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Harvard Pilgrim Health Care StrideSM (HMO)/(HMO-POS)

2023 Formulary

(List of Covered Drugs)

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

23555 Version 4

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30 or visit www.harvardpilgrim.org/stridedruglist.

Important Message About What you Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What you Pay for Insulin

You won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Harvard Pilgrim Health Care StrideSM (HMO) 2023 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Harvard Pilgrim Health Care of New England, Inc. When it refers to “plan” or “our plan,” it means StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS).

This document includes a list of the drugs (formulary) for our plan which is current as of September 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Harvard Pilgrim StrideSM HMO/HMO-POS Formulary?

A formulary is a list of covered drugs selected by a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

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

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

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

to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled “*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 2022. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

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

look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 61. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plans require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plans may not cover the drug.
- **Quantity Limits:** For certain drugs, our plans limit the amount of the drug that we will cover. For example, our plans provide 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plans require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plans will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section “*How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?*” on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plans do not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plans limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

For more information

For more detailed information about your StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

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

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

StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that begins on page 61.

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

The information in the Requirements/Limits column tells you if our plans have any special requirements for coverage of your drug.

PA BvD: Medicare Part B or D

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

QL: Quantity Limit Applies

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

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30, or visit www.harvardpilgrim.org/stridedruglist.

PA: Prior Authorization Required

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

PA NSO: Prior Authorization for New Starts Only:

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

STPA: Step Therapy Prior Authorization Applies

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

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

NEDS: Non-extended Day Supply Drug

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

SP: Available Through a Designated Special Pharmacy Provider

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

Optum Specialty Pharmacy: **1-800-265-1705**

SI: Select Insulin

Insulin is covered at no more than a \$35 copayment for a 30-day supply during the Deductible, Initial Coverage Limit, and Coverage Gap stages of your Part D benefit.

Additional coverage

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

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- FreeStyle Libre continuous glucose monitoring system (Requires prior authorization)

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

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

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

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

Harvard Pilgrim Stride SM (HMO)/(HMO-POS)			
Deductible	\$0		
Copays	Preferred Retail 30-day supply	Preferred Retail 60-day supply	Preferred Retail 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	33%	N/A	N/A
Tier 6	\$0	N/A	N/A
Insulin	\$35	\$70	\$105
Copays	Non-Preferred Retail 30-day supply	Non-Preferred Retail 60-day supply	Non-Preferred Retail 90-day supply
Tier 1	\$10	\$20	\$30
Tier 2	\$15	\$30	\$45
Tier 3	\$47	\$94	\$141
Tier 4	\$100	\$200	\$300
Tier 5	33%	N/A	N/A
Tier 6	\$0	N/A	N/A
Insulin	\$35	\$70	\$105
Copays	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$0	\$0	\$0
Tier 3	\$47	\$94	\$94
Tier 4	\$100	\$200	\$200
Tier 5	33%	N/A	N/A
Tier 6	N/A	N/A	N/A
Insulin	\$35	\$70	\$70
Coverage Gap Stage After your total prescription drug costs reach \$4,660, and until your payments reach \$7,400, you pay:		<ul style="list-style-type: none"> • \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy • For insulin you pay: <ul style="list-style-type: none"> • \$35 for a 30-day supply at a retail or mail order pharmacy • \$70 for a 60-day supply at a retail or mail order pharmacy • \$105 for a 90-day supply at a retail pharmacy, \$70 for a 90-day supply at a mail order pharmacy • \$25% of costs for Part D generic drugs • 25% of costs for Part D brand drugs 	
Catastrophic Coverage Stage After the coverage gap, when your payments for the year are greater than \$7,400, you pay the greater of:		5% per prescription, or \$4.15 per prescription for Part D generic drugs, and \$10.35 per prescription for Part D brand drugs.	

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Last Updated: September 2022

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

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	3	
<i>praziquantel tabs</i>	3	
<i>Antibacterials</i>		
AEMCOLO	4	QL (12 EA per 3 days)
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE	5	PA NEDS
AVYCAZ	3	
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	4	
<i>aztreonam</i>	4	
BAXDELA TABS	5	NEDS
BAXDELA INJ	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA NEDS
<i>cefaclor caps</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	3	
<i>cefepime inj 1gm, 2gm</i>	4	
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	
<i>cephalexin caps, susr</i>	2	
<i>ciprofloxacin hcl tabs 750mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	3	
<i>clarithromycin susr</i>	4	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	
<i>colistimethate sodium inj</i>	5	NEDS
DALVANCE	3	
<i>daptomycin</i>	5	NEDS
<i>demeclocycline hcl tabs</i>	4	
<i>dicloxacillin sodium</i>	2	
DIFICID	5	PA NEDS
DOXY 100	3	
<i>doxycycline</i>	4	
<i>doxycycline hyclate caps</i>	3	
<i>doxycycline hyclate inj</i>	3	
<i>doxycycline hyclate tabs 100mg, 20mg, 50mg</i>	3	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	3	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	3	
<i>ertapenem</i>	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
ERYTHROCIN STEARATE TABS 250MG	3	
<i>erythromycin base tabs</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin lactobionate</i>	3	
<i>erythromycin cpep 250mg</i>	4	
FIRVANQ	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate inj 40mg/ml</i>	4	
<i>imipenem/cilastatin</i>	4	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	4	
<i>meropenem</i>	4	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
<i>nafticillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>neomycin sulfate tabs</i>	2	
NUZYRA TABS	5	NEDS
<i>ofloxacin tabs 400mg</i>	3	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	
<i>penicillin g procaine</i>	4	
<i>penicillin g sodium</i>	5	NEDS
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
<i>polymyxin b sulfate inj</i>	4	
SIVEXTRO INJ	3	
SIVEXTRO TABS	5	NEDS
<i>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>targadox</i>	3	
<i>tazicef inj 1gm, 2gm</i>	4	
TEFLARO	3	
<i>tetracycline hydrochloride caps</i>	3	
<i>tigecycline</i>	5	NEDS
TOBI PODHALER	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD NEDS; SP-Optum Specialty
VABOMERE	3	
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps, oral solr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	
VIBRAMYCIN SYRP	4	
XENLETA TABS	5	NEDS
XIFAXAN TABS 200MG	5	NEDS
XIFAXAN TABS 550MG	5	PA NEDS
ZERBAXA	5	NEDS
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
Antifungals		
ABELCET	4	PA
AMBISOME	5	PA NEDS
<i>amphotericin b liposome</i>	5	PA NEDS
<i>amphotericin b inj</i>	2	PA
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	NEDS
CRESEMBA CAPS	5	NEDS
ERAXIS	3	
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	3	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin</i>	3	
NOXAFIL SUSP	5	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>terbinafine hcl tabs</i>	2	QL (42 EA per 42 days)
<i>voriconazole inj</i>	2	PA
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
Antimycobacterials		
<i>dapsone tabs</i>	4	
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	2	
<i>isoniazid syrp</i>	4	
PASER	4	
<i>pretomanid</i>	4	
PRIFTIN	3	

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<i>pyrazinamide tabs</i>	2	
<i>rifabutin</i>	2	
<i>rifampin caps</i>	3	
<i>rifampin inj</i>	4	
SIRTURO	5	PA NEDS
TRECTOR	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	4	
<i>atovaquone susp</i>	5	NEDS
BENZNIDAZOLE	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL (24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	5	NEDS
KRINTAFEL	3	
LAMPIT	4	
<i>mefloquine hcl</i>	2	
<i>metronidazole inj 500mg/100ml</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	3	
<i>paromomycin sulfate caps</i>	4	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	3	
<i>quinine sulfate caps 324mg</i>	4	
SOLOSEC	4	
<i>tinidazole tabs</i>	4	
Antivirals		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	3	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	5	NEDS
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
BIKTARVY	5	NEDS
CIMDUO	5	NEDS
COMPLERA	5	NEDS
DELSTRIGO	3	

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DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT	5	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz caps</i>	3	
<i>efavirenz tabs</i>	4	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	4	
EPCLUSA	5	PA NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	3	
<i>etravirine tabs 200mg</i>	5	NEDS
EVOTAZ	5	NEDS
<i>famciclovir tabs</i>	4	
<i>fosamprenavir calcium</i>	5	NEDS
FUZEON	5	NEDS
GENVOYA	5	NEDS
HARVONI PACK	5	PA NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	5	PA NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	5	QL (60 EA per 30 days) NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	QL (120 EA per 30 days) NEDS
ISENTRESS CHEW 25MG	3	QL (720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL (180 EA per 30 days) NEDS
JULUCA	5	NEDS
<i>lamivudine</i>	3	
<i>lamivudine/zidovudine</i>	4	
LEXIVA SUSP	3	
LIVTENCITY	5	QL (112 EA per 28 days) PA NEDS
<i>lopinavir/ritonavir soln</i>	3	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	
<i>maraviroc tabs 300mg</i>	5	QL (120 EA per 30 days) NEDS
<i>maraviroc tabs 150mg</i>	5	QL (60 EA per 30 days) NEDS
MAVYRET	5	PA NEDS; SP-Optum Specialty
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	3	
<i>nevirapine susp</i>	4	
NORVIR PACK, SOLN	3	
ODEFSEY	5	NEDS

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<i>oseltamivir phosphate caps, susr</i>	3	
PEGASYS	5	QL (4 ML per 28 days) NEDS; SP-Optum Specialty
PIFELTRO	5	NEDS
PREVYMIS TABS	5	PA NEDS
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	NEDS
RELENZA DISKHALER	3	
REYATAZ PACK	5	NEDS
<i>ribavirin tabs 200mg</i>	3	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	4	
<i>ritonavir</i>	3	
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL (1800 ML per 30 days)
SELZENTRY TABS 25MG	3	QL (120 EA per 30 days)
SELZENTRY TABS 75MG	3	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	5	QL (120 EA per 30 days) NEDS
SELZENTRY TABS 150MG	5	QL (60 EA per 30 days) NEDS
STRIBILD	5	NEDS
SYMTUZA	5	NEDS
TEMIXYS	5	NEDS
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
TRIUMEQ	5	NEDS
TRIUMEQ PD	5	NEDS
TRIZIVIR	5	NEDS
<i>valacyclovir hcl tabs 1gm</i>	3	
<i>valacyclovir hydrochloride tabs 500mg</i>	3	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
VEMLIDY	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
VIREAD POWD	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
VOSEVI	5	PA NEDS; SP-Optum Specialty
XOFLUZA TBPB 40MG, 80MG	3	QL (1 EA per 7 days)
XOFLUZA TBPB 40MG	4	QL (1 EA per 7 days)
XOFLUZA TBPB 20MG	4	QL (2 EA per 7 days)
<i>zidovudine</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
Urinary Anti-infectives		
<i>fosfomicin tromethamine</i>	3	
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>trimethoprim tabs</i>	2	
Antihistamine Drugs		
First Generation Antihistamines		
<i>cyproheptadine hcl syrp</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>promethazine hcl plain</i>	3	
<i>promethazine hcl tabs 12.5mg</i>	3	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	3	
Second Generation Antihistamines		
<i>levocetirizine dihydrochloride tabs</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	5	PA NSO NEDS; SP-Optum Specialty
ALECENSA	5	PA NSO NEDS; SP-Optum Specialty
ALUNBRIG	5	PA NSO NEDS
AYVAKIT	5	QL (30 EA per 30 days) PA NSO NEDS
BALVERSA	5	PA NSO NEDS
BESREMI	5	PA NEDS
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
BOSULIF TABS 100MG	5	QL (120 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO NEDS
CABOMETYX	5	PA NSO NEDS; SP-Optum Specialty
CALQUENCE CAPS	5	PA NSO NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA NSO NEDS
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA NSO NEDS

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ	5	PA NSO NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	4	PA BvD
<i>cyclophosphamide caps</i>	4	PA BvD; SP-Optum Specialty
DAURISMO	5	PA NSO NEDS; SP-Optum Specialty
DROXIA	3	
EMCYT	3	
ERIVEDGE	5	PA NSO NEDS; SP-Optum Specialty
ERLEADA	5	PA NSO NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL (30 EA per 30 days) NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL (90 EA per 30 days) NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL (60 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
EXKIVITY	5	PA NSO NEDS
<i>flutamide</i>	3	
FOTIVDA	5	PA NSO NEDS
GAVRETO	5	PA NSO NEDS; SP-Optum Specialty
GILOTRIF	5	PA NSO NEDS
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO NEDS
IDHIFA	5	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA CAPS, TABS	5	PA NSO NEDS; SP-Optum Specialty
INLYTA	5	PA NSO NEDS; SP-Optum Specialty
INQOVI	5	PA NSO NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
INREBIC	5	PA NSO NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO NEDS; SP-Optum Specialty
JAKAFI	5	PA NSO NEDS; SP-Optum Specialty
KISQALI	5	PA NSO NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO NEDS
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO NEDS; SP-Optum Specialty
LUMAKRAS	5	PA NSO NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO NEDS; SP-Optum Specialty
LYSODREN	3	
MATULANE	5	NEDS
MEKINIST	5	PA NSO NEDS; SP-Optum Specialty

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MEKTOVI	5	PA NSO NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	3	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate tabs</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO NEDS; SP-Optum Specialty
NEXAVAR	5	QL (220 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO NEDS; SP-Optum Specialty
ONUREG	5	PA NSO NEDS; SP-Optum Specialty
PEMAZYRE	5	PA NSO NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO NEDS; SP-Optum Specialty
POMALYST	5	PA NSO NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO NEDS
RETEVMO	5	PA NSO NEDS; SP-Optum Specialty
REVLIMID	5	PA NSO NEDS; SP-Optum Specialty
ROZLYTREK	5	PA NSO NEDS; SP-Optum Specialty
RUBRACA	5	QL (120 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO NEDS; SP-Optum Specialty
SCSEMBLIX	5	PA NSO NEDS; SP-Optum Specialty

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<i>sorafenib</i>	5	QL (220 EA per 30 days) PA NSO NEDS
<i>sorafenib tosylate tabs</i>	5	QL (220 EA per 30 days) PA NSO NEDS
SPRYCEL	5	PA NSO NEDS; SP-Optum Specialty
STIVARGA	5	QL (90 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO NEDS; SP-Optum Specialty
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO NEDS; SP-Optum Specialty
TAFINLAR	5	PA NSO NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO NEDS; SP-Optum Specialty
TALZENNA	5	PA NSO NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO NEDS
TEPMETKO	5	PA NSO NEDS
TIBSOVO	5	PA NSO NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUSELTIQ	5	PA NSO NEDS
TUKYSA	5	PA NSO NEDS
TURALIO	5	PA NSO NEDS
UKONIQ	5	PA NSO NEDS
VENCLEXTA STARTING PACK	5	PA NSO NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO NEDS
VIZIMPRO	5	PA NSO NEDS; SP-Optum Specialty
VONJO	5	PA NSO NEDS; SP-Optum Specialty

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VOTRIENT	5	QL (120 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
WELIREG	5	PA NSO NEDS
XALKORI	5	PA NSO NEDS; SP-Optum Specialty
XATMEP	4	PA BvD
XOSPATA	5	PA NSO NEDS
XPOVIO	5	PA NSO NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO NEDS
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO NEDS
XTANDI	5	PA NSO NEDS; SP-Optum Specialty
YONSA	5	PA NSO NEDS; SP-Optum Specialty
ZEJULA	5	PA NSO NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
ORALAIR	4	PA
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD NEDS
FLEBOGAMMA DIF	5	PA BvD NEDS
GAMMAGARD LIQUID	5	PA BvD NEDS
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	PA BvD NEDS
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD NEDS
GAMUNEX-C	5	PA BvD NEDS

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OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	3	PA BvD
OCTAGAM INJ 25GM/500ML	5	PA BvD NEDS
PANZYGA	5	PA BvD NEDS
PRIVIGEN	5	PA BvD NEDS
Toxoids		
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
Vaccines		
ACTHIB	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXIARO	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	

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Drug Name	Drug Tier	Requirements/Limits
STAMARIL	6	
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
YF-VAX	6	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	3	QL (180 EA per 90 days)
ATROVENT HFA	3	QL (77.4 GM per 90 days)
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
<i>methscopolamine bromide tabs</i>	4	
SPIRIVA HANDIHALER	3	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL (12 GM per 90 days)
STIOLTO RESPIMAT	3	QL (180 GM per 90 days)
YUPELRI	5	PA BvD NEDS
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	QL (53 EA per 28 days)
<i>varenicline tartrate</i>	3	QL (60 EA per 30 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs</i>	2	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	NEDS
<i>pyridostigmine bromide tabs 60mg</i>	3	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
<i>Skeletal Muscle Relaxants</i>		

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<i>baclofen tabs</i>	2	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	
<i>dantrolene sodium caps</i>	4	
FEXMID	4	
<i>tizanidine hcl caps 4mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	3	
<i>tizanidine hydrochloride caps 2mg</i>	4	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL (8 ML per 30 days) NEDS
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	1	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	
<i>albuterol sulfate syrp</i>	4	
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL (24 GM per 90 days)
<i>droxidopa</i>	5	PA NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL (180 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL (90 GM per 90 days)
<i>levalbuterol nebu</i>	4	PA BvD
LUCEMYRA	5	QL (224 EA per 14 days) NEDS
<i>midodrine hcl</i>	3	
PROAIR RESPICLICK	3	QL (6 EA per 90 days)
SEREVENT DISKUS	3	QL (180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL (180 GM per 90 days)
<i>wixela inhub</i>	3	QL (180 EA per 90 days)
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid tabs</i>	3	
Antithrombotic Agents		

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<i>anagrelide hydrochloride</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>prasugrel</i>	3	
<i>warfarin sodium tabs</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA	5	NEDS
PYRUKYND	5	PA NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA NEDS; SP-Optum Specialty
TAVALISSE	5	QL (60 EA per 30 days) NEDS
Hematopoietic Agents		
DOPTELET	5	PA NEDS; SP-Optum Specialty
LEUKINE INJ 250MCG	5	NEDS; SP-Optum Specialty
MULPLETA	5	PA NEDS; SP-Optum Specialty
NEULASTA	5	NEDS; SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty

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ZIEXTENZO	5	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	2	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
<i>doxazosin mesylate tabs</i>	2	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	4	
<i>cholestyramine pack</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 160mg, 54mg</i>	1	
<i>fenofibrate tabs 145mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>icosapent ethyl caps 1gm</i>	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA NEDS
LIVALO	3	
<i>lovastatin tabs</i>	1	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite pack</i>	3	
<i>prevalite powd</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	

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VASCEPA	4	
beta-Adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
SOTYLIZE	4	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs</i>	2	
<i>diltiazem hydrochloride er</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	

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<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24</i>	3	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs</i>	2	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs</i>	1	
CAMZYOS	5	QL (30 EA per 30 days) PA NEDS
CORLANOR	4	
<i>digitek</i>	2	
<i>digox</i>	1	
<i>digoxin oral soln</i>	3	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	2	
<i>digoxin tabs 62.5mcg</i>	3	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	4	
<i>mexiletine hcl</i>	3	
MULTAQ	3	
NORPACE CR	4	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
Hypotensive Agents		
<i>clonidine hcl ptwk</i>	4	
<i>clonidine hydrochloride er</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	

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Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
CAROSPIR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	3	
<i>eplerenone</i>	3	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	2	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	5	PA NEDS; SP-Optum Specialty
BIDIL	3	
<i>dipyridamole tabs</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	

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<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin lingual soln</i>	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate susr</i>	5	PA NEDS; SP-Optum Specialty
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL (4 EA per 30 days) EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>sildenafil tabs 100mg</i>	2	QL (4 EA per 30 days) EC
<i>tadalafil tabs 10mg, 20mg</i>	2	QL (4 EA per 30 days) EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) PA
<i>tadalafil tabs 20mg</i>	5	PA NEDS; SP-Optum Specialty
<i>vardenafil hydrochloride odt</i>	2	QL (4 EA per 30 days) EC
<i>vardenafil hydrochloride tabs</i>	2	QL (4 EA per 30 days) EC
VERQUVO	4	
Central Nervous System Agents		
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine tabs</i>	2	QL (240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL (3600 ML per 30 days)
BELBUCA	4	QL (60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL (180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL (360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL (4 EA per 28 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	
<i>butalbital/aspirin/caffeine caps</i>	3	
<i>butorphanol tartrate soln</i>	3	QL (7.5 ML per 30 days)
<i>celecoxib caps</i>	3	
<i>codeine sulfate tabs</i>	3	QL (180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL (60 EA per 30 days) PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diflunisal tabs 500mg</i>	3	

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<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (240 EA per 30 days)
<i>etodolac er</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>fenoprofen calcium caps 400mg</i>	4	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA NEDS
<i>fentanyl citrate tabs</i>	5	QL (120 EA per 30 days) PA NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL (10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL (60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>	3	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL (240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	3	QL (240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	QL (30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	4	QL (1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL (120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL (240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	4	QL (30 EA per 30 days)
<i>ibu</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
INDOCIN SUSP	4	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg</i>	3	
LAZANDA SOLN 400MCG/ACT	5	QL (15 EA per 30 days) PA NEDS
LAZANDA SOLN 100MCG/ACT, 300MCG/ACT	5	QL (30 EA per 30 days) PA NEDS
<i>levorphanol tartrate tabs</i>	5	QL (240 EA per 30 days) NEDS
<i>meclofenamate sodium caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	3	QL (120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	3	QL (1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL (600 ML per 30 days)
<i>morphine sulfate er cp24 40mg</i>	3	QL (60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 15mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days)
<i>morphine sulfate er tbcr 200mg</i>	4	QL (60 EA per 30 days)

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<i>morphine sulfate tabs</i>	3	QL (180 EA per 30 days)
<i>morphine sulfate soln 20mg/ml</i>	3	QL (180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tbec</i>	2	
<i>naproxen susp</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL (60 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	3	QL (2400 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	4	QL (120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (240 EA per 30 days)
OXYCONTIN T12A	3	QL (60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
SUBSYS	5	QL (120 EA per 30 days) PA NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL (30 EA per 30 days)
<i>tramadol hcl er tb24</i>	3	QL (30 EA per 30 days)
<i>tramadol hcl tabs</i>	2	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (240 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine sulfate</i>	3	
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs</i>	3	
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>modafinil</i>	4	PA
QUILLIVANT XR	4	
SUNOSI	4	PA

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VYVANSE	4	PA
WAKIX	5	QL (60 EA per 30 days) PA NEDS
<i>Anticonvulsants</i>		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine chew, susp, tabs</i>	3	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL (60 EA per 30 days)
<i>clonazepam odt</i>	4	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	3	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide caps, soln</i>	3	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	NEDS
FINTEPLA	5	PA NSO NEDS
FYCOMPA	4	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide soln</i>	3	
<i>lacosamide tabs 50mg</i>	3	QL (60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days)
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
NAYZILAM	4	QL (10 EA per 30 days) PA NSO
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	

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<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er</i>	4	
<i>topiramate csp, tabs</i>	2	
<i>valproate sodium inj</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO	4	QL (10 EA per 30 days) PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
VIMPAT INJ, ORAL SOLN	4	
XCOPRI TABS	5	NEDS
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
<i>zonisamide caps</i>	2	
Antimanic Agents		
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Antimigraine Agents		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan</i>	4	
EMGALITY INJ 120MG/ML	3	QL (2 ML per 30 days) PA
EMGALITY INJ 100MG/ML	3	QL (3 ML per 30 days) PA
<i>frovatriptan succinate</i>	4	
MIGERGOT	5	NEDS
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	3	
<i>rizatriptan benzoate odt</i>	3	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj</i>	4	
<i>sumatriptan soln</i>	4	
UBRELVY	4	PA
Antiparkinsonian Agents		

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<i>amantadine hcl soln</i>	2	
<i>amantadine hcl caps, tabs</i>	3	
<i>apomorphine hydrochloride inj</i>	5	NEDS
<i>benztropine mesylate tabs</i>	2	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	3	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	4	
DUOPA	4	
EMSAM	5	STPA NEDS
<i>entacapone</i>	4	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL (30 EA per 30 days)
ONGENTYS	4	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
RYTARY	4	
<i>selegiline hcl caps, tabs</i>	3	
<i>tolcapone</i>	5	NEDS
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
<i>Anxiolytics, Sedatives, and Hypnotics</i>		
<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	
<i>clorazepate dipotassium tabs</i>	3	
DAYVIGO	4	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC GEL 2.5MG	3	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	4	
<i>diazepam soln, tabs</i>	2	
HETLIOZ	5	PA NEDS

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HETLIOZ LQ	5	PA NEDS
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL (30 EA per 30 days)
<i>temazepam caps 15mg, 30mg</i>	2	
<i>zaleplon</i>	3	
<i>zolpidem tartrate tabs</i>	2	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	4	
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL (30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL (60 EA per 30 days)
EXSERVAN	5	NEDS
<i>guanfacine er tb24 2mg</i>	3	QL (90 EA per 90 days)
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	3	QL (90 EA per 90 days)
<i>memantine hcl titration pak</i>	3	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
NAMZARIC	3	
NOURIANZ	5	QL (30 EA per 30 days) NEDS
NUEDEXTA	3	PA
QELBREE	4	
RADICAVA ORS	5	PA NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA NEDS; SP-Optum Specialty
<i>riluzole</i>	3	
TIGLUTIK	5	NEDS
XYREM	5	PA NEDS
XYWAV	5	PA NEDS
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Opiate Antagonists		
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL (4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	2	

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<i>naltrexone hcl tabs</i>	3	
VIVITROL	5	NEDS
<i>Psychotherapeutic Agents</i>		
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE	5	QL (30 EA per 30 days) PA NSO NEDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL (30 EA per 30 days) PA NSO NEDS
ABILIFY MYCITE STARTER KIT	5	QL (30 EA per 30 days) PA NSO NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	4	
<i>amoxapine</i>	3	
ALENZIN TB24 174MG, 348MG	4	STPA
ALENZIN TB24 522MG	5	STPA NEDS
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	3	STPA
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 450mg</i>	3	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA CAPS 42MG	5	QL (30 EA per 30 days) PA NSO NEDS
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
<i>desipramine hydrochloride</i>	3	
<i>desvenlafaxine er</i>	3	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	3	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	3	QL (90 EA per 30 days)

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<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	3	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	3	QL (90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FANAPT	4	STPA
FANAPT TITRATION PACK	4	STPA
FETZIMA	4	STPA
FETZIMA TITRATION PACK	4	STPA
<i>fluoxetine dr</i>	4	
<i>fluoxetine hcl caps 20mg</i>	2	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	2	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl tabs</i>	2	
<i>fluphenazine hcl conc</i>	3	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	3	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	3	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days)
LATUDA TABS 80MG	4	QL (60 EA per 30 days)
<i>loxapine</i>	2	
LYBALVI	5	PA NSO NEDS
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	

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NUPLAZID CAPS	5	QL (60 EA per 30 days) PA NSO NEDS
NUPLAZID TABS 10MG	5	QL (60 EA per 30 days) PA NSO NEDS
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	4	
<i>paliperidone er</i>	3	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>perphenazine tabs</i>	4	
PERSERIS	5	NEDS
PEXEVA	4	STPA
<i>phenelzine sulfate tabs</i>	3	
<i>pimozide</i>	4	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate er</i>	3	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL (60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA	3	
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	2	
<i>risperidone soln</i>	4	
SECUADO	5	NEDS
<i>sertraline hcl conc</i>	4	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<i>trimipramine maleate caps</i>	4	
TRINTELLIX	4	
<i>venlafaxine besylate er</i>	3	

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<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	3	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24 150mg, 225mg, 75mg</i>	3	
VERSACLOZ	5	NEDS
VIIBRYD STARTER PACK	4	
VIIBRYD TABS	4	
<i>vilazodone hydrochloride</i>	3	
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV	3	
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO	5	PA NEDS; SP-Optum Specialty
INGREZZA	5	PA NEDS
<i>tetrabenazine</i>	5	PA NEDS; SP-Optum Specialty
Devices		
<i>Devices</i>		
<i>alcohol prep pads</i>	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	3	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	3	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	3	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	3	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	3	
<i>curity gauze pads 2"x2"</i>	3	
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM	3	
<i>gauze pads 2"x2"</i>	2	
<i>gnp ultra comfort insulin syringe/0.3ml/30g x 5/16" short</i>	3	
<i>gnp ultra comfort insulin syringe/0.5ml/30g x 5/16" short</i>	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	3	
<i>techlite pen needles 29g x 10mm</i>	3	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trueplus pen needles 29gx12mm</i>	3	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
<i>Ammonia Detoxicants</i>		
CARBAGLU	5	PA NEDS
<i>carglumic acid</i>	5	PA NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
<i>lactulose pack</i>	3	
RAVICTI	5	PA NEDS
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
<i>Caloric Agents</i>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8/10	3	PA BvD
CLINISOL SF 15%	3	PA BvD
<i>dextrose 10%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
DOJOLVI	5	NEDS
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
NUTRILIPID	3	PA BvD
PLENAMINE	3	PA BvD
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROCALAMINE	3	PA BvD
PROSOL	3	PA BvD
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
Diuretics		
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide oral soln</i>	2	
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	2	
JYNARQUE TBPK	5	NEDS; SP-Optum Specialty
<i>metolazone</i>	3	
<i>tolvaptan</i>	5	NEDS; SP-Optum Specialty
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>triamterene caps</i>	4	
Ion-removing Agents		
AURYXIA	5	PA NEDS
<i>lanthanum carbonate</i>	5	NEDS
LOKELMA	3	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack</i>	5	NEDS
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sps</i>	3	
VELPHORO	5	NEDS
VELTASSA	3	
Irrigating Solutions		
<i>sodium chloride 0.9%</i>	3	
Replacement Preparations		
<i>calcium acetate caps</i>	3	
<i>dextrose 10%/nacl 0.45%</i>	4	
<i>dextrose 10%/nacl 0.2%</i>	4	
<i>dextrose 2.5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.2%</i>	4	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
ISOLYTE-P/DEXTROSE 5%	3	
K-TAB TBCR 10MEQ	4	

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<i>kcl 0.075%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	4	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	4	
<i>klor-con m20</i>	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride er tbcr 10meq, 20meq</i>	1	
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tbcr 15meq</i>	4	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	4	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	4	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride pack, oral soln</i>	3	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 2.5meq/ml, 4meq/ml</i>	2	
<i>sodium chloride inj 0.9%, 3%, 5%</i>	4	
<i>tpn electrolytes</i>	4	PA BvD
Uricosuric Agents		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Enzymes		
<i>Enzymes</i>		
PALYNZIQ	5	PA NEDS; SP-Optum Specialty
REVCovi	5	NEDS
SUCRAID	5	NEDS
Eye, Ear, Nose & Throat Preparations		
<i>Anti-infectives</i>		

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AZASITE	4	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	4	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	3	
ZIRGAN	4	
<i>Anti-inflammatory Agents</i>		
ALREX	3	
BLEPHAMIDE S.O.P.	4	
BROMSITE	4	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate soln</i>	2	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	4	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	1	QL (150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>fluorometholone susp</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (48 GM per 90 days)
FML	3	
FML FORTE	4	
<i>hydrocortisone/acetic acid</i>	3	

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ILEVRO	3	
INVELTYS	4	
<i>ketorolac tromethamine</i>	3	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	3	
MAXIDEX SUSP	4	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (102 GM per 90 days)
<i>neo-polycin hc</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	4	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
ZYLET	3	
<i>Antiallergic Agents</i>		
ALOCRIAL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln</i>	3	
<i>azelastine hcl nasal soln 0.15%</i>	3	QL (120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	3	QL (120 ML per 90 days)
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl soln</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
<i>Antiglaucoma Agents</i>		
<i>acetazolamide er</i>	4	
<i>acetazolamide tabs</i>	3	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	
BETOPTIC-S	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	1	
<i>levobunolol hcl soln 0.5%</i>	2	
LUMIGAN	3	
<i>methazolamide tabs</i>	4	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<i>travoprost</i>	3	
VYZULTA	3	
ZIOPTAN	4	
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	3	
CYSTADROPS	3	
CYSTARAN	3	
IOPIDINE SOLN 1%	4	
OXERVATE	5	PA NEDS
Local Anesthetics		
<i>lidocaine viscous</i>	2	
Mydriatics		
<i>atropine sulfate soln</i>	3	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	5	NEDS
<i>balsalazide disodium</i>	4	
<i>mesalamine dr</i>	3	
<i>mesalamine er cp24</i>	3	
<i>mesalamine kit</i>	2	
<i>mesalamine enem, supp</i>	4	
PENTASA	3	
ROWASA KIT	4	
Antidiarrhea Agents		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	

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<i>diphenoxylate/atropine liqd</i>	4	
<i>loperamide hcl caps</i>	2	
MYTESI	3	PA
XERMELO	5	PA NEDS; SP-Optum Specialty
Antiemetics		
ANZEMET TABS 50MG	3	PA BvD
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD NEDS
<i>dronabinol</i>	4	PA BvD
EMEND SUSR	3	PA BvD
<i>granisetron hydrochloride tabs</i>	4	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	4	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt</i>	2	PA BvD
SANCUSO	5	NEDS
<i>scopolamine</i>	3	
VARUBI TBPB	4	PA BvD
Antiulcer Agents and Acid Suppressants		
<i>cimetidine hydrochloride</i>	2	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>misoprostol tabs</i>	3	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium dr tbec 20mg</i>	1	
<i>pantoprazole sodium tbec</i>	1	
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
Cathartics and Laxatives		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	

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OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUPREP BOWEL PREP KIT	3	
Cholelitholytic Agents		
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol tabs</i>	4	
Digestants		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
GI Drugs, Miscellaneous		
BYLVAY	5	PA NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA NEDS; SP-Optum Specialty
CHOLBAM	5	PA NEDS
GATTEX	5	PA NEDS
LINZESS	3	
LIVMARLI	5	PA NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
OICALIVA	5	QL (30 EA per 30 days) PA NEDS
RELISTOR	5	NEDS
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 28 days) PA NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
<i>deferasirox pack, tbso</i>	5	NEDS; SP-Optum Specialty

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<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
FERRIPROX SOLN	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	3	QL (180 EA per 90 days)
BREZTRI AEROSPHERE	3	QL (32.1 GM per 90 days)
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (30.6 GM per 90 days)
<i>budesonide cpep</i>	4	
<i>budesonide susp</i>	4	PA BvD
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
EMFLAZA	5	PA NEDS
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL (180 EA per 90 days) STPA
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL (720 EA per 90 days) STPA
FLOVENT HFA AERO 44MCG/ACT	4	QL (63.6 GM per 90 days) STPA
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (72 GM per 90 days) STPA
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL (63.6 GM per 90 days) STPA
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL (72 GM per 90 days) STPA
<i>fluticasone propionate/salmeterol</i>	3	QL (3 EA per 90 days)
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
INTRAROSA	4	
MEDROL TABS 2MG	4	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
PREDNISONONE INTENSOL	4	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	3	QL (63.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL (180 EA per 90 days)
Androgens		

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AVEED	4	
<i>danazol caps</i>	4	
METHITEST	4	
<i>methyltestosterone caps</i>	5	NEDS
<i>oxandrolone tabs</i>	2	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	3	
<i>testosterone pump gel 1%</i>	3	
<i>testosterone pump gel 1.62%</i>	4	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	4	
XYOSTED	4	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	
BYETTA	4	
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
HUMALOG	3	SI
HUMALOG JUNIOR KWIKPEN	3	SI
HUMALOG KWIKPEN	3	SI
HUMALOG MIX 50/50	3	SI
HUMALOG MIX 50/50 KWIKPEN	3	SI
HUMALOG MIX 75/25	3	SI
HUMALOG MIX 75/25 KWIKPEN	3	SI
HUMULIN 70/30	3	SI
HUMULIN 70/30 KWIKPEN	3	SI
HUMULIN N	3	SI
HUMULIN N KWIKPEN	3	SI
HUMULIN R	3	SI
HUMULIN R U-500 (CONCENTRATED)	3	SI
HUMULIN R U-500 KWIKPEN	3	SI
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	

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JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	QL (120 EA per 30 days) PA NEDS
LANTUS	3	SI
LANTUS SOLOSTAR	3	SI
LEVEMIR	3	SI
LEVEMIR FLEXTOUCH	3	SI
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>migliitol</i>	1	
<i>nateglinide</i>	1	
OZEMPIC	3	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEO MAX SOLOSTAR	3	SI
TOUJEO SOLOSTAR	3	SI
TRADJENTA	3	
TRESIBA	3	SI
TRESIBA FLEXTOUCH	3	SI
TRULICITY	3	
VICTOZA	3	
XIGDUO XR	3	
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Contraceptives</i>		

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<i>amethia</i>	4	
ANNOVERA	4	
<i>apri</i>	4	
<i>aranelle</i>	4	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	4	
<i>eluryng</i>	3	
<i>emoquette</i>	4	
<i>errin</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>iclevia</i>	4	
<i>introvale</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	
<i>marlissa</i>	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
NEXTSTELLIS	4	
<i>nikki</i>	4	

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<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>orsythia</i>	4	
<i>portia-28</i>	4	
<i>sharobel</i>	3	
<i>tarina fe 1/20 eq</i>	4	
<i>tri-sprintec</i>	4	
<i>trivora-28</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>zovia 1/35</i>	4	
<i>Estrogens and Antiestrogens</i>		
<i>anastrozole tabs</i>	1	
ANGELIQ	4	
COMBIPATCH	4	
DELESTROGEN INJ 10MG/ML	4	
DEPO-ESTRADIOL INJ 5MG/ML	3	
DIVIGEL	4	
<i>dotti</i>	3	
DUAVEE	4	
ELESTRIN	4	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	4	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, pttw, ptwk</i>	3	
<i>estradiol vaginal tabs</i>	4	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	4	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	4	
KISQALI FEMARA 200 DOSE	5	PA NSO NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO NEDS; SP-Optum Specialty
<i>letrozole tabs</i>	2	
MENEST TABS 0.3MG, 0.625MG, 1.25MG	4	
MENOSTAR	4	

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<i>norethindrone acetate/ethinyl estradiol</i>	4	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>raloxifene hydrochloride</i>	3	
SOLTAMOX	3	
<i>tamoxifen citrate tabs</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
Gonadotropins and Antigonadotropins		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>leuprolide acetate inj</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL (28 EA per 28 days) PA NEDS
ORGOVYX	5	PA NSO NEDS
ORIAHNN	5	QL (56 EA per 28 days) PA NEDS
ORLISSA TABS 150MG	5	QL (30 EA per 30 days) PA NEDS
ORLISSA TABS 200MG	5	QL (60 EA per 30 days) PA NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT	5	NEDS
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>cinacalcet hydrochloride tabs 30mg</i>	4	
<i>cinacalcet hydrochloride tabs 60mg, 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA NEDS
NATPARA	5	QL (2 EA per 28 days) PA NEDS
<i>teriparatide</i>	5	PA NEDS
TYMLOS	5	PA NEDS
Pituitary		
ACTHAR	5	PA NEDS; SP-Optum Specialty
CORTROPHIN	5	PA NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate soln 0.01%</i>	4	
Progestins		
CRINONE	3	PA

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DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate tabs</i>	2	
<i>medroxyprogesterone acetate inj</i>	4	
<i>megestrol acetate tabs</i>	3	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
MYCAPSSA	5	PA NEDS
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	NEDS; SP-Optum Specialty
SIGNIFOR	5	QL (60 ML per 30 days) PA NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	5	PA NEDS; SP-Optum Specialty
GENOTROPIN	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK	3	PA; SP-Optum Specialty
HUMATROPE INJ 12MG, 24MG, 6MG	5	PA NEDS; SP-Optum Specialty
INCRELEX	5	PA NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	5	PA NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG, 5MG/1.5ML	3	PA; SP-Optum Specialty
OMNITROPE INJ 10MG/1.5ML	5	PA NEDS; SP-Optum Specialty
SAIZEN	5	PA NEDS; SP-Optum Specialty
SAIZENPREP RECONSTITUTIONKIT	5	PA NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA NEDS; SP-Optum Specialty
SOMAVERT	5	PA NEDS; SP-Optum Specialty
ZOMACTON INJ 10MG	3	PA
ZOMACTON INJ 5MG	3	PA; SP-Optum Specialty
ZORBTIVE	5	PA NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>np thyroid 120</i>	2	

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<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
<i>propylthiouracil tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	4	
TIROSINT-SOL	4	
<i>unithroid</i>	3	
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
<i>Alcohol Deterrents</i>		
<i>disulfiram tabs</i>	3	
<i>Antidotes</i>		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs 10mg, 15mg, 5mg</i>	3	
<i>leucovorin calcium tabs 25mg</i>	4	
<i>Antigout Agents</i>		
<i>allopurinol tabs</i>	1	
<i>colchicine caps, tabs</i>	3	
<i>febuxostat</i>	3	STPA
GLOPERBA	4	
<i>Antisense Oligonucleotides</i>		
TEGSEDI	5	QL (6 ML per 30 days) PA NEDS
<i>Bone Anabolic Agents</i>		
EVENITY	5	PA NEDS
<i>Bone Resorption Inhibitors</i>		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium tabs</i>	2	
PROLIA	4	PA
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	3	
XGEVA	5	PA NEDS
<i>Carbonic Anhydrase Inhibitors</i>		
KEVEYIS	5	PA NEDS
<i>Disease-modifying Antirheumatic Drugs</i>		
COSENTYX	5	PA NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	5	PA NEDS; SP-Optum Specialty
ENBREL MINI	5	QL (8 ML per 28 days) PA NEDS; SP-Optum Specialty

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ENBREL SURECLICK	5	QL (8 ML per 28 days) PA NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL (8.16 ML per 28 days) PA NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	5	PA NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	5	PA NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	5	QL (4 EA per 28 days) PA NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA NEDS; SP-Optum Specialty
KINERET	5	QL (20.1 ML per 28 days) PA NEDS
<i>leflunomide tabs</i>	2	
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
RINVOQ	5	QL (30 EA per 30 days) PA NEDS; SP-Optum Specialty
XELJANZ XR	5	QL (30 EA per 30 days) PA NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL (300 ML per 30 days) PA NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL (60 EA per 30 days) PA NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty

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ENSPRYNG	5	PA NEDS; SP-Optum Specialty
EXTAVIA	5	NEDS; SP-Optum Specialty
GILENYA CAPS 0.5MG	5	NEDS; SP-Optum Specialty
KESIMPTA	5	PA NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty
<i>Immunosuppressive Agents</i>		
ASTAGRAF XL	4	PA BvD
AZASAN	4	PA BvD
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA INJ 200MG/ML	5	PA NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	3	PA BvD
ENVARUSUS XR	4	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL (60 EA per 30 days) PA BvD NEDS
GENGRAF SOLN	3	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
LUPKYNIS	5	PA NSO NEDS
MAVENCLAD	5	NEDS; SP-Optum Specialty
<i>mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
PROGRAF PACK	4	PA BvD
<i>sirolimus tabs</i>	4	PA BvD
<i>sirolimus soln</i>	5	PA BvD NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	PA BvD
<i>Kallikrein-Kinin System Inhibitors</i>		
BERINERT	5	PA NEDS
CINRYZE	5	PA NEDS
HAEGARDA	5	PA NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL (18 ML per 30 days) PA NEDS; SP-Optum Specialty
ORLADEYO	5	QL (30 EA per 30 days) PA NEDS

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Drug Name	Drug Tier	Requirements/Limits
RUCONEST	5	NEDS
SAJAZIR	5	QL (18 ML per 30 days) PA NEDS; SP-Optum Specialty
TAKHZYRO	5	PA NEDS; SP-Optum Specialty
TAVNEOS	5	PA NEDS
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	5	PA NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
EVRYSDI	5	PA NEDS
FIRDAPSE	5	PA NEDS
GALAFOLD	5	PA NEDS
ISTURISA TABS 10MG	5	QL (180 EA per 30 days) PA NEDS
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA NEDS
ISTURISA TABS 5MG	5	QL (60 EA per 30 days) PA NEDS
<i>levocarnitine soln, tabs</i>	3	
<i>metyrosine</i>	5	NEDS
<i>miglustat</i>	5	PA NEDS; SP-Optum Specialty
<i>nitisinone</i>	5	PA NEDS; SP-Optum Specialty
NITYR	5	PA NEDS; SP-Optum Specialty
ORFADIN SUSP	5	PA NEDS
ORFADIN CAPS 20MG	5	PA NEDS
RECORLEV	5	QL (240 EA per 30 days) PA NEDS
REZUROCK	5	PA NEDS
<i>sapropterin dihydrochloride</i>	5	PA NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
<i>tiopronin tabs</i>	5	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	5	QL (28 EA per 28 days) PA NEDS; SP-Optum Specialty
VIJOICE TBPK 0	5	QL (56 EA per 28 days) PA NEDS; SP-Optum Specialty
VOXZOGO	5	PA NEDS; SP-Optum Specialty
VYNDAMAX	5	QL (30 EA per 30 days) PA NEDS; SP-Optum Specialty
VYNDAQEL	5	QL (120 EA per 30 days) PA NEDS; SP-Optum Specialty
XURIDEN	5	QL (120 EA per 30 days) PA NEDS
<i>Protective Agents</i>		
MESNEX TABS	5	NEDS
Respiratory Tract Agents		

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Drug Name	Drug Tier	Requirements/Limits
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA NEDS; SP-Optum Specialty
FASENRA	5	PA NEDS
FASENRA PEN	5	PA NEDS; SP-Optum Specialty
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA NEDS
NUCALA INJ 100MG/ML	5	PA NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
Antifibrotic Agents		
ESBRIET CAPS	5	QL (270 EA per 30 days) PA NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL (270 EA per 30 days) PA NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL (90 EA per 30 days) PA NEDS; SP-Optum Specialty
OFEV	5	QL (60 EA per 30 days) PA NEDS; SP-Optum Specialty
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL (90 EA per 30 days) PA NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO	5	QL (56 EA per 28 days) PA NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL (112 EA per 28 days) PA NEDS; SP-Optum Specialty
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL (56 EA per 28 days) PA NEDS; SP-Optum Specialty
SYMDEKO	5	PA NEDS; SP-Optum Specialty
TRIKAFTA	5	QL (84 EA per 28 days) PA NEDS; SP-Optum Specialty
Mucolytic Agents		

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PULMOZYME	5	PA BvD NEDS; SP-Optum Specialty
Phosphodiesterase Type 4 Inhibitors		
DALIRESP	4	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	5	QL (560 EA per 28 days) NEDS
PROLASTIN-C INJ 1000MG	5	PA NEDS
XOLAIR INJ 150MG, 75MG/0.5ML	5	PA NEDS
XOLAIR INJ 150MG/ML	5	PA NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	5	PA NEDS
<i>ambrisentan</i>	5	PA NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA NEDS; SP-Optum Specialty
OPSUMIT	5	PA NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA NEDS
TRACLEER TBSO	5	PA NEDS; SP-Optum Specialty
UPTRAVI TABS, TBPk	5	PA NEDS
VENTAVIS	5	PA NEDS
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir oint 5%</i>	4	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine crea</i>	3	
<i>ciclopirox gel, susp</i>	3	
<i>ciclopirox sham</i>	4	
CLEOCIN SUPP	4	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%</i>	4	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>clotrimazole crea, soln, troc</i>	2	
<i>crotan</i>	3	
DENAVIR	5	NEDS
<i>econazole nitrate crea</i>	4	
<i>ery</i>	3	

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<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL (120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>lindane sham</i>	4	
<i>luliconazole</i>	3	
<i>mafenide acetate pack</i>	3	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3 supp</i>	3	
<i>mupirocin oint</i>	2	QL (44 GM per 30 days)
<i>mupirocin crea</i>	3	QL (180 GM per 30 days)
<i>naftifine hcl</i>	4	
<i>naftifine hydrochloride crea</i>	3	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>permethrin crea</i>	3	
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
<i>selenium sulfide lotn</i>	2	
<i>silver sulfadiazine crea</i>	3	
<i>ssd</i>	3	
SULFAMYLON CREA	4	
<i>terconazole</i>	3	
<i>vandazole</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
ALA-SCALP	4	

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<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide crea, oint</i>	4	
APEXICON E	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate crea, lotn, oint</i>	2	
CAPEX	4	
<i>clobetasol propionate e</i>	3	QL (240 GM per 30 days)
<i>clobetasol propionate emollient foam</i>	4	QL (200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL (200 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL (240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL (200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL (236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	4	QL (240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL (250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	
CORDRAN TAPE	4	
<i>desonide crea, gel, lotn, oint</i>	4	
<i>desoximetasone crea, gel, liqd, oint</i>	4	
DESRX	4	
<i>diclofenac sodium gel 1%</i>	3	QL (960 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL (200 GM per 30 days)
<i>diflorasone diacetate</i>	4	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluocinonide crea, gel, oint, soln</i>	4	
<i>flurandrenolide crea, lotn</i>	3	
<i>flurandrenolide oint</i>	4	QL (120 GM per 30 days)
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate crea, oint</i>	4	
HALOG OINT	4	
<i>hydrocortisone butyrate crea, oint, soln</i>	4	

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<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>oralone dental paste</i>	3	
PANDEL	4	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	4	QL (200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	3	
<i>triamcinolone acetonide crea, lotn</i>	2	
<i>triamcinolone acetonide aers</i>	4	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	
UCERIS	4	
<i>Antipruritics and Local Anesthetics</i>		
<i>doxepin hydrochloride crea 5%</i>	5	QL (90 GM per 30 days) NEDS
<i>lidocaine hcl soln</i>	2	QL (100 ML per 30 days)
<i>lidocaine/prilocaine crea</i>	3	QL (60 GM per 30 days)
<i>lidocaine oint 5%</i>	4	QL (100 GM per 30 days)
<i>lidocaine ptch 5%</i>	3	QL (90 EA per 30 days) PA
<i>premium lidocaine</i>	4	QL (100 GM per 30 days)
<i>Cell Stimulants and Proliferants</i>		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP GEL 0.08%	4	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
<i>Depigmenting and Pigmenting Agents</i>		
<i>methoxsalen caps</i>	5	NEDS
<i>Emollients, Demulcents, and Protectants</i>		
<i>ammonium lactate crea, lotn</i>	3	
<i>Skin and Mucous Membrane Agents, Misc</i>		
<i>accutane</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>acitretin</i>	4	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	3	PA
<i>adapalene crea</i>	2	PA
<i>adapalene gel</i>	4	PA
<i>azelaic acid gel</i>	3	
AZELEX	4	
<i>bexarotene gel 1%</i>	5	PA NSO NEDS
<i>calcipotriene crea</i>	3	QL (120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL (120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>claravis</i>	4	
CONDYLOX GEL	4	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA NEDS; SP-Optum Specialty
FABIOR	4	PA
<i>fluorouracil soln</i>	3	
<i>fluorouracil crea</i>	4	
<i>imiquimod pump</i>	4	
<i>imiquimod crea</i>	4	
<i>isotretinoin caps</i>	4	
KLISYRI	5	PA NEDS
<i>minocycline hydrochloride er</i>	3	
MYORISAN	4	
PANRETIN	5	NEDS
<i>pimecrolimus</i>	3	
<i>podofilox soln</i>	3	
RECTIV	4	QL (30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	5	QL (1 ML per 28 days) PA NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL (1 EA per 28 days) PA NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL (1 ML per 28 days) PA NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL (1 ML per 28 days) PA NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
TALTZ	5	QL (4 ML per 28 days) PA NEDS; SP-Optum Specialty
TARGRETIN	5	PA NSO NEDS; SP-Optum Specialty
<i>tazarotene crea</i>	3	PA

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<i>tazarotene foam</i>	4	PA
TAZORAC GEL	4	PA
TAZORAC CREA 0.05%	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>fesoterodine fumarate er</i>	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride syrp, tabs</i>	2	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate er</i>	4	
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	2	
Vitamins		
<i>Multivitamin Preparations</i>		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>Vitamin B Complex</i>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>Vitamin D</i>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	4	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL (4 EA per 28 days) EC

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<i>acarbose</i>	44	ALUNBRIG	9
<i>accutane</i>	58	<i>alyq</i>	22
<i>acebutolol hydrochloride</i>	20	<i>amantadine hcl</i>	28
<i>acetaminophen/codeine</i>	23	AMBISOME	5
<i>acetazolamide</i>	39	<i>ambrisentan</i>	55
<i>acetazolamide er</i>	39	<i>amcinonide</i>	57
<i>acetic acid</i>	40	<i>amethia</i>	46
<i>acetylcysteine</i>	50	<i>amikacin sulfate</i>	2
<i>acitretin</i>	59	<i>amiloride hcl</i>	36
ACTHAR	48	<i>amiloride/hydrochlorothiazide</i>	36
ACTHIB	15	AMINOSYN II	34
ACTIMMUNE	51	AMINOSYN-PF 7%	34
<i>acyclovir</i>	6	<i>amiodarone hydrochloride</i>	21
<i>acyclovir</i>	55	<i>amitriptyline hcl</i>	30
<i>acyclovir sodium</i>	6	<i>amitriptyline hydrochloride</i>	30
ADACEL	15	<i>amlodipine besylate</i>	20
<i>adapalene</i>	59	<i>amlodipine besylate/atorvastatin calcium</i>	20
<i>adapalene/benzoyl peroxide</i>	59	<i>amlodipine besylate/benazepril hydrochloride</i>	20
<i>adefovir dipivoxil</i>	6	<i>amlodipine besylate/valsartan</i>	20
ADEMPAS	55	<i>amlodipine/olmesartan medoxomil</i>	20
AEMCOLO	2	<i>ammonium lactate</i>	58
AIMOVIG	27	<i>amoxapine</i>	30
<i>ala-cort</i>	56	<i>amoxicillin</i>	2
ALA-SCALP	56	<i>amoxicillin/clavulanate potassium</i>	2
<i>albendazole</i>	2	<i>amoxicillin/clavulanate potassium er</i>	2
<i>albuterol sulfate</i>	17	<i>amphetamine sulfate</i>	25
<i>albuterol sulfate hfa</i>	17	<i>amphetamine/dextroamphetamine</i>	25
<i>alclometasone dipropionate</i>	57	<i>amphotericin b</i>	5
<i>alcohol prep pads</i>	33	<i>amphotericin b liposome</i>	5
ALECENSA	9	<i>ampicillin</i>	2
<i>alendronate sodium</i>	50	<i>ampicillin sodium</i>	2
<i>alfuzosin hcl er</i>	17	<i>ampicillin-sulbactam</i>	2
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apraclonidine	40	azelastine hydrochloride	39
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apri	46	azithromycin	2
APTIOM	26	aztreonam	2
APTIVUS	6	bacitracin	38
aranelle	46	bacitracin/polymyxin b	38
ARCALYST	53	baclofen	17
arformoterol tartrate	17	BAFIERTAM	51
ARIKAYCE	2	balsalazide disodium	40
aripiprazole	30	BALVERSA	9
aripiprazole odt	30	balziva	46
ARISTADA	30	BAQSIMI ONE PACK	45
ARISTADA INITIO	30	BAQSIMI TWO PACK	45
armodafinil	25	BAXDELA	2
ARMOUR THYROID	49	BCG VACCINE	15
asenapine maleate sl	30	bd insulin syringe safetyglide/1ml/29g x 1/2"	33
ashlyna	46	b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	33
aspirin/dipyridamole er	18	bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	33
ASTAGRAF XL	52	bd insulin syringe ultra-fine/1ml/31g x 8mm	33
atazanavir	6	bd insulin syringe/u-100/1ml/27g x 1/2"	33
atazanavir sulfate	6	bd insulin syringe/u-500/0.5ml/31g x 6mm	33
atenolol	20	bd pen needle/original/ultra-fine/29g x 12.7mm	33
atenolol/chlorthalidone	20	BELBUCA	23
atomoxetine	29	BELSOMRA	28
atomoxetine hydrochloride	29	benazepril hcl	22
atorvastatin calcium	19	benazepril hcl/hydrochlorothiazide	22
atovaquone	6	benazepril hydrochloride	22
atovaquone/proguanil hcl	6	benazepril	22
atropine sulfate	40	hydrochloride/hydrochlorothiazide	
ATROVENT HFA	16	BENLYSTA	52
AUBAGIO	51	BENZNIDAZOLE	6
AURYXIA	36	benzonatate	54
AUSTEDO	33	benztropine mesylate	28
AVEED	44	bepotastine besilate	39
aviane	46		
avita	58		
AVONEX	51		
AVONEX PEN	51		

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BERINERT	52	bumetanide	36
BESIVANCE	38	buprenorphine	23
BESREMI	9	buprenorphine hcl	23
<i>betaine anhydrous</i>	53	buprenorphine hcl/naloxone hcl	23
<i>betamethasone dipropionate</i>	57	buprenorphine hydrochloride/naloxone	23
<i>betamethasone dipropionate augmented</i>	57	hydrochloride	
<i>betamethasone valerate</i>	57	bupropion hcl	30
BETASERON	51	bupropion hydrochloride	30
<i>betaxolol hcl</i>	20	bupropion hydrochloride er (sr)	30
<i>betaxolol hcl</i>	39	bupropion hydrochloride er (xl)	30
<i>bethanechol chloride</i>	16	bupirone hcl	28
BETIMOL	39	bupirone hydrochloride	28
BETOPTIC-S	39	butalbital/acetaminophen/caffeine	23
BEVESPI AEROSPHERE	16	butalbital/aspirin/caffeine	23
<i>bexarotene</i>	9	butorphanol tartrate	23
<i>bexarotene</i>	59	BYDUREON BCISE	44
BEXSERO	15	BYETTA	44
<i>bicalutamide</i>	9	BYLVAY	42
BICILLIN C-R	2	BYLVAY (PELLETS)	42
BICILLIN L-A	2	cabergoline	28
BIDIL	22	CABLIVI	18
BIKTARVY	6	CABOMETYX	9
<i>bisoprolol fumarate</i>	20	calcipotriene	59
<i>bisoprolol fumarate/hydrochlorothiazide</i>	20	calcitonin salmon	48
BIVIGAM	14	calcitonin-salmon	48
BLEPHAMIDE S.O.P.	38	calcitriol	59
BOOSTRIX	15	calcitriol	60
<i>bosentan</i>	55	calcium acetate	36
BOSULIF	9	CALQUENCE	9
BRAFTOVI	9	camila	46
BREO ELLIPTA	43	CAMZYOS	21
BREZTRI AEROSPHERE	43	candesartan cilexetil	22
<i>briellyn</i>	46	candesartan cilexetil/hydrochlorothiazide	22
BRILINTA	18	CAPEX	57
<i>brimonidine tartrate</i>	40	CAPLYTA	30
<i>brimonidine tartrate/timolol maleate</i>	40	CAPRELSA	9
<i>brinzolamide</i>	40	captopril	22
BRIVIACT	26	CARBAGLU	34
<i>bromocriptine mesylate</i>	28	carbamazepine	26
BROMSITE	38	carbamazepine er	26
BRONCHITOL	55	carbidopa	28
BRUKINSA	9	carbidopa/levodopa	28
<i>budesonide</i>	43	carbidopa/levodopa er	28
<i>budesonide er</i>	43	carbidopa/levodopa odt	28
<i>budesonide/formoterol fumarate dihydrate</i>	43	carbidopa/levodopa/entacapone	28

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CARDURA XL	19	<i>cimetidine hydrochloride</i>	41
<i>carglumic acid</i>	34	<i>cinacalcet hydrochloride</i>	48
CAROSPIR	22	CINRYZE	52
<i>carteolol hcl</i>	40	<i>ciprofloxacin hcl</i>	2
<i>cartia xt</i>	20	<i>ciprofloxacin hydrochloride</i>	3
<i>carvedilol</i>	20	<i>ciprofloxacin hydrochloride</i>	38
<i>carvedilol phosphate er</i>	20	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>casprofungin acetate</i>	5	<i>ciprofloxacin/dexamethasone</i>	38
CAYSTON	2	<i>citalopram hydrobromide</i>	30
<i>cefaclor</i>	2	<i>claravis</i>	59
<i>cefadroxil</i>	2	<i>clarithromycin</i>	3
<i>cefazolin sodium</i>	2	<i>clarithromycin er</i>	3
<i>cefdinir</i>	2	CLENPIQ	41
<i>cefepime</i>	2	CLEOCIN	55
<i>cefixime</i>	2	<i>clindacin etz pledgets</i>	55
<i>cefotetan</i>	2	<i>clindacin-p</i>	55
<i>cefoxitin sodium</i>	2	<i>clindamycin hcl</i>	3
<i>cefpodoxime proxetil</i>	2	<i>clindamycin hydrochloride</i>	3
<i>cefprozil</i>	2	<i>clindamycin palmitate hcl</i>	3
<i>ceftazidime</i>	2	<i>clindamycin phosphate</i>	3
<i>ceftriaxone sodium</i>	2	<i>clindamycin phosphate</i>	55
<i>cefuroxime axetil</i>	2	<i>clindamycin phosphate/benzoyl peroxide</i>	55
<i>cefuroxime sodium</i>	2	<i>clindamycin phosphate/dextrose</i>	3
<i>celecoxib</i>	23	<i>clindamycin/benzoyl peroxide</i>	55
CELONTIN	26	CLINIMIX 4.25%/DEXTROSE 10%	34
<i>cephalexin</i>	2	CLINIMIX 4.25%/DEXTROSE 5%	34
CERDELGA	53	CLINIMIX 5%/DEXTROSE 15%	34
CHEMET	42	CLINIMIX 5%/DEXTROSE 20%	34
<i>chlordiazepoxide hcl</i>	28	CLINIMIX 6/5	34
<i>chlordiazepoxide hydrochloride</i>	28	CLINIMIX 8/10	34
<i>chlorhexidine gluconate</i>	38	CLINIMIX E 2.75%/DEXTROSE 5%	34
<i>chloroquine phosphate</i>	6	CLINIMIX E 4.25%/DEXTROSE 10%	34
<i>chlorpromazine hcl</i>	30	CLINIMIX E 4.25%/DEXTROSE 5%	34
<i>chlorpromazine hydrochloride</i>	30	CLINIMIX E 5%/DEXTROSE 15%	34
<i>chlorthalidone</i>	36	CLINIMIX E 5%/DEXTROSE 20%	34
<i>chlorzoxazone</i>	17	CLINIMIX E 8/10	35
CHOLBAM	42	CLINISOL SF 15%	35
<i>cholestyramine</i>	19	<i>clobazam</i>	26
<i>cholestyramine light</i>	19	<i>clobetasol propionate</i>	57
<i>ciclopirox</i>	55	<i>clobetasol propionate e</i>	57
<i>ciclopirox nail lacquer</i>	55	<i>clobetasol propionate emollient</i>	57
<i>ciclopirox olamine</i>	55	<i>clocortolone pivalate</i>	57
<i>cilostazol</i>	18	<i>clodan</i>	57
CIMDUO	6	<i>clomipramine hydrochloride</i>	30
<i>cimetidine</i>	41	<i>clonazepam</i>	26

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<i>clonazepam odt</i>	26	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hcl</i>	21	CYSTADROPS	40
<i>clonidine hydrochloride</i>	21	CYSTAGON	53
<i>clonidine hydrochloride er</i>	21	CYSTARAN	40
<i>clopidogrel</i>	18	<i>dalfampridine er</i>	53
<i>clorazepate dipotassium</i>	28	DALIRESP	55
<i>clotrimazole</i>	55	DALVANCE	3
<i>clotrimazole/betamethasone dipropionate</i>	55	<i>danazol</i>	44
<i>clozapine</i>	30	<i>dantrolene sodium</i>	17
<i>clozapine odt</i>	30	<i>dapsone</i>	5
COARTEM	6	DAPTACEL	15
<i>codeine sulfate</i>	23	<i>daptomycin</i>	3
<i>colchicine</i>	50	DAURISMO	10
<i>colesevelam hydrochloride</i>	19	DAYVIGO	28
<i>colestipol hcl</i>	19	<i>deblitane</i>	46
<i>colistimethate sodium</i>	3	<i>deferasirox</i>	42
COMBIPATCH	47	<i>deferiprone</i>	43
COMBIVENT RESPIMAT	17	DELESTROGEN	47
COMETRIQ	10	DELSTRIGO	6
COMPLERA	6	<i>demeclocycline hcl</i>	3
CONDYLOX	59	DENAVIR	55
<i>constulose</i>	34	DEPO-ESTRADIOL	47
COPAXONE	51	DEPO-SUBQ PROVERA 104	49
COPIKTRA	10	DESCOVY	7
CORDRAN	57	<i>desipramine hydrochloride</i>	30
CORLANOR	21	<i>desmopressin acetate</i>	48
CORTROPHIN	48	<i>desogestrel/ethinyl estradiol</i>	46
COSENTYX	50	<i>desonide</i>	57
COSENTYX SENSOREADY PEN	50	<i>desoximetasone</i>	57
COTELLIC	10	DESRX	57
CREON	42	<i>desvenlafaxine er</i>	30
CRESEMBA	5	<i>dexamethasone</i>	43
CRINONE	48	<i>dexamethasone sodium phosphate</i>	38
<i>cromolyn sodium</i>	39	DEXLANSOPRAZOLE	41
<i>cromolyn sodium</i>	54	<i>dexmethylphenidate hcl</i>	25
<i>crotan</i>	55	<i>dexmethylphenidate hcl er</i>	25
<i>curity gauze pads 2"x2"</i>	33	<i>dexmethylphenidate hydrochloride</i>	25
<i>cyanocobalamin</i>	60	<i>dexmethylphenidate hydrochloride er</i>	25
<i>cyclobenzaprine hydrochloride</i>	17	<i>dextroamphetamine sulfate</i>	25
<i>cyclophosphamide</i>	10	<i>dextroamphetamine sulfate er</i>	25
CYCLOSET	44	<i>dextrose 10%/nacl 0.45%</i>	36
<i>cyclosporine</i>	38	<i>dextrose 10%</i>	35
<i>cyclosporine</i>	52	<i>dextrose 10%/nacl 0.2%</i>	36
<i>cyclosporine modified</i>	52	<i>dextrose 2.5%/nacl 0.45%</i>	36
<i>cyproheptadine hcl</i>	9	<i>dextrose 5%</i>	35

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<i>dextrose 5%/nacl 0.2%</i>	36	<i>diphtheria/tetanus toxoids adsorbed</i>	15
<i>dextrose 5%/nacl 0.3%</i>	36	<i>pediatric</i>	
<i>dextrose 5%/nacl 0.33%</i>	36	<i>dipyridamole</i>	22
<i>dextrose 5%/nacl 0.45%</i>	36	<i>disopyramide phosphate</i>	21
<i>dextrose 5%/nacl 0.9%</i>	36	<i>disulfiram</i>	50
<i>dextrose 50%</i>	35	<i>divalproex sodium</i>	26
<i>dextrose 70%</i>	35	<i>divalproex sodium dr</i>	26
<i>dextrose/sodium chloride</i>	36	<i>divalproex sodium er</i>	26
DIACOMIT	26	DIVIGEL	47
DIASTAT ACUDIAL	28	<i>dofetilide</i>	21
DIASTAT PEDIATRIC	28	DOJOLVI	35
<i>diazepam</i>	28	<i>donepezil hcl</i>	16
<i>diazepam intensol</i>	28	<i>donepezil hydrochloride</i>	16
<i>diazepam rectal gel</i>	28	DOPTELET	18
<i>diazoxide</i>	45	<i>dorzolamide hcl/timolol maleate</i>	40
<i>diclofenac epolamine</i>	23	<i>dorzolamide hydrochloride</i>	40
<i>diclofenac potassium</i>	23	<i>dorzolamide hydrochloride/timolol maleate</i>	40
<i>diclofenac sodium</i>	38	<i>pf</i>	
<i>diclofenac sodium</i>	57	<i>dotti</i>	47
<i>diclofenac sodium dr</i>	23	DOVATO	7
<i>diclofenac sodium er</i>	23	<i>doxazosin mesylate</i>	19
<i>dicloxacillin sodium</i>	3	<i>doxepin hcl</i>	30
<i>dicyclomine hcl</i>	16	<i>doxepin hydrochloride</i>	30
<i>dicyclomine hydrochloride</i>	16	<i>doxepin hydrochloride</i>	58
DIFICID	3	<i>doxercalciferol</i>	60
<i>diflorasone diacetate</i>	57	DOXY 100	3
<i>diflunisal</i>	23	<i>doxycycline</i>	3
<i>difluprednate</i>	38	<i>doxycycline hyclate</i>	3
<i>digitek</i>	21	<i>doxycycline monohydrate</i>	3
<i>digox</i>	21	DRIZALMA SPRINKLE	30
<i>digoxin</i>	21	<i>dronabinol</i>	41
<i>dihydroergotamine mesylate</i>	17	<i>drospirenone/ethinyl estradiol</i>	46
DILANTIN	26	DROXIA	10
DILANTIN INFATABS	26	<i>droxidopa</i>	17
DILANTIN-125	26	DUAVEE	47
<i>diltiazem hcl</i>	20	<i>duloxetine hcl</i>	30
<i>diltiazem hcl cd</i>	20	<i>duloxetine hydrochloride</i>	31
<i>diltiazem hcl er</i>	20	DUOPA	28
<i>diltiazem hydrochloride er</i>	20	DUPIXENT	54
<i>dilt-xr</i>	20	DUPIXENT	59
<i>dimethyl fumarate</i>	51	<i>dutasteride</i>	50
<i>dimethyl fumarate starterpack</i>	51	<i>dutasteride/tamsulosin hydrochloride</i>	50
<i>diphenoxylate hydrochloride/atropine</i>	40	<i>econazole nitrate</i>	55
<i>sulfate</i>		EDURANT	7
<i>diphenoxylate/atropine</i>	41	<i>efavirenz</i>	7

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<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	ERLEADA	10
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	<i>erlotinib hydrochloride</i>	10
EGRIFTA SV	49	<i>errin</i>	46
ELESTRIN	47	<i>ertapenem</i>	3
ELIGARD	48	<i>ery</i>	55
ELIQUIS	18	ERYTHROCIN LACTOBIONATE	3
ELIQUIS STARTER PACK	18	ERYTHROCIN STEARATE	3
ELMIRON	53	<i>erythromycin</i>	3
<i>eluryng</i>	46	<i>erythromycin</i>	38
EMCYT	10	<i>erythromycin</i>	56
EMEND	41	<i>erythromycin base</i>	3
EMFLAZA	43	<i>erythromycin dr</i>	3
EMGALITY	27	<i>erythromycin ethylsuccinate</i>	3
<i>emoquette</i>	46	<i>erythromycin lactobionate</i>	3
EMSAM	28	<i>erythromycin/benzoyl peroxide</i>	56
<i>emtricitabine</i>	7	ESBRIET	54
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>escitalopram oxalate</i>	31
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>esomeprazole magnesium</i>	41
EMTRIVA	7	<i>estradiol</i>	47
<i>enalapril maleate</i>	22	<i>estradiol valerate</i>	47
<i>enalapril maleate/hydrochlorothiazide</i>	22	ESTRING	47
ENBREL	51	<i>ethacrynic acid</i>	36
ENBREL MINI	50	<i>ethambutol hydrochloride</i>	5
ENBREL SURECLICK	51	<i>ethosuximide</i>	26
<i>endocet</i>	24	<i>etodolac</i>	24
ENGERIX-B	15	<i>etodolac er</i>	24
<i>enoxaparin sodium</i>	18	<i>etonogestrel/ethinyl estradiol</i>	46
ENSPRYNG	52	<i>etravirine</i>	7
<i>entacapone</i>	28	EUCRISA	57
<i>entecavir</i>	7	<i>euthyrox</i>	49
ENTRESTO	22	EVAMIST	47
<i>enulose</i>	34	EVENITY	50
ENVARUSUS XR	52	<i>everolimus</i>	10
EPCLUSA	7	<i>everolimus</i>	52
EPIDIOLEX	26	EVOTAZ	7
<i>epinastine hcl</i>	39	EVRYSDI	53
<i>epinephrine</i>	17	<i>exemestane</i>	47
<i>epitol</i>	26	EXKIVITY	10
<i>eplerenone</i>	22	EXSERVAN	29
EPRONTIA	26	EXTAVIA	52
EQUETRO	26	<i>ezetimibe</i>	19
ERAXIS	5	<i>ezetimibe/simvastatin</i>	19
ERIVEDGE	10	FABIOR	59
		<i>falmina</i>	46
		<i>famciclovir</i>	7

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<i>famotidine</i>	41	<i>fluorometholone</i>	38
FANAPT	31	<i>fluorouracil</i>	59
FANAPT TITRATION PACK	31	<i>fluoxetine dr</i>	31
FARXIGA	44	<i>fluoxetine hcl</i>	31
FASENRA	54	<i>fluoxetine hydrochloride</i>	31
FASENRA PEN	54	<i>fluphenazine decanoate</i>	31
<i>febuxostat</i>	50	<i>fluphenazine hcl</i>	31
<i>felbamate</i>	26	<i>fluphenazine hydrochloride</i>	31
<i>felodipine er</i>	20	<i>flurandrenolide</i>	57
FEMRING	47	<i>flurbiprofen</i>	24
<i>fenofibrate</i>	19	<i>flurbiprofen sodium</i>	38
<i>fenofibrate micronized</i>	19	<i>flutamide</i>	10
<i>fenofibric acid dr</i>	19	<i>fluticasone propionate</i>	38
<i>fenopropfen calcium</i>	24	<i>fluticasone propionate</i>	57
<i>fentanyl</i>	24	<i>fluticasone propionate hfa</i>	43
<i>fentanyl citrate</i>	24	<i>fluticasone propionate/salmeterol</i>	43
<i>fentanyl citrate oral transmucosal</i>	24	<i>fluticasone propionate/salmeterol diskus</i>	17
FERRIPROX	43	<i>fluvastatin</i>	19
<i>fesoterodine fumarate er</i>	60	<i>fluvastatin sodium er</i>	19
FETZIMA	31	<i>flvoxamine maleate</i>	31
FETZIMA TITRATION PACK	31	<i>flvoxamine maleate er</i>	31
FEXMID	17	FML	38
<i>finasteride</i>	50	FML FORTE	38
FINTEPLA	26	<i>folic acid</i>	60
FIRDAPSE	53	<i>fondaparinux sodium</i>	18
FIRMAGON	48	<i>formoterol fumarate</i>	17
FIRVANQ	3	FORTEO	48
<i>flac</i>	38	<i>fosamprenavir calcium</i>	7
FLAREX	38	<i>fosfomycin tromethamine</i>	9
FLEBOGAMMA DIF	14	<i>fosinopril sodium</i>	22
<i>flecainide acetate</i>	21	<i>fosinopril sodium/hydrochlorothiazide</i>	22
FLOLIPID	19	FOTIVDA	10
FLOVENT DISKUS	43	FRAGMIN	18
FLOVENT HFA	43	FREAMINE III	35
<i>fluconazole</i>	5	FREESTYLE LIBRE/SENSOR/FLASH	33
<i>fluconazole in sodium chloride</i>	5	MONITORING SYSTEM	
<i>flucytosine</i>	5	<i>frovatriptan succinate</i>	27
<i>fludrocortisone acetate</i>	43	<i>furosemide</i>	36
<i>flunisolide</i>	38	FUZEON	7
<i>fluocinolone acetonide</i>	38	<i>fyavolv</i>	47
<i>fluocinolone acetonide</i>	57	FYCOMPA	26
<i>fluocinolone acetonide body</i>	57	<i>gabapentin</i>	26
<i>fluocinolone acetonide scalp</i>	57	GALAFOLD	53
<i>fluocinonide</i>	57	<i>galantamine hydrobromide</i>	16
<i>fluocinonide emulsified base</i>	57	<i>galantamine hydrobromide er</i>	16

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GAMMAGARD LIQUID	14	<i>gnp ultra comfort insulin syringe/0.5ml/30g</i>	33
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	14	<i>x 5/16" short</i>	
GAMMAKED	14	GOCOVRI	28
GAMMAPLEX	14	<i>granisetron hydrochloride</i>	41
GAMUNEX-C	14	<i>griseofulvin microsize</i>	5
GARDASIL 9	15	<i>griseofulvin ultramicrosize</i>	5
<i>gatifloxacin</i>	38	<i>guanfacine er</i>	29
GATTEX	42	<i>guanfacine hydrochloride</i>	29
<i>gauze pads 2"x2"</i>	33	GVOKE HYPOPEN 1-PACK	45
<i>gavilyte-c</i>	41	GVOKE HYPOPEN 2-PACK	45
<i>gavilyte-g</i>	41	GVOKE KIT	45
<i>gavilyte-n/ flavor pack</i>	41	GVOKE PFS	45
GAVRETO	10	GYNAZOLE-1	56
<i>gemfibrozil</i>	19	HAEGARDA	52
GEMTESA	60	<i>halcinonide</i>	57
<i>generlac</i>	34	<i>halobetasol propionate</i>	57
GENGRAF	52	HALOG	57
GENOTROPIN	49	<i>haloperidol</i>	31
GENOTROPIN MINIQUICK	49	<i>haloperidol decanoate</i>	31
<i>gentak</i>	38	<i>haloperidol lactate</i>	31
<i>gentamicin sulfate</i>	3	HARVONI	7
<i>gentamicin sulfate</i>	38	HAVRIX	15
<i>gentamicin sulfate</i>	56	<i>heparin sodium</i>	18
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HEPATAMINE	35
GENVOYA	7	HETLIOZ	28
GILENYA	52	HETLIOZ LQ	29
GILOTRIF	10	HIBERIX	15
<i>glimepiride</i>	44	HORIZANT	26
<i>glipizide</i>	44	HUMALOG	44
<i>glipizide er</i>	44	HUMALOG JUNIOR KWIKPEN	44
<i>glipizide/metformin hydrochloride</i>	44	HUMALOG KWIKPEN	44
GLOPERBA	50	HUMALOG MIX 50/50	44
GLUCAGEN HYPOKIT	45	HUMALOG MIX 50/50 KWIKPEN	44
GLUCAGON EMERGENCY KIT	45	HUMALOG MIX 75/25	44
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	45	HUMALOG MIX 75/25 KWIKPEN	44
<i>glyburide</i>	44	HUMATROPE	49
<i>glyburide micronized</i>	44	HUMIRA	51
<i>glyburide/metformin hydrochloride</i>	44	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	51
<i>glycopyrrolate</i>	16	HUMIRA PEN	51
GLYXAMBI	44	HUMIRA PEN-CD/UC/HS STARTER	51
<i>gnp ultra comfort insulin syringe/0.3ml/30g</i>	33	HUMIRA PEN-PEDIATRIC UC STARTER PACK	51
<i>x 5/16" short</i>		HUMIRA PEN-PS/UV STARTER	51
		HUMULIN 70/30	44

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HUMULIN N	44	<i>imiquimod</i>	59
HUMULIN N KWIKPEN	44	<i>imiquimod pump</i>	59
HUMULIN R	44	IMOVAX RABIES (H.D.C.V.)	15
HUMULIN R U-500 (CONCENTRATED)	44	IMPAVIDO	6
HUMULIN R U-500 KWIKPEN	44	IMVEXXY MAINTENANCE PACK	47
<i>hydralazine hcl</i>	21	IMVEXXY STARTER PACK	47
<i>hydralazine hydrochloride</i>	21	INBRIJA	28
<i>hydrochlorothiazide</i>	36	INCRELEX	49
<i>hydrocodone bitartrate er</i>	24	<i>indapamide</i>	36
<i>hydrocodone bitartrate/acetaminophen</i>	24	INDOCIN	24
<i>hydrocodone bitartrate/homatropine</i>	54	<i>indomethacin</i>	24
<i>methylbromide</i>		<i>indomethacin er</i>	24
<i>hydrocodone polistirex/chlorpheniramine</i>	54	INFANRIX	15
<i>polistirex</i>		INGREZZA	33
<i>hydrocodone/acetaminophen</i>	24	INLYTA	10
<i>hydrocodone/ibuprofen</i>	24	INQOVI	10
<i>hydrocortisone</i>	43	INREBIC	11
<i>hydrocortisone</i>	58	INTELENCE	7
<i>hydrocortisone butyrate</i>	57	INTRALIPID	35
<i>hydrocortisone valerate</i>	58	INTRAROSA	43
<i>hydrocortisone/acetic acid</i>	38	INTRON A	11
<i>hydromorphone hcl</i>	24	<i>introvale</i>	46
<i>hydromorphone hcl er</i>	24	INVEGA HAFYERA	31
<i>hydromorphone hydrochloride er</i>	24	INVEGA SUSTENNA	31
<i>hydroxychloroquine sulfate</i>	6	INVEGA TRINZA	31
<i>hydroxyurea</i>	10	INVELTYS	39
<i>hydroxyzine hcl</i>	29	IOPIDINE	40
<i>hydroxyzine hydrochloride</i>	29	IPOL INACTIVATED IPV	15
<i>hydroxyzine pamoate</i>	29	<i>ipratropium bromide</i>	16
<i>ibandronate sodium</i>	50	<i>ipratropium bromide/albuterol sulfate</i>	17
IBRANCE	10	<i>irbesartan</i>	22
<i>ibu</i>	24	<i>irbesartan/hydrochlorothiazide</i>	22
<i>ibuprofen</i>	24	IRESSA	11
<i>icatibant acetate</i>	52	ISENTRESS	7
<i>iclevia</i>	46	ISENTRESS HD	7
ICLUSIG	10	ISOLYTE-P/DEXTROSE 5%	36
<i>icosapent ethyl</i>	19	<i>isoniazid</i>	5
IDHIFA	10	<i>isosorbide dinitrate</i>	23
ILEVRO	39	<i>isosorbide dinitrate/hydralazine</i>	22
<i>imatinib mesylate</i>	10	<i>hydrochloride</i>	
IMBRUVICA	10	<i>isosorbide mononitrate</i>	23
<i>imipenem/cilastatin</i>	3	<i>isosorbide mononitrate er</i>	23
<i>imipramine hcl</i>	31	<i>isotonic gentamicin</i>	3
<i>imipramine hydrochloride</i>	31	<i>isotretinoin</i>	59

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ISTURISA	53	KISQALI FEMARA 400 DOSE	47
<i>itraconazole</i>	5	KISQALI FEMARA 600 DOSE	47
<i>ivermectin</i>	2	KLISYRI	59
<i>ivermectin</i>	56	<i>klor-con</i>	37
IXIARO	15	<i>klor-con 10</i>	37
JAKAFI	11	<i>klor-con 8</i>	37
<i>jantoven</i>	18	<i>klor-con m10</i>	37
JANUMET	44	KLOR-CON M15	37
JANUMET XR	44	<i>klor-con m20</i>	37
JANUVIA	44	KORLYM	45
JARDIANCE	44	KOSELUGO	11
JENTADUETO	45	KRINTAFEL	6
JENTADUETO XR	45	KRISTALOSE	34
<i>jinteli</i>	47	K-TAB	36
JULUCA	7	KYNMOBI	28
<i>junel 1.5/30</i>	46	<i>labetalol hydrochloride</i>	20
<i>junel 1/20</i>	46	<i>lacosamide</i>	26
<i>junel fe 1.5/30</i>	46	<i>lactulose</i>	34
<i>junel fe 1/20</i>	46	<i>lamivudine</i>	7
<i>junel fe 24</i>	46	<i>lamivudine/zidovudine</i>	7
JUXTAPID	19	<i>lamotrigine</i>	26
JYNARQUE	36	LAMPIT	6
KALYDECO	54	LANOXIN	21
<i>kariva</i>	46	<i>lansoprazole</i>	41
<i>kcl 0.075%/d5w/nacl 0.45%</i>	37	<i>lansoprazole/amoxicillin/clarithromycin</i>	41
<i>kcl 0.15%/d5w/nacl 0.2%</i>	37	<i>lanthanum carbonate</i>	36
<i>kcl 0.15%/d5w/nacl 0.225%</i>	37	LANTUS	45
<i>kcl 0.15%/d5w/nacl 0.45%</i>	37	LANTUS SOLOSTAR	45
<i>kcl 0.15%/d5w/nacl 0.9%</i>	37	<i>lapatinib ditosylate</i>	11
<i>kcl 0.3%/d5w/nacl 0.45%</i>	37	<i>larin 1.5/30</i>	46
<i>kcl 0.3%/d5w/nacl 0.9%</i>	37	<i>larin 1/20</i>	46
<i>kelnor 1/35</i>	46	<i>larin fe 1.5/30</i>	46
KERENDIA	22	<i>larin fe 1/20</i>	46
KESIMPTA	52	<i>latanoprost</i>	40
<i>ketoconazole</i>	5	LATUDA	31
<i>ketoconazole</i>	56	LAZANDA	24
KETODAN	56	<i>leflunomide</i>	51
<i>ketoprofen</i>	24	<i>lenalidomide</i>	11
<i>ketoprofen er</i>	24	LENVIMA 10 MG DAILY DOSE	11
<i>ketorolac tromethamine</i>	39	LENVIMA 12MG DAILY DOSE	11
KEVEYIS	50	LENVIMA 14 MG DAILY DOSE	11
KINERET	51	LENVIMA 18 MG DAILY DOSE	11
KINRIX	15	LENVIMA 20 MG DAILY DOSE	11
KISQALI	11	LENVIMA 24 MG DAILY DOSE	11

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LENVIMA 8 MG DAILY DOSE	11	LOKELMA	36
<i>lessina</i>	46	LONHALA MAGNAIR REFILL KIT	16
<i>letrozole</i>	47	LONSURF	11
<i>leucovorin calcium</i>	50	<i>loperamide hcl</i>	41
LEUKERAN	11	<i>lopinavir/ritonavir</i>	7
LEUKINE	18	<i>lorazepam</i>	29
<i>leuprolide acetate</i>	48	<i>lorazepam intensol</i>	29
<i>levabuterol</i>	17	LORBRENA	11
<i>levabuterol hcl</i>	17	<i>losartan potassium</i>	22
<i>levabuterol tartrate hfa</i>	17	<i>losartan potassium/hydrochlorothiazide</i>	22
LEVEMIR	45	LOTEMAX	39
LEVEMIR FLEXTOUCH	45	<i>loteprednol etabonate</i>	39
<i>levetiracetam</i>	26	<i>lovastatin</i>	19
<i>levetiracetam er</i>	26	<i>loxapine</i>	31
<i>levobunolol hcl</i>	40	<i>lubiprostone</i>	42
<i>levocarnitine</i>	53	LUCEMYRA	17
<i>levocetirizine dihydrochloride</i>	9	<i>luliconazole</i>	56
<i>levofloxacin</i>	3	LUMAKRAS	11
<i>levofloxacin</i>	38	LUMIGAN	40
<i>levofloxacin in d5w</i>	3	LUPKYNIS	52
<i>levonest</i>	46	LUPRON DEPOT (1-MONTH)	48
<i>levonorgestrel and ethinyl estradiol</i>	46	LUPRON DEPOT (3-MONTH)	48
<i>levonorgestrel/ethinyl estradiol</i>	46	LUPRON DEPOT (4-MONTH)	48
<i>levora 0.15/30-28</i>	46	LUPRON DEPOT (6-MONTH)	48
<i>levorphanol tartrate</i>	24	LYBALVI	31
<i>levo-t</i>	49	LYNPARZA	11
<i>levothyroxine sodium</i>	49	LYSODREN	11
<i>levoxyl</i>	49	<i>mafenide acetate</i>	56
LEXIVA	7	<i>magnesium sulfate</i>	26
<i>lidocaine</i>	58	<i>malathion</i>	56
<i>lidocaine hcl</i>	58	<i>maraviroc</i>	7
<i>lidocaine viscous</i>	40	<i>marlissa</i>	46
<i>lidocaine/prilocaine</i>	58	MARPLAN	31
<i>lindane</i>	56	MATULANE	11
<i>linezolid</i>	3	<i>matzim la</i>	20
LINZESS	42	MAVENCLAD	52
<i>liothyronine sodium</i>	49	MAVYRET	7
<i>lisinopril</i>	22	MAXIDEX	39
<i>lisinopril/hydrochlorothiazide</i>	22	MAYZENT	52
<i>lithium carbonate</i>	27	MAYZENT STARTER PACK	52
<i>lithium carbonate er</i>	27	<i>meclizine hcl</i>	41
LIVALO	19	<i>meclofenamate sodium</i>	24
LIVMARLI	42	MEDROL	43
LIVTENCITY	7	<i>medroxyprogesterone acetate</i>	49

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<i>megestrol acetate</i>	49	<i>metyrosine</i>	53
MEKINIST	11	<i>mexiletine hcl</i>	21
MEKTOVI	12	<i>micafungin</i>	5
<i>meloxicam</i>	24	<i>miconazole 3</i>	56
<i>memantine hcl titration pak</i>	29	<i>microgestin 1.5/30</i>	46
<i>memantine hydrochloride</i>	29	<i>microgestin 1/20</i>	46
<i>memantine hydrochloride er</i>	29	<i>microgestin fe 1.5/30</i>	46
MENACTRA	15	<i>microgestin fe 1/20</i>	46
MENEST	47	<i>midodrine hcl</i>	17
MENOSTAR	47	MIGERGOT	27
MENQUADFI	15	<i>miglitol</i>	45
MENTAX	56	<i>miglustat</i>	53
MENVEO	15	MILLIPRED	43
<i>mercaptapurine</i>	12	<i>minocycline hcl</i>	4
<i>meropenem</i>	4	<i>minocycline hydrochloride</i>	4
<i>mesalamine</i>	40	<i>minocycline hydrochloride er</i>	59
<i>mesalamine dr</i>	40	<i>minoxidil</i>	21
<i>mesalamine er</i>	40	<i>mirtazapine</i>	31
MESNEX	53	<i>mirtazapine odt</i>	31
<i>metformin hydrochloride</i>	45	<i>misoprostol</i>	41
<i>metformin hydrochloride er</i>	45	M-M-R II	15
<i>methadone hcl</i>	24	<i>modafinil</i>	25
<i>methamphetamine hcl</i>	25	<i>moexipril hcl</i>	22
<i>methazolamide</i>	40	<i>molindone hydrochloride</i>	31
<i>methenamine hippurate</i>	9	<i>mometasone furoate</i>	39
<i>methimazole</i>	49	<i>mometasone furoate</i>	58
METHITEST	44	<i>montelukast sodium</i>	54
<i>methotrexate</i>	12	<i>morphine sulfate</i>	25
<i>methotrexate sodium</i>	12	<i>morphine sulfate er</i>	24
<i>methoxsalen</i>	58	MOVANTIK	42
<i>methscopolamine bromide</i>	16	<i>moxifloxacin hydrochloride/sodium</i>	4
<i>methylphenidate hydrochloride</i>	25	<i>hydrochloride</i>	
<i>methylphenidate hydrochloride er</i>	25	<i>moxifloxacin hydrochloride</i>	4
<i>methylprednisolone</i>	43	<i>moxifloxacin hydrochloride</i>	38
<i>methylprednisolone dose pack</i>	43	MULPLETA	18
<i>methyltestosterone</i>	44	MULTAQ	21
<i>metoclopramide hcl</i>	42	<i>mupirocin</i>	56
<i>metoclopramide hydrochloride</i>	42	MYCAPSSA	49
<i>metolazone</i>	36	<i>mycophenolate mofetil</i>	52
<i>metoprolol succinate er</i>	20	<i>mycophenolic acid dr</i>	52
<i>metoprolol tartrate</i>	20	MYFEMBREE	48
<i>metoprolol/hydrochlorothiazide</i>	20	MYORISAN	59
<i>metronidazole</i>	6	MYRBETRIQ	60
<i>metronidazole</i>	56	MYTESI	41

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<i>nadolol</i>	20	<i>nilutamide</i>	12
<i>nafcillin sodium</i>	4	<i>nimodipine</i>	21
<i>naftifine hcl</i>	56	NINLARO	12
<i>naftifine hydrochloride</i>	56	<i>nisoldipine er</i>	21
<i>naloxone hcl</i>	29	<i>nitazoxanide</i>	6
<i>naloxone hydrochloride</i>	29	<i>nitisinone</i>	53
<i>naltrexone hcl</i>	30	NITRO-BID	23
NAMZARIC	29	<i>nitrofurantoin macrocrystals</i>	9
<i>naproxen</i>	25	<i>nitrofurantoin monohydrate/macrocrystals</i>	9
<i>naproxen sodium</i>	25	<i>nitroglycerin</i>	23
<i>naratriptan hcl</i>	27	<i>nitroglycerin lingual</i>	23
NATACYN	38	<i>nitroglycerin transdermal</i>	23
<i>nateglinide</i>	45	NITYR	53
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NAYZILAM	26	<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	47
<i>nebivolol hydrochloride</i>	20	<i>norethindrone acetate</i>	49
<i>necon 0.5/35-28</i>	46	<i>norethindrone acetate/ethinyl estradiol</i>	48
<i>nefazodone hydrochloride</i>	31	NORPACE CR	21
<i>neomycin sulfate</i>	4	<i>nortrel 0.5/35 (28)</i>	47
<i>neomycin/bacitracin/polymyxin</i>	38	<i>nortrel 1/35</i>	47
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	39	<i>nortrel 7/7/7</i>	47
<i>neomycin/polymyxin/dexamethasone</i>	39	<i>nortriptyline hcl</i>	31
<i>neomycin/polymyxin/gramicidin</i>	38	<i>nortriptyline hydrochloride</i>	31
<i>neomycin/polymyxin/hc</i>	39	NORVIR	7
<i>neomycin/polymyxin/hydrocortisone</i>	39	NOURIANZ	29
<i>neo-polycin</i>	38	NOXAFIL	5
<i>neo-polycin hc</i>	39	<i>np thyroid 120</i>	49
NERLYNX	12	<i>np thyroid 15</i>	50
NEULASTA	18	<i>np thyroid 30</i>	50
NEUPRO	28	<i>np thyroid 60</i>	50
<i>nevirapine</i>	7	<i>np thyroid 90</i>	50
<i>nevirapine er</i>	7	NUBEQA	12
NEXAVAR	12	NUCALA	54
NEXLETOL	19	NUEDEXTA	29
NEXLIZET	19	NUPLAZID	32
NEXTSTELLIS	46	NURTEC	27
<i>niacin</i>	60	NUTRILIPID	35
<i>niacin er</i>	19	NUTROPIN AQ NUSPIN 10	49
<i>niacor</i>	60	NUTROPIN AQ NUSPIN 20	49
<i>nicardipine hcl</i>	20	NUTROPIN AQ NUSPIN 5	49
NICOTROL INHALER	16	NUVESSA	56
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<i>nystatin</i>	56	ORLADEYO	52
<i>nystop</i>	56	<i>orsythia</i>	47
OCALIVA	42	<i>oseltamivir phosphate</i>	8
OCTAGAM	15	OSMOPREP	42
<i>octreotide acetate</i>	49	OSPHERA	48
ODEFSEY	7	<i>oxacillin sodium</i>	4
ODOMZO	12	<i>oxandrolone</i>	44
OFEV	54	<i>oxaprozin</i>	25
<i>ofloxacin</i>	4	<i>oxazepam</i>	29
<i>ofloxacin</i>	38	OXBRYTA	18
<i>olanzapine</i>	32	<i>oxcarbazepine</i>	26
<i>olanzapine odt</i>	32	OXERVATE	40
<i>olanzapine/fluoxetine</i>	32	<i>oxybutynin chloride</i>	60
<i>olmesartan medoxomil</i>	22	<i>oxybutynin chloride er</i>	60
<i>olmesartan</i>	21	<i>oxycodone hcl er</i>	25
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>oxycodone hydrochloride</i>	25
<i>olmesartan medoxomil/hydrochlorothiazide</i>	22	<i>oxycodone/acetaminophen</i>	25
<i>olopatadine hcl</i>	39	OXYCONTIN	25
<i>olopatadine hydrochloride</i>	39	OZEMPIC	45
<i>omega-3-acid ethyl esters</i>	19	<i>pacerone</i>	21
<i>omeprazole</i>	41	<i>paliperidone er</i>	32
<i>omeprazole dr</i>	41	PALYNZIQ	37
OMNIPOD 5 G6 INTRO KIT (GEN 5)	33	PANDEL	58
OMNIPOD 5 G6 PODS (GEN 5)	33	PANRETIN	59
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	33	<i>pantoprazole sodium</i>	41
OMNIPOD CLASSIC PODS (GEN 3)	33	<i>pantoprazole sodium dr</i>	41
OMNIPOD DASH INTRO KIT (GEN 4)	33	PANZYGA	15
OMNIPOD DASH PDM KIT (GEN 4)	33	<i>paricalcitol</i>	60
OMNIPOD DASH PODS (GEN 4)	33	<i>paromomycin sulfate</i>	6
OMNITROPE	49	<i>paroxetine hcl</i>	32
<i>ondansetron hcl</i>	41	<i>paroxetine hcl er</i>	32
<i>ondansetron hydrochloride</i>	41	<i>paroxetine hydrochloride</i>	32
<i>ondansetron odt</i>	41	PASER	5
ONGENTYS	28	PEDIARIX	15
ONUREG	12	PEDVAX HIB	15
OPSUMIT	55	<i>peg-3350/electrolytes</i>	42
ORALAIR	14	<i>peg-3350/electrolytes/ascorbate</i>	42
<i>oralone dental paste</i>	58	<i>peg-3350/nacl/na bicarbonate/kcl</i>	42
ORENITRAM	55	<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	42
ORFADIN	53	PEGASYS	8
ORGOVYX	48	PEMAZYRE	12
ORIAHNN	48	<i>penicillamine</i>	43

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Drug Name	Page #	Drug Name	Page #
<i>penicillin g potassium</i>	4	<i>polymyxin b sulfate/trimethoprim sulfate</i>	38
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	POMALYST	12
<i>penicillin g procaine</i>	4	<i>portia-28</i>	47
<i>penicillin g sodium</i>	4	<i>posaconazole dr</i>	5
<i>penicillin v potassium</i>	4	<i>potassium chloride</i>	37
PENTACEL	15	<i>potassium chloride er</i>	37
<i>pentamidine isethionate</i>	6	<i>potassium chloride/dextrose</i>	37
PENTASA	40	<i>potassium chloride/dextrose/lactated ringers</i>	37
<i>pentoxifylline er</i>	19	<i>potassium chloride/dextrose/sodium chloride</i>	37
<i>perindopril erbumine</i>	22	<i>potassium chloride/sodium chloride</i>	37
<i>periogard</i>	38	<i>potassium citrate er</i>	34
<i>permethrin</i>	56	PRALUENT	19
<i>perphenazine</i>	32	<i>pramipexole dihydrochloride</i>	28
PERSERIS	32	<i>prasugrel</i>	18
PEXEVA	32	<i>pravastatin sodium</i>	19
<i>phenelzine sulfate</i>	32	<i>praziquantel</i>	2
<i>phenobarbital</i>	29	<i>prazosin hydrochloride</i>	19
<i>phenoxybenzamine hydrochloride</i>	17	PRED MILD	39
<i>phenytoin</i>	27	PRED-G	39
<i>phenytoin sodium extended</i>	27	PRED-G S.O.P.	39
PIFELTRO	8	<i>prednisolone</i>	43
<i>pilocarpine hcl</i>	40	<i>prednisolone acetate</i>	39
<i>pilocarpine hydrochloride</i>	16	<i>prednisolone sodium phosphate</i>	39
<i>pimecrolimus</i>	59	<i>prednisolone sodium phosphate</i>	43
<i>pimozide</i>	32	<i>prednisolone sodium phosphate odt</i>	43
<i>pindolol</i>	20	<i>prednisone</i>	43
<i>pioglitazone hcl</i>	45	PREDNISON INTENSOL	43
<i>pioglitazone hcl/metformin hcl</i>	45	<i>pregabalin</i>	27
<i>pioglitazone hcl-glimepiride</i>	45	<i>pregabalin er</i>	25
<i>pioglitazone hydrochloride</i>	45	PREHEVBRIO	15
<i>piperacillin sodium/tazobactam sodium</i>	4	PREMARIN	48
PIQRAY 200MG DAILY DOSE	12	PREMASOL	35
PIQRAY 250MG DAILY DOSE	12	<i>premium lidocaine</i>	58
PIQRAY 300MG DAILY DOSE	12	PREMPHASE	48
<i>pirfenidone</i>	54	PREMPRO	48
<i>piroxicam</i>	25	<i>prenatal</i>	60
PLASMA-LYTE A	37	<i>pretomanid</i>	5
PLASMA-LYTE-148	37	<i>prevalite</i>	19
PLEGRIDY	52	PREVYMIS	8
PLEGRIDY STARTER PACK	52	PREZCOBIX	8
PLENAMINE	35	PREZISTA	8
<i>podofilox</i>	59	PRIFTIN	5
<i>polycin</i>	38	<i>primaquine phosphate</i>	6
<i>polymyxin b sulfate</i>	4		

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<i>primidone</i>	27	QELBREE	29
PRIORIX	15	QINLOCK	12
PRIVIGEN	15	QUADRACEL	15
PROAIR RESPICLICK	17	<i>quetiapine fumarate</i>	32
<i>probenecid</i>	37	<i>quetiapine fumarate er</i>	32
<i>probenecid/colchicine</i>	37	QUILLIVANT XR	25
PROCALAMINE	35	<i>quinapril hcl</i>	22
<i>prochlorperazine</i>	32	<i>quinapril hydrochloride</i>	22
<i>prochlorperazine maleate</i>	32	<i>quinapril/hydrochlorothiazide</i>	22
PROCRIT	18	<i>quinidine gluconate cr</i>	21
<i>procto-med hc</i>	58	<i>quinidine sulfate</i>	21
<i>procto-pak</i>	58	<i>quinine sulfate</i>	6
<i>proctosol hc</i>	58	QVAR REDIHALER	43
<i>proctozone-hc</i>	58	RABAVERT	15
<i>progesterone</i>	49	<i>rabeprazole sodium</i>	41
PROGRAF	52	RADICAVA ORS	29
PROLASTIN-C	55	RADICAVA ORS STARTER KIT	29
PROLENSA	39	<i>raloxifene hydrochloride</i>	48
PROLIA	50	<i>ramelteon</i>	29
PROMACTA	18	<i>ramipril</i>	22
<i>promethazine hcl</i>	9	<i>ranolazine er</i>	21
<i>promethazine hcl plain</i>	9	<i>rasagiline mesylate</i>	28
<i>promethazine hydrochloride</i>	9	RASUVO	51
<i>promethazine vc/codeine</i>	54	RAVICTI	34
<i>promethazine/codeine</i>	54	RAYALDEE	60
<i>promethazine/phenylephrine/codeine</i>	54	REBIF	52
<i>propafenone hcl</i>	21	REBIF REBIDOSE	52
<i>propafenone hydrochloride er</i>	21	REBIF REBIDOSE TITRATION PACK	52
<i>propranolol hcl</i>	20	REBIF TITRATION PACK	52
<i>propranolol hcl er</i>	20	RECOMBIVAX HB	15
<i>propranolol hydrochloride</i>	20	RECORLEV	53
<i>propranolol hydrochloride er</i>	20	RECTIV	59
<i>propylthiouracil</i>	50	REGRANEX	59
PROQUAD	15	RELENZA DISKHALER	8
PROSOL	35	RELISTOR	42
<i>protriptyline hcl</i>	32	<i>repaglinide</i>	45
PULMOZYME	55	REPATHA	19
PURIXAN	12	REPATHA PUSHTRONEX SYSTEM	19
PYLERA	41	REPATHA SURECLICK	19
<i>pyrazinamide</i>	6	RESTASIS	39
<i>pyridostigmine bromide</i>	16	RESTASIS MULTIDOSE	39
<i>pyridostigmine bromide er</i>	16	RETACRIT	18
<i>pyrimethamine</i>	6	RETEVMO	12
PYRUKYND	18	RETIN-A MICRO PUMP	58
PYRUKYND TAPER PACK	18	REVCovi	37

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REVLIMID	12	SAVELLA	29
REXULTI	32	SAVELLA TITRATION PACK	29
REYATAZ	8	SCSEMBLIX	12
REZUROCK	53	<i>scopolamine</i>	41
RHOPRESSA	40	SECUADO	32
<i>ribavirin</i>	8	<i>selegiline hcl</i>	28
RIDAURA	42	<i>selenium sulfide</i>	56
<i>rifabutin</i>	6	SELZENTRY	8
<i>rifampin</i>	6	SEREVENT DISKUS	17
<i>riluzole</i>	29	SEROSTIM	49
<i>rimantadine hydrochloride</i>	8	<i>sertraline hcl</i>	32
RINVOQ	51	<i>sertraline hydrochloride</i>	32
<i>risedronate sodium</i>	50	<i>sevelamer carbonate</i>	36
<i>risedronate sodium dr</i>	50	<i>sharobel</i>	47
RISPERDAL CONSTA	32	SHINGRIX	15
<i>risperidone</i>	32	SIGNIFOR	49
<i>risperidone odt</i>	32	<i>sildenafil</i>	23
<i>ritonavir</i>	8	<i>sildenafil citrate</i>	23
<i>rivastigmine tartrate</i>	16	<i>silodosin</i>	17
<i>rivastigmine transdermal system</i>	16	<i>silver sulfadiazine</i>	56
<i>rizatriptan benzoate</i>	27	SIMBRINZA	40
<i>rizatriptan benzoate odt</i>	27	<i>simvastatin</i>	19
ROCKLATAN	40	<i>sirolimus</i>	52
<i>ropinirole hcl</i>	28	SIRTURO	6
<i>ropinirole hydrochloride</i>	28	SIVEXTRO	4
<i>rosadan</i>	56	SKYRIZI	42
<i>rosuvastatin calcium</i>	19	SKYRIZI	59
ROTARIX	15	SKYRIZI PEN	59
ROTATEQ	15	<i>sodium chloride</i>	37
ROWASA	40	<i>sodium chloride 0.45%</i>	37
<i>roweepira</i>	27	<i>sodium chloride 0.9%</i>	36
ROZLYTREK	12	<i>sodium phenylbutyrate</i>	34
RUBRACA	12	<i>sodium polystyrene sulfonate</i>	36
RUCONEST	53	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	42
<i>rufinamide</i>	27	<i>solifenacin succinate</i>	60
RUKOBIA	8	SOLOSEC	6
RYBELSUS	45	SOLTAMOX	48
RYDAPT	12	SOMAVERT	49
RYTARY	28	<i>sorafenib</i>	13
SAIZEN	49	<i>sorafenib tosylate</i>	13
SAIZENPREP RECONSTITUTIONKIT	49	<i>sotalol hcl</i>	20
SAJAZIR	53	<i>sotalol hydrochloride (af)</i>	20
SANCUSO	41	SOTYLIZE	20
SANTYL	59	SPIRIVA HANDIHALER	16
<i>sapropterin dihydrochloride</i>	53		

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SPIRIVA RESPIMAT	16	SYNTHROID	50
<i>spironolactone</i>	22	TABLOID	13
<i>spironolactone/hydrochlorothiazide</i>	22	TABRECTA	13
SPRITAM	27	<i>tacrolimus</i>	52
SPRYCEL	13	<i>tacrolimus</i>	59
<i>sps</i>	36	<i>tadalafil</i>	23
<i>ssd</i>	56	TAFINLAR	13
STAMARIL	16	TAGRISSO	13
STELARA	59	TAKHZYRO	53
STIOLTO RESPIMAT	16	TALTZ	59
STIVARGA	13	TALZENNA	13
<i>streptomycin sulfate</i>	4	<i>tamoxifen citrate</i>	48
STRIBILD	8	<i>tamsulosin hydrochloride</i>	17
STRIVERDI RESPIMAT	17	<i>targadox</i>	4
SUBSYS	25	TARGRETIN	59
<i>subvenite</i>	27	<i>tarina fe 1/20 eq</i>	47
<i>subvenite starter kit/blue</i>	27	TASIGNA	13
<i>subvenite starter kit/green</i>	27	TAVALISSE	18
<i>subvenite starter kit/orange</i>	27	TAVNEOS	53
SUCRAID	37	<i>tazarotene</i>	59
<i>sucrafate</i>	41	<i>tazicef</i>	4
<i>sulfacetamide sodium</i>	38	TAZORAC	60
<i>sulfacetamide sodium/prednisolone sodium</i>	39	<i>taztia xt</i>	21
<i>phosphate</i>		TAZVERIK	13
<i>sulfadiazine</i>	4	<i>tdvax</i>	15
<i>sulfamethoxazole/trimethoprim</i>	4	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	33
<i>sulfamethoxazole/trimethoprim ds</i>	4	<i>1/2"</i>	
SULFAMYLON	56	<i>techlite pen needles 29g x 10mm</i>	33
<i>sulfasalazine</i>	4	TEFLARO	4
<i>sulindac</i>	25	TEGSEDI	50
<i>sumatriptan</i>	27	TEKTURN HCT	22
<i>sumatriptan succinate</i>	27	<i>telmisartan</i>	22
<i>sunitinib malate</i>	13	<i>telmisartan/amlodipine</i>	21
SUNOSI	25	<i>telmisartan/hydrochlorothiazide</i>	22
SUPRAX	4	<i>temazepam</i>	29
SUPREP BOWEL PREP KIT	42	TEMIXYS	8
SYMDEKO	54	TENIVAC	15
SYMLINPEN 120	45	<i>tenofovir disoproxil fumarate</i>	8
SYMLINPEN 60	45	TEPMETKO	13
SYMPAZAN	27	<i>terazosin hcl</i>	19
SYMTUZA	8	<i>terazosin hydrochloride</i>	19
SYNAREL	48	<i>terbinafine hcl</i>	5
SYNJARDY	45	<i>terconazole</i>	56
SYNJARDY XR	45	<i>teriparatide</i>	48
SYNRIBO	13	<i>testosterone</i>	44

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<i>testosterone cypionate</i>	44	<i>tpn electrolytes</i>	37
<i>testosterone enanthate</i>	44	TRACLEER	55
<i>testosterone pump</i>	44	TRADJENTA	45
<i>tetrabenazine</i>	33	<i>tramadol hcl</i>	25
<i>tetracycline hydrochloride</i>	4	<i>tramadol hcl er</i>	25
THALOMID	52	<i>tramadol hydrochloride/acetaminophen</i>	25
<i>theophylline</i>	60	<i>trandolapril</i>	22
<i>theophylline er</i>	60	<i>tranexamic acid</i>	17
THIOLA EC	53	<i>tranylcypromine sulfate</i>	32
<i>thioridazine hcl</i>	32	TRAVASOL	35
<i>thiothixene</i>	32	<i>travoprost</i>	40
THYQUIDITY	50	<i>trazodone hydrochloride</i>	32
<i>tiadylt er</i>	21	TRECATOR	6
<i>tiagabine hydrochloride</i>	27	TRELEGY ELLIPTA	43
TIBSOVO	13	TRELSTAR MIXJECT	48
TICOVAC	16	TRESIBA	45
<i>tigecycline</i>	4	TRESIBA FLEXTOUCH	45
TIGLUTIK	29	<i>tretinoin</i>	13
<i>timolol maleate</i>	20	<i>tretinoin</i>	58
<i>timolol maleate</i>	40	<i>tretinoin microsphere</i>	58
<i>timolol maleate ophthalmic gel forming</i>	40	TREXALL	13
<i>tinidazole</i>	6	<i>triamcinolone acetonide</i>	58
<i>tiopronin</i>	53	<i>triamcinolone acetonide dental paste</i>	58
TIROSINT-SOL	50	<i>triamterene</i>	36
TIVICAY	8	<i>triamterene/hydrochlorothiazide</i>	36
TIVICAY PD	8	TRIANEX	58
<i>tizanidine hcl</i>	17	<i>triderm</i>	58
<i>tizanidine hydrochloride</i>	17	<i>trientine hydrochloride</i>	43
TOBI PODHALER	4	<i>trifluoperazine hcl</i>	32
TOBRADEX	39	<i>trifluoperazine hydrochloride</i>	32
TOBRADEX ST	39	<i>trifluridine</i>	38
<i>tobramycin</i>	4	<i>trihexyphenidyl hcl</i>	28
<i>tobramycin</i>	38	<i>trihexyphenidyl hydrochloride</i>	28
<i>tobramycin sulfate</i>	4	TRIKAFTA	54
<i>tobramycin/dexamethasone</i>	39	<i>trimethoprim</i>	9
<i>tolcapone</i>	28	<i>trimipramine maleate</i>	32
<i>tolterodine tartrate er</i>	60	TRINTELLIX	32
<i>tolvaptan</i>	36	<i>tri-sprintec</i>	47
<i>topiramate</i>	27	TRITOCIN	58
<i>topiramate er</i>	27	TRIUMEQ	8
<i>toremifene citrate</i>	48	TRIUMEQ PD	8
<i>torseamide</i>	36	<i>trivora-28</i>	47
TOUJEO MAX SOLOSTAR	45	TRIZIVIR	8
TOUJEO SOLOSTAR	45	TROPHAMINE	35
TOVET	58		

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<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	33	VELPHORO	36
<i>trueplus pen needles 29gx12mm</i>	34	VELTASSA	36
TRULICITY	45	VEMLIDY	8
TRUMENBA	16	VENCLEXTA	13
TRUSELTIQ	13	VENCLEXTA STARTING PACK	13
TUKYSA	13	<i>venlafaxine besylate er</i>	32
TURALIO	13	<i>venlafaxine hcl er</i>	33
TWINRIX	16	<i>venlafaxine hydrochloride</i>	33
TYBOST	53	<i>venlafaxine hydrochloride er</i>	33
TYMLOS	48	VENTAVIS	55
TYPHIM VI	16	<i>verapamil hcl</i>	21
UBRELVY	27	<i>verapamil hcl er</i>	21
UCERIS	58	<i>verapamil hcl sr</i>	21
UDENYCA	18	<i>verapamil hydrochloride</i>	21
UKONIQ	13	<i>verapamil hydrochloride er</i>	21
<i>unithroid</i>	50	VERQUVO	23
UPTRAVI	55	VERSACLOZ	33
UROCIT-K 10	34	VERZENIO	13
UROCIT-K 15	34	VIBRAMYCIN	5
UROCIT-K 5	34	VICTOZA	45
<i>ursodiol</i>	42	<i>vigabatrin</i>	27
VABOMERE	4	<i>vigadrone</i>	27
<i>valacyclovir hcl</i>	8	VIIBRYD	33
<i>valacyclovir hydrochloride</i>	8	VIIBRYD STARTER PACK	33
VALCHLOR	60	VIJOICE	53
<i>valganciclovir</i>	8	<i>vilazodone hydrochloride</i>	33
<i>valganciclovir hydrochloride</i>	8	VIMPAT	27
<i>valproate sodium</i>	27	VIRACEPT	8
<i>valproic acid</i>	27	VIREAD	8
<i>valsartan</i>	22	<i>vitamin d</i>	60
<i>valsartan/hydrochlorothiazide</i>	22	VITRAKVI	13
VALTOCO	27	VIVITROL	30
<i>vancomycin hcl</i>	4	VIZIMPRO	13
<i>vancomycin hydrochloride</i>	4	VONJO	13
<i>vandazole</i>	56	<i>voriconazole</i>	5
VAQTA	16	VOSEVI	8
<i>ardenafil hydrochloride</i>	23	VOTRIENT	14
<i>ardenafil hydrochloride odt</i>	23	VOXZOGO	53
<i>varenicline starting month box</i>	16	VRAYLAR	33
<i>varenicline tartrate</i>	16	VUMERITY	52
VARIVAX	16	<i>vyfemla</i>	47
VARUBI	41	VYNDAMAX	53
VASCEPA	20	VYNDAQEL	53
<i>velivet</i>	47	VYVANSE	26
		VYZULTA	40

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WAKIX	26	XYWAV	29
<i>warfarin sodium</i>	18	YF-VAX	16
WELIREG	14	YONSA	14
WINLEVI	60	YUPELRI	16
<i>wixela inhub</i>	17	<i>yuvafem</i>	48
XALKORI	14	<i>zafirlukast</i>	54
XARELTO	18	<i>zaleplon</i>	29
XARELTO STARTER PACK	18	ZARXIO	18
XATMEP	14	ZEJULA	14
XCOPRI	27	ZELBORAF	14
XELJANZ	51	ZENATANE	60
XELJANZ XR	51	ZENPEP	42
XENLETA	5	ZERBAXA	5
XERMELO	41	<i>zidovudine</i>	8
XGEVA	50	ZIEXTENZO	19
XIFAXAN	5	<i>zileuton er</i>	54
XIGDUO XR	45	ZIOPTAN	40
XOFLUZA	8	<i>ziprasidone hcl</i>	33
XOLAIR	55	<i>ziprasidone mesylate</i>	33
XOSPATA	14	ZIRGAN	38
XPOVIO	14	ZOLINZA	14
XPOVIO 100 MG ONCE WEEKLY	14	<i>zolpidem tartrate</i>	29
XPOVIO 40 MG ONCE WEEKLY	14	ZOMACTON	49
XPOVIO 40 MG TWICE WEEKLY	14	<i>zonisamide</i>	27
XPOVIO 60 MG ONCE WEEKLY	14	ZORBTIVE	49
XPOVIO 60 MG TWICE WEEKLY	14	ZOSYN	5
XPOVIO 80 MG ONCE WEEKLY	14	<i>zovia 1/35</i>	47
XPOVIO 80 MG TWICE WEEKLY	14	ZYDELIG	14
XTANDI	14	ZYKADIA	14
XURIDEN	53	ZYLET	39
XYOSTED	44	ZYPREXA RELPREVV	33
XYREM	29		

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English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-609-0692. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-609-0692. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-609-0692。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-609-0692。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-888-609-0692. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-609-0692. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-609-0692 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-609-0692. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-609-0692 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-609-0692. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية. 1-888-609-0692 ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-609-0692 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-609-0692. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-609-0692. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-609-0692. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-609-0692. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-609-0692**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit www.harvardpilgrim.org/stridedruglist.



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