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Tufts Medicare Preferred HMO 2024 Formulary (List of Covered Drugs)

Tufts Medicare Preferred HMO Plans

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

24517 Version 20

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.thpmp.org**.

Tufts Medicare Preferred HMO 2024 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of December 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, 2025, and from time to time during the year.

What is the Tufts Medicare Preferred HMO Formulary?

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

Can the Formulary (drug list) change?

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

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

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

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled *“How do I request an exception to the Tufts Medicare Preferred HMO Formulary?”*
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled *“How do I request an exception to the Tufts Medicare Preferred HMO 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 December 2024. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 66. 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?

Tufts Medicare Preferred HMO 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:** Tufts Medicare Preferred HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

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

You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?”* on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?

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

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

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

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

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

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

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

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

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

when special circumstances warrant. You can request a temporary prescription fill by calling the Tufts Medicare Preferred HMO Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 66.

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

The information in the Requirements/Limits column tells you if Tufts Medicare Preferred HMO has any special requirements for coverage of your drug.

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Smart Saver Rx, HMO Saver Rx, HMO Basic Rx, and HMO Basic No Rx members

QL: Quantity Limit Applies

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

EC: Enhanced Coverage Drug

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance for Tufts Medicare Preferred HMO Smart Saver Rx, HMO Saver Rx, HMO Basic Rx, and HMO Basic No Rx members. For more information, please call Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday - Friday from April 1 to September 30, or visit www.thpmp.org.

PA: Prior Authorization Required

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

PA NSO: Prior Authorization for New Starts Only:

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

ST: Step Therapy Prior Authorization Applies

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

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

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

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

NEDS: Non-extended Day Supply Drug

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

SP: Available Through a Designated Special Pharmacy Provider

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

Optum Specialty Pharmacy: **1-844-265-1705**

Additional coverage

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

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

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

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

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

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

Prescription Drug Benefits: Deductible (for Part D prescription drugs)	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic No Rx	Tufts Medicare Preferred HMO Basic Rx
Deductible	This plan does not have a deductible.	\$250 per year for your Tier 3, Tier 4, and Tier 5 drugs	This plan does not cover Part D prescription drugs	\$225 per year for your Tier 3, Tier 4, and Tier 5 drugs

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic No Rx	Tufts Medicare Preferred HMO Basic Rx
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.	<p>You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>After you pay your yearly deductible of \$250 for Tier 3, Tier 4, and Tier 5 drugs, you pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	This plan does not cover Part D prescription drugs	<p>After you pay your yearly deductible of \$225 for Tier 3, Tier 4, and Tier 5 drugs, you pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx			Tufts Medicare Preferred HMO Saver Rx			Tufts Medicare Preferred HMO Basic Rx		
	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Retail Cost Sharing—Preferred Pharmacy									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$2	\$4	\$6	\$4	\$8	\$12	\$4	\$8	\$12
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	29% of the cost	N/A	N/A	29% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A

Tufts Medicare Preferred HMO Value No Rx	Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime No Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
This plan does not cover Part D prescription drugs	This plan does not have a deductible.	This plan does not cover Part D prescription drugs	This plan does not have a deductible	

Tufts Medicare Preferred HMO Value No Rx	Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime No Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
This plan does not cover Part D prescription drugs	<p>You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	This plan does not cover Part D prescription drugs	<p>You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	

Tufts Medicare Preferred HMO Value Rx			Tufts Medicare Preferred HMO Prime Rx			Tufts Medicare Preferred HMO Prime Rx Plus		
Retail Cost Sharing—Preferred Pharmacy								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$0	\$0	\$0	N/A	N/A	N/A	N/A	N/A	N/A
\$4	\$8	\$12	N/A	N/A	N/A	N/A	N/A	N/A
\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	N/A	N/A	N/A	N/A	N/A	N/A
\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	N/A	N/A	N/A	N/A	N/A	N/A
33% of the cost	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Prescription Drug Benefits: Initial Coverage	Tufts Medicare Preferred HMO Smart Saver Rx			Tufts Medicare Preferred HMO Saver Rx			Tufts Medicare Preferred HMO Basic Rx		
Retail Cost Sharing—Non-Preferred Pharmacy									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$14	\$28	\$42	\$14	\$28	\$42	\$14	\$28	\$42
Tier 2 (Generic)	\$19	\$38	\$57	\$19	\$38	\$57	\$19	\$38	\$57
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	29% of the cost	N/A	N/A	29% of the cost	N/A	N/A
Tier 6 (Vaccines)	\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A
Mail Order Cost Sharing									
Tier	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$2	\$4	\$4	\$4	\$8	\$8	\$4	\$8	\$8
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	29% of the cost	N/A	N/A	29% of the cost	N/A	N/A
Tier 6 (Vaccines)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	<p>If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>			<p>If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your Tier 1, Tier 2, Tier 6, and insulin drugs, and you pay your share of the cost. After you have met your annual \$250 Tier 3, Tier 4, and Tier 5 deductible, the plan pays its share of the cost of your Tier 3, Tier 4, and Tier 5 drugs, and you pay your share.</p>					

Tufts Medicare Preferred HMO Value Rx			Tufts Medicare Preferred HMO Prime Rx			Tufts Medicare Preferred HMO Prime Rx Plus		
Retail Cost Sharing—Non-Preferred Pharmacy								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$14	\$28	\$42	\$4	\$8	\$12	\$2	\$4	\$6
\$19	\$38	\$57	\$8	\$16	\$24	\$4	\$8	\$12
\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	\$45 (Insulin: \$35)	\$90 (Insulin: \$70)	\$135 (Insulin: \$105)	\$30	\$60	\$90
\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$80 (Insulin: \$35)	\$160 (Insulin: \$70)	\$240 (Insulin: \$105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
\$0	N/A	N/A	\$0	N/A	N/A	\$0	N/A	N/A
Mail Order Cost Sharing								
30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply	30-day supply	60-day supply	90-day supply
\$0	\$0	\$0	\$4	\$8	\$8	\$2	\$4	\$4
\$4	\$8	\$8	\$8	\$16	\$16	\$4	\$8	\$8
\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)	\$45 (Insulin: \$35)	\$90 (Insulin: \$70)	\$90 (Insulin: \$70)	\$30	\$60	\$60
\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	\$80 (Insulin: \$35)	\$160 (Insulin: \$70)	\$240 (Insulin: \$105)
33% of the cost	N/A	N/A	33% of the cost	N/A	N/A	33% of the cost	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<p>If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>			<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>			<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>		

Prescription Drug Benefits: Coverage Gap	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic Rx
	<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay \$35 for a 30-day supply of covered insulin and nothing for covered Tier 6 vaccine drugs obtained through a retail pharmacy, 25% of the plan’s cost for covered brand name drugs, and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		

Prescription Drug Benefits: Catastrophic Coverage	Tufts Medicare Preferred HMO Smart Saver Rx	Tufts Medicare Preferred HMO Saver Rx	Tufts Medicare Preferred HMO Basic Rx
	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.</p>		

Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay \$35 for a 30-day supply of covered insulin and nothing for covered Tier 6 vaccine drugs obtained through a retail pharmacy, 25% of the plan’s cost for covered brand name drugs, and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>		<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay nothing for covered Tier 6 vaccine drugs obtained through a retail pharmacy, and your cost share for Tier 3, Tier 4, and Tier 5 drugs will be 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs (note: you will pay \$35 for a 30-day supply of covered Tier 3 and Tier 4 insulin). The table below shows your cost share for Tier 1 and Tier 2 drugs during this stage. You stay in this stage until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>

Retail Cost Sharing			
Drug covered	30-day supply	60-day supply	90-day supply
Tier 1 (Preferred Generic)			
All	\$2	\$4	\$6
Tier 2 (Generic)			
All	\$4	\$8	\$12
Mail Order Cost Sharing			
Tier 1 (Preferred Generic)			
All	\$2	\$4	\$4
Tier 2 (Generic)			
All	\$4	\$8	\$8

Tufts Medicare Preferred HMO Value Rx	Tufts Medicare Preferred HMO Prime Rx	Tufts Medicare Preferred HMO Prime Rx Plus
<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.</p>		

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Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs</i>	3	
Antibacterials		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	HI
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	4	HI
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE	5	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
AVYCAZ	5	NEDS; HI
<i>azithromycin tabs</i>	1	
<i>azithromycin pack, susr</i>	2	
<i>azithromycin inj 500mg</i>	2	HI
<i>aztreonam inj 1gm</i>	2	HI
<i>aztreonam inj 2gm</i>	5	NEDS; HI
BAXDELA TABS	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA; NEDS
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr, tabs</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	HI
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	2	HI
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	2	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	HI
<i>cefdinir</i>	2	
<i>cefepime</i>	4	HI
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose</i>	4	HI
<i>cefixime</i>	3	
<i>cefotetan inj 1gm, 2gm</i>	2	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>cefpodoxime proxetil susr</i>	3	
<i>cefpodoxime proxetil tabs 100mg</i>	2	
<i>cefpodoxime proxetil tabs 200mg</i>	3	
<i>cefprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	2	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	HI
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	HI
<i>cephalexin caps</i>	1	
<i>cephalexin susr, tabs</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	2	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	2	
<i>clarithromycin susr</i>	3	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	3	
<i>clindamycin phosphate/dextrose</i>	2	HI
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml, 900mg/6ml</i>	2	HI
<i>colistimethate sodium inj</i>	5	NEDS; HI
DALVANCE	3	HI
<i>daptomycin</i>	5	NEDS; HI
<i>daptomycin/sodium chloride</i>	4	HI
<i>demeclocycline hcl tabs</i>	4	
<i>dicloxacillin sodium</i>	3	
DIFICID	5	NEDS
DOXY 100	3	HI
<i>doxycycline</i>	3	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	3	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	2	
<i>doxycycline hyclate tabs</i>	2	
<i>doxycycline hyclate inj</i>	3	HI
<i>doxycycline monohydrate caps, tabs</i>	1	
<i>ertapenem</i>	4	HI
<i>ertapenem sodium</i>	4	HI
<i>erythromycin base tabs</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr cpep</i>	2	
<i>erythromycin dr tbec</i>	3	
<i>erythromycin ethylsuccinate susr, tabs</i>	2	
FIRVANQ	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	HI
<i>gentamicin sulfate inj 40mg/ml</i>	4	HI
<i>imipenem/cilastatin</i>	2	HI
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	HI
<i>levofloxacin in d5w</i>	2	HI
<i>levofloxacin inj 25mg/ml</i>	2	HI
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	4	
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	2	HI
<i>meropenem</i>	4	HI
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>mondoxyne nl caps 100mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>nafticillin sodium inj 10gm, 1gm, 2gm</i>	2	HI
<i>neomycin sulfate tabs</i>	1	
NUZYRA TABS	5	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium</i>	5	NEDS; HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
SIVEXTRO TABS	5	NEDS
<i>streptomycin sulfate inj 1gm</i>	2	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tabs</i>	1	
<i>sulfamethoxazole/trimethoprim susp</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	4	HI
TEFLARO	5	NEDS; HI

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hydrochloride caps</i>	3	
TOBI PODHALER	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	HI
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 0.9%; 1gm/200ml</i>	2	HI
<i>vancomycin hcl inj 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps</i>	3	
<i>vancomycin hydrochloride oral solr</i>	4	
<i>vancomycin hydrochloride inj 1.75gm, 2gm</i>	4	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	HI
VIBRAMYCIN SYRP	4	
XENLETA TABS	5	NEDS
XIFAXAN TABS 200MG	4	
XIFAXAN TABS 550MG	5	PA; NEDS
ZERBAXA	5	NEDS; HI
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	HI
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>casposfungin acetate inj 70mg</i>	4	
<i>casposfungin acetate inj 50mg</i>	5	NEDS
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize susp</i>	2	
<i>griseofulvin microsize tabs</i>	3	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	3	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	3	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin inj 100mg</i>	3	
<i>micafungin inj 50mg</i>	5	NEDS
NOXAFIL PACK, SUSP	5	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	1	QL(42 EA per 42 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
<i>voriconazole inj</i>	5	PA; NEDS
Antimycobacterials		
<i>dapsone tabs</i>	4	
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	1	
<i>isoniazid syrp</i>	2	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	4	
<i>rifabutin</i>	3	
<i>rifampin inj</i>	2	
<i>rifampin caps</i>	3	
SIRTURO	5	PA; NEDS
TRECTOR	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	4	
<i>atovaquone susp</i>	5	NEDS
BENZNIDAZOLE	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	5	NEDS
<i>mefloquine hcl</i>	2	
<i>metronidazole caps 375mg</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	HI
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	3	
<i>paromomycin sulfate caps</i>	2	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	5	NEDS
<i>quinine sulfate caps 324mg</i>	4	PA
SOLOSEC	4	
<i>tinidazole tabs</i>	2	
Antivirals		
<i>abacavir</i>	3	
<i>abacavir sulfate/lamivudine</i>	3	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	4	PA
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	3	
<i>acyclovir tabs 400mg, 800mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil</i>	4	
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
BIKTARVY	5	NEDS
<i>cidofovir</i>	5	NEDS
CIMDUO	5	NEDS
COMPLERA	5	NEDS
<i>darunavir</i>	5	NEDS
DELSTRIGO	3	
DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT	5	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz caps</i>	3	
<i>efavirenz tabs</i>	4	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	4	
EPCLUSA	5	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	3	
<i>etravirine tabs 200mg</i>	5	NEDS
EVOTAZ	5	NEDS
<i>famciclovir tabs</i>	3	
<i>fosamprenavir calcium</i>	5	NEDS
FUZEON	5	NEDS
GENVOYA	5	NEDS
HARVONI PACK	5	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	5	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
LAGEVRIO	3	QL(40 EA per 5 days)
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP	3	
LIVTENCITY	5	PA; NEDS
<i>lopinavir/ritonavir soln</i>	3	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
MAVYRET	5	PA; NEDS; SP-Optum Specialty
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
NORVIR PACK, SOLN	3	
ODEFSEY	5	NEDS
<i>oseltamivir phosphate caps, susr</i>	1	
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
PEGASYS	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	5	NEDS
PREVYMIS TABS	5	PA; NEDS
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	NEDS
RELENZA DISKHALER	3	
REYATAZ PACK	5	NEDS
<i>ribavirin caps</i>	2	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	2	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	2	
<i>ritonavir</i>	3	
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	NEDS
STRIBILD	5	NEDS
SUNLENCA TBPK	5	NEDS
SYMTUZA	5	NEDS
TEMIXYS	5	NEDS
<i>tenofovir disoproxil fumarate</i>	3	
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
TRIUMEQ	5	NEDS
TRIUMEQ PD	5	NEDS
TRIZIVIR	5	NEDS
<i>valacyclovir hydrochloride tabs 500mg</i>	2	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
<i>bortezomib inj 1mg, 2.5mg</i>	4	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	5	NEDS
BOSULIF CAPS 50MG	5	PA NSO; NEDS
BOSULIF CAPS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO; NEDS
CABOMETYX	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	5	PA NSO; NEDS
CALQUENCE CAPS	5	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	3	PA BvD
<i>cyclophosphamide caps</i>	3	PA BvD; SP-Optum Specialty
DARZALEX	5	NEDS
<i>dasatinib</i>	5	PA NSO; NEDS
DAURISMO	5	PA NSO; NEDS; SP-Optum Specialty
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
DROXIA	3	
EMCYT	3	
ERIVEDGE	5	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	5	PA NSO; NEDS
<i>flutamide</i>	2	
FOTIVDA	5	PA NSO; NEDS
FRUZAQLA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS
IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	5	PA NSO; NEDS
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	5	PA NSO; NEDS
JYLAMVO	4	PA BvD
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
KYPROLIS	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	5	PA NSO; NEDS
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	5	PA NSO; NEDS
MATULANE	5	NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	5	PA NSO; NEDS
OJEMDA	5	PA NSO; NEDS
OJJAARA	5	PA NSO; NEDS
ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	5	NEDS
ORSERDU	5	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO; NEDS
RETEVMO CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	5	PA NSO; NEDS
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS
REVLIMID	5	PA NSO; NEDS
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK PACK	5	PA NSO; NEDS
ROZLYTREK CAPS	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUQAP	5	PA NSO; NEDS
TRUSELTIQ	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VANFLYTA	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
VORANIGO TABS 40MG	5	PA NSO; NEDS
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
VOTRIENT	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	5	PA NSO; NEDS
XALKORI CPSP	5	PA NSO; NEDS
XALKORI CAPS	5	PA NSO; NEDS; SP-Optum Specialty
XATMEP	4	PA BvD
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
YERVOY	5	NEDS
YONSA	5	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
CUVITRU	5	PA BvD; NEDS
FLEBOGAMMA DIF	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID	5	PA BvD; NEDS; HI
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMUNEX-C	5	PA BvD; NEDS; HI
HIZENTRA	5	PA BvD; NEDS
OCTAGAM	5	PA BvD; NEDS; HI
PANZYGA	5	PA BvD; NEDS; HI
PRIVIGEN	5	PA BvD; NEDS; HI
VARIZIG INJ 125UNIT/1.2ML	6	
<i>Toxoids</i>		
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
<i>Vaccines</i>		
ABRYSSVO	6	
ACTHIB	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
DENGVAXIA	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXCHIQ	6	
IXIARO	6	
JYNNEOS	6	
M-M-R II	6	

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Drug Name	Drug Tier	Requirements/Limits
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
MRESVIA	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENBRAYA	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
VAXCHORA	6	
YF-VAX	6	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	3	QL(180 EA per 90 days)
ATROVENT HFA	3	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps</i>	1	
<i>dicyclomine hydrochloride tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
YUPELRI	5	PA BvD; NEDS

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Drug Name	Drug Tier	Requirements/Limits
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	3	QL(60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs</i>	3	
<i>cevimeline hydrochloride</i>	3	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	3	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide tabs</i>	2	
<i>galantamine hydrobromide soln</i>	3	
<i>pilocarpine hydrochloride</i>	2	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide tabs</i>	2	
<i>pyridostigmine bromide soln</i>	3	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	3	
Skeletal Muscle Relaxants		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs</i>	3	
<i>dantrolene sodium caps</i>	2	
<i>tizanidine hcl caps 4mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	3	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Smoking Cessation Agents		
<i>varenicline tartrate tabs 1mg</i>	3	QL(60 EA per 30 days)
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>ergoloid mesylates tabs</i>	2	
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	2	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate syrp</i>	1	
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
<i>droxidopa</i>	5	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(3 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD
<i>levalbuterol hcl nebu</i>	2	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	2	PA BvD
<i>midodrine hcl</i>	2	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>terbutaline sulfate tabs</i>	2	
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Blood Formation,Coagulation & Thrombosis		
<i>Antihemorrhagic Agents</i>		
<i>aminocaproic acid</i>	2	
<i>tranexamic acid</i>	2	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride</i>	2	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	3	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium</i>	2	
<i>heparin sodium/d5w</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>jantoven</i>	1	
<i>prasugrel hydrochloride</i>	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
<i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i>		
OXBRYTA	5	NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
TAVALISSE	5	QL(60 EA per 30 days); NEDS
<i>Hematopoietic Agents</i>		
DOPTELET	5	PA; NEDS; SP-Optum Specialty
MOZOBIL	5	NEDS
NEULASTA	5	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	5	NEDS
<i>plerixafor</i>	5	NEDS
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA ONBODY	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty
ZIEXTENZO	5	NEDS; SP-Optum Specialty
<i>Hemorrhologic Agents</i>		
<i>pentoxifylline er</i>	2	
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
CARDURA XL	4	
<i>doxazosin mesylate</i>	1	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<i>Antilipemic Agents</i>		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	3	
<i>cholestyramine pack, powd</i>	3	
<i>colesevelam hydrochloride tabs</i>	3	
<i>colesevelam hydrochloride pack</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl gran, pack</i>	2	
<i>colestipol hcl tabs</i>	3	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibrate tabs 120mg, 40mg</i>	3	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>icosapent ethyl</i>	4	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NEDS
LIVALO	3	
<i>lovastatin tabs</i>	1	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	2	
<i>pitavastatin calcium</i>	1	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	4	
<i>beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	3	
<i>metoprolol/hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tabs</i>	2	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er</i>	3	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	3	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
<i>sorine</i>	2	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	1	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er</i>	2	
<i>diltiazem hydrochloride tabs</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	2	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	2	
<i>trandolapril/verapamil hcl er</i>	1	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tbcr</i>	1	
<i>verapamil hydrochloride er cp24</i>	3	
<i>verapamil hydrochloride tabs</i>	1	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs 200mg</i>	2	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	3	
CAMZYOS	5	QL(30 EA per 30 days); PA; NEDS
CORLANOR	4	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	4	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>ivabradine hydrochloride</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	4	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine gluconate cr</i>	3	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
Hypotensive Agents		
<i>clonidine</i>	3	
<i>clonidine hydrochloride</i>	1	
<i>clonidine hydrochloride er</i>	3	
<i>hydralazine hcl</i>	1	
<i>hydralazine hydrochloride</i>	1	
<i>minoxidil</i>	1	
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tabs</i>	1	
ENTRESTO	3	
<i>eplerenone</i>	2	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	1	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	5	PA; NEDS; SP-Optum Specialty
<i>dipyridamole tabs</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	3	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>varденаfil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<i>varденаfil hydrochloride tabs</i>	2	QL(4 EA per 30 days); EC

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Drug Name	Drug Tier	Requirements/Limits
VERQUVO	4	
Central Nervous System Agents		
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL(4 EA per 28 days)
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	
<i>celecoxib caps 400mg</i>	3	
<i>codeine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	4	
<i>diflunisal tabs 500mg</i>	3	
<i>ec-naproxen tbec 500mg</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>etodolac er</i>	3	
<i>etodolac tabs</i>	2	
<i>etodolac caps</i>	3	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	3	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	3	QL(30 EA per 30 days)
<i>ibu</i>	1	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg, 50mg</i>	2	
LAZANDA SOLN 400MCG/ACT	5	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	5	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	5	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	4	
<i>mefenamic acid caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	2	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	QL(600 ML per 30 days)
<i>morphine sulfate er cp24</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 15mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	2	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	2	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium cr tb24 375mg</i>	4	
<i>naproxen sodium er tb24 375mg, 750mg</i>	4	
<i>naproxen sodium er tb24 500mg</i>	5	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp</i>	3	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	2	
<i>oxaprozin tabs</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	2	QL(240 EA per 30 days)

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<i>oxycodone hydrochloride soln</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	2	QL(60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
<i>salsalate tabs</i>	2	
SUBSYS	5	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	3	
<i>lisdexamfetamine dimesylate</i>	3	PA
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	3	
<i>methylphenidate hydrochloride er (la)</i>	3	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	3	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	3	
<i>methylphenidate hydrochloride er tb24, tbc</i>	3	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>methylphenidate hydrochloride chew</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tabs</i>	2	PA
SUNOSI	4	PA
VYVANSE	4	PA
Anticonvulsants		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine chew 100mg</i>	2	
<i>carbamazepine tabs</i>	1	
<i>carbamazepine susp</i>	4	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	3	
<i>clonazepam tabs</i>	1	
DIACOMIT	5	PA NSO; NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr tbec</i>	2	
<i>divalproex sodium er</i>	3	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	1	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide soln</i>	2	
<i>ethosuximide caps</i>	3	
<i>felbamate susp</i>	2	
<i>felbamate tabs</i>	3	
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide inj, oral soln</i>	4	
<i>lacosamide tabs 50mg</i>	3	QL(60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
<i>lamotrigine er</i>	3	
<i>lamotrigine odt</i>	3	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	

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<i>lamotrigine tabs</i>	1	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>magnesium sulfate inj 50%</i>	2	
<i>methsuximide</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine tabs</i>	2	
<i>oxcarbazepine susp</i>	3	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er cs24</i>	2	
<i>topiramate tabs</i>	1	
<i>topiramate csp</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
VIGAFYDE	5	PA NSO; NEDS
<i>vigpoder</i>	5	NEDS
XCOPRI TABS	5	NEDS
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
ZONISADE	4	
<i>zonisamide caps</i>	2	
ZTALMY	5	PA NSO; NEDS
Antimanic Agents		
<i>lithium</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Antimigraine Agents		
AIMOVIG	3	QL(1 ML per 30 days); PA
<i>almotriptan</i>	4	
<i>eletriptan hydrobromide</i>	3	
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
<i>frovatriptan succinate</i>	4	
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	2	
<i>rizatriptan benzoate odt</i>	2	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	3	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	
<i>sumatriptan soln</i>	3	
UBRELVY	4	PA
<i>zolmitriptan odt</i>	2	
<i>zolmitriptan tabs</i>	4	
<i>zolmitriptan soln 5mg</i>	3	
Antiparkinsonian Agents		
<i>amantadine hcl caps, soln, tabs</i>	2	
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	2	
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	3	
<i>carbidopa tabs</i>	2	
EMSAM	5	ST NSO; NEDS
<i>entacapone</i>	2	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL(30 EA per 30 days)
ONGENTYS	4	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	4	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RYTARY	4	
<i>selegiline hcl caps</i>	2	
<i>selegiline hcl tabs</i>	3	
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam er</i>	2	
<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tabs 30mg, 7.5mg</i>	3	
<i>clorazepate dipotassium tabs</i>	4	
DAYVIGO	4	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	2	
<i>diazepam soln, tabs</i>	2	
<i>estazolam</i>	2	
<i>eszopiclone</i>	3	
<i>flurazepam hcl</i>	2	
<i>flurazepam hydrochloride</i>	2	
HETLIOZ LQ	5	PA; NEDS
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
<i>zolpidem tartrate er</i>	4	
<i>zolpidem tartrate tabs</i>	2	
<i>zolpidem tartrate subl</i>	3	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	2	
<i>atomoxetine hydrochloride</i>	4	QL(60 EA per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl)</i>	2	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlordiazepoxide/amitriptyline</i>	2	
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	3	
<i>clozapine odt</i>	2	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
<i>desipramine hydrochloride</i>	2	
<i>desvenlafaxine er</i>	2	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	2	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	4	
FANAPT	4	ST NSO
FANAPT TITRATION PACK	4	ST NSO
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	1	
<i>fluoxetine hydrochloride caps</i>	1	
<i>fluoxetine hydrochloride soln</i>	3	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	3	
<i>fluphenazine hcl conc</i>	2	
<i>fluphenazine hcl tabs 1mg</i>	3	
<i>fluphenazine hydrochloride elix, inj</i>	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	3	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tabs 10mg</i>	2	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>loxapine</i>	2	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	2	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	2	
<i>paliperidone er</i>	4	
<i>paroxetine</i>	1	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
<i>perphenazine/amitriptyline</i>	3	
<i>perphenazine tabs</i>	2	
PERSERIS	5	NEDS
<i>phenelzine sulfate tabs</i>	2	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	2	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	3	
<i>protriptyline hcl</i>	3	
<i>quetiapine fumarate er</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	NEDS
<i>risperidone er inj 12.5mg</i>	4	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt</i>	2	
<i>risperidone tabs</i>	1	
<i>risperidone soln</i>	2	
SECUADO	5	NEDS
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hydrochloride</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
<i>trimipramine maleate caps</i>	2	
TRINTELLIX	4	
<i>venlafaxine besylate er</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er cp24</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	3	
VERSACLOZ	5	NEDS
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO	5	PA; NEDS; SP-Optum Specialty
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(84 EA per 365 days); PA; NEDS

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AUSTEDO XR TB24 6MG	5	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	5	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	5	QL(90 EA per 30 days); PA; NEDS
INGREZZA	5	PA; NEDS
<i>tetrabenazine</i>	5	PA; NEDS; SP-Optum Specialty
Devices		
Devices		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	4	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	2	
<i>techlite pen needles 29g x 10mm</i>	2	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	2	
<i>trueplus pen needles 29gx12mm</i>	2	
Electrolytic, Caloric, and Water Balance		
Alkalinizing Agents		

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>indapamide</i>	1	
<i>metolazone</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>Ion-removing Agents</i>		
AURYXIA	5	PA; NEDS
LOKELMA	3	
<i>sevelamer carbonate tabs</i>	3	
<i>sevelamer carbonate pack</i>	4	
<i>sevelamer hydrochloride</i>	4	
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
VELPHORO	5	NEDS
VELTASSA	3	
<i>Irrigating Solutions</i>		
<i>acetic acid 0.25%</i>	2	
<i>sodium chloride 0.9%</i>	3	
<i>sterile water for irrigation</i>	2	
<i>Replacement Preparations</i>		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>dextrose 10%/sodium chloride 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
<i>dextrose/sodium chloride</i>	2	
<i>effer-k tbeq 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>potassium chloride er</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	2	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	2	
Uricosuric Agents		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Enzymes		
Enzymes		
REVCovi	5	NEDS
SUCRAID	5	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	4	
<i>bacitracin</i>	4	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	1	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	2	
XDEMVI	5	PA; NEDS
ZIRGAN	4	
Anti-inflammatory Agents		
ALREX	3	
<i>bromfenac</i>	3	
<i>bromfenac sodium soln 0.07%</i>	3	
<i>bromfenac sodium soln 0.075%</i>	4	
BROMSITE	4	
<i>ciprofloxacin/dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	2	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	3	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorometholone susp</i>	2	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
FML	3	
FML FORTE	4	
<i>hydrocortisone/acetic acid</i>	2	
ILEVRO	3	
INVELTYS	4	
<i>ketorolac tromethamine</i>	2	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	3	
MAXIDEX SUSP	4	
<i>mometasone furoate susp 50mcg/act</i>	3	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	2	
PRED MILD	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
RESTASIS	3	

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
ZYLET	3	
Antiallergic Agents		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln</i>	2	
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl ophthalmic soln</i>	3	
<i>olopatadine hcl nasal soln</i>	3	QL(91.5 GM per 90 days)
<i>olopatadine hydrochloride soln 0.2%</i>	3	
Antiglaucoma Agents		
<i>acetazolamide er</i>	3	
<i>acetazolamide tabs</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>bimatoprost soln</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%</i>	3	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	4	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	2	
<i>levobunolol hcl soln 0.5%</i>	1	
LUMIGAN	3	
<i>methazolamide</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>tafluprost</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.25%, 0.5%</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	3	
CYSTARAN	3	
OXERVATE	5	PA; NEDS
Local Anesthetics		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
Mydriatics		
<i>atropine sulfate soln 1%</i>	2	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln</i>	2	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	5	NEDS
<i>balsalazide disodium</i>	3	
<i>mesalamine dr</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine enem, kit, supp</i>	4	
Antidiarrhea Agents		
<i>loperamide hcl caps</i>	2	
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
XERMELO	5	PA; NEDS; SP-Optum Specialty
Antiemetics		
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
<i>granisetron hydrochloride tabs</i>	3	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
<i>scopolamine</i>	3	
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine tabs</i>	3	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>lansoprazole tbdd</i>	4	
<i>misoprostol tabs</i>	2	
<i>nizatidine soln</i>	2	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole/sodium bicarbonate caps</i>	4	
<i>omeprazole/sodium bicarbonate pack</i>	5	NEDS
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium tbec</i>	2	
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
<i>Cathartics and Laxatives</i>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flower pack</i>	2	
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
<i>Cholelitholytic Agents</i>		
LIVMARLI SOLN 19MG/ML	5	PA; NEDS
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol caps 200mg</i>	4	
<i>ursodiol tabs</i>	4	
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 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	
GI Drugs, Miscellaneous		
BYLVAY	5	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA; NEDS; SP-Optum Specialty
CHOLBAM	5	PA; NEDS
GATTEX	5	PA; NEDS
LINZESS	3	
LIVMARLI SOLN 9.5MG/ML	5	PA; NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
RELISTOR	5	NEDS
SKYRIZI INJ 600MG/10ML	5	PA; NEDS
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt</i>	2	
Gold Compounds		
Gold Compounds		
RIDAURA	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
<i>deferasirox pack</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	3	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	3	QL(30.9 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	PA BvD
DEPO-MEDROL	3	
<i>dexamethasone 10-day dose pack</i>	2	
<i>dexamethasone 13-day dose pack</i>	2	
<i>dexamethasone 6-day dose pack</i>	2	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	4	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>hydrocortisone sodium succinate inj 100mg</i>	4	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
INTRAROSA	4	
KENALOG-10	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	3	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone soln, tbpk</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	3	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	4	
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
Androgens		
AVEED	4	
<i>danazol caps</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	3	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone soln</i>	4	
XYOSTED	4	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>mifepristone</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	PA
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	3	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Contraceptives</i>		
<i>amethia</i>	2	
<i>apri</i>	2	
<i>ashlyna</i>	2	
<i>aviane</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>errin</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	2	
<i>finzala</i>	2	
<i>haloette</i>	3	
<i>heather</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>joyeaux</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	4	
<i>marlissa</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>sharobel</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>tyblume</i>	2	
<i>velivet</i>	2	
<i>vyfemla</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
Estrogens and Antiestrogens		
<i>amabelz</i>	2	
<i>anastrozole</i>	1	
COMBIPATCH	4	
DEPO-ESTRADIOL	3	
<i>dotti</i>	3	
ELESTRIN	4	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	3	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	3	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	2	
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	1	
MENEST	4	

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Drug Name	Drug Tier	Requirements/Limits
MENOSTAR	4	
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol</i>	2	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS	4	
PREMPHASE	4	
PREMPRO	4	
<i>raloxifene hydrochloride</i>	2	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
Gonadotropins and Antigonadotropins		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	5	PA NSO; NEDS
ORLISSA TABS 150MG	5	QL(30 EA per 30 days); PA; NEDS
ORLISSA TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	4	
TRELSTAR MIXJECT INJ 11.25MG	4	NEDS
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	2	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA; NEDS
NATPARA	5	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	5	PA; NEDS
TYMLOS	5	PA; NEDS
Pituitary		
CORTROPHIN	5	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
Progestins		
DEPO-SUBQ PROVERA 104	3	
<i>gallifrey</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate tabs</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	2	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
<i>lanreotide acetate</i>	5	NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	2	SP-Optum Specialty
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	5	NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	5	PA; NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG	5	PA; NEDS
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NEDS; SP-Optum Specialty
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
ZORBTIVE	5	PA; NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	1	
NIVA THYROID TABS 15MG	4	
<i>niva thyroid tabs 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	

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<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
<i>propylthiouracil tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT-SOL	4	
<i>unithroid</i>	1	
Immunomodulatory Agents		
<i>Disease-modifying Antirheumatic Drugs</i>		
OTEZLA TABS 20MG	5	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ	5	QL(360 ML per 30 days); PA; NEDS
Local Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	
<i>Alcohol Deterrents</i>		
<i>disulfiram</i>	2	
<i>Antidotes</i>		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs</i>	2	
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine tabs</i>	2	
<i>colchicine caps</i>	3	
<i>febuxostat</i>	3	ST
GLOPERBA	4	
<i>Antisense Oligonucleotides</i>		
TEGSEDI	5	QL(6 ML per 30 days); PA; NEDS
<i>Bone Anabolic Agents</i>		
EVENITY	5	PA; NEDS
<i>Bone Resorption Inhibitors</i>		
<i>alendronate sodium soln</i>	3	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium</i>	2	
PROLIA	4	PA

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<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	3	
XGEVA	5	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	5	PA; NEDS
Cariostatic Agents		
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride crea</i>	2	
Disease-modifying Antirheumatic Drugs		
COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP-Optum Specialty
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
KINERET	5	QL(20.1 ML per 28 days); PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>leflunomide tabs</i>	2	
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TABS 30MG	5	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty
EXTAVIA	5	NEDS; SP-Optum Specialty
<i>fingolimod hydrochloride</i>	5	NEDS
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	4	
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty

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ZEPOSIA	5	NEDS
ZEPOSIA 7-DAY STARTER PACK	5	NEDS
ZEPOSIA STARTER KIT	5	NEDS
Immunosuppressive Agents		
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA	5	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified soln</i>	2	PA BvD
<i>cyclosporine modified caps</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	4	PA BvD
ENVARUSUS XR	4	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	2	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	2	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
NULOJIX	5	NEDS
PROGRAF PACK	4	PA BvD
<i>sirolimus soln, tabs</i>	3	PA BvD
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA BvD
Kallikrein-Kinin System Inhibitors		
BERINERT	5	PA; NEDS
CINRYZE	5	PA; NEDS
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	5	PA; NEDS
Other Miscellaneous Therapeutic Agents		
ARCALYST	5	PA; NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA; NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
ENDARI	5	NEDS
EVRYSDI	5	PA; NEDS
FIRDAPSE	5	PA; NEDS
GALAFOLD	5	PA; NEDS
<i>l-glutamine</i>	5	NEDS
<i>levocarnitine tabs</i>	3	
<i>metyrosine</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
ORFADIN	5	PA; NEDS
REZUROCK	5	PA; NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
<i>tiopronin dr</i>	5	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	5	PA; NEDS; SP-Optum Specialty
VYNDAMAX	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	5	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>yargesa</i>	5	PA; NEDS
Protective Agents		
MESNEX TABS	5	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	5	PA BvD; NEDS
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA; NEDS; SP-Optum Specialty
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA; NEDS
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA; NEDS
NUCALA INJ 100MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
Antifibrotic Agents		
ESBRIET CAPS	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	5	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	5	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPK	5	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
Mucolytic Agents		
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast</i>	3	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	5	NEDS
PROLASTIN-C	5	PA; NEDS
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	5	PA; NEDS
<i>ambrisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS

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ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	5	PA; NEDS
UPTRAVI TABS	5	PA; NEDS
VENTAVIS	5	PA; NEDS
Skin and Mucous Membrane Agents		
<i>Anti-infectives</i>		
<i>clindamycin phosphate gel 1%</i>	2	
<i>klayesta</i>	2	
<i>naftifine hydrochloride gel 1%</i>	3	
<i>Anti-inflammatory Agents</i>		
CORTIFOAM FOAM	4	
<i>fluocinolone acetonide topical</i>	4	
<i>kourzeq</i>	2	
<i>Antipruritics and Local Anesthetics</i>		
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride prsy 2%</i>	2	QL(100 ML per 30 days)
PROCTOFOAM HC	4	
<i>Cell Stimulants and Proliferants</i>		
RETIN-A MICRO GEL 0.06%	4	PA
<i>tretinoin microsphere gel 0.08%</i>	3	PA
<i>Keratolytic Agents</i>		
<i>tazarotene crea 0.05%</i>	4	PA
<i>Skin and Mucous Membrane Agents, Misc</i>		
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
<i>podofilox gel 0.5%</i>	4	
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<i>acyclovir crea 5%</i>	3	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, susp</i>	2	
<i>ciclopirox sham</i>	4	
CLEOCIN	4	
<i>clindacin</i>	4	
<i>clindacin etz pledgets</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phosphate/benzoyl peroxide</i>	4	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	4	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>clotrimazole soln, troc</i>	2	
<i>clotrimazole crea</i>	3	
<i>econazole nitrate</i>	3	
<i>ery</i>	2	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3</i>	2	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin crea</i>	3	QL(180 GM per 30 days)
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride crea 2%</i>	3	
NEUAC	4	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	4	QL(90 GM per 30 days)
<i>penciclovir</i>	4	
<i>permethrin</i>	3	
<i>rosadan</i>	2	
<i>selenium sulfide</i>	2	

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<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>sulfacetamide sodium lotn 10%</i>	3	
SULFAMYLON	4	
<i>terconazole crea</i>	2	
<i>terconazole supp</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide lotn</i>	2	
<i>amcinonide crea</i>	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	2	
<i>betamethasone valerate foam</i>	4	
<i>budesonide foam 2mg</i>	3	
<i>calcipotriene/betamethasone dipropionate</i>	4	
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate gel, oint</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate crea</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	QL(236 ML per 30 days)
CORDRAN	4	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
DESRX	4	
<i>diclofenac sodium gel 3%</i>	3	QL(200 GM per 30 days)
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	4	QL(300 ML per 30 days)
<i>diflorasone diacetate</i>	4	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide emulsified base</i>	4	

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<i>fluocinonide crea</i>	3	
<i>fluocinonide gel, oint, soln</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate lotn</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>nystatin/triamcinolone acetamide</i>	3	
<i>nystatin/triamcinolone crea</i>	2	
<i>nystatin/triamcinolone oint</i>	3	
<i>oralone dental paste</i>	2	
<i>prednicarbate</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	4	QL(200 GM per 30 days)
<i>triamcinolone acetamide dental paste</i>	2	
<i>triamcinolone acetamide aers 0.147mg/gm</i>	4	
<i>triamcinolone acetamide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetamide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetamide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetamide oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	
UCERIS	4	
Antipruritics and Local Anesthetics		
<i>doxepin hydrochloride crea 5%</i>	4	QL(90 GM per 30 days)
<i>hydrocortisone acetate/pramoxine</i>	2	
<i>lidocaine hydrochloride external soln 4%</i>	2	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	3	QL(60 GM per 30 days)
<i>lidocaine oint</i>	3	QL(100 GM per 30 days)
<i>lidocaine ptch</i>	3	QL(90 EA per 30 days); PA

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<i>premium lidocaine</i>	3	QL(100 GM per 30 days)
Cell Stimulants and Proliferants		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP	4	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
Emollients, Demulcents, and Protectants		
<i>ammonium lactate lotn</i>	2	
<i>ammonium lactate crea</i>	3	
Skin and Mucous Membrane Agents, Misc		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene</i>	4	PA
<i>amnesteem</i>	2	
<i>azelaic acid</i>	3	
AZELEX	4	
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS
<i>calcipotriene crea</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	3	
<i>claravis</i>	4	
CONDYLOX	4	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
<i>fluorouracil crea</i>	2	
<i>fluorouracil soln</i>	4	
HYFTOR	5	PA; NEDS
<i>imiquimod pump</i>	4	
<i>imiquimod crea 5%</i>	3	
<i>imiquimod crea 3.75%</i>	4	
<i>isotretinoin</i>	4	
KLISYRI	5	PA; NEDS
MYORISAN	4	
PANRETIN	5	NEDS
<i>pimecrolimus</i>	3	
<i>podofilox soln 0.5%</i>	2	
RECTIV	4	QL(30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>tazarotene crea 0.1%</i>	3	PA
<i>tazarotene foam 0.1%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	3	PA
TAZORAC	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>darifenacin hydrobromide er</i>	4	
<i>fesoterodine fumarate er</i>	4	
<i>flavoxate hcl</i>	2	
GEMTESA	4	
<i>mirabegron er</i>	3	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>elixophyllin</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline elix</i>	2	
Vitamins		
<i>Multivitamin Preparations</i>		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>Vitamin B Complex</i>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>Vitamin D</i>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol soln 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	2	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL(4 EA per 28 days); EC

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<i>abacavir</i>	6	<i>aliskiren</i>	23
<i>abacavir sulfate/lamivudine</i>	6	<i>allopurinol</i>	53
<i>abacavir sulfate/lamivudine/zidovudine</i>	6	<i>almotriptan</i>	30
ABELCET	5	ALOCRIIL	42
ABILIFY ASIMTUFII	32	ALOMIDE	42
ABILIFY MAINTENA	32	<i>alose tron hydrochloride</i>	43
ABILIFY MYCITE	32	ALPHAGAN P	42
ABILIFY MYCITE MAINTENANCE KIT	32	<i>alprazolam</i>	31
ABILIFY MYCITE STARTER KIT	32	<i>alprazolam er</i>	31
<i>abiraterone acetate</i>	9	<i>alprazolam odt</i>	31
ABRYSVO	16	ALREX	41
<i>acamprosate calcium dr</i>	31	ALUNBRIG	9
<i>acarbose</i>	47	<i>alyq</i>	24
<i>accutane</i>	63	<i>amabelz</i>	50
<i>acebutolol hydrochloride</i>	21	<i>amantadine hcl</i>	30
<i>acetaminophen/codeine</i>	25	<i>ambrisentan</i>	58
<i>acetazolamide</i>	42	<i>amcinonide</i>	61
<i>acetazolamide er</i>	42	<i>amethia</i>	48
<i>acetic acid</i>	43	<i>amikacin sulfate</i>	2
<i>acetic acid 0.25%</i>	39	<i>amiloride hcl</i>	38
<i>acetylcysteine</i>	53	<i>amiloride/hydrochlorothiazide</i>	38
<i>acitretin</i>	63	<i>aminocaproic acid</i>	19
ACTHIB	16	AMINOSYN II	37
ACTIMMUNE	55	AMINOSYN-PF 7%	37
<i>acyclovir</i>	6	<i>amiodarone hydrochloride</i>	23
<i>acyclovir</i>	59	<i>amitriptyline hcl</i>	32
<i>acyclovir sodium</i>	6	<i>amitriptyline hydrochloride</i>	32
ADACEL	16	<i>amlodipine besylate</i>	22
<i>adapalene</i>	63	<i>amlodipine besylate/atorvastatin calcium</i>	22
<i>adefovir dipivoxil</i>	7	<i>amlodipine besylate/benazepril hydrochloride</i>	22
ADEMPAS	58	<i>amlodipine besylate/valsartan</i>	22
ADTHYZA	52	<i>amlodipine/olmesartan medoxomil</i>	22
AIMOVIG	30	<i>amlodipine/valsartan/hydrochlorothiazide</i>	22
AKEEGA	9	<i>ammonium lactate</i>	63
<i>ala-cort</i>	61	<i>amnesteem</i>	63
<i>albendazole</i>	2	<i>amoxapine</i>	32
<i>albuterol sulfate</i>	18	<i>amoxicillin</i>	2
<i>albuterol sulfate hfa</i>	18	<i>amoxicillin/clavulanate potassium</i>	2
<i>alclometasone dipropionate</i>	61	<i>amoxicillin/clavulanate potassium er</i>	2
<i>alcohol prep pads</i>	36	<i>amphetamine/dextroamphetamine</i>	27
ALECENSA	9	<i>amphotericin b</i>	5
<i>alendronate sodium</i>	53	<i>amphotericin b liposome</i>	5
<i>alfuzosin hcl er</i>	18	<i>ampicillin</i>	2
		<i>ampicillin sodium</i>	2
		<i>ampicillin/sulbactam</i>	2

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<i>ampicillin-sulbactam</i>	2	AVONEX	55
<i>anagrelide hydrochloride</i>	19	AVONEX PEN	55
<i>anastrozole</i>	50	AVYCAZ	2
ANORO ELLIPTA	17	AYVAKIT	9
APLENZIN	32	AZASITE	40
<i>apraclonidine</i>	43	<i>azathioprine</i>	56
<i>aprepitant</i>	43	<i>azelaic acid</i>	63
<i>apri</i>	48	<i>azelastine hcl</i>	42
APTIOM	28	<i>azelastine hydrochloride</i>	42
APTIVUS	7	AZELEX	63
ARCALYST	56	<i>azithromycin</i>	2
AREXVY	16	<i>aztreonam</i>	2
<i>arformoterol tartrate</i>	19	<i>azurette</i>	49
ARIKAYCE	2	<i>bacitracin</i>	40
<i>aripiprazole</i>	32	<i>bacitracin/polymyxin b</i>	40
<i>aripiprazole odt</i>	32	<i>baclofen</i>	18
ARISTADA	32	BAFIERTAM	55
ARISTADA INITIO	32	<i>balsalazide disodium</i>	43
<i>armodafinil</i>	27	BALVERSA	9
ARMOUR THYROID	52	<i>balziva</i>	49
<i>asenapine maleate sl</i>	32	BAQSIMI ONE PACK	48
<i>ashlyna</i>	48	BAQSIMI TWO PACK	48
<i>aspirin/dipyridamole er</i>	19	BAXDELA	2
<i>atazanavir</i>	7	BCG VACCINE	16
<i>atazanavir sulfate</i>	7	<i>bd insulin syringe safetyglide/1ml/29g x</i>	36
<i>atenolol</i>	21	<i>1/2"</i>	
<i>atenolol/chlorthalidone</i>	21	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	36
<i>atomoxetine</i>	32	<i>5/16"</i>	
<i>atomoxetine hydrochloride</i>	31	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	36
<i>atorvastatin calcium</i>	20	<i>12.7mm</i>	
<i>atovaquone</i>	6	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	36
<i>atovaquone/proguanil hcl</i>	6	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	36
<i>atropine sulfate</i>	43	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	36
ATROVENT HFA	17	<i>bd pen needle/original/ultra-fine/29g x</i>	36
AUBAGIO	55	<i>12.7mm</i>	
AUGMENTIN	2	BELBUCA	25
AUGTYRO	9	BELSOMRA	31
AURYXIA	39	<i>benazepril hcl</i>	23
AUSTEDO	35	<i>benazepril hydrochloride</i>	23
AUSTEDO XR	36	<i>benazepril</i>	23
AUSTEDO XR PATIENT TITRATION KIT	35	<i>hydrochloride/hydrochlorothiazide</i>	
AUVELITY	33	BENLYSTA	56
AVEED	46	BENZNIDAZOLE	6
<i>aviane</i>	48	<i>benzonatate</i>	58
<i>avita</i>	63	<i>benztropine mesylate</i>	30
		<i>bepotastine besilate</i>	42

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<i>carbidopa/levodopa/entacapone</i>	30	<i>ciclopirox nail lacquer</i>	59
CARDURA XL	20	<i>ciclopirox olamine</i>	59
<i>carglumic acid</i>	37	<i>cidofovir</i>	7
<i>carteolol hcl</i>	42	<i>cilostazol</i>	19
<i>cartia xt</i>	22	CIMDUO	7
<i>carvedilol</i>	21	<i>cimetidine</i>	43
<i>carvedilol phosphate er</i>	21	<i>cinacalcet hydrochloride</i>	51
<i>casprofungin acetate</i>	5	CINRYZE	56
CAYSTON	2	<i>ciprofloxacin</i>	3
<i>cefaclor</i>	2	<i>ciprofloxacin</i>	40
<i>cefadroxil</i>	2	<i>ciprofloxacin hcl</i>	3
<i>cefazolin</i>	2	<i>ciprofloxacin hydrochloride</i>	3
<i>cefazolin sodium</i>	2	<i>ciprofloxacin hydrochloride</i>	40
<i>cefazolin sodium/dextrose</i>	2	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>cefazolin/dextrose</i>	2	<i>ciprofloxacin/dexamethasone</i>	41
<i>cefdinir</i>	2	<i>citalopram hydrobromide</i>	33
<i>cefepime</i>	2	<i>claravis</i>	63
<i>cefepime hydrochloride</i>	2	<i>clarithromycin</i>	3
<i>cefepime/dextrose</i>	2	<i>clarithromycin er</i>	3
<i>cefixime</i>	2	CLENPIQ	44
<i>cefotetan</i>	2	CLEOCIN	59
<i>cefoxitin sodium</i>	3	<i>clindacin</i>	59
<i>cefpodoxime proxetil</i>	3	<i>clindacin etz pledgets</i>	59
<i>cefprozil</i>	3	<i>clindacin-p</i>	59
<i>ceftazidime</i>	3	<i>clindamycin hcl</i>	3
<i>ceftriaxone in iso-osmotic dextrose</i>	3	<i>clindamycin hydrochloride</i>	3
<i>ceftriaxone sodium</i>	3	<i>clindamycin palmitate hydrochloride</i>	3
<i>ceftriaxone/dextrose</i>	3	<i>clindamycin phosphate</i>	3
<i>cefuroxime axetil</i>	3	<i>clindamycin phosphate</i>	59
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate</i>	59
<i>celecoxib</i>	25	<i>clindamycin phosphate/benzoyl peroxide</i>	59
CELONTIN	28	<i>clindamycin phosphate/dextrose</i>	3
<i>cephalexin</i>	3	<i>clindamycin/benzoyl peroxide</i>	60
CERDELGA	56	CLINIMIX 4.25%/DEXTROSE 10%	37
<i>cevimeline hydrochloride</i>	18	CLINIMIX 4.25%/DEXTROSE 5%	37
CHEMET	45	CLINIMIX 5%/DEXTROSE 15%	37
<i>chlordiazepoxide/amitriptyline</i>	33	CLINIMIX 5%/DEXTROSE 20%	37
<i>chlorhexidine gluconate</i>	40	CLINIMIX 6/5	37
<i>chloroquine phosphate</i>	6	CLINIMIX 8/10	37
<i>chlorpromazine hcl</i>	33	CLINIMIX E 2.75%/DEXTROSE 5%	37
<i>chlorpromazine hydrochloride</i>	33	CLINIMIX E 4.25%/DEXTROSE 10%	37
<i>chlorthalidone</i>	38	CLINIMIX E 4.25%/DEXTROSE 5%	37
CHOLBAM	45	CLINIMIX E 5%/DEXTROSE 15%	37
<i>cholestyramine</i>	20	CLINIMIX E 5%/DEXTROSE 20%	37
<i>cholestyramine light</i>	20	CLINIMIX E 8/10	37
<i>ciclopirox</i>	59	CLINISOL SF 15%	37

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<i>clobazam</i>	28	<i>cyanocobalamin</i>	64
<i>clobetasol propionate</i>	61	<i>cyclobenzaprine hydrochloride</i>	18
<i>clobetasol propionate e</i>	61	<i>cyclopentolate hcl</i>	43
<i>clobetasol propionate emollient</i>	61	<i>cyclopentolate hydrochloride</i>	43
<i>clocortolone pivalate</i>	61	<i>cyclophosphamide</i>	10
<i>clodan</i>	61	CYCLOSET	47
<i>clomipramine hydrochloride</i>	33	<i>cyclosporine</i>	41
<i>clonazepam</i>	28	<i>cyclosporine</i>	56
<i>clonazepam odt</i>	28	<i>cyclosporine modified</i>	56
<i>clonidine</i>	23	<i>cyproheptadine hcl</i>	9
<i>clonidine hydrochloride</i>	23	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hydrochloride er</i>	23	CYSTAGON	56
<i>clopidogrel</i>	19	CYSTARAN	43
<i>clorazepate dipotassium</i>	31	<i>dabigatran etexilate</i>	19
<i>clotrimazole</i>	60	<i>dalfampridine er</i>	56
<i>clotrimazole/betamethasone dipropionate</i>	60	DALVANCE	3
<i>clozapine</i>	33	<i>danazol</i>	46
<i>clozapine odt</i>	33	<i>dantrolene sodium</i>	18
COARTEM	6	<i>dapsone</i>	6
<i>codeine sulfate</i>	25	DAPTACEL	16
<i>colchicine</i>	53	<i>daptomycin</i>	3
<i>colesevelam hydrochloride</i>	20	<i>daptomycin/sodium chloride</i>	3
<i>colestipol hcl</i>	21	<i>darifenacin hydrobromide er</i>	64
<i>colistimethate sodium</i>	3	<i>darunavir</i>	7
COMBIPATCH	50	DARZALEX	10
COMBIVENT RESPIMAT	19	<i>dasatinib</i>	10
COMETRIQ	10	DAURISMO	10
COMPLERA	7	DAYVIGO	31
CONDYLOX	63	<i>deblitane</i>	49
<i>constulose</i>	37	<i>deferasirox</i>	45
COPAXONE	55	<i>deferiprone</i>	45
COPIKTRA	10	DELSTRIGO	7
CORDRAN	61	<i>demeclocycline hcl</i>	3
CORLANOR	23	DENGVAXIA	16
CORTIFOAM	59	DEPO-ESTRADIOL	50
CORTISPORIN-TC	41	DEPO-MEDROL	46
CORTROPHIN	51	DEPO-SUBQ PROVERA 104	51
COSENTYX	54	DESCOVY	7
COSENTYX SENSOREADY PEN	54	<i>desipramine hydrochloride</i>	33
COSENTYX UNOREADY	54	<i>desloratadine</i>	9
COTELLIC	10	<i>desloratadine odt</i>	9
CREON	44	<i>desmopressin acetate</i>	51
<i>cromolyn sodium</i>	42	<i>desogestrel/ethinyl estradiol</i>	49
<i>cromolyn sodium</i>	57	<i>desonide</i>	61
<i>curity gauze pads 2"x2" 12 ply</i>	36	<i>desoximetasone</i>	61
CUVITRU	16	DESRX	61

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<i>desvenlafaxine er</i>	33	<i>diflorasone diacetate</i>	61
<i>dexamethasone</i>	46	<i>diflunisal</i>	25
<i>dexamethasone 10-day dose pack</i>	46	<i>difluprednate</i>	41
<i>dexamethasone 13-day dose pack</i>	46	<i>digitek</i>	23
<i>dexamethasone 6-day dose pack</i>	46	<i>digox</i>	23
<i>dexamethasone intensol</i>	46	<i>digoxin</i>	23
<i>dexamethasone sodium phosphate</i>	41	<i>dihydroergotamine mesylate</i>	18
<i>dexamethasone sodium phosphate</i>	46	DILANTIN	28
<i>dexamethasone sodium phosphate + rfid</i>	46	DILANTIN INFATABS	28
DEXLANSOPRAZOLE	43	DILANTIN-125	28
<i>dexmethylphenidate hcl</i>	27	<i>diltiazem hcl</i>	22
<i>dexmethylphenidate hcl er</i>	27	<i>diltiazem hcl cd</i>	22
<i>dexmethylphenidate hydrochloride</i>	27	<i>diltiazem hcl er</i>	22
<i>dexmethylphenidate hydrochloride er</i>	27	<i>diltiazem hydrochloride</i>	22
<i>dextroamphetamine sulfate</i>	27	<i>diltiazem hydrochloride er</i>	22
<i>dextroamphetamine sulfate er</i>	27	<i>dilt-xr</i>	22
<i>dextrose 10%</i>	37	<i>dimethyl fumarate</i>	55
<i>dextrose 10%/sodium chloride 0.2%</i>	39	<i>dimethyl fumarate starterpack</i>	55
<i>dextrose 10%/sodium chloride 0.45%</i>	39	<i>diphenhydramine hydrochloride</i>	9
<i>dextrose 2.5%/sodium chloride 0.45%</i>	39	<i>diphtheria/tetanus toxoids adsorbed</i>	16
<i>dextrose 5%</i>	37	<i>pediatric</i>	
<i>dextrose 5%/sodium chloride 0.2%</i>	39	<i>dipyridamole</i>	24
<i>dextrose 5%/sodium chloride 0.3%</i>	39	<i>disopyramide phosphate</i>	23
<i>dextrose 5%/sodium chloride 0.33%</i>	39	<i>disulfiram</i>	53
<i>dextrose 5%/sodium chloride 0.45%</i>	39	<i>divalproex sodium</i>	28
<i>dextrose 5%/sodium chloride 0.9%</i>	39	<i>divalproex sodium dr</i>	28
<i>dextrose 50%</i>	37	<i>divalproex sodium er</i>	28
<i>dextrose 70%</i>	37	<i>docetaxel</i>	10
<i>dextrose/sodium chloride</i>	39	<i>dofetilide</i>	23
DIACOMIT	28	<i>donepezil hcl</i>	18
<i>diazepam</i>	31	<i>donepezil hydrochloride</i>	18
<i>diazepam intensol</i>	31	DOPTELET	20
<i>diazepam rectal gel</i>	31	<i>dorzolamide hcl/timolol maleate</i>	42
<i>diazoxide</i>	48	<i>dorzolamide hydrochloride</i>	42
<i>dichlorphenamide</i>	54	<i>dorzolamide hydrochloride/timolol maleate</i>	42
<i>diclofenac epolamine</i>	25	<i>pf</i>	
<i>diclofenac potassium</i>	25	<i>dotti</i>	50
<i>diclofenac sodium</i>	41	DOVATO	7
<i>diclofenac sodium</i>	61	<i>doxazosin mesylate</i>	20
<i>diclofenac sodium dr</i>	25	<i>doxepin hcl</i>	33
<i>diclofenac sodium er</i>	25	<i>doxepin hydrochloride</i>	33
<i>diclofenac sodium/misoprostol</i>	25	<i>doxepin hydrochloride</i>	62
<i>dicloxacillin sodium</i>	3	<i>doxercalciferol</i>	65
<i>dicyclomine hcl</i>	17	DOXY 100	3
<i>dicyclomine hydrochloride</i>	17	<i>doxycycline</i>	3
DIFICID	3	<i>doxycycline hyclate</i>	3

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<i>doxycycline hyclate dr</i>	3	<i>enilloring</i>	49
<i>doxycycline monohydrate</i>	3	<i>enoxaparin sodium</i>	19
DRIZALMA SPRINKLE	33	<i>entacapone</i>	30
<i>dronabinol</i>	43	<i>entecavir</i>	7
<i>drospirenone/ethinyl estradiol</i>	49	ENTRESTO	24
DROXIA	10	<i>enulose</i>	37
<i>droxidopa</i>	19	ENVARBUS XR	56
<i>duloxetine hcl</i>	33	EPCLUSA	7
<i>duloxetine hydrochloride</i>	33	EPIDIOLEX	28
DUPIXENT	57	<i>epinastine hcl</i>	42
DUPIXENT	63	<i>epinephrine</i>	19
<i>dutasteride</i>	53	<i>epitol</i>	28
<i>dutasteride/tamsulosin hydrochloride</i>	53	<i>eplerenone</i>	24
<i>ec-naproxen</i>	25	EPRONTIA	28
<i>econazole nitrate</i>	60	EQUETRO	28
EDURANT	7	<i>ergoloid mesylates</i>	18
<i>efavirenz</i>	7	ERIVEDGE	10
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	ERLEADA	10
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	<i>erlotinib hydrochloride</i>	10
<i>effe-k</i>	39	<i>errin</i>	49
EGRIFTA SV	52	<i>ertapenem</i>	3
ELESTRIN	50	<i>ertapenem sodium</i>	3
<i>eletriptan hydrobromide</i>	30	<i>ery</i>	60
ELIGARD	51	<i>erythromycin</i>	40
ELIQUIS	19	<i>erythromycin</i>	60
ELIQUIS STARTER PACK	19	<i>erythromycin base</i>	3
<i>elixophyllin</i>	64	<i>erythromycin dr</i>	4
ELMIRON	56	<i>erythromycin ethylsuccinate</i>	4
<i>eluryng</i>	49	<i>erythromycin/benzoyl peroxide</i>	60
EMCYT	10	ESBRIET	57
EMGALITY	30	<i>escitalopram oxalate</i>	33
EMSAM	30	<i>esomeprazole magnesium</i>	43
<i>emtricitabine</i>	7	<i>estazolam</i>	31
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol</i>	50
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol valerate</i>	50
EMTRIVA	7	<i>estradiol/norethindrone acetate</i>	50
<i>enalapril maleate</i>	24	ESTRING	50
<i>enalapril maleate/hydrochlorothiazide</i>	23	<i>eszopiclone</i>	31
ENBREL	54	<i>ethacrynic acid</i>	38
ENBREL MINI	54	<i>ethambutol hydrochloride</i>	6
ENBREL SURECLICK	54	<i>ethosuximide</i>	28
ENDARI	56	<i>etodolac</i>	25
<i>endocet</i>	25	<i>etodolac er</i>	25
ENGERIX-B	16	<i>etonogestrel/ethinyl estradiol</i>	49
		<i>etravirine</i>	7
		EUCRISA	61

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<i>euthyrox</i>	52	FLOLIPID	21
EVAMIST	50	FLOVENT DISKUS	46
EVENITY	53	<i>fluconazole</i>	5
<i>everolimus</i>	11	<i>fluconazole in sodium chloride</i>	5
<i>everolimus</i>	56	<i>flucytosine</i>	5
EVOTAZ	7	<i>fludrocortisone acetate</i>	46
EVRYSDI	56	<i>flunisolide</i>	41
<i>exemestane</i>	50	<i>fluocinolone acetonide</i>	41
EXKIVITY	11	<i>fluocinolone acetonide</i>	61
EXSERVAN	32	<i>fluocinolone acetonide body</i>	61
EXTAVIA	55	<i>fluocinolone acetonide scalp</i>	61
<i>ezetimibe</i>	21	<i>fluocinolone acetonide topical</i>	59
<i>ezetimibe/simvastatin</i>	21	<i>fluocinonide</i>	62
<i>falmina</i>	49	<i>fluocinonide emulsified base</i>	61
<i>famciclovir</i>	7	<i>fluorometholone</i>	41
<i>famotidine</i>	44	<i>flurouracil</i>	63
FANAPT	33	<i>fluoxetine dr</i>	33
FANAPT TITRATION PACK	33	<i>fluoxetine hydrochloride</i>	33
FARXIGA	47	<i>fluphenazine decanoate</i>	33
FASENRA	57	<i>fluphenazine hcl</i>	33
FASENRA PEN	57	<i>fluphenazine hydrochloride</i>	33
<i>febuxostat</i>	53	<i>flurazepam hcl</i>	31
<i>felbamate</i>	28	<i>flurazepam hydrochloride</i>	31
<i>felodipine er</i>	22	<i>flurbiprofen</i>	25
FEMRING	50	<i>flurbiprofen sodium</i>	41
<i>fenofibrate</i>	21	<i>flutamide</i>	11
<i>fenofibrate micronized</i>	21	<i>fluticasone propionate</i>	41
<i>fenofibric acid dr</i>	21	<i>fluticasone propionate</i>	62
<i>fentanyl</i>	25	<i>fluticasone propionate diskus</i>	46
<i>fentanyl citrate</i>	25	<i>fluticasone propionate hfa</i>	46
<i>fentanyl citrate oral transmucosal</i>	25	<i>fluticasone propionate/salmeterol</i>	19
<i>fesoterodine fumarate er</i>	64	<i>fluticasone propionate/salmeterol diskus</i>	19
FETZIMA	33	<i>fluvastatin</i>	21
FETZIMA TITRATION PACK	33	<i>fluvastatin sodium er</i>	21
<i>finasteride</i>	53	<i>fluvoxamine maleate</i>	33
<i> fingolimod hydrochloride</i>	55	<i>fluvoxamine maleate er</i>	33
FINTEPLA	28	FML	41
<i>finzala</i>	49	FML FORTE	41
FIRDAPSE	56	<i>folic acid</i>	64
FIRMAGON	51	<i>fondaparinux sodium</i>	19
FIRVANQ	4	<i>formoterol fumarate</i>	19
<i>flac</i>	41	FORTEO	51
FLAREX	41	<i>fosamprenavir calcium</i>	7
<i>flavoxate hcl</i>	64	<i>fosfomycin tromethamine</i>	9
FLEBOGAMMA DIF	16	<i>fosinopril sodium</i>	24
<i>flecainide acetate</i>	23	<i>fosinopril sodium/hydrochlorothiazide</i>	24

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FOTIVDA	11	GLUCAGEN HYPOKIT	48
FRAGMIN	19	GLUCAGON EMERGENCY KIT	48
FREAMINE III	38	GLUCAGON EMERGENCY KIT FOR	48
<i>frovatriptan succinate</i>	30	LOW BLOOD SUGAR	
FRUZAQLA	11	<i>glyburide</i>	47
<i>furosemide</i>	38	<i>glyburide micronized</i>	47
FUZEON	7	<i>glyburide/metformin hydrochloride</i>	47
<i>fyavolv</i>	50	<i>glycopyrrolate</i>	17
FYCOMPA	28	<i>glydo</i>	59
<i>gabapentin</i>	28	GLYXAMBI	47
GALAFOLD	56	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	36
<i>galantamine hydrobromide</i>	18	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	36
<i>galantamine hydrobromide er</i>	18	GOCOVRI	30
<i>gallifrey</i>	51	<i>granisetron hydrochloride</i>	43
GAMMAGARD LIQUID	16	<i>griseofulvin microsize</i>	5
GAMMAKED	16	<i>griseofulvin ultramicrosize</i>	5
GAMMAPLEX	16	<i>guanfacine hydrochloride er</i>	32
GAMUNEX-C	16	GVOKE HYPOPEN 1-PACK	48
GARDASIL 9	16	GVOKE HYPOPEN 2-PACK	48
<i>gatifloxacin</i>	40	GVOKE KIT	48
GATTEX	45	GVOKE PFS	48
<i>gauze pads 2"x2"</i>	36	GYNAZOLE-1	60
<i>gavilyte-c</i>	44	HAEGARDA	56
<i>gavilyte-g</i>	44	<i>halcinonide</i>	62
<i>gavilyte-n/ flavor pack</i>	44	<i>halobetasol propionate</i>	62
GAVRETO	11	<i>haloette</i>	49
<i>gefitinib</i>	11	<i>haloperidol</i>	34
<i>gemfibrozil</i>	21	<i>haloperidol decanoate</i>	33
GEMTESA	64	<i>haloperidol lactate</i>	34
<i>generlac</i>	37	HARVONI	7
GENGRAF	56	HAVRIX	16
GENOTROPIN	52	<i>heather</i>	49
GENOTROPIN MINIQUICK	52	<i>heparin sodium</i>	19
<i>gentak</i>	40	<i>heparin sodium/d5w</i>	19
<i>gentamicin sulfate</i>	4	HEPATAMINE	38
<i>gentamicin sulfate</i>	40	HEPLISAV-B	16
<i>gentamicin sulfate</i>	60	HETLIOZ LQ	31
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	HIBERIX	16
GENVOYA	7	HIZENTRA	16
GILOTRIF	11	HORIZANT	28
GLEOSTINE	11	HUMALOG	47
<i>glimepiride</i>	47	HUMALOG JUNIOR KWIKPEN	47
<i>glipizide</i>	47	HUMALOG KWIKPEN	47
<i>glipizide er</i>	47	HUMALOG MIX 50/50	47
<i>glipizide/metformin hydrochloride</i>	47	HUMALOG MIX 50/50 KWIKPEN	47
GLOPERBA	53	HUMALOG MIX 75/25	47

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HUMIRA	54	<i>icatibant acetate</i>	56
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	54	<i>iclevia</i>	49
HUMIRA PEN	54	ICLUSIG	11
HUMIRA PEN-CD/UC/HS STARTER	54	<i>icosapent ethyl</i>	21
HUMIRA PEN-PEDIATRIC UC STARTER PACK	54	IDHIFA	11
HUMIRA PEN-PS/UV STARTER	54	ILEVRO	41
HUMULIN 70/30	47	<i>imatinib mesylate</i>	11
HUMULIN 70/30 KWIKPEN	47	IMBRUVICA	11
HUMULIN N	47	<i>imipenem/cilastatin</i>	4
HUMULIN N KWIKPEN	47	<i>imipramine hcl</i>	34
HUMULIN R	47	<i>imipramine hydrochloride</i>	34
HUMULIN R U-500 (CONCENTRATED)	47	<i>imipramine pamoate</i>	34
HUMULIN R U-500 KWIKPEN	47	<i>imiquimod</i>	63
<i>hydralazine hcl</i>	23	<i>imiquimod pump</i>	63
<i>hydralazine hydrochloride</i>	23	IMOVAX RABIES (H.D.C.V.)	16
<i>hydrochlorothiazide</i>	38	IMPAVIDO	6
<i>hydrocodone bitartrate er</i>	25	IMVEXXY MAINTENANCE PACK	50
<i>hydrocodone bitartrate/acetaminophen</i>	25	IMVEXXY STARTER PACK	50
<i>hydrocodone bitartrate/homatropine methylbromide</i>	58	INBRIJA	30
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	58	INCRELEX	52
<i>hydrocodone/acetaminophen</i>	26	INCRUSE ELLIPTA	17
<i>hydrocodone/ibuprofen</i>	26	<i>indapamide</i>	39
<i>hydrocortisone</i>	46	<i>indomethacin</i>	26
<i>hydrocortisone</i>	62	<i>indomethacin er</i>	26
<i>hydrocortisone acetate/pramoxine</i>	62	INFANRIX	16
<i>hydrocortisone butyrate</i>	62	INGREZZA	36
<i>hydrocortisone sodium succinate</i>	46	INLYTA	11
<i>hydrocortisone valerate</i>	62	INQOVI	11
<i>hydrocortisone/acetic acid</i>	41	INREBIC	11
<i>hydromorphone hcl</i>	26	INTELENCE	7
<i>hydromorphone hcl er</i>	26	INTRALIPID	38
<i>hydromorphone hydrochloride er</i>	26	INTRAROSA	46
<i>hydroxychloroquine sulfate</i>	6	INTRON A	11
<i>hydroxyurea</i>	11	<i>introvale</i>	49
<i>hydroxyzine hcl</i>	31	INVEGA HAFYERA	34
<i>hydroxyzine hydrochloride</i>	31	INVEGA SUSTENNA	34
<i>hydroxyzine pamoate</i>	31	INVEGA TRINZA	34
HYFTOR	63	INVELTYS	41
<i>ibandronate sodium</i>	53	IPOL INACTIVATED IPV	16
IBRANCE	11	<i>ipratropium bromide</i>	17
<i>ibu</i>	26	<i>ipratropium bromide/albuterol sulfate</i>	19
		<i>irbesartan</i>	24
		<i>irbesartan/hydrochlorothiazide</i>	24
		IRESSA	11
		ISENTRESS	7

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<i>isoniazid</i>	6	KERENDIA	24
<i>isosorbide dinitrate</i>	24	KESIMPTA	55
<i>isosorbide dinitrate/hydralazine</i>	24	<i>ketoconazole</i>	5
<i>hydrochloride</i>		<i>ketoconazole</i>	60
<i>isosorbide mononitrate</i>	24	KETODAN	60
<i>isosorbide mononitrate er</i>	24	<i>ketoprofen</i>	26
<i>isotonic gentamicin</i>	4	<i>ketoprofen er</i>	26
<i>isotretinoin</i>	63	<i>ketorolac tromethamine</i>	41
<i>isradipine</i>	22	KINERET	54
<i>itraconazole</i>	5	KINRIX	16
<i>ivabradine hydrochloride</i>	23	KISQALI	11
<i>ivermectin</i>	2	KISQALI FEMARA 200 DOSE	50
<i>ivermectin</i>	60	KISQALI FEMARA 400 DOSE	50
IWILFIN	11	KISQALI FEMARA 600 DOSE	50
IXCHIQ	16	<i>klayesta</i>	59
IXIARO	16	KLISYRI	63
JAKAFI	11	<i>klor-con</i>	39
<i>jantoven</i>	20	<i>klor-con 10</i>	39
JANUMET	47	<i>klor-con 8</i>	39
JANUMET XR	47	<i>klor-con m10</i>	39
JANUVIA	47	<i>klor-con m15</i>	39
JARDIANCE	47	<i>klor-con m20</i>	39
JAYPIRCA	11	<i>klor-con/ef</i>	40
JENTADUETO	47	KORLYM	47
JENTADUETO XR	47	KOSELUGO	11
<i>jinteli</i>	50	<i>kourzeq</i>	59
<i>joyeaux</i>	49	<i>k-prime</i>	39
JULUCA	7	KRAZATI	11
<i>junel 1.5/30</i>	49	KRISTALOSE	37
<i>junel 1/20</i>	49	KYNMOBI	30
<i>junel fe 1.5/30</i>	49	KYPROLIS	11
<i>junel fe 1/20</i>	49	<i>labetalol hydrochloride</i>	21
<i>junel fe 24</i>	49	<i>lacosamide</i>	28
JUXTAPID	21	<i>lactated ringers</i>	40
JYLAMVO	11	<i>lactulose</i>	37
JYNNEOS	16	LAGEVRIO	7
KALYDECO	58	<i>lamivudine</i>	7
<i>kariva</i>	49	<i>lamivudine/zidovudine</i>	7
<i>kcl 0.075%/d5w/nacl 0.45%</i>	39	<i>lamotrigine</i>	29
<i>kcl 0.15%/d5w/nacl 0.2%</i>	39	<i>lamotrigine er</i>	28
<i>kcl 0.15%/d5w/nacl 0.45%</i>	39	<i>lamotrigine odt</i>	28
<i>kcl 0.15%/d5w/nacl 0.9%</i>	39	<i>lamotrigine starter kit/blue</i>	28
<i>kcl 0.3%/d5w/nacl 0.45%</i>	39	<i>lamotrigine starter kit/green</i>	28
<i>kcl 0.3%/d5w/nacl 0.9%</i>	39	<i>lamotrigine starter kit/orange</i>	28
<i>kelnor 1/35</i>	49	<i>lamotrigine titration</i>	28

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<i>lanreotide acetate</i>	52	<i>levora 0.15/30-28</i>	49
<i>lansoprazole</i>	44	<i>levorphanol tartrate</i>	26
<i>lansoprazole/amoxicillin/clarithromycin</i>	44	<i>levo-t</i>	52
LANTUS	47	<i>levothyroxine sodium</i>	52
LANTUS SOLOSTAR	47	<i>levoxyl</i>	52
<i>lapatinib ditosylate</i>	12	LEXIVA	8
<i>larin 1.5/30</i>	49	<i>l-glutamine</i>	56
<i>larin 1/20</i>	49	LIBERVANT	29
<i>larin fe 1.5/30</i>	49	<i>lidocaine</i>	62
<i>larin fe 1/20</i>	49	<i>lidocaine hcl</i>	53
<i>latanoprost</i>	42	<i>lidocaine hcl</i>	59
LAZANDA	26	<i>lidocaine hcl jelly</i>	59
LAZCLUZE	12	<i>lidocaine hydrochloride</i>	53
<i>leflunomide</i>	55	<i>lidocaine hydrochloride</i>	59
<i>lenalidomide</i>	12	<i>lidocaine hydrochloride</i>	62
LENVIMA 10 MG DAILY DOSE	12	<i>lidocaine hydrochloride viscous</i>	43
LENVIMA 12MG DAILY DOSE	12	<i>lidocaine viscous</i>	43
LENVIMA 14 MG DAILY DOSE	12	<i>lidocaine/prilocaine</i>	62
LENVIMA 18 MG DAILY DOSE	12	<i>linezolid</i>	4
LENVIMA 20 MG DAILY DOSE	12	LINZESS	45
LENVIMA 24 MG DAILY DOSE	12	<i>liothyronine sodium</i>	52
LENVIMA 4 MG DAILY DOSE	12	<i>lisdexamfetamine dimesylate</i>	27
LENVIMA 8 MG DAILY DOSE	12	<i>lisinopril</i>	24
<i>lessina</i>	49	<i>lisinopril/hydrochlorothiazide</i>	24
<i>letrozole</i>	50	<i>lithium</i>	29
<i>leucovorin calcium</i>	53	<i>lithium carbonate</i>	30
LEUKERAN	12	<i>lithium carbonate er</i>	30
<i>leuprolide acetate</i>	51	LIVALO	21
<i>levabuterol</i>	19	LIVMARLI	44
<i>levabuterol hcl</i>	19	LIVMARLI	45
<i>levabuterol hydrochloride</i>	19	LIVTENCITY	8
<i>levabuterol tartrate hfa</i>	19	LO LOESTRIN FE	49
LEVEMIR	47	LOKELMA	39
LEVEMIR FLEXPEN	48	LONHALA MAGNAIR REFILL KIT	17
LEVEMIR FLEXTOUCH	48	LONHALA MAGNAIR STARTER KIT	17
<i>levetiracetam</i>	29	LONSURF	12
<i>levetiracetam er</i>	29	<i>loperamide hcl</i>	43
<i>levobunolol hcl</i>	42	<i>lopinavir/ritonavir</i>	8
<i>levocarnitine</i>	56	<i>lorazepam</i>	31
<i>levocetirizine dihydrochloride</i>	9	<i>lorazepam intensol</i>	31
<i>levofloxacin</i>	4	LOBRENA	12
<i>levofloxacin</i>	40	<i>losartan potassium</i>	24
<i>levofloxacin in d5w</i>	4	<i>losartan potassium/hydrochlorothiazide</i>	24
<i>levonest</i>	49	LOTEMAX	41
<i>levonorgestrel and ethinyl estradiol</i>	49	<i>loteprednol etabonate</i>	41
<i>levonorgestrel/ethinyl estradiol</i>	49	<i>lovastatin</i>	21

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<i>lubiprostone</i>	45	<i>mesalamine er</i>	43
LUMAKRAS	12	MESNEX	57
LUMIGAN	42	<i>metformin hydrochloride</i>	48
LUPRON DEPOT (1-MONTH)	51	<i>metformin hydrochloride er</i>	48
LUPRON DEPOT (3-MONTH)	51	<i>methadone hcl</i>	26
LUPRON DEPOT (4-MONTH)	51	<i>methamphetamine hcl</i>	27
LUPRON DEPOT (6-MONTH)	51	<i>methazolamide</i>	42
<i>lurasidone hydrochloride</i>	34	<i>methenamine hippurate</i>	9
LYBALVI	34	<i>methenamine mandelate</i>	9
LYNPARZA	12	<i>methimazole</i>	52
LYSODREN	12	<i>methotrexate</i>	13
LYTGOBI	12	<i>methotrexate sodium</i>	12
<i>magnesium sulfate</i>	29	<i>methsuximide</i>	29
<i>malathion</i>	60	<i>methylphenidate hydrochloride</i>	27
<i>maraviroc</i>	8	<i>methylphenidate hydrochloride cd</i>	27
<i>marlissa</i>	49	<i>methylphenidate hydrochloride er</i>	27
MARPLAN	34	<i>methylphenidate hydrochloride er (la)</i>	27
MATULANE	12	<i>methylprednisolone</i>	46
<i>matzim la</i>	22	<i>methylprednisolone acetate</i>	46
MAVYRET	8	<i>methylprednisolone dose pack</i>	46
MAXIDEX	41	<i>metoclopramide hcl</i>	45
MAYZENT	55	<i>metoclopramide hydrochloride</i>	45
MAYZENT STARTER PACK	55	<i>metoclopramide odt</i>	45
<i>meclizine hcl</i>	43	<i>metolazone</i>	39
<i>meclofenamate sodium</i>	26	<i>metoprolol succinate er</i>	21
MEDROL	46	<i>metoprolol tartrate</i>	21
<i>medroxyprogesterone acetate</i>	52	<i>metoprolol/hydrochlorothiazide</i>	21
<i>mefenamic acid</i>	26	<i>metronidazole</i>	6
<i>mefloquine hcl</i>	6	<i>metronidazole</i>	60
<i>megestrol acetate</i>	52	<i>metronidazole vaginal</i>	60
MEKINIST	12	<i>metyrosine</i>	56
MEKTOVI	12	<i>mexiletine hcl</i>	23
<i>meloxicam</i>	26	<i>mibelas 24 fe</i>	49
<i>memantine hcl titration pak</i>	32	<i>miconazolin</i>	5
<i>memantine hydrochloride</i>	32	<i>miconazole 3</i>	60
<i>memantine hydrochloride er</i>	32	<i>microgestin 1.5/30</i>	49
MENACTRA	17	<i>microgestin 1/20</i>	49
MENEST	50	<i>microgestin fe 1.5/30</i>	49
MENOSTAR	51	<i>microgestin fe 1/20</i>	49
MENQUADFI	17	<i>midodrine hcl</i>	19
MENTAX	60	<i>mifepristone</i>	48
MENVEO	17	<i>miglitol</i>	48
<i>mercaptapurine</i>	12	<i>miglustat</i>	57
<i>meropenem</i>	4	MILLIPRED	46
<i>mesalamine</i>	43	<i>mimvey</i>	51

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<i>minocycline hydrochloride</i>	4	<i>naratriptan hcl</i>	30
<i>minoxidil</i>	23	NATACYN	40
<i>mirabegron er</i>	64	<i>nateglinide</i>	48
<i>mirtazapine</i>	34	NATPARA	51
<i>mirtazapine odt</i>	34	NAYZILAM	29
<i>misoprostol</i>	44	<i>nebivolol hydrochloride</i>	22
M-M-R II	16	<i>necon 0.5/35-28</i>	49
<i>modafinil</i>	28	<i>nefazodone hydrochloride</i>	34
<i>moexipril hcl</i>	24	<i>neomycin sulfate</i>	4
<i>molindone hydrochloride</i>	34	<i>neomycin/bacitracin/polymyxin</i>	40
<i>mometasone furoate</i>	41	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	41
<i>mometasone furoate</i>	62	<i>one</i>	
<i>mondoxyne nl</i>	4	<i>neomycin/polymyxin/dexamethasone</i>	41
<i>montelukast sodium</i>	57	<i>neomycin/polymyxin/gramicidin</i>	40
<i>morphine sulfate</i>	26	<i>neomycin/polymyxin/hc</i>	41
<i>morphine sulfate er</i>	26	<i>neomycin/polymyxin/hydrocortisone</i>	41
MOUNJARO	48	<i>neo-polycin</i>	40
MOVANTIK	45	<i>neo-polycin hc</i>	41
<i>moxifloxacin hydrochloride/sodium</i>	4	NERLYNX	13
<i>hydrochloride</i>		NEUAC	60
<i>moxifloxacin hydrochloride</i>	4	NEULASTA	20
<i>moxifloxacin hydrochloride</i>	40	NEULASTA ONPRO KIT	20
MOZOBIL	20	NEUPRO	30
MRESVIA	17	<i>nevirapine</i>	8
MULTAQ	23	<i>nevirapine er</i>	8
<i>mupirocin</i>	60	NEXLETOL	21
<i>mycophenolate mofetil</i>	56	NEXLIZET	21
<i>mycophenolic acid dr</i>	56	<i>niacin</i>	64
MYFEMBREE	51	<i>niacin er</i>	21
MYORISAN	63	<i>niacor</i>	64
MYRBETRIQ	64	<i>nicardipine hcl</i>	22
<i>nabumetone</i>	26	NICOTROL INHALER	18
<i>nadolol</i>	22	NICOTROL NS	18
<i>nafacillin sodium</i>	4	<i>nifedipine</i>	22
<i>naftifine hcl</i>	60	<i>nifedipine er</i>	22
<i>naftifine hydrochloride</i>	59	<i>nikki</i>	49
<i>naftifine hydrochloride</i>	60	<i>nilutamide</i>	13
<i>naloxone hcl</i>	32	<i>nimodipine</i>	22
<i>naloxone hydrochloride</i>	32	NINLARO	13
<i>naltrexone hcl</i>	32	<i>nisoldipine er</i>	22
NAMZARIC	32	<i>nitazoxanide</i>	6
<i>naproxen</i>	26	<i>nitisinone</i>	57
<i>naproxen dr</i>	26	NITRO-BID	24
<i>naproxen sodium</i>	26	<i>nitrofurantoin macrocrystals</i>	9
<i>naproxen sodium cr</i>	26	<i>nitrofurantoin monohydrate/macrocrystals</i>	9

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Drug Name	Page #	Drug Name	Page #
<i>nitroglycerin</i>	24	OCTAGAM	16
<i>nitroglycerin</i>	59	<i>octreotide acetate</i>	52
<i>nitroglycerin transdermal</i>	24	ODEFSEY	8
NIVA THYROID	52	ODOMZO	13
<i>nizatidine</i>	44	OFEV	57
NORDITROPIN FLEXPRO	52	<i>ofloxacin</i>	4
<i>norelgestromin/ethinyl estradiol</i>	49	<i>ofloxacin</i>	40
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	49	OGSIVEO	13
<i>norethindrone acetate</i>	52	OJEMDA	13
<i>norethindrone acetate/ethinyl estradiol</i>	51	OJJAARA	13
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	50	<i>olanzapine</i>	34
NORPACE CR	23	<i>olanzapine odt</i>	34
<i>nortrel 0.5/35 (28)</i>	50	<i>olanzapine/fluoxetine</i>	34
<i>nortrel 1/35</i>	50	<i>olmesartan medoxomil</i>	24
<i>nortrel 7/7/7</i>	50	<i>olmesartan</i>	22
<i>nortriptyline hcl</i>	34	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>nortriptyline hydrochloride</i>	34	<i>olmesartan medoxomil/hydrochlorothiazide</i>	24
NORVIR	8	<i>olopatadine hcl</i>	42
NOURIANZ	32	<i>olopatadine hydrochloride</i>	42
NOXAFIL	5	<i>omega-3-acid ethyl esters</i>	21
<i>np thyroid 120</i>	52	<i>omeprazole</i>	44
<i>np thyroid 15</i>	52	<i>omeprazole dr</i>	44
<i>np thyroid 30</i>	53	<i>omeprazole/sodium bicarbonate</i>	44
<i>np thyroid 60</i>	53	OMNIPOD 5 DEXCOM G7G6 INTRO KIT	36
<i>np thyroid 90</i>	53	(GEN 5)	
NUBEQA	13	OMNIPOD 5 DEXCOM G7G6 PODS	36
NUCALA	57	(GEN 5)	
NUEDEXTA	32	OMNIPOD 5 DEXG7G6 PODS (GEN 5)	36
NULOJIX	56	OMNIPOD 5 G7 INTRO KIT (GEN 5)	36
NUPLAZID	34	OMNIPOD 5 G7 PODS (GEN 5)	36
NURTEC	30	OMNIPOD 5 LIBRE2 PLUS G6	36
NUTRILIPID	38	OMNIPOD 5 LIBRE2 PLUS G6 PODS	36
NUTROPIN AQ NUSPIN 10	52	OMNIPOD CLASSIC PDM STARTER	36
NUTROPIN AQ NUSPIN 20	52	KIT (GEN 3)	
NUTROPIN AQ NUSPIN 5	52	OMNIPOD CLASSIC PODS (GEN 3)	36
NUVESSA	60	OMNIPOD DASH INTRO KIT (GEN 4)	36
NUZYRA	4	OMNIPOD DASH PDM KIT (GEN 4)	36
<i>nyamyc</i>	60	OMNIPOD DASH PODS (GEN 4)	36
NYMALIZE	22	OMNIPOD GO 10 UNITS/DAY	36
<i>nystatin</i>	5	OMNIPOD GO 15 UNITS/DAY	36
<i>nystatin</i>	60	OMNIPOD GO 20 UNITS/DAY	36
<i>nystatin/triamcinolone</i>	62	OMNIPOD GO 25 UNITS/DAY	36
<i>nystatin/triamcinolone acetonide</i>	62	OMNIPOD GO 30 UNITS/DAY	36
<i>nystop</i>	60	OMNIPOD GO 35 UNITS/DAY	36
		OMNIPOD GO 40 UNITS/DAY	36
		OMNITROPE	52

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<i>ondansetron hcl</i>	43	<i>oxymorphone hydrochloride</i>	27
<i>ondansetron hydrochloride</i>	43	OZEMPIC	48
<i>ondansetron odt</i>	43	<i>paclitaxel</i>	13
ONGENTYS	30	<i>paliperidone er</i>	34
ONUREG	13	PANRETIN	63
OPDIVO	13	<i>pantoprazole sodium</i>	44
<i>opium</i>	43	PANZYGA	16
<i>opium tincture</i>	43	<i>paricalcitol</i>	65
OPSUMIT	58	<i>paromomycin sulfate</i>	6
OPVEE	32	<i>paroxetine</i>	34
<i>oralone dental paste</i>	62	<i>paroxetine hcl</i>	34
ORENCIA	55	<i>paroxetine hcl er</i>	34
ORENCIA CLICKJECT	55	<i>paroxetine hydrochloride</i>	34
ORENITRAM	59	PASER	6
ORENITRAM TITRATION KIT MONTH 1	58	PAXLOVID	8
ORENITRAM TITRATION KIT MONTH 2	59	<i>pazopanib hydrochloride</i>	13
ORENITRAM TITRATION KIT MONTH 3	59	PEDIARIX	17
ORFADIN	57	PEDVAX HIB	17
ORGOVYX	51	<i>peg-3350/electrolytes</i>	44
ORILISSA	51	<i>peg-3350/electrolytes/ascorbate</i>	44
ORKAMBI	58	<i>peg-3350/nacl/na bicarbonate/kcl</i>	44
ORSERDU	13	<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	44
<i>oseltamivir phosphate</i>	8	PEGASYS	8
OSMOPREP	44	PEMAZYRE	13
OSPHENA	51	PENBRAYA	17
OTEZLA	53	<i>penciclovir</i>	60
OTEZLA	55	<i>penicillamine</i>	45
<i>oxacillin sodium</i>	4	<i>penicillin g potassium</i>	4
<i>oxaprozin</i>	26	<i>penicillin g potassium in iso-osmotic dextrose</i>	4
<i>oxazepam</i>	31	<i>penicillin g sodium</i>	4
OXBRYTA	20	<i>penicillin v potassium</i>	4
<i>oxcarbazepine</i>	29	PENTACEL	17
OXERVATE	43	<i>pentamidine isethionate</i>	6
<i>oxiconazole nitrate</i>	60	<i>pentoxifylline er</i>	20
<i>oxybutynin chloride</i>	64	<i>perindopril erbumine</i>	24
<i>oxybutynin chloride er</i>	64	<i>perio gard</i>	40
<i>oxycodone hcl er</i>	26	<i>permethrin</i>	60
<i>oxycodone hydrochloride</i>	26	<i>perphenazine</i>	34
<i>oxycodone hydrochloride er</i>	26	<i>perphenazine/amitriptyline</i>	34
<i>oxycodone/acetaminophen</i>	27	PERSERIS	34
OXYCONTIN	27	<i>phenelzine sulfate</i>	34
<i>oxymorphone hydrochloride</i>	27	<i>phenobarbital</i>	31
<i>oxymorphone hydrochloride er</i>	27	<i>phenoxybenzamine hydrochloride</i>	18
		<i>phenytek</i>	29

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<i>phenytoin</i>	29	<i>prednisolone</i>	46
<i>phenytoin sodium extended</i>	29	<i>prednisolone acetate</i>	41
PHOSPHOLINE IODIDE	42	<i>prednisolone sodium phosphate</i>	41
PIFELTRO	8	<i>prednisolone sodium phosphate</i>	46
<i>pilocarpine hcl</i>	42	<i>prednisolone sodium phosphate odt</i>	46
<i>pilocarpine hydrochloride</i>	18	<i>prednisone</i>	46
<i>pimecrolimus</i>	63	<i>pregabalin</i>	29
<i>pimozide</i>	34	<i>pregabalin er</i>	27
<i>pindolol</i>	22	PREHEVBRIO	17
<i>pioglitazone hcl</i>	48	PREMARIN	51
<i>pioglitazone hcl/metformin hcl</i>	48	PREMASOL	38
<i>pioglitazone hcl-glimepiride</i>	48	<i>premium lidocaine</i>	63
<i>pioglitazone hydrochloride</i>	48	PREMPHASE	51
<i>piperacillin sodium/tazobactam sodium</i>	4	PREMPRO	51
PIQRAY 200MG DAILY DOSE	13	<i>prenatal</i>	64
PIQRAY 250MG DAILY DOSE	13	<i>prevalite</i>	21
PIQRAY 300MG DAILY DOSE	13	PREVYMIS	8
<i>pirfenidone</i>	57	PREZCOBIX	8
<i>piroxicam</i>	27	PREZISTA	8
<i>pitavastatin calcium</i>	21	PRIFTIN	6
PLEGRIDY	55	<i>primaquine phosphate</i>	6
PLEGRIDY STARTER PACK	55	<i>primidone</i>	29
PLENAMINE	38	PRIORIX	17
<i>plerixafor</i>	20	PRIVIGEN	16
<i>podofilox</i>	59	PROAIR RESPICLICK	19
<i>podofilox</i>	63	<i>probenecid</i>	40
<i>polycin</i>	40	<i>probenecid/colchicine</i>	40
<i>polymyxin b sulfate/trimethoprim sulfate</i>	40	<i>prochlorperazine</i>	34
POMALYST	13	<i>prochlorperazine edisylate</i>	34
<i>portia-28</i>	50	<i>prochlorperazine maleate</i>	34
<i>posaconazole</i>	5	PROCRIT	20
<i>posaconazole dr</i>	5	PROCTOFOAM HC	59
<i>potassium chloride</i>	40	<i>procto-med hc</i>	62
<i>potassium chloride er</i>	40	<i>procto-pak</i>	62
<i>potassium chloride/dextrose/sodium chloride</i>	40	<i>proctosol hc</i>	62
<i>potassium citrate er</i>	37	<i>proctozone-hc</i>	62
PRALUENT	21	<i>progesterone</i>	52
<i>pramipexole dihydrochloride</i>	30	PROGRAF	56
<i>pramipexole dihydrochloride er</i>	30	PROLASTIN-C	58
<i>prasugrel hydrochloride</i>	20	PROLENSA	41
<i>pravastatin sodium</i>	21	PROLIA	53
<i>praziquantel</i>	2	PROMACTA	20
<i>prazosin hydrochloride</i>	20	<i>promethazine hcl</i>	9
PRED MILD	41	<i>promethazine hydrochloride</i>	9
<i>prednicarbate</i>	62	<i>promethazine hydrochloride plain</i>	9
		<i>promethazine vc/codeine</i>	58

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<i>promethazine/codeine</i>	58	REBIF TITRATION PACK	55
<i>promethazine/phenylephrine/codeine</i>	58	RECOMBIVAX HB	17
<i>propafenone hcl</i>	23	RECTIV	63
<i>propafenone hydrochloride</i>	23	REGRANEX	63
<i>propafenone hydrochloride er</i>	23	RELENZA DISKHALER	8
<i>propranolol hcl</i>	22	RELISTOR	45
<i>propranolol hcl er</i>	22	RELYVRIO	32
<i>propranolol hydrochloride</i>	22	<i>repaglinide</i>	48
<i>propranolol hydrochloride er</i>	22	REPATHA	21
<i>propylthiouracil</i>	53	REPATHA PUSHTRONEX SYSTEM	21
PROQUAD	17	REPATHA SURECLICK	21
PROSOL	38	RESTASIS	41
<i>protriptyline hcl</i>	34	RESTASIS MULTIDOSE	42
PULMOZYME	58	RETACRIT	20
PURIXAN	13	RETEVMO	13
PYLERA	44	RETIN-A MICRO	59
<i>pyrazinamide</i>	6	RETIN-A MICRO PUMP	63
<i>pyridostigmine bromide</i>	18	REVCovi	40
<i>pyridostigmine bromide er</i>	18	REVLIMID	13
<i>pyrimethamine</i>	6	REXULTI	35
PYRUKYND	20	REYATAZ	8
PYRUKYND TAPER PACK	20	REZLIDHIA	13
QINLOCK	13	REZUROCK	57
QUADRACEL	16	RHOPRESSA	42
<i>quetiapine fumarate</i>	35	<i>ribavirin</i>	8
<i>quetiapine fumarate er</i>	34	RIDAURA	45
<i>quinapril hydrochloride</i>	24	<i>rifabutin</i>	6
<i>quinapril/hydrochlorothiazide</i>	24	<i>rifampin</i>	6
<i>quinidine gluconate cr</i>	23	<i>riluzole</i>	32
<i>quinidine sulfate</i>	23	<i>rimantadine hydrochloride</i>	8
<i>quinine sulfate</i>	6	RINVOQ	55
QVAR REDIHALER	46	RINVOQ LQ	53
RABAVERT	17	<i>risedronate sodium</i>	54
<i>rabeprazole sodium</i>	44	<i>risedronate sodium dr</i>	54
RADICAVA ORS	32	RISPERDAL CONSTA	35
RADICAVA ORS STARTER KIT	32	<i>risperidone</i>	35
<i>raloxifene hydrochloride</i>	51	<i>risperidone er</i>	35
<i>ramelteon</i>	31	<i>risperidone odt</i>	35
<i>ramipril</i>	24	<i>ritonavir</i>	8
<i>ranolazine er</i>	23	<i>rivastigmine tartrate</i>	18
<i>rasagiline mesylate</i>	30	<i>rivastigmine transdermal system</i>	18
RASUVO	55	<i>rizatriptan benzoate</i>	30
RAYALDEE	65	<i>rizatriptan benzoate odt</i>	30
REBIF	55	ROCKLATAN	42
REBIF REBIDOSE	55	<i>roflumilast</i>	58
REBIF REBIDOSE TITRATION PACK	55	<i>ropinirole er</i>	30

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<i>ropinirole hcl</i>	30	SKYRIZI PEN	63
<i>ropinirole hydrochloride</i>	30	<i>sodium chloride</i>	40
<i>rosadan</i>	60	<i>sodium chloride 0.45%</i>	40
<i>rosuvastatin calcium</i>	21	<i>sodium chloride 0.9%</i>	39
ROTARIX	17	<i>sodium fluoride</i>	54
ROTATEQ	17	<i>sodium fluoride 5000 plus</i>	54
<i>roweepra</i>	29	<i>sodium fluoride 5000 ppm</i>	54
ROZLYTREK	13	<i>sodium oxybate</i>	32
RUBRACA	14	<i>sodium phenylbutyrate</i>	37
<i>rufinamide</i>	29	<i>sodium polystyrene sulfonate</i>	39
RUKOBIA	8	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	44
RYBELSUS	48	<i>solifenacin succinate</i>	64
RYDAPT	14	SOLOSEC	6
RYTARY	31	SOLTAMOX	51
SAJAZIR	56	SOLU-CORTEF	46
<i>salsalate</i>	27	SOMATULINE DEPOT	52
SANTYL	63	SOMAVERT	52
<i>sapropterin dihydrochloride</i>	57	<i>sorafenib</i>	14
SAVELLA	32	<i>sorafenib tosylate</i>	14
SAVELLA TITRATION PACK	32	<i>sorine</i>	22
SCSEMBLIX	14	<i>sotalol hcl</i>	22
<i>scopolamine</i>	43	<i>sotalol hydrochloride (af)</i>	22
SECUADO	35	SPIRIVA RESPIMAT	17
<i>selegiline hcl</i>	31	<i>spironolactone</i>	24
<i>selenium sulfide</i>	60	<i>spironolactone/hydrochlorothiazide</i>	24
SELZENTRY	8	SPRITAM	29
SEREVENT DISKUS	19	SPRYCEL	14
SEROSTIM	52	<i>sps</i>	39
<i>sertraline hcl</i>	35	<i>ssd</i>	61
<i>sertraline hydrochloride</i>	35	STAMARIL	17
<i>sevelamer carbonate</i>	39	STELARA	64
<i>sevelamer hydrochloride</i>	39	<i>sterile water for irrigation</i>	39
<i>sf 5000 plus</i>	54	STIOLTO RESPIMAT	17
<i>sharobel</i>	50	STIVARGA	14
SHINGRIX	17	<i>streptomycin sulfate</i>	4
SIGNIFOR	52	STRIBILD	8
<i>sildenafil citrate</i>	24	STRIVERDI RESPIMAT	19
<i>silodosin</i>	18	SUBSYS	27
<i>silver sulfadiazine</i>	61	<i>subvenite</i>	29
SIMBRINZA	42	<i>subvenite starter kit/blue</i>	29
<i>simvastatin</i>	21	<i>subvenite starter kit/green</i>	29
<i>sirolimus</i>	56	<i>subvenite starter kit/orange</i>	29
SIRTURO	6	SUCRAID	40
SIVEXTRO	4	<i>sucrafate</i>	44
SKYRIZI	45	<i>sulfacetamide sodium</i>	40
SKYRIZI	63		

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<i>sulfacetamide sodium</i>	61	TAZORAC	64
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	42	<i>taztia xt</i>	22
<i>sulfadiazine</i>	4	TAZVERIK	14
<i>sulfamethoxazole/trimethoprim</i>	4	<i>tdvax</i>	16
<i>sulfamethoxazole/trimethoprim ds</i>	4	<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	36
SULFAMYLON	61	<i>techlite pen needles 29g x 10mm</i>	36
<i>sulfasalazine</i>	4	TEFLARO	4
<i>sulindac</i>	27	TEGSEDI	53
<i>sumatriptan</i>	30	TEKTURN HCT	24
<i>sumatriptan succinate</i>	30	<i>telmisartan</i>	24
<i>sumatriptan succinate refill</i>	30	<i>telmisartan/amlodipine</i>	22
<i>sunitinib malate</i>	14	<i>telmisartan/hydrochlorothiazide</i>	24
SUNLENCA	8	<i>temazepam</i>	31
SUNOSI	28	TEMIXYS	8
SUPRAX	4	TENIVAC	16
SYMDEKO	58	<i>tenofovir disoproxil fumarate</i>	8
SYMLINPEN 120	48	TEPMETKO	14
SYMLINPEN 60	48	<i>terazosin hcl</i>	20
SYMPAZAN	29	<i>terazosin hydrochloride</i>	20
SYMTUZA	8	<i>terbinafine hcl</i>	5
SYNAREL	51	<i>terbutaline sulfate</i>	19
SYNJARDY	48	<i>terconazole</i>	61
SYNJARDY XR	48	<i>teriflunomide</i>	55
SYNRIBO	14	<i>teriparatide</i>	51
SYNTHROID	53	<i>testosterone</i>	47
TABLOID	14	<i>testosterone cypionate</i>	47
TABRECTA	14	<i>testosterone enanthate</i>	47
<i>tacrolimus</i>	56	<i>testosterone pump</i>	47
<i>tacrolimus</i>	64	<i>tetrabenazine</i>	36
<i>tadalafil</i>	24	<i>tetracycline hydrochloride</i>	5
TAFINLAR	14	THALOMID	55
<i>tafluprost</i>	42	<i>theophylline</i>	64
TAGRISSE	14	<i>theophylline er</i>	64
TALZENNA	14	THIOLA EC	57
<i>tamoxifen citrate</i>	51	<i>thioridazine hcl</i>	35
<i>tamsulosin hydrochloride</i>	18	<i>thiothixene</i>	35
<i>tarina fe 1/20 eq</i>	50	THYQUIDITY	53
TASIGNA	14	THYROID	53
<i>tasimelteon</i>	31	<i>tiadylt er</i>	22
TAVALISSE	20	<i>tiagabine hydrochloride</i>	29
TAVNEOS	56	TIBSOVO	14
<i>taysofy</i>	50	TICOVAC	17
<i>tazarotene</i>	59	<i>timolol maleate</i>	22
<i>tazarotene</i>	64	<i>timolol maleate</i>	43
<i>tazicef</i>	4	<i>timolol maleate ophthalmic gel forming</i>	43

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<i>tinidazole</i>	6	<i>triamcinolone acetonide</i>	46
<i>tiopronin dr</i>	57	<i>triamcinolone acetonide</i>	62
TIROSINT-SOL	53	<i>triamcinolone acetonide dental paste</i>	62
TIVICAY	8	<i>triamterene/hydrochlorothiazide</i>	39
TIVICAY PD	8	TRIANEX	62
<i>tizanidine hcl</i>	18	<i>triazolam</i>	31
<i>tizanidine hydrochloride</i>	18	<i>triderm</i>	62
TOBI PODHALER	5	<i>trientine hydrochloride</i>	45
TOBRADEX	42	<i>trifluoperazine hcl</i>	35
TOBRADEX ST	42	<i>trifluoperazine hydrochloride</i>	35
<i>tobramycin</i>	5	<i>trifluridine</i>	41
<i>tobramycin</i>	41	<i>trihexyphenidyl hcl</i>	31
<i>tobramycin sulfate</i>	5	<i>trihexyphenidyl hydrochloride</i>	31
<i>tobramycin/dexamethasone</i>	42	TRIKAFTA	58
<i>tolterodine tartrate</i>	64	<i>trimethoprim</i>	9
<i>tolterodine tartrate er</i>	64	<i>trimipramine maleate</i>	35
<i>topiramate</i>	29	TRINTELLIX	35
<i>topiramate er</i>	29	<i>tri-sprintec</i>	50
<i>toremifene citrate</i>	51	TRITOCIN	62
<i>toremide</i>	39	TRIUMEQ	8
TOUJEO MAX SOLOSTAR	48	TRIUMEQ PD	8
TOUJEO SOLOSTAR	48	<i>trivora-28</i>	50
TOVET	62	TRIZIVIR	8
TRACLEER	59	TROPHAMINE	38
TRADJENTA	48	<i>trospium chloride</i>	64
<i>tramadol hcl er</i>	27	<i>trospium chloride er</i>	64
<i>tramadol hydrochloride</i>	27	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	36
<i>tramadol hydrochloride er</i>	27	<i>1/2"</i>	
<i>tramadol hydrochloride/acetaminophen</i>	27	<i>trueplus pen needles 29gx12mm</i>	36
<i>trandolapril</i>	24	TRULICITY	48
<i>trandolapril/verapamil hcl er</i>	22	TRUMENBA	17
<i>tranexamic acid</i>	19	TRUQAP	14
<i>tranylcyromine sulfate</i>	35	TRUSELTIQ	14
TRAVASOL	38	TUKYSA	14
<i>travoprost</i>	43	TURALIO	14
<i>trazodone hydrochloride</i>	35	<i>turqoz</i>	50
TRECTOR	6	TWINRIX	17
TRELEGY ELLIPTA	46	<i>tyblume</i>	50
TRELSTAR MIXJECT	51	TYBOST	57
TRESIBA	48	TYMLOS	51
TRESIBA FLEXTOUCH	48	TYPHIM VI	17
<i>tretinoin</i>	14	UBRELVY	30
<i>tretinoin</i>	63	UCERIS	62
<i>tretinoin microsphere</i>	59	UDENYCA	20
<i>tretinoin microsphere</i>	63	UDENYCA ONBODY	20
TREXALL	14	<i>unithroid</i>	53

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Drug Name	Page #	Drug Name	Page #
UPTRAVI	59	VERZENIO	15
UPTRAVI TITRATION PACK	59	VIBRAMYCIN	5
<i>ursodiol</i>	44	VICTOZA	48
<i>valacyclovir hydrochloride</i>	8	<i>vigabatrin</i>	29
VALCHLOR	64	<i>vigadrone</i>	29
<i>valganciclovir</i>	9	VIGAFYDE	29
<i>valganciclovir hydrochloride</i>	9	<i>vigpoder</i>	29
<i>valproic acid</i>	29	VIIBRYD STARTER PACK	35
<i>valsartan</i>	24	VIJOICE	57
<i>valsartan/hydrochlorothiazide</i>	24	<i>vilazodone hydrochloride</i>	35
VALTOCO 10 MG DOSE	29	VIRACEPT	9
VALTOCO 15 MG DOSE	29	VIREAD	9
VALTOCO 20 MG DOSE	29	<i>vitamin d</i>	65
VALTOCO 5 MG DOSE	29	VITRAKVI	15
<i>vancomycin</i>	5	VIVITROL	32
<i>vancomycin hcl</i>	5	VIZIMPRO	15
<i>vancomycin hydrochloride</i>	5	VONJO	15
VANFLYTA	14	VORANIGO	15
VAQTA	17	<i>voriconazole</i>	6
<i>ardenafil hydrochloride</i>	24	VOSEVI	9
<i>ardenafil hydrochloride odt</i>	24	VOTRIENT	15
<i>varenicline starting month</i>	18	VOXZOGO	57
<i>varenicline tartrate</i>	18	VRAYLAR	35
<i>varenicline tartrate</i>	18	VUMERITY	55
VARIVAX	17	<i>vyfemla</i>	50
VARIZIG	16	VYNDAMAX	57
VASCEPA	21	VYNDAQEL	57
VAXCHORA	17	VYVANSE	28
<i>velivet</i>	50	VYZULTA	43
VELPHORO	39	<i>warfarin sodium</i>	20
VELTASSA	39	WELIREG	15
VEMLIDY	9	WINLEVI	64
VENCLEXTA	15	<i>wixela inhub</i>	19
VENCLEXTA STARTING PACK	14	XALKORI	15
<i>venlafaxine besylate er</i>	35	XARELTO	20
<i>venlafaxine hcl er</i>	35	XARELTO STARTER PACK	20
<i>venlafaxine hydrochloride</i>	35	XATMEP	15
<i>venlafaxine hydrochloride er</i>	35	XCOPRI	29
VENTAVIS	59	XDEMVI	41
<i>verapamil hcl</i>	23	XELJANZ	55
<i>verapamil hcl er</i>	22	XELJANZ XR	55
<i>verapamil hcl sr</i>	23	XENLETA	5
<i>verapamil hydrochloride</i>	23	XERMELO	43
<i>verapamil hydrochloride er</i>	23	XGEVA	54
VERQUVO	25	XIFAXAN	5
VERSACLOZ	35	XIGDUO XR	48

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Drug Name	Page #	Drug Name	Page #
XOFLUZA	9	ZORBTIVE	52
XOLAIR	58	ZOSYN	5
XOSPATA	15	<i>zovia 1/35</i>	50
XPOVIO	15	ZTALMY	29
XPOVIO 100 MG ONCE WEEKLY	15	ZURZUVAE	35
XPOVIO 40 MG ONCE WEEKLY	15	ZYDELIG	15
XPOVIO 40 MG TWICE WEEKLY	15	ZYKADIA	15
XPOVIO 60 MG ONCE WEEKLY	15	ZYLET	42
XPOVIO 60 MG TWICE WEEKLY	15	ZYPREXA RELPREVV	35
XPOVIO 80 MG ONCE WEEKLY	15		
XPOVIO 80 MG TWICE WEEKLY	15		
XTANDI	15		
<i>xulane</i>	50		
XYOSTED	47		
<i>yargesa</i>	57		
YERVOY	15		
YF-VAX	17		
YONSA	15		
YUPELRI	17		
<i>yuvafem</i>	51		
<i>zafemy</i>	50		
<i>zafirlukast</i>	57		
<i>zaleplon</i>	31		
ZARXIO	20		
ZEJULA	15		
ZELBORAF	15		
ZENATANE	64		
ZENPEP	45		
ZEPOSIA	56		
ZEPOSIA 7-DAY STARTER PACK	56		
ZEPOSIA STARTER KIT	56		
ZERBAXA	5		
<i>zidovudine</i>	9		
ZIEXTENZO	20		
<i>zileuton er</i>	57		
<i>ziprasidone hcl</i>	35		
<i>ziprasidone mesylate</i>	35		
ZIRGAN	41		
<i>zoledronic acid</i>	54		
ZOLINZA	15		
<i>zolmitriptan</i>	30		
<i>zolmitriptan odt</i>	30		
<i>zolpidem tartrate</i>	31		
<i>zolpidem tartrate er</i>	31		
ZONISADE	29		
<i>zonisamide</i>	29		

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a Point32Health company

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-701-9000 (HMO)/1-866-623-0172 (PPO).

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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)。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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية (PPO) 1-800-701-9000 (HMO)/1-866-623-0172 ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-701-9000 (HMO)/1-866-623-0172 (PPO) 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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 1-800-701-9000 (HMO)/1-866-623-0172 (PPO). 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、1-800-701-9000 (HMO)/1-866-623-0172 (PPO)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。

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This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit www.thpmp.org.



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Tufts 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 (including pregnancy, sexual orientation, and gender identity). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-701-9000 (TTY: 711).