



a Point32Health company

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 12

This formulary was updated on 07/01/2024.

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.

Table of Contents

A. Disclaimers.....	iii
B. Frequently Asked Questions (FAQ).....	vii
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “Drug List” for short.).....	vii
B2. Does the Drug List ever change?.....	viii
B3. What happens when there is a change to the Drug List?	ix
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	x
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	x
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)?	xi
B7. How can I find a drug on the Drug List?.....	xi
B8. What if the drug I want to take is not on the Drug List?	xi
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?	xii
B10. Can I ask for an exception to cover my drug?	xiii
B11. How can I ask for an exception?.....	xiii
B12. How long does it take to get an exception?	xiii
B13. What are generic drugs?	xiii
B14. What are OTC drugs?.....	xiv
B15. Does Tufts Health Plan Senior Care Options cover non-drug OTC products?	xiv
B16. Does Tufts Health Plan Senior Care Options cover long-term supplies of prescriptions?.....	xiv
B17. Can I get prescriptions delivered to my home from my local pharmacy?	xv
B18. What is my copay?.....	xv
C. Overview of the <i>List of Covered Drugs</i>	xvi
C1. List of drugs by Drug Type	xvi
C2. Additional coverage.....	xviii
D. Index of Covered Drugs	62

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.



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 pagsalin 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 62. 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 62. 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.



Table of Contents

Anti-infective Agents	2
Antihistamine Drugs.....	8
Antineoplastic Agents	9
Antitoxins, Immune Globulins, Toxoids, and Vaccines	15
Autonomic Drugs.....	16
Blood Formation,Coagulation & Thrombosis	18
Cardiovascular Drugs	19
Central Nervous System Agents	23
Devices	34
Electrolytic, Caloric, and Water Balance	34
Enzymes	38
Eye, Ear, Nose & Throat Preparations	38
Gastrointestinal Drugs	41
Gold Compounds	43
Heavy Metal Antagonists	43
Hormones and Synthetic Substitutes	43
Local Anesthetics.....	50
Miscellaneous Therapeutic Agents.....	50
Respiratory Tract Agents	54
Skin and Mucous Membrane Agents	56
Skin and Mucous Membrane Preparations	56
Smooth Muscle Relaxants.....	60
Vitamins	61

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs</i>	1	NEDS
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs</i>	1	
<i>Antibacterials</i>		
<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 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	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	HI

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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, 900mg/60ml, 900mg/6ml</i>	1	HI
<i>colistimethate sodium inj</i>	1	NEDS; HI
DALVANCE	1	HI
<i>daptomycin</i>	1	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	
<i>erythromycin cpep 250mg</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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug 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>mondoxylene 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 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	1	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	1	HI

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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		
<i>atovaquone/proguanil hcl</i>	1	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
<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	
<i>emtricitabine/tenofovir disoproxil</i>	1	NEDS

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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
PREZISTA SUSP	1	NEDS

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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		
<i>cyproheptadine hcl syrp</i>	1	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug 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
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
<i>imatinib mesylate</i>	1	NEDS; SP-Optum Specialty

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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
<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
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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
LONSURF	1	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	1	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 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
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	
<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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	1	PA NSO; NEDS; SP-Optum Specialty
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	1	PA NSO; NEDS; SP-Optum Specialty
<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
TABRECTA	1	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	1	PA NSO; NEDS
TAFINLAR CAPS	1	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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
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
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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
<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	
<i>Vaccines</i>		
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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
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	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
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)

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALER	1	
NICOTROL NS	1	
<i>varenicline starting month box</i>	1	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	1	QL(60 EA per 30 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<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	
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	1	
<i>cyclobenzaprine hydrochloride tabs</i>	1	
<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	
<i>Sympatholytic (Adrenergic Blocking) Agents</i>		
<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	
<i>Sympathomimetic (Adrenergic) Agents</i>		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate syrp, tabs</i>	1	
<i>albuterol sulfate nebu</i>	1	PA BvD
<i>arformoterol tartrate</i>	1	PA BvD

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
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, 18000UNT/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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>prasugrel</i>	1	
<i>warfarin sodium</i>	1	
XARELTO	1	
XARELTO STARTER PACK	1	
<i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i>		
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
<i>Hematopoietic Agents</i>		
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
PROCRT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	1	NEDS; SP-Optum Specialty
PROCRT 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
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
<i>Hemorrhologic Agents</i>		
<i>pentoxifylline er</i>	1	
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
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	
<i>Antilipemic Agents</i>		
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	1	
<i>beta-Adrenergic Blocking Agents</i>		
<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</i>	1	
<i>nebivolol hydrochloride</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl er</i>	1	
<i>propranolol hcl soln</i>	1	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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 cp24</i>	1	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tabs 120mg</i>	1	
<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 tbc 120mg, 240mg</i>	1	
<i>verapamil hcl sr cp24</i>	1	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24 200mg</i>	1	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride er tbcr 180mg</i>	1	
<i>verapamil hydrochloride tabs 120mg</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>mexiletine hcl</i>	1	
MULTAQ	1	
NORPACE CR	1	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</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	
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
TEKTURNA 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</i>	1	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	
<i>isosorbide dinitrate tabs</i>	1	
<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		
Analgesics and Antipyretics		
<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)

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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 sodium cr</i>	1	
<i>naproxen sodium er tb24 375mg</i>	1	
<i>naproxen sodium er tb24 500mg</i>	1	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen sodium tb24 750mg</i>	1	
<i>naproxen susp, tbec</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<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 hydrochlorideer</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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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)
Anorexic 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	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	1	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	1	
<i>methylphenidate hydrochloride er tb24, tbc</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, 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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>divalproex sodium dr</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	
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>topiramate er cs24</i>	1	
<i>topiramate csp, 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
<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
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
<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 syrp</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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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 caps 10mg, 25mg</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
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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc, inj</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hydrochloride elix</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
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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	
<i>tranylcypromine 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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJ 210MG	1	
ZYPREXA RELPREVV INJ 300MG, 405MG	1	NEDS
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
AUSTEDO	1	PA; NEDS; SP-Optum Specialty
INGREZZA	1	PA; NEDS
<i>tetrabenazine</i>	1	PA; NEDS; SP-Optum Specialty
Devices		
Devices		
<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	
<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 G6 INTRO KIT (GEN 5)	1	
OMNIPOD 5 G6 PODS (GEN 5)	1	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	1	
OMNIPOD 5 G7 PODS (GEN 5)	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		
Alkalinizing Agents		
<i>potassium citrate er</i>	1	
Ammonia Detoxicants		
<i>carglumic acid</i>	1	PA; NEDS

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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
Caloric Agents		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	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
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 tabs</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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>metolazone</i>	1	
<i>torseamide 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		
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
Enzymes		
Enzymes		
REVCovi	1	NEDS
SUCRAID	1	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
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	
periogard	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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln</i>	1	
XDEMVY	1	PA; NEDS
ZIRGAN	1	
Anti-inflammatory Agents		
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	
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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)
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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
<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</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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
<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		
<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	1	PA; NEDS
<i>lubiprostone</i>	1	
MOVANTIK	1	
RELISTOR	1	NEDS

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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		
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 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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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 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	
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 REDHALER	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</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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
Antihypoglycemic Agents		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
<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>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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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	
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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	1	
<i>calcitonin-salmon soln</i>	1	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	1	
<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>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 FLEXPPO	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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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	
<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	
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride/tamsulosin hydrochloride</i>	1	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
Alcohol Deterrents		
<i>disulfiram tabs</i>	1	
Antidotes		
<i>acetylcysteine soln</i>	1	PA BvD
<i>leucovorin calcium tabs</i>	1	
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps, tabs</i>	1	
<i>febuxostat</i>	1	ST
GLOPERBA	1	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
Antisense Oligonucleotides		
TEGSEDI	1	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
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 1.1</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride 5000 ppm 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.

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 80MG/0.8ML	1	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
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 TBPK	1	QL(110 EA per 365 days); PA; NEDS
OTEZLA TABS	1	QL(60 EA per 30 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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
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
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 INJ 200MG/ML	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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>dalfampridine er</i>	1	SP-Optum Specialty
ELMIRON	1	
ENDARI	1	NEDS
EVRYSDI	1	PA; NEDS
FIRDAPSE	1	PA; NEDS
GALAFOLD	1	PA; 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 tbec</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
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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
ESBRIET TABS 267MG	1	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
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

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT MONTH 2	1	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	1	PA; NEDS
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		
Anti-infectives		
<i>clindamycin phosphate gel 1%</i>	1	
<i>klayesta</i>	1	
<i>naftifine hydrochloride gel 1%</i>	1	
Anti-inflammatory Agents		
CORTIFOAM FOAM	1	
<i>fluocinolone acetonide topical</i>	1	
<i>kourzeq</i>	1	
Antipruritics and Local Anesthetics		
<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	
Cell Stimulants and Proliferants		
RETIN-A MICRO GEL 0.06%	1	PA
<i>tretinoin microsphere gel 0.08%</i>	1	PA
Skin and Mucous Membrane Agents, Misc		
<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		
Anti-infectives		
<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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug 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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug 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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug 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>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 acetamide dental paste</i>	1	
<i>triamcinolone acetamide aers 0.147mg/gm</i>	1	
<i>triamcinolone acetamide crea 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetamide lotn 0.025%, 0.1%</i>	1	
<i>triamcinolone acetamide oint 0.025%, 0.05%, 0.1%, 0.5%</i>	1	
TRIANEX	1	
<i>triderm</i>	1	
TRITOCIN	1	
UCERIS	1	
Antipruritics and Local Anesthetics		
<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)
Cell Stimulants and Proliferants		
<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
Emollients, Demulcents, and Protectants		
<i>ammonium lactate</i>	1	
Skin and Mucous Membrane Agents, Misc		
<i>acutane</i>	1	
<i>acitretin</i>	1	
<i>adapalene</i>	1	PA
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	
AZELEX	1	
<i>bexarotene gel 1%</i>	1	PA NSO; NEDS

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<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</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	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride soln, tabs</i>	1	
<i>solifenacin succinate</i>	1	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

	Drug Tier	Requirements/Limits
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
<i>trospium chloride</i>	1	
<i>trospium 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	

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Index of Drugs

Drug Name	Page #	Drug Name	Page #
		<i>aliskiren</i>	22
		<i>allopurinol</i>	50
		<i>almotriptan</i>	28
		ALOCRIIL	40
		ALOMIDE	40
		<i>alosetron hydrochloride</i>	41
		ALPHAGAN P	40
		<i>alprazolam</i>	29
		<i>alprazolam er</i>	29
		<i>alprazolam odt</i>	29
		ALREX	39
		ALUNBRIG	9
		<i>alyq</i>	23
		<i>amabelz</i>	47
		<i>amantadine hcl</i>	28
		<i>ambrisentan</i>	55
		<i>amcinonide</i>	58
		<i>amethia</i>	46
		<i>amikacin sulfate</i>	2
		<i>amiloride hcl</i>	36
		<i>amiloride/hydrochlorothiazide</i>	36
		<i>aminocaproic acid</i>	18
		AMINOSYN II	35
		AMINOSYN-PF 7%	35
		<i>amiodarone hydrochloride</i>	22
		<i>amitriptyline hcl</i>	31
		<i>amitriptyline hydrochloride</i>	31
		<i>amlodipine besylate</i>	21
		<i>amlodipine besylate/atorvastatin calcium</i>	21
		<i>amlodipine besylate/benazepril hydrochloride</i>	21
		<i>amlodipine besylate/valsartan</i>	21
		<i>amlodipine/olmesartan medoxomil</i>	21
		<i>amlodipine/valsartan/hydrochlorothiazide</i>	21
		<i>ammonium lactate</i>	59
		<i>amnesteem</i>	59
		<i>amoxapine</i>	31
		<i>amoxicillin</i>	2
		<i>amoxicillin/clavulanate potassium</i>	2
		<i>amoxicillin/clavulanate potassium er</i>	2
		<i>amphetamine/dextroamphetamine</i>	26
		<i>amphotericin b</i>	5
		<i>amphotericin b liposome</i>	5
		<i>ampicillin</i>	2
		<i>ampicillin sodium</i>	2
		<i>ampicillin/sulbactam</i>	2
<i>abacavir</i>	6		
<i>abacavir sulfate/lamivudine</i>	6		
<i>abacavir sulfate/lamivudine/zidovudine</i>	6		
ABELCET	5		
ABILIFY ASIMTUFII	30		
ABILIFY MAINTENA	30		
ABILIFY MYCITE	30		
ABILIFY MYCITE MAINTENANCE KIT	30		
ABILIFY MYCITE STARTER KIT	31		
<i>abiraterone acetate</i>	9		
ABRYSVO	15		
<i>acamprosate calcium dr</i>	30		
<i>acarbose</i>	44		
<i>accutane</i>	59		
<i>acebutolol hydrochloride</i>	20		
<i>acetaminophen/codeine</i>	23		
<i>acetazolamide</i>	40		
<i>acetazolamide er</i>	40		
<i>acetic acid</i>	41		
<i>acetic acid 0.25%</i>	37		
<i>acetylcysteine</i>	50		
<i>acitretin</i>	59		
ACTHIB	15		
ACTIMMUNE	52		
<i>acyclovir</i>	6		
<i>acyclovir</i>	56		
<i>acyclovir sodium</i>	6		
ADACEL	15		
<i>adapalene</i>	59		
<i>adefovir dipivoxil</i>	6		
ADEMPAS	55		
ADTHYZA	50		
AIMOVIG	28		
AKEEGA	9		
<i>ala-cort</i>	58		
<i>albendazole</i>	2		
<i>albuterol sulfate</i>	17		
<i>albuterol sulfate hfa</i>	17		
<i>alclometasone dipropionate</i>	58		
<i>alcohol prep pads</i>	34		
ALECENSA	9		
<i>alendronate sodium</i>	51		
<i>alfuzosin hcl er</i>	17		

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>ampicillin-sulbactam</i>	2	AYVAKIT	9
<i>anagrelide hydrochloride</i>	18	AZASITE	38
<i>anastrozole</i>	48	<i>azathioprine</i>	53
ANORO ELLIPTA	16	<i>azelaic acid</i>	59
APLENZIN	31	<i>azelastine hcl</i>	40
<i>apraclonidine</i>	41	<i>azelastine hydrochloride</i>	40
<i>aprepitant</i>	41	AZELEX	59
<i>apri</i>	46	<i>azithromycin</i>	2
APTIOM	26	<i>aztreonam</i>	2
APTIVUS	6	<i>bacitracin</i>	38
ARCALYST	53	<i>bacitracin/polymyxin b</i>	38
AREXVY	15	<i>baclofen</i>	17
<i>arformoterol tartrate</i>	17	BAFIERTAM	52
ARIKAYCE	2	<i>balsalazide disodium</i>	41
<i>aripiprazole</i>	31	BALVERSA	9
<i>aripiprazole odt</i>	31	<i>balziva</i>	46
ARISTADA	31	BAQSIMI ONE PACK	46
ARISTADA INITIO	31	BAQSIMI TWO PACK	46
<i>armodafinil</i>	26	BAXDELA	2
ARMOUR THYROID	50	BCG VACCINE	15
<i>asenapine maleate sl</i>	31	<i>bd insulin syringe safetyglide/1ml/29g x</i>	34
<i>ashlyna</i>	46	<i>1/2"</i>	
<i>aspirin/dipyridamole er</i>	18	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	34
<i>atazanavir</i>	6	<i>5/16"</i>	
<i>atazanavir sulfate</i>	6	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	34
<i>atenolol</i>	20	<i>12.7mm</i>	
<i>atenolol/chlorthalidone</i>	20	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	34
<i>atomoxetine</i>	30	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	34
<i>atomoxetine hydrochloride</i>	30	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	34
<i>atorvastatin calcium</i>	19	<i>bd pen needle/original/ultra-fine/29g x</i>	34
<i>atovaquone</i>	6	<i>12.7mm</i>	
<i>atovaquone/proguanil hcl</i>	5	BELBUCA	23
<i>atropine sulfate</i>	41	BELSOMRA	29
ATROVENT HFA	16	<i>benazepril hcl</i>	22
AUBAGIO	52	<i>benazepril hydrochloride</i>	22
AUGMENTIN	2	<i>benazepril</i>	22
AUGTYRO	9	<i>hydrochloride/hydrochlorothiazide</i>	
AURYXIA	37	BENLYSTA	53
AUSTEDO	34	BENZNIDAZOLE	6
AUVELITY	31	<i>benztropine mesylate</i>	28
AVEED	44	<i>bepotastine besilate</i>	40
<i>aviane</i>	46	BERINERT	53
<i>avita</i>	59	BESIVANCE	38
AVONEX	52	BESREMI	9
AVONEX PEN	52	<i>betaine anhydrous</i>	53
AVYCAZ	2	<i>betamethasone dipropionate</i>	58

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>betamethasone dipropionate augmented</i>	58	<i>bumetanide</i>	36
<i>betamethasone valerate</i>	58	<i>buprenorphine</i>	24
BETASERON	52	<i>buprenorphine hcl</i>	23
<i>betaxolol hcl</i>	20	<i>buprenorphine hcl/naloxone hcl</i>	23
<i>betaxolol hcl</i>	40	<i>buprenorphine hydrochloride/naloxone</i>	24
<i>bethanechol chloride</i>	17	<i>hydrochloride</i>	
BETIMOL	40	<i>bupropion hcl</i>	31
BETOPTIC-S	40	<i>bupropion hydrochloride</i>	31
BEVESPI AEROSPHERE	16	<i>bupropion hydrochloride er (sr)</i>	31
<i>bexarotene</i>	9	<i>bupropion hydrochloride er (xl)</i>	31
<i>bexarotene</i>	59	<i>bupirone hcl</i>	29
BEXSERO	15	<i>bupirone hydrochloride</i>	29
<i>bicalutamide</i>	9	<i>butorphanol tartrate</i>	24
BICILLIN C-R	2	BYDUREON BCISE	44
BICILLIN L-A	2	BYETTA	44
BIKTARVY	6	BYLVAY	42
<i>bimatoprost</i>	40	BYLVAY (PELLETS)	42
<i>bismuth subcitrate</i>	41	<i>cabergoline</i>	28
<i>pot/metronidazole/tetracycline hydrochlo</i>		CABLIVI	18
<i>bisoprolol fumarate</i>	20	CABOMETRYX	9
<i>bisoprolol fumarate/hydrochlorothiazide</i>	20	<i>calcipotriene</i>	60
BIVIGAM	15	<i>calcipotriene/betamethasone dipropionate</i>	58
BOOSTRIX	15	<i>calcitonin salmon</i>	49
<i>bortezomib</i>	9	<i>calcitonin-salmon</i>	49
<i>bosentan</i>	55	<i>calcitriol</i>	60
BOSULIF	9	<i>calcitriol</i>	61
BRAFTOVI	9	<i>calcium acetate</i>	37
BREO ELLIPTA	43	CALQUENCE	9
BREYNA	43	<i>camila</i>	46
BREZTRI AEROSPHERE	43	CAMZYOS	22
<i>briellyn</i>	46	<i>candesartan cilexetil</i>	22
BRILINTA	18	<i>candesartan cilexetil/hydrochlorothiazide</i>	22
<i>brimonidine tartrate</i>	40	CAPLYTA	31
<i>brimonidine tartrate/timolol maleate</i>	40	CAPRELSA	9
<i>brinzolamide</i>	40	<i>captopril</i>	22
BRIVIACT	26	<i>carbamazepine</i>	26
<i>bromfenac</i>	39	<i>carbamazepine er</i>	26
<i>bromfenac sodium</i>	39	<i>carbidopa</i>	29
<i>bromocriptine mesylate</i>	28	<i>carbidopa/levodopa</i>	28
BROMSITE	39	<i>carbidopa/levodopa er</i>	28
BRONCHITOL	55	<i>carbidopa/levodopa odt</i>	29
BRUKINSA	9	<i>carbidopa/levodopa/entacapone</i>	29
<i>budesonide</i>	43	CARDURA XL	19
<i>budesonide</i>	58	<i>carglumic acid</i>	34
<i>budesonide er</i>	43	<i>carteolol hcl</i>	40
<i>budesonide/formoterol fumarate dihydrate</i>	43	<i>cartia xt</i>	21

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>carvedilol</i>	20	<i>cinacalcet hydrochloride</i>	49
<i>carvedilol phosphate er</i>	20	CINRYZE	53
<i>casprofungin acetate</i>	5	<i>ciprofloxacin</i>	3
CAYSTON	2	<i>ciprofloxacin</i>	38
<i>cefaclor</i>	2	<i>ciprofloxacin hcl</i>	3
<i>cefadroxil</i>	2	<i>ciprofloxacin hydrochloride</i>	3
<i>cefazolin</i>	2	<i>ciprofloxacin hydrochloride</i>	38
<i>cefazolin sodium</i>	2	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>cefazolin sodium/dextrose</i>	2	<i>ciprofloxacin/dexamethasone</i>	39
<i>cefdinir</i>	2	<i>citalopram hydrobromide</i>	31
<i>cefepime</i>	2	<i>claravis</i>	60
<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	56
<i>cefoxitin sodium</i>	2	<i>clindacin</i>	56
<i>cefpodoxime proxetil</i>	2	<i>clindacin etz pledgets</i>	56
<i>cefprozil</i>	2	<i>clindacin-p</i>	56
<i>ceftazidime</i>	2	<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>	56
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate</i>	56
<i>celecoxib</i>	24	<i>clindamycin phosphate/benzoyl peroxide</i>	56
CELONTIN	26	<i>clindamycin phosphate/dextrose</i>	3
<i>cephalexin</i>	3	<i>clindamycin/benzoyl peroxide</i>	57
CERDELGA	53	CLINIMIX 4.25%/DEXTROSE 10%	35
<i>cevimeline hydrochloride</i>	17	CLINIMIX 4.25%/DEXTROSE 5%	35
CHEMET	43	CLINIMIX 5%/DEXTROSE 15%	35
<i>chlordiazepoxide/amitriptyline</i>	31	CLINIMIX 5%/DEXTROSE 20%	35
<i>chlorhexidine gluconate</i>	38	CLINIMIX 6/5	35
<i>chloroquine phosphate</i>	6	CLINIMIX 8/10	35
<i>chlorpromazine hcl</i>	31	CLINIMIX E 2.75%/DEXTROSE 5%	35
<i>chlorpromazine hydrochloride</i>	31	CLINIMIX E 4.25%/DEXTROSE 10%	35
<i>chlorthalidone</i>	36	CLINIMIX E 4.25%/DEXTROSE 5%	35
CHOLBAM	42	CLINIMIX E 5%/DEXTROSE 15%	35
<i>cholestyramine</i>	19	CLINIMIX E 5%/DEXTROSE 20%	35
<i>cholestyramine light</i>	19	CLINIMIX E 8/10	35
<i>ciclopirox</i>	56	CLINISOL SF 15%	35
<i>ciclopirox nail lacquer</i>	56	<i>clobazam</i>	26
<i>ciclopirox olamine</i>	56	<i>clobetasol propionate</i>	58
<i>cidofovir</i>	6	<i>clobetasol propionate e</i>	58
<i>cilostazol</i>	18	<i>clobetasol propionate emollient</i>	58
CIMDUO	6	<i>clocortolone pivalate</i>	58
<i>cimetidine</i>	41	<i>clodan</i>	58

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>clomipramine hydrochloride</i>	31	<i>cyclosporine</i>	53
<i>clonazepam</i>	26	<i>cyclosporine modified</i>	53
<i>clonazepam odt</i>	26	<i>cyproheptadine hcl</i>	8
<i>clonidine</i>	22	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hydrochloride</i>	22	CYSTAGON	53
<i>clonidine hydrochloride er</i>	22	CYSTARAN	41
<i>clopidogrel</i>	18	<i>dabigatran etexilate</i>	18
<i>clorazepate dipotassium</i>	29	<i>dalfampridine er</i>	54
<i>clotrimazole</i>	57	DALVANCE	3
<i>clotrimazole/betamethasone dipropionate</i>	57	<i>danazol</i>	44
<i>clozapine</i>	31	<i>dantrolene sodium</i>	17
<i>clozapine odt</i>	31	<i>dapsone</i>	5
COARTEM	6	DAPTACEL	15
<i>codeine sulfate</i>	24	<i>daptomycin</i>	3
<i>colchicine</i>	50	<i>daptomycin/sodium chloride</i>	3
<i>colesevelam hydrochloride</i>	19	<i>darifenacin hydrobromide er</i>	60
<i>colestipol hcl</i>	19	<i>darunavir</i>	6
<i>colistimethate sodium</i>	3	DARZALEX	10
COMBIPATCH	48	DAURISMO	10
COMBIVENT RESPIMAT	18	DAYVIGO	29
COMETRIQ	10	<i>deblitane</i>	46
COMPLERA	6	<i>deferasirox</i>	43
CONDYLOX	60	<i>deferiprone</i>	43
<i>constulose</i>	35	DELSTRIGO	6
COPAXONE	52	<i>demeclocycline hcl</i>	3
COPIKTRA	10	DENGVAXIA	15
CORDRAN	58	DEPO-ESTRADIOL	48
CORLANOR	22	DEPO-MEDROL	43
CORTIFOAM	56	DEPO-SUBQ PROVERA 104	49
CORTISPORIN-TC	39	DESCOVY	6
CORTROPHIN	49	<i>desipramine hydrochloride</i>	31
COSENTYX	51	<i>desloratadine</i>	9
COSENTYX SENSOREADY PEN	51	<i>desloratadine odt</i>	9
COSENTYX UNOREADY	51	<i>desmopressin acetate</i>	49
COTELLIC	10	<i>desogestrel/ethinyl estradiol</i>	46
CREON	42	<i>desonide</i>	58
<i>cromolyn sodium</i>	40	<i>desoximetasone</i>	58
<i>cromolyn sodium</i>	54	DESRX	58
<i>curity gauze pads 2"x2" 12 ply</i>	34	<i>desvenlafaxine er</i>	31
CUVITRU	15	<i>dexamethasone</i>	43
<i>cyclobenzaprine hydrochloride</i>	17	<i>dexamethasone 10-day dose pack</i>	43
<i>cyclopentolate hcl</i>	41	<i>dexamethasone 13-day dose pack</i>	43
<i>cyclopentolate hydrochloride</i>	41	<i>dexamethasone 6-day dose pack</i>	43
<i>cyclophosphamide</i>	10	<i>dexamethasone intensol</i>	43
CYCLOSET	44	<i>dexamethasone sodium phosphate</i>	39
<i>cyclosporine</i>	39	<i>dexamethasone sodium phosphate</i>	43

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
DEXLANSOPRAZOLE	41	DILANTIN-125	26
<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>	35	<i>dimethyl fumarate</i>	52
<i>dextrose 10%/sodium chloride 0.2%</i>	37	<i>dimethyl fumarate starterpack</i>	52
<i>dextrose 10%/sodium chloride 0.45%</i>	37	<i>diphenhydramine hydrochloride</i>	9
<i>dextrose 2.5%/sodium chloride 0.45%</i>	37	<i>diphtheria/tetanus toxoids adsorbed</i>	15
<i>dextrose 5%</i>	35	<i>pediatric</i>	
<i>dextrose 5%/sodium chloride 0.2%</i>	37	<i>dipyridamole</i>	23
<i>dextrose 5%/sodium chloride 0.3%</i>	37	<i>disopyramide phosphate</i>	22
<i>dextrose 5%/sodium chloride 0.33%</i>	37	<i>disulfiram</i>	50
<i>dextrose 5%/sodium chloride 0.45%</i>	37	<i>divalproex sodium</i>	27
<i>dextrose 5%/sodium chloride 0.9%</i>	37	<i>divalproex sodium dr</i>	27
<i>dextrose 50%</i>	35	<i>divalproex sodium er</i>	27
<i>dextrose 70%</i>	35	<i>docetaxel</i>	10
<i>dextrose/sodium chloride</i>	37	<i>dofetilide</i>	22
DIACOMIT	26	<i>donepezil hcl</i>	17
<i>diazepam</i>	29	<i>donepezil hydrochloride</i>	17
<i>diazepam intensol</i>	29	DOPTELET	19
<i>diazepam rectal gel</i>	29	<i>dorzolamide hcl/timolol maleate</i>	40
<i>diazoxide</i>	46	<i>dorzolamide hydrochloride</i>	40
<i>dichlorphenamide</i>	51	<i>dorzolamide hydrochloride/timolol maleate</i>	40
<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>	58	<i>doxazosin mesylate</i>	19
<i>diclofenac sodium dr</i>	24	<i>doxepin hcl</i>	31
<i>diclofenac sodium er</i>	24	<i>doxepin hydrochloride</i>	31
<i>diclofenac sodium/misoprostol</i>	24	<i>doxepin hydrochloride</i>	59
<i>dicloxacillin sodium</i>	3	<i>doxercalciferol</i>	61
<i>dicyclomine hcl</i>	16	DOXY 100	3
<i>dicyclomine hydrochloride</i>	16	<i>doxycycline</i>	3
DIFICID	3	<i>doxycycline hyclate</i>	3
<i>diflorasone diacetate</i>	58	<i>doxycycline hyclate dr</i>	3
<i>diflunisal</i>	24	<i>doxycycline monohydrate</i>	3
<i>difluprednate</i>	39	DRIZALMA SPRINKLE	31
<i>digitek</i>	22	<i>dronabinol</i>	41
<i>digox</i>	22	<i>drospirenone/ethinyl estradiol</i>	46
<i>digoxin</i>	22	DROXIA	10
<i>dihydroergotamine mesylate</i>	17	<i>droxidopa</i>	18
DILANTIN	26	<i>duloxetine hcl</i>	31
DILANTIN INFATABS	26	<i>duloxetine hydrochloride</i>	31

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
DUPIXENT	54	<i>epinastine hcl</i>	40
DUPIXENT	60	<i>epinephrine</i>	18
<i>dutasteride</i>	50	<i>epitol</i>	27
<i>dutasteride/tamsulosin hydrochloride</i>	50	<i>eplerenone</i>	22
<i>ec-naproxen</i>	24	EPRONTIA	27
<i>econazole nitrate</i>	57	EQUETRO	27
EDURANT	6	<i>ergoloid mesylates</i>	17
<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-r</i>	37	<i>errin</i>	46
EGRIFTA SV	49	<i>ertapenem</i>	3
ELESTRIN	48	<i>ertapenem sodium</i>	3
<i>eletriptan hydrobromide</i>	28	<i>ery</i>	57
ELIGARD	48	<i>erythromycin</i>	3
ELIQUIS	18	<i>erythromycin</i>	38
ELIQUIS STARTER PACK	18	<i>erythromycin</i>	57
<i>elixophyllin</i>	61	<i>erythromycin base</i>	3
ELMIRON	54	<i>erythromycin dr</i>	3
<i>eluryng</i>	46	<i>erythromycin ethylsuccinate</i>	3
EMCYT	10	<i>erythromycin/benzoyl peroxide</i>	57
EMGALITY	28	ESBRIET	54
EMSAM	29	<i>escitalopram oxalate</i>	31
<i>emtricitabine</i>	6	<i>esomeprazole magnesium</i>	41
<i>emtricitabine/tenofovir disoproxil</i>	6	<i>estazolam</i>	29
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol</i>	48
EMTRIVA	7	<i>estradiol valerate</i>	48
<i>enalapril maleate</i>	22	<i>estradiol/norethindrone acetate</i>	48
<i>enalapril maleate/hydrochlorothiazide</i>	22	ESTRING	48
ENBREL	51	<i>eszopiclone</i>	29
ENBREL MINI	51	<i>ethacrynic acid</i>	36
ENBREL SURECLICK	51	<i>ethambutol hydrochloride</i>	5
ENDARI	54	<i>ethosuximide</i>	27
<i>endocet</i>	24	<i>etodolac</i>	24
ENGERIX-B	15	<i>etodolac er</i>	24
<i>enilloring</i>	46	<i>etonogestrel/ethinyl estradiol</i>	46
<i>enoxaparin sodium</i>	18	<i>etravirine</i>	7
<i>entacapone</i>	29	EUCRISA	58
<i>entecavir</i>	7	<i>euthyrox</i>	50
ENTRESTO	22	EVAMIST	48
<i>enulose</i>	35	EVENITY	51
ENVARUSUS XR	53	<i>everolimus</i>	10
EPCLUSA	7	<i>everolimus</i>	53
EPIDIOLEX	27	EVOTAZ	7
		EVRYSDI	54
		<i>exemestane</i>	48

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
EXKIVITY	10	<i>fluocinolone acetonide</i>	58
EXSERVAN	30	<i>fluocinolone acetonide body</i>	58
EXTAVIA	52	<i>fluocinolone acetonide scalp</i>	58
<i>ezetimibe</i>	19	<i>fluocinolone acetonide topical</i>	56
<i>ezetimibe/simvastatin</i>	20	<i>fluocinonide</i>	58
<i>falmina</i>	46	<i>fluocinonide emulsified base</i>	58
<i>famciclovir</i>	7	<i>fluorometholone</i>	39
<i>famotidine</i>	41	<i>fluorouracil</i>	60
FANAPT	31	<i>fluoxetine dr</i>	31
FANAPT TITRATION PACK	31	<i>fluoxetine hydrochloride</i>	31
FARXIGA	44	<i>fluphenazine decanoate</i>	32
FASENRA	54	<i>fluphenazine hcl</i>	32
FASENRA PEN	54	<i>fluphenazine hydrochloride</i>	32
<i>febuxostat</i>	50	<i>flurazepam hcl</i>	29
<i>felbamate</i>	27	<i>flurazepam hydrochloride</i>	29
<i>felodipine er</i>	21	<i>flurbiprofen</i>	24
FEMRING	48	<i>flurbiprofen sodium</i>	39
<i>fenofibrate</i>	20	<i>flutamide</i>	10
<i>fenofibrate micronized</i>	20	<i>fluticasone propionate</i>	39
<i>fenofibric acid dr</i>	20	<i>fluticasone propionate</i>	58
<i>fentanyl</i>	24	<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>	60	<i>fluticasone propionate/salmeterol diskus</i>	18
FETZIMA	31	<i>fluvastatin</i>	20
FETZIMA TITRATION PACK	31	<i>fluvastatin sodium er</i>	20
<i>finasteride</i>	50	<i>fluvoxamine maleate</i>	32
<i>finngolimod hydrochloride</i>	52	<i>fluvoxamine maleate er</i>	32
FINTEPLA	27	FML	39
<i>finzala</i>	46	FML FORTE	39
FIRDAPSE	54	<i>fondaparinux sodium</i>	18
FIRMAGON	48	<i>formoterol fumarate</i>	18
FIRVANQ	3	FORTEO	49
<i>flac</i>	39	<i>fosamprenavir calcium</i>	7
FLAREX	39	<i>fosfomycin tromethamine</i>	8
<i>flavoxate hcl</i>	60	<i>fosinopril sodium</i>	22
FLEBOGAMMA DIF	15	<i>fosinopril sodium/hydrochlorothiazide</i>	22
<i>flecainide acetate</i>	22	FOTIVDA	10
FLOLIPID	20	FRAGMIN	18
FLOVENT DISKUS	43	FREAMINE III	36
<i>fluconazole</i>	5	<i>frovatriptan succinate</i>	28
<i>fluconazole in sodium chloride</i>	5	FRUZAQLA	10
<i>flucytosine</i>	5	<i>furosemide</i>	36
<i>fludrocortisone acetate</i>	44	FUZEON	7
<i>flunisolide</i>	39	<i>fyavolv</i>	48
<i>fluocinolone acetonide</i>	39	FYCOMPA	27

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>gabapentin</i>	27	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	34
GALAFOLD	54	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	34
<i>galantamine hydrobromide</i>	17	GOCOVRI	29
<i>galantamine hydrobromide er</i>	17	<i>granisetron hydrochloride</i>	41
GAMMAGARD LIQUID	15	<i>griseofulvin microsize</i>	5
GAMMAKED	15	<i>griseofulvin ultramicrosize</i>	5
GAMMAPLEX	15	<i>guanfacine hydrochloride er</i>	30
GAMUNEX-C	15	GVOKE HYPOPEN 1-PACK	46
GARDASIL 9	15	GVOKE HYPOPEN 2-PACK	46
<i>gatifloxacin</i>	38	GVOKE KIT	46
GATTEX	42	GVOKE PFS	46
<i>gauze pads 2"x2"</i>	34	GYNAZOLE-1	57
<i>gavilyte-c</i>	42	HAEGARDA	53
<i>gavilyte-g</i>	42	<i>halcinonide</i>	58
<i>gavilyte-n/fluor pack</i>	42	<i>halobetasol propionate</i>	58
GAVRETO	10	<i>haloette</i>	46
<i>gefitinib</i>	10	<i>haloperidol</i>	32
<i>gemfibrozil</i>	20	<i>haloperidol decanoate</i>	32
GEMTESA	60	<i>haloperidol lactate</i>	32
<i>generlac</i>	35	HARVONI	7
GENGRAF	53	HAVRIX	15
GENOTROPIN	49	<i>heather</i>	46
GENOTROPIN MINIQUICK	49	<i>heparin sodium</i>	18
<i>gentak</i>	38	<i>heparin sodium/d5w</i>	18
<i>gentamicin sulfate</i>	3	HEPATAMINE	36
<i>gentamicin sulfate</i>	38	HEPLISAV-B	16
<i>gentamicin sulfate</i>	57	HETLIOZ LQ	29
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HIBERIX	16
GENVOYA	7	HIZENTRA	15
GILOTRIF	10	HORIZANT	27
GLEOSTINE	10	HUMALOG	45
<i>glimepiride</i>	44	HUMALOG JUNIOR KWIKPEN	45
<i>glipizide</i>	44	HUMALOG KWIKPEN	45
<i>glipizide er</i>	44	HUMALOG MIX 50/50	45
<i>glipizide/metformin hydrochloride</i>	44	HUMALOG MIX 50/50 KWIKPEN	45
GLOPERBA	50	HUMALOG MIX 75/25	45
GLUCAGEN HYPOKIT	46	HUMALOG MIX 75/25 KWIKPEN	45
GLUCAGON EMERGENCY KIT	46	HUMIRA	52
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	46	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	51
<i>glyburide</i>	45	HUMIRA PEN	52
<i>glyburide micronized</i>	44	HUMIRA PEN-CD/UC/HS STARTER	51
<i>glyburide/metformin hydrochloride</i>	44	HUMIRA PEN-PEDIATRIC UC STARTER PACK	51
<i>glycopyrrolate</i>	16	HUMIRA PEN-PS/UV STARTER	51
<i>glydo</i>	56	HUMULIN 70/30	45
GLYXAMBI	45		

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
HUMULIN 70/30 KWIKPEN	45	IMOVAX RABIES (H.D.C.V.)	16
HUMULIN N	45	IMPAVIDO	6
HUMULIN N KWIKPEN	45	IMVEXXY MAINTENANCE PACK	48
HUMULIN R	45	IMVEXXY STARTER PACK	48
HUMULIN R U-500 (CONCENTRATED)	45	INBRIJA	29
HUMULIN R U-500 KWIKPEN	45	INCRELEX	49
<i>hydralazine hcl</i>	22	INCRUSE ELLIPTA	16
<i>hydralazine hydrochloride</i>	22	<i>indapamide</i>	36
<i>hydrochlorothiazide</i>	36	<i>indomethacin</i>	25
<i>hydrocodone bitartrate er</i>	24	<i>indomethacin er</i>	24
<i>hydrocodone bitartrate/acetaminophen</i>	24	INFANRIX	15
<i>hydrocodone/acetaminophen</i>	24	INGREZZA	34
<i>hydrocodone/ibuprofen</i>	24	INLYTA	11
<i>hydrocortisone</i>	44	INQOVI	11
<i>hydrocortisone</i>	58	INREBIC	11
<i>hydrocortisone acetate/pramoxine</i>	59	INTELENCE	7
<i>hydrocortisone butyrate</i>	58	INTRALIPID	36
<i>hydrocortisone valerate</i>	58	INTRAROSA	44
<i>hydrocortisone/acetic acid</i>	39	INTRON A	11
<i>hydromorphone hcl</i>	24	<i>introvale</i>	46
<i>hydromorphone hcl er</i>	24	INVEGA HAFYERA	32
<i>hydromorphone hydrochloride er</i>	24	INVEGA SUSTENNA	32
<i>hydroxychloroquine sulfate</i>	6	INVEGA TRINZA	32
<i>hydroxyurea</i>	10	INVELTYS	39
<i>hydroxyzine hcl</i>	29	IPOL INACTIVATED IPV	16
<i>hydroxyzine hydrochloride</i>	29	<i>ipratropium bromide</i>	16
<i>hydroxyzine pamoate</i>	29	<i>ipratropium bromide/albuterol sulfate</i>	18
HYFTOR	60	<i>irbesartan</i>	22
<i>ibandronate sodium</i>	51	<i>irbesartan/hydrochlorothiazide</i>	22
IBRANCE	10	IRESSA	11
<i>ibu</i>	24	ISENTRESS	7
<i>ibuprofen</i>	24	ISENTRESS HD	7
<i>icatibant acetate</i>	53	<i>isoniazid</i>	5
<i>iclevia</i>	46	<i>isosorbide dinitrate</i>	23
ICLUSIG	10	<i>isosorbide dinitrate/hydralazine</i>	23
<i>icosapent ethyl</i>	20	<i>hydrochloride</i>	
IDHIFA	10	<i>isosorbide mononitrate</i>	23
ILEVRO	39	<i>isosorbide mononitrate er</i>	23
<i>imatinib mesylate</i>	10	<i>isotonic gentamicin</i>	3
IMBRUVICA	11	<i>isotretinoin</i>	60
<i>imipenem/cilastatin</i>	3	<i>isradipine</i>	21
<i>imipramine hcl</i>	32	<i>itraconazole</i>	5
<i>imipramine hydrochloride</i>	32	<i>ivermectin</i>	2
<i>imipramine pamoate</i>	32	<i>ivermectin</i>	57
<i>imiquimod</i>	60	IWILFIN	11
<i>imiquimod pump</i>	60	IXCHIQ	16

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
IXIARO	16	KLISYRI	60
JAKAFI	11	<i>klor-con</i>	37
<i>jantoven</i>	18	<i>klor-con 10</i>	37
JANUMET	45	<i>klor-con 8</i>	37
JANUMET XR	45	<i>klor-con m10</i>	37
JANUVIA	45	KLOR-CON M15	37
JARDIANCE	45	<i>klor-con m20</i>	37
JAYPIRCA	11	<i>klor-con/ef</i>	37
JENTADUETO	45	KORLYM	45
JENTADUETO XR	45	KOSELUGO	11
<i>jinteli</i>	48	<i>kourzeq</i>	56
<i>joyeaux</i>	46	<i>k-prime</i>	37
JULUCA	7	KRAZATI	11
<i>junel 1.5/30</i>	46	KRISTALOSE	35
<i>junel 1/20</i>	46	KYNMOBI	29
<i>junel fe 1.5/30</i>	47	KYPROLIS	11
<i>junel fe 1/20</i>	47	<i>labetalol hydrochloride</i>	20
<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	55	<i>lamivudine</i>	7
<i>kariva</i>	47	<i>lamivudine/zidovudine</i>	7
<i>kcl 0.075%/d5w/nacl 0.45%</i>	37	<i>lamotrigine</i>	27
<i>kcl 0.15%/d5w/nacl 0.2%</i>	37	<i>lamotrigine er</i>	27
<i>kcl 0.15%/d5w/nacl 0.45%</i>	37	<i>lamotrigine odt</i>	27
<i>kcl 0.15%/d5w/nacl 0.9%</i>	37	<i>lamotrigine starter kit/blue</i>	27
<i>kcl 0.3%/d5w/nacl 0.45%</i>	37	<i>lamotrigine starter kit/green</i>	27
<i>kcl 0.3%/d5w/nacl 0.9%</i>	37	<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>	49
KERENDIA	23	<i>lansoprazole</i>	41
KESIMPTA	52	<i>lansoprazole/amoxicillin/clarithromycin</i>	41
<i>ketoconazole</i>	5	LANTUS	45
<i>ketoconazole</i>	57	LANTUS SOLOSTAR	45
KETODAN	57	<i>lapatinib ditosylate</i>	11
<i>ketoprofen</i>	25	<i>larin 1.5/30</i>	47
<i>ketoprofen er</i>	25	<i>larin 1/20</i>	47
<i>ketorolac tromethamine</i>	39	<i>larin fe 1.5/30</i>	47
KINERET	52	<i>larin fe 1/20</i>	47
KINRIX	15	<i>latanoprost</i>	40
KISQALI	11	LAZANDA	25
KISQALI FEMARA 200 DOSE	48	<i>leflunomide</i>	52
KISQALI FEMARA 400 DOSE	48	<i>lenalidomide</i>	11
KISQALI FEMARA 600 DOSE	48	LENVIMA 10 MG DAILY DOSE	11
<i>klayesta</i>	56	LENVIMA 12MG DAILY DOSE	11

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
LENVIMA 14 MG DAILY DOSE	11	<i>linezolid</i>	4
LENVIMA 18 MG DAILY DOSE	11	LINZESS	42
LENVIMA 20 MG DAILY DOSE	11	<i>liothyronine sodium</i>	50
LENVIMA 24 MG DAILY DOSE	11	<i>lisdexamfetamine dimesylate</i>	26
LENVIMA 4 MG DAILY DOSE	11	<i>lisinopril</i>	23
LENVIMA 8 MG DAILY DOSE	11	<i>lisinopril/hydrochlorothiazide</i>	23
<i>lessina</i>	47	<i>lithium</i>	28
<i>letrozole</i>	48	<i>lithium carbonate</i>	28
<i>leucovorin calcium</i>	50	<i>lithium carbonate er</i>	28
LEUKERAN	11	LIVALO	20
<i>leuprolide acetate</i>	48	LIVMARLI	42
<i>levalbuterol</i>	18	LIVTENCITY	7
<i>levalbuterol hcl</i>	18	LO LOESTRIN FE	47
<i>levalbuterol hydrochloride</i>	18	LOKELMA	37
<i>levalbuterol tartrate hfa</i>	18	LONHALA MAGNAIR REFILL KIT	17
LEVEMIR	45	LONHALA MAGNAIR STARTER KIT	17
LEVEMIR FLEXPEN	45	LONSURF	12
LEVEMIR FLEXTOUCH	45	<i>loperamide hcl</i>	41
<i>levetiracetam</i>	27	<i>lopinavir/ritonavir</i>	7
<i>levetiracetam er</i>	27	<i>lorazepam</i>	29
<i>levobunolol hcl</i>	40	<i>lorazepam intensol</i>	29
<i>levocarnitine</i>	54	LORBRENA	12
<i>levocetirizine dihydrochloride</i>	9	<i>losartan potassium</i>	23
<i>levofloxacin</i>	4	<i>losartan potassium/hydrochlorothiazide</i>	23
<i>levofloxacin</i>	38	LOTEMAX	39
<i>levofloxacin in d5w</i>	3	<i>loteprednol etabonate</i>	39
<i>levonest</i>	47	<i>lovastatin</i>	20
<i>levonorgestrel and ethinyl estradiol</i>	47	<i>loxapine</i>	32
<i>levonorgestrel/ethinyl estradiol</i>	47	<i>lubiprostone</i>	42
<i>levora 0.15/30-28</i>	47	LUMAKRAS	12
<i>levorphanol tartrate</i>	25	LUMIGAN	40
<i>levo-t</i>	50	LUPRON DEPOT (1-MONTH)	48
<i>levothyroxine sodium</i>	50	LUPRON DEPOT (3-MONTH)	48
<i>levoxyl</i>	50	LUPRON DEPOT (4-MONTH)	48
LEXIVA	7	LUPRON DEPOT (6-MONTH)	48
LIBERVANT	27	<i>lurasidone hydrochloride</i>	32
<i>lidocaine</i>	59	LYBALVI	32
<i>lidocaine hcl</i>	50	LYNPARZA	12
<i>lidocaine hcl</i>	56	LYSODREN	12
<i>lidocaine hcl jelly</i>	56	LYTGOBI	12
<i>lidocaine hydrochloride</i>	50	<i>magnesium sulfate</i>	27
<i>lidocaine hydrochloride</i>	56	<i>malathion</i>	57
<i>lidocaine hydrochloride</i>	59	<i>maraviroc</i>	7
<i>lidocaine hydrochloride viscous</i>	41	<i>marlissa</i>	47
<i>lidocaine viscous</i>	41	MARPLAN	32
<i>lidocaine/prilocaine</i>	59	MATULANE	12

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>matzim la</i>	21	<i>methylprednisolone acetate</i>	44
MAVYRET	7	<i>methylprednisolone dose pack</i>	44
MAXIDEX	39	<i>metoclopramide hcl</i>	43
MAYZENT	52	<i>metoclopramide hydrochloride</i>	43
MAYZENT STARTER PACK	53	<i>metoclopramide odt</i>	43
<i>meclizine hcl</i>	41	<i>metolazone</i>	37
<i>meclofenamate sodium</i>	25	<i>metoprolol succinate er</i>	20
MEDROL	44	<i>metoprolol tartrate</i>	20
<i>medroxyprogesterone acetate</i>	49	<i>metoprolol/hydrochlorothiazide</i>	20
<i>mefenamic acid</i>	25	<i>metronidazole</i>	6
<i>mefloquine hcl</i>	6	<i>metronidazole</i>	57
<i>megestrol acetate</i>	49	<i>metronidazole vaginal</i>	57
MEKINIST	12	<i>metyrosine</i>	54
MEKTOVI	12	<i>mexiletine hcl</i>	22
<i>meloxicam</i>	25	<i>mibelas 24 fe</i>	47
<i>memantine hcl titration pak</i>	30	<i>miconazole 3</i>	57
<i>memantine hydrochloride</i>	30	<i>microgestin 1.5/30</i>	47
<i>memantine hydrochloride er</i>	30	<i>microgestin 1/20</i>	47
MENACTRA	16	<i>microgestin fe 1.5/30</i>	47
MENEST	48	<i>microgestin fe 1/20</i>	47
MENOSTAR	48	<i>midodrine hcl</i>	18
MENQUADFI	16	<i>mifepristone</i>	45
MENTAX	57	<i>miglitol</i>	45
MENVEO	16	<i>miglustat</i>	54
<i>mercaptopurine</i>	12	MILLIPRED	44
<i>meropenem</i>	4	<i>mimvey</i>	48
<i>mesalamine</i>	41	<i>minocycline hcl</i>	4
<i>mesalamine dr</i>	41	<i>minocycline hydrochloride</i>	4
<i>mesalamine er</i>	41	<i>minoxidil</i>	22
MESNEX	54	<i>mirabegron er</i>	60
<i>metformin hydrochloride</i>	45	<i>mirtazapine</i>	32
<i>metformin hydrochloride er</i>	45	<i>mirtazapine odt</i>	32
<i>methadone hcl</i>	25	<i>misoprostol</i>	41
<i>methamphetamine hcl</i>	26	M-M-R II	16
<i>methazolamide</i>	40	<i>modafinil</i>	26
<i>methenamine hippurate</i>	8	<i>moexipril hcl</i>	23
<i>methenamine mandelate</i>	8	<i>molindone hydrochloride</i>	32
<i>methimazole</i>	50	<i>mometasone furoate</i>	39
<i>methotrexate</i>	12	<i>mometasone furoate</i>	59
<i>methotrexate sodium</i>	12	<i>mondoxylene nl</i>	4
<i>methsuximide</i>	27	<i>montelukast sodium</i>	54
<i>methylphenidate hydrochloride</i>	26	<i>morphine sulfate</i>	25
<i>methylphenidate hydrochloride cd</i>	26	<i>morphine sulfate er</i>	25
<i>methylphenidate hydrochloride er</i>	26	MOUNJARO	45
<i>methylphenidate hydrochloride er (la)</i>	26	MOVANTIK	42
<i>methylprednisolone</i>	44		

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	NEULASTA	19
<i>moxifloxacin hydrochloride</i>	4	NEULASTA ONPRO KIT	19
<i>moxifloxacin hydrochloride</i>	38	NEUPRO	29
MOZOBIL	19	<i>nevirapine</i>	7
MULTAQ	22	<i>nevirapine er</i>	7
<i>mupirocin</i>	57	NEXLETOL	20
<i>mycophenolate mofetil</i>	53	NEXLIZET	20
<i>mycophenolic acid dr</i>	53	<i>niacin</i>	61
MYFEMBREE	49	<i>niacin er</i>	20
MYORISAN	60	<i>niacor</i>	61
MYRBETRIQ	60	<i>nicardipine hcl</i>	21
<i>nabumetone</i>	25	NICOTROL INHALER	17
<i>nadolol</i>	20	NICOTROL NS	17
<i>nafcillin sodium</i>	4	<i>nifedipine</i>	21
<i>naftifine hcl</i>	57	<i>nifedipine er</i>	21
<i>naftifine hydrochloride</i>	56	<i>nikki</i>	47
<i>naftifine hydrochloride</i>	57	<i>nilutamide</i>	12
<i>naloxone hcl</i>	30	<i>nimodipine</i>	21
<i>naloxone hydrochloride</i>	30	NINLARO	12
<i>naltrexone hcl</i>	30	<i>nisoldipine er</i>	21
NAMZARIC	30	<i>nitazoxanide</i>	6
<i>naproxen</i>	25	<i>nitisinone</i>	54
<i>naproxen sodium</i>	25	NITRO-BID	23
<i>naproxen sodium cr</i>	25	<i>nitrofurantoin macrocrystals</i>	8
<i>naproxen sodium er</i>	25	<i>nitrofurantoin monohydrate/macrocrystals</i>	8
<i>naratriptan hcl</i>	28	<i>nitroglycerin</i>	23
NATACYN	38	<i>nitroglycerin</i>	56
<i>nateglinide</i>	45	<i>nitroglycerin transdermal</i>	23
NATPARA	49	NIVA THYROID	50
NAYZILAM	27	<i>nizatidine</i>	42
<i>nebivolol hydrochloride</i>	20	NORDITROPIN FLEXPRO	49
<i>necon 0.5/35-28</i>	47	<i>norelgestromin/ethinyl estradiol</i>	47
<i>nefazodone hydrochloride</i>	32	<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	47
<i>neomycin sulfate</i>	4	<i>norethindrone acetate</i>	49
<i>neomycin/bacitracin/polymyxin</i>	38	<i>norethindrone acetate/ethinyl estradiol</i>	48
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	39	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	47
<i>neomycin/polymyxin/dexamethasone</i>	39	NORPACE CR	22
<i>neomycin/polymyxin/gramicidin</i>	38	<i>nortrel 0.5/35 (28)</i>	47
<i>neomycin/polymyxin/hc</i>	39	<i>nortrel 1/35</i>	47
<i>neomycin/polymyxin/hydrocortisone</i>	39	<i>nortrel 7/7/7</i>	47
<i>neo-polycin</i>	38	<i>nortriptyline hcl</i>	32
<i>neo-polycin hc</i>	39	<i>nortriptyline hydrochloride</i>	32
NERLYNX	12	NORVIR	7
NEUAC	57	NOURIANZ	30

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
NOXAFIL	5	OMNIPOD 5 G6 INTRO KIT (GEN 5)	34
<i>np thyroid 120</i>	50	OMNIPOD 5 G6 PODS (GEN 5)	34
<i>np thyroid 15</i>	50	OMNIPOD 5 G7 INTRO KIT (GEN 5)	34
<i>np thyroid 30</i>	50	OMNIPOD 5 G7 PODS (GEN 5)	34
<i>np thyroid 60</i>	50	OMNIPOD CLASSIC PDM STARTER	34
<i>np thyroid 90</i>	50	KIT (GEN 3)	
NUBEQA	12	OMNIPOD CLASSIC PODS (GEN 3)	34
NUCALA	54	OMNIPOD DASH INTRO KIT (GEN 4)	34
NUDEXTA	30	OMNIPOD DASH PDM KIT (GEN 4)	34
NULOJIX	53	OMNIPOD DASH PODS (GEN 4)	34
NUPLAZID	32	OMNIPOD GO 10 UNITS/DAY	34
NURTEC	28	OMNIPOD GO 15 UNITS/DAY	34
NUTRILIPID	36	OMNIPOD GO 20 UNITS/DAY	34
NUTROPIN AQ NUSPIN 10	49	OMNIPOD GO 25 UNITS/DAY	34
NUTROPIN AQ NUSPIN 20	49	OMNIPOD GO 30 UNITS/DAY	34
NUTROPIN AQ NUSPIN 5	49	OMNIPOD GO 35 UNITS/DAY	34
NUVESSA	57	OMNIPOD GO 40 UNITS/DAY	34
NUZYRA	4	OMNITROPE	49
<i>nyamyc</i>	57	<i>ondansetron hcl</i>	41
NYMALIZE	21	<i>ondansetron hydrochloride</i>	41
<i>nystatin</i>	5	<i>ondansetron odt</i>	41
<i>nystatin</i>	57	ONGENTYS	29
<i>nystatin/triamcinolone</i>	59	ONUREG	12
<i>nystop</i>	57	OPDIVO	12
OCTAGAM	15	<i>opium</i>	41
<i>octreotide acetate</i>	49	<i>opium tincture</i>	41
ODEFSEY	7	OPSUMIT	55
ODOMZO	12	OPVEE	30
OFEV	55	<i>oralone dental paste</i>	59
<i>ofloxacin</i>	4	ORENCIA	52
<i>ofloxacin</i>	38	ORENCIA CLICKJECT	52
OGSIVEO	12	ORENITRAM	56
OJJAARA	12	ORENITRAM TITRATION KIT MONTH	55
<i>olanzapine</i>	32	1	
<i>olanzapine odt</i>	32	ORENITRAM TITRATION KIT MONTH	56
<i>olanzapine/fluoxetine</i>	32	2	
<i>olmesartan medoxomil</i>	23	ORENITRAM TITRATION KIT MONTH	56
<i>olmesartan</i>	21	3	
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		ORFADIN	54
<i>olmesartan medoxomil/hydrochlorothiazide</i>	23	ORGOVYX	49
<i>olopatadine hcl</i>	40	ORLISSA	49
<i>olopatadine hydrochloride</i>	40	ORKAMBI	55
<i>omega-3-acid ethyl esters</i>	20	ORSERDU	12
<i>omeprazole</i>	42	<i>oseltamivir phosphate</i>	7
<i>omeprazole dr</i>	42	OSMOPREP	42
<i>omeprazole/sodium bicarbonate</i>	42	OSPHENA	48

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
OTEZLA	52	<i>penicillin g potassium in iso-osmotic dextrose</i>	4
<i>oxacillin sodium</i>	4	<i>penicillin g sodium</i>	4
<i>oxaprozin</i>	25	<i>penicillin v potassium</i>	4
<i>oxazepam</i>	29	PENTACEL	16
OXBRYTA	19	<i>pentamidine isethionate</i>	6
<i>oxcarbazepine</i>	27	<i>pentoxifylline er</i>	19
OXERVATE	41	<i>perindopril erbumine</i>	23
<i>oxiconazole nitrate</i>	57	<i>periogard</i>	38
<i>oxybutynin chloride</i>	60	<i>permethrin</i>	57
<i>oxybutynin chloride er</i>	60	<i>perphenazine</i>	32
<i>oxycodone hcl er</i>	25	<i>perphenazine/amitriptyline</i>	32
<i>oxycodone hydrochloride</i>	25	PERSERIS	33
<i>oxycodone hydrochloride er</i>	25	<i>phenelzine sulfate</i>	33
<i>oxycodone/acetaminophen</i>	25	<i>phenobarbital</i>	30
OXYCONTIN	25	<i>phenoxybenzamine hydrochloride</i>	17
<i>oxymorphone hydrochloride</i>	25	<i>phenytek</i>	27
<i>oxymorphone hydrochloride er</i>	25	<i>phenytoin</i>	27
<i>oxymorphone hydrochlorideer</i>	25	<i>phenytoin sodium extended</i>	27
OZEMPIC	45	PHOSPHOLINE IODIDE	40
<i>paclitaxel</i>	12	PIFELTRO	7
<i>paliperidone er</i>	32	<i>pilocarpine hcl</i>	40
PANRETIN	60	<i>pilocarpine hydrochloride</i>	17
<i>pantoprazole sodium</i>	42	<i>pimecrolimus</i>	60
PANZYGA	15	<i>pimozide</i>	33
<i>paricalcitol</i>	61	<i>pindolol</i>	20
<i>paromomycin sulfate</i>	6	<i>pioglitazone hcl</i>	45
<i>paroxetine</i>	32	<i>pioglitazone hcl/metformin hcl</i>	45
<i>paroxetine hcl</i>	32	<i>pioglitazone hcl-glimepiride</i>	45
<i>paroxetine hcl er</i>	32	<i>pioglitazone hydrochloride</i>	45
<i>paroxetine hydrochloride</i>	32	<i>piperacillin sodium/tazobactam sodium</i>	4
PASER	5	PIQRAY 200MG DAILY DOSE	12
PAXLOVID	7	PIQRAY 250MG DAILY DOSE	12
<i>pazopanib hydrochloride</i>	12	PIQRAY 300MG DAILY DOSE	13
PEDIARIX	16	<i>pirfenidone</i>	55
PEDVAX HIB	16	<i>piroxicam</i>	25
<i>peg-3350/electrolytes</i>	42	<i>pitavastatin calcium</i>	20
<i>peg-3350/electrolytes/ascorbate</i>	42	PLEGRIDY	53
<i>peg-3350/nacl/na bicarbonate/kcl</i>	42	PLEGRIDY STARTER PACK	53
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	42	PLENAMINE	36
PEGASYS	7	<i>plerixafor</i>	19
PEMAZYRE	12	<i>podofilox</i>	56
PENBRAYA	16	<i>podofilox</i>	60
<i>penciclovir</i>	57	<i>polycin</i>	38
<i>penicillamine</i>	43	<i>polymyxin b sulfate/trimethoprim sulfate</i>	38
<i>penicillin g potassium</i>	4	POMALYST	13

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>portia-28</i>	47	<i>prochlorperazine maleate</i>	33
<i>posaconazole</i>	5	PROCRIT	19
<i>posaconazole dr</i>	5	PROCTOFOAM HC	56
<i>potassium chloride</i>	38	<i>procto-med hc</i>	59
<i>potassium chloride er</i>	38	<i>procto-pak</i>	59
<i>potassium chloride/dextrose/sodium chloride</i>	38	<i>proctosol hc</i>	59
<i>potassium citrate er</i>	34	<i>proctozone-hc</i>	59
PRALUENT	20	<i>progesterone</i>	49
<i>pramipexole dihydrochloride</i>	29	PROGRAF	53
<i>pramipexole dihydrochloride er</i>	29	PROLASTIN-C	55
<i>prasugrel</i>	19	PROLENSA	39
<i>pravastatin sodium</i>	20	PROLIA	51
<i>praziquantel</i>	2	PROMACTA	19
<i>prazosin hydrochloride</i>	19	<i>promethazine hcl</i>	9
PRED MILD	39	<i>promethazine hydrochloride</i>	9
<i>prednicarbate</i>	59	<i>promethazine hydrochloride plain</i>	9
<i>prednisolone</i>	44	<i>propafenone hcl</i>	22
<i>prednisolone acetate</i>	39	<i>propafenone hydrochloride er</i>	22
<i>prednisolone sodium phosphate</i>	39	<i>propranolol hcl</i>	20
<i>prednisolone sodium phosphate</i>	44	<i>propranolol hcl er</i>	20
<i>prednisolone sodium phosphate odt</i>	44	<i>propranolol hydrochloride</i>	21
<i>prednisone</i>	44	<i>propranolol hydrochloride er</i>	21
<i>pregabalin</i>	27	<i>propylthiouracil</i>	50
<i>pregabalin er</i>	25	PROQUAD	16
PREHEVBRIO	16	PROSOL	36
PREMARIN	48	<i>protriptyline hcl</i>	33
PREMASOL	36	PULMOZYME	55
<i>premium lidocaine</i>	59	PURIXAN	13
PREMPHASE	48	PYLERA	42
PREMPRO	48	<i>pyrazinamide</i>	5
<i>prenatal</i>	61	<i>pyridostigmine bromide</i>	17
<i>prevalite</i>	20	<i>pyridostigmine bromide er</i>	17
PREVYMIS	7	<i>pyrimethamine</i>	6
PREZCOBIX	7	PYRUKYND	19
PREZISTA	7	PYRUKYND TAPER PACK	19
PRIFTIN	5	QINLOCK	13
<i>primaquine phosphate</i>	6	QUADRACEL	15
<i>primidone</i>	27	<i>quetiapine fumarate</i>	33
PRIORIX	16	<i>quetiapine fumarate er</i>	33
PRIVIGEN	15	<i>quinapril hydrochloride</i>	23
PROAIR RESPICLICK	18	<i>quinapril/hydrochlorothiazide</i>	23
<i>probenecid</i>	38	<i>quinidine gluconate cr</i>	22
<i>probenecid/colchicine</i>	38	<i>quinidine sulfate</i>	22
<i>prochlorperazine</i>	33	<i>quinine sulfate</i>	6
<i>prochlorperazine edisylate</i>	33	QVAR REDIHALER	44
		RABAVERT	16

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>rabeprazole sodium</i>	42	RISPERDAL CONSTA	33
RADICAVA ORS	30	<i>risperidone</i>	33
RADICAVA ORS STARTER KIT	30	<i>risperidone er</i>	33
<i>raloxifene hydrochloride</i>	48	<i>risperidone odt</i>	33
<i>ramelteon</i>	30	<i>ritonavir</i>	8
<i>ramipril</i>	23	<i>rivastigmine tartrate</i>	17
<i>ranolazine er</i>	22	<i>rivastigmine transdermal system</i>	17
<i>rasagiline mesylate</i>	29	<i>rizatriptan benzoate</i>	28
RASUVO	52	<i>rizatriptan benzoate odt</i>	28
RAYALDEE	61	ROCKLATAN	40
REBIF	53	<i>roflumilast</i>	55
REBIF REBIDOSE	53	<i>ropinirole er</i>	29
REBIF REBIDOSE TITRATION PACK	53	<i>ropinirole hcl</i>	29
REBIF TITRATION PACK	53	<i>ropinirole hydrochloride</i>	29
RECOMBIVAX HB	16	<i>rosadan</i>	57
RECTIV	60	<i>rosuvastatin calcium</i>	20
REGRANEX	60	ROTARIX	16
RELENZA DISKHALER	8	ROTATEQ	16
RELISTOR	42	<i>roweepira</i>	27
RELYVRIO	30	ROZLYTREK	13
<i>repaglinide</i>	45	RUBRACA	13
REPATHA	20	<i>rufinamide</i>	27
REPATHA PUSHTRONEX SYSTEM	20	RUKOBIA	8
REPATHA SURECLICK	20	RYBELSUS	45
RESTASIS	39	RYDAPT	13
RESTASIS MULTIDOSE	39	RYTARY	29
RETACRIT	19	SAJAZIR	53
RETEVMO	13	<i>salsalate</i>	25
RETIN-A MICRO	56	SANTYL	60
RETIN-A MICRO PUMP	59	<i>sapropterin dihydrochloride</i>	54
REVCIVI	38	SAVELLA	30
REVLIMID	13	SAVELLA TITRATION PACK	30
REXULTI	33	SCEMBLIX	13
REYATAZ	8	<i>scopolamine</i>	41
REZLIDHIA	13	SECUADO	33
REZUROCK	54	<i>selegiline hcl</i>	29
RHOPRESSA	40	<i>selenium sulfide</i>	57
<i>ribavirin</i>	8	SELZENTRY	8
RIDAURA	43	SEREVENT DISKUS	18
<i>rifabutin</i>	5	SEROSTIM	50
<i>rifampin</i>	5	<i>sertraline hcl</i>	33
<i>riluzole</i>	30	<i>sertraline hydrochloride</i>	33
<i>rimantadine hydrochloride</i>	8	<i>sevelamer carbonate</i>	37
RINVOQ	52	<i>sevelamer hydrochloride</i>	37
<i>risedronate sodium</i>	51	<i>sf 5000 plus</i>	51
<i>risedronate sodium dr</i>	51	<i>sharobel</i>	47

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
SHINGRIX	16	STIVARGA	13
SIGNIFOR	49	<i>streptomycin sulfate</i>	4
<i>sildenafil citrate</i>	23	STRIBILD	8
<i>silodosin</i>	17	STRIVERDI RESPIMAT	18
<i>silver sulfadiazine</i>	57	SUBSYS	25
SIMBRINZA	40	<i>subvenite</i>	27
<i>simvastatin</i>	20	<i>subvenite starter kit/blue</i>	27
<i>sirolimus</i>	53	<i>subvenite starter kit/green</i>	27
SIRTURO	5	<i>subvenite starter kit/orange</i>	27
SIVEXTRO	4	SUCRAID	38
SKYRIZI	43	<i>sucrafate</i>	42
SKYRIZI	60	<i>sulfacetamide sodium</i>	38
SKYRIZI PEN	60	<i>sulfacetamide sodium</i>	57
<i>sodium chloride</i>	38	<i>sulfacetamide sodium/prednisolone sodium</i>	39
<i>sodium chloride 0.45%</i>	38	<i>phosphate</i>	
<i>sodium chloride 0.9%</i>	37	<i>sulfadiazine</i>	4
<i>sodium fluoride 1.1</i>	51	<i>sulfamethoxazole/trimethoprim</i>	4
<i>sodium fluoride 5000 plus</i>	51	<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>sodium fluoride 5000 ppm</i>	51	SULFAMYLON	57
SODIUM OXYBATE	30	<i>sulfasalazine</i>	4
<i>sodium phenylbutyrate</i>	35	<i>sulindac</i>	25
<i>sodium polystyrene sulfonate</i>	37	<i>sumatriptan</i>	28
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	42	<i>sumatriptan succinate</i>	28
<i>solifenacin succinate</i>	60	<i>sumatriptan succinate refill</i>	28
SOLOSEC	6	<i>sunitinib malate</i>	13
SOLTAMOX	48	SUNLENCA	8
SOLU-CORTEF	44	SUNOSI	26
SOMATULINE DEPOT	49	SUPRAX	4
SOMAVERT	50	SYMDEKO	55
<i>sorafenib</i>	13	SYMLINPEN 120	45
<i>sorafenib tosylate</i>	13	SYMLINPEN 60	45
<i>sorine</i>	21	SYMPAZAN	27
<i>sotalol hcl</i>	21	SYMTUZA	8
<i>sotalol hydrochloride (af)</i>	21	SYNAREL	49
SPIRIVA RESPIMAT	17	SYNJARDY	45
<i>spironolactone</i>	23	SYNJARDY XR	46
<i>spironolactone/hydrochlorothiazide</i>	23	SYNRIBO	13
SPRITAM	27	SYNTHROID	50
SPRYCEL	13	TABLOID	13
<i>sps</i>	37	TABRECTA	13
<i>ssd</i>	57	<i>tacrolimus</i>	53
STAMARIL	16	<i>tacrolimus</i>	60
STELARA	60	<i>tadalafil</i>	23
<i>sterile water for irrigation</i>	37	TAFINLAR	13
STIOLTO RESPIMAT	17	<i>tafluprost</i>	40
		TAGRISSE	13

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
TALZENNA	13	<i>thioridazine hcl</i>	33
<i>tamoxifen citrate</i>	48	<i>thiothixene</i>	33
<i>tamsulosin hydrochloride</i>	17	THYQUIDITY	50
<i>tarina fe 1/20 eq</i>	47	THYROID	50
TASIGNA	13	<i>tiadylt er</i>	21
<i>tasimelteon</i>	30	<i>tiagabine hydrochloride</i>	27
TAVALISSE	19	TIBSOVO	14
TAVNEOS	53	TICOVAC	16
<i>taysofy</i>	47	<i>timolol maleate</i>	21
<i>tazarotene</i>	60	<i>timolol maleate</i>	40
<i>tazicef</i>	4	<i>timolol maleate ophthalmic gel forming</i>	40
TAZORAC	60	<i>tinidazole</i>	6
<i>taztia xt</i>	21	<i>tiopronin</i>	54
TAZVERIK	13	TIROSINT-SOL	50
<i>tdvax</i>	15	TIVICAY	8
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	34	TIVICAY PD	8
<i>techlite pen needles 29g x 10mm</i>	34	<i>tizanidine hcl</i>	17
TEFLARO	4	<i>tizanidine hydrochloride</i>	17
TEGSEDI	51	TOBI PODHALER	4
TEKTRUNA HCT	23	TOBRADEX	40
<i>telmisartan</i>	23	TOBRADEX ST	40
<i>telmisartan/amlodipine</i>	21	<i>tobramycin</i>	4
<i>telmisartan/hydrochlorothiazide</i>	23	<i>tobramycin</i>	39
<i>temazepam</i>	30	<i>tobramycin sulfate</i>	4
TEMIXYS	8	<i>tobramycin/dexamethasone</i>	40
TENIVAC	15	<i>tolterodine tartrate</i>	61
<i>tenofovir disoproxil fumarate</i>	8	<i>tolterodine tartrate er</i>	61
TEPMETKO	13	<i>topiramate</i>	28
<i>terazosin hcl</i>	19	<i>topiramate er</i>	28
<i>terazosin hydrochloride</i>	19	<i>toremifene citrate</i>	48
<i>terbinafine hcl</i>	5	<i>toremide</i>	37
<i>terbutaline sulfate</i>	18	TOUJEO MAX SOLOSTAR	46
<i>terconazole</i>	57	TOUJEO SOLOSTAR	46
<i>teriflunomide</i>	53	TOVET	59
<i>teriparatide</i>	49	TRACLEER	56
<i>testosterone</i>	44	TRADJENTA	46
<i>testosterone cypionate</i>	44	<i>tramadol hcl er</i>	26
<i>testosterone enanthate</i>	44	<i>tramadol hydrochloride</i>	26
<i>testosterone pump</i>	44	<i>tramadol hydrochloride er</i>	26
<i>tetrabenazine</i>	34	<i>tramadol hydrochloride/acetaminophen</i>	26
<i>tetracycline hydrochloride</i>	4	<i>trandolapril</i>	23
THALOMID	53	<i>trandolapril/verapamil hcl er</i>	21
<i>theophylline</i>	61	<i>tranexamic acid</i>	18
<i>theophylline er</i>	61	<i>tranylcypramine sulfate</i>	33
THIOLA EC	54	TRAVASOL	36
		<i>travoprost</i>	40

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>trazodone hydrochloride</i>	33	<i>turqoz</i>	47
TRECTOR	5	TWINRIX	16
TRELEGY ELLIPTA	44	<i>tyblume</i>	47
TRELSTAR MIXJECT	49	TYBOST	54
TRESIBA	46	TYMLOS	49
TRESIBA FLEXTOUCH	46	TYPHIM VI	16
<i>tretinoin</i>	14	UBRELVY	28
<i>tretinoin</i>	59	UCERIS	59
<i>tretinoin microsphere</i>	56	UDENYCA	19
<i>tretinoin microsphere</i>	59	UDENYCA ONBODY	19
TREXALL	14	<i>unithroid</i>	50
<i>triamcinolone acetonide</i>	44	UPTRAVI	56
<i>triamcinolone acetonide</i>	59	UPTRAVI TITRATION PACK	56
<i>triamcinolone acetonide dental paste</i>	59	<i>ursodiol</i>	42
<i>triamterene/hydrochlorothiazide</i>	37	<i>valacyclovir hydrochloride</i>	8
TRIANEX	59	VALCHLOR	60
<i>triazolam</i>	30	<i>valganciclovir</i>	8
<i>triderm</i>	59	<i>valganciclovir hydrochloride</i>	8
<i>trientine hydrochloride</i>	43	<i>valproic acid</i>	28
<i>trifluoperazine hcl</i>	33	<i>valsartan</i>	23
<i>trifluoperazine hydrochloride</i>	33	<i>valsartan/hydrochlorothiazide</i>	23
<i>trifluridine</i>	39	VALTOCO 10 MG DOSE	28
<i>trihexyphenidyl hcl</i>	29	VALTOCO 15 MG DOSE	28
<i>trihexyphenidyl hydrochloride</i>	29	VALTOCO 20 MG DOSE	28
TRIKAFTA	55	VALTOCO 5 MG DOSE	28
<i>trimethoprim</i>	8	<i>vancomycin</i>	4
<i>trimipramine maleate</i>	33	<i>vancomycin hcl</i>	4
TRINTELLIX	33	<i>vancomycin hydrochloride</i>	4
<i>tri-sprintec</i>	47	VANFLYTA	14
TRITOCIN	59	VAQTA	16
TRIUMEQ	8	<i>varenicline starting month box</i>	17
TRIUMEQ PD	8	<i>varenicline tartrate</i>	17
<i>trivora-28</i>	47	VARIVAX	16
TRIZIVIR	8	VARIZIG	15
TROPHAMINE	36	VASCEPA	20
<i>tropium chloride</i>	61	<i>velivet</i>	47
<i>tropium chloride er</i>	61	VELPHORO	37
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	34	VELTASSA	37
<i>trueplus pen needles 29gx12mm</i>	34	VEMLIDY	8
TRULICITY	46	VENCLEXTA	14
TRUMENBA	16	VENCLEXTA STARTING PACK	14
TRUQAP	14	<i>venlafaxine besylate er</i>	33
TRUSELTIQ	14	<i>venlafaxine hcl er</i>	33
TUKYSA	14	<i>venlafaxine hydrochloride</i>	33
TURALIO	14	<i>venlafaxine hydrochloride er</i>	33
		VENTAVIS	56

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #	Drug Name	Page #
<i>verapamil hcl</i>	21	XERMELO	41
<i>verapamil hcl er</i>	21	XGEVA	51
<i>verapamil hcl sr</i>	21	XIFAXAN	5
<i>verapamil hydrochloride</i>	22	XIGDUO XR	46
<i>verapamil hydrochloride er</i>	21	XOFLUZA	8
VERQUVO	23	XOLAIR	55
VERSACLOZ	33	XOSPATA	14
VERZENIO	14	XPOVIO	14
VIBRAMYCIN	5	XPOVIO 100 MG ONCE WEEKLY	14
VICTOZA	46	XPOVIO 40 MG ONCE WEEKLY	14
<i>vigabatrin</i>	28	XPOVIO 40 MG TWICE WEEKLY	14
<i>vigadrone</i>	28	XPOVIO 60 MG ONCE WEEKLY	14
<i>vigpoder</i>	28	XPOVIO 60 MG TWICE WEEKLY	14
VIIBRYD STARTER PACK	33	XPOVIO 80 MG ONCE WEEKLY	14
VIJOICE	54	XPOVIO 80 MG TWICE WEEKLY	14
<i>vilazodone hydrochloride</i>	33	XTANDI	14
VIRACEPT	8	<i>xulane</i>	47
VIREAD	8	XYOSTED	44
VITRAKVI	14	<i>yargesa</i>	54
VIVITROL	30	YERVOY	14
VIZIMPRO	14	YF-VAX	16
VONJO	14	YONSA	14
<i>voriconazole</i>	5	YUPELRI	17
VOSEVI	8	<i>yuvafem</i>	48
VOTRIENT	14	<i>zafemy</i>	47
VOXZOGO	54	<i>zafirlukast</i>	54
VRAYLAR	33	<i>zaleplon</i>	30
VUMERITY	53	ZARXIO	19
<i>vyfemla</i>	47	ZEJULA	14
VYNDAMAX	54	ZELBORAF	15
VYNDAQEL	54	ZENATANE	60
VYVANSE	26	ZENPEP	42
VYZULTA	40	ZEPOSIA	53
<i>warfarin sodium</i>	19	ZEPOSIA 7-DAY STARTER PACK	53
WELIREG	14	ZEPOSIA STARTER KIT	53
WINLEVI	60	ZERBAXA	5
<i>wixela inhub</i>	18	<i>zidovudine</i>	8
XALKORI	14	ZIEXTENZO	19
XARELTO	19	<i>zileuton er</i>	54
XARELTO STARTER PACK	19	<i>ziprasidone hcl</i>	33
XATMEP	14	<i>ziprasidone mesylate</i>	33
XCOPRI	28	ZIRGAN	39
XDEMVI	39	<i>zoledronic acid</i>	51
XELJANZ	52	ZOLINZA	15
XELJANZ XR	52	<i>zolmitriptan</i>	28
XENLETA	5	<i>zolmitriptan odt</i>	28

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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

Drug Name	Page #
<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>	47
ZTALMY	28
ZURZUVAE	33
ZYDELIG	15
ZYKADIA	15
ZYLET	40
ZYPREXA RELPREVV	34

Formulary ID: 24521, Version: 12, Effective Date: 07/01/2024

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



This formulary was updated on 07/01/2024.

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