	<i>np thyroid 15</i>	55
<i>nitrofurantoin monohydrate/macrocrystals</i>	12	<i>np thyroid 30</i>	55
<i>nitroglycerin</i>	40	<i>np thyroid 60</i>	55
<i>nitroglycerin</i>	47	<i>np thyroid 90</i>	55
<i>nitroglycerin transdermal</i>	40	NUBEQA	21
NIVA THYROID	55	NUCALA	66
<i>nizatidine</i>	47	NUEDEXTA	41
<i>nora-be</i>	54	NUPLAZID	27
<i>norethindrone</i>	54	NURTEC	20
<i>norethindrone acetate</i>	54	NUTRILIPID	61
<i>norethindrone acetate/ethinyl estradiol</i>	53	<i>nyamyc</i>	20
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	53	<i>nylia 1/35</i>	53
<i>norgestimate/ethinyl estradiol</i>	53	<i>nylia 7/7/7</i>	53
<i>norlyda</i>	54	NYMALIZE	37
<i>norlyroc</i>	54	<i>nymyo</i>	53
<i>nortrel 0.5/35 (28)</i>	53	<i>nystatin</i>	20
		<i>nystatin/triamcinolone</i>	44
		<i>nystop</i>	20

Drug Name	Page #	Drug Name	Page #
OCREVUS	42	<i>orphenadrine citrate er</i>	67
<i>octreotide acetate</i>	56	ORSERDU	22
ODEFSEY	30	<i>orsythia</i>	53
ODOMZO	24	<i>oseltamivir phosphate</i>	31
OFEV	66	OSMOLEX ER	26
<i>ofloxacin</i>	63	OSPHENA	54
<i>ofloxacin</i>	64	OTEZLA	44
OGSIVEO	22	OTEZLA	57
OJJAARA	24	<i>oxacillin sodium</i>	13
<i>olanzapine</i>	27	<i>oxaprozin</i>	9
<i>olanzapine odt</i>	27	OXBRYTA	35
<i>olmesartan medoxomil</i>	36	<i>oxcarbazepine</i>	16
<i>olmesartan medoxomil/hydrochlorothiazide</i>	38	OXLUMO	62
<i>olopatadine hcl</i>	63	<i>oxybutynin chloride</i>	49
<i>olopatadine hydrochloride</i>	63	<i>oxybutynin chloride er</i>	49
<i>omega-3-acid ethyl esters</i>	40	<i>oxycodone hydrochloride</i>	10
<i>omeprazole</i>	48	<i>oxycodone/acetaminophen</i>	10
<i>omeprazole dr</i>	48	OZEMPIC	33
OMNIPOD 5 G6 INTRO KIT (GEN 5)	61	PACERONE	37
OMNIPOD 5 G6 PODS (GEN 5)	61	<i>paliperidone er</i>	28
OMNIPOD 5 G7 INTRO KIT (GEN 5)	61	PANRETIN	25
OMNIPOD 5 G7 PODS (GEN 5)	61	<i>pantoprazole sodium</i>	48
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	61	PANZYGA	56
OMNIPOD CLASSIC PODS (GEN 3)	61	<i>paricalcitol</i>	61
OMNIPOD DASH INTRO KIT (GEN 4)	61	<i>paroex</i>	42
OMNIPOD DASH PDM KIT (GEN 4)	62	<i>paromomycin sulfate</i>	11
OMNIPOD DASH PODS (GEN 4)	62	<i>paroxetine hcl</i>	18
<i>ondansetron hcl</i>	19	<i>paroxetine hydrochloride</i>	18
<i>ondansetron hydrochloride</i>	19	PASER	21
<i>ondansetron odt</i>	19	PAXLOVID	62
ONUREG	22	<i>pazopanib hydrochloride</i>	24
OPDUALAG	23	PEDIARIX	59
OPSUMIT	66	PEDVAX HIB	59
<i>oralone dental paste</i>	42	<i>peg 3350/electrolytes</i>	47
ORENCIA	57	<i>peg-3350/electrolytes</i>	47
ORENCIA	58	<i>peg-3350/nacl/na bicarbonate/kcl</i>	47
ORENCIA CLICKJECT	57	PEGANONE	16
ORENITRAM	66	PEGASYS	57
ORENITRAM TITRATION KIT MONTH 1	66	<i>pegylax</i>	46
ORENITRAM TITRATION KIT MONTH 2	66	PEMAZYRE	22
ORENITRAM TITRATION KIT MONTH 3	66	PENBRAYA	59
ORGOVYX	56	<i>penicillamine</i>	49
ORKAMBI	65	<i>penicillin g sodium</i>	13
		<i>penicillin v potassium</i>	13
		PENTACEL	59
		<i>pentamidine isethionate</i>	26
		<i>pentoxifylline er</i>	38

Drug Name	Page #	Drug Name	Page #
<i>perindopril erbumine</i>	36	<i>praziquantel</i>	25
<i>permethrin</i>	44	<i>prazosin hydrochloride</i>	36
<i>perphenazine</i>	27	<i>prednisolone</i>	50
PERSERIS	28	<i>prednisolone acetate</i>	63
<i>phenadoz</i>	19	<i>prednisolone sodium phosphate</i>	50
<i>phenelzine sulfate</i>	17	<i>prednisone</i>	50
<i>phenobarbital</i>	16	<i>pregabalin</i>	41
PHENYTEK	16	PREHEVBRIO	60
<i>phenytoin</i>	16	PREMARIN	53
<i>phenytoin infatabs</i>	16	<i>premium lidocaine</i>	10
<i>phenytoin sodium extended</i>	16	PREMPHASE	53
PHESGO	22	PREMPRO	53
<i>philith</i>	53	<i>prenatal</i>	46
PIFELTRO	30	<i>prevalite</i>	40
<i>pilocarpine hcl</i>	64	<i>previfem</i>	53
<i>pilocarpine hydrochloride</i>	42	PREVYMIS	29
<i>pimozide</i>	27	PREZCOBIX	31
<i>pimtree</i>	53	PREZISTA	31
<i>pindolol</i>	37	PRIFTIN	21
<i>pioglitazone hcl</i>	33	<i>primaquine phosphate</i>	26
<i>pioglitazone hcl/metformin hcl</i>	33	<i>primidone</i>	16
<i>pioglitazone hydrochloride</i>	33	PRIORIX	60
<i>piperacillin sodium/tazobactam sodium</i>	13	PRIVIGEN	56
PIQRAY 200MG DAILY DOSE	24	PROAIR RESPICLICK	65
PIQRAY 250MG DAILY DOSE	24	<i>probenecid</i>	20
PIQRAY 300MG DAILY DOSE	24	<i>probenecid/colchicine</i>	20
<i>pirfenidone</i>	66	<i>prochlorperazine</i>	19
<i>pirmella 1/35</i>	53	<i>prochlorperazine edisylate</i>	19
<i>pirmella 7/7/7</i>	53	<i>prochlorperazine maleate</i>	19
<i>piroxicam</i>	9	PROCRIT	35
<i>pitavastatin calcium</i>	39	<i>procto-med hc</i>	60
PLENAMINE	45	<i>proctosol hc</i>	60
<i>podofilox</i>	44	<i>proctozone-hc</i>	60
<i>polycin</i>	62	<i>progesterone</i>	54
<i>polymyxin b sulfate/trimethoprim sulfate</i>	62	PROGRAF	58
POMALYST	21	PROLASTIN-C	48
<i>portia-28</i>	53	PROLENSA	63
<i>posaconazole</i>	20	PROLIA	61
<i>posaconazole dr</i>	20	PROMACTA	35
<i>potassium chloride</i>	46	<i>promethazine hcl</i>	19
<i>potassium chloride er</i>	45	<i>promethazine hydrochloride</i>	19
<i>potassium chloride sr</i>	46	<i>promethazine hydrochloride plain</i>	19
<i>potassium citrate er</i>	46	<i>promethegan</i>	19
PRALUENT	40	<i>propafenone hcl</i>	37
<i>pramipexole dihydrochloride</i>	26	<i>propafenone hydrochloride er</i>	37
<i>prasugrel</i>	36	<i>propranolol hcl</i>	37
<i>pravastatin sodium</i>	39	<i>propranolol hcl er</i>	37

Drug Name	Page #	Drug Name	Page #
<i>propranolol hydrochloride</i>	37	RETEVMO	22
<i>propranolol hydrochloride er</i>	37	RETROVIR IV INFUSION	30
<i>propylthiouracil</i>	56	REVCOVI	48
PROQUAD	60	REVLIMID	21
<i>protriptyline hcl</i>	18	REXULTI	28
PULMOZYME	65	REYATAZ	31
PURIXAN	22	REZLIDHIA	24
<i>pyrazinamide</i>	21	REZUROCK	59
<i>pyridostigmine bromide</i>	21	RHOPRESSA	64
<i>pyrimethamine</i>	26	<i>ribavirin</i>	29
PYRUKYND	35	<i>rifabutin</i>	21
PYRUKYND TAPER PACK	35	<i>rifampin</i>	21
QINLOCK	21	<i>riluzole</i>	41
QUADRACEL	60	RINVOQ	57
<i>quetiapine fumarate</i>	28	<i>risedronate sodium</i>	61
<i>quetiapine fumarate er</i>	28	<i>risedronate sodium dr</i>	61
<i>quinapril hydrochloride</i>	36	RISPERDAL CONSTA	28
<i>quinapril/hydrochlorothiazide</i>	38	<i>risperidone</i>	28
<i>quinidine sulfate</i>	37	<i>risperidone er</i>	28
<i>quinine sulfate</i>	26	<i>risperidone odt</i>	28
QULIPTA	20	<i>ritonavir</i>	31
RABAVERT	60	<i>rivastigmine tartrate</i>	17
<i>rabeprazole sodium</i>	48	<i>rivastigmine transdermal system</i>	17
<i>raloxifene hydrochloride</i>	54	<i>rivelsa</i>	53
<i>ramelteon</i>	67	<i>rizatriptan benzoate</i>	20
<i>ramipril</i>	36	<i>rizatriptan benzoate odt</i>	20
<i>ranolazine er</i>	38	ROCKLATAN	62
<i>rasagiline mesylate</i>	26	<i>roflumilast</i>	66
RAYALDEE	61	ROLVEDON	35
REBETOL	29	<i>ropinirole er</i>	26
REBIF	42	<i>ropinirole hcl</i>	26
REBIF REBIDOSE	42	<i>ropinirole hydrochloride</i>	26
REBIF REBIDOSE TITRATION PACK	42	<i>rosadan</i>	43
REBIF TITRATION PACK	42	<i>rosuvastatin calcium</i>	39
RECOMBIVAX HB	60	ROTARIX	60
RECTIV	47	ROTATEQ	60
RELENZA DISKHALER	31	<i>roweepra</i>	15
RELISTOR	46	<i>roweepra xr</i>	15
REMICADE	58	ROZLYTREK	24
RENFLEXIS	58	RUBRACA	24
<i>repaglinide</i>	33	<i>rufinamide</i>	16
REPATHA	40	RUKOBIA	30
REPATHA PUSHTRONEX SYSTEM	40	RUXIENCE	25
REPATHA SURECLICK	40	RYBELSUS	33
RESTASIS	62	RYDAPT	24
RESTASIS MULTIDOSE	62	RYTARY	26
RETACRIT	35	<i>sajazir</i>	56

Drug Name	Page #	Drug Name	Page #
SANDIMMUNE	59	SOMAVERT	56
SANTYL	44	<i>sorafenib</i>	24
SAPHNELO	57	<i>sorafenib tosylate</i>	24
<i>sapropterin dihydrochloride</i>	48	<i>sorine</i>	37
SAVELLA	41	<i>sotalol hcl</i>	37
SAVELLA TITRATION PACK	41	<i>sotalol hydrochloride</i>	37
SCSEMBLIX	22	<i>sotalol hydrochloride (af)</i>	37
<i>scopolamine</i>	19	SPIRIVA HANDIHALER	65
SECUADO	28	SPIRIVA RESPIMAT	65
<i>selegiline hcl</i>	26	<i>spironolactone</i>	39
<i>selenium sulfide</i>	44	<i>spironolactone/hydrochlorothiazide</i>	38
SELZENTRY	30	SPRAVATO 56MG DOSE	17
SEREVENT DISKUS	65	SPRAVATO 84MG DOSE	17
<i>sertraline hcl</i>	18	<i>sprintec 28</i>	53
<i>sertraline hydrochloride</i>	18	SPRITAM	15
<i>setlakin</i>	53	SPRYCEL	24
<i>sevelamer carbonate</i>	46	<i>sps</i>	46
SFROWASA	60	<i>sronyx</i>	53
<i>sharobel</i>	54	<i>ssd</i>	44
SHINGRIX	60	STAMARIL	60
SIGNIFOR	56	<i>stavudine</i>	30
SIGNIFOR LAR	56	STELARA	57
<i>sildenafil citrate</i>	66	STIOLTO RESPIMAT	66
<i>silodosin</i>	49	STIVARGA	24
<i>silver sulfadiazine</i>	44	STRENSIQ	48
SIMBRINZA	62	<i>streptomycin sulfate</i>	11
<i>simliya</i>	53	STRIBILD	29
<i>simpepe</i>	53	<i>subvenite</i>	15
<i>simvastatin</i>	39	<i>subvenite starter kit/blue</i>	15
<i>sirolimus</i>	59	<i>subvenite starter kit/green</i>	15
SIRTURO	21	<i>subvenite starter kit/orange</i>	15
SKYCLARYS	62	SUCRAID	48
SKYRIZI	57	<i>sucrafate</i>	47
SKYRIZI PEN	57	<i>sulfacetamide sodium</i>	63
<i>sodium chloride</i>	46	<i>sulfacetamide sodium/prednisolone sodium</i>	62
<i>sodium chloride 0.45%</i>	46	<i>phosphate</i>	
<i>sodium chloride 0.9%</i>	62	<i>sulfadiazine</i>	14
<i>sodium oxybate</i>	67	<i>sulfamethoxazole/trimethoprim</i>	14
<i>sodium phenylbutyrate</i>	48	<i>sulfamethoxazole/trimethoprim ds</i>	14
<i>sodium polystyrene sulfonate</i>	46	<i>sulfasalazine</i>	60
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	47	<i>sulindac</i>	9
<i>sofosbuvir/velpatasvir</i>	29	<i>sumatriptan</i>	20
<i>solifenacin succinate</i>	49	<i>sumatriptan succinate</i>	20
SOLQUA 100/33	33	<i>sunitinib malate</i>	24
SOLTAMOX	22	SUNLENCA	30
SOMATULINE DEPOT	56	SUTAB	47
		SYMPAZAN	16

Drug Name	Page #	Drug Name	Page #
SYMTUZA	31	THALOMID	21
SYNAGIS	56	<i>theophylline er</i>	66
SYNJARDY	33	<i>thioridazine hcl</i>	27
SYNJARDY XR	33	<i>thiothixene</i>	27
SYNRIBO	22	THYROID	55
SYNTHROID	55	THYROLAR-1	55
TABLOID	22	THYROLAR-1/2	55
TABRECTA	21	THYROLAR-1/4	55
<i>tacrolimus</i>	44	THYROLAR-2	55
<i>tacrolimus</i>	59	THYROLAR-3	55
<i>tadalafil</i>	49	<i>tiadylt er</i>	38
<i>tadalafil</i>	66	<i>tiagabine hydrochloride</i>	16
TAFINLAR	24	TIBSOVO	25
TAGRISSE	24	TICOVAC	60
TALZENNA	25	<i>timolol maleate</i>	63
<i>tamoxifen citrate</i>	22	<i>tinidazole</i>	12
<i>tamsulosin hydrochloride</i>	49	<i>tiotropium bromide</i>	65
<i>tarina fe 1/20</i>	53	TIVICAY	29
<i>tarina fe 1/20 eq</i>	53	TIVICAY PD	29
TASIGNA	25	<i>tizanidine hcl</i>	28
<i>tazarotene</i>	43	<i>tizanidine hydrochloride</i>	28
TAZICEF	12	TOBI PODHALER	65
<i>taztia xt</i>	38	TOBRADEX	62
TAZVERIK	22	TOBRADEX ST	62
TDVAX	60	<i>tobramycin</i>	63
TEFLARO	12	<i>tobramycin</i>	66
TEGSEDI	48	<i>tobramycin sulfate</i>	11
<i>telmisartan</i>	36	<i>tobramycin/dexamethasone</i>	62
<i>telmisartan/hydrochlorothiazide</i>	39	<i>tolazamide</i>	33
<i>temazepam</i>	67	<i>tolterodine tartrate</i>	49
TEMIXYS	30	<i>tolterodine tartrate er</i>	49
TENIVAC	60	<i>topiramate</i>	15
<i>tenofovir disoproxil fumarate</i>	30	<i>toremifene citrate</i>	22
TEPMETKO	25	<i>torse mide</i>	39
<i>terazosin hcl</i>	36	TOUJEO MAX SOLOSTAR	34
<i>terazosin hydrochloride</i>	36	TOUJEO SOLOSTAR	34
<i>terbinafine hcl</i>	20	TRADJENTA	33
<i>terconazole</i>	20	<i>tramadol hydrochloride</i>	10
<i>teriparatide</i>	61	<i>tramadol hydrochloride/acetaminophen</i>	10
<i>testosterone</i>	50	<i>trandolapril</i>	36
<i>testosterone cypionate</i>	50	<i>trandolapril/verapamil hcl er</i>	39
<i>testosterone enanthate</i>	50	<i>tranexamic acid</i>	35
<i>testosterone pump</i>	50	<i>transylcypromine sulfate</i>	17
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT	60	TRAZIMERA	25
<i>tetrabenazine</i>	41	<i>trazodone hydrochloride</i>	18
<i>tetracycline hydrochloride</i>	14	TRECTOR	21
		TRELEGY ELLIPTA	67

Drug Name	Page #	Drug Name	Page #
TRELSTAR MIXJECT	56	TYBOST	31
TRESIBA	34	TYMLOS	61
TRESIBA FLEXTOUCH	34	TYPHIM VI	60
<i>tretinoin</i>	25	TYRVAYA	62
<i>tretinoin</i>	43	TYSABRI	42
<i>tri femynor</i>	53	UBRELVY	20
<i>triamcinolone acetonide</i>	44	UDENYCA	35
<i>triamcinolone acetonide</i>	50	UDENYCA ONBODY	35
<i>triamcinolone acetonide dental paste</i>	42	<i>ulticare micro pen needles/32g x 5/32"</i>	62
<i>triamterene/hydrochlorothiazide</i>	39	<i>unifine pentips 32gx6mm</i>	62
<i>triderm</i>	44	UNITHROID	55
<i>trientine hydrochloride</i>	46	<i>urea</i>	44
<i>tri-estarylla</i>	53	<i>ursodiol</i>	47
<i>trifluoperazine hcl</i>	27	<i>valacyclovir hydrochloride</i>	31
<i>trifluoperazine hydrochloride</i>	27	VALCHLOR	21
<i>trifluridine</i>	63	<i>valganciclovir</i>	29
<i>trihexyphenidyl hydrochloride</i>	26	<i>valganciclovir hydrochloride</i>	29
TRIJARDY XR	33	<i>valproic acid</i>	32
TRIKAFTA	66	<i>valsartan</i>	36
<i>tri-lynyah</i>	53	<i>valsartan/hydrochlorothiazide</i>	39
<i>trilyte</i>	47	VALTOCO 10 MG DOSE	16
<i>trimethoprim</i>	12	VALTOCO 15 MG DOSE	16
<i>tri-mili</i>	53	VALTOCO 20 MG DOSE	16
<i>trimipramine maleate</i>	18	VALTOCO 5 MG DOSE	16
<i>trinessa</i>	54	<i>vancomycin hcl</i>	12
TRINTELLIX	18	<i>vancomycin hydrochloride</i>	12
<i>tri-nymyo</i>	53	VANFLYTA	25
<i>tri-previfem</i>	53	VAQTA	60
TRIPTODUR	56	<i>varenicline starting month box</i>	11
<i>tri-sprintec</i>	54	<i>varenicline tartrate</i>	11
TRIUMEQ	30	VARIVAX	60
TRIUMEQ PD	30	VARIZIG	56
<i>trivora-28</i>	54	VAXELIS	60
<i>tri-vylibra</i>	54	VELPHORO	46
TRIZIVIR	30	VELTASSA	46
TROGARZO	31	VENCLEXTA	25
<i>tropium chloride</i>	49	VENCLEXTA STARTING PACK	25
<i>tropium chloride er</i>	49	<i>venlafaxine hydrochloride</i>	18
TRULICITY	33	<i>venlafaxine hydrochloride er</i>	18
TRUMENBA	60	VENTAVIS	66
TRUQAP	25	VEOPOZ	57
TRUSELTIQ	22	<i>verapamil hcl</i>	38
TUKYSA	22	<i>verapamil hcl er</i>	38
<i>tulana</i>	54	<i>verapamil hcl sr</i>	38
TURALIO	25	<i>verapamil hydrochloride</i>	38
<i>turqoz</i>	54	<i>verapamil hydrochloride er</i>	38
TWINRIX	60	VERQUVO	40

Drug Name	Page #	Drug Name	Page #
VERSACLOZ	28	XELJANZ XR	57
VERZENIO	25	XEMBIFY	56
V-GO 20	62	XERMELO	47
V-GO 30	62	XGEVA	61
V-GO 40	62	XIFAXAN	47
<i>vicodin hp</i>	10	XIGDUO XR	33
VIDEX EC	30	XIIDRA	62
VIDEX PEDIATRIC	30	XOFLUZA	31
<i>vienva</i>	54	XOLAIR	57
<i>vigabatrin</i>	16	XOSPATA	25
<i>vigadrone</i>	16	XPOVIO	23
<i>vigpoder</i>	16	XPOVIO 100 MG ONCE WEEKLY	23
VIIBRYD STARTER PACK	18	XPOVIO 40 MG ONCE WEEKLY	23
<i>vilazodone hydrochloride</i>	18	XPOVIO 40 MG TWICE WEEKLY	23
VIMIZIM	48	XPOVIO 60 MG ONCE WEEKLY	23
<i>viorele</i>	54	XPOVIO 60 MG TWICE WEEKLY	23
VIRACEPT	31	XPOVIO 80 MG ONCE WEEKLY	23
VIREAD	30	XPOVIO 80 MG TWICE WEEKLY	23
VISTOGARD	62	XTAMPZA ER	9
VITRAKVI	25	XTANDI	21
VIVITROL	10	<i>yargesa</i>	48
VIZIMPRO	25	YF-VAX	60
VOCABRIA	29	YUFLYMA	59
<i>volnea</i>	54	YUFLYMA 1-PEN KIT	59
VONJO	22	YUFLYMA 2-PEN KIT	59
<i>voriconazole</i>	20	YUFLYMA 2-SYRINGE KIT	59
VOSEVI	29	YUFLYMA CD/UC/HS STARTER	59
VOTRIENT	25	YUPELRI	65
VOWST	47	<i>yuvafem</i>	54
VRAYLAR	28	<i>zafirlukast</i>	65
VUMERITY	42	<i>zaleplon</i>	67
<i>vyfemla</i>	54	ZARXIO	35
VYJUVEK	62	ZEJULA	25
<i>vylibra</i>	54	ZELBORAF	25
VYNDAMAX	39	<i>zenatane</i>	43
VYVGART HYTRULO	57	ZENPEP	49
VYZULTA	64	ZEPOSIA	42
<i>warfarin sodium</i>	35	ZEPOSIA 7-DAY STARTER PACK	42
WELIREG	25	ZEPOSIA STARTER KIT	42
<i>wera</i>	54	<i>zidovudine</i>	30
<i>wixela inhub</i>	67	<i>ziprasidone hcl</i>	28
XALKORI	25	<i>ziprasidone mesylate</i>	28
XARELTO	35	ZIRGAN	63
XARELTO STARTER PACK	35	ZOKINVY	49
XATMEP	59	ZOLINZA	23
XCOPRI	15	<i>zolmitriptan</i>	20
XELJANZ	57	<i>zolpidem tartrate</i>	67

Drug Name	Page #
<i>zolpidem tartrate er</i>	67
ZONISADE	16
<i>zonisamide</i>	16
<i>zovia 1/35</i>	54
<i>zovia 1/35e</i>	54
ZTALMY	41
ZURZUVAE	17
ZYDELIG	25
ZYKADIA	25
ZYLET	63
ZYPREXA RELPREVV	28

This formulary was updated on 03/01/2024. For more recent information or other questions, please contact Baylor Scott & White Health Plan Customer Service at 1-866-334-3141 (TT: 711). Covenant Health Advantage members may contact Baylor Scott & White Health Plan Customer service at 1-833-442-2405 (TTY: 711); October 1 through March 31 from 7 a.m. – 8 p.m., seven days a week (excluding major holidays); and April 1 through September 30 from 7 a.m. – 8 p.m., Monday through Friday (excluding major holidays); or visit [BSWHealthPlan.com/Medicare](https://www.bswhealthplan.com/medicare).

Contract: H2032, H8142, H4943



Multi-Language
Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-334-3141. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-334-3141. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-334-3141。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-334-3141。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-334-3141. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-334-3141. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-334-3141 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-334-3141. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-334-3141 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-334-3141. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية 1-866-334-3141 فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-334-3141 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-334-3141. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-334-3141. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-334-3141. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-334-3141. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-334-3141 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



Nondiscrimination Notice

Baylor Scott & White Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Baylor Scott & White Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Baylor Scott & White Health Plan:

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

If you need these services, contact the Baylor Scott & White Health Plan Compliance Officer at 1-214-820-8888 or send an email to HPCompliance@BSWHealth.org.

If you believe that Baylor Scott & White Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Baylor Scott & White Health Plan, Compliance Officer
1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report?cid=swhp>

You can file a grievance in person or by mail, online, or email. If you need help filing a grievance, the Compliance Officer is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509E, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

Our mission

Founded as a Christian ministry of healing more than 100 years ago, Baylor Scott & White Health promotes the well-being of all individuals, families and communities.

