

2023

Formulario (Lista de medicamentos cubiertos) de Planes Medicare (HMO-POS) y EssentiaCare (PPO) de UCare

- Planes Medicare de UCare (HMO-POS)
 - UCare Aware UCare Essentials Rx
 - UCare Classic UCare Standard
 - UCare Complete UCare Prime
- UCare Medicare con M Health Fairview and North Memorial (HMO-POS)
- Planes UCare Advocate (HMO-I-SNP)
- Planes EssentiaCare (PPO)

Este formulario se actualizó el 11/21/2023.

Mensaje importante sobre lo que paga por las vacunas: Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado su deducible. Llame al Servicio de Atención al Cliente para obtener más información.

Mensaje importante sobre lo que paga por insulina: Usted no pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido se encuentre, incluso si no ha pagado su deducible.

POR FAVOR, LEA: Este documento contiene información sobre los medicamentos que cubrimos en estos planes.

Para obtener información más reciente o si tiene otras preguntas, póngase en contacto con:

Servicio al Cliente de **Planes Medicare de UCare** al 612-676-3600 o al 1-877-523-1515 (esta llamada es gratuita)

Servicio al Cliente de **UCare Medicare con M Health Fairview & North Memorial** al 612-676-6520 o al 1-888-618-2595 (esta llamada es gratuita)

Servicio al Cliente de **Planes UCare Advocate** al 612-676-3600 o 1-877-523-1515 (esta llamada es gratuita)

Servicio al Cliente de **EssentiaCare** al 218-722-4915 o al 1-855-432-7025 (esta llamada es gratuita)

Para todos los usuarios de TTY: 612-676-6810 o 1-800-688-2534 (esta llamada es gratuita)

Todas las líneas se responden de 8 am a 8 pm, los siete días de la semana, o visite [ucare.org](https://www.ucare.org).



EssentiaCare
Essentia Health + UCare

Aviso de no discriminación

UCare cumple con las leyes federales aplicables de derechos civiles y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. UCare no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

Brindamos ayudas y servicios sin cargo a las personas con discapacidades para que se comuniquen de manera efectiva con nosotros, como línea de TTY o información escrita en otros formatos, como letra grande.

Si necesita estos servicios, llámenos al **612-676-3200 (voz)** o a la línea gratuita **1-800-203-7225 (voz)**, **612-676-6810 (TTY)** o al **1-800-688-2534 (TTY)**.

Brindamos servicios lingüísticos sin cargo a personas cuyo idioma principal no sea el inglés, como intérpretes calificados o información escrita en otros idiomas.

Si necesita estos servicios, comuníquese con nosotros al número que figura en el reverso de su tarjeta de membresía o al **612-676-3200** o al número gratuito **1-800-203-7225 (voz)**; **612-676-6810** o gratis al **1-800-688-2534 (TTY)**.

Si cree que UCare no le proporcionó estos servicios o lo discriminó en otro aspecto por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja oral o escrita.

Queja oral

Si es miembro actual de UCare, llame al número que figura en el reverso de su tarjeta de membresía. En caso contrario, llame al **612-676-3200** o a la línea gratuita **1-800-203-7225 (voz)**; **612-676-6810** o a la línea gratuita al **1-800-688-2534 (TTY)**. También puede usar estos números si necesita ayuda para presentar un reclamo.

Reclamo por escrito

Dirección postal

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Correo electrónico: cag@ucare.org

Fax: 612-884-2021

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE.UU., electrónicamente a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo postal o teléfono a:

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

Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተሎው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသုဂ်ဟံသး-နမ္မိကတိံ ကညိ ကျိာ်အလိံ, နမ္မိကတိံအတိမ်ဇာလၢ တလက်ဘျုးလက်စ့ နီတမံဘျုးသ့န့ၣ်လီၤ. ဝိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់ប្រើប្រាស់។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía incluye los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa UCare Health, Inc. Cuando se refiere al “plan” o “nuestro plan” significa los Planes Medicare y EssentiaCare de UCare.

Este documento incluye una lista de los medicamentos (formulario) para nuestro plan que está vigente al 24 de enero de 2023. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Generalmente, debe usar farmacias de la red para su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguro pueden cambiar el 1 de enero de 2024 y cada tanto durante el año.

¿Qué es el Formulario de los Planes Medicare de UCare y de EssentiaCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por los Planes Medicare y EssentiaCare de UCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Los Planes Medicare y EssentiaCare de UCare generalmente cubrirán los medicamentos que figuran en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta surta en una farmacia de la red de los Planes Medicare y EssentiaCare de UCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de cobertura.

¿Puede cambiar el Formulario (Lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1 de enero, pero los Planes Medicare y EssentiaCare de UCare pueden agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarte este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero moverlo inmediatamente a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los Planes Medicare y EssentiaCare de UCare?”
- **Medicamentos que se retiran del mercado.** Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.

- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costo compartido o ambos. O podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costos compartidos, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro de 30 días del medicamento.
 - Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de los Planes Medicare y EssentiaCare de UCare?”

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro Formulario 2023 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2023, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios podrían afectarlo, y es importante verificar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El Formulario adjunto se actualizó al 21 de noviembre de 2023. Para obtener información actualizada sobre los medicamentos cubiertos por los Planes Medicare y EssentiaCare de UCare, comuníquese con nosotros. Nuestra información de contacto aparece en la portadas y contraportada. Las actualizaciones al Formulario de los Planes Medicare y EssentiaCare de UCare están disponibles en nuestro sitio web, ucare.org/member-documents. Si lo solicita, UCare le enviará por correo una edición impresa actualizada.

¿Cómo uso el Formulario?

Hay dos formas de encontrar un medicamento en el Formulario:

Afección médica

El Formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de afecciones médicas que tratan. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque debajo del nombre de la categoría para su medicamento.

Lista alfabética

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice, que comienza en la página 97. El Índice brinda una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Los Planes Medicare y EssentiaCare de UCare cubren tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA y tiene los mismos ingredientes activos que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay restricciones para mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites de cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa: Los Planes Medicare y EssentiaCare de UCare exigen que usted o su médico obtengan autorización previa para ciertos medicamentos.** Esto significa que deberá obtener la aprobación de los Planes Medicare y EssentiaCare de UCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que los Planes Medicare y EssentiaCare de UCare no cubran el medicamento.
- **Límites de cantidad: Para ciertos medicamentos, los Planes Medicare y EssentiaCare de UCare limitan la cantidad del medicamento que cubrirán.** Por ejemplo, los Planes Medicare y EssentiaCare de UCare proporcionan 30 comprimidos por receta para escitalopram 20 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.
- **Terapia escalonada:** En algunos casos, los Planes Medicare y EssentiaCare de UCare exigen que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, es posible que los Planes Medicare y EssentiaCare de UCare no cubran el Medicamento B a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, los Planes Medicare y EssentiaCare de UCare cubrirán el Medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el Formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Puede pedir a los Planes Medicare y EssentiaCare de UCare que hagan una excepción a estas restricciones o límites o una lista de otros medicamentos similares que pueden tratar su afección médica. Consulte la sección “¿Cómo solicito una excepción al Formulario de los Planes Medicare y EssentiaCare de UCare?” en la página vii para obtener información acerca de cómo para solicitar una excepción.

¿Qué pasa si mi medicamento no está en el Formulario?

Si su medicamento no está incluido en este Formulario (Lista de medicamentos cubiertos), primero debe comunicarse con Servicio al Cliente y preguntar si su medicamento está cubierto. Si se entera de que los Planes Medicare y EssentiaCare de UCare no cubren sus medicamentos, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de medicamentos similares que están cubiertos por los Planes Medicare y EssentiaCare de UCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por los Planes Medicare y EssentiaCare de UCare.
- Puede pedirle a los Planes Medicare y EssentiaCare de UCare que hagan una excepción y cubran su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al Formulario de los Planes Medicare de UCare y de EssentiaCare?

Puede pedirle a los Planes Medicare y EssentiaCare de UCare que hagan una excepción a las reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede pedirnos que cubramos un medicamento incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento del Formulario a un nivel de costo compartido más bajo, a menos que el medicamento esté en el nivel de especialidad (Nivel 5). Si se aprueba, esto reduciría la cantidad que debe pagar por su medicamento.
- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, los Planes Medicare y EssentiaCare de UCare limitan la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos una cantidad mayor.

Por lo general, los Planes Medicare y EssentiaCare de UCare solo aprobarán su solicitud de una excepción si el medicamento alternativo está incluido en el formulario del plan, el medicamento de costo compartido más bajo o con restricciones de uso adicionales no sería tan eficaz para tratar su afección o causaría que tenga efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de uso, de nivel o al Formulario. **Cuando solicite una excepción de restricción de uso, de nivel o al Formulario, debe presentar una declaración de su médico o médico que respalde su solicitud.** En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida), si usted o su médico creen que su salud podría verse seriamente perjudicada si espera hasta 72 horas para tomar una decisión. Si se concede su solicitud para acelerar, debemos darle una decisión a más tardar 24 horas después de recibir una declaración de respaldo de su médico u otro profesional que receta.

¿Qué debo hacer antes de poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción correcto para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días. Si su receta se escribe por menos días, permitiremos resurtidos para proporcionar hasta un máximo de 30 días de suministro del medicamento. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento (a menos que tenga una receta para menos días) mientras busca una excepción al formulario.

Transición de la atención

Si usted es un miembro actual de los Planes Medicare de UCare o de EssentiaCare que está haciendo la transición a un nivel diferente de atención, es posible que le receten medicamentos que no están en nuestro formulario. Mientras habla con su médico para determinar su curso de acción, es elegible para recibir un suministro de transición de 31 días del medicamento, ya que está haciendo la transición a un nivel de atención diferente. Si usted es un miembro actual de los Planes Medicare y EssentiaCare de UCare, fue admitido o dado de alta de un centro de atención a largo plazo, se le permitirá hacer resurtidos antes para garantizar que tenga acceso a un suministro adecuado de sus medicamentos.

Para obtener más información

Para obtener información más detallada sobre la cobertura de medicamentos recetados de los Planes Medicare y EssentiaCare de UCare, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre los Planes Medicare y EssentiaCare de UCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada de este documento.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día/los 7 días de la semana. Los usuarios de TTY pueden llamar al 1-877-486-2048. O bien, visite <http://www.medicare.gov>.

Formulario de Planes Medicare y EssentiaCare de UCare

El formulario que comienza en la página siguiente proporciona información de cobertura sobre los medicamentos cubiertos por los Planes Medicare y EssentiaCare de UCare. Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice que comienza en la página 97.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos de marca están en mayúscula (por ejemplo, JANUVIA) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, lisinopril).

La información en la columna Requisitos/Límites le indica si los Planes Medicare y EssentiaCare de UCare tienen algún requisito especial para la cobertura de su medicamento.

Explicación de los requisitos/límites	
PA	Autorización previa: Medicamentos que requieren la aprobación de la UCare antes de que los cubramos.
ST	Terapia escalonada: Medicamentos que requieren que pruebe otro medicamento antes de cubrirlo.
BvsD	Medicamentos que requieren autorización previa para determinar la cobertura bajo la Parte B o la Parte D.
QLL	Límite de cantidad: Hay límites a la cantidad de medicamento que puede recibir.
LA	Distribución limitada: Medicamentos que están disponibles solo en ciertas farmacias. Para obtener más información, llame a Servicio al Cliente de los Planes Medicare de UCare al 612-676-3600, 1-877-523-1515 (esta llamada es gratuita) o a Servicio al Cliente de los Planes Medicare de UCare con M Health Fairview y North Memorial al 612-676-6520, 1-888-618-2595 (esta llamada es gratuita) o a Servicio al Cliente de Planes UCare Advocate al 612-676-3600, 1-877-523-1515, o a Servicio al Cliente de EssentiaCare al 218-722-4915 o al 1-855-432- 7025 (esta llamada es gratuita) o, para usuarios de TTY, 1-800-688-2534 (esta llamada es gratuita), de 8 am a 8 pm, los siete días de la semana.
Part B Covered	Medicamentos cubiertos por el beneficio de la Parte B (médico).
Select Insulin	Insulinas con un copago de \$30 o \$35, por un suministro de un mes, en las etapas de Deducible, Cobertura inicial y Vacío de cobertura del beneficio de la Parte D.

UCare Medicare Plans and EssentiaCare Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	3	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	PA; QL (4 EA per 28 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	4	QL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	4	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	4	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	QL (1000 GM per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; QL (100 GM per 28 days)
<i>diflunisal oral tablet 500 mg</i>	2	
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL (360 EA per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; QL (10 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	
<i>hydromorphone oral liquid 1 mg/ml</i>	4	QL (2400 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	QL (180 EA per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	3	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	4	PA; QL (60 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	4	PA; QL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	4	PA; QL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	4	PA; QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	3	QL (900 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	3	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA; QL (120 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	4	PA; QL (120 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin oral tablet 600 mg</i>	4	
<i>oxycodone oral capsule 5 mg</i>	3	QL (360 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	3	QL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL (360 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	3	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	3	QL (240 EA per 30 days)
ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	4	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	QL (36 GM per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (360 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	2	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	2	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ANTIBACTERIALS		
<i>amikacin injection solution 500 mg/2 ml</i>	4	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	4	
<i>azithromycin intravenous recon soln 500 mg</i>	2	
<i>azithromycin oral packet 1 gram</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	4	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	4	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	QL (30 EA per 10 days)
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	5	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	4	QL (20 EA per 10 days)
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	4	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	
E.E.S. 400 ORAL TABLET 400 MG	4	
<i>ertapenem injection recon soln 1 gram</i>	4	QL (14 EA per 14 days)
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	4	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	4	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	4	
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	4	
<i>gentamicin topical cream 0.1 %</i>	2	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (60 GM per 30 days)
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	4	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	4	
<i>meropenem intravenous recon soln 1 gram</i>	4	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	QL (10 EA per 10 days)
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole topical cream 0.75 %</i>	4	
<i>metronidazole topical gel 0.75 %, 1 %</i>	4	
<i>metronidazole topical lotion 0.75 %</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>moxifloxacin oral tablet 400 mg</i>	4	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	4	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	
<i>nafcillin injection recon soln 10 gram</i>	5	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>paromomycin oral capsule 250 mg</i>	4	
<i>penicillin g potassium injection recon soln 20 million unit</i>	4	
<i>penicillin g sodium injection recon soln 5 million unit</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	4	
<i>streptomycin intramuscular recon soln 1 gram</i>	4	QL (60 EA per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	4	
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA; QL (224 ML per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	QL (80 EA per 10 days)
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	2	
XIFAXAN ORAL TABLET 200 MG	5	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
APTIOM ORAL TABLET 400 MG	4	QL (90 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PA; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	PA; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	5	PA; LA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
EPITOL ORAL TABLET 200 MG	2	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	3	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; QL (150 EA per 30 days)
<i>methsuximide oral capsule 300 mg</i>	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	PA
<i>rufinamide oral tablet 200 mg</i>	4	PA
<i>rufinamide oral tablet 400 mg</i>	5	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	5	PA; LA

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
VIGADRONE ORAL POWDER IN PACKET 500 MG	5	LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG	5	QL (120 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	5	QL (240 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	QL (28 EA per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; LA; QL (1080 ML per 30 days)
ANTIDEMENTIA AGENTS		
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	4	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	3	
<i>galantamine oral solution 4 mg/ml</i>	4	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	3	
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	4	PA
<i>memantine oral solution 2 mg/ml</i>	4	PA
<i>memantine oral tablet 10 mg, 5 mg</i>	2	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	4	
ANTIDEPRESSANTS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 ML per 56 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (1 EA per 28 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	5	QL (60 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin oral concentrate 10 mg/ml</i>	4	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	4	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	4	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (60 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (60 EA per 30 days)
<i>phenelzine oral tablet 15 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	4	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
VIIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	QL (30 EA per 180 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	4	B vs D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	4	B vs D
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
COMPRO RECTAL SUPPOSITORY 25 MG	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	B vs D
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	B vs D
<i>granisetron hcl oral tablet 1 mg</i>	4	B vs D
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	4	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	4	B vs D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B vs D
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B vs D
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	4	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	4	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B vs D

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>amphotericin b injection recon soln 50 mg</i>	4	B vs D
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	5	
<i>caspofungin intravenous recon soln 50 mg</i>	5	
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<i>ciclopirox topical cream 0.77 %</i>	2	QL (90 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (60 ML per 28 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i>	2	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	2	QL (30 ML per 28 days)
<i>econazole topical cream 1 %</i>	4	QL (85 GM per 28 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	4	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (120 ML per 28 days)
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	5	
<i>naftifine topical cream 1 %, 2 %</i>	4	QL (60 GM per 28 days)
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	2	QL (180 GM per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (30 GM per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	QL (180 GM per 30 days)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	2	QL (180 GM per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	PA
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	3	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	3	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1.5 ML per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	QL (8 ML per 28 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	4	QL (18 EA per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; QL (3 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	4	PA
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	4	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	2	QL (36 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	4	QL (8 ML per 28 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	4	QL (18 EA per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC AGENTS		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	4	
ANTIMYCOBACTERIALS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous recon soln 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; LA
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA; QL (30 EA per 180 days)
<i>anastrozole oral tablet 1 mg</i>	2	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; LA
<i>bexarotene oral capsule 75 mg</i>	5	PA
<i>bexarotene topical gel 1 %</i>	5	PA
<i>bicalutamide oral tablet 50 mg</i>	2	
BOSULIF ORAL TABLET 100 MG	5	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; LA; QL (180 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B vs D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	B vs D
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
EMCYT ORAL CAPSULE 140 MG	5	
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; QL (60 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (330 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (180 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	B vs D
<i>exemestane oral tablet 25 mg</i>	4	
EXKIVITY ORAL CAPSULE 40 MG	5	PA; LA; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; QL (120 EA per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (30 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	5	
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; QL (120 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; QL (60 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA ORAL TABLET 100 MG, 50 MG	5	PA; QL (60 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 EA per 30 days)
<i>lapatinib oral tablet 250 mg</i>	5	PA; QL (180 EA per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; LA; QL (28 EA per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA
<i>letrozole oral tablet 2.5 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	4	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	
LYTGOBI ORAL TABLET 4 MG, 4 MG (4X 4 MG TB), 4 MG (5X 4 MG TB)	5	PA; LA
MATULANE ORAL CAPSULE 50 MG	5	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; QL (1200 ML per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; LA; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	
MESNEX ORAL TABLET 400 MG	5	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	B vs D
NERLYNX ORAL TABLET 40 MG	5	PA; LA
<i>nilutamide oral tablet 150 mg</i>	5	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; QL (30 EA per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 EA per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 EA per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; LA; QL (14 EA per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA
PURIXAN ORAL SUSPENSION 20 MG/ML	5	
QINLOCK ORAL TABLET 50 MG	5	PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (120 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (28 EA per 28 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	
<i>sorafenib oral tablet 200 mg</i>	5	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (30 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	B vs D
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; QL (840 EA per 28 days)
TAGRISSEO ORAL TABLET 40 MG, 80 MG	5	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; LA
TEPMETKO ORAL TABLET 225 MG	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56 EA per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toremifene oral tablet 60 mg</i>	5	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 EA per 28 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	5	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; QL (60 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B vs D
XOSPATA ORAL TABLET 40 MG	5	PA; LA

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; LA; QL (90 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; QL (90 EA per 30 days)
ANTIPARASITICS		
<i>albendazole oral tablet 200 mg</i>	5	
<i>atovaquone oral suspension 750 mg/5 ml</i>	5	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	4	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	3	PA; QL (20 EA per 30 days)
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	
<i>pentamidine inhalation recon soln 300 mg</i>	4	B vs D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	4	
<i>praziquantel oral tablet 600 mg</i>	4	
<i>primaquine oral tablet 26.3 mg</i>	3	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA
<i>quinine sulfate oral capsule 324 mg</i>	4	PA

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	PA; LA; QL (90 ML per 30 days)
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; QL (90 ML per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tolcapone oral tablet 100 mg</i>	5	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	4	QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	QL (60 EA per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	QL (8 EA per 180 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	4	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	QL (0.5 ML per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	QL (2.63 ML per 90 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	4	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	QL (1 EA per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	4	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	4	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	QL (0.42 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	QL (0.56 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	QL (0.7 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	QL (0.14 ML per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	QL (0.21 ML per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	QL (7 EA per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 EA per 28 days)
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	4	
<i>abacavir oral tablet 300 mg</i>	3	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B vs D
<i>adefovir oral tablet 10 mg</i>	4	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	4	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	4	
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i>	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>fosamprenavir oral tablet 700 mg</i>	5	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	4	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	4	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	5	PA; QL (28 EA per 28 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
LIVTENCITY ORAL TABLET 200 MG	5	PA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; QL (168 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (84 EA per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	3	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	3	
PIFELTRO ORAL TABLET 100 MG	5	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	5	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	
<i>valacyclovir oral tablet 1 gram</i>	2	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	
<i>valganciclovir oral tablet 450 mg</i>	2	
VEMLIDY ORAL TABLET 25 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 10 mg/ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
ANXIOLYTICS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	PA; QL (120 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	PA; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	PA; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	PA; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	PA; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	4	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin oral concentrate 10 mg/ml</i>	4	
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	PA; QL (120 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	2	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	4	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	5	PA; QL (10 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
BIPOLAR AGENTS		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	4	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPITOL ORAL TABLET 200 MG	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>olanzapine intramuscular recon soln 10 mg</i>	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	5	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	QL (60 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	QL (30 EA per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	QL (7 EA per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 EA per 28 days)
BLOOD GLUCOSE REGULATORS		
<i>acarbose oral tablet 100 mg</i>	2	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	QL (180 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	3	PA; QL (4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; QL (1.2 ML per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam oral powder in packet 3.75 gram</i>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	4	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	3	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	Select Insulin
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	Select Insulin
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	3	Select Insulin

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	3	Select Insulin
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	3	Select Insulin
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	3	Select Insulin
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	3	Select Insulin
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	3	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	Select Insulin
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	Select Insulin
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>miglitol oral tablet 100 mg</i>	4	QL (90 EA per 30 days)
<i>miglitol oral tablet 25 mg</i>	4	QL (360 EA per 30 days)
<i>miglitol oral tablet 50 mg</i>	4	QL (180 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	Select Insulin
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	Select Insulin
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	Select Insulin
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	Select Insulin
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	Select Insulin
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	Select Insulin
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	Select Insulin
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	Select Insulin
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	Select Insulin
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	Select Insulin
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	Select Insulin

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 ML per 28 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	3	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	Select Insulin; QL (90 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	Select Insulin
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	Select Insulin
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	PA; QL (9 ML per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	4	
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	4	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	QL (28 ML per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	QL (22.4 ML per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	QL (16.8 ML per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	QL (11.2 ML per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	3	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	5	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA
CARDIOVASCULAR AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	3	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	QL (4 EA per 28 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
<i>colestipol oral packet 5 gram</i>	4	
<i>colestipol oral tablet 1 gram</i>	4	
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 EA per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	2	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	QL (60 EA per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	4	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; LA
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	5	PA
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	4	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
NITRO-BID TRANSDERMAL OINTMENT 2 %	4	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiamid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	
PACERONE ORAL TABLET 100 MG, 400 MG	4	
PACERONE ORAL TABLET 200 MG	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	3	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (6 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (6 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 6 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; QL (42 EA per 180 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; QL (1 EA per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	4	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	4	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; QL (120 EA per 180 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>fingolimod oral capsule 0.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; QL (7 EA per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; QL (12 EA per 180 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	4	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	4	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	4	
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; QL (1 ML per 28 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QL (6 ML per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; QL (4.2 ML per 180 days)
<i>riluzole oral tablet 50 mg</i>	4	PA
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; QL (30 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 EA per 30 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	5	PA; QL (120 EA per 30 days)
DENTAL AND ORAL AGENTS		
<i>cevimeline oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetate dental paste 0.1 %</i>	2	
DERMATOLOGICAL AGENTS		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>acyclovir topical ointment 5 %</i>	4	QL (30 GM per 30 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (6 ML per 28 days)
ALA-CORT TOPICAL CREAM 1 %	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
ALCOHOL PADS TOPICAL PADS, MEDICATED	3	
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid topical gel 15 %</i>	4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	3	QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	4	
<i>ciclopirox topical gel 0.77 %</i>	2	QL (100 GM per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	2	QL (120 ML per 28 days)
<i>ciclopirox topical solution 8 %</i>	2	QL (6.6 ML per 28 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>clindamycin phosphate topical gel 1 %</i>	2	QL (120 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	2	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	QL (120 ML per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	4	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	4	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	4	QL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	4	QL (118 ML per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	4	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	4	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	4	QL (120 GM per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-emollient topical foam 0.05 %</i>	4	QL (100 GM per 28 days)
CLODAN TOPICAL SHAMPOO 0.05 %	4	QL (236 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (45 GM per 28 days)
<i>desonide topical cream 0.05 %</i>	4	
<i>desonide topical gel 0.05 %</i>	4	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	4	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ERY PADS TOPICAL SWAB 2 %	3	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	4	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	4	
<i>fluocinolone topical ointment 0.025 %</i>	4	
<i>fluocinolone topical solution 0.01 %</i>	4	
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	2	QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	2	QL (120 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical cream 1 %</i>	2	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>ivermectin topical cream 1 %</i>	2	QL (60 GM per 30 days)
<i>malathion topical lotion 0.5 %</i>	4	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	2	QL (44 GM per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	3	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	3	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	5	PA
<i>permethrin topical cream 5 %</i>	3	
<i>pimecrolimus topical cream 1 %</i>	4	PA; QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	2	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
REGRANEX TOPICAL GEL 0.01 %	5	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (180 GM per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i>	2	
SSD TOPICAL CREAM 1 %	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	PA; QL (100 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	4	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.1 %</i>	1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	QL (360 EA per 30 days)
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA
CHEMET ORAL CAPSULE 100 MG	3	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B vs D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B vs D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B vs D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B vs D

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	4	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	4	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	
<i>electrolyte-148 intravenous parenteral solution</i>	4	
INTRALIPID INTRAVENOUS EMULSION 20 %	4	B vs D
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	2	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	2	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
<i>lanthanum oral tablet,chewable 1,000 mg</i>	5	QL (135 EA per 30 days)
<i>lanthanum oral tablet,chewable 500 mg</i>	5	QL (270 EA per 30 days)
<i>lanthanum oral tablet,chewable 750 mg</i>	5	QL (180 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	4	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	4	
<i>penicillamine oral tablet 250 mg</i>	5	PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B vs D
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	QL (180 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	4	QL (270 EA per 30 days)
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	4	
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	4	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	4	
<i>sodium chloride irrigation solution 0.9 %</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	2	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	2	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B vs D
<i>trientine oral capsule 250 mg</i>	5	PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B vs D
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	
GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	5	PA
CHENODAL ORAL TABLET 250 MG	5	PA; LA

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
<i>dicyclomine oral capsule 10 mg</i>	2	
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	3	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	3	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	2	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	4	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	2	
<i>lactulose oral solution 10 gram/15 ml</i>	2	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	3	QL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>loperamide oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (60 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; LA
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	2	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	2	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	4	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	2	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; QL (12 ML per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	
<i>sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	2	
<i>sucralfate oral suspension 100 mg/ml</i>	4	
<i>sucralfate oral tablet 1 gram</i>	2	
<i>ursodiol oral capsule 300 mg</i>	3	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
XERMELO ORAL TABLET 250 MG	5	PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	5	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine oral powder 1 gram/scoop</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 EA per 30 days)
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	3	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	5	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
<i>miglustat oral capsule 100 mg</i>	5	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B vs D
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	5	PA

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	QL (60 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	3	
<i>finasteride oral tablet 5 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	4	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>penicillamine oral tablet 250 mg</i>	5	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>tiopronin oral tablet 100 mg</i>	5	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	3	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	3	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	5	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B vs D
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	3	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i>	4	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
TRIDERM TOPICAL CREAM 0.5 %	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>misoprostol oral tablet 200 mcg</i>	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	2	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
APRI ORAL TABLET 0.15-0.03 MG	2	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	4	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	4	
CAMILA ORAL TABLET 0.35 MG	2	
CAMRESE LO ORAL TABLETS, DOSE PACK, 3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	4	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-0.03 MG	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
DEBLITANE ORAL TABLET 0.35 MG	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	4	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	4	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	4	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	
ENSKYCE ORAL TABLET 0.15-0.03 MG	2	
ERRIN ORAL TABLET 0.35 MG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	4	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	4	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	4	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	4	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
INCASSIA ORAL TABLET 0.35 MG	2	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	4	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	2	
JASMIEL (28) ORAL TABLET 3-0.02 MG	4	
JINTELI ORAL TABLET 1-5 MG-MCG	4	
JULEBER ORAL TABLET 0.15-0.03 MG	2	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	4	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	4	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	4	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	4	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	4	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	4	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	4	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	2	
KURVELO (28) ORAL TABLET 0.15-0.03 MG	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	4	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	2	
LORYNA (28) ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	2	
LYLEQ ORAL TABLET 0.35 MG	2	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	QL (8 EA per 28 days)
LYZA ORAL TABLET 0.35 MG	2	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	4	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	3	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	2	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	2	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
MILI ORAL TABLET 0.25-35 MG-MCG	2	
NIKKI (28) ORAL TABLET 3-0.02 MG	4	
NORA-BE ORAL TABLET 0.35 MG	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	2	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
OSPHENA ORAL TABLET 60 MG	4	
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	4	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	4	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>raloxifene oral tablet 60 mg</i>	2	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	2	
SHAROBEL ORAL TABLET 0.35 MG	2	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	4	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	4	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	4	PA; QL (180 ML per 30 days)
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	4	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	4	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	2	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	2	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	4	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	4	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	2	
VESTURA (28) ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	4	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	4	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	4	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	
YUVAFEM VAGINAL TABLET 10 MCG	2	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	4	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	2	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine oral capsule 5 mg</i>	4	
<i>bromocriptine oral tablet 2.5 mg</i>	4	
<i>cabergoline oral tablet 0.5 mg</i>	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	B vs D
<i>leuprolide (3 month) intramuscular suspension for reconstitution 22.5 mg</i>	5	PA
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	B vs D
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	B vs D
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 Part D Adult Vaccine
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	\$0 Part D Adult Vaccine
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL (6 EA per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	5	PA; QL (0.4 ML per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	5	PA; QL (2 EA per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (6 EA per 28 days)
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	\$0 Part D Adult Vaccine

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine oral tablet 50 mg</i>	2	B vs D
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	3	\$0 Part D Adult Vaccine
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; LA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 Part D Adult Vaccine
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	\$0 Part D Adult Vaccine
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	B vs D
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	B vs D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; QL (8 ML per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; QL (8 ML per 28 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	B vs D; \$0 Part D Adult Vaccine
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	B vs D; \$0 Part D Adult Vaccine
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	B vs D; \$0 Part D Adult Vaccine
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; QL (330 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; QL (180 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	B vs D
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	\$0 Part D Adult Vaccine (ages 19-45)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	\$0 Part D Adult Vaccine (ages 19-45)
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	B vs D
GENGRAF ORAL SOLUTION 100 MG/ML	4	B vs D
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	\$0 Part D Adult Vaccine
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	B vs D; \$0 Part D Adult Vaccine
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 EA per 180 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 EA per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	\$0 Part D Adult Vaccine
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	\$0 Part D Adult Vaccine
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	\$0 Part D Adult Vaccine

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL (30 EA per 30 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	B vs D
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	\$0 Part D Adult Vaccine
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B vs D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	B vs D
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B vs D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	3	B vs D
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; QL (2.8 ML per 28 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL (55 EA per 180 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; QL (4 ML per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; QL (2 ML per 28 days)
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	B vs D; \$0 Part D Adult Vaccine
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	\$0 Part D Adult Vaccine
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B vs D
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	\$0 Part D Adult Vaccine
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	B vs D; \$0 Part D Adult Vaccine
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	B vs D; \$0 Part D Adult Vaccine
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
RIDAURA ORAL CAPSULE 3 MG	5	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; QL (84 EA per 180 days)
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	B vs D
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	\$0 Part D Adult Vaccine
<i>sirolimus oral solution 1 mg/ml</i>	5	B vs D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	B vs D
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; QL (1 ML per 28 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B vs D
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; QL (1 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; QL (1 ML per 28 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	\$0 Part D Adult Vaccine
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	\$0 Part D Adult Vaccine
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	\$0 Part D Adult Vaccine
<i>tetanus,diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	3	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	\$0 Part D Adult Vaccine
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	\$0 Part D Adult Vaccine
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	\$0 Part D Adult Vaccine
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	\$0 Part D Adult Vaccine
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	\$0 Part D Adult Vaccine
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B vs D
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; LA; QL (1 ML per 28 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	3	\$0 Part D Adult Vaccine
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide oral capsule 750 mg</i>	4	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	3	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	5	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	5	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	3	
<i>mesalamine oral capsule, extended release 500 mg</i>	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	3	
<i>mesalamine rectal enema 4 gram/60 ml</i>	4	
<i>mesalamine rectal suppository 1,000 mg</i>	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B vs D
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	4	
<i>prednisolone oral solution 15 mg/5 ml</i>	3	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i>	4	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	4	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral solution 70 mg/75 ml</i>	4	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	4	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	4	PA
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	4	QL (4 EA per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	5	PA; QL (2.48 ML per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B vs D
NON-FRF		
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	Part B Covered	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Part B Covered	
DENTA 5000 PLUS DENTAL CREAM 1.1 %	2	
DENTAGEL DENTAL GEL 1.1 %	2	
DEXCOM G6 RECEIVER	Part B Covered	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Part B Covered	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Part B Covered	PA; QL (1 EA per 90 days)
DEXCOM G7 RECEIVER	Part B Covered	PA; QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	Part B Covered	PA; QL (3 EA per 30 days)
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	Part B Covered	
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Part B Covered	
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	Part B Covered	
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	Part B Covered	
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Part B Covered	PA; QL (2 EA per 28 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2 READER	Part B Covered	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR KIT	Part B Covered	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	Part B Covered	PA; QL (2 EA per 28 days)
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	4	
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	Part B Covered	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	Part B Covered	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	4	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	PA; QL (15 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	Part B Covered	
ONETOUCH ULTRA2 METER	Part B Covered	
ONETOUCH ULTRA2 METER KIT	Part B Covered	
ONETOUCH ULTRAMINI KIT	Part B Covered	
ONETOUCH VERIO FLEX METER	Part B Covered	
ONETOUCH VERIO FLEX START KIT	Part B Covered	
ONETOUCH VERIO IQ METER	Part B Covered	
ONETOUCH VERIO IQ METER KIT	Part B Covered	
ONETOUCH VERIO METER	Part B Covered	
ONETOUCH VERIO REFLECT METER	Part B Covered	
ONETOUCH VERIO REFLECT START KIT	Part B Covered	
ONETOUCH VERIO TEST STRIPS STRIP	Part B Covered	
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Part B Covered	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	Part B Covered	
SF 5000 PLUS DENTAL CREAM 1.1 %	2	
SF DENTAL GEL 1.1 %	2	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	Part B Covered	
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Part B Covered	
OPHTHALMIC AGENTS		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	4	
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	5	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	3	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	4	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	QL (3.5 GM per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	4	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	QL (70 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	2	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	QL (10 ML per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	QL (10 ML per 14 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	5	PA; QL (120 EA per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
OTIC AGENTS		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	4	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	4	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
RESPIRATORY TRACT/ PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	B vs D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	2	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B vs D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
ALYQ ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	B vs D
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL (1 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	QL (2 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 GM per 30 days)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (60 ML per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B vs D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B vs D; QL (60 ML per 30 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; LA; QL (84 ML per 56 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	5	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	4	

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	QL (26 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; QL (8 ML per 28 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	Mylan and Teva Manufacturers; QL (2 EA per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	4	ST; QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	4	ST; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	4	ST; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	2	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	B vs D
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B vs D
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	QL (30 ML per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B vs D

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	4	B vs D
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	4	
<i>levocetirizine oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 EA per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	4	QL (30.5 GM per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	5	PA; QL (112 EA per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (90 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	4	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	B vs D
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 GM per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 GM per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	PA; QL (30 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (90 EA per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (21 GM per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	3	QL (2 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; QL (280 ML per 28 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA; QL (224 ML per 28 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; QL (84 EA per 28 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (36 GM per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Drug Name	Drug Tier	Requirements/Limits
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	QL (60 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 500 mg</i>	4	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	
SLEEP DISORDER AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	3	QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; LA; QL (540 ML per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; LA; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	4	QL (30 EA per 30 days)

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

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

Formulary ID: 00023531, Version 25

Effective: December 1, 2023

Index

<i>abacavir</i>	35	<i>amiloride</i>	48	<i>atorvastatin</i>	49
<i>abacavir-lamivudine</i>	35	<i>amiloride-</i>		<i>atovaquone</i>	29
ABELCET.....	18	<i>hydrochlorothiazide</i>	48	<i>atovaquone-proguanil</i>	29
ABILIFY ASIMTUFII.14, 15, 31		<i>amiodarone</i>	48	<i>atropine</i>	91
ABILIFY MAINTENA.....	15, 31	<i>amitriptyline</i>	15	ATROVENT HFA.....	95
<i>abiraterone</i>	22	AMJEVITA(CF).....	79	AUBRA EQ.....	71
ABRYSVO.....	79	AMJEVITA(CF)		AUSTEDO.....	56
<i>acamprosate</i>	3	AUTOINJECTOR.....	79	AUSTEDO XR.....	56
<i>acarbose</i>	42	<i>amlodipine</i>	49	AUSTEDO XR TITRATION	
ACCUTANE.....	58	<i>amlodipine-atorvastatin</i>	49	KT(WK1-4).....	56
<i>acebutolol</i>	48	<i>amlodipine-benazepril</i>	49	AUVELITY.....	15
<i>acetaminophen-codeine</i>	1	<i>amlodipine-olmesartan</i>	49	AVIANE.....	71
<i>acetazolamide</i>	48, 91	<i>amlodipine-valsartan</i>	49	AVONEX.....	56
<i>acetic acid</i>	94	<i>amlodipine-valsartan-</i>		AYVAKIT.....	22
<i>acetylcysteine</i>	94	<i>hcthiamid</i>	49	<i>azathioprine</i>	80
<i>acitretin</i>	58	<i>ammonium lactate</i>	58	<i>azelaic acid</i>	59
ACTHIB (PF).....	79	AMNESTEEM.....	58	<i>azelastine</i>	91, 95
ACTIMMUNE.....	79	<i>amoxapine</i>	15	<i>azithromycin</i>	5
<i>acyclovir</i>	35, 58	<i>amoxicillin</i>	4	<i>aztreonam</i>	5
<i>acyclovir sodium</i>	35	<i>amoxicillin-pot clavulanate</i> 4, 5		<i>bacitracin</i>	91
ADACEL(TDAP		<i>amphotericin b</i>	19	<i>bacitracin-polymyxin b</i>	91
ADOLESN/ADULT)(PF).....	79	<i>amphotericin b liposome</i>	19	<i>baclofen</i>	35
ADBRY.....	58	<i>ampicillin</i>	5	<i>balsalazide</i>	86
<i>adefovir</i>	35	<i>ampicillin sodium</i>	5	BALVERSA.....	22
ADEMPAS.....	94	<i>ampicillin-sulbactam</i>	5	BARACLUDGE.....	35
ADVAIR HFA.....	94	<i>anagrelide</i>	47	<i>bcg vaccine, live (pf)</i>	80
AFLURIA QD 2023-24(3YR		<i>anastrozole</i>	22	BELBUCA.....	1
UP)(PF).....	88	ANORO ELLIPTA.....	95	BELSOMRA.....	99
AFLURIA QUAD 2023-		APOKYN.....	30	<i>benazepril</i>	49
2024(6MO UP).....	88	<i>apomorphine</i>	30	<i>benazepril-</i>	
AIMOVIG AUTOINJECTOR...	20	<i>apraclonidine</i>	91	<i>hydrochlorothiazide</i>	49
AJOVY AUTOINJECTOR.....	20	<i>aprepitant</i>	18	BENLYSTA.....	80
AJOVY SYRINGE.....	20	APRI.....	71	<i>benznidazole</i>	29
ALA-CORT.....	58	APTIOM.....	10	<i>benztropine</i>	30
<i>albendazole</i>	29	APTIVUS.....	35	BESREMI.....	80
<i>albuterol sulfate</i>	94	ARANELLE (28).....	71	<i>betaine</i>	68
<i>alclometasone</i>	58	ARCALYST.....	79	<i>betamethasone</i>	
ALCOHOL PADS.....	58	AREXVY (PF).....	79	<i>dipropionate</i>	59, 70
ALECENSA.....	22	<i>arformoterol</i>	95	<i>betamethasone valerate</i>	59
<i>alendronate</i>	88	<i>aripiprazole</i>	15, 31	<i>betamethasone,</i>	
<i>alfuzosin</i>	69	ARISTADA.....	31	<i>augmented</i>	59, 70
<i>aliskiren</i>	48	ARISTADA INITIO.....	31	<i>betaxolol</i>	49, 91
<i>allopurinol</i>	20	<i>armodafinil</i>	99	<i>bethanechol chloride</i>	69
<i>alosetron</i>	65	<i>asenapine maleate</i>	31, 40	<i>bexarotene</i>	22
ALPHAGAN P.....	91	ASMANEX HFA.....	95	BEXSERO.....	80
<i>alprazolam</i>	39	ASMANEX TWISTHALER.....	95	<i>bicalutamide</i>	22
ALTAVERA (28).....	71	<i>aspirin-dipyridamole</i>	47	BICILLIN C-R.....	5
ALUNBRIG.....	22	ASSURE ID INSULIN		BICILLIN L-A.....	5
ALYACEN 1/35 (28).....	71	SAFETY.....	42	BIKTARVY.....	36
ALYQ.....	95	<i>atazanavir</i>	35	<i>bimatoprost</i>	91
<i>amantadine hcl</i>	30, 35	<i>atenolol</i>	49	<i>bisoprolol fumarate</i>	49
<i>ambrisentan</i>	95	<i>atenolol-chlorthalidone</i>	49	<i>bisoprolol-</i>	
<i>amikacin</i>	4	<i>atomoxetine</i>	56	<i>hydrochlorothiazide</i>	49

BLISOVI 24 FE.....	71	<i>carvedilol</i>	50	CLINIMIX 5%/D15W	
BLISOVI FE 1.5/30 (28).....	71	<i>caspofungin</i>	19	SULFITE FREE.....	62
BOOSTRIX TDAP.....	80	CAYSTON.....	95	CLINIMIX 4.25%/D10W	
<i>bosentan</i>	95	<i>cefaclor</i>	5	SULF FREE.....	62
BOSULIF.....	22	<i>cefadroxil</i>	5	CLINIMIX 4.25%/D5W	
BRAFTOVI.....	22	<i>cefazolin</i>	5	SULFIT FREE.....	62
BREO ELLIPTA.....	95	<i>cefdinir</i>	5	CLINIMIX 5%-	
BREZTRI AEROSPHERE.....	95	<i>cefepime</i>	5	D20W(SULFITE-FREE).....	62
BRILINTA.....	47	<i>cefixime</i>	5, 6	<i>clobazam</i>	11
<i>brimonidine</i>	91	<i>cefotetan</i>	6	<i>clobetasol</i>	59
<i>brimonidine-timolol</i>	91	<i>cefoxitin</i>	6	<i>clobetasol-emollient</i>	59, 60
BRIVIACT.....	10	<i>cefpodoxime</i>	6	CLODAN.....	60
<i>bromocriptine</i>	30, 78	<i>cefprozil</i>	6	<i>clomipramine</i>	15
BRUKINSA.....	23	<i>ceftazidime</i>	6	<i>clonazepam</i>	11, 39
<i>budesonide</i>	70, 86, 95	<i>ceftriaxone</i>	6	<i>clonidine</i>	50
<i>bumetanide</i>	49	<i>cefuroxime axetil</i>	6	<i>clonidine hcl</i>	50, 56
<i>buprenorphine</i>	1	<i>cefuroxime sodium</i>	6	<i>clopidogrel</i>	47
<i>buprenorphine hcl</i>	1, 3	<i>celecoxib</i>	1	<i>clorazepate dipotassium</i>	11, 39
<i>buprenorphine-naloxone</i>	3, 4	CELONTIN.....	11	<i>clotrimazole</i>	19
<i>bupropion hcl</i>	15	<i>cephalexin</i>	6	<i>clotrimazole-</i>	
<i>bupropion hcl (smoking</i>		CERDELGA.....	68	<i>betamethasone</i>	60
<i>deter</i>).....	4	<i>cetirizine</i>	95	<i>clozapine</i>	32
<i>buspirone</i>	39	<i>cevimeline</i>	58	COARTEM.....	29
<i>butorphanol</i>	1	CHEMET.....	62	<i>colchicine</i>	20
BYDUREON BCISE.....	42	CHENODAL.....	65	<i>colesevelam</i>	43, 50
BYETTA.....	42	<i>chlorhexidine gluconate</i>	58	<i>colestipol</i>	50
<i>cabergoline</i>	78	<i>chloroquine phosphate</i>	29	<i>colistin (colistimethate na)</i>	7
CABLIVI.....	47	<i>chlorpromazine</i>	18, 31, 32	COMBIVENT RESPIMAT.....	95
CABOMETYX.....	23	<i>chlorthalidone</i>	50	COMETRIQ.....	23
<i>calcipotriene</i>	59	<i>chlorzoxazone</i>	99	COMIRNATY 2023-24 (12Y	
<i>calcitonin (salmon)</i>	88	CHOLBAM.....	68	UP)(PF).....	88, 89
<i>calcitriol</i>	59, 88	<i>cholestyramine (with</i>		COMPLERA.....	36
<i>calcium acetate(phosphat</i>		<i>sugar)</i>	50	COMPRO.....	18
<i>bind</i>).....	62	CHOLESTYRAMINE LIGHT... 50		CONSTULOSE.....	66
CALQUENCE.....	23	<i>ciclopirox</i>	19, 59	COPIKTRA.....	23
CALQUENCE		<i>cilostazol</i>	47	CORLANOR.....	50
(ACALABRUTINIB MAL).....	23	CIMDUO.....	36	COTELLIC.....	23
CAMILA.....	71	<i>cimetidine</i>	66	CREON.....	68
CAMRESE LO.....	71	<i>cinacalcet</i>	88	<i>cromolyn</i>	68, 91, 95
CAMZYOS.....	49	CINRYZE.....	80	CRYSSELLE (28).....	71
<i>candesartan</i>	49	CIPRO.....	6	<i>cyclobenzaprine</i>	99
<i>candesartan-</i>		<i>ciprofloxacin hcl</i>	6, 91, 94	<i>cyclophosphamide</i>	23
<i>hydrochlorothiazid</i>	49	<i>ciprofloxacin in 5 %</i>		CYCLOSET.....	43
CAPLYTA.....	31	<i>dextrose</i>	6	<i>cyclosporine</i>	80
CAPRELSA.....	23	<i>ciprofloxacin-</i>		<i>cyclosporine modified</i>	80
<i>captopril</i>	49	<i>dexamethasone</i>	94	CYRED EQ.....	71
<i>carbamazepine</i>	10, 11, 40, 41	<i>citalopram</i>	15	CYSTAGON.....	68
<i>carbidopa</i>	30	CLARAVIS.....	59	CYSTARAN.....	91
<i>carbidopa-levodopa</i>	30	<i>clarithromycin</i>	6	<i>d10 %-0.45 % sodium</i>	
<i>carbidopa-levodopa-</i>		<i>clindamycin hcl</i>	7	<i>chloride</i>	63
<i>entacapone</i>	30	<i>clindamycin in 5 %</i>		<i>d2.5 %-0.45 % sodium</i>	
<i>carglumic acid</i>	62	<i>dextrose</i>	7	<i>chloride</i>	63
<i>carteolol</i>	91	CLINDAMYCIN PEDIATRIC... 7		<i>d5 % and 0.9 % sodium</i>	
CARTIA XT.....	50	<i>clindamycin phosphate</i> ... 7, 59		<i>chloride</i>	63

<i>d5 %-0.45 % sodium chloride</i>	63	<i>diflunisal</i>	1	ELURYNG.....	72
<i>dalfampridine</i>	56	<i>digoxin</i>	50	EMCYT.....	23
<i>danazol</i>	71	<i>dihydroergotamine</i>	20	EMEND.....	18
<i>dantrolene</i>	35	DILANTIN.....	11	EMGALITY PEN.....	21
<i>dapsone</i>	22	<i>diltiazem hcl</i>	50	EMGALITY SYRINGE.....	21
DAPTACEL (DTAP PEDIATRIC) (PF).....	80	DILT-XR.....	50	EMSAM.....	16
<i>daptomycin</i>	7	<i>dimethyl fumarate</i>	56, 57	<i>emtricitabine</i>	36
<i>darunavir ethanolate</i>	36	DIPENTUM.....	87	<i>emtricitabine-tenofovir (tdf)</i>	36
DAURISMO.....	23	<i>diphenoxylate-atropine</i>	66	EMTRIVA.....	36
DEBLITANE.....	71	<i>dipyridamole</i>	47	<i>enalapril maleate</i>	51
<i>deferasirox</i>	63	<i>disulfiram</i>	4	<i>enalapril-hydrochlorothiazide</i>	51
<i>deferiprone</i>	63	<i>divalproex</i>	11, 20, 41	ENBREL.....	80
DELSTRIGO.....	36	<i>dofetilide</i>	50	ENBREL MINI.....	80
<i>demeclocycline</i>	7	<i>donepezil</i>	14	ENBREL SURECLICK.....	81
DENTA 5000 PLUS.....	89	<i>dorzolamide</i>	92	ENDOCET.....	1
DENTAGEL.....	89	<i>dorzolamide-timolol</i>	92	ENGERIX-B (PF).....	81
DESCOVY.....	36	<i>dorzolamide-timolol (pf)</i>	92	ENGERIX-B PEDIATRIC (PF).....	81
<i>desipramine</i>	15	DOTTI.....	72	<i>enoxaparin</i>	47
<i>desmopressin</i>	70	DOVATO.....	36	ENPRESSE.....	72
<i>desog-</i>		<i>doxazosin</i>	50, 51, 69	ENSKYCE.....	72
<i>e.estradiol/e.estradiol</i>	71	<i>doxepin</i>	15, 39, 99	<i>entacapone</i>	30
<i>desogestrel-ethinyl estradiol</i>	71	<i>doxercalciferol</i>	88	<i>entecavir</i>	36
<i>desonide</i>	60	DOXY-100.....	7	ENTRESTO.....	51
<i>desvenlafaxine succinate</i>	15	<i>doxycycline hyclate</i>	7	ENULOSE.....	66
<i>dexamethasone</i>	70, 87	<i>doxycycline monohydrate</i>	7	EPIDIOLEX.....	11
<i>dexamethasone sodium phosphate</i>	91	<i>dronabinol</i>	18	<i>epinastine</i>	92
DEXCOM G6 RECEIVER.....	89	<i>drospirenone-ethinyl estradiol</i>	72	<i>epinephrine</i>	96
DEXCOM G6 SENSOR.....	89	DROXIA.....	23, 47	EPITOL.....	11, 41
DEXCOM G6 TRANSMITTER.....	89	<i>droxidopa</i>	51	<i>eplerenone</i>	51
DEXCOM G7 RECEIVER.....	89	DULERA.....	96	EPRONTIA.....	11, 21
DEXCOM G7 SENSOR.....	89	<i>duloxetine</i>	16, 39, 57	<i>ergotamine-caffeine</i>	21
<i>dextroamphetamine-amphetamine</i>	56	DUPIXENT PEN.....	60, 80, 96	ERIVEDGE.....	23
<i>dextrose 10 % and 0.2 % nacl</i>	63	DUPIXENT SYRINGE.....	60, 80, 96	ERLEADA.....	23
<i>dextrose 10 % in water (d10w)</i>	63	<i>dutasteride</i>	69	<i>erlotinib</i>	23
<i>dextrose 5 % in water (d5w)</i>	63	<i>dutasteride-tamsulosin</i>	69	ERRIN.....	72
<i>dextrose 5%-0.2 % sod chloride</i>	63	E.E.S. 400.....	7	<i>ertapenem</i>	7
DIACOMIT.....	11	<i>econazole</i>	19	ERY PADS.....	60
<i>diazepam</i>	11, 39	EDURANT.....	36	ERY-TAB.....	7
DIAZEPAM INTENSOL... ..	11, 39	<i>efavirenz</i>	36	ERYTHROCIN (AS STEARATE).....	7
<i>diazoxide</i>	43	<i>efavirenz-emtricitabin-tenofov</i>	36	<i>erythromycin</i>	8, 92
<i>diclofenac potassium</i>	1	<i>efavirenz-lamivu-tenofov disop</i>	36	<i>erythromycin ethylsuccinate</i>	8
<i>diclofenac sodium</i>	1, 92	<i>electrolyte-148</i>	63	<i>erythromycin with ethanol</i> ..	60
<i>dicloxacillin</i>	7	<i>eletriptan</i>	20	<i>escitalopram oxalate</i>	16, 39, 40
<i>dicyclomine</i>	66	ELIGARD.....	78	<i>esomeprazole magnesium</i> ..	66
DIFICID.....	7	ELIGARD (3 MONTH).....	78	ESTARYLLA.....	72
		ELIGARD (4 MONTH).....	78	<i>estradiol</i>	72
		ELIGARD (6 MONTH).....	78	<i>estradiol valerate</i>	72
		ELIQUIS.....	47		
		ELIQUIS DVT-PE TREAT 30D START.....	47		
		ELMIRON.....	69		

<i>estradiol-norethindrone</i>	FLUCELVAX QUAD 2023-	FYAVOLV.....	72
<i>acet</i>	2024 (PF).....	FYCOMPA.....	12
ESTRING.....	<i>fluconazole</i>	<i>gabapentin</i>	12
<i>eszopiclone</i>	<i>fluconazole in nacl (iso-</i>	<i>galantamine</i>	14
<i>ethacrynic acid</i>	<i>osm)</i>	GAMMAKED.....	81
<i>ethambutol</i>	<i>flucytosine</i>	GAMUNEX-C.....	81
<i>ethosuximide</i>	<i>fludrocortisone</i>	GARDASIL 9 (PF).....	81
<i>ethynodiol diac-eth</i>	FLULAVAL QUAD 2023-	<i>gatifloxacin</i>	92
<i>estradiol</i>	2024 (PF).....	GATTEX 30-VIAL.....	66
<i>etodolac</i>	FLUMIST QUAD 2023-2024.	GAUZE PAD.....	43
<i>etonogestrel-ethinyl</i>	<i>flunisolide</i>	GAVILYTE-C.....	66
<i>estradiol</i>	<i>fluocinolone</i>	GAVILYTE-G.....	66
<i>etravirine</i>	<i>fluocinolone acetonide oil...</i>	GAVRETO.....	24
EUTHYROX.....	<i>fluocinolone and shower</i>	<i>gefitinib</i>	24
<i>everolimus (antineoplastic)</i>	<i>cap</i>	<i>gemfibrozil</i>	51
.....	<i>fluocinonide</i>	GENERLAC.....	66
<i>everolimus</i>	<i>fluocinonide-emollient</i>	GENGRAF.....	81
<i>(immunosuppressive)</i> ...	<i>fluorometholone</i>	<i>gentamicin</i>	8, 92
EVOTAZ.....	<i>fluorouracil</i>	<i>gentamicin in nacl (iso-</i>	
<i>exemestane</i>	<i>fluoxetine</i>	<i>osm)</i>	8
EXKIVITY.....	<i>fluphenazine decanoate</i>	GENVOYA.....	36
<i>ezetimibe</i>	<i>fluphenazine hcl</i>	GILOTRIF.....	24
<i>ezetimibe-simvastatin</i>	<i>flurbiprofen</i>	<i>glatiramer</i>	57
FALMINA (28).....	<i>flurbiprofen sodium</i>	GLATOPA.....	57
<i>famciclovir</i>	<i>fluticasone propionate</i>	GLEOSTINE.....	24
<i>famotidine</i>	<i>fluticasone propion-</i>	<i>glimepiride</i>	43
FANAPT.....	<i>salmeterol</i>	<i>glipizide</i>	43
<i>febuxostat</i>	<i>fluvastatin</i>	<i>glipizide-metformin</i>	43
<i>felbamate</i>	<i>fluvoxamine</i>	GLUCAGON EMERGENCY	
<i>felodipine</i>	FLUZONE HIGHDOSE QUAD	KIT (HUMAN).....	43
<i>fenofibrate</i>	23-24 PF.....	<i>glycopyrrolate</i>	66
<i>fenofibrate micronized</i>	FLUZONE QUAD 2023-2024	GLYXAMBI.....	43
<i>fenofibrate nanocrystallized</i>	FLUZONE QUAD 2023-2024	GOLYTELY.....	66
<i>fenofibric acid (choline)</i>	(PF).....	<i>granisetron hcl</i>	18
<i>fentanyl</i>	<i>fondaparinux</i>	<i>griseofulvin microsize</i>	19
<i>fentanyl citrate</i>	<i>formoterol fumarate</i>	<i>griseofulvin ultramicrosize</i> ..	19
FETZIMA.....	<i>fosamprenavir</i>	<i>guanfacine</i>	51
<i>finasteride</i>	<i>fosfomycin tromethamine</i>	GVOKE.....	43
<i> fingolimod</i>	<i>fosinopril</i>	GVOKE HYPOPEN 2-PACK...	43
FINTEPLA.....	<i>fosinopril-</i>	GVOKE PFS 1-PACK	
FIRMAGON KIT W DILUENT	<i>hydrochlorothiazide</i>	SYRINGE.....	43
SYRINGE.....	FOTIVDA.....	HAILEY 24 FE.....	72
FLAC OTIC OIL.....	FREESTYLE LIBRE 14 DAY	<i>halobetasol propionate</i>	60
<i>flavoxate</i>	READER.....	<i>haloperidol</i>	32
<i>flecainide</i>	FREESTYLE LIBRE 14 DAY	<i>haloperidol decanoate</i>	32
FLUAD QUAD 2023-24(65Y	SENSOR.....	<i>haloperidol lactate</i>	32
UP)(PF).....	FREESTYLE LIBRE 2	HAVRIX (PF).....	81
FLUARIX QUAD 2023-2024	READER.....	<i>heparin (porcine)</i>	47
(PF).....	FREESTYLE LIBRE 2	HEPLISAV-B (PF).....	81
FLUBLOK QUAD 2023-2024	SENSOR.....	HIBERIX (PF).....	81
(PF).....	FREESTYLE LIBRE 3	HUMIRA.....	82
FLUCELVAX QUAD 2023-	SENSOR.....	HUMIRA PEN.....	82
2024.....	<i>furosemide</i>	HUMIRA PEN CROHNS-UC-	
	FUZEON.....	HS START.....	81

HUMIRA PEN PSOR- UVEITS-ADOL HS.....	82	INPEN (NOVOLOG OR FIASP) PINK.....	90	JUNEL FE 24.....	73
HUMIRA(CF).....	82	INQOVI.....	24	JUXTAPID.....	52
HUMIRA(CF) PEDI CROHNS STARTER.....	82	INREBIC.....	24	JYNNEOS (PF)(STOCKPILE).....	82
HUMIRA(CF) PEN.....	82	<i>insulin asp prt-insulin aspart</i>	43, 44	KAITLIB FE.....	73
HUMIRA(CF) PEN CROHNS- UC-HS.....	82	<i>insulin aspart u-100</i>	44	KALYDECO.....	97
HUMIRA(CF) PEN PEDIATRIC UC.....	82	<i>insulin syringe-needle u- 100</i>	44	KARIVA (28).....	73
HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	82	INTELENCE.....	36	KELNOR 1/35 (28).....	73
HUMULIN R U-500 (CONC) INSULIN.....	43	INTRALIPID.....	63	KELNOR 1-50 (28).....	73
HUMULIN R U-500 (CONC) KWIKPEN.....	43	INTROVALE.....	73	KERENDIA.....	52
<i>hydralazine</i>	51	INVEGA HAFYERA.....	32	KESIMPTA PEN.....	57
<i>hydrochlorothiazide</i>	52	INVEGA SUSTENNA.....	32	<i>ketoconazole</i>	19
<i>hydrocodone- acetaminophen</i>	2	INVEGA TRINZA.....	33	<i>ketorolac</i>	92
<i>hydrocortisone</i>	61, 70, 87	INVOKAMET.....	44	KINRIX (PF).....	83
<i>hydrocortisone-acetic acid</i> ..	94	INVOKAMET XR.....	44	KISQALI.....	25
<i>hydromorphone</i>	2	INVOKANA.....	44	KISQALI FEMARA CO-PACK.....	25
<i>hydromorphone (pf)</i>	2	IPOL.....	82	KLOR-CON.....	63
<i>hydroxychloroquine</i>	29	<i>ipratropium bromide</i>	96	KLOR-CON 10.....	63
<i>hydroxyurea</i>	24	<i>ipratropium-albuterol</i>	96	KLOR-CON 8.....	63
<i>hydroxyzine hcl</i>	40, 96	<i>irbesartan</i>	52	KLOR-CON M10.....	63
<i>ibandronate</i>	88	<i>irbesartan- hydrochlorothiazide</i>	52	KLOR-CON M15.....	63
IBRANCE.....	24	ISENTRESS.....	36, 37	KLOR-CON M20.....	63
IBU.....	2	ISENTRESS HD.....	36	KLOXXADO.....	4
<i>ibuprofen</i>	2	ISIBLOOM.....	73	KORLYM.....	44
<i>icatibant</i>	82	ISOLYTE-P IN 5 % DEXTROSE.....	63	KOSELUGO.....	25
ICLUSIG.....	24	<i>isoniazid</i>	22	KRAZATI.....	25
<i>icosapent ethyl</i>	52	<i>isosorbide dinitrate</i>	52	KURVELO (28).....	73
IDHIFA.....	24	<i>isosorbide mononitrate</i>	52	<i>l norgest/e.estradiol- e.estrad</i>	73
<i>imatinib</i>	24	<i>isotretinoin</i>	61	<i>labetalol</i>	52
IMBRUVICA.....	24	<i>isradipine</i>	52	<i>lacosamide</i>	12
<i>imipenem-cilastatin</i>	8	<i>itraconazole</i>	19	<i>lactulose</i>	66
<i>imipramine hcl</i>	16	<i>ivermectin</i>	29, 61	<i>lamivudine</i>	37
<i>imipramine pamoate</i>	16	IXIARO (PF).....	82	<i>lamivudine-zidovudine</i>	37
<i>imiquimod</i>	61	JAKAFI.....	24	<i>lamotrigine</i>	12, 41
IMOVAX RABIES VACCINE (PF).....	82	JANTOVEN.....	47	LAMPIT.....	29
INCASSIA.....	73	JANUMET.....	44	<i>lansoprazole</i>	66
INCRELEX.....	71	JANUMET XR.....	44	<i>lanthanum</i>	63
INCRUSE ELLIPTA.....	96	JANUVIA.....	44	LANTUS SOLOSTAR U-100 INSULIN.....	44
<i>indapamide</i>	52	JARDIANCE.....	44	LANTUS U-100 INSULIN.....	44
INFANRIX (DTAP) (PF).....	82	JASMIEL (28).....	73	<i>lapatinib</i>	25
INLYTA.....	24	JAYPIRCA.....	25	LARIN 1.5/30 (21).....	73
INPEN (NOVOLOG OR FIASP) BLUE.....	90	JENTADUETO.....	44	LARIN 1/20 (21).....	73
INPEN (NOVOLOG OR FIASP) GREY.....	90	JENTADUETO XR.....	44	LARIN FE 1.5/30 (28).....	73
		JINTELI.....	73	LARIN FE 1/20 (28).....	73
		JULEBER.....	73	<i>latanoprost</i>	92
		JULUCA.....	37	<i>ledipasvir-sofosbuvir</i>	37
		JUNEL 1.5/30 (21).....	73	<i>leflunomide</i>	83
		JUNEL 1/20 (21).....	73	<i>lenalidomide</i>	25
		JUNEL FE 1.5/30 (28).....	73	LENVIMA.....	25
		JUNEL FE 1/20 (28).....	73	LESSINA.....	73
				<i>letrozole</i>	25
				<i>leucovorin calcium</i>	25
				LEUKERAN.....	25

LEUKINE.....	47	LUPRON DEPOT (4 MONTH)	78	<i>metoprolol succinate</i>	52
<i>leuprolide</i>	78	LUPRON DEPOT (6 MONTH)	78	<i>metoprolol ta-</i>	
<i>leuprolide (3 month)</i>	78	<i>lurasidone</i>	33	<i>hydrochlorothiaz</i>	53
<i>levabuterol hcl</i>	97	LUTERA (28).....	74	<i>metoprolol tartrate</i>	53
<i>levetiracetam</i>	12	LYLEQ.....	74	<i>metronidazole</i>	8, 9
<i>levobunolol</i>	92	LYLLANA.....	74	<i>metronidazole in nacl (iso-</i>	
<i>levocarnitine</i>	64	LYNPARZA.....	25	<i>os)</i>	8
<i>levocarnitine (with sugar)</i> ...	64	LYSODREN.....	25, 78	<i>metyrosine</i>	53
<i>levocetirizine</i>	97	LYTGOBI.....	25	<i>mexiletine</i>	53
<i>levofloxacin</i>	8, 92	LYZA.....	74	MIBELAS 24 FE.....	74
<i>levofloxacin in d5w</i>	8	<i>magnesium sulfate</i>	64	<i>micafungin</i>	19
LEVONEST (28).....	74	<i>malathion</i>	61	MICROGESTIN 1.5/30 (21).	74
<i>levonorgestrel-ethinyl</i>		<i>maraviroc</i>	37	MICROGESTIN 1/20 (21)....	74
<i>estrad</i>	74	MARLISSA (28).....	74	MICROGESTIN FE 1.5/30	
<i>levonorg-eth estrad</i>		MARPLAN.....	16	(28).....	75
<i>triphasic</i>	74	MATULANE.....	25	MICROGESTIN FE 1/20	
LEVORA-28.....	74	MATZIM LA.....	52	(28).....	75
<i>levothyroxine</i>	77	MAVYRET.....	37	<i>midodrine</i>	53
LEVOXYL.....	77	MAYZENT.....	57	MIGERGOT.....	21
LEXIVA.....	37	MAYZENT STARTER(FOR		<i>miglitol</i>	45
<i>lidocaine</i>	3	1MG MAINT).....	57	<i>miglustat</i>	68
<i>lidocaine hcl</i>	3	MAYZENT STARTER(FOR		MILI.....	75
LIDOCAINE VISCOUS.....	3	2MG MAINT).....	57	<i>minocycline</i>	9
<i>lidocaine-prilocaine</i>	3	<i>meclizine</i>	18	<i>minoxidil</i>	53
<i>linezolid</i>	8	<i>medroxyprogesterone</i>	74	<i>mirtazapine</i>	16
<i>linezolid in dextrose 5%</i>	8	<i>mefloquine</i>	29	<i>misoprostol</i>	67, 71
LINZESS.....	66	<i>megestrol</i>	74	MITIGARE.....	20
<i>liothyronine</i>	78	MEKINIST.....	25, 26	M-M-R II (PF).....	83
<i>lisinopril</i>	52	MEKTOVI.....	26	<i>modafinil</i>	99
<i>lisinopril-</i>		<i>meloxicam</i>	2	MODERNA COVID 23-	
<i>hydrochlorothiazide</i>	52	<i>memantine</i>	14	24(6M-11Y)PF.....	90
<i>lithium carbonate</i>	41	MENACTRA (PF).....	83	<i>moexipril</i>	53
<i>lithium citrate</i>	41	MENEST.....	74	<i>molindone</i>	33
LIVTENCITY.....	37	MENQUADFI (PF).....	83	<i>mometasone</i>	61, 97
LOKELMA.....	64	MENVEO A-C-Y-W-135-DIP		<i>montelukast</i>	97
LONSURF.....	25	(PF).....	83	<i>morphine</i>	2
<i>loperamide</i>	66	<i>mercaptapurine</i>	26, 83	<i>morphine concentrate</i>	2
<i>lopinavir-ritonavir</i>	37	<i>meropenem</i>	8	MOUNJARO.....	45
<i>lorazepam</i>	12, 40	<i>mesalamine</i>	87	MOVANTIK.....	67
LORAZEPAM INTENSOL.	12, 40	MESNEX.....	26	<i>moxifloxacin</i>	9, 92
LORBRENA.....	25	<i>metformin</i>	44, 45	<i>moxifloxacin-</i>	
LORYNA (28).....	74	<i>methadone</i>	2	<i>sod.chloride(iso)</i>	9
<i>losartan</i>	52	<i>methazolamide</i>	92	<i>mupirocin</i>	61
<i>losartan-</i>		<i>methenamine hippurate</i>	8	MYALEPT.....	67
<i>hydrochlorothiazide</i>	52	<i>methimazole</i>	79	<i>mycophenolate mofetil</i>	83
<i>loteprednol etabonate</i>	92	<i>methotrexate sodium</i> ...	26, 83	<i>mycophenolate sodium</i>	83
<i>lovastatin</i>	52	<i>methotrexate sodium (pf)</i>		MYRBETRIQ.....	69
LOW-OGESTREL (28).....	74	26, 83	<i>nabumetone</i>	2
<i>loxapine succinate</i>	33	<i>methoxsalen</i>	61	<i>nadolol</i>	53
<i>lubiprostone</i>	66	<i>methsuximide</i>	12	<i>nafcillin</i>	9
LUMAKRAS.....	25	<i>methylphenidate hcl</i>	57	<i>naftifine</i>	19
LUMIGAN.....	92	<i>methylprednisolone</i>	70, 87	<i>naloxone</i>	4
LUPRON DEPOT.....	78	<i>metoclopramide hcl</i>	18, 67	<i>naltrexone</i>	4
LUPRON DEPOT (3 MONTH)	78	<i>metolazone</i>	52	<i>naproxen</i>	2

<i>naratriptan</i>	21	NOVOLIN 70/30 U-100	OMNIPOD DASH PODS
NATACYN.....	92	INSULIN.....	(GEN 4).....
<i>nateglinide</i>	45	NOVOLIN 70-30 FLEXPEN	OMNITROPE.....
NATPARA.....	88	U-100.....	18
NAYZILAM.....	12, 40	NOVOLIN N FLEXPEN.....	18
<i>nebivolol</i>	53	NOVOLIN N NPH U-100	ONETOUCH ULTRA TEST.....
<i>nefazodone</i>	16	INSULIN.....	90
<i>neomycin</i>	9	NOVOLIN R FLEXPEN.....	90
<i>neomycin-bacitracin-poly-</i>		NOVOLIN R REGULAR U100	ONETOUCH ULTRAMINI.....
<i>hc</i>	92	INSULIN.....	90
<i>neomycin-bacitracin-</i>		NOVOLOG FLEXPEN U-100	ONETOUCH VERIO FLEX
<i>polymyxin</i>	92	INSULIN.....	START.....
<i>neomycin-polymyxin b-</i>		NOVOLOG MIX 70-30 U-	ONETOUCH VERIO IQ
<i>dexameth</i>	92, 93	100 INSULN.....	90
<i>neomycin-polymyxin-</i>		NOVOLOG MIX 70-	ONETOUCH VERIO METER..
<i>gramicidin</i>	93	30FLEXPEN U-100.....	90
<i>neomycin-polymyxin-hc</i>	93, 94	NOVOLOG PENFILL U-100	ONETOUCH VERIO
NERLYNX.....	26	INSULIN.....	REFLECT METER.....
NEUPRO.....	30	NOVOLOG U-100 INSULIN	ONETOUCH VERIO
<i>nevirapine</i>	37	ASPART.....	REFLECT START.....
<i>niacin</i>	53	NUBEQA.....	90
<i>nicardipine</i>	53	NUDEXTA.....	26
NICOTROL.....	4	NUPLAZID.....	97
NICOTROL NS.....	4	NURTEC ODT.....	83
<i>nifedipine</i>	53	NYAMYC.....	83
NIKKI (28).....	75	NYLIA 1/35 (28).....	26
<i>nilutamide</i>	26	<i>nystatin</i>	97
<i>nimodipine</i>	53	<i>nystatin-triamcinolone</i>	26
NINLARO.....	26	NYSTOP.....	37
<i>nitazoxanide</i>	29	OCALIVA.....	75
<i>nitisinone</i>	68	<i>octreotide acetate</i>	61
NITRO-BID.....	53	ODEFSEY.....	20
<i>nitrofurantoin macrocrystal</i> ..	9	ODOMZO.....	67
<i>nitrofurantoin monohyd/m-</i>		OFEV.....	79
<i>cryst</i>	9	<i>ofloxacin</i>	37
<i>nitroglycerin</i>	53	OJJAARA.....	26
NORA-BE.....	75	<i>olanzapine</i>	9, 93, 94
<i>norethindrone</i>		<i>olanzapine-fluoxetine</i>	26
(<i>contraceptive</i>).....	75	<i>olmesartan</i>	33, 41
<i>norethindrone acetate</i>	75	<i>olmesartan-amlodipin-</i>	17
<i>norethindrone ac-eth</i>		<i>hcthiamid</i>	53
<i>estradiol</i>	75	<i>olmesartan-</i>	53
<i>norethindrone-e.estradiol-</i>		<i>hydrochlorothiazide</i>	53
<i>iron</i>	75	<i>olopatadine</i>	93, 97
<i>norgestimate-ethinyl</i>		<i>omega-3 acid ethyl esters</i> ..	53
<i>estradiol</i>	75	<i>omeprazole</i>	67
NORTREL 0.5/35 (28).....	75	OMNIPOD 5 G6 INTRO KIT	
NORTREL 1/35 (21).....	75	(GEN 5).....	90
NORTREL 1/35 (28).....	75	OMNIPOD 5 G6 PODS (GEN	
NORTREL 7/7/7 (28).....	75	5).....	90
<i>nortriptyline</i>	16	OMNIPOD DASH INTRO KIT	
NORVIR.....	37	(GEN 4).....	90
NOVAVAX COVID 2023-		OMNIPOD DASH PDM KIT	
24(PF)(EUA).....	90	(GEN 4).....	90

<i>peg3350-sod sul-nacl-kcl- asb-c</i>	67	<i>potassium chloride in 0.9%nacl</i>	64	<i>propafenone</i>	54
PEGASYS.....	83, 84	<i>potassium chloride in 5 % dex</i>	64	<i>propranolol</i>	54
<i>peg-electrolyte soln</i>	67	<i>potassium chloride in lr-d5</i>	64	<i>propylthiouracil</i>	79
PEMAZYRE.....	26	<i>potassium chloride in water</i>	64	PROQUAD (PF).....	84
<i>pen needle, diabetic</i>	46	<i>potassium chloride-0.45 % nacl</i>	64	<i>protriptyline</i>	17
<i>penicillamine</i>	64, 69	<i>potassium chloride-d5- 0.2%nacl</i>	65	PULMOZYME.....	97
<i>penicillin g potassium</i>	9	<i>potassium chloride-d5- 0.9%nacl</i>	65	PURIXAN.....	26
<i>penicillin g sodium</i>	9	<i>potassium citrate</i>	65	<i>pyrazinamide</i>	22
<i>penicillin v potassium</i>	9	PRADAXA.....	47, 48	<i>pyridostigmine bromide</i>	22
PENTACEL (PF).....	84	<i>pramipexole</i>	30	QINLOCK.....	26
<i>pentamidine</i>	29	<i>prasugrel</i>	48	QUADRACEL (PF).....	84
PENTASA.....	87	<i>pravastatin</i>	54	<i>quetiapine</i>	17, 33, 41
<i>pentoxifylline</i>	54	<i>praziquantel</i>	29	<i>quinapril</i>	54
<i>perindopril erbumine</i>	54	<i>prazosin</i>	54, 69	<i>quinidine gluconate</i>	54
PERIOGARD.....	58	<i>prednisolone</i>	70, 87	<i>quinidine sulfate</i>	54
<i>permethrin</i>	61	<i>prednisolone acetate</i>	93	<i>quinine sulfate</i>	29
<i>perphenazine</i>	18, 33	<i>prednisolone sodium phosphate</i>	70, 87, 93	QVAR REDIHALER.....	97
PERSERIS.....	33, 41	<i>prednisone</i>	70, 87	RABAVERT (PF).....	84
PFIZER COVID 2023- 24(5Y-11Y)PF.....	90	<i>PREDNISON INTENSOL</i>	70, 87	<i>rabeprazole</i>	67
PFIZER COVID 2023- 24(6MO-4Y)PF.....	91	<i>pregabalin</i>	13, 57	<i>raloxifene</i>	75
<i>phenelzine</i>	17	PREHEVBRIO (PF).....	84	<i>ramelteon</i>	99
<i>phenobarbital</i>	13	PREMARIN.....	75	<i>ramipril</i>	54
<i>phenytoin</i>	13	PREMASOL 10 %.....	65	<i>ranolazine</i>	54
<i>phenytoin sodium extended</i>	13	PRENATAL VITAMIN PLUS LOW IRON.....	65	<i>rasagiline</i>	30
PIFELTRO.....	37	PREVALITE.....	54	RAVICTI.....	68
<i>pilocarpine hcl</i>	58, 93	PREVYMIS.....	37	REBIF (WITH ALBUMIN).....	57
<i>pimecrolimus</i>	61	PREZCOBIX.....	37	REBIF REBIDOSE.....	58
<i>pimozide</i>	33	PREZISTA.....	37	REBIF TITRATION PACK.....	58
PIMTREA (28).....	75	PRIFTIN.....	22	RECLIPSEN (28).....	75
<i>pindolol</i>	54	<i>primaquine</i>	29	RECOMBIVAX HB (PF).....	84
<i>pioglitazone</i>	46	<i>primidone</i>	13	RECTIV.....	54
<i>pioglitazone-glimepiride</i>	46	PRIORIX (PF).....	84	REGRANEX.....	61
<i>pioglitazone-metformin</i>	46	PRIVIGEN.....	84	RELENZA DISKHALER.....	37
<i>piperacillin-tazobactam</i>	9	<i>probenecid</i>	20	RELISTOR.....	67
PIQRAY.....	26	<i>probenecid-colchicine</i>	20	<i>repaglinide</i>	46
<i>pirfenidone</i>	97	<i>prochlorperazine</i>	18	REPATHA PUSHTRONEX.....	54
<i>piroxicam</i>	3	<i>prochlorperazine maleate</i>	18, 33	REPATHA SURECLICK.....	54
PLASMA-LYTE 148.....	64	PROCTO-MED HC.....	61, 87	REPATHA SYRINGE.....	54
PLASMA-LYTE A.....	64	PROCTOSOL HC.....	61	RESTASIS.....	84, 93
PLEGRIDY.....	57	PROCTOZONE-HC.....	61, 87	RESTASIS MULTIDOSE.....	84, 93
PLENAMINE.....	68	<i>progesterone micronized</i>	75	RETACRIT.....	48
<i>podofilox</i>	61	PROGRAF.....	84	RETEVMO.....	26
<i>polymyxin b sulf- trimethoprim</i>	93	PROLASTIN-C.....	68	REVLIMID.....	27
POMALYST.....	26	PROMACTA.....	48	REXULTI.....	34
PORTIA 28.....	75	<i>promethazine</i>	18, 97	REYATAZ.....	37
<i>posaconazole</i>	20			REZLIDHIA.....	27
<i>potassium chlorid-d5- 0.45%nacl</i>	64			REZUROCK.....	84
<i>potassium chloride</i>	64			RHOPRESSA.....	93

<i>rimantadine</i>	38	<i>sodium chloride 5 % hypertonic</i>	65	SYMBICORT.....	98
RINVOQ.....	84	<i>sodium oxybate</i>	99	SYMJEPI.....	98
<i>risedronate</i>	88	<i>sodium phenylbutyrate</i>	68	SYMPAZAN.....	13
RISPERDAL CONSTA.....	34, 42	<i>sodium polystyrene sulfonate</i>	65	SYMTUZA.....	38
<i>risperidone</i>	34, 42	<i>sodium,potassium,mag sulfates</i>	65, 67	SYNJARDY.....	46
<i>ritonavir</i>	38	<i>sofosbuvir-velpatasvir</i>	38	SYNRIBO.....	27
<i>rivastigmine</i>	14	<i>solifenacin</i>	69	SYNTHROID.....	78
<i>rivastigmine tartrate</i>	14	SOLQUA 100/33.....	46	TABLOID.....	27
<i>rizatriptan</i>	21	SOLTAMOX.....	27	TABRECTA.....	27
ROCKLATAN.....	93	SOMAVERT.....	79	<i>tacrolimus</i>	62, 85
<i>roflumilast</i>	97	<i>sorafenib</i>	27	<i>tadalafil (pulm. hypertension)</i>	98
<i>ropinirole</i>	30	SORINE.....	55	TAFINLAR.....	27
<i>rosuvastatin</i>	54	<i>sotalol</i>	55	TAGRISSE.....	27
ROTARIX.....	84, 85	SOTALOL AF.....	55	TALTZ AUTOINJECTOR.....	85
ROTATEQ VACCINE.....	85	SPIKEVAX 2023-2024(12Y UP)(PF).....	91	TALTZ SYRINGE.....	85
ROWEEPRA.....	13	SPIRIVA RESPIMAT.....	98	TALZENNA.....	27
ROZLYTREK.....	27	SPIRIVA WITH HANDIHALER.....	98	TAMIFLU.....	38
RUBRACA.....	27	<i>spironolactone</i>	55	<i>tamoxifen</i>	27
<i>rufinamide</i>	13	<i>spironolacton-hydrochlorothiaz</i>	55	<i>tamsulosin</i>	69
RUKOBIA.....	38	SPRINTEC (28).....	76	TARINA 24 FE.....	76
RYBELSUS.....	46	SPRITAM.....	13	TARINA FE 1-20 EQ (28)....	76
RYDAPT.....	27	SPRYCEL.....	27	TASIGNA.....	27
RYTARY.....	30	SPS (WITH SORBITOL).....	65	<i>tasimelteon</i>	99
SANDIMMUNE.....	85	SRONYX.....	76	<i>tazarotene</i>	62
SANTYL.....	61	SSD.....	61	TAZICEF.....	10
<i>sapropterin</i>	68	STELARA.....	85	TAZTIA XT.....	55
SCEMBLIX.....	27	STIOLTO RESPIMAT.....	98	TAZVERIK.....	27
<i>scopolamine base</i>	18, 67	STIVARGA.....	27	TDVAX.....	85
SECUADO.....	34, 42	<i>streptomycin</i>	9	TEFLARO.....	10
<i>selegiline hcl</i>	30	STRIBILD.....	38	<i>telmisartan</i>	55
<i>selenium sulfide</i>	61	STRIVERDI RESPIMAT.....	98	<i>telmisartan-amlodipine</i>	55
SELZENTRY.....	38	SUCRAID.....	68	<i>telmisartan-hydrochlorothiazid</i>	55
<i>sertraline</i>	17, 40	<i>sucralfate</i>	67	<i>temazepam</i>	99
SETLAKIN.....	76	<i>sulfacetamide sodium</i>	93	TENIVAC (PF).....	85
<i>sevelamer carbonate</i>	65	<i>sulfacetamide sodium (acne)</i>	9	<i>tenofovir disoproxil fumarate</i>	38
SF.....	91	<i>sulfacetamide-prednisolone</i>	93	TEPMETKO.....	27
SF 5000 PLUS.....	91	<i>sulfadiazine</i>	9	<i>terazosin</i>	55, 69
SHAROBEL.....	76	<i>sulfamethoxazole-trimethoprim</i>	9, 10	<i>terbinafine hcl</i>	20
SHINGRIX (PF).....	85	SULFAMYLLON.....	61	<i>terbutaline</i>	98
SIGNIFOR.....	79	<i>sulfasalazine</i>	87, 88	<i>terconazole</i>	20
<i>sildenafil (pulm.hypertension)</i>	97	<i>sulindac</i>	3	<i>teriflunomide</i>	58
<i>silodosin</i>	69	<i>sumatriptan</i>	21	<i>teriparatide</i>	88
<i>silver sulfadiazine</i>	61	<i>sumatriptan succinate</i>	21	<i>testosterone</i>	76
<i>simvastatin</i>	54	<i>sunitinib malate</i>	27	<i>testosterone cypionate</i>	76
<i>sirolimus</i>	85	SUNLENCA.....	38	<i>testosterone enanthate</i>	76
SIRTURO.....	22	SYEDA.....	76	<i>tetanus,diphtheria tox ped(pf)</i>	85
SKYRIZI.....	85			<i>tetrabenazine</i>	58
<i>sodium chloride</i>	65			<i>tetracycline</i>	10
<i>sodium chloride 0.45 %</i>	65			THALOMID.....	27
<i>sodium chloride 0.9 %</i>	65			<i>theophylline</i>	98
<i>sodium chloride 3 % hypertonic</i>	65				

ZAFEMY	77
<i>zafirlukast</i>	99
<i>zaleplon</i>	99
ZARXIO	48
ZEGALOGUE	
AUTOINJECTOR	46
ZEGALOGUE SYRINGE	47
ZEJULA	29
ZELBORAF	29
ZENATANE	62
<i>zidovudine</i>	39
ZIEXTENZO	48
ZIMHI	4
<i>ziprasidone hcl</i>	35, 42
<i>ziprasidone mesylate</i>	35, 42
ZIRGAN	94
ZOLINZA	29
<i>zolmitriptan</i>	21
<i>zolpidem</i>	99
ZONISADE	14
<i>zonisamide</i>	14
ZOVIA 1-35 (28)	77
ZTALMY	14
ZYDELIG	29
ZYKADIA	29
ZYPREXA RELPREVV	35, 42

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EssentiaCare
Essentia Health + UCare

P.O. Box 52
Minneapolis, MN 55440-0052

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