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Tufts Health Plan Senior Care Options (HMO-SNP)

Tufts Health Plan Senior Care Options CW (HMO-SNP)

2024 List of Covered Drugs (Formulary)

Tufts Health Plan Senior Care Options

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

24521 Version 17

This formulary was updated on 12/01/2024.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Member Services at **1-855-670-5934** (TTY users should call 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30), or visit **www.thpmp.org/sco-member**.

Tufts Health Plan Senior Care Options (HMO-SNP) Tufts Health Plan Senior Care Options CW (HMO-SNP) 2024 *List of Covered Drugs (Formulary)*

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by Tufts Health Plan Senior Care Options. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health Plan Senior Care Options.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.



If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30). The call is free. **For more information**, visit www.thpmp.org/sco-member.

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A. Disclaimers

This is a list of drugs that members can get in *Tufts Health Plan Senior Care Options*.

- Tufts Health Plan Senior Care Options is an HMO-SNP with a Medicare Contract. Enrollment in Tufts Health Plan Senior Care Options depends on contract renewal.
- The HMO-SNP is available to anyone who has both MassHealth Standard (Medicaid) and Medicare Parts A and B. The SCO is available to anyone who has MassHealth Standard only. You are not eligible to enroll into Tufts Health Plan Senior Care Options if you are enrolled in any other health insurance plan, with the exception of Medicare. Other eligibility requirements and restrictions may apply.
- Tufts Health Plan Senior Care Options is a voluntary MassHealth (Medicaid) program in association with EOHHS and CMS.
- Tufts Health Plan Senior Care Options 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).
- You can always check Tufts Health Plan Senior Care Options' up-to-date *List of Covered Drugs* online at www.thmp.org/sco-member or by calling the number listed in the footer of this document.
- You can get this document for free in other formats, such as large print, Braille, or audio. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. The call is free.
- This document is available for free in Spanish.
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call Tufts Health Plan Senior Care Options at the number listed in the footer of this document. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura al pie de página de este documento. La llamada es gratis.
- Your request for this document in an accessible format or language will be applied on a standing basis unless you request otherwise.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thmp.org/sco-member.



Multi-language Interpreter Services

English: We have free interpreter services available for people who require translation services to answer any questions you may have about our health or drug plan. We can also give you information in English, Braille, large print, or other alternate format. Just call us at 1-855-670-5934. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérpretes disponibles para personas que requieren servicios de traducción para responder cualquier pregunta que usted pueda tener sobre nuestro plan de salud o medicamentos. También podemos brindarle información en español, braille, letra grande u otro formato alternativo. Simplemente llámenos al 1-855-670-5934. Una persona que habla español le puede ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们为需要翻译服务的人提供免费口译服务，回答您对我们的健康或药物计划的任何问题。我们还可以以简体中文、盲文、大字体或其他替代格式为您提供信息。请致电 1-855-670-5934 联系我们。会说普通话的人会帮助您。本项服务免费。

Chinese Traditional: 我們為有翻譯服務需求者提供免費口譯服務，以針對我們的健康或藥物計劃，為您回答任何您可能提出的問題。我們也以繁體中文、點字、大字體或其他替代格式為您提供資訊。請撥打電話：

1-855-670-5934。會說中文的人可以協助您。此為免費服務。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter na magagamit ng mga taong nangangailangan ng mga serbisyo ng pagsasalín upang masagot ang anumang maaaring tanong mo tungkol sa aming plano sa kalusugan o gamot. Maaari din kaming magbigay sa iyo ng impormasyon na nasa Tagalog, braille, malalaking titik, o iba pang alternatibong format. Tumawag lang sa amin sa 1-855-670-5934. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétariat gratuits à la disposition de tous ceux qui ont besoin de services de traduction pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou médicaments. Nous pouvons vous fournir des informations en français, braille, lettres majuscules, ou tout autre format. Veuillez nous appeler au 1-855-670-5934. Une personne qui parle français pourra vous assister. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí cho người cần phiên dịch để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình bảo hiểm y tế hay chương trình thuốc của chúng tôi. Chúng tôi cũng có thể cung cấp thông tin cho quý vị bằng Tiếng Việt, chữ nổi braille, bản in chữ lớn, hay định dạng thay thế khác. Quý vị chỉ cần gọi chúng tôi theo số 1-855-670-5934. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir stellen Dolmetscherdienste kostenlos all jenen zur Verfügung, die zwecks Beantwortung ihrer Fragen zu den für sie geltenden Kostenübernahme- und Zuzahlungsregeln Übersetzungsdienste benötigen. Zudem informieren wir Sie bei Bedarf in Deutsch, Brailleschrift, Großdruck oder anderen Formaten. Rufen Sie uns einfach an: 1-855-670-5934. Hier erhalten Sie Hilfe von jemand, der Deutsch spricht. Dieser Service ist kostenlos.

Korean: 번역 서비스가 필요하신 분들에게 건강 플랜 또는 약품 플랜에 대한 문의에 답변을 드리기 위해 무료 통역 서비스를 제공합니다. 또한 한국어, 점자, 큰 활자 또는 기타 대체 형식으로 정보를 제공할 수 있습니다.

1-855-670-5934 번으로 전화해 주십시오. 한국어를 구사하는 사람이 도와드릴 수 있습니다. 통역은 무료 서비스입니다.

Russian: Мы предоставляем бесплатную услугу устного перевода для людей, которым он необходим, чтобы ответить на вопросы о здоровье или плане получения рецептурных препаратов. Мы также можем предоставить вам информацию на русском языке, с использованием шрифта Брайля, крупным шрифтом или в другом альтернативном формате. Просто позвоните по номеру 1-855-670-5934. Вам поможет сотрудник, владеющий русским языком. Это — бесплатная услуга.

Arabic: لدينا خدمات ترجمة فورية مجانية متاحة للأشخاص الذين يحتاجون إلى خدمات الترجمة للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. يمكننا أيضًا تزويدك بالمعلومات باللغة العربية أو بطريقة برايل أو بحروف كبيرة أو بأي تنسيق بديل آخر. كل ما عليك هو الاتصال بنا على الرقم 1-855-670-5934. يمكن أن يقوم شخص يتحدث باللغة العربية بمساعدتك. هذه الخدمة مجانية.

Hindi: हमारे पास उन लोगों के लिए मुफ्त दुभाषिया सेवाएं उपलब्ध हैं जिन्हें हमारी स्वास्थ्य या दवा योजना के बारे में उनके किसी भी प्रश्न का उत्तर देने के लिए अनुवाद सेवाओं की आवश्यकता है। हम आपको हिंदी, ब्रेल, बड़े प्रिंट या अन्य वैकल्पिक प्रारूप में भी जानकारी दे सकते हैं। बस हमें 1-855-670-5934 पर कॉल करें। हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Se occorre una traduzione, i nostri servizi di interpretariato sono disponibili gratuitamente per offrire chiarimenti e risposte in merito al nostro piano sanitario o per i medicinali. Possiamo offrire informazioni anche in italiano, braille, caratteri grandi o altri formati. Non esiti a chiamarci al recapito 1-855-670-5934. Una persona che parla italiano sarà pronta a offrire assistenza. Questo servizio è gratuito.

Portuguese: Temos serviços de interpretação gratuitos para quem necessite de serviços de tradução para responder a qualquer questão que possamos ter sobre o seu plano de saúde ou medicação. Também podemos dar todas as informações em Português, braille, letra de grande dimensão ou formato alternativo. Basta ligar para o 1-855-670-5934. Alguém fala Português e poderá ajudar. É um serviço gratuito.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thmp.org/sco-member. v



French Creole: Nou gen sèvis entèprèt gratis ki disponib pou moun ki bezwen sèvis tradiksyon pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa anrapò ak plan medikaman nou an. Nou kapab ba w enfòmasyon tou nan lang Kreyòl ayisyen, bray, gwo lèt, oswa lòt fòm. Jis rele nou nan 1-855-670-5934. Yon moun ki pale lang Kreyòl ayisyen ka ede w. Sa a se yon sèvis gratis.

Polish: Osobom potrzebującym tłumaczenia oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Możemy również udzielić informacji w języku polskim, alfabecie Braille'a, dużym druku lub innym alternatywnym formacie. Wystarczy zadzwonić pod numer 1-855-670-5934. Ktoś mówiący w języku polskim może Ci pomóc. Jest to usługa bezpłatna.

Japanese: 私たちの医療や医薬品の計画に関する、どのような質問にもお答えするため、翻訳サービスが必要な方のための無料通訳サービスを提供しています。情報は、日本語、点字、大活字、その他の代替形式でも提供可能です。1-855-670-5934 にお電話ください。日本語対応でお手伝いいたします。これは無料のサービスです。

Khmer: យើងមានសេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃសម្រាប់អ្នកដែលត្រូវការសេវាកម្មបកប្រែ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានទាក់ទងនឹងគម្រោងសុខភាព ឬឱសថរបស់យើង។ យើងក៏អាចផ្តល់ជូនអ្នកនូវព័ត៌មានជាភាសាខ្មែរ អក្សរសម្រាប់ជនពិការផ្នែក អក្សរពុម្ពធំ ឬជាទម្រង់ដទៃផ្សេងទៀតបានផងដែរ។ គ្រាន់តែហៅទូរសព្ទមកយើងតាមលេខ 1-855-670-5934 ។ អ្នកដែលនិយាយភាសា ខ្មែរអាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

Laotian: ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີທີ່ມີໃຫ້ສໍາລັບຜູ້ທີ່ຕ້ອງການການບໍລິການການແປພາສາ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບ ຫຼື ແຜນການຢາຂອງພວກເຮົາ. ພວກເຮົາຍັງສາມາດໃຫ້ທ່ານເປັນຂໍ້ມູນໃນພາສາລາວ, ຕົວໜັງສືພິມ, ການພິມຂະໜາດໃຫຍ່ ຫຼື ຮູບແບບອື່ນໆ. ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-670-5934. ຄົນທີ່ເວົ້າພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Tufts Health Plan Senior Care Options. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide your services. We refer to these pharmacies as “network pharmacies.” The prescription drugs included on this List of Covered Drugs are covered by Tufts Health Plan Senior Care Options.

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by MassHealth. Please visit the MassHealth website at <https://mhdل.pharmacy.services.conduent.com/MHDL> for more information.

- Tufts Health Plan Senior Care Options will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Tufts Health Plan Senior Care Options agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Tufts Health Plan Senior Care Options network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at www.thpmp.org/sco-member or call Member Services at the number listed in the footer of this document.

B2. Does the Drug List ever change?

Yes, and Tufts Health Plan Senior Care Options must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Tufts Health Plan Senior Care Options before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Tufts Health Plan Senior Care Options' up-to-date Drug List online at www.thpmp.org/sco-member.
- You can also call Member Services at the number listed in the footer of this document to check the current Drug List.

B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug, and add the new generic drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. You can then talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

If you have questions, please call Tufts Health Plan Senior Care Options at 1-855-670-5934 (TTY: 711), 7 days a week, 8 a.m. – 8 p.m. (Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m.). The call is free. **For more information**, visit www.thmp.org/sco-member. ix



B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Tufts Health Plan Senior Care Options before you fill your prescription. Prior authorization is different from a referral. Tufts Health Plan Senior Care Options may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Tufts Health Plan Senior Care Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health Plan Senior Care Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **Non-extended day supply drug:** For certain drugs, Tufts Health Plan Senior Care Options limits quantities up to a 30-day supply per fill.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 1. You can also get more information by visiting our website at www.thpmp.org/sco-member. 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.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by Drug Type on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Tufts Health Plan Senior Care Options changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

B7. How can I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically, **or**
- You can search by drug type.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it on page 63. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index.

To search **by drug type**, find the section labeled “List of Drugs by Drug Type” on page 1. The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at the number listed in the footer of this document and ask about it. If you learn that Tufts Health Plan Senior Care Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.



B9. What if I am a new Tufts Health Plan Senior Care Options member and can't find my drug on the Drug List or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Tufts Health Plan Senior Care Options. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Tufts Health Plan Senior Care Options, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Tufts Health Plan Senior Care Options does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Tufts Health Plan Senior Care Options member.
- This is in addition to the temporary supply during the first 90 days you are a member of Tufts Health Plan Senior Care Options.

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 Health Plan Senior Care Options Member Services department.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Tufts Health Plan Senior Care Options to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, Tufts Health Plan Senior Care Options may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more at no additional cost.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 8 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. For a faster decision, include this medical information from your doctor or other prescriber when you ask for the exception.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Tufts Health Plan Senior Care Options covers both brand name drugs and generic drugs.



B14. What are OTC drugs?

OTC stands for “over-the-counter”. Tufts Health Plan Senior Care Options covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MassHealth Standard (Medicaid) Over-the-Counter Drug List to find out what OTC drugs are covered.

In addition to the MassHealth Standard (Medicaid) OTC Drug List, Tufts Health Plan Senior Care Options provides coverage for the following drugs under your Medicare benefit:

- Benzonatate
- Chondroitin/MSM
- Glucosamine/Chondroitin/MSM
- Glucosamine/MSM
- Lidocaine 4% Topical Patch
- Methylsulfonylmethane (MSM)
- Mucinex 600 mg
- Omega 3/Fish Oil
- Robitussin Cough + Chest Congestion DM (liquid)

B15. Does Tufts Health Plan Senior Care Options cover non-drug OTC products?

Tufts Health Plan Senior Care Options covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs and gauze.

You can read the Tufts Health Plan Senior Care Options Drug List to find out what non-drug OTC products are covered.

B16. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You have a \$0 copay.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You have a \$0 copay.

B17. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B18. What is my copay?

Tufts Health Plan Senior Care Options members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List. Your plan has 1 tier. All covered drugs are in this tier.

All drugs on our Drug List have no copay.

- Tier 1 Generic drugs have \$0 copay.
- Tier 1 Brand name drugs have \$0 copay.
- OTCs have \$0 copay.

If you have questions, call Member Services at the number listed in the footer of this document.



C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Tufts Health Plan Senior Care Options. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 63. The index alphabetically lists all drugs covered by Tufts Health Plan Senior Care Options.

C1. List of drugs by Drug Type

The drugs in this section are grouped into categories by type. For example, if you are taking a medicine for migraines, you should look in the “Antimigraine Agents” category. That is where you will find drugs that treat migraines.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

PA BvD: Medicare Part B or D.

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D.

QL: Quantity Limit Applies.

Because of potential safety and utilization concerns, Tufts Health Plan Senior Care Options 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.

HI: Home Infusion Drug.

This prescription drug is covered under our medical benefit.

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.

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.

This section is continued on the next page

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 Health Plan Senior Care Options for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process.

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



C2. Additional coverage

Diabetic Testing Supplies

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

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- FreeStyle Libre and Dexcom continuous glucose monitoring systems (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 (e.g., 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

Anti-obesity Drugs

Certain anti-obesity drugs are covered under Masshealth (Requires prior authorization). For drug coverage and prior authorization criteria, refer to the Masshealth drug list at <https://mhdh.pharmacy.services.conduent.com/MHDL/>

The first column of the table lists the name of the drug. Generic drugs are listed in lower- case italics (for example, *omeprazole*), brand name drugs are capitalized (for example, ENTRESTO). The information in the "Necessary actions, restrictions, or limits on use" column tells you if Tufts Health Plan Senior Care Options has any rules for covering your drug.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.



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

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	HI
<i>ceftriaxone in iso-osmotic dextrose</i>	1	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	1	HI
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	HI
<i>cephalexin</i>	1	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin susr, tabs</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hydrochloride</i>	1	
<i>clindamycin phosphate/dextrose</i>	1	HI
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml</i>	1	HI
<i>colistimethate sodium inj</i>	1	NEDS; HI
DALVANCE	1	HI
<i>daptomycin</i>	1	NEDS; HI
<i>daptomycin/sodium chloride</i>	1	HI
<i>demeclocycline hcl tabs</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	1	NEDS
DOXY 100	1	HI
<i>doxycycline</i>	1	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	
<i>doxycycline hyclate caps, tabs</i>	1	
<i>doxycycline hyclate inj</i>	1	HI
<i>doxycycline monohydrate caps, tabs</i>	1	
<i>ertapenem</i>	1	HI
<i>ertapenem sodium</i>	1	HI
<i>erythromycin base tabs</i>	1	
<i>erythromycin dr</i>	1	
<i>erythromycin ethylsuccinate susr, tabs</i>	1	
FIRVANQ	1	
<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>	1	HI
<i>gentamicin sulfate inj 40mg/ml</i>	1	HI
<i>imipenem/cilastatin</i>	1	HI
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	HI
<i>levofloxacin in d5w</i>	1	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin inj 25mg/ml</i>	1	HI
<i>levofloxacin oral soln 25mg/ml</i>	1	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	1	
<i>linezolid susr</i>	1	NEDS
<i>linezolid inj 600mg/300ml</i>	1	HI
<i>meropenem</i>	1	HI
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs</i>	1	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	1	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>neomycin sulfate tabs</i>	1	
NUZYRA TABS	1	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	1	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	1	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	HI
<i>penicillin g sodium</i>	1	NEDS; HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	HI
SIVEXTRO TABS	1	NEDS
<i>streptomycin sulfate inj 1gm</i>	1	
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfasalazine tabs, tbec</i>	1	
SUPRAX CHEW	1	
SUPRAX SUSR 500MG/5ML	1	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	HI
TEFLARO	1	NEDS; HI
<i>tetracycline hydrochloride caps</i>	1	
TOBI PODHALER	1	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	HI
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	1	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	1	HI
<i>vancomycin hydrochloride caps, oral solr</i>	1	
<i>vancomycin hydrochloride inj 1.75gm, 2gm</i>	1	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	1	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	1	HI
VIBRAMYCIN SYRP	1	
XENLETA TABS	1	NEDS
XIFAXAN TABS 200MG	1	
XIFAXAN TABS 550MG	1	PA; NEDS
ZERBAXA	1	NEDS; HI
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	1	HI
Antifungals		
ABELCET	1	PA
<i>amphotericin b liposome</i>	1	PA; NEDS
<i>amphotericin b inj</i>	1	PA
<i>casprofungin acetate inj 70mg</i>	1	
<i>casprofungin acetate inj 50mg</i>	1	NEDS
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	1	NEDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps, soln</i>	1	
<i>ketoconazole tabs 200mg</i>	1	
<i>micafungin inj 100mg</i>	1	
<i>micafungin inj 50mg</i>	1	NEDS
NOXAFIL PACK, SUSP	1	NEDS
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr</i>	1	NEDS
<i>posaconazole susp</i>	1	NEDS
<i>terbinafine hcl tabs</i>	1	QL(42 EA per 42 days)
<i>voriconazole tabs</i>	1	
<i>voriconazole susr</i>	1	NEDS
<i>voriconazole inj</i>	1	PA; NEDS
Antimycobacterials		
<i>dapsone tabs</i>	1	
<i>ethambutol hydrochloride</i>	1	
<i>isoniazid syrp, tabs</i>	1	
PASER	1	
PRIFTIN	1	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin</i>	1	
<i>rifampin caps, inj</i>	1	
SIRTURO	1	PA; NEDS
TRECTOR	1	
Antiprotozoals		

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Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone/proguanil hcl</i>	1	
<i>atovaquone susp</i>	1	NEDS
BENZNIDAZOLE	1	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	1	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
IMPAVIDO	1	NEDS
<i>mefloquine hcl</i>	1	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	HI
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitazoxanide tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
<i>pentamidine isethionate inj</i>	1	
<i>pentamidine isethionate inhalation solr</i>	1	PA BvD
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	1	NEDS
<i>quinine sulfate caps 324mg</i>	1	PA
SOLOSEC	1	
<i>tinidazole tabs</i>	1	
Antivirals		
<i>abacavir</i>	1	
<i>abacavir sulfate/lamivudine</i>	1	
<i>abacavir sulfate/lamivudine/zidovudine</i>	1	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	1	PA
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	1	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	1	
APTIVUS CAPS	1	NEDS
<i>atazanavir</i>	1	
<i>atazanavir sulfate caps 300mg</i>	1	
BIKTARVY	1	NEDS
<i>cidofovir</i>	1	NEDS
CIMDUO	1	NEDS
COMPLERA	1	NEDS
<i>darunavir</i>	1	NEDS
DELSTRIGO	1	
DESCOVY	1	NEDS
DOVATO	1	NEDS
EDURANT	1	NEDS
<i>efavirenz</i>	1	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	NEDS
<i>emtricitabine</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil</i>	1	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	1	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	1	NEDS
EMTRIVA SOLN	1	
<i>entecavir</i>	1	
EPCLUSA	1	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	1	
<i>etravirine tabs 200mg</i>	1	NEDS
EVOTAZ	1	NEDS
<i>famciclovir tabs</i>	1	
<i>fosamprenavir calcium</i>	1	NEDS
FUZEON	1	NEDS
GENVOYA	1	NEDS
HARVONI PACK	1	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	1	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	1	
ISENTRESS HD	1	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	1	
ISENTRESS TABS	1	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	1	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	1	QL(720 EA per 30 days)
JULUCA	1	NEDS
LAGEVRIO	1	QL(40 EA per 5 days)
<i>lamivudine</i>	1	
<i>lamivudine/zidovudine</i>	1	
LEXIVA SUSP	1	
LIVTENCITY	1	PA; NEDS
<i>lopinavir/ritonavir</i>	1	
<i>maraviroc tabs 300mg</i>	1	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	1	QL(60 EA per 30 days); NEDS
MAVYRET	1	PA; NEDS; SP-Optum Specialty
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
NORVIR PACK, SOLN	1	
ODEFSEY	1	NEDS
<i>oseltamivir phosphate caps, susr</i>	1	
PAXLOVID TBPK 150MG; 100MG	1	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 150MG; 100MG	1	QL(30 EA per 5 days); \$0 Copay
PEGASYS	1	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	1	NEDS
PREVYMIS TABS	1	PA; NEDS
PREZCOBIX	1	NEDS

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSP	1	NEDS
PREZISTA TABS 75MG	1	
PREZISTA TABS 150MG, 600MG, 800MG	1	NEDS
RELENZA DISKHALER	1	
REYATAZ PACK	1	NEDS
<i>ribavirin caps</i>	1	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	1	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	1	NEDS
SELZENTRY SOLN	1	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	1	
SELZENTRY TABS 75MG	1	NEDS
STRIBILD	1	NEDS
SUNLENCA TBPK	1	NEDS
SYMTUZA	1	NEDS
TEMIXYS	1	NEDS
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY PD	1	
TIVICAY TABS 10MG	1	
TIVICAY TABS 25MG, 50MG	1	NEDS
TRIUMEQ	1	NEDS
TRIUMEQ PD	1	NEDS
TRIZIVIR	1	NEDS
<i>valacyclovir hydrochloride tabs</i>	1	
<i>valganciclovir</i>	1	
<i>valganciclovir hydrochloride</i>	1	NEDS
VEMLIDY	1	NEDS
VIRACEPT TABS 250MG	1	
VIRACEPT TABS 625MG	1	NEDS
VIREAD POWD	1	NEDS
VIREAD TABS 150MG, 200MG, 250MG	1	NEDS
VOSEVI	1	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPK 40MG, 80MG	1	QL(1 EA per 7 days)
XOFLUZA TBPK 20MG	1	QL(2 EA per 7 days)
<i>zidovudine</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	1	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	1	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>trimethoprim tabs</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		

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Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>diphenhydramine hydrochloride inj</i>	1	
<i>promethazine hcl inj</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hydrochloride plain</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	
Second Generation Antihistamines		
<i>desloratadine</i>	1	
<i>desloratadine odt</i>	1	
<i>levocetirizine dihydrochloride tabs</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	1	PA NSO; NEDS; SP-Optum Specialty
AKEEGA	1	PA NSO; NEDS
ALECENSA	1	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	1	PA NSO; NEDS
AUGTYRO	1	PA NSO; NEDS
AYVAKIT	1	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	1	PA NSO; NEDS
BESREMI	1	PA NSO; NEDS
<i>bexarotene caps 75mg</i>	1	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	1	
<i>bortezomib inj 1mg, 2.5mg</i>	1	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	1	NEDS
BOSULIF CAPS 50MG	1	PA NSO; NEDS
BOSULIF CAPS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	1	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	1	PA NSO; NEDS
CABOMETYX	1	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	1	PA NSO; NEDS
CALQUENCE CAPS	1	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	1	QL(30 EA per 30 days); PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100MG	1	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	1	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	1	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	1	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	1	PA BvD
<i>cyclophosphamide caps</i>	1	PA BvD; SP-Optum Specialty
DARZALEX	1	NEDS
<i>dasatinib</i>	1	PA NSO; NEDS
DAURISMO	1	PA NSO; NEDS; SP-Optum Specialty
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	1	
DROXIA	1	
EMCYT	1	
ERIVEDGE	1	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	1	PA NSO; NEDS
ERLEADA TABS 60MG	1	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	1	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	1	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	1	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	1	PA NSO; NEDS
<i>flutamide</i>	1	
FOTIVDA	1	PA NSO; NEDS
FRUZAQLA	1	PA NSO; NEDS
GAVRETO	1	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	1	PA NSO; NEDS
GILOTRIF	1	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	1	
<i>hydroxyurea caps</i>	1	
IBRANCE	1	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	1	PA NSO; NEDS
IDHIFA	1	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i>	1	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	1	PA NSO; NEDS
IMBRUVICA CAPS, TABS	1	PA NSO; NEDS; SP-Optum Specialty
INLYTA	1	PA NSO; NEDS; SP-Optum Specialty
INQOVI	1	PA NSO; NEDS; SP-Optum Specialty
INREBIC	1	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	1	SP-Optum Specialty
IRESSA	1	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	1	PA NSO; NEDS
JAKAFI	1	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	1	PA NSO; NEDS
JYLAMVO	1	PA BvD
KISQALI	1	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	1	PA NSO; NEDS
KRAZATI	1	PA NSO; NEDS
KYPROLIS	1	NEDS
<i>lapatinib ditosylate</i>	1	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	1	PA NSO; NEDS
LAZCLUZE TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>lenalidomide caps 2.5mg, 20mg</i>	1	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	1	
LONSURF	1	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	1	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	1	PA NSO; NEDS
LUMAKRAS TABS 120MG	1	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	1	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	1	
LYTGOBI	1	PA NSO; NEDS
MATULANE	1	NEDS
MEKINIST SOLR	1	PA NSO; NEDS
MEKINIST TABS	1	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	1	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium tabs</i>	1	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	PA BvD
<i>methotrexate inj 50mg/2ml</i>	1	PA BvD
NERLYNX	1	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	1	NEDS
NINLARO	1	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	1	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	1	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	1	PA NSO; NEDS
OJEMDA	1	PA NSO; NEDS
OJJAARA	1	PA NSO; NEDS
ONUREG	1	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	1	NEDS
ORSERDU	1	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hydrochloride</i>	1	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	1	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	1	PA NSO; NEDS; SP-Optum Specialty
POMALYST	1	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	1	NEDS
QINLOCK	1	PA NSO; NEDS
RETEVMO CAPS	1	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	1	PA NSO; NEDS
RETEVMO TABS 80MG	1	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	1	QL(90 EA per 30 days); PA NSO; NEDS
REVLIMID	1	PA NSO; NEDS
REZLIDHIA	1	PA NSO; NEDS
ROZLYTREK PACK	1	PA NSO; NEDS
ROZLYTREK CAPS	1	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	1	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	1	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	1	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	1	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	1	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	1	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	1	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	1	NEDS
TABLOID	1	SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
TABRECTA	1	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	1	PA NSO; NEDS
TAFINLAR CAPS	1	PA NSO; NEDS; SP-Optum Specialty
TAGRISSE	1	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	1	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	1	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	1	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	1	PA NSO; NEDS
TEPMETKO	1	PA NSO; NEDS
TIBSOVO	1	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	1	NEDS; SP-Optum Specialty
TREXALL	1	PA BvD
TRUQAP	1	PA NSO; NEDS
TRUSELTIQ	1	PA NSO; NEDS
TUKYSA	1	PA NSO; NEDS
TURALIO	1	PA NSO; NEDS
VANFLYTA	1	PA NSO; NEDS
VENCLEXTA STARTING PACK	1	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 100MG	1	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	1	PA NSO; SP-Optum Specialty
VERZENIO	1	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	1	PA NSO; NEDS
VIZIMPRO	1	PA NSO; NEDS; SP-Optum Specialty
VONJO	1	PA NSO; NEDS; SP-Optum Specialty
VORANIGO TABS 40MG	1	PA NSO; NEDS
VORANIGO TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
VOTRIENT	1	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	1	PA NSO; NEDS
XALKORI CPSP	1	PA NSO; NEDS
XALKORI CAPS	1	PA NSO; NEDS; SP-Optum Specialty
XATMEP	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA	1	PA NSO; NEDS
XPOVIO	1	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	1	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	1	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	1	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	1	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	1	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	1	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	1	PA NSO; NEDS
XTANDI	1	PA NSO; NEDS; SP-Optum Specialty
YERVOY	1	NEDS
YONSA	1	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	1	PA NSO; NEDS
ZEJULA CAPS	1	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	1	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	1	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	1	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	1	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	1	PA BvD; NEDS; HI
CUVITRU	1	PA BvD; NEDS
FLEBOGAMMA DIF	1	PA BvD; NEDS; HI
GAMMAGARD LIQUID	1	PA BvD; NEDS; HI
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	1	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	1	PA BvD; NEDS; HI
GAMUNEX-C	1	PA BvD; NEDS; HI
HIZENTRA	1	PA BvD; NEDS
OCTAGAM	1	PA BvD; NEDS; HI
PANZYGA	1	PA BvD; NEDS; HI
PRIVIGEN	1	PA BvD; NEDS; HI
VARIZIG INJ 125UNIT/1.2ML	1	
<i>Toxoids</i>		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
INFANRIX	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
QUADRACEL	1	
<i>tdvax</i>	1	
TENIVAC	1	
Vaccines		
ABRYSVO	1	
ACTHIB	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXSERO	1	
DENGVAXIA	1	
ENGERIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA BvD
PRIORIX	1	
PROQUAD	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD
ROTARIX	1	
ROTATEQ SOLN	1	
SHINGRIX	1	
STAMARIL	1	
TICOVAC	1	
TRUMENBA	1	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
YF-VAX	1	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	1	QL(180 EA per 90 days)
ATROVENT HFA	1	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	1	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate soln</i>	1	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
INCRUSE ELLIPTA	1	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	1	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	1	NEDS
LONHALA MAGNAIR STARTER KIT	1	NEDS
SPIRIVA RESPIMAT	1	QL(12 GM per 90 days)
STIOLTO RESPIMAT	1	QL(12 GM per 90 days)
YUPELRI	1	PA BvD; NEDS
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER	1	
NICOTROL NS	1	
<i>varenicline starting month</i>	1	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	1	QL(60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs</i>	1	
<i>cevimeline hydrochloride</i>	1	
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide soln, tabs</i>	1	
<i>pilocarpine hydrochloride</i>	1	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide soln, tabs</i>	1	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
Skeletal Muscle Relaxants		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium caps</i>	1	
<i>tizanidine hcl caps 4mg</i>	1	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
Smoking Cessation Agents		
<i>varenicline tartrate tabs 1mg</i>	1	QL(60 EA per 30 days)
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	1	
<i>dihydroergotamine mesylate soln</i>	1	QL(8 ML per 30 days); NEDS
<i>ergoloid mesylates tabs</i>	1	
<i>phenoxybenzamine hydrochloride</i>	1	
<i>silodosin</i>	1	
<i>tamsulosin hydrochloride</i>	1	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate syr, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	PA BvD
<i>arformoterol tartrate</i>	1	PA BvD
COMBIVENT RESPIMAT	1	QL(24 GM per 90 days)
<i>droxidopa</i>	1	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	1	QL(3 EA per 90 days)
<i>formoterol fumarate nebu</i>	1	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	1	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	1	PA BvD
<i>levalbuterol tartrate hfa</i>	1	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	1	PA BvD
<i>midodrine hcl</i>	1	
PROAIR RESPICLICK	1	QL(6 EA per 90 days)
SEREVENT DISKUS	1	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	1	QL(12 GM per 90 days)
<i>terbutaline sulfate tabs</i>	1	
<i>wixela inhub</i>	1	QL(180 EA per 90 days)
Blood Formation, Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>aminocaproic acid</i>	1	
<i>tranexamic acid</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antithrombotic Agents		
<i>anagrelide hydrochloride</i>	1	
<i>aspirin/dipyridamole er</i>	1	
BRILINTA	1	
CABLIVI	1	NEDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	1	
ELIQUIS	1	
ELIQUIS STARTER PACK	1	
<i>enoxaparin sodium</i>	1	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	1	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	1	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	1	NEDS
<i>heparin sodium</i>	1	
<i>heparin sodium/d5w</i>	1	
<i>jantoven</i>	1	
<i>prasugrel hydrochloride</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	1	
XARELTO STARTER PACK	1	
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA	1	NEDS
PYRUKYND	1	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	1	PA; NEDS; SP-Optum Specialty
TAVALISSE	1	QL(60 EA per 30 days); NEDS
Hematopoietic Agents		
DOPTELET	1	PA; NEDS; SP-Optum Specialty
MOZOBIL	1	NEDS
NEULASTA	1	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	1	NEDS
<i>plerixafor</i>	1	NEDS
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	1	NEDS; SP-Optum Specialty
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	SP-Optum Specialty
PROMACTA	1	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	1	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	1	SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY	1	NEDS
UDENYCA INJ 6MG/0.6ML	1	NEDS
UDENYCA INJ 6MG/0.6ML	1	NEDS; SP-Optum Specialty
ZARXIO	1	NEDS; SP-Optum Specialty
ZIEXTENZO	1	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	1	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	1	
<i>doxazosin mesylate</i>	1	
<i>prazosin hydrochloride caps</i>	1	
<i>terazosin hcl</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	1	
<i>cholestyramine pack, powd</i>	1	
<i>colesevelam hydrochloride</i>	1	
<i>colestipol hcl</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	1	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	1	
<i>fenofibrate tabs</i>	1	
<i>fenofibric acid dr</i>	1	
FLOLIPID	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>icosapent ethyl</i>	1	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	1	PA; NEDS
LIVALO	1	
<i>lovastatin tabs</i>	1	
NEXLETOL	1	PA
NEXLIZET	1	PA
<i>niacin er</i>	1	
<i>omega-3-acid ethyl esters</i>	1	
<i>pitavastatin calcium</i>	1	
PRALUENT	1	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	1	
REPATHA	1	PA
REPATHA PUSHTRONEX SYSTEM	1	PA
REPATHA SURECLICK	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	1	
beta-Adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
<i>labetalol hydrochloride tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol tabs</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
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>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er cp12, tb24</i>	1	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er</i>	1	
<i>diltiazem hydrochloride tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine caps</i>	1	
<i>nimodipine caps</i>	1	
<i>nisoldipine er</i>	1	
NYMALIZE SOLN 6MG/ML	1	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>verapamil hcl er cp24 100mg, 300mg</i>	1	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er</i>	1	
<i>verapamil hydrochloride tabs</i>	1	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs</i>	1	
CAMZYOS	1	QL(30 EA per 30 days); PA; NEDS
CORLANOR	1	
<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, 62.5mcg</i>	1	
<i>disopyramide phosphate</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>ivabradine hydrochloride</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	1	
NORPACE CR	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	1	
<i>propafenone hydrochloride tabs 300mg</i>	1	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>ranolazine er</i>	1	
Hypotensive Agents		
<i>clonidine</i>	1	
<i>clonidine hydrochloride</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hydrochloride er</i>	1	
<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	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	1	
<i>eplerenone</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	1	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>	1	
<i>spironolactone tabs</i>	1	
TEKTRNA HCT	1	
<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>	1	PA; NEDS; SP-Optum Specialty
<i>dipyridamole tabs</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>isosorbide dinitrate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	1	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin soln 0.4mg/spray</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
<i>sildenafil citrate tabs 20mg</i>	1	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	1	PA; NEDS; SP-Optum Specialty
<i>tadalafil tabs 2.5mg, 5mg</i>	1	QL(30 EA per 30 days); PA
VERQUVO	1	
Central Nervous System Agents		
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine tabs</i>	1	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	1	QL(3600 ML per 30 days)
BELBUCA	1	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	1	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	1	QL(4 EA per 28 days)
<i>butorphanol tartrate soln</i>	1	QL(7.5 ML per 30 days)
<i>celecoxib caps</i>	1	
<i>codeine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	1	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol</i>	1	
<i>diflunisal tabs 500mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	1	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>etodolac er</i>	1	
<i>etodolac caps, tabs</i>	1	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	1	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	1	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	1	QL(120 EA per 30 days); PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL(10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	1	
<i>hydrocodone bitartrate er t24a</i>	1	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	1	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	1	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	1	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	1	QL(30 EA per 30 days)
<i>ibu</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	1	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	1	
<i>ketoprofen caps 25mg, 50mg</i>	1	
LAZANDA SOLN 400MCG/ACT	1	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	1	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	1	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	1	
<i>mefenamic acid caps</i>	1	
<i>meloxicam caps, tabs</i>	1	
<i>methadone hcl tabs</i>	1	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	1	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1	QL(600 ML per 30 days)
<i>morphine sulfate er cp24, tbc</i>	1	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	1	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	1	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	1	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium cr tb24 375mg</i>	1	
<i>naproxen sodium er tb24 375mg, 750mg</i>	1	
<i>naproxen sodium er tb24 500mg</i>	1	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>naproxen tbec 500mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tabs</i>	1	
<i>oxycodone hcl er t12a</i>	1	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	1	QL(60 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	1	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	1	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	1	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	1	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	1	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	1	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL(240 EA per 30 days)
OXYCONTIN T12A	1	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride</i>	1	QL(180 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	1	QL(60 EA per 30 days)
<i>piroxicam caps</i>	1	
<i>pregabalin er</i>	1	
<i>salsalate tabs</i>	1	
SUBSYS	1	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	1	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	1	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	1	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	1	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	1	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL(240 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine</i>	1	
<i>armodafinil</i>	1	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	1	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride cp24</i>	1	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	1	
<i>lisdexamfetamine dimesylate</i>	1	PA
<i>methamphetamine hcl</i>	1	PA
<i>methylphenidate hydrochloride</i>	1	
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	1	
<i>methylphenidate hydrochloride er (la)</i>	1	

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<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	1	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	1	
<i>methylphenidate hydrochloride er tb24, tbcr</i>	1	
<i>modafinil tabs</i>	1	PA
SUNOSI	1	PA
VYVANSE	1	PA
Anticonvulsants		
APTIOM	1	
BRIVIACT SOLN, TABS	1	NEDS
<i>carbamazepine er</i>	1	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp, tabs</i>	1	
CELONTIN CAPS 300MG	1	
<i>clobazam susp</i>	1	
<i>clobazam tabs</i>	1	QL(60 EA per 30 days)
<i>clonazepam odt</i>	1	
<i>clonazepam tabs</i>	1	
DIACOMIT	1	PA NSO; NEDS
DILANTIN INFATABS	1	
DILANTIN-125	1	
DILANTIN CAPS	1	
<i>divalproex sodium dr tbec</i>	1	
<i>divalproex sodium er</i>	1	
<i>divalproex sodium csdr</i>	1	
EPIDIOLEX	1	PA NSO
<i>epitol</i>	1	
EPRONTIA	1	
EQUETRO	1	
<i>ethosuximide caps, soln</i>	1	
<i>felbamate</i>	1	
FINTEPLA	1	PA NSO; NEDS
FYCOMPA	1	
<i>gabapentin caps, soln</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	1	
<i>lacosamide inj, oral soln</i>	1	
<i>lacosamide tabs</i>	1	QL(60 EA per 30 days)
<i>lamotrigine er</i>	1	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine chew, tabs</i>	1	

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

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

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<i>alprazolam odt</i>	1	
<i>alprazolam tabs</i>	1	
BELSOMRA	1	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	1	
<i>clorazepate dipotassium tabs</i>	1	
DAYVIGO	1	
<i>diazepam intensol</i>	1	
<i>diazepam rectal gel</i>	1	
<i>diazepam soln, tabs</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
<i>flurazepam hydrochloride</i>	1	
HETLIOZ LQ	1	PA; NEDS
<i>hydroxyzine hcl inj 25mg/ml</i>	1	
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrup</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>lorazepam intensol</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>ramelteon</i>	1	QL(30 EA per 30 days)
<i>tasimelteon</i>	1	PA; NEDS
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate er</i>	1	
<i>zolpidem tartrate subl, tabs</i>	1	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	1	
<i>atomoxetine hydrochloride</i>	1	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	1	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	1	QL(60 EA per 30 days)
EXSERVAN	1	NEDS
<i>guanfacine hydrochloride er</i>	1	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	1	
<i>memantine hydrochloride soln, tabs</i>	1	
NAMZARIC	1	
NOURIANZ	1	QL(30 EA per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA	1	PA
RADICAVA ORS	1	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	1	PA; NEDS; SP-Optum Specialty
RELYVRIO	1	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	1	
SODIUM OXYBATE	1	PA; NEDS
Fibromyalgia Agents		
SAVELLA	1	
SAVELLA TITRATION PACK	1	
Opiate Antagonists		
<i>naloxone hcl</i>	1	
<i>naloxone hydrochloride inj</i>	1	
<i>naloxone hydrochloride liqd</i>	1	QL(4 EA per 30 days)
<i>naltrexone hcl</i>	1	
OPVEE	1	QL(4 EA per 30 days)
VIVITROL	1	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	1	NEDS
ABILIFY MAINTENA	1	NEDS
ABILIFY MYCITE	1	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	1	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	1	
<i>amoxapine</i>	1	
ALENZIN TB24 174MG, 348MG	1	ST NSO
ALENZIN TB24 522MG	1	ST NSO; NEDS
<i>aripiprazole</i>	1	
<i>aripiprazole odt</i>	1	
ARISTADA	1	NEDS
ARISTADA INITIO	1	NEDS
<i>asenapine maleate sl</i>	1	ST NSO
AUVELITY	1	
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hydrochloride er (sr)</i>	1	
<i>bupropion hydrochloride er (xl)</i>	1	
<i>bupropion hydrochloride tabs 75mg</i>	1	
CAPLYTA	1	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>chlorpromazine hcl tabs</i>	1	
<i>chlorpromazine hydrochloride conc, tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide</i>	1	
<i>clomipramine hydrochloride</i>	1	
<i>clozapine odt</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>desvenlafaxine er</i>	1	
<i>doxepin hcl caps 75mg</i>	1	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	1	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	1	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	1	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	1	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	1	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	1	QL(90 EA per 30 days)
<i>escitalopram oxalate soln, tabs</i>	1	
FANAPT	1	ST NSO
FANAPT TITRATION PACK	1	ST NSO
FETZIMA	1	ST NSO
FETZIMA TITRATION PACK	1	ST NSO
<i>fluoxetine dr</i>	1	
<i>fluoxetine hydrochloride caps, soln, tabs</i>	1	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hydrochloride elix, inj</i>	1	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA HAFYERA	1	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	1	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	1	NEDS
INVEGA TRINZA	1	NEDS
<i>loxapine</i>	1	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	1	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	1	QL(60 EA per 30 days)
LYBALVI	1	PA NSO; NEDS

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MARPLAN	1	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	
<i>molindone hydrochloride</i>	1	
<i>nefazodone hydrochloride</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
NUPLAZID CAPS	1	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	1	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine</i>	1	
<i>olanzapine odt</i>	1	
<i>olanzapine/fluoxetine</i>	1	
<i>paliperidone er</i>	1	
<i>paroxetine</i>	1	
<i>paroxetine hcl er</i>	1	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	1	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
<i>perphenazine/amitriptyline</i>	1	
<i>perphenazine tabs</i>	1	
PERSERIS	1	NEDS
<i>phenelzine sulfate tabs</i>	1	
<i>pimozide</i>	1	
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	1	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	1	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate er</i>	1	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	1	QL(60 EA per 30 days)
REXULTI	1	NEDS
RISPERDAL CONSTA INJ 12.5MG	1	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	1	NEDS
<i>risperidone</i>	1	
<i>risperidone er inj 12.5mg</i>	1	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	1	NEDS
<i>risperidone odt</i>	1	
SECUADO	1	NEDS
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	

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<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>tranlycypromine sulfate</i>	1	
<i>trazodone hydrochloride</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
<i>trimipramine maleate caps</i>	1	
TRINTELLIX	1	
<i>venlafaxine besylate er</i>	1	
<i>venlafaxine hcl er tb24 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er</i>	1	
VERSACLOZ	1	NEDS
VIIBRYD STARTER PACK	1	
<i>vilazodone hydrochloride</i>	1	
VRAYLAR CPPK	1	
VRAYLAR CAPS	1	NEDS
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	1	
ZURZUVAE CAPS 30MG	1	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	1	QL(28 EA per 14 days); PA NSO; NEDS
ZYPREXA RELPREVV INJ 210MG	1	
ZYPREXA RELPREVV INJ 300MG, 405MG	1	NEDS
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO	1	PA; NEDS; SP-Optum Specialty
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	1	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	1	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	1	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	1	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	1	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	1	QL(90 EA per 30 days); PA; NEDS
INGREZZA	1	PA; NEDS
<i>tetrabenazine</i>	1	PA; NEDS; SP-Optum Specialty
Devices		
<i>Devices</i>		
<i>alcohol prep pads</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	1	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	1	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	

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<i>curity gauze pads 2"x2" 12 ply</i>	1	
<i>gauze pads 2"x2"</i>	1	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	1	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	1	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	1	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	1	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	1	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 PLUS G6	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	1	
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO KIT (GEN 4)	1	
OMNIPOD DASH PDM KIT (GEN 4)	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO 10 UNITS/DAY	1	
OMNIPOD GO 15 UNITS/DAY	1	
OMNIPOD GO 20 UNITS/DAY	1	
OMNIPOD GO 25 UNITS/DAY	1	
OMNIPOD GO 30 UNITS/DAY	1	
OMNIPOD GO 35 UNITS/DAY	1	
OMNIPOD GO 40 UNITS/DAY	1	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	1	
<i>techlite pen needles 29g x 10mm</i>	1	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	1	
<i>trueplus pen needles 29gx12mm</i>	1	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	1	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid</i>	1	PA; NEDS
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
KRISTALOSE	1	
<i>lactulose pack</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
<i>sodium phenylbutyrate powd, tabs</i>	1	NEDS
<i>Caloric Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
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	1	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	1	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	1	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	1	PA BvD
CLINIMIX 5%/DEXTROSE 15%	1	PA BvD
CLINIMIX 5%/DEXTROSE 20%	1	PA BvD
CLINIMIX 6/5	1	PA BvD
CLINIMIX 8/10	1	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	1	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	1	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	1	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	1	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	1	PA BvD
CLINIMIX E 8/10	1	PA BvD
CLINISOL SF 15%	1	PA BvD
<i>dextrose 10%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
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	1	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	1	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID	1	PA BvD
PLENAMINE	1	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	1	PA BvD
PROSOL	1	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	1	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	1	PA BvD
Diuretics		
<i>amiloride hcl</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>ethacrynic acid tabs</i>	1	
<i>furosemide inj, oral soln, tabs</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
<i>toremide tabs</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
Ion-removing Agents		
AURYXIA	1	PA; NEDS
LOKELMA	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hydrochloride</i>	1	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
VELPHORO	1	NEDS
VELTASSA	1	
Irrigating Solutions		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid 0.25%</i>	1	
<i>sodium chloride 0.9%</i>	1	
<i>sterile water for irrigation</i>	1	
Replacement Preparations		
<i>calcium acetate caps</i>	1	
<i>calcium acetate tabs 667mg</i>	1	
<i>dextrose 10%/sodium chloride 0.2%</i>	1	
<i>dextrose 10%/sodium chloride 0.45%</i>	1	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.2%</i>	1	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
<i>dextrose 5%/sodium chloride 0.33%</i>	1	
<i>dextrose 5%/sodium chloride 0.45%</i>	1	
<i>dextrose 5%/sodium chloride 0.9%</i>	1	
<i>dextrose/sodium chloride</i>	1	
<i>effe-r-k tbe-f 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	1	
<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>	1	
<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>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
Uricosuric Agents		
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Enzymes		
<i>Enzymes</i>		
REVCOVI	1	NEDS
SUCRAID	1	NEDS
Eye, Ear, Nose & Throat Preparations		
<i>Anti-infectives</i>		
AZASITE	1	
<i>bacitracin</i>	1	
<i>bacitracin/polymyxin b</i>	1	
BESIVANCE	1	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	1	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	1	
NATACYN	1	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
<i>perio gard</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln</i>	1	
XDEMVI	1	PA; NEDS
ZIRGAN	1	
<i>Anti-inflammatory Agents</i>		
ALREX	1	
<i>bromfenac</i>	1	
<i>bromfenac sodium soln 0.07%, 0.075%</i>	1	
BROMSITE	1	
<i>ciprofloxacin/dexamethasone</i>	1	
CORTISPORIN-TC	1	
<i>cyclosporine emul 0.05%</i>	1	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>flac</i>	1	
FLAREX	1	
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	1	
<i>fluorometholone susp</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	QL(48 GM per 90 days)
FML	1	
FML FORTE	1	
<i>hydrocortisone/acetic acid</i>	1	
ILEVRO	1	
INVELTYS	1	
<i>ketorolac tromethamine</i>	1	
LOTEMAX OINT	1	
<i>loteprednol etabonate</i>	1	
MAXIDEX SUSP	1	
<i>mometasone furoate susp 50mcg/act</i>	1	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	1	
PRED MILD	1	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	
PROLENSA	1	
RESTASIS	1	
RESTASIS MULTIDOSE	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	1	
TOBRADEX OINT	1	
<i>tobramycin/dexamethasone</i>	1	
ZYLET	1	
Antiallergic Agents		
ALOCRIL	1	
ALOMIDE	1	
<i>azelastine hcl ophthalmic soln</i>	1	
<i>azelastine hcl nasal soln 0.15%</i>	1	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL(120 ML per 90 days)
<i>bepotastine besilate</i>	1	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl ophthalmic soln</i>	1	
<i>olopatadine hcl nasal soln</i>	1	QL(91.5 GM per 90 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium</i>	1	
<i>mesalamine dr</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine enem, kit, supp</i>	1	
Antidiarrhea Agents		
<i>loperamide hcl caps</i>	1	
<i>opium</i>	1	
<i>opium tincture tinc 1%</i>	1	
XERMELO	1	PA; NEDS; SP-Optum Specialty
Antiemetics		
<i>aprepitant caps 0, 40mg, 80mg</i>	1	PA BvD
<i>aprepitant caps 125mg</i>	1	PA BvD; NEDS
<i>dronabinol</i>	1	PA BvD
<i>granisetron hydrochloride tabs</i>	1	PA BvD
<i>meclizine hcl tabs</i>	1	
<i>ondansetron hcl soln</i>	1	PA BvD
<i>ondansetron hcl tabs 24mg</i>	1	PA BvD
<i>ondansetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	1	PA BvD
<i>scopolamine</i>	1	
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	1	
<i>cimetidine tabs</i>	1	
DEXLANSOPRAZOLE	1	
<i>esomeprazole magnesium</i>	1	
<i>famotidine susr</i>	1	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	1	
<i>lansoprazole cpdr, tbdd</i>	1	
<i>misoprostol tabs</i>	1	
<i>nizatidine soln</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole/sodium bicarbonate caps</i>	1	
<i>omeprazole/sodium bicarbonate pack</i>	1	NEDS
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium pack, tbec</i>	1	
PYLERA	1	
<i>rabeprazole sodium</i>	1	
<i>sucralfate susp, tabs</i>	1	
Cathartics and Laxatives		
CLENPIQ	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
OSMOPREP	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	1	
Cholelitholytic Agents		
LIVMARLI SOLN 19MG/ML	1	PA; NEDS
<i>ursodiol caps 200mg, 300mg</i>	1	
<i>ursodiol tabs</i>	1	
Digestants		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	1	
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	1	
GI Drugs, Miscellaneous		
BYLVAY	1	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	1	PA; NEDS; SP-Optum Specialty
CHOLBAM	1	PA; NEDS
GATTEX	1	PA; NEDS
LINZESS	1	
LIVMARLI SOLN 9.5MG/ML	1	PA; NEDS
<i>lubiprostone</i>	1	
MOVANTIK	1	
RELISTOR	1	NEDS
SKYRIZI INJ 600MG/10ML	1	PA; NEDS
SKYRIZI INJ 180MG/1.2ML	1	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	1	QL(2.4 ML per 28 days); PA; NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	1	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
CHEMET	1	
<i>deferasirox pack</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	1	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	1	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	1	SP-Optum Specialty
<i>deferiprone</i>	1	NEDS
<i>penicillamine tabs</i>	1	
<i>penicillamine caps</i>	1	NEDS
<i>trientine hydrochloride</i>	1	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	1	QL(180 EA per 90 days)
BREYNA	1	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	1	QL(32.1 GM per 90 days)
<i>budesonide er</i>	1	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	1	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	PA BvD
DEPO-MEDROL	1	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone sodium phosphate +rfid</i>	1	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	
<i>dexamethasone elix, soln</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	1	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	1	QL(720 EA per 90 days); ST
<i>fludrocortisone acetate tabs</i>	1	
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	1	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	1	QL(720 EA per 90 days); ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	1	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	1	QL(72 GM per 90 days); ST
<i>hydrocortisone sodium succinate inj 100mg</i>	1	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
INTRAROSA	1	
KENALOG-10	1	
MEDROL TABS 2MG	1	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
MILLIPRED TABS	1	
<i>prednisolone sodium phosphate odt</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln, tabs</i>	1	
<i>prednisone soln, tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	1	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	1	
TRELEGY ELLIPTA	1	QL(180 EA per 90 days)
<i>triamcinolone acetonide inj 40mg/ml</i>	1	
Androgens		
AVEED	1	
<i>danazol caps</i>	1	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	1	
<i>testosterone enanthate inj</i>	1	
<i>testosterone pump</i>	1	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	1	
<i>testosterone soln</i>	1	
XYOSTED	1	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	1	PA
BYETTA	1	PA
CYCLOSET	1	
FARXIGA	1	
<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	1	
HUMALOG	1	
HUMALOG JUNIOR KWIKPEN	1	
HUMALOG KWIKPEN	1	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	1	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	1	
HUMULIN 70/30	1	
HUMULIN 70/30 KWIKPEN	1	
HUMULIN N	1	

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N KWIKPEN	1	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	1	
JANUMET	1	
JANUMET XR	1	
JANUVIA	1	
JARDIANCE	1	
JENTADUETO	1	
JENTADUETO XR	1	
KORLYM	1	QL(120 EA per 30 days); PA; NEDS
LANTUS	1	
LANTUS SOLOSTAR	1	
LEVEMIR	1	
LEVEMIR FLEXPEN	1	
LEVEMIR FLEXTOUCH	1	
<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>	1	QL(120 EA per 30 days); PA; NEDS
<i>miglitol</i>	1	
MOUNJARO	1	PA
<i>nateglinide</i>	1	
OZEMPIC	1	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	1	PA
SYMLINPEN 120	1	
SYMLINPEN 60	1	
SYNJARDY	1	
SYNJARDY XR	1	
TOUJEO MAX SOLOSTAR	1	
TOUJEO SOLOSTAR	1	
TRADJENTA	1	
TRESIBA	1	
TRESIBA FLEXTOUCH	1	
TRULICITY	1	PA
VICTOZA	1	PA
XIGDUO XR	1	
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazoxide susp</i>	1	
GLUCAGEN HYPOKIT	1	
GLUCAGON EMERGENCY KIT	1	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	1	
GVOKE HYPOPEN 1-PACK	1	
GVOKE HYPOPEN 2-PACK	1	
GVOKE KIT	1	
GVOKE PFS	1	
Contraceptives		
<i>amethia</i>	1	
<i>apri</i>	1	
<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>errin</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>haloette</i>	1	
<i>heather</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>joyeaux</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	
<i>levora 0.15/30-28</i>	1	
LO LOESTRIN FE	1	
<i>marlissa</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>norelgestromin/ethinyl estradiol</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>portia-28</i>	1	
<i>sharobel</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tyblume</i>	1	
<i>velivet</i>	1	
<i>vyfemla</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>Estrogens and Antiestrogens</i>		
<i>amabelz</i>	1	
<i>anastrozole</i>	1	
COMBIPATCH	1	
DEPO-ESTRADIOL	1	
<i>dotti</i>	1	
ELESTRIN	1	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
ESTRING	1	
EVAMIST	1	
<i>exemestane</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
FEMRING	1	
<i>fyavolv</i>	1	
IMVEXXY MAINTENANCE PACK	1	
IMVEXXY STARTER PACK	1	
<i>jinteli</i>	1	
KISQALI FEMARA 200 DOSE	1	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	1	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	1	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	1	
MENEST	1	
MENOSTAR	1	
<i>mimvey</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
OSPHENA	1	
PREMARIN	1	
PREMPHASE	1	
PREMPRO	1	
<i>raloxifene hydrochloride</i>	1	
SOLTAMOX	1	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	
<i>yuvafem</i>	1	
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD	1	
FIRMAGON INJ 80MG	1	
FIRMAGON INJ 120MG/VIAL	1	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	1	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	1	NEDS
LUPRON DEPOT (3-MONTH)	1	NEDS
LUPRON DEPOT (4-MONTH)	1	NEDS
LUPRON DEPOT (6-MONTH)	1	NEDS
MYFEMBREE	1	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	1	PA NSO; NEDS
ORLISSA TABS 150MG	1	QL(30 EA per 30 days); PA; NEDS
ORLISSA TABS 200MG	1	QL(60 EA per 30 days); PA; NEDS
SYNAREL	1	NEDS
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	1	
TRELSTAR MIXJECT INJ 11.25MG	1	NEDS
<i>Parathyroid and Antiparathyroid Agents</i>		
<i>calcitonin salmon inj</i>	1	
<i>calcitonin-salmon soln</i>	1	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hydrochloride tabs 90mg</i>	1	NEDS
FORTEO INJ 600MCG/2.4ML	1	PA; NEDS
NATPARA	1	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	1	PA; NEDS
TYMLOS	1	PA; NEDS
Pituitary		
CORTROPHIN	1	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
Progestins		
DEPO-SUBQ PROVERA 104	1	
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate inj, tabs</i>	1	
<i>megestrol acetate susp, tabs</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps</i>	1	
Somatostatin Agonists and Antagonists		
<i>lanreotide acetate</i>	1	NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	1	
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	1	SP-Optum Specialty
SIGNIFOR	1	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	1	NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	1	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	1	PA; SP-Optum Specialty
INCRELEX	1	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPOR	1	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	1	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	1	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	1	PA; NEDS; SP-Optum Specialty
OMNITROPE	1	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	1	PA; NEDS; SP-Optum Specialty
SOMAVERT	1	PA; NEDS; SP-Optum Specialty
ZORBTIVE	1	PA; NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
ARMOUR THYROID	1	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium caps, tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	1	
<i>methimazole tabs 10mg, 5mg</i>	1	
NIVA THYROID	1	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>propylthiouracil tabs</i>	1	
SYNTHROID TABS	1	
THYQUIDITY	1	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	1	
TIROSINT-SOL	1	
<i>unithroid</i>	1	
Immunomodulatory Agents		
<i>Disease-modifying Antirheumatic Drugs</i>		
OTEZLA TABS 20MG	1	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	1	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ	1	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>	1	
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
<i>Alcohol Deterrents</i>		
<i>disulfiram</i>	1	
<i>Antidotes</i>		
<i>acetylcysteine soln</i>	1	PA BvD
<i>leucovorin calcium tabs</i>	1	
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps, tabs</i>	1	
<i>febuxostat</i>	1	ST
GLOPERBA	1	
<i>Antisense Oligonucleotides</i>		
TEGSEDI	1	QL(6 ML per 30 days); PA; NEDS
<i>Bone Anabolic Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
EVENITY	1	PA; NEDS
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium</i>	1	
PROLIA	1	PA
<i>risedronate sodium</i>	1	
<i>risedronate sodium dr</i>	1	
XGEVA	1	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	1	
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	1	PA; NEDS
Cariostatic Agents		
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm</i>	1	
<i>sodium fluoride crea</i>	1	
Disease-modifying Antirheumatic Drugs		
COSENTYX SENSOREADY PEN	1	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	1	PA; NEDS
COSENTYX INJ 125MG/5ML	1	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	1	PA; NEDS; SP-Optum Specialty
ENBREL MINI	1	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	1	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	1	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	1	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	1	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	1	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-CD/UC/HS STARTER	1	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PEDIATRIC UC STARTER PACK	1	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PS/UV STARTER	1	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	1	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	1	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
KINERET	1	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	1	
ORENCIA CLICKJECT	1	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	1	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	1	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	1	QL(4 ML per 28 days); PA; NEDS
OTEZLA TABS 30MG	1	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	1	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	1	
RINVOQ	1	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	1	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	1	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	1	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	1	NEDS; SP-Optum Specialty
AUBAGIO	1	NEDS; SP-Optum Specialty
AVONEX PEN	1	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	1	NEDS; SP-Optum Specialty
BAFIERTAM	1	NEDS; SP-Optum Specialty
BETASERON	1	NEDS; SP-Optum Specialty
COPAXONE	1	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	1	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	1	NEDS; SP-Optum Specialty
EXTAVIA	1	NEDS; SP-Optum Specialty
<i>fingolimod hydrochloride</i>	1	NEDS
KESIMPTA	1	PA; NEDS; SP-Optum Specialty
MAYZENT	1	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	1	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	1	SP-Optum Specialty
PLEGRIDY	1	NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY STARTER PACK	1	NEDS; SP-Optum Specialty
REBIF	1	NEDS; SP-Optum Specialty
REBIF REBIDOSE	1	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	1	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	1	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	1	
THALOMID	1	NEDS; SP-Optum Specialty
VUMERITY	1	NEDS; SP-Optum Specialty
ZEPOSIA	1	NEDS
ZEPOSIA 7-DAY STARTER PACK	1	NEDS
ZEPOSIA STARTER KIT	1	NEDS
<i>Immunosuppressive Agents</i>		
<i>azathioprine tabs</i>	1	PA BvD
BENLYSTA	1	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	1	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	1	PA BvD
ENVARUSUS XR	1	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	1	PA BvD
GENGRAF CAPS 100MG, 25MG	1	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	1	PA BvD
<i>mycophenolate mofetil susr</i>	1	PA BvD; NEDS
<i>mycophenolic acid dr</i>	1	PA BvD
NULOJIX	1	NEDS
PROGRAF PACK	1	PA BvD
<i>sirolimus soln, tabs</i>	1	PA BvD
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	PA BvD
<i>Kallikrein-Kinin System Inhibitors</i>		
BERINERT	1	PA; NEDS
CINRYZE	1	PA; NEDS
HAEGARDA	1	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	1	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	1	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	1	PA; NEDS
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	1	PA; NEDS
<i>betaine anhydrous</i>	1	NEDS
CERDELGA	1	PA; NEDS; SP-Optum Specialty
CYSTAGON	1	
<i>dalfampridine er</i>	1	SP-Optum Specialty
ELMIRON	1	
ENDARI	1	NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET TABS 801MG	1	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	1	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	1	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	1	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	1	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	1	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
KALYDECO TABS	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	1	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	1	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	1	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	1	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	1	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	1	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPK	1	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
<i>Mucolytic Agents</i>		
PULMOZYME	1	PA BvD; NEDS; SP-Optum Specialty
<i>Phosphodiesterase Type 4 Inhibitors</i>		
<i>roflumilast</i>	1	
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL	1	NEDS
PROLASTIN-C	1	PA; NEDS
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	1	PA; NEDS
XOLAIR INJ 150MG/ML	1	PA; NEDS; SP-Optum Specialty
<i>Vasodilating Agents</i>		
ADEMPAS	1	PA; NEDS
<i>ambrisentan</i>	1	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	1	PA; NEDS; SP-Optum Specialty
OPSUMIT	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	1	PA; NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin/benzoyl peroxide</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole/betamethasone dipropionate</i>	1	
<i>econazole nitrate</i>	1	
<i>ery</i>	1	
<i>erythromycin/benzoyl peroxide</i>	1	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
GYNAZOLE-1	1	
<i>ivermectin crea 1%</i>	1	
<i>ketoconazole crea 2%</i>	1	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	1	
<i>ketoconazole sham 2%</i>	1	
KETODAN	1	
<i>malathion</i>	1	
MENTAX	1	
<i>metronidazole vaginal</i>	1	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	1	
<i>miconazole 3</i>	1	
<i>mupirocin crea</i>	1	QL(180 GM per 30 days)
<i>mupirocin oint</i>	1	QL(44 GM per 30 days)
<i>naftifine hcl</i>	1	
<i>naftifine hydrochloride crea 2%</i>	1	
NEUAC	1	
NUVESSA	1	
<i>nyamyc</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	QL(90 GM per 30 days)
<i>penciclovir</i>	1	
<i>permethrin</i>	1	
<i>rosadan</i>	1	
<i>selenium sulfide</i>	1	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<i>sulfacetamide sodium lotn 10%</i>	1	
SULFAMYLON	1	
<i>terconazole</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
<i>budesonide foam 2mg</i>	1	
<i>calcipotriene/betamethasone dipropionate oint</i>	1	
<i>calcipotriene/betamethasone dipropionate susp</i>	1	NEDS
<i>clobetasol propionate e</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	1	QL(200 GM per 30 days)
<i>clobetasol propionate foam</i>	1	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	1	QL(200 ML per 30 days)
<i>clobetasol propionate lotn, sham</i>	1	QL(236 ML per 30 days)
<i>clobetasol propionate crea, gel, oint</i>	1	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	1	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	QL(236 ML per 30 days)
CORDRAN	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
DESRX	1	
<i>diclofenac sodium gel 3%</i>	1	QL(200 GM per 30 days)
<i>diclofenac sodium gel 1%</i>	1	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	1	QL(300 ML per 30 days)
<i>diflorasone diacetate</i>	1	
EUCRISA	1	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>nystatin/triamcinolone</i>	1	
<i>nystatin/triamcinolone acetonide</i>	1	
<i>oralone dental paste</i>	1	
<i>prednicarbate</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TOVET	1	QL(200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	1	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%, 0.05%, 0.1%, 0.5%</i>	1	
TRIANEX	1	
<i>triderm</i>	1	
TRITOCIN	1	
UCERIS	1	
<i>Antipruritics and Local Anesthetics</i>		
<i>doxepin hydrochloride crea 5%</i>	1	QL(90 GM per 30 days)
<i>hydrocortisone acetate/pramoxine</i>	1	
<i>lidocaine hydrochloride external soln 4%</i>	1	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	1	QL(60 GM per 30 days)
<i>lidocaine oint</i>	1	QL(100 GM per 30 days)
<i>lidocaine ptch</i>	1	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	1	QL(100 GM per 30 days)
<i>Cell Stimulants and Proliferants</i>		
<i>avita</i>	1	PA
RETIN-A MICRO PUMP	1	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	1	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	PA
<i>Emollients, Demulcents, and Protectants</i>		
<i>ammonium lactate</i>	1	
<i>Skin and Mucous Membrane Agents, Misc</i>		
<i>acutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene</i>	1	PA
<i>amnestem</i>	1	
<i>azelaic acid</i>	1	
AZELEX	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene gel 1%</i>	1	PA NSO; NEDS
<i>calcipotriene crea, oint</i>	1	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	1	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	1	
<i>claravis</i>	1	
CONDYLOX	1	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	1	PA; NEDS; SP-Optum Specialty
<i>fluorouracil</i>	1	
HYFTOR	1	PA; NEDS
<i>imiquimod</i>	1	
<i>imiquimod pump</i>	1	
<i>isotretinoin</i>	1	
KLISYRI	1	PA; NEDS
MYORISAN	1	
PANRETIN	1	NEDS
<i>pimecrolimus</i>	1	
<i>podofilox soln 0.5%</i>	1	
RECTIV	1	QL(30 GM per 30 days)
REGRANEX	1	
SANTYL	1	
SKYRIZI PEN	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	1	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	1	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	1	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	1	
<i>tazarotene crea 0.1%</i>	1	PA
<i>tazarotene foam 0.1%</i>	1	PA
<i>tazarotene gel 0.05%, 0.1%</i>	1	PA
TAZORAC	1	PA
VALCHLOR	1	NEDS; SP-Optum Specialty
WINLEVI	1	PA
ZENATANE	1	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>flavoxate hcl</i>	1	
GEMTESA	1	
<i>mirabegron er</i>	1	
MYRBETRIQ	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride soln, tabs</i>	1	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>tropium chloride</i>	1	
<i>tropium chloride er</i>	1	
Respiratory Smooth Muscle Relaxants		
<i>elixophyllin</i>	1	
<i>theophylline er tb12, tb24</i>	1	
<i>theophylline elix</i>	1	
Vitamins		
Multivitamin Preparations		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
Vitamin B Complex		
<i>niacin tabs 500mg</i>	1	
<i>niacor</i>	1	
Vitamin D		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>doxercalciferol caps</i>	1	
<i>paricalcitol caps</i>	1	
RAYALDEE	1	

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ABELCET	5	ALOCRIAL	40
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ABILIFY MAINTENA	31	<i>alose tron hydrochloride</i>	41
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ABILIFY MYCITE MAINTENANCE KIT	31	<i>alprazolam</i>	30
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ABRYSVO	16	ALREX	39
<i>acamprosate calcium dr</i>	30	ALUNBRIG	9
<i>acarbose</i>	45	<i>alyq</i>	23
<i>accutane</i>	60	<i>amabelz</i>	48
<i>acebutolol hydrochloride</i>	21	<i>amantadine hcl</i>	29
<i>acetaminophen/codeine</i>	24	<i>ambrisentan</i>	56
<i>acetazolamide</i>	41	<i>amcinonide</i>	59
<i>acetazolamide er</i>	41	<i>amethia</i>	47
<i>acetic acid</i>	41	<i>amikacin sulfate</i>	2
<i>acetic acid 0.25%</i>	38	<i>amiloride hcl</i>	37
<i>acetylcysteine</i>	51	<i>amiloride/hydrochlorothiazide</i>	37
<i>acitretin</i>	60	<i>aminocaproic acid</i>	18
ACTHIB	16	AMINOSYN II	36
ACTIMMUNE	53	AMINOSYN-PF 7%	36
<i>acyclovir</i>	6	<i>amiodarone hydrochloride</i>	22
<i>acyclovir</i>	57	<i>amitriptyline hcl</i>	31
<i>acyclovir sodium</i>	6	<i>amitriptyline hydrochloride</i>	31
ADACEL	15	<i>amlodipine besylate</i>	21
<i>adapalene</i>	60	<i>amlodipine besylate/atorvastatin calcium</i>	21
<i>adefovir dipivoxil</i>	6	<i>amlodipine besylate/benazepril hydrochloride</i>	21
ADEMPAS	56	<i>amlodipine besylate/valsartan</i>	21
ADTHYZA	50	<i>amlodipine/olmesartan medoxomil</i>	21
AIMOVIG	28	<i>amlodipine/valsartan/hydrochlorothiazide</i>	21
AKEEGA	9	<i>ammonium lactate</i>	60
<i>ala-cort</i>	59	<i>amnesteem</i>	60
<i>albendazole</i>	2	<i>amoxapine</i>	31
<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>	59	<i>amoxicillin/clavulanate potassium er</i>	2
<i>alcohol prep pads</i>	34	<i>amphetamine/dextroamphetamine</i>	26
ALECENSA	9	<i>amphotericin b</i>	5
<i>alendronate sodium</i>	52	<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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Drug Name	Page #	Drug Name	Page #
<i>ampicillin-sulbactam</i>	2	AVONEX	53
<i>anagrelide hydrochloride</i>	19	AVONEX PEN	53
<i>anastrozole</i>	48	AVYCAZ	2
ANORO ELLIPTA	17	AYVAKIT	9
APLENZIN	31	AZASITE	39
<i>apraclonidine</i>	41	<i>azathioprine</i>	54
<i>aprepitant</i>	42	<i>azelaic acid</i>	60
<i>apri</i>	47	<i>azelastine hcl</i>	40
APTIOM	27	<i>azelastine hydrochloride</i>	40
APTIVUS	6	AZELEX	60
ARCALYST	54	<i>azithromycin</i>	2
AREXVY	16	<i>aztreonam</i>	2
<i>arformoterol tartrate</i>	18	<i>azurette</i>	47
ARIKAYCE	2	<i>bacitracin</i>	39
<i>aripiprazole</i>	31	<i>bacitracin/polymyxin b</i>	39
<i>aripiprazole odt</i>	31	<i>baclofen</i>	17
ARISTADA	31	BAFIERTAM	53
ARISTADA INITIO	31	<i>balsalazide disodium</i>	42
<i>armodafinil</i>	26	BALVERSA	9
ARMOUR THYROID	50	<i>balziva</i>	47
<i>asenapine maleate sl</i>	31	BAQSIMI ONE PACK	46
<i>ashlyna</i>	47	BAQSIMI TWO PACK	46
<i>aspirin/dipyridamole er</i>	19	BAXDELA	2
<i>atazanavir</i>	6	BCG VACCINE	16
<i>atazanavir sulfate</i>	6	<i>bd insulin syringe safetyglide/1ml/29g x</i>	34
<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>	34
<i>atomoxetine</i>	30	<i>5/16"</i>	
<i>atomoxetine hydrochloride</i>	30	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	34
<i>atorvastatin calcium</i>	20	<i>12.7mm</i>	
<i>atovaquone</i>	6	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	34
<i>atovaquone/proguanil hcl</i>	6	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	34
<i>atropine sulfate</i>	41	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	34
ATROVENT HFA	17	<i>bd pen needle/original/ultra-fine/29g x</i>	34
AUBAGIO	53	<i>12.7mm</i>	
AUGMENTIN	2	BELBUCA	24
AUGTYRO	9	BELSOMRA	30
AURYXIA	37	<i>benazepril hcl</i>	23
AUSTEDO	34	<i>benazepril hydrochloride</i>	23
AUSTEDO XR	34	<i>benazepril</i>	23
AUSTEDO XR PATIENT TITRATION KIT	34	<i>hydrochloride/hydrochlorothiazide</i>	
AUVELITY	31	BENLYSTA	54
AVEED	45	BENZNIDAZOLE	6
<i>aviane</i>	47	<i>benztropine mesylate</i>	29
<i>avita</i>	60	<i>bepotastine besilate</i>	40
		BERINERT	54

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BESIVANCE	39	<i>budesonide</i>	44
BESREMI	9	<i>budesonide</i>	59
<i>betaine anhydrous</i>	54	<i>budesonide er</i>	44
<i>betamethasone dipropionate</i>	59	<i>budesonide/formoterol fumarate dihydrate</i>	44
<i>betamethasone dipropionate augmented</i>	59	<i>bumetanide</i>	37
<i>betamethasone valerate</i>	59	<i>buprenorphine</i>	24
BETASERON	53	<i>buprenorphine hcl</i>	24
<i>betaxolol hcl</i>	21	<i>buprenorphine hcl/naloxone hcl</i>	24
<i>betaxolol hcl</i>	41	<i>buprenorphine hydrochloride/naloxone</i>	24
<i>bethanechol chloride</i>	17	<i>hydrochloride</i>	
BETIMOL	41	<i>bupropion hcl</i>	31
BETOPTIC-S	41	<i>bupropion hydrochloride</i>	31
BEVESPI AEROSPHERE	17	<i>bupropion hydrochloride er (sr)</i>	31
<i>bexarotene</i>	9	<i>bupropion hydrochloride er (xl)</i>	31
<i>bexarotene</i>	61	<i>bupirone hcl</i>	30
BEXSERO	16	<i>bupirone hydrochloride</i>	30
<i>bicalutamide</i>	9	<i>butorphanol tartrate</i>	24
BICILLIN C-R	2	BYDUREON BCISE	45
BICILLIN L-A	2	BYETTA	45
BIKTARVY	6	BYLVAY	43
<i>bimatoprost</i>	41	BYLVAY (PELLETS)	43
<i>bismuth subcitrate</i>	42	<i>cabergoline</i>	29
<i>pot/metronidazole/tetracycline hydrochlo</i>		CABLIVI	19
<i>bisoprolol fumarate</i>	21	CABOMETYX	9
<i>bisoprolol fumarate/hydrochlorothiazide</i>	21	<i>calcipotriene</i>	61
BIVIGAM	15	<i>calcipotriene/betamethasone dipropionate</i>	59
BOOSTRIX	15	<i>calcitonin salmon</i>	49
<i>bortezomib</i>	9	<i>calcitonin-salmon</i>	49
<i>bosentan</i>	56	<i>calcitriol</i>	61
BOSULIF	9	<i>calcitriol</i>	62
BRAFTOVI	9	<i>calcium acetate</i>	38
BREO ELLIPTA	44	CALQUENCE	9
BREYNA	44	<i>camila</i>	47
BREZTRI AEROSPHERE	44	CAMZYOS	22
<i>briellyn</i>	47	<i>candesartan cilexetil</i>	23
BRILINTA	19	<i>candesartan cilexetil/hydrochlorothiazide</i>	23
<i>brimonidine tartrate</i>	41	CAPLYTA	31
<i>brimonidine tartrate/timolol maleate</i>	41	CAPRELSA	9
<i>brinzolamide</i>	41	<i>captopril</i>	23
BRIVIACT	27	<i>carbamazepine</i>	27
<i>bromfenac</i>	39	<i>carbamazepine er</i>	27
<i>bromfenac sodium</i>	39	<i>carbidopa</i>	29
<i>bromocriptine mesylate</i>	29	<i>carbidopa/levodopa</i>	29
BROMSITE	39	<i>carbidopa/levodopa er</i>	29
BRONCHITOL	56	<i>carbidopa/levodopa odt</i>	29
BRUKINSA	9	<i>carbidopa/levodopa/entacapone</i>	29

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CARDURA XL	20	<i>ciclopirox olamine</i>	57
<i>carglumic acid</i>	35	<i>cidofovir</i>	6
<i>carteolol hcl</i>	41	<i>cilostazol</i>	19
<i>cartia xt</i>	21	CIMDUO	6
<i>carvedilol</i>	21	<i>cimetidine</i>	42
<i>carvedilol phosphate er</i>	21	<i>cinacalcet hydrochloride</i>	49
<i>casprofungin acetate</i>	5	CINRYZE	54
CAYSTON	2	<i>ciprofloxacin</i>	3
<i>cefaclor</i>	2	<i>ciprofloxacin</i>	39
<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>	39
<i>cefazolin sodium/dextrose</i>	2	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>cefazolin/dextrose</i>	2	<i>ciprofloxacin/dexamethasone</i>	39
<i>cefdinir</i>	2	<i>citalopram hydrobromide</i>	32
<i>cefepime</i>	2	<i>claravis</i>	61
<i>cefepime hydrochloride</i>	2	<i>clarithromycin</i>	3
<i>cefepime/dextrose</i>	2	<i>clarithromycin er</i>	3
<i>cefixime</i>	2	CLENPIQ	42
<i>cefotetan</i>	2	CLEOCIN	57
<i>cefoxitin sodium</i>	2	<i>clindacin</i>	57
<i>cefpodoxime proxetil</i>	2	<i>clindacin etz pledgets</i>	57
<i>cefprozil</i>	2	<i>clindacin-p</i>	57
<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>	57
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate</i>	57
<i>celecoxib</i>	24	<i>clindamycin phosphate/benzoyl peroxide</i>	57
CELONTIN	27	<i>clindamycin phosphate/dextrose</i>	3
<i>cephalexin</i>	3	<i>clindamycin/benzoyl peroxide</i>	58
CERDELGA	54	CLINIMIX 4.25%/DEXTROSE 10%	36
<i>cevimeline hydrochloride</i>	17	CLINIMIX 4.25%/DEXTROSE 5%	36
CHEMET	44	CLINIMIX 5%/DEXTROSE 15%	36
<i>chlordiazepoxide/amitriptyline</i>	31	CLINIMIX 5%/DEXTROSE 20%	36
<i>chlorhexidine gluconate</i>	39	CLINIMIX 6/5	36
<i>chloroquine phosphate</i>	6	CLINIMIX 8/10	36
<i>chlorpromazine hcl</i>	31	CLINIMIX E 2.75%/DEXTROSE 5%	36
<i>chlorpromazine hydrochloride</i>	31	CLINIMIX E 4.25%/DEXTROSE 10%	36
<i>chlorthalidone</i>	37	CLINIMIX E 4.25%/DEXTROSE 5%	36
CHOLBAM	43	CLINIMIX E 5%/DEXTROSE 15%	36
<i>cholestyramine</i>	20	CLINIMIX E 5%/DEXTROSE 20%	36
<i>cholestyramine light</i>	20	CLINIMIX E 8/10	36
<i>ciclopirox</i>	57	CLINISOL SF 15%	36
<i>ciclopirox nail lacquer</i>	57	<i>clobazam</i>	27

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<i>clobetasol propionate</i>	59	<i>cyclopentolate hcl</i>	41
<i>clobetasol propionate e</i>	59	<i>cyclopentolate hydrochloride</i>	41
<i>clobetasol propionate emollient</i>	59	<i>cyclophosphamide</i>	10
<i>clocortolone pivalate</i>	59	CYCLOSET	45
<i>clodan</i>	59	<i>cyclosporine</i>	39
<i>clomipramine hydrochloride</i>	32	<i>cyclosporine</i>	54
<i>clonazepam</i>	27	<i>cyclosporine modified</i>	54
<i>clonazepam odt</i>	27	<i>cyproheptadine hcl</i>	9
<i>clonidine</i>	22	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hydrochloride</i>	22	CYSTAGON	54
<i>clonidine hydrochloride er</i>	23	CYSTARAN	41
<i>clopidogrel</i>	19	<i>dabigatran etexilate</i>	19
<i>clorazepate dipotassium</i>	30	<i>dalfampridine er</i>	54
<i>clotrimazole</i>	58	DALVANCE	3
<i>clotrimazole/betamethasone dipropionate</i>	58	<i>danazol</i>	45
<i>clozapine</i>	32	<i>dantrolene sodium</i>	18
<i>clozapine odt</i>	32	<i>dapsone</i>	5
COARTEM	6	DAPTACEL	15
<i>codeine sulfate</i>	24	<i>daptomycin</i>	3
<i>colchicine</i>	51	<i>daptomycin/sodium chloride</i>	3
<i>colesevelam hydrochloride</i>	20	<i>darifenacin hydrobromide er</i>	61
<i>colestipol hcl</i>	20	<i>darunavir</i>	6
<i>colistimethate sodium</i>	3	DARZALEX	10
COMBIPATCH	48	<i>dasatinib</i>	10
COMBIVENT RESPIMAT	18	DAURISMO	10
COMETRIQ	10	DAYVIGO	30
COMPLERA	6	<i>deblitane</i>	47
CONDYLOX	61	<i>deferasirox</i>	44
<i>constulose</i>	35	<i>deferiprone</i>	44
COPAXONE	53	DELSTRIGO	6
COPIKTRA	10	<i>demeclocycline hcl</i>	3
CORDRAN	59	DENGVAXIA	16
CORLANOR	22	DEPO-ESTRADIOL	48
CORTIFOAM	57	DEPO-MEDROL	44
CORTISPORIN-TC	39	DEPO-SUBQ PROVERA 104	50
CORTROPHIN	50	DESCOVY	6
COSENTYX	52	<i>desipramine hydrochloride</i>	32
COSENTYX SENSOREADY PEN	52	<i>desloratadine</i>	9
COSENTYX UNOREADY	52	<i>desloratadine odt</i>	9
COTELLIC	10	<i>desmopressin acetate</i>	50
CREON	43	<i>desogestrel/ethinyl estradiol</i>	47
<i>cromolyn sodium</i>	40	<i>desonide</i>	59
<i>cromolyn sodium</i>	55	<i>desoximetasone</i>	59
<i>curity gauze pads 2"x2" 12 ply</i>	35	DESRX	59
CUVITRU	15	<i>desvenlafaxine er</i>	32
<i>cyclobenzaprine hydrochloride</i>	17	<i>dexamethasone</i>	44

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<i>dexamethasone 10-day dose pack</i>	44	<i>difluprednate</i>	39
<i>dexamethasone 13-day dose pack</i>	44	<i>digitek</i>	22
<i>dexamethasone 6-day dose pack</i>	44	<i>digox</i>	22
<i>dexamethasone intensol</i>	44	<i>digoxin</i>	22
<i>dexamethasone sodium phosphate</i>	39	<i>dihydroergotamine mesylate</i>	18
<i>dexamethasone sodium phosphate</i>	44	DILANTIN	27
<i>dexamethasone sodium phosphate +rfid</i>	44	DILANTIN INFATABS	27
DEXLANSOPRAZOLE	42	DILANTIN-125	27
<i>dexmethylphenidate hcl</i>	26	<i>diltiazem hcl</i>	21
<i>dexmethylphenidate hcl er</i>	26	<i>diltiazem hcl cd</i>	21
<i>dexmethylphenidate hydrochloride</i>	26	<i>diltiazem hcl er</i>	21
<i>dexmethylphenidate hydrochloride er</i>	26	<i>diltiazem hydrochloride</i>	21
<i>dextroamphetamine sulfate</i>	26	<i>diltiazem hydrochloride er</i>	21
<i>dextroamphetamine sulfate er</i>	26	<i>dilt-xr</i>	21
<i>dextrose 10%</i>	36	<i>dimethyl fumarate</i>	53
<i>dextrose 10%/sodium chloride 0.2%</i>	38	<i>dimethyl fumarate starterpack</i>	53
<i>dextrose 10%/sodium chloride 0.45%</i>	38	<i>diphenhydramine hydrochloride</i>	9
<i>dextrose 2.5%/sodium chloride 0.45%</i>	38	<i>diphtheria/tetanus toxoids adsorbed</i>	16
<i>dextrose 5%</i>	36	<i>pediatric</i>	
<i>dextrose 5%/sodium chloride 0.2%</i>	38	<i>dipyridamole</i>	23
<i>dextrose 5%/sodium chloride 0.3%</i>	38	<i>disopyramide phosphate</i>	22
<i>dextrose 5%/sodium chloride 0.33%</i>	38	<i>disulfiram</i>	51
<i>dextrose 5%/sodium chloride 0.45%</i>	38	<i>divalproex sodium</i>	27
<i>dextrose 5%/sodium chloride 0.9%</i>	38	<i>divalproex sodium dr</i>	27
<i>dextrose 50%</i>	36	<i>divalproex sodium er</i>	27
<i>dextrose 70%</i>	36	<i>docetaxel</i>	10
<i>dextrose/sodium chloride</i>	38	<i>dofetilide</i>	22
DIACOMIT	27	<i>donepezil hcl</i>	17
<i>diazepam</i>	30	<i>donepezil hydrochloride</i>	17
<i>diazepam intensol</i>	30	DOPTELET	19
<i>diazepam rectal gel</i>	30	<i>dorzolamide hcl/timolol maleate</i>	41
<i>diazoxide</i>	47	<i>dorzolamide hydrochloride</i>	41
<i>dichlorphenamide</i>	52	<i>dorzolamide hydrochloride/timolol maleate</i>	41
<i>diclofenac epolamine</i>	24	<i>pf</i>	
<i>diclofenac potassium</i>	24	<i>dotti</i>	48
<i>diclofenac sodium</i>	39	DOVATO	6
<i>diclofenac sodium</i>	59	<i>doxazosin mesylate</i>	20
<i>diclofenac sodium dr</i>	24	<i>doxepin hcl</i>	32
<i>diclofenac sodium er</i>	24	<i>doxepin hydrochloride</i>	32
<i>diclofenac sodium/misoprostol</i>	24	<i>doxepin hydrochloride</i>	60
<i>dicloxacillin sodium</i>	3	<i>doxercalciferol</i>	62
<i>dicyclomine hcl</i>	17	DOXY 100	3
<i>dicyclomine hydrochloride</i>	17	<i>doxycycline</i>	3
DIFICID	3	<i>doxycycline hyclate</i>	3
<i>diflorasone diacetate</i>	59	<i>doxycycline hyclate dr</i>	3
<i>diflunisal</i>	24	<i>doxycycline monohydrate</i>	3

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DRIZALMA SPRINKLE	32	entacapone	29
<i>dronabinol</i>	42	<i>entecavir</i>	7
<i>drospirenone/ethinyl estradiol</i>	47	ENTRESTO	23
DROXIA	10	<i>enulose</i>	35
<i>droxidopa</i>	18	ENVARUSUS XR	54
<i>duloxetine hcl</i>	32	EPCLUSA	7
<i>duloxetine hydrochloride</i>	32	EPIDIOLEX	27
DUPIXENT	55	<i>epinastine hcl</i>	40
DUPIXENT	61	<i>epinephrine</i>	18
<i>dutasteride</i>	51	<i>epitol</i>	27
<i>dutasteride/tamsulosin hydrochloride</i>	51	<i>eplerenone</i>	23
<i>ec-naproxen</i>	24	EPRONTIA	27
<i>econazole nitrate</i>	58	EQUETRO	27
EDURANT	6	<i>ergoloid mesylates</i>	18
<i>efavirenz</i>	6	ERIVEDGE	10
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	6	ERLEADA	10
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	6	<i>erlotinib hydrochloride</i>	10
<i>effe-k</i>	38	<i>errin</i>	47
EGRIFTA SV	50	<i>ertapenem</i>	3
ELESTRIN	48	<i>ertapenem sodium</i>	3
<i>eletriptan hydrobromide</i>	29	<i>ery</i>	58
ELIGARD	49	<i>erythromycin</i>	39
ELIQUIS	19	<i>erythromycin</i>	58
ELIQUIS STARTER PACK	19	<i>erythromycin base</i>	3
<i>elixophyllin</i>	62	<i>erythromycin dr</i>	3
ELMIRON	54	<i>erythromycin ethylsuccinate</i>	3
<i>eluryng</i>	47	<i>erythromycin/benzoyl peroxide</i>	58
EMCYT	10	ESBRIET	55
EMGALITY	29	<i>escitalopram oxalate</i>	32
EMSAM	29	<i>esomeprazole magnesium</i>	42
<i>emtricitabine</i>	6	<i>estazolam</i>	30
<i>emtricitabine/tenofovir disoproxil</i>	7	<i>estradiol</i>	48
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol valerate</i>	48
EMTRIVA	7	<i>estradiol/norethindrone acetate</i>	48
<i>enalapril maleate</i>	23	ESTRING	48
<i>enalapril maleate/hydrochlorothiazide</i>	23	<i>eszopiclone</i>	30
ENBREL	52	<i>ethacrynic acid</i>	37
ENBREL MINI	52	<i>ethambutol hydrochloride</i>	5
ENBREL SURECLICK	52	<i>ethosuximide</i>	27
ENDARI	54	<i>etodolac</i>	24
<i>endocet</i>	24	<i>etodolac er</i>	24
ENGERIX-B	16	<i>etonogestrel/ethinyl estradiol</i>	47
<i>enilloring</i>	47	<i>etravirine</i>	7
<i>enoxaparin sodium</i>	19	EUCRISA	59
		<i>euthyrox</i>	50
		EVAMIST	48

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Drug Name	Page #	Drug Name	Page #
EVENITY	52	<i>fluconazole</i>	5
<i>everolimus</i>	10	<i>fluconazole in sodium chloride</i>	5
<i>everolimus</i>	54	<i>flucytosine</i>	5
EVOTAZ	7	<i>fludrocortisone acetate</i>	44
EVRYSI	55	<i>flunisolide</i>	40
<i>exemestane</i>	48	<i>fluocinolone acetonide</i>	40
EXKIVITY	10	<i>fluocinolone acetonide</i>	59
EXSERVAN	30	<i>fluocinolone acetonide body</i>	59
EXTAVIA	53	<i>fluocinolone acetonide scalp</i>	59
<i>ezetimibe</i>	20	<i>fluocinolone acetonide topical</i>	57
<i>ezetimibe/simvastatin</i>	20	<i>fluocinonide</i>	59
<i>falmina</i>	47	<i>fluocinonide emulsified base</i>	59
<i>famciclovir</i>	7	<i>fluorometholone</i>	40
<i>famotidine</i>	42	<i>fluorouracil</i>	61
FANAPT	32	<i>fluoxetine dr</i>	32
FANAPT TITRATION PACK	32	<i>fluoxetine hydrochloride</i>	32
FARXIGA	45	<i>fluphenazine decanoate</i>	32
FASENRA	55	<i>fluphenazine hcl</i>	32
FASENRA PEN	55	<i>fluphenazine hydrochloride</i>	32
<i>febuxostat</i>	51	<i>flurazepam hcl</i>	30
<i>felbamate</i>	27	<i>flurazepam hydrochloride</i>	30
<i>felodipine er</i>	22	<i>flurbiprofen</i>	25
FEMRING	49	<i>flurbiprofen sodium</i>	40
<i>fenofibrate</i>	20	<i>flutamide</i>	10
<i>fenofibrate micronized</i>	20	<i>fluticasone propionate</i>	40
<i>fenofibric acid dr</i>	20	<i>fluticasone propionate</i>	59
<i>fentanyl</i>	25	<i>fluticasone propionate diskus</i>	44
<i>fentanyl citrate</i>	24	<i>fluticasone propionate hfa</i>	44
<i>fentanyl citrate oral transmucosal</i>	24	<i>fluticasone propionate/salmeterol</i>	18
<i>fesoterodine fumarate er</i>	61	<i>fluticasone propionate/salmeterol diskus</i>	18
FETZIMA	32	<i>fluvastatin</i>	20
FETZIMA TITRATION PACK	32	<i>fluvastatin sodium er</i>	20
<i>finasteride</i>	51	<i>fluvoxamine maleate</i>	32
<i>fingolimod hydrochloride</i>	53	<i>fluvoxamine maleate er</i>	32
FINTEPLA	27	FML	40
<i>finzala</i>	47	FML FORTE	40
FIRDAPSE	55	<i>fondaparinux sodium</i>	19
FIRMAGON	49	<i>formoterol fumarate</i>	18
FIRVANQ	3	FORTEO	50
<i>flac</i>	40	<i>fosamprenavir calcium</i>	7
FLAREX	40	<i>fosfomycin tromethamine</i>	8
<i>flavoxate hcl</i>	61	<i>fosinopril sodium</i>	23
FLEBOGAMMA DIF	15	<i>fosinopril sodium/hydrochlorothiazide</i>	23
<i>flecainide acetate</i>	22	FOTIVDA	10
FLOLIPID	20	FRAGMIN	19
FLOVENT DISKUS	44	FREAMINE III	36

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<i>frovatriptan succinate</i>	29	GLUCAGON EMERGENCY KIT FOR	47
FRUZAQLA	10	LOW BLOOD SUGAR	
<i>furosemide</i>	37	<i>glyburide</i>	45
FUZEON	7	<i>glyburide micronized</i>	45
<i>fyavolv</i>	49	<i>glyburide/metformin hydrochloride</i>	45
FYCOMPA	27	<i>glycopyrrolate</i>	17
<i>gabapentin</i>	27	<i>glydo</i>	57
GALAFOLD	55	GLYXAMBI	45
<i>galantamine hydrobromide</i>	17	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	35
<i>galantamine hydrobromide er</i>	17	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	35
<i>gallifrey</i>	50	GOCOVRI	29
GAMMAGARD LIQUID	15	<i>granisetron hydrochloride</i>	42
GAMMAKED	15	<i>griseofulvin microsize</i>	5
GAMMAPLEX	15	<i>griseofulvin ultramicrosize</i>	5
GAMUNEX-C	15	<i>guanfacine hydrochloride er</i>	30
GARDASIL 9	16	GVOKE HYPOPEN 1-PACK	47
<i>gatifloxacin</i>	39	GVOKE HYPOPEN 2-PACK	47
GATTEX	43	GVOKE KIT	47
<i>gauze pads 2"x2"</i>	35	GVOKE PFS	47
<i>gavilyte-c</i>	42	GYNAZOLE-1	58
<i>gavilyte-g</i>	42	HAEGARDA	54
<i>gavilyte-n/flavor pack</i>	42	<i>halcinonide</i>	59
GAVRETO	10	<i>halobetasol propionate</i>	59
<i>gefitinib</i>	10	<i>haloette</i>	47
<i>gemfibrozil</i>	20	<i>haloperidol</i>	32
GEMTESA	61	<i>haloperidol decanoate</i>	32
<i>generlac</i>	35	<i>haloperidol lactate</i>	32
GENGRAF	54	HARVONI	7
GENOTROPIN	50	HAVRIX	16
GENOTROPIN MINIQUICK	50	<i>heather</i>	47
<i>gentak</i>	39	<i>heparin sodium</i>	19
<i>gentamicin sulfate</i>	3	<i>heparin sodium/d5w</i>	19
<i>gentamicin sulfate</i>	39	HEPATAMINE	36
<i>gentamicin sulfate</i>	58	HEPLISAV-B	16
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HETLIOZ LQ	30
GENVOYA	7	HIBERIX	16
GILOTRIF	10	HIZENTRA	15
GLEOSTINE	10	HORIZANT	27
<i>glimepiride</i>	45	HUMALOG	45
<i>glipizide</i>	45	HUMALOG JUNIOR KWIKPEN	45
<i>glipizide er</i>	45	HUMALOG KWIKPEN	45
<i>glipizide/metformin hydrochloride</i>	45	HUMALOG MIX 50/50	45
GLOPERBA	51	HUMALOG MIX 50/50 KWIKPEN	45
GLUCAGEN HYPOKIT	47	HUMALOG MIX 75/25	45
GLUCAGON EMERGENCY KIT	47	HUMALOG MIX 75/25 KWIKPEN	45
		HUMIRA	53

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HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	52	ILEVRO	40
HUMIRA PEN	52	<i>imatinib mesylate</i>	11
HUMIRA PEN-CD/UC/HS STARTER	52	IMBRUVICA	11
HUMIRA PEN-PEDIATRIC UC STARTER PACK	52	<i>imipenem/cilastatin</i>	3
HUMIRA PEN-PS/UV STARTER	52	<i>imipramine hcl</i>	32
HUMULIN 70/30	45	<i>imipramine hydrochloride</i>	32
HUMULIN 70/30 KWIKPEN	45	<i>imipramine pamoate</i>	32
HUMULIN N	45	<i>imiquimod</i>	61
HUMULIN N KWIKPEN	46	<i>imiquimod pump</i>	61
HUMULIN R	46	IMOVAX RABIES (H.D.C.V.)	16
HUMULIN R U-500 (CONCENTRATED)	46	IMPAVIDO	6
HUMULIN R U-500 KWIKPEN	46	IMVEXXY MAINTENANCE PACK	49
<i>hydralazine hcl</i>	23	IMVEXXY STARTER PACK	49
<i>hydralazine hydrochloride</i>	23	INBRIJA	29
<i>hydrochlorothiazide</i>	37	INCRELEX	50
<i>hydrocodone bitartrate er</i>	25	INCRUSE ELLIPTA	17
<i>hydrocodone bitartrate/acetaminophen</i>	25	<i>indapamide</i>	37
<i>hydrocodone/acetaminophen</i>	25	<i>indomethacin</i>	25
<i>hydrocodone/ibuprofen</i>	25	<i>indomethacin er</i>	25
<i>hydrocortisone</i>	44	INFANRIX	16
<i>hydrocortisone</i>	59	INGREZZA	34
<i>hydrocortisone acetate/pramoxine</i>	60	INLYTA	11
<i>hydrocortisone butyrate</i>	59	INQOVI	11
<i>hydrocortisone sodium succinate</i>	44	INREBIC	11
<i>hydrocortisone valerate</i>	59	INTELENCE	7
<i>hydrocortisone/acetic acid</i>	40	INTRALIPID	36
<i>hydromorphone hcl</i>	25	INTRAROSA	44
<i>hydromorphone hcl er</i>	25	INTRON A	11
<i>hydromorphone hydrochloride er</i>	25	<i>introvale</i>	47
<i>hydroxychloroquine sulfate</i>	6	INVEGA HAFYERA	32
<i>hydroxyurea</i>	10	INVEGA SUSTENNA	32
<i>hydroxyzine hcl</i>	30	INVEGA TRINZA	32
<i>hydroxyzine hydrochloride</i>	30	INVELTYS	40
<i>hydroxyzine pamoate</i>	30	IPOL INACTIVATED IPV	16
HYFTOR	61	<i>ipratropium bromide</i>	17
<i>ibandronate sodium</i>	52	<i>ipratropium bromide/albuterol sulfate</i>	18
IBRANCE	10	<i>irbesartan</i>	23
<i>ibu</i>	25	<i>irbesartan/hydrochlorothiazide</i>	23
<i>ibuprofen</i>	25	IRESSA	11
<i>icatibant acetate</i>	54	ISENTRESS	7
<i>iclevia</i>	47	ISENTRESS HD	7
ICLUSIG	10	<i>isoniazid</i>	5
<i>icosapent ethyl</i>	20	<i>isosorbide dinitrate</i>	23
IDHIFA	10	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	23
		<i>isosorbide mononitrate</i>	24

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<i>isosorbide mononitrate er</i>	24	<i>ketoprofen</i>	25
<i>isotonic gentamicin</i>	3	<i>ketoprofen er</i>	25
<i>isotretinoin</i>	61	<i>ketorolac tromethamine</i>	40
<i>isradipine</i>	22	KINERET	53
<i>itraconazole</i>	5	KINRIX	16
<i>ivabradine hydrochloride</i>	22	KISQALI	11
<i>ivermectin</i>	2	KISQALI FEMARA 200 DOSE	49
<i>ivermectin</i>	58	KISQALI FEMARA 400 DOSE	49
IWILFIN	11	KISQALI FEMARA 600 DOSE	49
IXCHIQ	16	<i>klayesta</i>	57
IXIARO	16	KLISYRI	61
JAKAFI	11	<i>klor-con</i>	38
<i>jantoven</i>	19	<i>klor-con 10</i>	38
JANUMET	46	<i>klor-con 8</i>	38
JANUMET XR	46	<i>klor-con m10</i>	38
JANUVIA	46	KLOR-CON M15	38
JARDIANCE	46	<i>klor-con m20</i>	38
JAYPIRCA	11	<i>klor-con/ef</i>	38
JENTADUETO	46	KORLYM	46
JENTADUETO XR	46	KOSELUGO	11
<i>jinteli</i>	49	<i>kourzeq</i>	57
<i>joyeaux</i>	47	<i>k-prime</i>	38
JULUCA	7	KRAZATI	11
<i>junel 1.5/30</i>	47	KRISTALOSE	35
<i>junel 1/20</i>	47	KYNMOBI	29
<i>junel fe 1.5/30</i>	47	KYPROLIS	11
<i>junel fe 1/20</i>	47	<i>labetalol hydrochloride</i>	21
<i>junel fe 24</i>	47	<i>lacosamide</i>	27
JUXTAPID	20	<i>lactated ringers</i>	38
JYLAMVO	11	<i>lactulose</i>	35
JYNNEOS	16	LAGEVRIO	7
KALYDECO	56	<i>lamivudine</i>	7
<i>kariva</i>	47	<i>lamivudine/zidovudine</i>	7
<i>kcl 0.075%/d5w/nacl 0.45%</i>	38	<i>lamotrigine</i>	27
<i>kcl 0.15%/d5w/nacl 0.2%</i>	38	<i>lamotrigine er</i>	27
<i>kcl 0.15%/d5w/nacl 0.45%</i>	38	<i>lamotrigine odt</i>	27
<i>kcl 0.15%/d5w/nacl 0.9%</i>	38	<i>lamotrigine starter kit/blue</i>	27
<i>kcl 0.3%/d5w/nacl 0.45%</i>	38	<i>lamotrigine starter kit/green</i>	27
<i>kcl 0.3%/d5w/nacl 0.9%</i>	38	<i>lamotrigine starter kit/orange</i>	27
<i>kelnor 1/35</i>	47	<i>lamotrigine titration</i>	27
KENALOG-10	44	<i>lanreotide acetate</i>	50
KERENDIA	23	<i>lansoprazole</i>	42
KESIMPTA	53	<i>lansoprazole/amoxicillin/clarithromycin</i>	42
<i>ketoconazole</i>	5	LANTUS	46
<i>ketoconazole</i>	58	LANTUS SOLOSTAR	46
KETODAN	58	<i>lapatinib ditosylate</i>	11

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<i>larin 1.5/30</i>	47	<i>l-glutamine</i>	55
<i>larin 1/20</i>	47	LIBERVANT	28
<i>larin fe 1.5/30</i>	47	<i>lidocaine</i>	60
<i>larin fe 1/20</i>	47	<i>lidocaine hcl</i>	51
<i>latanoprost</i>	41	<i>lidocaine hcl</i>	57
LAZANDA	25	<i>lidocaine hcl jelly</i>	57
LAZCLUZE	11	<i>lidocaine hydrochloride</i>	51
<i>leflunomide</i>	53	<i>lidocaine hydrochloride</i>	57
<i>lenalidomide</i>	11	<i>lidocaine hydrochloride</i>	60
LENVIMA 10 MG DAILY DOSE	11	<i>lidocaine hydrochloride viscous</i>	41
LENVIMA 12MG DAILY DOSE	11	<i>lidocaine viscous</i>	41
LENVIMA 14 MG DAILY DOSE	11	<i>lidocaine/prilocaine</i>	60
LENVIMA 18 MG DAILY DOSE	11	<i>linezolid</i>	4
LENVIMA 20 MG DAILY DOSE	11	LINZESS	43
LENVIMA 24 MG DAILY DOSE	11	<i>liothyronine sodium</i>	51
LENVIMA 4 MG DAILY DOSE	12	<i>lisdexamphetamine dimesylate</i>	26
LENVIMA 8 MG DAILY DOSE	12	<i>lisinopril</i>	23
<i>lessina</i>	47	<i>lisinopril/hydrochlorothiazide</i>	23
<i>letrozole</i>	49	<i>lithium</i>	28
<i>leucovorin calcium</i>	51	<i>lithium carbonate</i>	28
LEUKERAN	12	<i>lithium carbonate er</i>	28
<i>leuprolide acetate</i>	49	LIVALO	20
<i>levabuterol</i>	18	LIVMARLI	43
<i>levabuterol hcl</i>	18	LIVMARLI	43
<i>levabuterol hydrochloride</i>	18	LIVTENCITY	7
<i>levabuterol tartrate hfa</i>	18	LO LOESTRIN FE	48
LEVEMIR	46	LOKELMA	37
LEVEMIR FLEXPEN	46	LONHALA MAGNAIR REFILL KIT	17
LEVEMIR FLEXTOUCH	46	LONHALA MAGNAIR STARTER KIT	17
<i>levetiracetam</i>	28	LONSURF	12
<i>levetiracetam er</i>	28	<i>loperamide hcl</i>	42
<i>levobunolol hcl</i>	41	<i>lopinavir/ritonavir</i>	7
<i>levocarnitine</i>	55	<i>lorazepam</i>	30
<i>levocetirizine dihydrochloride</i>	9	<i>lorazepam intensol</i>	30
<i>levofloxacin</i>	4	LOBRENA	12
<i>levofloxacin</i>	39	<i>losartan potassium</i>	23
<i>levofloxacin in d5w</i>	3	<i>losartan potassium/hydrochlorothiazide</i>	23
<i>levonest</i>	47	LOTEMAX	40
<i>levonorgestrel and ethinyl estradiol</i>	48	<i>loteprednol etabonate</i>	40
<i>levonorgestrel/ethinyl estradiol</i>	48	<i>lovastatin</i>	20
<i>levora 0.15/30-28</i>	48	<i>loxapine</i>	32
<i>levorphanol tartrate</i>	25	<i>lubiprostone</i>	43
<i>levo-t</i>	50	LUMAKRAS	12
<i>levothyroxine sodium</i>	50	LUMIGAN	41
<i>levoxyl</i>	51	LUPRON DEPOT (1-MONTH)	49
LEXIVA	7	LUPRON DEPOT (3-MONTH)	49

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LUPRON DEPOT (4-MONTH)	49	<i>methamphetamine hcl</i>	26
LUPRON DEPOT (6-MONTH)	49	<i>methazolamide</i>	41
<i>lurasidone hydrochloride</i>	32	<i>methenamine hippurate</i>	8
LYBALVI	32	<i>methenamine mandelate</i>	8
LYNPARZA	12	<i>methimazole</i>	51
LYSODREN	12	<i>methotrexate</i>	12
LYTGOBI	12	<i>methotrexate sodium</i>	12
<i>magnesium sulfate</i>	28	<i>methsuximide</i>	28
<i>malathion</i>	58	<i>methylphenidate hydrochloride</i>	26
<i>maraviroc</i>	7	<i>methylphenidate hydrochloride cd</i>	26
<i>marlissa</i>	48	<i>methylphenidate hydrochloride er</i>	27
MARPLAN	33	<i>methylphenidate hydrochloride er (la)</i>	26
MATULANE	12	<i>methylprednisolone</i>	44
<i>matzim la</i>	22	<i>methylprednisolone acetate</i>	44
MAVYRET	7	<i>methylprednisolone dose pack</i>	44
MAXIDEX	40	<i>metoclopramide hcl</i>	43
MAYZENT	53	<i>metoclopramide hydrochloride</i>	43
MAYZENT STARTER PACK	53	<i>metoclopramide odt</i>	43
<i>meclizine hcl</i>	42	<i>metolazone</i>	37
<i>meclofenamate sodium</i>	25	<i>metoprolol succinate er</i>	21
MEDROL	44	<i>metoprolol tartrate</i>	21
<i>medroxyprogesterone acetate</i>	50	<i>metoprolol/hydrochlorothiazide</i>	21
<i>mefenamic acid</i>	25	<i>metronidazole</i>	6
<i>mefloquine hcl</i>	6	<i>metronidazole</i>	58
<i>megestrol acetate</i>	50	<i>metronidazole vaginal</i>	58
MEKINIST	12	<i>metirosine</i>	55
MEKTOVI	12	<i>mexiletine hcl</i>	22
<i>meloxicam</i>	25	<i>mibelas 24 fe</i>	48
<i>memantine hcl titration pak</i>	30	<i>micafungin</i>	5
<i>memantine hydrochloride</i>	30	<i>miconazole 3</i>	58
<i>memantine hydrochloride er</i>	30	<i>microgestin 1.5/30</i>	48
MENACTRA	16	<i>microgestin 1/20</i>	48
MENEST	49	<i>microgestin fe 1.5/30</i>	48
MENOSTAR	49	<i>microgestin fe 1/20</i>	48
MENQUADFI	16	<i>midodrine hcl</i>	18
MENTAX	58	<i>mifepristone</i>	46
MENVEO	16	<i>miglitol</i>	46
<i>mercaptapurine</i>	12	<i>miglustat</i>	55
<i>meropenem</i>	4	MILLIPRED	45
<i>mesalamine</i>	42	<i>mimvey</i>	49
<i>mesalamine dr</i>	42	<i>minocycline hcl</i>	4
<i>mesalamine er</i>	42	<i>minocycline hydrochloride</i>	4
MESNEX	55	<i>minoxidil</i>	23
<i>metformin hydrochloride</i>	46	<i>mirabegron er</i>	61
<i>metformin hydrochloride er</i>	46	<i>mirtazapine</i>	33
<i>methadone hcl</i>	25	<i>mirtazapine odt</i>	33

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<i>misoprostol</i>	42	<i>nebivolol hydrochloride</i>	21
M-M-R II	16	<i>necon 0.5/35-28</i>	48
<i>modafinil</i>	27	<i>nefazodone hydrochloride</i>	33
<i>moexipril hcl</i>	23	<i>neomycin sulfate</i>	4
<i>molindone hydrochloride</i>	33	<i>neomycin/bacitracin/polymyxin</i>	39
<i>mometasone furoate</i>	40	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	40
<i>mometasone furoate</i>	60	<i>one</i>	
<i>mondoxyne nl</i>	4	<i>neomycin/polymyxin/dexamethasone</i>	40
<i>montelukast sodium</i>	55	<i>neomycin/polymyxin/gramicidin</i>	39
<i>morphine sulfate</i>	25	<i>neomycin/polymyxin/hc</i>	40
<i>morphine sulfate er</i>	25	<i>neomycin/polymyxin/hydrocortisone</i>	40
MOUNJARO	46	<i>neo-polycin</i>	39
MOVANTIK	43	<i>neo-polycin hc</i>	40
<i>moxifloxacin hydrochloride/sodium</i>	4	NERLYNX	12
<i>hydrochloride</i>		NEUAC	58
<i>moxifloxacin hydrochloride</i>	4	NEULASTA	19
<i>moxifloxacin hydrochloride</i>	39	NEULASTA ONPRO KIT	19
MOZOBIL	19	NEUPRO	29
MRESVIA	16	<i>nevirapine</i>	7
MULTAQ	22	<i>nevirapine er</i>	7
<i>mupirocin</i>	58	NEXLETOL	20
<i>mycophenolate mofetil</i>	54	NEXLIZET	20
<i>mycophenolic acid dr</i>	54	<i>niacin</i>	62
MYFEMBREE	49	<i>niacin er</i>	20
MYORISAN	61	<i>niacor</i>	62
MYRBETRIQ	61	<i>nicardipine hcl</i>	22
<i>nabumetone</i>	25	NICOTROL INHALER	17
<i>nadolol</i>	21	NICOTROL NS	17
<i>nafcillin sodium</i>	4	<i>nifedipine</i>	22
<i>naftifine hcl</i>	58	<i>nifedipine er</i>	22
<i>naftifine hydrochloride</i>	57	<i>nikki</i>	48
<i>naftifine hydrochloride</i>	58	<i>nilutamide</i>	12
<i>naloxone hcl</i>	31	<i>nimodipine</i>	22
<i>naloxone hydrochloride</i>	31	NINLARO	12
<i>naltrexone hcl</i>	31	<i>nisoldipine er</i>	22
NAMZARIC	30	<i>nitazoxanide</i>	6
<i>naproxen</i>	25	<i>nitisinone</i>	55
<i>naproxen dr</i>	25	NITRO-BID	24
<i>naproxen sodium</i>	25	<i>nitrofurantoin macrocrystals</i>	8
<i>naproxen sodium cr</i>	25	<i>nitrofurantoin monohydrate/macrocrystals</i>	8
<i>naproxen sodium er</i>	25	<i>nitroglycerin</i>	24
<i>naratriptan hcl</i>	29	<i>nitroglycerin</i>	57
NATACYN	39	<i>nitroglycerin transdermal</i>	24
<i>nateglinide</i>	46	NIVA THYROID	51
NATPARA	50	<i>nizatidine</i>	42
NAYZILAM	28	NORDITROPIN FLEXPPO	50

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Drug Name	Page #	Drug Name	Page #
<i>norelgestromin/ethinyl estradiol</i>	48	<i>ofloxacin</i>	39
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	48	OGSIVEO	12
<i>norethindrone acetate</i>	50	OJEMDA	12
<i>norethindrone acetate/ethinyl estradiol</i>	49	OJJAARA	12
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	48	<i>olanzapine</i>	33
NORPACE CR	22	<i>olanzapine odt</i>	33
<i>nortrel 0.5/35 (28)</i>	48	<i>olanzapine/fluoxetine</i>	33
<i>nortrel 1/35</i>	48	<i>olmesartan medoxomil</i>	23
<i>nortrel 7/7/7</i>	48	<i>olmesartan</i>	22
<i>nortriptyline hcl</i>	33	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>nortriptyline hydrochloride</i>	33	<i>olmesartan medoxomil/hydrochlorothiazide</i>	23
NORVIR	7	<i>olopatadine hcl</i>	40
NOURIANZ	30	<i>olopatadine hydrochloride</i>	41
NOXAFIL	5	<i>omega-3-acid ethyl esters</i>	20
<i>np thyroid 120</i>	51	<i>omeprazole</i>	42
<i>np thyroid 15</i>	51	<i>omeprazole dr</i>	42
<i>np thyroid 30</i>	51	<i>omeprazole/sodium bicarbonate</i>	42
<i>np thyroid 60</i>	51	OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	35
<i>np thyroid 90</i>	51	OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	35
NUBEQA	12	OMNIPOD 5 DEXG7G6 PODS (GEN 5)	35
NUCALA	55	OMNIPOD 5 G7 INTRO KIT (GEN 5)	35
NUEDEXTA	31	OMNIPOD 5 G7 PODS (GEN 5)	35
NULOJIX	54	OMNIPOD 5 LIBRE2 PLUS G6	35
NUPLAZID	33	OMNIPOD 5 LIBRE2 PLUS G6 PODS	35
NURTEC	29	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	35
NUTRILIPID	37	OMNIPOD CLASSIC PODS (GEN 3)	35
NUTROPIN AQ NUSPIN 10	50	OMNIPOD DASH INTRO KIT (GEN 4)	35
NUTROPIN AQ NUSPIN 20	50	OMNIPOD DASH PDM KIT (GEN 4)	35
NUTROPIN AQ NUSPIN 5	50	OMNIPOD DASH PODS (GEN 4)	35
NUVESSA	58	OMNIPOD GO 10 UNITS/DAY	35
NUZYRA	4	OMNIPOD GO 15 UNITS/DAY	35
<i>nyamyc</i>	58	OMNIPOD GO 20 UNITS/DAY	35
NYMALIZE	22	OMNIPOD GO 25 UNITS/DAY	35
<i>nystatin</i>	5	OMNIPOD GO 30 UNITS/DAY	35
<i>nystatin</i>	58	OMNIPOD GO 35 UNITS/DAY	35
<i>nystatin/triamcinolone</i>	60	OMNIPOD GO 40 UNITS/DAY	35
<i>nystatin/triamcinolone acetamide</i>	60	OMNITROPE	50
<i>nystop</i>	58	<i>ondansetron hcl</i>	42
OCTAGAM	15	<i>ondansetron hydrochloride</i>	42
<i>octreotide acetate</i>	50	<i>ondansetron odt</i>	42
ODEFSEY	7	ONGENTYS	29
ODOMZO	12	ONUREG	12
OFEV	56	OPDIVO	12
<i>ofloxacin</i>	4		

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<i>opium</i>	42	PANZYGA	15
<i>opium tincture</i>	42	<i>paricalcitol</i>	62
OPSUMIT	56	<i>paromomycin sulfate</i>	6
OPVEE	31	<i>paroxetine</i>	33
<i>oralone dental paste</i>	60	<i>paroxetine hcl</i>	33
ORENCIA	53	<i>paroxetine hcl er</i>	33
ORENCIA CLICKJECT	53	<i>paroxetine hydrochloride</i>	33
ORENITRAM	57	PASER	5
ORENITRAM TITRATION KIT MONTH	56	PAXLOVID	7
1		<i>pazopanib hydrochloride</i>	13
ORENITRAM TITRATION KIT MONTH	56	PEDIARIX	16
2		PEDVAX HIB	16
ORENITRAM TITRATION KIT MONTH	56	<i>peg-3350/electrolytes</i>	43
3		<i>peg-3350/electrolytes/ascorbate</i>	43
ORFADIN	55	<i>peg-3350/nacl/na bicarbonate/kcl</i>	43
ORGOVYX	49	<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	43
ORLISSA	49	<i>ascorbate/ascorbic</i>	
ORKAMBI	56	PEGASYS	7
ORSERDU	12	PEMAZYRE	13
<i>oseltamivir phosphate</i>	7	PENBRAYA	16
OSMOPREP	42	<i>penciclovir</i>	58
OSPHENA	49	<i>penicillamine</i>	44
OTEZLA	51	<i>penicillin g potassium</i>	4
OTEZLA	53	<i>penicillin g potassium in iso-osmotic</i>	4
<i>oxacillin sodium</i>	4	<i>dextrose</i>	
<i>oxaprozin</i>	26	<i>penicillin g sodium</i>	4
<i>oxazepam</i>	30	<i>penicillin v potassium</i>	4
OXBRYTA	19	PENTACEL	16
<i>oxcarbazepine</i>	28	<i>pentamidine isethionate</i>	6
OXERVATE	41	<i>pentoxifylline er</i>	20
<i>oxiconazole nitrate</i>	58	<i>perindopril erbumine</i>	23
<i>oxybutynin chloride</i>	62	<i>perio gard</i>	39
<i>oxybutynin chloride er</i>	62	<i>permethrin</i>	58
<i>oxycodone hcl er</i>	26	<i>perphenazine</i>	33
<i>oxycodone hydrochloride</i>	26	<i>perphenazine/amitriptyline</i>	33
<i>oxycodone hydrochloride er</i>	26	PERSERIS	33
<i>oxycodone/acetaminophen</i>	26	<i>phenelzine sulfate</i>	33
OXYCONTIN	26	<i>phenobarbital</i>	30
<i>oxymorphone hydrochloride</i>	26	<i>phenoxybenzamine hydrochloride</i>	18
<i>oxymorphone hydrochloride er</i>	26	<i>phenytek</i>	28
<i>oxymorphone hydrochlorideer</i>	26	<i>phenytoin</i>	28
OZEMPIC	46	<i>phenytoin sodium extended</i>	28
<i>paclitaxel</i>	12	PHOSPHOLINE IODIDE	41
<i>paliperidone er</i>	33	PIFELTRO	7
PANRETIN	61	<i>pilocarpine hcl</i>	41
<i>pantoprazole sodium</i>	42	<i>pilocarpine hydrochloride</i>	17

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<i>pimecrolimus</i>	61	<i>pregabalin</i>	28
<i>pimozide</i>	33	<i>pregabalin er</i>	26
<i>pindolol</i>	21	PREHEVBRIO	16
<i>pioglitazone hcl</i>	46	PREMARIN	49
<i>pioglitazone hcl/metformin hcl</i>	46	PREMASOL	37
<i>pioglitazone hcl-glimepiride</i>	46	<i>premium lidocaine</i>	60
<i>pioglitazone hydrochloride</i>	46	PREMPHASE	49
<i>piperacillin sodium/tazobactam sodium</i>	4	PREMPRO	49
PIQRAY 200MG DAILY DOSE	13	<i>prenatal</i>	62
PIQRAY 250MG DAILY DOSE	13	<i>prevalite</i>	20
PIQRAY 300MG DAILY DOSE	13	PREVYMIS	7
<i>pirfenidone</i>	56	PREZCOBIX	7
<i>piroxicam</i>	26	PREZISTA	8
<i>pitavastatin calcium</i>	20	PRIFTIN	5
PLEGRIDY	53	<i>primaquine phosphate</i>	6
PLEGRIDY STARTER PACK	54	<i>primidone</i>	28
PLENAMINE	37	PRIORIX	16
<i>plerixafor</i>	19	PRIVIGEN	15
<i>podofilox</i>	57	PROAIR RESPICLICK	18
<i>podofilox</i>	61	<i>probenecid</i>	38
<i>polycin</i>	39	<i>probenecid/colchicine</i>	38
<i>polymyxin b sulfate/trimethoprim sulfate</i>	39	<i>prochlorperazine</i>	33
POMALYST	13	<i>prochlorperazine edisylate</i>	33
<i>portia-28</i>	48	<i>prochlorperazine maleate</i>	33
<i>posaconazole</i>	5	PROCRIT	19
<i>posaconazole dr</i>	5	PROCTOFOAM HC	57
<i>potassium chloride</i>	38	<i>procto-med hc</i>	60
<i>potassium chloride er</i>	38	<i>procto-pak</i>	60
<i>potassium chloride/dextrose/sodium chloride</i>	38	<i>proctosol hc</i>	60
<i>potassium citrate er</i>	35	<i>proctozone-hc</i>	60
PRALUENT	20	<i>progesterone</i>	50
<i>pramipexole dihydrochloride</i>	29	PROGRAF	54
<i>pramipexole dihydrochloride er</i>	29	PROLASTIN-C	56
<i>prasugrel hydrochloride</i>	19	PROLENSA	40
<i>pravastatin sodium</i>	20	PROLIA	52
<i>praziquantel</i>	2	PROMACTA	19
<i>prazosin hydrochloride</i>	20	<i>promethazine hcl</i>	9
PRED MILD	40	<i>promethazine hydrochloride</i>	9
<i>prednicarbate</i>	60	<i>promethazine hydrochloride plain</i>	9
<i>prednisolone</i>	45	<i>propafenone hcl</i>	22
<i>prednisolone acetate</i>	40	<i>propafenone hydrochloride</i>	22
<i>prednisolone sodium phosphate</i>	40	<i>propafenone hydrochloride er</i>	22
<i>prednisolone sodium phosphate</i>	45	<i>propranolol hcl</i>	21
<i>prednisolone sodium phosphate odt</i>	45	<i>propranolol hcl er</i>	21
<i>prednisone</i>	45	<i>propranolol hydrochloride</i>	21
		<i>propranolol hydrochloride er</i>	21

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<i>propylthiouracil</i>	51	REPATHA PUSHTRONEX SYSTEM	20
PROQUAD	16	REPATHA SURECLICK	20
PROSOL	37	RESTASIS	40
<i>protriptyline hcl</i>	33	RESTASIS MULTIDOSE	40
PULMOZYME	56	RETACRIT	19
PURIXAN	13	RETEVMO	13
PYLERA	42	RETIN-A MICRO	57
<i>pyrazinamide</i>	5	RETIN-A MICRO PUMP	60
<i>pyridostigmine bromide</i>	17	REVCОВI	39
<i>pyridostigmine bromide er</i>	17	REVLIMID	13
<i>pyrimethamine</i>	6	REXULTI	33
PYRUKYND	19	REYATAZ	8
PYRUKYND TAPER PACK	19	REZLIDHIA	13
QINLOCK	13	REZUROCK	55
QUADRACEL	16	RHOPRESSA	41
<i>quetiapine fumarate</i>	33	<i>ribavirin</i>	8
<i>quetiapine fumarate er</i>	33	RIDAURA	43
<i>quinapril hydrochloride</i>	23	<i>rifabutin</i>	5
<i>quinapril/hydrochlorothiazide</i>	23	<i>rifampin</i>	5
<i>quinidine gluconate cr</i>	22	<i>riluzole</i>	31
<i>quinidine sulfate</i>	22	<i>rimantadine hydrochloride</i>	8
<i>quinine sulfate</i>	6	RINVOQ	53
QVAR REDIHALER	45	RINVOQ LQ	51
RABAVERT	16	<i>risedronate sodium</i>	52
<i>rabeprazole sodium</i>	42	<i>risedronate sodium dr</i>	52
RADICAVA ORS	31	RISPERDAL CONSTA	33
RADICAVA ORS STARTER KIT	31	<i>risperidone</i>	33
<i>raloxifene hydrochloride</i>	49	<i>risperidone er</i>	33
<i>ramelteon</i>	30	<i>risperidone odt</i>	33
<i>ramipril</i>	23	<i>ritonavir</i>	8
<i>ranolazine er</i>	22	<i>rivastigmine tartrate</i>	17
<i>rasagiline mesylate</i>	29	<i>rivastigmine transdermal system</i>	17
RASUVO	53	<i>rizatriptan benzoate</i>	29
RAYALDEE	62	<i>rizatriptan benzoate odt</i>	29
REBIF	54	ROCKLATAN	41
REBIF REBIDOSE	54	<i>roflumilast</i>	56
REBIF REBIDOSE TITRATION PACK	54	<i>ropinirole er</i>	29
REBIF TITRATION PACK	54	<i>ropinirole hcl</i>	29
RECOMBIVAX HB	16	<i>ropinirole hydrochloride</i>	29
RECTIV	61	<i>rosadan</i>	58
REGRANEX	61	<i>rosuvastatin calcium</i>	21
RELENZA DISKHALER	8	ROTARIX	16
RELISTOR	43	ROTATEQ	16
RELYVRIO	31	<i>roweepra</i>	28
<i>repaglinide</i>	46	ROZLYTREK	13
REPATHA	20	RUBRACA	13

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<i>rufinamide</i>	28	<i>sodium polystyrene sulfonate</i>	37
RUKOBIA	8	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	43
RYBELSUS	46	<i>solifenacin succinate</i>	62
RYDAPT	13	SOLOSEC	6
RYTARY	29	SOLTAMOX	49
SAJAZIR	54	SOLU-CORTEF	45
<i>salsalate</i>	26	SOMATULINE DEPOT	50
SANTYL	61	SOMAVERT	50
<i>sapropterin dihydrochloride</i>	55	<i>sorafenib</i>	13
SAVELLA	31	<i>sorafenib tosylate</i>	13
SAVELLA TITRATION PACK	31	<i>sorine</i>	21
SCSEMBLIX	13	<i>sotalol hcl</i>	21
<i>scopolamine</i>	42	<i>sotalol hydrochloride (af)</i>	21
SECUADO	33	SPIRIVA RESPIMAT	17
<i>selegiline hcl</i>	29	<i>spironolactone</i>	23
<i>selenium sulfide</i>	58	<i>spironolactone/hydrochlorothiazide</i>	23
SELZENTRY	8	SPRITAM	28
SEREVENT DISKUS	18	SPRYCEL	13
SEROSTIM	50	<i>sps</i>	37
<i>sertraline hcl</i>	33	<i>ssd</i>	58
<i>sertraline hydrochloride</i>	33	STAMARIL	16
<i>sevelamer carbonate</i>	37	STELARA	61
<i>sevelamer hydrochloride</i>	37	<i>sterile water for irrigation</i>	38
<i>sf 5000 plus</i>	52	STIOLTO RESPIMAT	17
<i>sharobel</i>	48	STIVARGA	13
SHINGRIX	16	<i>streptomycin sulfate</i>	4
SIGNIFOR	50	STRIBILD	8
<i>sildenafil citrate</i>	24	STRIVERDI RESPIMAT	18
<i>silodosin</i>	18	SUBSYS	26
<i>silver sulfadiazine</i>	58	<i>subvenite</i>	28
SIMBRINZA	41	<i>subvenite starter kit/blue</i>	28
<i>simvastatin</i>	21	<i>subvenite starter kit/green</i>	28
<i>sirolimus</i>	54	<i>subvenite starter kit/orange</i>	28
SIRTURO	5	SUCRAID	39
SIVEXTRO	4	<i>sucrafate</i>	42
SKYRIZI	43	<i>sulfacetamide sodium</i>	39
SKYRIZI	61	<i>sulfacetamide sodium</i>	58
SKYRIZI PEN	61	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	40
<i>sodium chloride</i>	38	<i>sulfadiazine</i>	4
<i>sodium chloride 0.45%</i>	38	<i>sulfamethoxazole/trimethoprim</i>	4
<i>sodium chloride 0.9%</i>	38	<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>sodium fluoride</i>	52	SULFAMYLON	58
<i>sodium fluoride 5000 plus</i>	52	<i>sulfasalazine</i>	4
<i>sodium fluoride 5000 ppm</i>	52	<i>sulindac</i>	26
SODIUM OXYBATE	31		
<i>sodium phenylbutyrate</i>	35		

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<i>sumatriptan</i>	29	TEKTURNA HCT	23
<i>sumatriptan succinate</i>	29	<i>telmisartan</i>	23
<i>sumatriptan succinate refill</i>	29	<i>telmisartan/amlodipine</i>	22
<i>sunitinib malate</i>	13	<i>telmisartan/hydrochlorothiazide</i>	23
SUNLENCA	8	<i>temazepam</i>	30
SUNOSI	27	TEMIXYS	8
SUPRAX	4	TENIVAC	16
SYMDEKO	56	<i>tenofovir disoproxil fumarate</i>	8
SYMLINPEN 120	46	TEPMETKO	14
SYMLINPEN 60	46	<i>terazosin hcl</i>	20
SYMPAZAN	28	<i>terazosin hydrochloride</i>	20
SYMTUZA	8	<i>terbinafine hcl</i>	5
SYNAREL	49	<i>terbutaline sulfate</i>	18
SYNJARDY	46	<i>terconazole</i>	58
SYNJARDY XR	46	<i>teriflunomide</i>	54
SYNRIBO	13	<i>teriparatide</i>	50
SYNTHROID	51	<i>testosterone</i>	45
TABLOID	13	<i>testosterone cypionate</i>	45
TABRECTA	14	<i>testosterone enanthate</i>	45
<i>tacrolimus</i>	54	<i>testosterone pump</i>	45
<i>tacrolimus</i>	61	<i>tetrabenazine</i>	34
<i>tadalafil</i>	24	<i>tetracycline hydrochloride</i>	4
TAFINLAR	14	THALOMID	54
<i>tafluprost</i>	41	<i>theophylline</i>	62
TAGRISSE	14	<i>theophylline er</i>	62
TALZENNA	14	THIOLA EC	55
<i>tamoxifen citrate</i>	49	<i>thioridazine hcl</i>	34
<i>tamsulosin hydrochloride</i>	18	<i>thiothixene</i>	34
<i>tarina fe 1/20 eq</i>	48	THYQUIDITY	51
TASIGNA	14	THYROID	51
<i>tasimelteon</i>	30	<i>tiadylt er</i>	22
TAVALISSE	19	<i>tiagabine hydrochloride</i>	28
TAVNEOS	54	TIBSOVO	14
<i>taysofy</i>	48	TICOVAC	16
<i>tazarotene</i>	57	<i>timolol maleate</i>	21
<i>tazarotene</i>	61	<i>timolol maleate</i>	41
<i>tazicef</i>	4	<i>timolol maleate ophthalmic gel forming</i>	41
TAZORAC	61	<i>tinidazole</i>	6
<i>taztia xt</i>	22	<i>tiopronin dr</i>	55
TAZVERIK	14	TIROSINT-SOL	51
<i>tdvax</i>	16	TIVICAY	8
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	35	TIVICAY PD	8
<i>techlite pen needles 29g x 10mm</i>	35	<i>tizanidine hcl</i>	18
TEFLARO	4	<i>tizanidine hydrochloride</i>	18
TEGSEDI	51	TOBI PODHALER	4
		TOBRADEX	40

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TOBRADEX ST	40	<i>trifluoperazine hydrochloride</i>	34
<i>tobramycin</i>	4	<i>trifluridine</i>	39
<i>tobramycin</i>	39	<i>trihexyphenidyl hcl</i>	29
<i>tobramycin sulfate</i>	4	<i>trihexyphenidyl hydrochloride</i>	29
<i>tobramycin/dexamethasone</i>	40	TRIKAFTA	56
<i>tolterodine tartrate</i>	62	<i>trimethoprim</i>	8
<i>tolterodine tartrate er</i>	62	<i>trimipramine maleate</i>	34
<i>topiramate</i>	28	TRINTELLIX	34
<i>topiramate er</i>	28	<i>tri-sprintec</i>	48
<i>toremifene citrate</i>	49	TRITOCIN	60
<i>torseamide</i>	37	TRIUMEQ	8
TOUJEO MAX SOLOSTAR	46	TRIUMEQ PD	8
TOUJEO SOLOSTAR	46	<i>trivora-28</i>	48
TOVET	60	TRIZIVIR	8
TRACLEER	57	TROPHAMINE	37
TRADJENTA	46	<i>trospium chloride</i>	62
<i>tramadol hcl er</i>	26	<i>trospium chloride er</i>	62
<i>tramadol hydrochloride</i>	26	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	35
<i>tramadol hydrochloride er</i>	26	<i>1/2"</i>	
<i>tramadol hydrochloride/acetaminophen</i>	26	<i>trueplus pen needles 29gx12mm</i>	35
<i>trandolapril</i>	23	TRULICITY	46
<i>trandolapril/verapamil hcl er</i>	22	TRUMENBA	16
<i>tranexamic acid</i>	18	TRUQAP	14
<i>tranylcypramine sulfate</i>	34	TRUSELTIQ	14
TRAVASOL	37	TUKYSA	14
<i>travoprost</i>	41	TURALIO	14
<i>trazodone hydrochloride</i>	34	<i>turqoz</i>	48
TRECTOR	5	TWINRIX	17
TRELEGY ELLIPTA	45	<i>tyblume</i>	48
TRELSTAR MIXJECT	49	TYBOST	55
TRESIBA	46	TYMLOS	50
TRESIBA FLEXTOUCH	46	TYPHIM VI	17
<i>tretinoin</i>	14	UBRELVY	29
<i>tretinoin</i>	60	UCERIS	60
<i>tretinoin microsphere</i>	57	UDENYCA	20
<i>tretinoin microsphere</i>	60	UDENYCA ONBODY	20
TREXALL	14	<i>unithroid</i>	51
<i>triamcinolone acetonide</i>	45	UPTRAVI	57
<i>triamcinolone acetonide</i>	60	UPTRAVI TITRATION PACK	57
<i>triamcinolone acetonide dental paste</i>	60	<i>ursodiol</i>	43
<i>triamterene/hydrochlorothiazide</i>	37	<i>valacyclovir hydrochloride</i>	8
TRIANEX	60	VALCHLOR	61
<i>triazolam</i>	30	<i>valganciclovir</i>	8
<i>triderm</i>	60	<i>valganciclovir hydrochloride</i>	8
<i>trientine hydrochloride</i>	44	<i>valproic acid</i>	28
<i>trifluoperazine hcl</i>	34	<i>valsartan</i>	23

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

Drug Name	Page #	Drug Name	Page #
<i>valsartan/hydrochlorothiazide</i>	23	VIREAD	8
VALTOCO 10 MG DOSE	28	VITRAKVI	14
VALTOCO 15 MG DOSE	28	VIVITROL	31
VALTOCO 20 MG DOSE	28	VIZIMPRO	14
VALTOCO 5 MG DOSE	28	VONJO	14
<i>vancomycin</i>	5	VORANIGO	14
<i>vancomycin hcl</i>	4	<i>voriconazole</i>	5
<i>vancomycin hydrochloride</i>	4	VOSEVI	8
VANFLYTA	14	VOTRIENT	14
VAQTA	17	VOXZOGO	55
<i>varenicline starting month</i>	17	VRAYLAR	34
<i>varenicline tartrate</i>	17	VUMERITY	54
<i>varenicline tartrate</i>	18	<i>vyfemla</i>	48
VARIVAX	17	VYNDAMAX	55
VARIZIG	15	VYNDAQEL	55
VASCEPA	21	VYVANSE	27
VAXCHORA	17	VYZULTA	41
<i>velivet</i>	48	<i>warfarin sodium</i>	19
VELPHORO	37	WELIREG	14
VELTASSA	37	WINLEVI	61
VEMLIDY	8	<i>wixela inhub</i>	18
VENCLEXTA	14	XALKORI	14
VENCLEXTA STARTING PACK	14	XARELTO	19
<i>venlafaxine besylate er</i>	34	XARELTO STARTER PACK	19
<i>venlafaxine hcl er</i>	34	XATMEP	14
<i>venlafaxine hydrochloride</i>	34	XCOPRI	28
<i>venlafaxine hydrochloride er</i>	34	XDEMVI	39
VENTAVIS	57	XELJANZ	53
<i>verapamil hcl</i>	22	XELJANZ XR	53
<i>verapamil hcl er</i>	22	XENLETA	5
<i>verapamil hcl sr</i>	22	XERMELO	42
<i>verapamil hydrochloride</i>	22	XGEVA	52
<i>verapamil hydrochloride er</i>	22	XIFAXAN	5
VERQUVO	24	XIGDUO XR	46
VERSACLOZ	34	XOFLUZA	8
VERZENIO	14	XOLAIR	56
VIBRAMYCIN	5	XOSPATA	15
VICTOZA	46	XPOVIO	15
<i>vigabatrin</i>	28	XPOVIO 100 MG ONCE WEEKLY	15
<i>vigadrone</i>	28	XPOVIO 40 MG ONCE WEEKLY	15
VIGAFYDE	28	XPOVIO 40 MG TWICE WEEKLY	15
<i>vigpoder</i>	28	XPOVIO 60 MG ONCE WEEKLY	15
VIIBRYD STARTER PACK	34	XPOVIO 60 MG TWICE WEEKLY	15
VIJOICE	55	XPOVIO 80 MG ONCE WEEKLY	15
<i>vilazodone hydrochloride</i>	34	XPOVIO 80 MG TWICE WEEKLY	15
VIRACEPT	8	XTANDI	15

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<i>yargesa</i>	55
YERVOY	15
YF-VAX	17
YONSA	15
YUPELRI	17
<i>yuvafem</i>	49
<i>zafemy</i>	48
<i>zafirlukast</i>	55
<i>zaleplon</i>	30
ZARXIO	20
ZEJULA	15
ZELBORAF	15
ZENATANE	61
ZENPEP	43
ZEPOSIA	54
ZEPOSIA 7-DAY STARTER PACK	54
ZEPOSIA STARTER KIT	54
ZERBAXA	5
<i>zidovudine</i>	8
ZIEXTENZO	20
<i>zileuton er</i>	55
<i>ziprasidone hcl</i>	34
<i>ziprasidone mesylate</i>	34
ZIRGAN	39
<i>zoledronic acid</i>	52
ZOLINZA	15
<i>zolmitriptan</i>	29
<i>zolmitriptan odt</i>	29
<i>zolpidem tartrate</i>	30
<i>zolpidem tartrate er</i>	30
ZONISADE	28
<i>zonisamide</i>	28
ZORBTIVE	50
ZOSYN	5
<i>zovia 1/35</i>	48
ZTALMY	28
ZURZUVAE	34
ZYDELIG	15
ZYKADIA	15
ZYLET	40
ZYPREXA RELPREVV	34

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This formulary was updated on 12/01/2024.

Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, please contact Tufts Health Plan Senior Care Options Member Services at **1-855-670-5934** (TTY users should call 711), 8 a.m.–8 p.m., 7 days a week (Mon.–Fri. from Apr. 1–Sept. 30), or visit **www.thpmp.org/sco-member**.



1 Wellness Way
Canton, MA 02021