

2024

Tufts Health One Care
(Medicare-Medicaid Plan)

2024 List of Covered Drugs

(Formulary)

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Updated on 04/01/2024

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

For more recent information or other questions, contact us at **855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or visit TuftsHealthOneCare.org.



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DISCRIMINATION IS AGAINST THE LAW



Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Tufts Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Tufts Health Plan at **855.393.3154**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan

Attention: Civil Rights Coordinator, Legal Dept.

1 Wellness Way

Canton, MA 02021-1166

Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]

Fax: 617.972.9048

Email: OCRCordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

TuftsHealthOneCare.org | **855.393.3154**

We can give you information in other formats, such as braille and large print, and also in different languages upon request.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. Someone who speaks English can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para conseguir un intérprete, solo tiene que llamarnos al 855-393-3154 (TTY: 711), los siete días de la semana, de 8:00 a. m. a 8:00 p. m. Alguien que habla español podrá ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费口译服务，可回答您关于我们健康或药品计划的任何问题。如需口译员，敬请拨打 855-393-3154 (TTY: 711) 联系我们，服务时间为周一至周日早 8 点至晚 8 点。会讲普通话的工作人员将为您提供帮助。此服务免费。

Chinese Cantones: 我們提供免費口譯服務來回答您對我們的健康或藥物計畫的疑問。如需口譯人員，請致電 855-393-3154 (TTY: 711) 聯絡我們，營業時間一週七天，早上 8 點至晚上 8 點。將有會說粵語的人士為您提供幫助。此為免費服務。

Tagalog: Mayroon kaming libreng serbisyo ng interpreter para sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa 855-393-3154 (TTY: 711), pitong araw sa isang linggo, mula 8 a.m. hanggang 8 p.m. Maaaring makatulong sa iyo ang isang taong nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous mettons des services d'interprétation gratuits à votre disposition pour répondre aux questions que vous pourriez poser sur notre régime d'assurance-maladie ou de médicaments. Pour obtenir l'aide d'un interprète,appelez simplement le 855-393-3154 (TTY : 711), sept jours sur sept, de 8 a.m. à 8 p.m. Une personne parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị đặt ra về chương trình sức khỏe hay chương trình thuốc của chúng tôi. Để nhận người phiên dịch, chỉ cần gọi cho chúng tôi theo số 855-393-3154 (TTY: 711), bảy ngày một tuần, từ 8 giờ sáng đến 8 giờ tối. Họ sẽ nói tiếng Việt để có thể giúp bạn. Đây là dịch vụ miễn phí.

German: Wir stellen Ihnen einen kostenlosen Dolmetscherservice zur Verfügung, der Ihnen alle Fragen zu unserem Gesundheits- oder Medikamentenplan beantwortet. Wenn Sie einen Dolmetscher benötigen, rufen Sie uns unter 855-393-3154 (TTY: 711) an, und zwar an sieben Tagen in der Woche von 8 bis 20 Uhr. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist kostenlos.

Korean: 건강 또는 약품 플랜에 관한 문의에 답변해 드리기 위해 무료 통역 서비스를 제공합니다. 통역 서비스를 제공받으려면 요일에 상관 없이 오전 8시~오후 8시에 855-393-3154 (TTY: 711)로 전화해 주십시오. 한국어를 구사하는 직원이 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Мы предоставляем бесплатную услугу устного перевода, чтобы ответить на вопросы о медицинской страховке или плане получения рецептурных препаратов. Чтобы вам предоставили переводчика, позвоните по телефону 855-393-3154 (TTY: 711). Операторы принимают звонки с 8 утра до 8 вечера, без выходных. Вам поможет сотрудник, говорящий на русском языке. Это — бесплатная услуга.

Multi-language Interpreter Services

Arabic:

لدينا خدمات ترجمة فورية مجانية متاحة للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على الرقم **855-393-3154** (بالنسبة لمستخدمي الهاتف النصيـة (TTY): 711)، على مدار سبعة أيام في الأسبوع، من الساعة 8 صباحاً حتى الساعة 8 مساءً. يمكن لشخص يتحدث اللغة العربية مساعدتك. هذه الخدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए हमारे पास नि:शुल्क दुभाषिया सेवाएँ हैं। दुभाषिया प्राप्त करने के लिए, बस हमें 855-393-3154 (TTY: 711), पर सप्ताह के सातों दिन, सुबह 8 बजे से रात 8 बजे तक कॉल करें। कोई व्यक्ति जो हिन्दी बोलता है वह आपकी सहायता कर सकता है। यह एक नि:शुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuito in merito al nostro piano sanitario e medicinale. Per richiedere un interprete, basta chiamare al numero 855-393-3154 (TTY: 711), 7 giorni su 7, dalle 8:00 alle 20:00. Una persona che parla italiano può aiutarla. Questo servizio è gratuito.

Portuguese: Dispomos de serviços de intérpretes gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, basta contactar-nos através do número 855-393-3154 (TTY: 711), sete dias por semana, das 8h00 às 20h00. Alguém que fale português pode ajudá-lo. É um serviço gratuito.

French Creole: Nou genyen sèvis entèpretasyon gratis pou repons ak tout kesyon ou kapab genyen sou plan sante oswa plan medikaman nou an. Pou w kapab jwenn yon entèprèt, sèlman rele nou nan 855-393-3154 (TTY: 711), sèt jou sou sèt, sòti 8è nan maten rive 8è nan aswè. Yon moun ki pale Kreyòl Ayisyen ap kapab ede w. Sa a se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania związane z naszym planem zdrowotnym lub dotyczącym leków. Aby skorzystać z pomocy tłumacza, wystarczy zadzwonić do pod numer 855-393-3154 (TTY: 711); usługa jest dostępna siedem dni w tygodniu w godzinach 8:00-20:00. Osoba mówiąca po polsku udzieli Ci pomocy. Jest to usługa bezpłatna.

Japanese: 医療保険や医薬品プランに関するご質問にお答えするため、無料の通訳サービスをご用意しています。通訳をご希望の方は、855-393-3154までご連絡ください (TTY: 711), 午前8時から午後8時まで、年中無休で日本語でサポートします。これは無料のサービスです。

Laotian: ເວັກເຕີມີການບໍລິການນາຍພາສາຟິກ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນການສຸຂະພາບຫຼື ຢາຂອງເວັກເຕີມ. ເພື່ອຮັບນາຍພາສາ, ພົມງານຕໍ່ທຸກໆພວກເຕີມທີ່ເປີ 855-393-3154 (TTY: 711), ໄດ້ມີຕ້ອາຫິດ, ລາກ 8 ໂມງຊີ້ວິຫານ 8 ໂມງລະວົງ. ດ້ວຍເລີນທີ່ວົວວາວສາມາດຊ່ວຍທ່ານໄດ້. ບໍ່ມີການບໍລິການຟິກ.

Cambodian: យើងមានសវន្ទុកបកព័ប្រជាពល់មាត់ដោយឥតគិតថ្លែងដើម្បីផ្តើមរាយការណ៍សំណូរដែលអ្នកអាជីវកម្ម មំពើគោលការណ៍ ឬទីតាំងដែលអ្នកបកព័ប្រជាពល់មាត់ សូមទូរសព្ទមកយើងតាមរយៈលេខ 855-393-3154 (TTY: 711) ច្បាប់ពីថ្ងៃទី 8 ត្រីក ដល់ថ្ងៃទី 8 ល្ងាច។ នរណាម្នាក់ដែលនឹងយកាសាទីរមាបដួរយក្សាន់នេះជាសវន្ទុកបកព័ប្រជាពល់មាត់ដើម្បីទទួលបាន

Tufts Health One Care | 2024 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs are covered by Tufts Health One Care. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Tufts Health One Care. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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A. Disclaimers

This is a list of drugs that members can get in Tufts Health One Care.

- ❖ Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.
- ❖ The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can always check Tufts Health One Care's up-to-date List of Covered Drugs online at TuftsHealthOneCare.org or by calling 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Atención: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-393-3154 (TTY: 711), siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- ❖ Call to request materials in languages other than English or in an alternate format. You can also make a standing request to have future mailings be in the alternate language or format. This way, you do not need to make a separate request each time. You can call Member Services to change your standing request for preferred language and/or format.

If you have questions, please call Tufts Health Plan at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit

TuftsHealthOneCare.org.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 2 are the drugs covered by Tufts Health One Care. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

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

You can also refer to an up-to-date list of drugs that we cover on our website at TuftsHealthOneCare.org or call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

B2. Does the Drug List ever change?

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

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

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

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

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

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

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

- You can always check Tufts Health One Care's up to date Drug List online at TuftsHealthOneCare.org.
- You can also call Member Services to check the current Drug List at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same [When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits].
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Call your doctor or other prescriber to discuss alternative drugs and to request a new prescription.

If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit

TuftsHealthOneCare.org.



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

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

When these changes happen, we will

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

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

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

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

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

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Tufts Health One Care before you fill your prescription. Tufts Health One Care may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Tufts Health One Care limits the amount of a drug you can get.
- **Step therapy:** Sometimes Tufts Health One Care requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

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. We cover:

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

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 2. You can also get more information by visiting our website at TuftsHealthOneCare.org. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Tufts Health One Care changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

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

If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit

TuftsHealthOneCare.org.



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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in Section D on page 77.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, "Cardiovascular Drugs". That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. and ask about it. If you learn that Tufts Health One Care will not cover the drug, you can do one of these things:

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

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

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

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

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

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

If you are taking a drug that Tufts Health One Care does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

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

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

This one-time, temporary fill of the non-covered medication gives 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.

As noted above, the temporary fill will generally be up to a 31-day supply, but it may be extended to allow you and your physician time to manage the complexities of multiple medications or when there are special circumstances. You can request a temporary prescription fill by calling the Tufts Health One Care Member Services department at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

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

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

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

- For example, Tufts Health One Care may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.
- When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
- Call your doctor or other prescriber to discuss alternative drugs and to request a new prescription.

If you have questions, please call Tufts Health Plan at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit

TuftsHealthOneCare.org.



- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will

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

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

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

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

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

First, we must get a statement from your prescriber supporting your request for an exception. To file a request, your provider or you may request an exception for coverage by mail, fax, by contacting Member Services, or by submitting a request via the Tufts Health One Care website.:.

Mail:

Tufts Health Plan
ATTN: Pharmacy Utilization Management Department
1 Wellness Way
Canton, MA 02021

Fax: 617-673-0956

Member Services: 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.

Tufts Health One Care website: TuftsHealthOneCare.org

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.

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

B13. What are generic drugs?

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

Tufts Health One Care covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Tufts Health One Care covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Tufts Health One Care Drug List to find out what OTC drugs are covered.

B15. Does Tufts Health One Care cover non-drug OTC products?

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

Examples of non-drug OTC products include gauze and vitamin supplements.

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

B16. Does Tufts Health One Care cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. You will not have a copay for either a 90-day supply or a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. You will not have a copay for either a 90-day supply or a one-month supply.

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

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

B18. What is my copay?

Tufts Health One Care members have no copays for prescription and OTC drugs as long as the member follows the plan's rules.

If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit

TuftsHealthOneCare.org.



B19. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are vaccines.
- Tier 2 drugs are generic drugs.
- Tier 3 drugs are brand-name drugs.
- Tier 4 drugs are MassHealth-covered OTC drugs

Please note: All tiers have no copay.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Tufts Health One Care. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 77. The index alphabetically lists all drugs covered by Tufts Health One Care.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ENTRESTO) and generic drugs are listed in lowercase italics (e.g., lisinopril).

The information in the “necessary actions, restrictions, or limits on use” column tells you if Tufts Health One Care has any rules for covering your drug.

Note: The letters “EC” (Enhanced Coverage) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
- If you or your doctor disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category "Cardiovascular Agents". That is where you will find drugs that treat heart conditions.

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

QL = Quantity limit: Limits the amount of a drug you can get.

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.

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

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

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

SP = Available through a designated specialty 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 provide free delivery to your home, educational support 24/7 by phone, and the support of nurses and pharmacists. They also 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.

ST = Step therapy: you must try another drug before you can get this one.

ST NSO = Step therapy applies to new starts only: the step therapy prior authorization restriction only applies if you are a new member or have not taken this drug before.

If you have questions, please call Tufts Health Plan at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. For more information, visit

TuftsHealthOneCare.org.



Drugs Grouped by Medical Condition

Anti-infective Agents	2
Antihistamine Drugs	9
Antineoplastic Agents	10
Antitoxins, Immune Globulins, Toxoids, and Vaccines	16
Autonomic Drugs	18
Blood Formation, Coagulation & Thrombosis.....	20
Cardiovascular Drugs.....	21
Central Nervous System Agents	26
Dental Agents	38
Devices	38
Diagnostic Agents	38
Electrolytic, Caloric, and Water Balance	39
Enzymes	42
Eye, Ear, Nose & Throat Preparations	43
Gastrointestinal Drugs.....	46
Gold Compounds.....	50
Heavy Metal Antagonists	50
Hormones and Synthetic Substitutes.....	50
Local Anesthetics	58
Miscellaneous Therapeutic Agents	59
Pharmaceutical Aids.....	64
Respiratory Tract Agents	64
Skin and Mucous Membrane Agents	66
Skin and Mucous Membrane Preparations.....	67
Smooth Muscle Relaxants	73
Vitamins	73

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	2	NEDS
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs</i>	2	
REESES PINWORM MEDICINE SUSP 144MG/ML	4	EC
Antibacterials		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	2	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	2	
<i>amoxicillin caps, susr, tabs</i>	2	
<i>ampicillin sodium inj</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE	3	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	3	
AVYCAZ	3	NEDS
<i>azithromycin pack, susr, tabs</i>	2	
<i>azithromycin inj 500mg</i>	2	
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	2	NEDS
BAXDELA TABS	3	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	3	PA; NEDS
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	2	
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
<i>cefpeme</i>	2	
<i>cefpeme hydrochloride inj 2gm</i>	2	
<i>cefpeme/dextrose</i>	2	
<i>cefixime</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefodoxime proxetil</i>	2	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ceprozil</i>	2	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	2	
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	2	
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 9000mg/60ml, 900mg/6ml</i>	2	
<i>colistimethate sodium inj</i>	2	NEDS
DALVANCE	3	
<i>daptomycin</i>	2	
<i>daptomycin/sodium chloride</i>	2	
<i>demeclacycline hcl tabs</i>	2	
<i>dicloxacillin sodium</i>	2	
DIFICID	3	NEDS
DOXY 100	3	
<i>doxycycline</i>	2	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	
<i>doxycycline hyclate caps, inj, tabs</i>	2	
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>ertapenem</i>	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate susr, tabs</i>	2	
<i>erythromycin cpep 250mg</i>	2	
FIRVANQ	3	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>imipenem/cilastatin</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	
<i>linezolid tabs</i>	2	
<i>linezolid susr</i>	2	NEDS
<i>linezolid inj 600mg/300ml</i>	2	
<i>meropenem</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	2	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>monodoxine nl caps 100mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>neomycin sulfate tabs</i>	2	
NUZYRA TABS	3	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	2	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	2	
<i>penicillin g sodium</i>	2	NEDS
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	2	
SIVEXTRO TABS	3	NEDS
<i>streptomycin sulfate inj 1gm</i>	2	
<i>sulfadiazine tabs</i>	2	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
SUPRAX CHEW	3	
SUPRAX SUSR 500MG/5ML	3	
<i>tazicef inj 1gm, 2gm, 6gm</i>	2	
TEFLARO	3	NEDS
<i>tetracycline hydrochloride caps</i>	2	
TOBI PODHALER	3	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	2	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	2	
<i>vancomycin hydrochloride caps, oral solr</i>	2	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	2	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	2	
VIBRAMYCIN SYRP	3	
XENLETA TABS	3	NEDS
XIFAXAN TABS 200MG	3	
XIFAXAN TABS 550MG	3	PA; NEDS
ZERBAXA	3	NEDS
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	3	
Antifungals		
ABELCET	3	PA
<i>amphotericin b liposome</i>	2	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>caspofungin acetate inj 70mg</i>	2	
<i>caspofungin acetate inj 50mg</i>	2	NEDS
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	2	NEDS
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps, soln</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	2	NEDS
NOXAFIL PACK, SUSP	3	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	2	NEDS
<i>posaconazole susp</i>	2	NEDS
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>voriconazole tabs</i>	2	
<i>voriconazole susr</i>	2	NEDS
<i>voriconazole inj</i>	2	PA; NEDS
Antimycobacterials		
<i>dapsone tabs</i>	2	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrp, tabs</i>	2	
PASER	3	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifabutin</i>	2	
<i>rifampin caps, inj</i>	2	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SIRTURO	3	PA; NEDS
TRECATOR	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	2	
<i>atovaquone susp</i>	2	NEDS
BENZNIDAZOLE	3	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	3	NEDS
<i>mefloquine hcl</i>	2	
<i>metronidazole caps 375mg</i>	2	
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	2	
<i>paromomycin sulfate caps</i>	2	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	2	
<i>quinine sulfate caps 324mg</i>	2	PA
SOLOSEC	3	
<i>tinidazole tabs</i>	2	
Antivirals		
<i>abacavir</i>	2	
<i>abacavir sulfate/lamivudine</i>	2	
<i>abacavir sulfate/lamivudine/zidovudine</i>	2	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 400mg, 800mg</i>	2	
<i>adefovir dipivoxil</i>	2	
APTIVUS CAPS	3	NEDS
<i>atazanavir</i>	2	
<i>atazanavir sulfate caps 300mg</i>	2	
BIKTARVY	3	NEDS
<i>cidofovir</i>	2	NEDS
CIMDUO	3	NEDS
COMPLERA	3	NEDS
<i>darunavir</i>	2	NEDS
DELSTRIGO	3	
DESCOVY	3	NEDS
DOVATO	3	NEDS
EDURANT	3	NEDS

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>efavirenz</i>	2	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	2	NEDS
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	2	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	2	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	2	
EPCLUSA	3	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	2	
<i>etravirine tabs 200mg</i>	2	NEDS
EVOTAZ	3	NEDS
<i>famciclovir tabs</i>	2	
<i>fosamprenavir calcium</i>	2	NEDS
FUZEON	3	NEDS
GENVOYA	3	NEDS
HARVONI PACK	3	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	3	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	3	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	3	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 100MG	3	QL(180 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
JULUCA	3	NEDS
LAGEVRIO	3	QL(40 EA per 5 days)
<i>lamivudine</i>	2	
<i>lamivudine/zidovudine</i>	2	
LEXIVA SUSP	3	
LIVTENCITY	3	PA; NEDS
<i>lopinavir/ritonavir</i>	2	
<i>maraviroc tabs 300mg</i>	2	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	2	QL(60 EA per 30 days); NEDS

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

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VEMLIDY	3	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	3	NEDS
VIREAD POWD	3	NEDS
VIREAD TABS 150MG, 200MG, 250MG	3	NEDS
VOSEVI	3	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
XOFLUZA TBPK 20MG	3	QL(2 EA per 7 days)
<i>zidovudine</i>	2	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrys</i>	2	
<i>trimethoprim tabs</i>	2	
Antihistamine Drugs		
First Generation Antihistamines		
CHLORPHENIRAMINE MALEATE TABS, TBCR	4	EC
<i>ciproheptadine hcl syrup</i>	2	
<i>ciproheptadine hydrochloride tabs</i>	2	
DIPHENHYDRAMINE HCL CAPS 50MG	4	EC
DIPHENHYDRAMINE HYDROCHLORIDE TABS	4	EC
DIPHENHYDRAMINE HYDROCHLORIDE CAPS 25MG	4	EC
<i>diphenhydramine hydrochloride inj</i>	2	
DIPHENHYDRAMINE HYDROCHLORIDE LIQD 12.5MG/5ML	4	EC
ED CHLORPED JR	4	EC
GNP ALLERGY RELIEF CHEW	4	EC
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	
Second Generation Antihistamines		
CETIRIZINE HCL TABS 5MG	4	EC
CETIRIZINE HYDROCHLORIDE CHILDRENS ALLERGY SOLN 5MG/5ML	4	EC
CETIRIZINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE	4	
CETIRIZINE HYDROCHLORIDE TABS 10MG	4	EC
<i>desloratadine</i>	2	
<i>desloratadine odt</i>	2	

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FEXOFENADINE HYDROCHLORIDE/PSEUDOEPHEDRINE HYDROCHLORIDE ER	4	EC
<i>levocetirizine dihydrochloride tabs</i>	2	
LORATADINE CHILDRENS SOLN	4	EC
LORATADINE-D 24HR	4	EC
LORATADINE TABS	4	EC
SM LORATADINE D 12HR	4	EC
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	2	PA NSO; NEDS; SP-Optum Specialty
AKEEGA	3	PA NSO; NEDS
ALECENSA	3	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	3	PA NSO; NEDS
AUGTYRO	3	PA NSO; NEDS
AYVAKIT	3	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	3	PA NSO; NEDS
BESREMI	3	PA NSO; NEDS
<i>bexarotene caps 75mg</i>	2	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
<i>bortezomib inj 1mg, 2.5mg</i>	2	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	2	NEDS
BOSULIF CAPS 50MG	3	PA NSO; NEDS
BOSULIF CAPS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	3	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	3	PA NSO; NEDS
CABOMETYX	3	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	3	PA NSO; NEDS
CALQUENCE CAPS	3	PA NSO; NEDS; SP-Optum Specialty

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CAPRELSA TABS 300MG	3	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	3	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	3	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	3	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	3	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	2	PA BvD
<i>cyclophosphamide caps</i>	2	PA BvD; SP-Optum Specialty
DARZALEX	3	NEDS
DAURISMO	3	PA NSO; NEDS; SP-Optum Specialty
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	2	
DROXIA	3	
EMCYT	3	
ERIVEDGE	3	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	3	PA NSO; NEDS
ERLEADA TABS 60MG	3	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	2	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	2	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tabs 2mg, 3mg, 5mg</i>	2	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	3	PA NSO; NEDS
<i>flutamide</i>	2	
FOTIVDA	3	PA NSO; NEDS
FRUZAQLA	3	PA NSO; NEDS
GAVRETO	3	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	2	PA NSO; NEDS
GILOTrif	3	PA NSO; NEDS

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GLEOSTINE CAPS 100MG, 10MG, 40MG	3	
<i>hydroxyurea caps</i>	2	
IBRANCE	3	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	3	PA NSO; NEDS
IDHIFA	3	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	2	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	3	PA NSO; NEDS
IMBRUVICA CAPS, TABS	3	PA NSO; NEDS; SP-Optum Specialty
INLYTA	3	PA NSO; NEDS; SP-Optum Specialty
INQOVI	3	PA NSO; NEDS; SP-Optum Specialty
INREBIC	3	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	3	PA NSO; NEDS; SP-Optum Specialty
IWLFIN	3	PA NSO; NEDS
JAKAFI	3	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	3	PA NSO; NEDS
JYLAMVO	3	PA BvD
KISQALI	3	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	3	PA NSO; NEDS
KRAZATI	3	PA NSO; NEDS
KYPROLIS	3	NEDS
<i>lapatinib ditosylate</i>	2	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>lenalidomide caps 2.5mg, 20mg</i>	2	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	2	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty

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LENVIMA 14 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	3	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	3	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	3	PA NSO; NEDS
LUMAKRAS TABS 120MG	3	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	3	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	3	PA NSO; NEDS
MATULANE	3	NEDS
MEKINIST SOLR	3	PA NSO; NEDS
MEKINIST TABS	3	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	3	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	2	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	3	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	2	NEDS
NINLARO	3	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	3	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	3	PA NSO; NEDS

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OJJAARA	3	PA NSO; NEDS
ONUREG	3	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	3	NEDS
ORSERDU	3	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
<i>pazopanib hydrochloride</i>	2	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	3	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
POMALYST	3	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	3	NEDS
QINLOCK	3	PA NSO; NEDS
RETEVMO	3	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	3	PA NSO; NEDS
REZLIDHIA	3	PA NSO; NEDS
ROZLYTREK PACK	3	PA NSO; NEDS
ROZLYTREK CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	3	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX	3	PA NSO; NEDS; SP-Optum Specialty
<i>sorafenib</i>	2	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	2	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	3	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	3	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

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<i>sunitinib malate</i>	2	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	3	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	3	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	3	PA NSO; NEDS
TAFINLAR CAPS	3	PA NSO; NEDS; SP-Optum Specialty
TAGRISSO	3	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	3	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	3	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	3	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	3	PA NSO; NEDS
TEPMETKO	3	PA NSO; NEDS
TIBSOVO	3	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoiin caps 10mg</i>	2	NEDS; SP-Optum Specialty
TREXALL	3	PA BvD
TRUQAP	3	PA NSO; NEDS
TRUSELTIQ	3	PA NSO; NEDS
TUKYSA	3	PA NSO; NEDS
TURALIO	3	PA NSO; NEDS
VANFLYTA	3	PA NSO; NEDS
VENCLEXTA STARTING PACK	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 100MG	3	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VERZENIO	3	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	3	PA NSO; NEDS
VIZIMPRO	3	PA NSO; NEDS; SP-Optum Specialty
VONJO	3	PA NSO; NEDS; SP-Optum Specialty
VOTRIENT	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty

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WELIREG	3	PA NSO; NEDS
XALKORI CPSP	3	PA NSO; NEDS
XALKORI CAPS	3	PA NSO; NEDS; SP-Optum Specialty
XATMEP	3	PA BvD
XOSPATA	3	PA NSO; NEDS
XPOVIO	3	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	3	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NSO; NEDS
XTANDI	3	PA NSO; NEDS; SP-Optum Specialty
YERVOY	3	NEDS
YONSA	3	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	3	PA NSO; NEDS
ZEJULA CAPS	3	PA NSO; NEDS; SP-Optum Specialty
ZELBORA F	3	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	3	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	3	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	3	PA BvD; NEDS
CUVITRU	3	PA BvD; NEDS
FLEBOGAMMA DIF	3	PA BvD; NEDS
GAMMAGARD LIQUID	3	PA BvD; NEDS
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD; NEDS
GAMUNEX-C	3	PA BvD; NEDS
HIZENTRA	3	PA BvD; NEDS
OCTAGAM	3	PA BvD; NEDS
PANZYGA	3	PA BvD; NEDS

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PRIVIGEN	3	PA BvD; NEDS
VARIZIG INJ 125UNIT/1.2ML	1	
Toxoids		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
INFANRIX	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
QUADRACEL	1	
<i>tdvax</i>	1	
TENIVAC	1	
Vaccines		
ABRYSVO	1	
ACTHIB	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXZERO	1	
DENGVAXIA	1	
ENGERIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	
IPOP INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBARIO	1	PA BvD
PRIORIX	1	
PROQUAD	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD

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ROTARIX	1	
ROTAQUE SOLN	1	
SHINGRIX	1	
STAMARIL	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	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>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	3	NEDS
LONHALA MAGNAIR STARTER KIT	3	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
YUPELRI	3	PA BvD; NEDS
<i>Autonomic Drugs, Miscellaneous</i>		
GOODSENSE NICOTINE	4	EC
GOODSENSE NICOTINE GUM	4	EC
GOODSENSE NICOTINE POLACRILEX GUM GUM 2MG	4	EC
NICOTINE TRANSDERMAL SYSTEM STEP 1	4	EC
NICOTINE TRANSDERMAL SYSTEM STEP 3	4	EC
NICOTINE TRANSDERMAL SYSTEM KIT	4	EC
NICOTINE TRANSDERMAL SYSTEM PT24 14MG/24HR, 7MG/24HR	4	EC
NICOTROL INHALER	3	
NICOTROL NS	3	
<i>varenicline starting month box</i>	2	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	2	QL(60 EA per 30 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs</i>	2	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cevimeline hydrochloride</i>	2	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	2	
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>pilocarpine hydrochloride</i>	2	
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	2	
Skeletal Muscle Relaxants		
<i>baclofen tabs</i>	2	
<i>cyclobenzaprine hydrochloride tabs</i>	2	
<i>dantrolene sodium caps</i>	2	
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	2	QL(8 ML per 30 days); NEDS
<i>ergoloid mesylates tabs</i>	2	
<i>phenoxybenzamine hydrochloride</i>	2	
<i>silodosin</i>	2	
<i>tamsulosin hydrochloride</i>	2	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL(51 GM per 90 days)
<i>albuterol sulfate syrup, tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>arformoterol tartrate</i>	2	PA BvD
<i>COMBIVENT RESPIMAT</i>	3	QL(24 GM per 90 days)
<i>droxidopa</i>	2	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	QL(3 EA per 90 days)
<i>formoterol fumarate nebu</i>	2	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	2	PA BvD

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KP PSEUDOEPHEDRINE HCL TABS 60MG	4	EC
<i>levalbuterol hcl nebu</i>	2	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	PA BvD
<i>levalbuterol tartrate hfa</i>	2	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	2	PA BvD
<i>midodrine hcl</i>	2	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
PSEUDOEPHEDRINE HCL ER	4	EC
PSEUDOEPHEDRINE HYDROCHLORIDE TABS 30MG	4	EC
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>terbutaline sulfate tabs</i>	2	
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Blood Formation, Coagulation & Thrombosis		
<i>Antianemia Drugs</i>		
FERROUS GLUCONATE	4	EC
FERROUS SULFATE	4	EC
IRON	4	EC
IRON POLYSACCHARIDE COMPLEX	4	EC
KP FERROUS GLUCONATE	4	EC
<i>Antihemorrhagic Agents</i>		
<i>aminocaproic acid</i>	2	
<i>tranexamic acid</i>	2	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride</i>	2	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	3	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	2	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	2	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	2	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NEDS
<i>heparin sodium</i>	2	
<i>heparin sodium/d5w</i>	2	
<i>jantoven</i>	2	

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<i>prasugrel</i>	2	
<i>warfarin sodium</i>	2	
XARELTO	3	
XARELTO STARTER PACK	3	
<i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i>		
OXBRYTA	3	NEDS
PYRUKYND	3	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	3	PA; NEDS; SP-Optum Specialty
TAVALISSE	3	QL(60 EA per 30 days); NEDS
<i>Hematopoietic Agents</i>		
DOPTELET	3	PA; NEDS; SP-Optum Specialty
MOZOBIL	3	NEDS
NEULASTA	3	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	3	NEDS
<i>plerixafor</i>	2	NEDS
PROCIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	3	NEDS; SP-Optum Specialty
PROCIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROMACTA	3	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
UDENYCA ONBODY	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS
UDENYCA INJ 6MG/0.6ML	3	NEDS; SP-Optum Specialty
ZARXIO	3	NEDS; SP-Optum Specialty
ZIEXTENZO	3	NEDS; SP-Optum Specialty
<i>Hemorrheologic Agents</i>		
<i>pentoxifylline er</i>	2	
<i>Cardiovascular Drugs</i>		
<i>alpha-Adrenergic Blocking Agents</i>		
CARDURA XL	3	

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<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>	2	
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	2	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 130mg, 150mg, 43mg, 50mg</i>	2	
<i>fenofibrate tabs</i>	2	
<i>fenofibric acid dr</i>	2	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>icosapent ethyl</i>	2	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	3	PA; NEDS
LIVALO	3	
<i>lovastatin tabs</i>	2	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>pitavastatin calcium</i>	2	
PRALUENT	3	PA
<i>pravastatin sodium</i>	2	
<i>prevalite powd</i>	2	
<i>prevalite pack</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	2	
<i>simvastatin tabs</i>	2	
VASCEPA	3	
beta-Adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>atenolol tabs</i>	2	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	

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bisoprolol fumarate/hydrochlorothiazide	2	
bisoprolol fumarate tabs	2	
carvedilol	2	
carvedilol phosphate er	2	
labetalol hydrochloride tabs	2	
metoprolol succinate er	2	
metoprolol tartrate tabs	2	
metoprolol/hydrochlorothiazide	2	
nadolol tabs 20mg, 40mg, 80mg	2	
nebivolol hydrochloride	2	
pindolol	2	
propranolol hcl er cp24 120mg, 160mg	2	
propranolol hcl soln	2	
propranolol hcl tabs 40mg	2	
propranolol hydrochloride er cp24 60mg, 80mg	2	
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	2	
sorine	2	
sotalol hcl	2	
sotalol hydrochloride (af)	2	
timolol maleate tabs 10mg, 20mg, 5mg	2	
Calcium-Channel Blocking Agents		
amlodipine besylate/atorvastatin calcium	2	
amlodipine besylate/benazepril hydrochloride	2	
amlodipine besylate/valsartan	2	
amlodipine besylate tabs	2	
amlodipine/olmesartan medoxomil	2	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	2	
cartia xt	2	
dilt-xr	2	
diltiazem hcl cd	2	
diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg	2	
diltiazem hcl er cp12, tb24	2	
diltiazem hcl tabs 30mg, 60mg, 90mg	2	
diltiazem hydrochloride er cp24	2	
diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hydrochloride tabs 120mg	2	
felodipine er	2	
isradipine	2	
matzim la	2	
nicardipine hcl caps	2	
nifedipine er	2	

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<i>nifedipine caps</i>	2	
<i>nimodipine caps</i>	2	
<i>nisoldipine er</i>	2	
NYMALIZE SOLN 6MG/ML	3	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	2	
<i>tiadylt er</i>	2	
<i>trandolapril/verapamil hcl er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	2	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs</i>	2	
CAMZYOS	3	QL(30 EA per 30 days); PA; NEDS
CORLANOR	3	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin oral soln</i>	2	
<i>digoxin inj 0.25mg/ml</i>	2	
<i>digoxin tabs 125mcg, 250mcg, 62.5mcg</i>	2	
<i>disopyramide phosphate</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
NORPACE CR	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	2	
Hypotensive Agents		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride er tb12</i>	2	
<i>clonidine hydrochloride tabs</i>	2	
<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		
aliskiren	2	
benazepril hcl tabs 10mg, 40mg, 5mg	2	
benazepril hydrochloride/hydrochlorothiazide	2	
benazepril hydrochloride tabs 20mg	2	
candesartan cilexetil	2	
candesartan cilexetil/hydrochlorothiazide	2	
captopril tabs	2	
enalapril maleate/hydrochlorothiazide	2	
enalapril maleate tabs	2	
ENTRESTO	3	
eplerenone	2	
fosinopril sodium	2	
fosinopril sodium/hydrochlorothiazide	2	
irbesartan	2	
irbesartan/hydrochlorothiazide	2	
KERENDIA	3	PA
lisinopril/hydrochlorothiazide	2	
lisinopril tabs	2	
losartan potassium/hydrochlorothiazide	2	
losartan potassium tabs	2	
moexipril hcl	2	
olmesartan medoxomil/hydrochlorothiazide	2	
olmesartan medoxomil tabs	2	
perindopril erbumine	2	
quinapril hydrochloride	2	
quinapril/hydrochlorothiazide	2	
ramipril	2	
spironolactone/hydrochlorothiazide	2	
spironolactone tabs	2	
TEKTURNA HCT	3	
telmisartan	2	
telmisartan/hydrochlorothiazide	2	
trandolapril	2	
valsartan/hydrochlorothiazide	2	
valsartan tabs	2	
Vasodilating Agents		
alyq	2	PA; NEDS; SP-Optum Specialty
dipyridamole tabs	2	
isosorbide dinitrate/hydralazine hydrochloride	2	
isosorbide dinitrate tabs	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	

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NIACIN FLUSH FREE CAPS 500MG	4	EC
NITRO-BID	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate tabs 20mg</i>	2	PA; SP-Optum Specialty
<i>tadalafil tabs 20mg</i>	2	PA; NEDS; SP-Optum Specialty
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL(30 EA per 30 days); PA
VERQUVO	3	
Central Nervous System Agents		
<i>Analgesics and Antipyretics</i>		
ACETAMINOPHEN ER 8 HOUR ARTHRITIS PAIN	4	EC
ACETAMINOPHEN EXTRA STRENGTH TABS	4	EC
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
ACETAMINOPHEN SOLN 160MG/5ML	4	EC
ACETAMINOPHEN SUPP 120MG, 650MG	4	EC
ACETAMINOPHEN SUSP 650MG/20.3ML	4	EC
ACETAMINOPHEN TABS 325MG	4	EC
ASPIRIN EC TBEC 81MG	4	EC
ASPIRIN REGULAR STRENGTH	4	EC
ASPIRIN SUPP 300MG	4	EC
BELBUCA	3	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	2	QL(4 EA per 28 days)
<i>butorphanol tartrate soln</i>	2	QL(7.5 ML per 30 days)
<i>celecoxib caps</i>	2	
CHEWABLE ACETAMINOPHEN CHILDRENS	4	EC
CHILDRENS APAP CHEW	4	EC
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	2	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	

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<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diflunisal tabs 500mg</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	2	QL(10 EA per 30 days)
FEVERALL INFANTS	4	EC
FEVERALL JUNIOR STRENGTH	4	EC
<i>flurbiprofen tabs 100mg</i>	2	
GNP IBUPROFEN CHILDRENS	4	EC
GNP IBUPROFEN INFANTS	4	EC
GNP NAPROXEN	4	EC
GOODSENSE ASPIRIN CHEW, TABS	4	EC
GOODSENSE IBUPROFEN CHILDRENS SUSP	4	EC
GOODSENSE IBUPROFEN INFANTS	4	EC
HM NAPROXEN SODIUM CAPS	4	EC
<i>hydrocodone bitartrate er t24a</i>	2	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	2	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	2	QL(30 EA per 30 days)
<i>ibu</i>	2	
IBUPROFEN CAPS	4	EC
<i>ibuprofen susp</i>	2	
IBUPROFEN TABS 200MG	4	EC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	

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<i>indomethacin er</i>	2	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketoprofen er cp24 200mg</i>	2	
<i>ketoprofen caps 25mg, 50mg</i>	2	
LAZANDA SOLN 400MCG/ACT	3	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	3	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	2	QL(240 EA per 30 days); NEDS
LIQUID ACETAMINOPHEN	4	EC
MAPAP CAPS	4	EC
<i>meclofenamate sodium caps</i>	2	
<i>mefenamic acid caps</i>	2	
<i>meloxicam caps, tabs</i>	2	
MENSTRUAL PAIN RELIEF MULTI-SYMPOTOM MAXIMUM STRENGTH	4	EC
<i>methadone hcl tabs</i>	2	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	2	QL(600 ML per 30 days)
<i>morphine sulfate er cp24, tbcr</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 20mg/ml</i>	2	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	2	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen sodium cr</i>	2	
<i>naproxen sodium er tb24 375mg</i>	2	
<i>naproxen sodium er tb24 500mg</i>	2	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen sodium tb24 750mg</i>	2	
<i>naproxen susp, tbec</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tabs</i>	2	
<i>oxycodone hcl er t12a 10mg, 20mg, 40mg, 80mg</i>	2	QL(60 EA per 30 days)
<i>oxycodone hcl er t12a 15mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	2	QL(60 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	2	QL(240 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)

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OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochlorideer</i>	2	QL(60 EA per 30 days)
PAIN RELIEF EXTRA STRENGTH/ADULT	4	EC
<i>piroxicam caps</i>	2	
<i>pregabalin er</i>	2	
<i>salsalate tabs</i>	2	
SUBSYS	3	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
TENSION HEADACHE	4	EC
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	2	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
TRI-BUFFERED ASPIRIN TABS 325MG; 35MG; 40MG; 0; 0	4	EC
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine</i>	2	
<i>armodafinil</i>	2	PA
<i>dexamethylphenidate hcl er cp24 20mg, 35mg</i>	2	
<i>dexamethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexamethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	
<i>dexamethylphenidate hydrochloride cp24</i>	2	
<i>dexamethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	2	
<i>lisdexamfetamine dimesylate</i>	2	PA
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride</i>	2	
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	
<i>methylphenidate hydrochloride er tb24, tbcr</i>	2	
<i>modafinil tabs</i>	2	PA

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SUNOSI	3	PA
VYVANSE	3	PA
Anticonvulsants		
APTIOM	3	
BRIVIACT SOLN, TABS	3	NEDS
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, susp, tabs</i>	2	
CELONTIN CAPS 300MG	3	
<i>clobazam susp</i>	2	
<i>clobazam tabs</i>	2	QL(60 EA per 30 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	3	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	3	PA NSO
<i>epitol</i>	2	
EPRONTIA	3	
EQUETRO	3	
<i>ethosuximide caps, soln</i>	2	
<i>felbamate</i>	2	
FINTEPLA	3	PA NSO; NEDS
FYCOMPA	3	
<i>gabapentin caps, soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	2	
HORIZANT	3	
<i>lacosamide inj, oral soln</i>	2	
<i>lacosamide tabs</i>	2	QL(60 EA per 30 days)
<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>methsuximide</i>	2	

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NAYZILAM	3	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine</i>	2	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	2	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	2	
SPRITAM	3	
<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	3	
<i>tiagabine hydrochloride</i>	2	
<i>topiramate er cs24</i>	2	
<i>topiramate cpsp, tabs</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	3	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	3	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	3	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	3	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	2	NEDS
<i>vigadronе</i>	2	NEDS
<i>vigpoder</i>	2	NEDS
XCOPRI TABS	3	NEDS
XCOPRI TBPK 0	3	
XCOPRI TBPK 0	3	NEDS
ZONISADE	3	
<i>zonisamide caps</i>	2	
ZTALMY	3	PA NSO; NEDS
Antimanic Agents		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Antimigraine Agents		
AIMOVIG	3	QL(1 ML per 30 days); PA

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

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<i>trihexyphenidyl hydrochloride</i>	2	
Anxiolytics, Sedatives, and Hypnotics		
ACETAMINOPHEN PM EXTRA STRENGTH	4	EC
<i>alprazolam er</i>	2	
<i>alprazolam odt</i>	2	
<i>alprazolam tabs</i>	2	
BELSOMRA	3	
<i>buspirone hcl tabs 15mg</i>	2	
<i>buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>clorazepate dipotassium tabs</i>	2	
DAYVIGO	3	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	2	
<i>diazepam soln, tabs</i>	2	
<i>estazolam</i>	2	
<i>eszopiclone</i>	2	
<i>flurazepam hcl</i>	2	
<i>flurazepam hydrochloride</i>	2	
HETLIOZ LQ	3	PA; NEDS
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrp</i>	2	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	2	
NIGHTTIME SLEEP AID TABS 25MG	4	EC
<i>oxazepam</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg,</i> <i>60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	2	QL(30 EA per 30 days)
SLEEP AID LIQD, TABS	4	EC
SLEEP-AID CAPS 50MG	4	EC
<i>tasimelteon</i>	2	PA; NEDS
<i>temazepam</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	
<i>zolpidem tartrate er</i>	2	
<i>zolpidem tartrate subl, tabs</i>	2	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	2	
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	2	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	2	QL(30 EA per 30 days)

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<i>atomoxetine caps 18mg, 40mg, 60mg</i>	2	QL(60 EA per 30 days)
EXSERVAN	3	NEDS
<i>guanfacine er tb24 2mg</i>	2	QL(90 EA per 90 days)
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	2	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride soln, tabs</i>	2	
NAMZARIC	3	
NOURIANZ	3	QL(30 EA per 30 days); NEDS
NUEDEXTA	3	PA
RADICAVA ORS	3	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	3	PA; NEDS; SP-Optum Specialty
RELYVRIO	3	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	2	
<i>sodium oxybate</i>	2	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>	2	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naltrexone hcl tabs</i>	2	
OPVEE	3	QL(4 EA per 30 days)
VIVITROL	3	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	3	NEDS
ABILIFY MAINTENA	3	NEDS
ABILIFY MYCITE	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	3	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
APLENZIN TB24 174MG, 348MG	3	ST NSO
APLENZIN TB24 522MG	3	ST NSO; NEDS
<i>aripiprazole</i>	2	

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

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

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<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate er</i>	2	
<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	3	NEDS
RISPERDAL CONSTA INJ 12.5MG	3	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	3	NEDS
<i>risperidone</i>	2	
<i>risperidone er inj 12.5mg</i>	2	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	2	NEDS
<i>risperidone odt</i>	2	
SECUADO	3	NEDS
<i>sertraline hcl conc</i>	2	
<i>sertraline hcl tabs 50mg</i>	2	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>tranylcypromine sulfate</i>	2	
<i>trazodone hydrochloride</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	
<i>trimipramine maleate caps</i>	2	
TRINTELLIX	3	
<i>venlafaxine besylate er</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	2	
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er</i>	2	
VERSACLOZ	3	NEDS
VIIBRYD STARTER PACK	3	
<i>vilazodone hydrochloride</i>	2	
VRAYLAR CPPK	3	
VRAYLAR CAPS	3	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	
ZURZUVAE CAPS 30MG	3	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	3	QL(28 EA per 14 days); PA NSO; NEDS
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	3	NEDS
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
AUSTEDO	3	PA; NEDS; SP-Optum Specialty

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INGREZZA	3	PA; NEDS
tetrabenazine	2	PA; NEDS; SP-Optum Specialty
Dental Agents		
<i>Dental Agents</i>		
PREVIDENT 5000 SENSITIVE	4	EC
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	4	EC
Devices		
<i>Devices</i>		
alcohol prep pads	2	
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	2	
bd insulin syringe safetyglide/1ml/29g x 1/2"	2	
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	2	
bd insulin syringe ultra-fine/1ml/31g x 8mm	2	
bd insulin syringe/u-100/1ml/27g x 1/2"	2	
bd insulin syringe/u-500/0.5ml/31g x 6mm	2	
bd pen needle/original/ultra-fine/29g x 12.7mm	2	
curity gauze pads 2"x2" 12 ply	2	
gauze pads 2"x2"	2	
gnp insulin syringe/0.3ml/30g x 5/16"	2	
gnp insulin syringe/0.5ml/30g x 5/16"	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	
techlite insulin syringe u-100/0.5ml/30g x 1/2"	2	
techlite pen needles 29g x 10mm	2	
trueplus insulin syringe /u-100/1ml/29g x 1/2"	2	
trueplus pen needles 29gx12mm	2	
Diagnostic Agents		
<i>Urine and Feces Contents</i>		
CHEMSTRIP 10 MD	4	EC

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CHEMSTRIP 9 STRIPS	4	EC
KETO-DIASTIX	4	EC
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	2	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid</i>	2	PA; NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose pack, soln</i>	2	
<i>sodium phenylbutyrate powd, tabs</i>	2	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
CLINIMIX E 8/10	3	PA BvD
CLINISOL SF 15%	3	PA BvD
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	
<i>dextrose 50%</i>	2	

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<i>dextrose 70%</i>	2	
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
NUTRILIPID	3	PA BvD
PLENAMINE	3	PA BvD
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL	3	PA BvD
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
<i>Diuretics</i>		
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>ethacrynic acid tabs</i>	2	
<i>furosemide inj, oral soln, tabs</i>	2	

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<i>hydrochlorothiazide caps, tabs</i>	2	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
<i>torsemide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>Ion-removing Agents</i>		
AURYXIA	3	PA; NEDS
LOKELMA	3	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hydrochloride</i>	2	
<i>sodium polystyrene sulfonate powd</i>	2	
<i>sps</i>	2	
VELPHORO	3	NEDS
VELTASSA	3	
<i>Irrigating Solutions</i>		
<i>acetic acid 0.25%</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water for irrigation</i>	2	
<i>Replacement Preparations</i>		
CALCIUM 1000 + D	4	EC
CALCIUM 500/VITAMIN D3	4	EC
CALCIUM 600 WITH VITAMIN D CHEW	4	EC
<i>calcium acetate caps</i>	2	
CALCIUM ACETATE TABS 668MG	4	EC
<i>calcium acetate tabs 667mg</i>	2	EC
CALCIUM CARBONATE CHEW 260MG	4	EC
CALCIUM CARBONATE POWD 800MG/2GM	4	EC
CALCIUM CARBONATE TABS 1250MG	4	EC
CALCIUM CITRATE GRAN	4	EC
CALCIUM CITRATE TABS 200MG, 250MG	4	EC
CALCIUM GLUCONATE CAPS	4	EC
CALCIUM HIGH POTENCY TABS 1500MG	4	EC
CALCIUM LACTATE TABS 100MG	4	EC
CHELATED MAGNESIUM	4	EC
<i>dextrose 10%/nacl 0.45%</i>	2	
<i>dextrose 10%/nacl 0.2%</i>	2	
<i>dextrose 2.5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.2%</i>	2	
<i>dextrose 5%/nacl 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9%</i>	2	
<i>dextrose/sodium chloride</i>	2	

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<i>effer-k tbe</i> 25meq	2	
K-PHOS	4	EC
<i>k-prime</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
MAG-OXIDE	4	EC
MAGNESIUM CITRATE CAPS 100MG	4	EC
MAGNESIUM CITRATE TABS 100MG	4	EC
MAGNESIUM ELEMENTAL CAPS	4	EC
MAGNESIUM GLUCONATE TABS 500MG	4	EC
MAGNESIUM GLYCINATE CAPS 0; 665MG; 0; 0	4	EC
MAGNESIUM OXIDE CAPS 500MG	4	EC
MAGNESIUM OXIDE TABS 250MG, 400MG, 420MG	4	EC
MAGNESIUM TABS 250MG, 500MG	4	EC
<i>potassium chloride er</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	2	
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	2	
<i>sodium chloride 0.45%</i>	2	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	2	
SODIUM CHLORIDE TABS 1GM	4	EC
Uricosuric Agents		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Enzymes		
Enzymes		
REVCOWI	3	NEDS

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SUCRAID	3	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	3	
<i>bacitracin/polymyxin b</i>	2	
<i>bacitracin ophthalmic oint 500unit/gm</i>	2	
BESIVANCE	3	
<i>chlorhexidine gluconate</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	3	
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	2	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
<i>periogard</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate(trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	2	
XDEMVY	3	PA; NEDS
ZIRGAN	3	
Anti-inflammatory Agents		
ALREX	3	
<i>bromfenac</i>	2	
<i>bromfenac sodium soln 0.07%, 0.075%</i>	2	
BROMSITE	3	
BUDESONIDE NASAL SPRAY	4	QL(16.86 ML per 30 days); EC
<i>ciprofloxacin/dexamethasone</i>	2	
CORTISPORIN-TC	3	
<i>cyclosporine emul 0.05%</i>	2	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>difluprednate</i>	2	

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<i>flac</i>	2	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	2	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorometholone susp</i>	2	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
FML	3	
FML FORTE	3	
GNP BUDESONIDE NASAL SPRAY	4	QL(16.86 ML per 30 days); EC
<i>hydrocortisone/acetic acid</i>	2	
ILEVRO	3	
INVELTYS	3	
<i>ketorolac tromethamine</i>	2	
LOTEMAX OINT	3	
<i>loteprednol etabonate</i>	2	
MAXIDEX SUSP	3	
<i>mometasone furoate susp 50mcg/act</i>	2	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	2	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<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>	2	
TRIAMCINOLONE ACETONIDE AERO 55MCG/ACT	4	QL(16.9 ML per 30 days); EC
ZYLET	3	
Antiallergic Agents		
ALOCRIL	3	
ALOMIDE	3	
<i>azelastine hcl ophthalmic soln</i>	2	
<i>azelastine hcl nasal soln 0.15%</i>	2	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(120 ML per 90 days)

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<i>bepotastine besilate</i>	2	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic soln</i>	2	
<i>olopatadine hcl nasal soln</i>	2	QL(91.5 GM per 90 days)
<i>olopatadine hydrochloride soln 0.2%</i>	2	
Antiglaucoma Agents		
<i>acetazolamide er</i>	2	
<i>acetazolamide tabs</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	3	
BETOPTIC-S	3	
<i>bimatoprost soln</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>brimonidine tartrate soln</i>	2	
<i>brinzolamide</i>	2	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
LUMIGAN	3	
<i>methazolamide tabs</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>tafluprost</i>	2	
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<i>travoprost</i>	2	
VYZULTA	3	
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	2	
ARTIFICIAL TEARS SOLN 0.2%; 0.2%; 1%	4	EC
CYSTARAN	3	
LUBRICANT EYE DROPS SOLN 0.6%	4	EC
LUBRICATING EYE DROPS SOLN 0.4%; 0.3%	4	EC
LUBRICATING TEARS EYE DROPS	4	EC
OXERVATE	3	PA; NEDS

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QC ARTIFICIAL TEARS	4	EC
Local Anesthetics		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
Mydriatics		
<i>atropine sulfate soln 1%</i>	2	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln</i>	2	
Gastrointestinal Drugs		
Antacids and Adsorbents		
ALUMINUM HYDROXIDE SUSP 320MG/5ML	4	EC
ANTACID CALCIUM RICH	4	EC
ANTACID EXTRA STRENGTH CHEW 160MG; 105MG, 750MG	4	EC
ANTACID MAXIMUM STRENGTH SUSP 800MG/10ML; 800MG/10ML; 80MG/10ML	4	EC
ANTACID ULTRA STRENGTH CHEW 1000MG	4	EC
ANTACID/ANTIGAS LIQUID SUSP 400MG/10ML; 400MG/10ML; 40MG/10ML	4	EC
CALCIUM ANTACID	4	EC
CALCIUM CARBONATE SUSP 1250MG/5ML	4	EC
CALCIUM CARBONATE TABS 648MG	4	EC
GNP ANTACID & ANTI-GAS MAXIMUM STRENGTH	4	EC
GOODSENSE ANTACID/EXTRA STRENGTH	4	EC
MAG-AL	4	EC
MAGNESIUM OXIDE TABS 400MG, 420MG	4	EC
MAGNESIUM TABS 250MG	4	EC
MINTOX PLUS	4	EC
SODIUM BICARBONATE TABS	4	EC
URO MAG	4	EC
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	2	NEDS
<i>balsalazide disodium</i>	2	
<i>mesalamine dr</i>	2	
<i>mesalamine er</i>	2	
<i>mesalamine enem, kit, supp</i>	2	
Antidiarrhea Agents		
ALIGN CHEW	4	EC
BISMUTH	4	EC
CULTURELLE DIGESTIVE HEALTH CHEW	4	EC
CULTURELLE DIGESTIVE HEALTH CAPS 200MG; 10BILLION	4	EC
CULTURELLE KIDS	4	EC
CULTURELLE CAPS 10B CELL	4	EC

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FLORASTOR KIDS	4	EC
FLORASTOR SELECT IMMUNITY BOOST CAPS 10MCG; 250MG; 60MG; 10MG	4	EC
FLORASTOR CAPS 250MG	4	EC
GNP ANTI-DIARRHEAL CAPS	4	EC
GNP PINK BISMUTH TABS	4	EC
<i>loperamide hcl caps</i>	2	
LOPERAMIDE HYDROCHLORIDE/SIMETHICONE	4	EC
LOPERAMIDE HYDROCHLORIDE TABS	4	EC
LOPERAMIDE HYDROCHLORIDE SOLN 1MG/7.5ML	4	EC
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
SM ANTI-DIARRHEAL CAPS	4	EC
STOMACH RELIEF EXTRA STRENGTH	4	EC
STOMACH RELIEF SUSP 525MG/30ML	4	EC
XERMELO	3	PA; NEDS; SP-Optum Specialty
Antiemetics		
<i>aprepitant caps 0, 40mg, 80mg</i>	2	PA BvD
<i>aprepitant caps 125mg</i>	2	PA BvD; NEDS
<i>dronabinol</i>	2	PA BvD
<i>granisetron hydrochloride tabs</i>	2	PA BvD
MECLIZINE 25	4	EC
MECLIZINE HCL TABS 12.5MG	4	EC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	
MECLIZINE HYDROCHLORIDE CHEW	4	EC
MECLIZINE HYDROCHLORIDE TABS 12.5MG	4	EC
<i>ondansetron hcl soln</i>	2	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt</i>	2	PA BvD
<i>scopolamine</i>	2	
Antiflatulents		
SIMETHICONE DROPS INFANTS	4	EC
SIMETHICONE ULTRA STRENGTH	4	EC
SIMETHICONE CHEW	4	EC
SIMETHICONE CAPS 125MG	4	EC
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	2	
<i>esomeprazole magnesium</i>	2	
FAMOTIDINE MAXIMUM STRENGTH	4	EC
FAMOTIDINE ORIGINAL STRENGTH	4	EC

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<i>famotidine susr</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	2	
<i>lansoprazole cpdr, tbdd</i>	2	
<i>misoprostol tabs</i>	2	
<i>nizatidine soln</i>	2	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole/sodium bicarbonate caps</i>	2	
<i>omeprazole/sodium bicarbonate pack</i>	2	NEDS
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium pack, tbec</i>	2	
PYLERA	3	
<i>rabeprazole sodium</i>	2	
<i>sucralfate susp, tabs</i>	2	
Cathartics and Laxatives		
BISACODYL EC	4	EC
BISACODYL SUPP	4	EC
CHOCOLATED LAXATIVE REGULAR STRENGTH	4	EC
CLENPIQ	3	
DOCUSATE CALCIUM	4	EC
DOCUSATE MINI	4	EC
DOCUSATE SODIUM CAPS 100MG, 250MG	4	EC
DOCUSATE SODIUM LIQD 50MG/5ML	4	EC
ENEMA READY-TO-USE ENEM 7GM/118ML; 19GM/118ML	4	EC
EPSOM SALT GRAN 0	4	EC
EVAC	4	EC
FIBER TABS TABS 625MG	4	EC
FIBER POWD 28.3%	4	EC
FLEET BISACODYL	4	EC
FLEET PEDIATRIC	4	EC
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
GLYCERIN ADULT	4	EC
GLYCERIN ADULT SUPP 2GM	4	EC
GLYCERIN INFANTS & CHILDREN SUPP 1GM	4	EC
GNP BEST FIBER	4	EC
GNP FIBER POWDER	4	EC
GNP GLYCERIN ADULT SUPP 2.1GM	4	EC
GNP GLYCERIN CHILD	4	EC
GOODSENSE MAGNESIUM CITRATE	4	EC
HM ENEMA MINERAL OIL ENEM 100%	4	EC
KONDREMUL EMUL 50%	4	EC

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KONSYL DAILY FIBER PACK 100%	4	EC
KONSYL DAILY FIBER POWD 60.3%	4	EC
LAXATIVE REGULAR STRENGTH	4	EC
MILK OF MAGNESIA CONCENTRATE	4	EC
MILK OF MAGNESIA SUSP 7.75%	4	EC
MINERAL OIL HEAVY	4	EC
MINERAL OIL OIL 100%	4	EC
NUTRISOURCE FIBER	4	EC
OSMOPREP	3	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	2	
POLYETHYLENE GLYCOL	4	EC
POLYETHYLENE GLYCOL 3350 PACK 17GM, 4GM	4	EC
PSYLLIUM FIBER	4	EC
REGULOID POWD 43%, 51.7%, 57.6%	4	EC
SENNA PLUS CAPS	4	EC
SENNA-S	4	EC
SENNA CAPS, SYRP	4	EC
SENNA TABS 8.6MG	4	EC
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SOLUBLE FIBER	4	EC
STOOL SOFTENER TABS	4	EC
<i>Cholelitholytic Agents</i>		
<i>ursodiol caps 200mg, 300mg</i>	2	
<i>ursodiol tabs</i>	2	
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
DAIRY RELIEF	4	EC
GNP FAST ACTING DAIRY RELIEF	4	EC
LACTASE FAST ACTING	4	EC
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<i>GI Drugs, Miscellaneous</i>		

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BYLVAY	3	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	3	PA; NEDS; SP-Optum Specialty
CHOLBAM	3	PA; NEDS
GATTEX	3	PA; NEDS
LINZESS	3	
LIVMARLI	3	PA; NEDS
<i>lubiprostone</i>	2	
MOVANTIK	3	
RELISTOR	3	NEDS
SKYRIZI INJ 600MG/10ML	3	PA; NEDS
SKYRIZI INJ 180MG/1.2ML	3	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	3	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>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
<i>metoclopramide odt</i>	2	
Gold Compounds		
Gold Compounds		
RIDAURA	3	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	
<i>deferasirox pack</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	2	SP-Optum Specialty
<i>deferasirox tbs 250mg, 500mg</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tbs 125mg</i>	2	SP-Optum Specialty
<i>deferiprone</i>	2	NEDS
<i>penicillamine tabs</i>	2	
<i>penicillamine caps</i>	2	NEDS
<i>trientine hydrochloride</i>	2	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	2	QL(30.9 GM per 90 days)

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

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TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>triamicinolone acetonide inj 40mg/ml</i>	2	
Androgens		
AVEED	3	
<i>danazol caps</i>	2	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	
<i>testosterone soln</i>	2	
XYOSTED	3	
Antidiabetic Agents		
acarbose tabs	2	
BYDUREON BCISE	3	PA
BYETTA	3	PA
CYCLOSET	3	
FARXIGA	3	
glimepiride	2	
glipizide er	2	
glipizide/metformin hydrochloride	2	
glipizide tabs 10mg, 5mg	2	
glyburide micronized	2	
glyburide/metformin hydrochloride	2	
glyburide tabs 1.25mg, 2.5mg, 5mg	2	
GLYXAMBI	3	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	

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JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	3	QL(120 EA per 30 days); PA; NEDS
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	2	
<i>metformin hydrochloride soln</i>	2	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	2	
<i>mifepristone</i>	2	QL(120 EA per 30 days); PA; NEDS
<i>miglitol</i>	2	
MOUNJARO	3	PA
<i>nateglinide</i>	2	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	PA
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEON MAX SOLOSTAR	3	
TOUJEON SOLOSTAR	3	
TRADJENTA	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	
Antihypoglycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
DEX4 FAST ACTING GLUCOSE GO-POUCH	4	EC
DEX4 FAST ACTING GLUCOSE LIQD	4	EC
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	2	

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GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
GLUCOSE CHEW 4GM	4	EC
GLUTOSE 5	4	EC
GOODSENSE GLUCOSE	4	EC
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Contraceptives		
<i>amethia</i>	2	
<i>apri</i>	2	
<i>ashlyna</i>	2	
<i>aviane</i>	2	
<i>balziva</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	
<i>deblitane</i>	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>drosipренone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>errin</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>finzala</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>joyeaux</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	

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<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
LEVONORGESTREL TABS 1.5MG	4	EC
<i>levora 0.15/30-28</i>	2	
LO LOESTRIN FE	3	
<i>marlissa</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>portia-28</i>	2	
<i>sharobel</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	
<i>tri-sprintec</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>tyblume</i>	2	
<i>velivet</i>	2	
<i>vyfemla</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
Estrogens and Antiestrogens		
<i>amabelz</i>	2	
<i>anastrozole</i>	2	
COMBIPATCH	3	
DEPO-ESTRADIOL	3	
<i>dotti</i>	2	
ELESTRIN	3	
<i>estradiol</i>	2	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	

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ESTRING	3	
EVAMIST	3	
<i>exemestane</i>	2	
FEMRING	3	
<i>fyavolv</i>	2	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	2	
KISQALI FEMARA 200 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	3	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	2	
MENEST	3	
MENOSTAR	3	
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol</i>	2	
OSPHENA	3	
PREMARIN	3	
PREMPHASE	3	
PREMPRO	3	
<i>raloxifene hydrochloride</i>	2	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	2	
<i>yuvafem</i>	2	
Gonadotropins and Antigonadotropins		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	3	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	3	NEDS
LUPRON DEPOT (3-MONTH)	3	NEDS
LUPRON DEPOT (4-MONTH)	3	NEDS
LUPRON DEPOT (6-MONTH)	3	NEDS
MYFEMBREE	3	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	3	PA NSO; NEDS
ORILISSA TABS 150MG	3	QL(30 EA per 30 days); PA; NEDS
ORILISSA TABS 200MG	3	QL(60 EA per 30 days); PA; NEDS

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SYNAREL	3	NEDS
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	3	
TRELSTAR MIXJECT INJ 11.25MG	3	NEDS
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	2	
<i>calcitonin-salmon soln</i>	2	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	2	
<i>cinacalcet hydrochloride tabs 90mg</i>	2	NEDS
FORTEO INJ 600MCG/2.4ML	3	PA; NEDS
NATPARA	3	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	2	PA; NEDS
TYMLOS	3	PA; NEDS
Pituitary		
CORTROPHIN	3	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
Progestins		
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate inj, tabs</i>	2	
<i>megestrol acetate tabs</i>	2	
<i>megestrol acetate susp</i>	2	EC
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
LANREOTIDE ACETATE	3	NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	2	
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 50mcg/ml</i>	2	SP-Optum Specialty
SIGNIFOR	3	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	3	NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
INCRELEX	3	PA; NEDS; SP-Optum Specialty

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NORDITROPIN FLEXPRO	3	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	3	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	3	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	3	PA; NEDS; SP-Optum Specialty
OMNITROPE	3	PA; NEDS; SP-Optum Specialty
SAIZEN INJ 5MG	4	EC
SEROSTIM INJ 4MG, 5MG, 6MG	3	PA; NEDS; EC; SP-Optum Specialty
SOMAVERT	3	PA; NEDS; SP-Optum Specialty
ZOMACTON INJ 5MG	4	EC
ZORBTIVE	3	PA; NEDS; SP-Optum Specialty
<i>Thyroid and Antithyroid Agents</i>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
ARMOUR THYROID	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine sodium caps, tabs</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	2	
NIVA THYROID	3	
<i>np thyroid 120</i>	2	
<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	
SYNTROID TABS	3	
THYQUIDITY	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	
TIROSINT-SOL	3	
<i>unithroid</i>	2	
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	

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<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
Alcohol Deterrents		
<i>disulfiram tabs</i>	2	
Antidotes		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs</i>	2	
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine caps, tabs</i>	2	
<i>febuxostat</i>	2	ST
<i>GLOPERBA</i>	3	
Antisense Oligonucleotides		
<i>TEGSEDI</i>	3	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
<i>EVENITY</i>	3	PA; NEDS
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	2	
<i>ibandronate sodium</i>	2	
<i>PROLIA</i>	3	PA
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
<i>XGEVA</i>	3	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	2	PA; NEDS
Cariostatic Agents		
<i>DENTAGEL</i>	4	EC
<i>PREVIDENT 5000 BOOSTER PLUS</i>	4	EC
<i>PREVIDENT 5000 DRY MOUTH</i>	4	EC
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm crea</i>	2	
<i>SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG</i>	4	EC
<i>SODIUM FLUORIDE SOLN 0.5MG/ML</i>	4	EC
Disease-modifying Antirheumatic Drugs		
<i>COSENTYX SENSOREADY PEN</i>	3	PA; NEDS; SP-Optum Specialty
<i>COSENTYX UNOREADY</i>	3	PA; NEDS

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COSENTYX INJ 125MG/5ML	3	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	3	PA; NEDS; SP-Optum Specialty
ENBREL MINI	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	3	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	3	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	3	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	3	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	3	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	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
KINERET	3	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	2	
ORENCIA CLICKJECT	3	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	3	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	3	QL(2.8 ML per 28 days); PA; NEDS

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ORENCIA INJ 125MG/ML	3	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK	3	QL(110 EA per 365 days); PA; NEDS
OTEZLA TABS	3	QL(60 EA per 30 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	3	
RINVOQ	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	3	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
Immunomodulatory Agents		
ACTIMMUNE	3	NEDS; SP-Optum Specialty
AUBAGIO	3	NEDS; SP-Optum Specialty
AVONEX PEN	3	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	3	NEDS; SP-Optum Specialty
BAFIERTAM	3	NEDS; SP-Optum Specialty
BETASERON	3	NEDS; SP-Optum Specialty
COPAXONE	3	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	2	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	2	NEDS; SP-Optum Specialty
EXTAVIA	3	NEDS; SP-Optum Specialty
<i>fingolimod</i>	2	NEDS

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KESIMPTA	3	PA; NEDS; SP-Optum Specialty
MAYZENT	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	3	SP-Optum Specialty
PLEGRIDY	3	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	3	NEDS; SP-Optum Specialty
REBIF	3	NEDS; SP-Optum Specialty
REBIF REBIDOSE	3	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	3	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	3	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	2	
THALOMID	3	NEDS; SP-Optum Specialty
VUMERITY	3	NEDS; SP-Optum Specialty
ZEPOSIA	3	NEDS
ZEPOSIA 7-DAY STARTER PACK	3	NEDS
ZEPOSIA STARTER KIT	3	NEDS
Immunosuppressive Agents		
<i>azathioprine tabs</i>	2	PA BvD
BENLYSTA INJ 200MG/ML	3	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	2	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	2	PA BvD
ENVARSUS XR	3	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	2	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	2	PA BvD
GENGRAF CAPS 100MG, 25MG	2	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	2	PA BvD
<i>mycophenolate mofetil susr</i>	2	PA BvD; NEDS
<i>mycophenolic acid dr</i>	2	PA BvD
NULOJIX	3	NEDS
PROGRAF PACK	3	PA BvD
<i>sirolimus soln, tabs</i>	2	PA BvD

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<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA BvD
Kallikrein-Kinin System Inhibitors		
BERINERT	3	PA; NEDS
CINRYZE	3	PA; NEDS
HAEGARDA	3	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	2	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	3	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	3	PA; NEDS
Other Miscellaneous Therapeutic Agents		
ARCALYST	3	PA; NEDS
<i>betaine anhydrous</i>	2	NEDS
CERDELGA	3	PA; NEDS; SP-Optum Specialty
CYSTAGON	3	
<i>dalfampridine er</i>	2	SP-Optum Specialty
ELMIRON	3	
ENDARI	3	NEDS
EVRYSDI	3	PA; NEDS
FIRDAPSE	3	PA; NEDS
GALAFOLD	3	PA; NEDS
L-METHYLFOLATE CALCIUM TABS 15MG	4	EC
<i>levocarnitine tabs</i>	2	
MELATONIN GUMMIES CHEW 2.5MG	4	EC
MELATONIN QUICK DISSOLVE TBDP 5MG	4	EC
MELATONIN TR/VITAMIN B-6	4	EC
MELATONIN CHEW 5MG	4	EC
MELATONIN LIQD 1MG/4ML, 1MG/ML	4	EC
MELATONIN SUBL 5MG	4	EC
MELATONIN TABS 1MG, 1MG; 10MG, 300MCG, 3MG, 3MG; 10MG, 5MG, 5MG; 10MG	4	EC
<i>metyrosine</i>	2	NEDS
<i>miglustat</i>	2	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	2	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	2	PA; NEDS; SP-Optum Specialty
ORFADIN SUSP	3	PA; NEDS
ORFADIN CAPS 20MG	3	PA; NEDS
REZUROCK	3	PA; NEDS

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<i>sapropterin dihydrochloride</i>	2	PA; NEDS; SP-Optum Specialty
THIOLA EC	3	NEDS
<i>tiopronin tbec</i>	2	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	3	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	3	PA; NEDS; SP-Optum Specialty
VYNDAMAX	3	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	3	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>yargesa</i>	2	PA; NEDS
Protective Agents		
MESNEX TABS	3	NEDS
Pharmaceutical Aids		
Pharmaceutical Aids		
SIMPLE SYRUP SYRP 0	4	EC
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	2	
<i>cromolyn sodium nebu 20mg/2ml</i>	2	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	3	PA; NEDS; SP-Optum Specialty
FASENRA	3	PA; NEDS
FASENRA PEN	3	PA; NEDS; SP-Optum Specialty
<i>montelukast sodium chew, pack, tabs</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	3	PA; NEDS
NUCALA INJ 100MG/ML	3	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	2	
<i>zileuton er</i>	2	NEDS
Antifibrotic Agents		
ESBRIET CAPS	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty

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ESBRIET TABS 267MG	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	3	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	3	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	2	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	2	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	2	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	2	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO TABS	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	3	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	3	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	3	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	3	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	3	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	3	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPK	3	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Mucolytic Agents		
PULMOZYME	3	PA BvD; NEDS; SP-Optum Specialty
SODIUM CHLORIDE NEBU 7%	4	EC
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast</i>	2	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	3	NEDS
PROLASTIN-C	3	PA; NEDS
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	3	PA; NEDS
XOLAIR INJ 150MG/ML	3	PA; NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	3	PA; NEDS
<i>ambrisentan</i>	2	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	2	PA; NEDS; SP-Optum Specialty
OPSUMIT	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	3	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	3	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	3	PA
ORENITRAM TBCR 5MG	3	PA; NEDS
TRACLEER TBSO	3	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	3	PA; NEDS
UPTRAVI TABS	3	PA; NEDS
VENTAVIS	3	PA; NEDS
Skin and Mucous Membrane Agents		
Anti-infectives		
IODINE TINCTURE MILD TINC 2%; 2.4%	4	EC
<i>klayesta</i>	2	
MICONAZOLE NITRATE CREA	4	EC
MONISTAT 3 CREA	4	EC
<i>naftifine hydrochloride gel 1%</i>	2	
Anti-inflammatory Agents		
CORTIFOAM FOAM	3	
<i>fluocinolone acetonide topical</i>	2	
<i>kourzeq</i>	2	
Antipruritics and Local Anesthetics		
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)

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<i>lidocaine hcl prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride prsy 2%</i>	2	QL(100 ML per 30 days)
PROCTOFOAM HC	3	
<i>Cell Stimulants and Proliferants</i>		
RETIN-A MICRO GEL 0.06%	3	PA
<i>tretinoin microsphere gel 0.08%</i>	2	PA
<i>Emollients, Demulcents, and Protectants</i>		
LANSINOH LANOLIN NIPPLE	4	EC
<i>Skin and Mucous Membrane Agents, Misc</i>		
CAPSAICIN CREA 0.075%, 0.1%	4	EC
CAPSAICIN PTCH 0.025%	4	EC
<i>nitroglycerin oint 0.4%</i>	2	QL(30 GM per 30 days)
<i>podofilox gel 0.5%</i>	2	
Skin and Mucous Membrane Preparations		
<i>Anti-infectives</i>		
<i>acyclovir crea 5%</i>	2	
ANTI-DANDRUFF SHAMPOO	4	EC
BACITRACIN ZINC	4	EC
BACITRACIN EXTERNAL OINT 500UNIT/GM	4	EC
BENZOYL PEROXIDE	4	EC
BENZOYL PEROXIDE WASH	4	EC
BP WASH	4	EC
<i>ciclopirox</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
CLEOCIN	3	
<i>clindacin</i>	2	
<i>clindacin etz pledges</i>	2	
<i>clindacin-p</i>	2	
<i>clindamycin phosphate/benzoyl peroxide</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate external soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
CLOTRIMAZOLE CREA 1%	4	EC
<i>clotrimazole crea 1%</i>	2	
<i>clotrimazole troc</i>	2	
CLOTRIMAZOLE SOLN 1%	4	EC
<i>clotrimazole soln 1%</i>	2	
<i>econazole nitrate</i>	2	

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<i>ery</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
GNP CLOTRIMAZOLE 3	4	EC
GNP HYDROGEN PEROXIDE	4	EC
GNP TRIPLE ANTIBIOTIC PLUS	4	EC
GYNIAZOLE-1	3	
HIBICLENS	4	EC
HM ANTISEPTIC SKIN CLEANSER	4	EC
HM BACITRACIN	4	EC
HYDROGEN PEROXIDE	4	EC
INSTACLEAN	4	EC
IODINE TINCTURE STRONG DECOLORIZED	4	EC
ISOPROPYL ALCOHOL	4	EC
ISOPROPYL RUBBING ALCOHOL	4	EC
<i>ivermectin crea 1%</i>	2	
<i>ketoconazole crea 2%</i>	2	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	2	
<i>ketoconazole sham 2%</i>	2	
KETODAN	2	
LICE TREATMENT CREME RINSE	4	EC
<i>malathion</i>	2	
MENTAX	3	
<i>metronidazole vaginal</i>	2	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>miconazole 3</i>	2	
MICONAZOLE 3 COMBINATION PACK	4	EC
MICONAZOLE 3 COMBO PACK	4	EC
MICONAZOLE 7	4	EC
MONISTAT 7 COMBINATION PACK	4	EC
<i>mupirocin crea</i>	2	QL(180 GM per 30 days)
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>naftifine hcl</i>	2	
<i>naftifine hydrochloride crea 2%</i>	2	
NEUAC	2	
NUVESSA	3	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	

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<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>oxiconazole nitrate</i>	2	QL(90 GM per 30 days)
<i>penciclovir</i>	2	
<i>permethrin</i>	2	
POVIDONE-IODINE	4	EC
<i>rosadan</i>	2	
<i>selenium sulfide</i>	2	
<i>silver sulfadiazine</i>	2	
SM ALCOHOL	4	EC
SM CLOTRIMAZOLE VAGINAL	4	EC
SM LICE TREATMENT	4	EC
SM MICONAZOLE 3	4	EC
SM TRIPLE ANTIBIOTIC PLUS MAXIMUM STRENGTH	4	EC
<i>ssd</i>	2	
<i>sulfacetamide sodium lotn 10%</i>	2	
SULFAMYLYON	3	
<i>terconazole</i>	2	
TOLNAFTATE	4	EC
TOLNAFTATE ANTIFUNGAL	4	EC
TRIPLE ANTIBIOTIC	4	EC
Anti-inflammatory Agents		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	2	
<i>amcinonide</i>	2	
<i>betamethasone dipropionate</i>	2	
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone valerate</i>	2	
<i>budesonide foam 2mg</i>	2	
<i>calcipotriene/betamethasone dipropionate oint</i>	2	
<i>calcipotriene/betamethasone dipropionate susp</i>	2	NEDS
<i>clobetasol propionate e</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	2	QL(200 GM per 30 days)
<i>clobetasol propionate foam</i>	2	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	2	QL(200 ML per 30 days)
<i>clobetasol propionate lotn, sham</i>	2	QL(236 ML per 30 days)
<i>clobetasol propionate crea, gel, oint</i>	2	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	2	QL(250 ML per 30 days)
<i>clorcortolone pivalate</i>	2	
<i>clodan</i>	2	QL(236 ML per 30 days)
CORDRAN	3	
<i>desonide</i>	2	
<i>desoximetasone</i>	2	
DESRX	2	

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<i>diclofenac sodium gel 3%</i>	2	QL(200 GM per 30 days)
<i>diclofenac sodium gel 1%</i>	2	QL(960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	2	QL(300 ML per 30 days)
<i>diflorasone diacetate</i>	2	
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide</i>	2	
<i>fluocinonide emulsified base</i>	2	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
GNP HYDROCORTISONE	4	EC
GNP HYDROCORTISONE MAXIMUM STRENGTH	4	EC
<i>halcinonide</i>	2	
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate</i>	2	
<i>hydrocortisone valerate</i>	2	
HYDROCORTISONE CREA 1%	4	EC
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enim 100mg/60ml</i>	2	
HYDROCORTISONE LOTN 1%	4	EC
<i>hydrocortisone lotn 2.5%</i>	2	
HYDROCORTISONE OINT 1%	4	EC
<i>hydrocortisone oint 1%, 2.5%</i>	2	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>oralone dental paste</i>	2	
<i>prednicarbate</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	2	QL(200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	2	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	2	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.05%, 0.1%, 0.5%</i>	2	

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TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	2	
UCERIS	3	
Antipruritics and Local Anesthetics		
<i>doxepin hydrochloride crea 5%</i>	2	QL(90 GM per 30 days)
<i>hydrocortisone acetate/pramoxine</i>	2	
<i>lidocaine hydrochloride external soln 4%</i>	2	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	2	QL(60 GM per 30 days)
<i>lidocaine oint</i>	2	QL(100 GM per 30 days)
<i>lidocaine patch</i>	2	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	2	QL(100 GM per 30 days)
Astringents		
DESTITIN	4	EC
DR SMITHS DIAPER QUICK RELIEF	4	EC
ZINC OXIDE	4	EC
Cell Stimulants and Proliferants		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP	3	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	2	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
Emollients, Demulcents, and Protectants		
AMERIDERM PERISHIELD	4	EC
AMMONIUM LACTATE CREA 12%	4	EC
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn</i>	2	
CALAMINE	4	EC
HYDROLATUM	4	EC
HYDROPHILIC PETROLATUM	4	EC
LANOLIN ANHYDROUS	4	EC
MINERAL OIL LIGHT	4	EC
PETROLATUM	4	EC
VITAMIN A & D	4	EC
WHITE PETROLATUM	4	EC
WHITE PETROLEUM JELLY	4	EC
Keratolytic Agents		
GNP WART REMOVER	4	EC
WART REMOVER MAXIMUM STRENGTH	4	EC
Skin and Mucous Membrane Agents, Misc		
<i>accutane</i>	2	
<i>acitretin</i>	2	
<i>adapalene</i>	2	PA

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<i>amnesteem</i>	2	
<i>azelaic acid</i>	2	
AZELEX	3	
<i>bexarotene gel 1%</i>	2	PA NSO; NEDS
<i>calcipotriene crea, oint</i>	2	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	2	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	2	
CAPSAICIN CREA 0.025%	4	EC
<i>claravis</i>	2	
CONDYLOX	3	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	3	PA; NEDS; SP-Optum Specialty
<i>fluorouracil</i>	2	
HYFTOR	3	PA; NEDS
<i>imiquimod</i>	2	
<i>imiquimod pump</i>	2	
<i>isotretinoin</i>	2	
KLISYRI	3	PA; NEDS
MYORISAN	2	
PANRETIN	3	NEDS
<i>pimecrolimus</i>	2	
<i>podofilox soln 0.5%</i>	2	
RECTIV	3	QL(30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	3	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	3	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	3	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>tazarotene</i>	2	PA
TAZORAC	3	PA
VALCHLOR	3	NEDS; SP-Optum Specialty

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WINLEVI	3	PA
ZENATANE	2	
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>darifenacin hydrobromide er</i>	2	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GEMTESA	3	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacain succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
Respiratory Smooth Muscle Relaxants		
<i>elioxophyllin</i>	2	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline elix</i>	2	
Vitamins		
Multivitamin Preparations		
B COMPLEX/C TABS 300MG; 150MG; 10MG; 50MG; 5MG; 10.2MG; 15MG	4	EC
B COMPLEX TABS 6MCG; 0.4MG; 20MG; 10MG; 2MG; 1.7MG; 1.2MG	4	EC
B-COMPLEX CAPS 5MG; 1MCG; 400MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC
B-COMPLEX TABS 6MCG; 400MCG; 20MG; 2MG; 1.7MG; 1.5MG	4	EC
C COMPLEX TBCR 500MG; 25MG; 25MG; 40MG; 5MG	4	EC
COD LIVER OIL CAPS 4000UNIT; 200UNIT	4	EC
COD LIVER OIL OIL 5000UNIT/5ML; 500UNIT/5ML	4	EC
HEALTHY KIDS COD LIVER OIL/VITAMIN D	4	EC
MULTI VITAMIN TABS 60MG; 0; 45MG; 0; 10MG; 0; 400UNIT; 6MCG; 400MCG; 20MG; 2MG; 3000UNIT; 1.7MG; 1.5MG; 30UNIT	4	EC
MULTI-VIT/IRON/FLUORIDE SOLN 35MG/ML; 400UNIT/ML; 10MG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 5UNIT/ML	4	EC

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MULTI-VITAMIN/FLUORIDE DROPS SOLN 35MG/ML; 400UNIT/ML; 2MCG/ML; 8MG/ML; 0.4MG/ML; 1500UNIT/ML; 0.6MG/ML; 0.5MG/ML; 0.5MG/ML; 5UNIT/ML	4	EC
MULTI-VITAMIN/MINERALS TABS 60MG; 160MG; 6MCG; 18MG; 0.4MG; 150MCG; 100MG; 20MG; 125MG; 2MG; 1.7MG; 1.2MG; 5000UNIT; 400UNIT; 15MG	4	EC
MULTIVITAMIN CHILDRENS CHEW 60MG; 0; 10MCG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 750MCG; 1.2MG; 0; 1.05MG; 6.75MG; 0	4	EC
MULTIVITAMIN GUMMIES ADULT CHEW 30MG; 150MCG; 2.5MG; 400UNIT; 20MCG; 3MCG; 200MCG; 30MCG; 140MG; 1MG; 5MG; 1MG; 1250UNIT; 7.5UNIT; 2.5MG	4	EC
MULTIVITAMIN INFANT/TODDLER	4	EC
MULTIVITAMIN WITH FLUORIDE SOLN	4	EC
MULTIVITAMIN/FLUORIDE CHEW 60MG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 1.2MG; 0.25MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT, 60MG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 1.2MG; 0.5MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT, 60MG; 4.5MCG; 300MCG; 13.5MG; 1.05MG; 1.2MG; 1MG; 1.05MG; 2500UNIT; 400UNIT; 15UNIT, 60MG; 400UNIT; 4.5MCG; 0.3MG; 13.5MG; 1.05MG; 2500UNIT; 1.2MG; 0; 1MG; 1.05MG; 15UNIT	4	EC
NIACIN FLUSH FREE CAPS 100MG; 400MG	4	EC
PRENATAL FORMULA CAPS	4	EC
PRENATAL TABS 100MG; 200MG; 400UNIT; 4MCG; 0.8MG; 27MG; 18MG; 2.6MG; 1.7MG; 1.84MG; 11UNIT; 4000UNIT; 25MG, 25MCG; 50MG; 25MG; 2.5MG; 0.5MG; 2.5MCG; 100UNIT; 6.75MG; 200MCG; 15MG; 0.5MG; 5MG; 0.75MG; 500UNIT; 0.75MG; 0.5MG; 3.75UNIT; 3.75MG	4	EC
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
RENAL CAPS	4	EC
VITAMIN C CHEW 0; 500MG; 0; 0; 0	4	EC
VITAMINS A & D	4	EC
ZINC LOZG 100MG; 10MG; 50MG; 500UNIT; 15MG	4	EC
Vitamin A		
VITAMIN A PALMITATE TABS	4	EC
VITAMIN A CAPS 10000UNIT, 8000UNIT	4	EC
Vitamin B Complex		
B COMPLEX CAPS 5MG; 1MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC

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B-COMPLEX/B-12 LIQD 1200MCG/ML; 30MG/ML; 20MG/ML; 2MG/ML; 1.7MG/ML	4	EC
CYANOCOBALAMIN INJ 1000MCG/ML	4	EC
ENDUR-ACIN TBCR 750MG	4	EC
ENDUR-AMIDE TBCR 750MG	4	EC
FOLIC ACID INJ	4	EC
FOLIC ACID CAPS 20MG, 800MCG	4	EC
FOLIC ACID TABS 1MG, 400MCG, 800MCG	4	EC
KP FOLIC ACID TABS 1MG	4	EC
NIACIN TIMED RELEASE	4	EC
NIACIN TR CPCR 250MG	4	EC
NIACIN TR TBCR 1000MG, 250MG	4	EC
NIACINAMIDE PROLONGED RELEASE	4	EC
NIACINAMIDE TABS 500MG	4	EC
NIACIN TABS 100MG, 250MG, 500MG, 50MG	4	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
RIBOFLAVIN TABS 400MG	4	EC
VITAMIN B 12 LOZG 250MCG	4	EC
VITAMIN B COMPLEX TABS 2MCG; 15MG; 5MG; 2MG; 2MG; 2MG	4	EC
VITAMIN B-12 LIQD, TBDP	4	EC
VITAMIN B-12 LOZG 500MCG	4	EC
VITAMIN B-12 SUBL 1000MCG, 2500MCG, 500MCG	4	EC
VITAMIN B-12 TABS 1000MCG, 100MCG, 250MCG, 500MCG	4	EC
VITAMIN B-1 TABS 100MG, 50MG	4	EC
VITAMIN B-2	4	EC
VITAMIN B-6 TABS 100MG, 25MG, 50MG	4	EC
VITAMIN B-COMPLEX 100 INJ 2MG/ML; 100MG/ML; 2MG/ML; 2MG/ML; 100MG/ML	4	EC
VITAMIN B1 TABS 100MG, 250MG	4	EC
VITAMIN B6 TABS 250MG	4	EC
Vitamin C		
ASCORBIC ACID POWD	4	EC
ASCORBIC ACID INJ 500MG/ML	4	EC
CALCIUM ASCORBATE TABS	4	EC
LIQUID VITAMIN C	4	EC
VITA-C	4	EC
VITAMIN C GUMMIES	4	EC
VITAMIN C TR TBCR 1500MG, 500MG	4	EC
VITAMIN C-500 TIMED RELEASE	4	EC
VITAMIN C CHEW 250MG, 500MG	4	EC
VITAMIN C LIQD 500MG/5ML	4	EC

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VITAMIN C SOLR 0	4	EC
VITAMIN C TABS 1000MG, 100MG, 250MG, 500MG	4	EC
Vitamin D		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
D 5000 CAPS	4	EC
D-5000	4	EC
DDROPS LIQD 1000UT/0.028ML, 2000UT/0.028ML	4	EC
DIALYVITE VITAMIN D3 MAX	4	EC
<i>doxercalciferol caps</i>	2	
ERGOCALCIFEROL SOLN	4	EC
<i>paricalcitol caps</i>	2	
RAYALDEE	3	
VITAMIN D (ERGOCALCIFEROL)	4	EC
VITAMIN D INFANT LIQD 400UNIT/ML	4	EC
VITAMIN D-3 TABS 2000UNIT	4	EC
VITAMIN D2	4	EC
VITAMIN D3 400	4	EC
VITAMIN D3 IMMUNE HEALTH	4	EC
VITAMIN D3 TBDP	4	EC
VITAMIN D3 CAPS 1000UNIT, 250MCG; 0; 0, 50MCG	4	EC
VITAMIN D3 CHEW 1000UNIT, 2000UNIT, 400UNIT	4	EC
VITAMIN D3 LIQD 5000UNIT/0.5ML	4	EC
VITAMIN D3 TABS 10000UNIT, 25MCG, 3000UNIT, 400UNIT	4	EC
VITAMIN D CAPS 50000UNIT	4	EC
Vitamin E		
GNP VITAMIN E WATER DISPERSIBLE	4	EC
VITAMIN E CAPS 400UNIT, 90MG	4	EC
VITAMIN E SOLN 15MG/0.67ML	4	EC
VITAMIN E TABS 100UNIT	4	EC
Vitamin K Activity		
PHYTONADIONE TABS	4	EC
VITAMIN K1 INJ 10MG/ML, 1MG/0.5ML	4	EC

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<i>acetazolamide er</i>	45	<i>ambrisentan</i>	66
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<i>acetic acid 0.25%</i>	41	AMERIDERM PERISHIELD	71
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<i>acitretin</i>	71	<i>amikacin sulfate</i>	2
<i>ACTHIB</i>	17	<i>amiloride hcl</i>	40
<i>ACTIMMUNE</i>	61	<i>amiloride/hydrochlorothiazide</i>	40
<i>acyclovir</i>	6	<i>aminocaproic acid</i>	20
<i>acyclovir</i>	67	AMINOSYN II	39
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<i>amphetamine/dextroamphetamine</i>	29	<i>atorvastatin calcium</i>	22
<i>amphotericin b</i>	5	<i>atovaquone</i>	6
<i>amphotericin b liposome</i>	5	<i>atovaquone/proguanil hcl</i>	6
<i>ampicillin</i>	2	<i>atropine sulfate</i>	46
<i>ampicillin sodium</i>	2	ATROVENT HFA	18
<i>ampicillin/sulbactam</i>	2	AUBAGIO	61
<i>ampicillin-sulbactam</i>	2	AUGMENTIN	2
<i>anagrelide hydrochloride</i>	20	AUGTYRO	10
<i>anastrozole</i>	55	AURYXIA	41
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ANTACID EXTRA STRENGTH	46	AVEED	52
ANTACID MAXIMUM STRENGTH	46	<i>aviane</i>	54
ANTACID ULTRA STRENGTH	46	<i>avita</i>	71
ANTACID/ANTIGAS LIQUID	46	AVONEX	61
ANTI-DANDRUFF SHAMPOO	67	AVONEX PEN	61
<i>APLENZIN</i>	34	<i>AVYCAZ</i>	2
<i>apraclonidine</i>	45	<i>AYVAKIT</i>	10
<i>aprepitant</i>	47	<i>AZASITE</i>	43
<i>apri</i>	54	<i>azathioprine</i>	62
<i>APTIOM</i>	30	<i>azelaic acid</i>	72
<i>APTIVUS</i>	6	<i>azelastine hcl</i>	44
ARCALYST	63	<i>azelastine hydrochloride</i>	44
AREXVY	17	<i>AZELEX</i>	72
<i>arformoterol tartrate</i>	19	<i>azithromycin</i>	2
ARIKAYCE	2	<i>aztreonam</i>	2
<i>ariPIPRAZOLE</i>	34	B COMPLEX	73
<i>ariPIPRAZOLE odt</i>	35	B COMPLEX	74
ARISTADA	35	B COMPLEX/C	73
ARISTADA INITIO	35	<i>bacitracin</i>	43
<i>armodafinil</i>	29	BACITRACIN	67
ARMOUR THYROID	58	BACITRACIN ZINC	67
ARTIFICIAL TEARS	45	<i>bacitracin/polymyxin b</i>	43
ASCORBIC ACID	75	<i>baclofen</i>	19
<i>asenapine maleate sl</i>	35	BAFIERTAM	61
<i>ashlyna</i>	54	<i>balsalazide disodium</i>	46
ASPIRIN	26	BALVERSA	10
ASPIRIN EC	26	<i>balziva</i>	54
ASPIRIN REGULAR STRENGTH	26	BAQSIMI ONE PACK	53
<i>aspirin/dipyridamole er</i>	20	BAQSIMI TWO PACK	53
<i>atazanavir</i>	6	BAXDELA	2
<i>atazanavir sulfate</i>	6	BCG VACCINE	17
<i>atenolol</i>	22	B-COMPLEX	73

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B-COMPLEX/B-12	75	BISACODYL	48
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	38	BISACODYL EC	48
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	38	BISMUTH	46
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	38	<i>bismuth subcitrate</i>	47
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	38	<i>pot/metronidazole/tetracycline hydrochlo</i>	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	38	<i>bisoprolol fumarate</i>	23
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	38	<i>bisoprolol fumarate/hydrochlorothiazide</i>	23
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	38	BIVIGAM	16
BELBUCA	26	BOOSTRIX	17
BELSOMRA	33	bortezomib	10
<i>benazepril hcl</i>	25	<i>bosentan</i>	66
<i>benazepril hydrochloride</i>	25	BOSULIF	10
<i>benazepril hydrochloride/hydrochlorothiazide</i>	25	BP WASH	67
BENLYSTA	62	BRAFTOVI	10
BENZNIDAZOLE	6	BREO ELLIPTA	50
BENZOYL PEROXIDE	67	BREYNA	50
BENZOYL PEROXIDE WASH	67	BREZTRI AEROSPHERE	51
<i>benztropine mesylate</i>	32	<i>brielllyn</i>	54
<i>bepotastine besilate</i>	45	BRILINTA	20
BERINERT	63	<i>brimonidine tartrate</i>	45
BESIVANCE	43	<i>brimonidine tartrate/timolol maleate</i>	45
BESREMI	10	brinzolamide	45
<i>betaine anhydrous</i>	63	BRIVIACT	30
<i>betamethasone dipropionate</i>	69	<i>bromfenac</i>	43
<i>betamethasone dipropionate augmented</i>	69	<i>bromfenac sodium</i>	43
<i>betamethasone valerate</i>	69	<i>bromocriptine mesylate</i>	32
BETASERON	61	BROMSITE	43
<i>betaxolol hcl</i>	22	BRONCHITOL	66
<i>betaxolol hcl</i>	45	BRUKINSA	10
<i>bethanechol chloride</i>	18	<i>budesonide</i>	51
BETIMOL	45	<i>budesonide</i>	69
BETOPTIC-S	45	<i>budesonide er</i>	51
BEVESPI AEROSPHERE	18	BUDESONIDE NASAL SPRAY	43
<i>bexarotene</i>	10	<i>budesonide/formoterol fumarate dihydrate</i>	51
<i>bexarotene</i>	72	<i>bumetanide</i>	40
BEXSERO	17	<i>buprenorphine</i>	26
<i>bicalutamide</i>	10	<i>buprenorphine hcl</i>	26
BICILLIN C-R	2	<i>buprenorphine hcl/naloxone hcl</i>	26
BICILLIN L-A	2	<i>buprenorphine hydrochloride/naloxone</i>	26
BIKTARVY	6	<i>hydrochloride</i>	
<i>bimatoprost</i>	45	<i>bupropion hcl</i>	35
		<i>bupropion hydrochloride</i>	35
		<i>bupropion hydrochloride er (sr)</i>	35
		<i>bupropion hydrochloride er (xl)</i>	35
		<i>buspirone hcl</i>	33
		<i>buspirone hydrochloride</i>	33

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<i>butorphanol tartrate</i>	26	<i>carglumic acid</i>	39
BYDUREON BCISE	52	<i>carteolol hcl</i>	45
BYETTA	52	<i>cartia xt</i>	23
BYLVAY	50	<i>carvedilol</i>	23
BYLVAY (PELLETS)	50	<i>carvedilol phosphate er</i>	23
C COMPLEX	73	<i>caspofungin acetate</i>	5
<i>cabergoline</i>	32	CAYSTON	2
CABLIVI	20	<i>cefaclor</i>	2
CABOMETYX	10	<i>cefadroxil</i>	2
CALAMINE	71	<i>cefazolin</i>	2
<i>calcipotriene</i>	72	<i>cefazolin sodium</i>	2
<i>calcipotriene/betamethasone dipropionate</i>	69	<i>cefazolin sodium/dextrose</i>	2
<i>calcitonin salmon</i>	57	<i>cefdinir</i>	2
<i>calcitonin-salmon</i>	57	<i>cefepime</i>	2
<i>calcitriol</i>	72	<i>cefepime hydrochloride</i>	2
<i>calcitriol</i>	76	<i>cefepime/dextrose</i>	2
CALCIUM 1000 + D	41	<i>cefixime</i>	2
CALCIUM 500/VITAMIN D3	41	<i>cefotetan</i>	2
CALCIUM 600 WITH VITAMIN D	41	<i>cefoxitin sodium</i>	2
<i>calcium acetate</i>	41	<i>cefpodoxime proxetil</i>	2
CALCIUM ANTACID	46	<i>cefprozil</i>	3
CALCIUM ASCORBATE	75	<i>ceftazidime</i>	3
CALCIUM CARBONATE	41	<i>ceftriaxone in iso-osmotic dextrose</i>	3
CALCIUM CARBONATE	46	<i>ceftriaxone sodium</i>	3
CALCIUM CITRATE	41	<i>ceftriaxone/dextrose</i>	3
CALCIUM GLUCONATE	41	<i>cefuroxime axetil</i>	3
CALCIUM HIGH POTENCY	41	<i>cefuroxime sodium</i>	3
CALCIUM LACTATE	41	<i>celecoxib</i>	26
CALQUENCE	10	CELONTIN	30
<i>camila</i>	54	<i>cephalexin</i>	3
CAMZYOS	24	CERDELGA	63
<i>candesartan cilexetil</i>	25	CETIRIZINE HCL	9
<i>candesartan cilexetil/hydrochlorothiazide</i>	25	CETIRIZINE HYDROCHLORIDE	9
CAPLYTA	35	CETIRIZINE HYDROCHLORIDE	9
CAPRELSA	11	CHILDRENS ALLERGY	
CAPSAICIN	67	CETIRIZINE	9
CAPSAICIN	72	HYDROCHLORIDE/PSEUDOEPHEDRIN	
<i>captopril</i>	25	<i>E HYDROCHLORIDE</i>	
<i>carbamazepine</i>	30	<i>cevimeline hydrochloride</i>	19
<i>carbamazepine er</i>	30	CHELATED MAGNESIUM	41
<i>carbidopa</i>	32	CHEMET	50
<i>carbidopa/levodopa</i>	32	CHEMSTRIP 10 MD	38
<i>carbidopa/levodopa er</i>	32	CHEMSTRIP 9 STRIPS	39
<i>carbidopa/levodopa odt</i>	32	CHEWABLE ACETAMINOPHEN	26
<i>carbidopa/levodopa/entacapone</i>	32	CHILDRENS	
CARDURA XL	21	CHILDRENS APAP	

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<i>chlordiazepoxide/amitriptyline</i>	35	CLINIMIX 4.25%/DEXTROSE 5%	39
<i>chlorhexidine gluconate</i>	43	CLINIMIX 5%/DEXTROSE 15%	39
<i>chloroquine phosphate</i>	6	CLINIMIX 5%/DEXTROSE 20%	39
CHLORPHENIRAMINE MALEATE	9	CLINIMIX 6/5	39
<i>chlorpromazine hcl</i>	35	CLINIMIX 8/10	39
<i>chlorpromazine hydrochloride</i>	35	CLINIMIX E 2.75%/DEXTROSE 5%	39
<i>chlorthalidone</i>	40	CLINIMIX E 4.25%/DEXTROSE 10%	39
CHOCOLATED LAXATIVE REGULAR	48	CLINIMIX E 4.25%/DEXTROSE 5%	39
STRENGTH		CLINIMIX E 5%/DEXTROSE 15%	39
CHOLBAM	50	CLINIMIX E 5%/DEXTROSE 20%	39
<i>cholestyramine</i>	22	CLINIMIX E 8/10	39
<i>cholestyramine light</i>	22	CLINISOL SF 15%	39
<i>ciclopirox</i>	67	<i>clobazam</i>	30
<i>ciclopirox nail lacquer</i>	67	<i>clobetasol propionate</i>	69
<i>ciclopirox olamine</i>	67	<i>clobetasol propionate e</i>	69
<i>cidofovir</i>	6	<i>clobetasol propionate emollient</i>	69
<i>cilostazol</i>	20	<i>clocortolone pivalate</i>	69
CIMDUO	6	<i>clodan</i>	69
<i>cimetidine</i>	47	<i>clomipramine hydrochloride</i>	35
<i>cinacalcet hydrochloride</i>	57	<i>clonazepam</i>	30
CINRYZE	63	<i>clonazepam odt</i>	30
<i>ciprofloxacin</i>	3	<i>clonidine hcl</i>	24
<i>ciprofloxacin</i>	43	<i>clonidine hydrochloride</i>	24
<i>ciprofloxacin hcl</i>	3	<i>clonidine hydrochloride er</i>	24
<i>ciprofloxacin hydrochloride</i>	3	<i>clopidogrel</i>	20
<i>ciprofloxacin hydrochloride</i>	43	<i>clorazepate dipotassium</i>	33
<i>ciprofloxacin i.v.-in d5w</i>	3	CLOTRIMAZOLE	67
<i>ciprofloxacin/dexamethasone</i>	43	<i>clotrimazole/betamethasone dipropionate</i>	67
<i>citalopram hydrobromide</i>	35	<i>clozapine</i>	35
<i>claravis</i>	72	<i>clozapine odt</i>	35
<i>clarithromycin</i>	3	COARTEM	6
<i>clarithromycin er</i>	3	COD LIVER OIL	73
CLENPIQ	48	<i>codeine sulfate</i>	26
CLEOCIN	67	<i>colchicine</i>	59
<i>clindacin</i>	67	<i>colesevelam hydrochloride</i>	22
<i>clindacin etz pledges</i>	67	<i>colestipol hcl</i>	22
<i>clindacin-p</i>	67	<i>colistimethate sodium</i>	3
<i>clindamycin hcl</i>	3	COMBIPATCH	55
<i>clindamycin hydrochloride</i>	3	COMBIVENT RESPIMAT	19
<i>clindamycin palmitate hydrochloride</i>	3	COMETRIQ	11
<i>clindamycin phosphate</i>	3	COMPLERA	6
<i>clindamycin phosphate</i>	67	CONDYLOX	72
<i>clindamycin phosphate/benzoyl peroxide</i>	67	<i>constulose</i>	39
<i>clindamycin phosphate/dextrose</i>	3	COPAXONE	61
<i>clindamycin/benzoyl peroxide</i>	67	COPIKTRA	11
CLINIMIX 4.25%/DEXTROSE 10%	39	CORDRAN	69

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CORLANOR	24	DDROPS	76
CORTIFOAM	66	deblitane	54
CORTISPORIN-TC	43	deferasirox	50
CORTROPHIN	57	deferiprone	50
COSENTYX	60	DELSTRIGO	6
COSENTYX SENSOREADY PEN	59	demeclercycline hcl	3
COSENTYX UNOREADY	59	DENGVAXIA	17
COTELLIC	11	DENTAGEL	59
CREON	49	DEPO-ESTRADIOL	55
<i>cromolyn sodium</i>	45	DEPO-MEDROL	51
<i>cromolyn sodium</i>	64	DEPO-SUBQ PROVERA 104	57
CULTURELLE	46	DESCOZY	6
CULTURELLE DIGESTIVE HEALTH	46	<i>desipramine hydrochloride</i>	35
CULTURELLE KIDS	46	DESITIN	71
<i>curity gauze pads 2"x2" 12 ply</i>	38	<i>desloratadine</i>	9
CUVITRU	16	<i>desloratadine odt</i>	9
CYANOCOBALAMIN	75	<i>desmopressin acetate</i>	57
<i>cyclobenzaprine hydrochloride</i>	19	<i>desogestrel/ethinyl estradiol</i>	54
<i>cyclopentolate hcl</i>	46	<i>desonide</i>	69
<i>cyclopentolate hydrochloride</i>	46	<i>desoximetasone</i>	69
<i>cyclophosphamide</i>	11	DESRX	69
CYCLOSET	52	<i>desvenlafaxine er</i>	35
<i>cyclosporine</i>	43	DEX4 FAST ACTING GLUCOSE	53
<i>cyclosporine</i>	62	DEX4 FAST ACTING GLUCOSE GO-	53
<i>cyclosporine modified</i>	62	POUCH	
<i>cyproheptadine hcl</i>	9	<i>dexamethasone</i>	51
<i>cyproheptadine hydrochloride</i>	9	<i>dexamethasone 10-day dose pack</i>	51
CYSTAGON	63	<i>dexamethasone 13-day dose pack</i>	51
CYSTARAN	45	<i>dexamethasone 6-day dose pack</i>	51
D 5000	76	<i>dexamethasone intensol</i>	51
D-5000	76	<i>dexamethasone sodium phosphate</i>	43
<i>dabigatran etexilate</i>	20	<i>dexamethasone sodium phosphate</i>	51
DAIRY RELIEF	49	DEXLANSOPRAZOLE	47
<i>dalfampridine er</i>	63	<i>dexmethylphenidate hcl</i>	29
DALVANCE	3	<i>dexmethylphenidate hcl er</i>	29
<i>danazol</i>	52	<i>dexmethylphenidate hydrochloride</i>	29
<i>dantrolene sodium</i>	19	<i>dexmethylphenidate hydrochloride er</i>	29
<i>dapsone</i>	5	<i>dextroamphetamine sulfate</i>	29
DAPTACEL	17	<i>dextroamphetamine sulfate er</i>	29
<i>daptomycin</i>	3	<i>dextrose 10%/nacl 0.45%</i>	41
<i>daptomycin/sodium chloride</i>	3	<i>dextrose 10%</i>	39
<i>darifenacin hydrobromide er</i>	73	<i>dextrose 10%/nacl 0.2%</i>	41
<i>darunavir</i>	6	<i>dextrose 2.5%/nacl 0.45%</i>	41
DARZALEX	11	<i>dextrose 5%</i>	39
DAURISMO	11	<i>dextrose 5%/nacl 0.2%</i>	41
DAYVIGO	33	<i>dextrose 5%/nacl 0.3%</i>	41

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<i>dextrose 5%/nacl 0.33%</i>	41	<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	17
<i>dextrose 5%/nacl 0.45%</i>	41	<i>dipyridamole</i>	25
<i>dextrose 5%/nacl 0.9%</i>	41	<i>disopyramide phosphate</i>	24
<i>dextrose 50%</i>	39	<i>disulfiram</i>	59
<i>dextrose 70%</i>	40	<i>divalproex sodium</i>	30
<i>dextrose/sodium chloride</i>	41	<i>divalproex sodium dr</i>	30
DIACOMIT	30	<i>divalproex sodium er</i>	30
DIALYVITE VITAMIN D3 MAX	76	<i>docetaxel</i>	11
<i>diazepam</i>	33	DOCUSATE CALCIUM	48
<i>diazepam intensol</i>	33	DOCUSATE MINI	48
<i>diazepam rectal gel</i>	33	DOCUSATE SODIUM	48
<i>diazoxide</i>	53	<i>dofetilide</i>	24
<i>dichlorphenamide</i>	59	<i>donepezil hcl</i>	19
<i>diclofenac epolamine</i>	26	<i>donepezil hydrochloride</i>	19
<i>diclofenac potassium</i>	26	DOPTELET	21
<i>diclofenac sodium</i>	43	<i>dorzolamide hcl/timolol maleate</i>	45
<i>diclofenac sodium</i>	70	<i>dorzolamide hydrochloride</i>	45
<i>diclofenac sodium dr</i>	27	<i>dorzolamide hydrochloride/timolol maleate pf</i>	45
<i>diclofenac sodium er</i>	27	<i>dotti</i>	55
<i>diclofenac sodium/misoprostol</i>	27	DOVATO	6
<i>dicloxacillin sodium</i>	3	<i>doxazosin mesylate</i>	22
<i>dicyclomine hcl</i>	18	<i>doxepin hcl</i>	35
<i>dicyclomine hydrochloride</i>	18	<i>doxepin hydrochloride</i>	35
DIFICID	3	<i>doxercalciferol</i>	76
<i>diflorasone diacetate</i>	70	<i>DOXY 100</i>	3
<i>diflunisal</i>	27	<i>doxycycline</i>	3
<i>difluprednate</i>	43	<i>doxycycline hyclate</i>	3
<i>digitek</i>	24	<i>doxycycline hyclate dr</i>	3
<i>digox</i>	24	<i>doxycycline monohydrate</i>	3
<i>digoxin</i>	24	DR SMITHS DIAPER QUICK RELIEF	71
<i>dihydroergotamine mesylate</i>	19	DRIZALMA SPRINKLE	35
DILANTIN	30	<i>dronabinol</i>	47
DILANTIN INFATABS	30	<i>drospirenone/ethinyl estradiol</i>	54
DILANTIN-125	30	DROXIA	11
<i>diltiazem hcl</i>	23	<i>droxidopa</i>	19
<i>diltiazem hcl cd</i>	23	<i>duloxetine hcl</i>	35
<i>diltiazem hcl er</i>	23	<i>duloxetine hydrochloride</i>	35
<i>diltiazem hydrochloride</i>	23	DUPIXENT	64
<i>diltiazem hydrochloride er</i>	23	DUPIXENT	72
<i>dilt-xr</i>	23	<i>dutasteride</i>	59
<i>dimethyl fumarate</i>	61	<i>dutasteride/tamsulosin hydrochloride</i>	59
<i>dimethyl fumarate starterpack</i>	61	<i>econazole nitrate</i>	67
DIPHENHYDRAMINE HCL	9	ED CHLORPED JR	9
DIPHENHYDRAMINE HYDROCHLORIDE	9		

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EDURANT	6	eplerenone	25
efavirenz	7	EPRONTIA	30
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	EPSOM SALT	48
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	EQUETRO	30
<i>effe-k</i>	42	ERGOCALCIFEROL	76
EGRIFTA SV	57	<i>ergoloid mesylates</i>	19
ELESTRIN	55	ERIVEDGE	11
<i>eletriptan hydrobromide</i>	32	ERLEADA	11
ELIGARD	56	<i>erlotinib hydrochloride</i>	11
ELIQUIS	20	<i>errin</i>	54
ELIQUIS STARTER PACK	20	<i>ertapenem</i>	3
<i>elixophyllin</i>	73	<i>ery</i>	68
ELMIRON	63	erythromycin	3
<i>eluryng</i>	54	erythromycin	43
EMCYT	11	erythromycin	68
EMGALITY	32	erythromycin base	3
EMSAM	32	erythromycin dr	3
<i>emtricitabine</i>	7	erythromycin ethylsuccinate	3
<i>emtricitabine/tenofovir disoproxil</i>	7	erythromycin/benzoyl peroxide	68
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	ESBRIET	64
EMTRIVA	7	<i>escitalopram oxalate</i>	35
<i>enalapril maleate</i>	25	<i>esomeprazole magnesium</i>	47
<i>enalapril maleate/hydrochlorothiazide</i>	25	<i>estazolam</i>	33
ENBREL	60	<i>estradiol</i>	55
ENBREL MINI	60	<i>estradiol valerate</i>	55
ENBREL SURECLICK	60	<i>estradiol/norethindrone acetate</i>	55
ENDARI	63	ESTRING	56
<i>endocet</i>	27	<i>eszopiclone</i>	33
ENDUR-ACIN	75	<i>ethacrynic acid</i>	40
ENDUR-AMIDE	75	<i>ethambutol hydrochloride</i>	5
ENEMA READY-TO-USE	48	<i>ethosuximide</i>	30
ENGERIX-B	17	<i>etodolac</i>	27
<i>enilloring</i>	54	<i>etodolac er</i>	27
<i>enoxaparin sodium</i>	20	<i>etonogestrel/ethinyl estradiol</i>	54
<i>entacapone</i>	32	<i>etravirine</i>	7
<i>entecavir</i>	7	EUCRISA	70
ENTRESTO	25	<i>euthyrox</i>	58
<i>enulose</i>	39	EVAC	48
ENVARSUS XR	62	EVAMIST	56
EPCLUSA	7	EVENITY	59
EPIDIOLEX	30	<i>everolimus</i>	11
<i>epinastine hcl</i>	45	<i>everolimus</i>	62
<i>epinephrine</i>	19	EVOTAZ	7
<i>epitol</i>	30	EVRYSDI	63
		<i>exemestane</i>	56
		EXKIVITY	11

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Drug Name	Page #	Drug Name	Page #
EXSERVAN	34	FLEBOGAMMA DIF	16
EXTAVIA	61	<i>flecainide acetate</i>	24
<i>ezetimibe</i>	22	FLEET BISACODYL	48
<i>ezetimibe/simvastatin</i>	22	FLEET PEDIATRIC	48
<i>falmina</i>	54	FLOLIPID	22
<i>famciclovir</i>	7	FLORASTOR	47
<i>famotidine</i>	48	FLORASTOR KIDS	47
FAMOTIDINE MAXIMUM STRENGTH	47	FLORASTOR SELECT IMMUNITY BOOST	47
FAMOTIDINE ORIGINAL STRENGTH	47	FLOVENT DISKUS	51
FANAPT	35	<i>fluconazole</i>	5
FANAPT TITRATION PACK	35	<i>fluconazole in sodium chloride</i>	5
FARXIGA	52	<i>flucytosine</i>	5
FASENRA	64	<i>fludrocortisone acetate</i>	51
FASENRA PEN	64	<i>flunisolide</i>	44
<i>febuxostat</i>	59	<i>fluocinolone acetonide</i>	44
<i>felbamate</i>	30	<i>fluocinolone acetonide</i>	70
<i>felodipine er</i>	23	<i>fluocinolone acetonide body</i>	70
FEMRING	56	<i>fluocinolone acetonide scalp</i>	70
<i>fenofibrate</i>	22	<i>fluocinolone acetonide topical</i>	66
<i>fenofibrate micronized</i>	22	<i>fluocinonide</i>	70
<i>fenofibric acid dr</i>	22	<i>fluocinonide emulsified base</i>	70
<i>fentanyl</i>	27	<i>fluorometholone</i>	44
<i>fentanyl citrate</i>	27	<i>fluorouracil</i>	72
<i>fentanyl citrate oral transmucosal</i>	27	<i>fluoxetine dr</i>	35
FERROUS GLUCONATE	20	<i>fluoxetine hydrochloride</i>	35
FERROUS SULFATE	20	<i>fluphenazine decanoate</i>	35
<i>fesoterodine fumarate er</i>	73	<i>fluphenazine hcl</i>	35
FETZIMA	35	<i>fluphenazine hydrochloride</i>	35
FETZIMA TITRATION PACK	35	<i>flurazepam hcl</i>	33
FEVERALL INFANTS	27	<i>flurazepam hydrochloride</i>	33
FEVERALL JUNIOR STRENGTH	27	<i>flurbiprofen</i>	27
FEXOFENADINE	10	<i>flurbiprofen sodium</i>	44
HYDROCHLORIDE/PSEUDOEPHEDRIN E HYDROCHLORIDE ER		<i>flutamide</i>	11
FIBER	48	<i>fluticasone propionate</i>	44
FIBER TABS	48	<i>fluticasone propionate</i>	70
<i>finasteride</i>	59	<i>fluticasone propionate diskus</i>	51
<i> fingolimod</i>	61	<i>fluticasone propionate hfa</i>	51
FINTEPLA	30	<i>fluticasone propionate/salmeterol</i>	19
<i> finzala</i>	54	<i>fluticasone propionate/salmeterol diskus</i>	19
FIRDAPSE	63	<i>fluvastatin</i>	22
FIRMAGON	56	<i>fluvastatin sodium er</i>	22
FIRVANQ	3	<i>fluvoxamine maleate</i>	35
<i> flac</i>	44	<i>fluvoxamine maleate er</i>	35
FLAREX	44	<i>FML</i>	44
<i>flavoxate hcl</i>	73	<i>FML FORTE</i>	44

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FOLIC ACID	75	GILOTrif	11
<i>fondaparinux sodium</i>	20	GLEOSTINE	12
<i>formoterol fumarate</i>	19	<i>glimepiride</i>	52
FORTEO	57	<i>glipizide</i>	52
<i>fosamprenavir calcium</i>	7	<i>glipizide er</i>	52
<i>fosfomycin tromethamine</i>	9	<i>glipizide/metformin hydrochloride</i>	52
<i>fosinopril sodium</i>	25	GLOPERBA	59
<i>fosinopril sodium/hydrochlorothiazide</i>	25	GLUCAGEN HYPOKIT	53
FOTIVDA	11	GLUCAGON EMERGENCY KIT	53
FRAGMIN	20	GLUCAGON EMERGENCY KIT FOR	54
FREAMINE III	40	LOW BLOOD SUGAR	
<i>frovatriptan succinate</i>	32	GLUCOSE	54
FRUZAQLA	11	GLUTOSE 5	54
<i>furosemide</i>	40	<i>glyburide</i>	52
FUZEON	7	<i>glyburide micronized</i>	52
<i>fyavolv</i>	56	<i>glyburide/metformin hydrochloride</i>	52
FYCOMPA	30	GLYCERIN ADULT	48
<i> gabapentin</i>	30	GLYCERIN ADULT	48
GALAFOLD	63	GLYCERIN INFANTS & CHILDREN	48
<i> galantamine hydrobromide</i>	19	<i>glycopyrrolate</i>	18
<i> galantamine hydrobromide er</i>	19	<i>glydo</i>	66
GAMMAGARD LIQUID	16	GLYXAMBI	52
GAMMAKED	16	GNP ALLERGY RELIEF	9
GAMMAPLEX	16	GNP ANTACID & ANTI-GAS	46
GAMUNEX-C	16	MAXIMUM STRENGTH	
GARDASIL 9	17	GNP ANTI-DIARRHEAL	47
<i> gatifloxacin</i>	43	GNP BEST FIBER	48
GATTEX	50	GNP BUDESONIDE NASAL SPRAY	44
<i> gauze pads 2"x2"</i>	38	GNP CLOTRIMAZOLE 3	68
<i> gavilyte-c</i>	48	GNP FAST ACTING DAIRY RELIEF	49
<i> gavilyte-g</i>	48	GNP FIBER POWDER	48
<i> gavilyte-n/flavor pack</i>	48	GNP GLYCERIN ADULT	48
GAVRETO	11	GNP GLYCERIN CHILD	48
<i> gefitinib</i>	11	GNP HYDROCORTISONE	70
<i> gemfibrozil</i>	22	GNP HYDROCORTISONE MAXIMUM	
GEMTESA	73	STRENGTH	
<i> generlac</i>	39	GNP HYDROGEN PEROXIDE	68
GENGRAF	62	GNP IBUPROFEN CHILDRENS	27
GENOTROPIN	57	GNP IBUPROFEN INFANTS	27
GENOTROPIN MINIQUICK	57	<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	38
<i> gentak</i>	43	<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	38
<i> gentamicin sulfate</i>	3	GNP NAPROXEN	27
<i> gentamicin sulfate</i>	43	GNP PINK BISMUTH	47
<i> gentamicin sulfate</i>	68	GNP TRIPLE ANTIBIOTIC PLUS	68
<i> gentamicin sulfate/0.9% sodium chloride</i>	3	GNP VITAMIN E WATER DISPERSIBLE	76
GENVOYA	7	GNP WART REMOVER	71

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GOCOVRI	32	HUMALOG	52
GOODSENSE ANTACID/EXTRA STRENGTH	46	HUMALOG JUNIOR KWIKPEN	52
GOODSENSE ASPIRIN	27	HUMALOG KWIKPEN	52
GOODSENSE GLUCOSE	54	HUMALOG MIX 50/50	52
GOODSENSE IBUPROFEN CHILDRENS	27	HUMALOG MIX 50/50 KWIKPEN	52
GOODSENSE IBUPROFEN INFANTS	27	HUMALOG MIX 75/25	52
GOODSENSE MAGNESIUM CITRATE	48	HUMALOG MIX 75/25 KWIKPEN	52
GOODSENSE NICOTINE	18	HUMIRA	60
GOODSENSE NICOTINE GUM	18	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	60
GOODSENSE NICOTINE POLACRILEX GUM	18	HUMIRA PEN	60
<i>granisetron hydrochloride</i>	47	HUMIRA PEN-CD/UC/HS STARTER	60
<i>griseofulvin microsize</i>	5	HUMIRA PEN-PEDIATRIC UC STARTER PACK	60
<i>griseofulvin ultramicrosize</i>	5	HUMIRA PEN-PS/UV STARTER	60
<i>guanfacine er</i>	34	HUMULIN 70/30	52
<i>guanfacine hydrochloride</i>	34	HUMULIN 70/30 KWIKPEN	52
GVOKE HYPOOPEN 1-PACK	54	HUMULIN N	52
GVOKE HYPOOPEN 2-PACK	54	HUMULIN N KWIKPEN	52
GVOKE KIT	54	HUMULIN R	52
GVOKE PFS	54	HUMULIN R U-500 (CONCENTRATED)	52
GYNAZOLE-1	68	HUMULIN R U-500 KWIKPEN	52
HAEGARDA	63	<i>hydralazine hcl</i>	24
<i>halcinonide</i>	70	<i>hydralazine hydrochloride</i>	24
<i>halobetasol propionate</i>	70	<i>hydrochlorothiazide</i>	41
<i>haloette</i>	54	<i>hydrocodone bitartrate er</i>	27
<i>haloperidol</i>	36	<i>hydrocodone bitartrate/acetaminophen</i>	27
<i>haloperidol decanoate</i>	36	<i>hydrocodone/acetaminophen</i>	27
<i>haloperidol lactate</i>	36	<i>hydrocodone/ibuprofen</i>	27
HARVONI	7	<i>hydrocortisone</i>	51
HAVRIX	17	HYDROCORTISONE	70
HEALTHY KIDS COD LIVER OIL/VITAMIN D	73	<i>hydrocortisone acetate/pramoxine</i>	71
<i>heparin sodium</i>	20	<i>hydrocortisone butyrate</i>	70
<i>heparin sodium/d5w</i>	20	<i>hydrocortisone valerate</i>	70
HEPATAMINE	40	<i>hydrocortisone/acetic acid</i>	44
HEPLISAV-B	17	HYDROGEN PEROXIDE	68
HETLIOZ LQ	33	HYDROLATUM	71
HIBERIX	17	<i>hydromorphone hcl</i>	27
HIBICLENS	68	<i>hydromorphone hcl er</i>	27
HIZENTRA	16	<i>hydromorphone hydrochloride er</i>	27
HM ANTISEPTIC SKIN CLEANSER	68	HYDROPHILIC PETROLATUM	71
HM BACITRACIN	68	<i>hydroxychloroquine sulfate</i>	6
HM ENEMA MINERAL OIL	48	<i>hydroxyurea</i>	12
HM NAPROXEN SODIUM	27	<i>hydroxyzine hcl</i>	33
HORIZANT	30	<i>hydroxyzine hydrochloride</i>	33
		<i>hydroxyzine pamoate</i>	33

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HYFTOR	72	IODINE TINCTURE STRONG	68
<i>ibandronate sodium</i>	59	DECOLORIZED	
IBRANCE	12	IPOL INACTIVATED IPV	17
<i>ibu</i>	27	<i>ipratropium bromide</i>	18
IBUPROFEN	27	<i>ipratropium bromide/albuterol sulfate</i>	19
<i>icatibant acetate</i>	63	<i>irbesartan</i>	25
<i>iclevia</i>	54	<i>irbesartan/hydrochlorothiazide</i>	25
ICLUSIG	12	IRESSA	12
<i>icosapent ethyl</i>	22	IRON	20
IDHIFA	12	IRON POLYSACCHARIDE COMPLEX	20
ILEVRO	44	ISENTRESS	7
<i>imatinib mesylate</i>	12	ISENTRESS HD	7
IMBRUVICA	12	<i>isoniazid</i>	5
<i>imipenem/cilastatin</i>	3	ISOPROPYL ALCOHOL	68
<i>imipramine hcl</i>	36	ISOPROPYL RUBBING ALCOHOL	68
<i>imipramine hydrochloride</i>	36	<i>isosorbide dinitrate</i>	25
<i>imipramine pamoate</i>	36	<i>isosorbide dinitrate/hydralazine</i>	25
<i>imiquimod</i>	72	<i>hydrochloride</i>	
<i>imiquimod pump</i>	72	<i>isosorbide mononitrate</i>	25
IMOVAX RABIES (H.D.C.V.)	17	<i>isosorbide mononitrate er</i>	25
IMPAVIDO	6	<i>isotonic gentamicin</i>	3
IMVEXXY MAINTENANCE PACK	56	<i>isotretinoin</i>	72
IMVEXXY STARTER PACK	56	<i>isradipine</i>	23
INBRIJA	32	<i>itraconazole</i>	5
INCRELEX	57	<i>ivermectin</i>	2
INCRUSE ELLIPTA	18	<i>ivermectin</i>	68
<i>indapamide</i>	41	IWILFIN	12
<i>indomethacin</i>	28	IXCHIQ	17
<i>indomethacin er</i>	28	IXIARO	17
INFANRIX	17	JAKAFI	12
INGREZZA	38	<i>jantoven</i>	20
INLYTA	12	JANUMET	52
INQOVI	12	JANUMET XR	52
INREBIC	12	JANUVIA	52
INSTACLEAN	68	JARDIANC	52
INTELENCE	7	JAYPIRCA	12
INTRALIPID	40	JENTADUETO	53
INTRAROSA	51	JENTADUETO XR	53
INTRON A	12	<i>jinteli</i>	56
<i>introvale</i>	54	<i>joyeaux</i>	54
INVEGA HAFYERA	36	JULUCA	7
INVEGA SUSTENNA	36	<i>junel 1.5/30</i>	54
INVEGA TRINZA	36	<i>junel 1/20</i>	54
INVELTYS	44	<i>junel fe 1.5/30</i>	54
IODINE TINCTURE MILD	66	<i>junel fe 1/20</i>	54
		<i>junel fe 24</i>	54

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JUXTAPID	22	<i>k-prime</i>	42
JYLAMVO	12	KRAZATI	12
JYNNEOS	17	KRISTALOSE	39
KALYDECO	65	KYNMOBI	32
<i>kariva</i>	54	KYPROLIS	12
<i>kcl 0.075%/d5w/nacl 0.45%</i>	42	<i>labetalol hydrochloride</i>	23
<i>kcl 0.15%/d5w/nacl 0.2%</i>	42	<i>lacosamide</i>	30
<i>kcl 0.15%/d5w/nacl 0.45%</i>	42	LACTASE FAST ACTING	49
<i>kcl 0.15%/d5w/nacl 0.9%</i>	42	<i>lactated ringers</i>	42
<i>kcl 0.3%/d5w/nacl 0.45%</i>	42	<i>lactulose</i>	39
<i>kcl 0.3%/d5w/nacl 0.9%</i>	42	LAGEVRIO	7
<i>kelnor 1/35</i>	54	<i>lamivudine</i>	7
<i>kenalog-10</i>	51	<i>lamivudine/zidovudine</i>	7
KERENDIA	25	<i>lamotrigine</i>	30
KESIMPTA	62	<i>lamotrigine er</i>	30
<i>ketoconazole</i>	5	<i>lamotrigine odt</i>	30
<i>ketoconazole</i>	68	<i>lamotrigine starter kit/blue</i>	30
KETODAN	68	<i>lamotrigine starter kit/green</i>	30
KETO-DIASTIX	39	<i>lamotrigine starter kit/orange</i>	30
<i>ketoprofen</i>	28	<i>lamotrigine titration</i>	30
<i>ketoprofen er</i>	28	LANOLIN ANHYDROUS	71
<i>ketorolac tromethamine</i>	44	LANREOTIDE ACETATE	57
KINERET	60	LANSINOH LANOLIN NIPPLE	67
KINRIX	17	<i>lansoprazole</i>	48
KISQALI	12	<i>lansoprazole/amoxicillin/clarithromycin</i>	48
KISQALI FEMARA 200 DOSE	56	LANTUS	53
KISQALI FEMARA 400 DOSE	56	LANTUS SOLOSTAR	53
KISQALI FEMARA 600 DOSE	56	<i>lapatinib ditosylate</i>	12
<i>klayesta</i>	66	<i>larin 1.5/30</i>	54
KLISYRI	72	<i>larin 1/20</i>	54
<i>klor-con</i>	42	<i>larin fe 1.5/30</i>	54
<i>klor-con 10</i>	42	<i>larin fe 1/20</i>	54
<i>klor-con 8</i>	42	<i>latanoprost</i>	45
<i>klor-con m10</i>	42	LAXATIVE REGULAR STRENGTH	49
<i>klor-con m15</i>	42	LAZANDA	28
<i>klor-con m20</i>	42	<i>leflunomide</i>	60
<i>klor-con/ef</i>	42	<i>lenalidomide</i>	12
KONDREMUL	48	LENVIMA 10 MG DAILY DOSE	12
KONSYL DAILY FIBER	49	LENVIMA 12MG DAILY DOSE	12
KORLYM	53	LENVIMA 14 MG DAILY DOSE	13
KOSELUGO	12	LENVIMA 18 MG DAILY DOSE	13
<i>kourzeq</i>	66	LENVIMA 20 MG DAILY DOSE	13
KP FERROUS GLUCONATE	20	LENVIMA 24 MG DAILY DOSE	13
KP FOLIC ACID	75	LENVIMA 4 MG DAILY DOSE	13
KP PSEUDOEPHEDRINE HCL	20	LENVIMA 8 MG DAILY DOSE	13
K-PHOS	42	<i>lessina</i>	54

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<i>letrozole</i>	56	<i>lisinopril</i>	25
<i>leucovorin calcium</i>	59	<i>lisinopril/hydrochlorothiazide</i>	25
LEUKERAN	13	<i>lithium</i>	31
<i>leuprolide acetate</i>	56	<i>lithium carbonate</i>	31
<i>levalbuterol</i>	20	<i>lithium carbonate er</i>	31
<i>levalbuterol hcl</i>	20	LIVALO	22
<i>levalbuterol hydrochloride</i>	20	LIVMARLI	50
<i>levalbuterol tartrate hfa</i>	20	LIVTENCITY	7
LEVEMIR	53	L-METHYLFOLATE CALCIUM	63
LEVEMIR FLEXPEN	53	LO LOESTRIN FE	55
LEVEMIR FLEXTOUCH	53	LOKELMA	41
<i>levetiracetam</i>	30	LONHALA MAGNAIR REFILL KIT	18
<i>levetiracetam er</i>	30	LONHALA MAGNAIR STARTER KIT	18
<i>levobunolol hcl</i>	45	LONSURF	13
<i>levocarnitine</i>	63	<i>loperamide hcl</i>	47
<i>levocetirizine dihydrochloride</i>	10	LOPERAMIDE HYDROCHLORIDE	47
<i>levofloxacin</i>	4	LOPERAMIDE	47
<i>levofloxacin</i>	43	HYDROCHLORIDE/SIMETHICONE	
<i>levofloxacin in d5w</i>	4	<i>lopinavir/ritonavir</i>	7
<i>levonest</i>	55	LORATADINE	10
LEVONORGESTREL	55	LORATADINE CHILDRENS	10
<i>levonorgestrel and ethinyl estradiol</i>	55	LORATADINE-D 24HR	10
<i>levonorgestrel/ethinyl estradiol</i>	55	<i>lorazepam</i>	33
<i>levora 0.15/30-28</i>	55	<i>lorazepam intensol</i>	33
<i>levorphanol tartrate</i>	28	LORBRENA	13
<i>levo-t</i>	58	<i>losartan potassium</i>	25
<i>levothyroxine sodium</i>	58	<i>losartan potassium/hydrochlorothiazide</i>	25
<i>levoxyl</i>	58	LOTEMAX	44
LEXIVA	7	<i>loteprednol etabonate</i>	44
LICE TREATMENT CREME RINSE	68	<i>lovastatin</i>	22
<i>lidocaine</i>	71	<i>loxapine</i>	36
<i>lidocaine hcl</i>	58	<i>lubiprostone</i>	50
<i>lidocaine hcl</i>	67	LUBRICANT EYE DROPS	45
<i>lidocaine hcl jelly</i>	66	LUBRICATING EYE DROPS	45
<i>lidocaine hydrochloride</i>	59	LUBRICATING TEARS EYE DROPS	45
<i>lidocaine hydrochloride</i>	67	LUMAKRAS	13
<i>lidocaine hydrochloride</i>	71	LUMIGAN	45
<i>lidocaine hydrochloride viscous</i>	46	LUPRON DEPOT (1-MONTH)	56
<i>lidocaine viscous</i>	46	LUPRON DEPOT (3-MONTH)	56
<i>lidocaine/prilocaine</i>	71	LUPRON DEPOT (4-MONTH)	56
<i>linezolid</i>	4	LUPRON DEPOT (6-MONTH)	56
LINZESS	50	<i>lurasidone hydrochloride</i>	36
<i>liothyronine sodium</i>	58	LYBALVI	36
LIQUID ACETAMINOPHEN	28	LYNPARZA	13
LIQUID VITAMIN C	75	LYSODREN	13
<i>lisdexamphetamine dimesylate</i>	29	LYTGOBI	13

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MAG-AL	46	MENSTRUAL PAIN RELIEF MULTI-SYMPOTM MAXIMUM STRENGTH	28
MAGNESIUM	42	MENTAX	68
MAGNESIUM	46	MENVEO	17
MAGNESIUM CITRATE	42	<i>mercaptopurine</i>	13
MAGNESIUM ELEMENTAL	42	<i>meropenem</i>	4
MAGNESIUM GLUCONATE	42	<i>mesalamine</i>	46
MAGNESIUM GLYCINATE	42	<i>mesalamine dr</i>	46
MAGNESIUM OXIDE	42	<i>mesalamine er</i>	46
MAGNESIUM OXIDE	46	MESNEX	64
<i>magnesium sulfate</i>	30	<i>metformin hydrochloride</i>	53
MAG-OXIDE	42	<i>metformin hydrochloride er</i>	53
<i>malathion</i>	68	<i>methadone hcl</i>	28
MAPAP	28	<i>methamphetamine hcl</i>	29
<i>maraviroc</i>	7	<i>methazolamide</i>	45
<i>marlissa</i>	55	<i>methenamine hippurate</i>	9
MARPLAN	36	<i>methenamine mandelate</i>	9
MATULANE	13	<i>methimazole</i>	58
<i>matzim la</i>	23	<i>methotrexate</i>	13
MAVYRET	8	<i>methotrexate sodium</i>	13
MAXIDEX	44	<i>methsuximide</i>	30
MAYZENT	62	<i>methylphenidate hydrochloride</i>	29
MAYZENT STARTER PACK	62	<i>methylphenidate hydrochloride cd</i>	29
MECLIZINE 25	47	<i>methylphenidate hydrochloride er</i>	29
MECLIZINE HCL	47	<i>methylphenidate hydrochloride er (la)</i>	29
MECLIZINE HYDROCHLORIDE	47	<i>methylprednisolone</i>	51
<i>meclofenamate sodium</i>	28	<i>methylprednisolone acetate</i>	51
MEDROL	51	<i>methylprednisolone dose pack</i>	51
<i>medroxyprogesterone acetate</i>	57	<i>metoclopramide hcl</i>	50
<i>mefenamic acid</i>	28	<i>metoclopramide hydrochloride</i>	50
<i>mefloquine hcl</i>	6	<i>metoclopramide odt</i>	50
<i>megestrol acetate</i>	57	<i>metolazone</i>	41
MEKINIST	13	<i>metoprolol succinate er</i>	23
MEKTOVI	13	<i>metoprolol tartrate</i>	23
MELATONIN	63	<i>metoprolol/hydrochlorothiazide</i>	23
MELATONIN GUMMIES	63	<i>metronidazole</i>	6
MELATONIN QUICK DISSOLVE	63	<i>metronidazole</i>	68
MELATONIN TR/VITAMIN B-6	63	<i>metronidazole vaginal</i>	68
<i>meloxicam</i>	28	<i>metyrosine</i>	63
<i>memantine hcl titration pak</i>	34	<i>mexiletine hcl</i>	24
<i>memantine hydrochloride</i>	34	<i>mibelas 24 fe</i>	55
<i>memantine hydrochloride er</i>	34	<i>micafungin</i>	5
MENACTRA	17	<i>miconazole 3</i>	68
MENEST	56	MICONAZOLE 3 COMBINATION PACK	68
MENOSTAR	56	MICONAZOLE 3 COMBO PACK	68
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MICONAZOLE NITRATE	66	MULTIVITAMIN GUMMIES ADULT	74
<i>microgestin 1.5/30</i>	55	MULTIVITAMIN INFANT/TODDLER	74
<i>microgestin 1/20</i>	55	MULTIVITAMIN WITH FLUORIDE	74
<i>microgestin fe 1.5/30</i>	55	MULTIVITAMIN/FLUORIDE	74
<i>microgestin fe 1/20</i>	55	MULTI-VITAMIN/FLUORIDE DROPS	74
<i>midodrine hcl</i>	20	MULTI-VITAMIN/MINERALS	74
<i>mifepristone</i>	53	<i>mupirocin</i>	68
<i>miglitol</i>	53	<i>mycophenolate mofetil</i>	62
<i> miglustat</i>	63	<i>mycophenolic acid dr</i>	62
MILK OF MAGNESIA	49	MYFEMBREE	56
MILK OF MAGNESIA CONCENTRATE	49	MYORISAN	72
MILLIPRED	51	MYRBETRIQ	73
<i>mimvey</i>	56	<i>nabumetone</i>	28
MINERAL OIL	49	<i>nadolol</i>	23
MINERAL OIL HEAVY	49	<i>nafcillin sodium</i>	4
MINERAL OIL LIGHT	71	<i>naftifine hcl</i>	68
<i>minocycline hcl</i>	4	<i>naftifine hydrochloride</i>	66
<i>minocycline hydrochloride</i>	4	<i>naftifine hydrochloride</i>	68
<i> minoxidil</i>	24	<i>naloxone hcl</i>	34
MINTOX PLUS	46	<i>naloxone hydrochloride</i>	34
<i>mirtazapine</i>	36	<i>naltrexone hcl</i>	34
<i>mirtazapine odt</i>	36	NAMZARIC	34
<i>misoprostol</i>	48	<i>naproxen</i>	28
<i>M-M-R II</i>	17	<i>naproxen sodium</i>	28
<i> modafinil</i>	29	<i>naproxen sodium cr</i>	28
<i> moexipril hcl</i>	25	<i>naproxen sodium er</i>	28
<i>molindone hydrochloride</i>	36	<i>naratriptan hcl</i>	32
<i> mometasone furoate</i>	44	NATACYN	43
<i> mometasone furoate</i>	70	<i>nateglinide</i>	53
<i> mondoxyne nl</i>	4	NATPARA	57
MONISTAT 3	66	NAYZILAM	31
MONISTAT 7 COMBINATION PACK	68	<i>nebivolol hydrochloride</i>	23
<i>montelukast sodium</i>	64	<i>necon 0.5/35-28</i>	55
<i> morphine sulfate</i>	28	<i>nefazodone hydrochloride</i>	36
<i> morphine sulfate er</i>	28	<i> neomycin sulfate</i>	4
MOUNJARO	53	<i> neomycin/bacitracin/polymyxin</i>	43
MOVANTIK	50	<i> neomycin/polymyxin/bacitracin/hydrocortis</i>	44
<i> moxifloxacin hydrochloride/sodium</i>	4	<i> one</i>	
<i> hydrochloride</i>		<i> neomycin/polymyxin/dexamethasone</i>	44
<i> moxifloxacin hydrochloride</i>	4	<i> neomycin/polymyxin/gramicidin</i>	43
<i> moxifloxacin hydrochloride</i>	43	<i> neomycin/polymyxin/hc</i>	44
<i> MOZOBIL</i>	21	<i> neomycin/polymyxin/hydrocortisone</i>	44
<i> MULTAQ</i>	24	<i> neo-polycin</i>	43
MULTI VITAMIN	73	<i> neo-polycin hc</i>	44
MULTI-VIT/IRON/FLUORIDE	73	NERLYNX	13
MULTIVITAMIN CHILDRENS	74	NEUAC	68

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NEULASTA	21	<i>norethindrone acetate</i>	57
NEULASTA ONPRO KIT	21	<i>norethindrone acetate/ethinyl estradiol</i>	56
NEUPRO	32	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	55
<i>nevrapine</i>	8		
<i>nevrapine er</i>	8		
NEXLETOL	22	NORPACE CR	24
NEXLIZET	22	<i>nortrel 0.5/35 (28)</i>	55
NIACIN	75	<i>nortrel 1/35</i>	55
<i>niacin er</i>	22	<i>nortrel 7/7/7</i>	55
NIACIN FLUSH FREE	26	<i>nortriptyline hcl</i>	36
NIACIN FLUSH FREE	74	<i>nortriptyline hydrochloride</i>	36
NIACIN TIMED RELEASE	75	NORVIR	8
NIACIN TR	75	NOURIANZ	34
NIACINAMIDE	75	NOXAFILE	5
NIACINAMIDE PROLONGED RELEASE	75	<i>np thyroid 120</i>	58
<i>niacor</i>	75	<i>np thyroid 15</i>	58
<i>nicardipine hcl</i>	23	<i>np thyroid 30</i>	58
NICOTINE TRANSDERMAL SYSTEM	18	<i>np thyroid 60</i>	58
NICOTINE TRANSDERMAL SYSTEM	18	<i>np thyroid 90</i>	58
STEP 1		NUBEQA	13
NICOTINE TRANSDERMAL SYSTEM	18	NUCALA	64
STEP 3		NUEDEXTA	34
NICOTROL INHALER	18	NULOJIX	62
NICOTROL NS	18	NUPLAZID	36
<i>nifedipine</i>	24	NURTEC	32
<i>nifedipine er</i>	23	NUTRILIPID	40
NIGHTTIME SLEEP AID	33	NUTRISOURCE FIBER	49
<i>nikki</i>	55	NUTROPIN AQ NUSPIN 10	58
<i>nilutamide</i>	13	NUTROPIN AQ NUSPIN 20	58
<i>nimodipine</i>	24	NUTROPIN AQ NUSPIN 5	58
NINLARO	13	NUVESSA	68
<i>nisoldipine er</i>	24	NUZYRA	4
<i>nitazoxanide</i>	6	<i>nyamyc</i>	68
<i>nitisinone</i>	63	NYMALIZE	24
NITRO-BID	26	<i>nystatin</i>	5
<i>nitrofurantoin macrocrystals</i>	9	<i>nystatin</i>	68
<i>nitrofurantoin monohydrate/macrocrys</i>	9	<i>nystatin/triamcinolone</i>	70
<i>nitroglycerin</i>	26	<i>nystop</i>	69
<i>nitroglycerin</i>	67	OCTAGAM	16
<i>nitroglycerin transdermal</i>	26	<i>octreotide acetate</i>	57
NIVA THYROID	58	ODEFSEY	8
<i>nizatidine</i>	48	ODOMZO	13
NORDITROPIN FLEXPRO	58	OFEV	65
<i>norelgestromin/ethinyl estradiol</i>	55	<i>ofloxacin</i>	4
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	55	<i>ofloxacin</i>	43
		OGSIVEO	13
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<i>olanzapine</i>	36	ORENITRAM TITRATION KIT MONTH	66
<i>olanzapine odt</i>	36	1	
<i>olanzapine/fluoxetine</i>	36	ORENITRAM TITRATION KIT MONTH	66
<i>olmesartan medoxomil</i>	25	2	
<i>olmesartan</i>	24	ORENITRAM TITRATION KIT MONTH	66
<i>medoxomil/amlodipine/hydrochlorothiazide</i>	25	3	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	25	ORFADIN	63
<i>olopatadine hcl</i>	45	ORGOVYX	56
<i>olopatadine hydrochloride</i>	45	ORILISSA	56
<i>omega-3-acid ethyl esters</i>	22	ORKAMBI	65
<i>omeprazole</i>	48	ORSERDU	14
<i>omeprazole dr</i>	48	<i>oseltamivir phosphate</i>	8
<i>omeprazole/sodium bicarbonate</i>	48	OSMOPREP	49
OMNIPOD 5 G6 INTRO KIT (GEN 5)	38	OSPHENA	56
OMNIPOD 5 G6 PODS (GEN 5)	38	OTEZLA	61
OMNIPOD 5 G7 INTRO KIT (GEN 5)	38	<i>oxacillin sodium</i>	4
OMNIPOD 5 G7 PODS (GEN 5)	38	<i>oxaprozin</i>	28
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	38	<i>oxazepam</i>	33
OMNIPOD CLASSIC PODS (GEN 3)	38	OXBRYTA	21
OMNIPOD DASH INTRO KIT (GEN 4)	38	<i>oxcarbazepine</i>	31
OMNIPOD DASH PDM KIT (GEN 4)	38	OXERVATE	45
OMNIPOD DASH PODS (GEN 4)	38	<i>oxiconazole nitrate</i>	69
OMNIPOD GO 10 UNITS/DAY	38	<i>oxybutynin chloride</i>	73
OMNIPOD GO 15 UNITS/DAY	38	<i>oxybutynin chloride er</i>	73
OMNIPOD GO 20 UNITS/DAY	38	<i>oxycodone hcl er</i>	28
OMNIPOD GO 25 UNITS/DAY	38	<i>oxycodone hydrochloride</i>	28
OMNIPOD GO 30 UNITS/DAY	38	<i>oxycodone hydrochloride er</i>	28
OMNIPOD GO 35 UNITS/DAY	38	<i>oxycodone/acetaminophen</i>	28
OMNIPOD GO 40 UNITS/DAY	38	OXYCONTIN	29
<i>OMNITROPE</i>	58	<i>oxymorphone hydrochloride</i>	29
<i>ondansetron hcl</i>	47	<i>oxymorphone hydrochloride er</i>	29
<i>ondansetron hydrochloride</i>	47	<i>oxymorphone hydrochloride er</i>	29
<i>ondansetron odt</i>	47	OZEMPIC	53
ONGENTYS	32	<i>paclitaxel</i>	14
ONUREG	14	PAIN RELIEF EXTRA STRENGTH/ADULT	29
OPDIVO	14	<i>paliperidone er</i>	36
<i>opium</i>	47	PANRETIN	72
<i>opium tincture</i>	47	pantoprazole sodium	48
OPSUMIT	66	PANZYGA	16
OPVEE	34	<i>paricalcitol</i>	76
<i>oralone dental paste</i>	70	<i>paramomycin sulfate</i>	6
ORENCIA	60	<i>paroxetine</i>	36
ORENCIA CLICKJECT	60	<i>paroxetine hcl</i>	36
ORENITRAM	66	<i>paroxetine hcl er</i>	36
		<i>paroxetine hydrochloride</i>	36

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PASER	5	pioglitazone hcl-glimepiride	53
PAXLOVID	8	pioglitazone hydrochloride	53
pazopanib hydrochloride	14	piperacillin sodium/tazobactam sodium	4
PEDIARIX	17	PIQRAY 200MG DAILY DOSE	14
PEDVAX HIB	17	PIQRAY 250MG DAILY DOSE	14
peg-3350/electrolytes	49	PIQRAY 300MG DAILY DOSE	14
peg-3350/electrolytes/ascorbate	49	pirfenidone	65
peg-3350/nacl/na bicarbonate/kcl	49	piroxicam	29
peg-3350/sodium sulf/naclpotassium cl/na	49	pitavastatin calcium	22
ascorbate/ascorbic		PLEGRIDY	62
PEGASYS	8	PLEGRIDY STARTER PACK	62
PEMAZYRE	14	PLENAMINE	40
PENBRAYA	17	plerixafor	21
penciclovir	69	podofilox	67
penicillamine	50	podofilox	72
penicillin g potassium	4	polycin	43
penicillin g potassium in iso-osmotic	4	POLYETHYLENE GLYCOL	49
dextrose		POLYETHYLENE GLYCOL 3350	49
penicillin g sodium	4	polymyxin b sulfate(trimethoprim sulfate)	43
penicillin v potassium	4	POMALYST	14
PENTACEL	17	portia-28	55
pentamidine isethionate	6	posaconazole	5
pentoxifylline er	21	posaconazole dr	5
perindopril erbumine	25	potassium chloride	42
periogard	43	potassium chloride er	42
permethrin	69	potassium chloride/dextrose/sodium	42
perphenazine	36	chloride	
perphenazine/amitriptyline	36	potassium citrate er	39
PERSERIS	36	POVIDONE-IODINE	69
PETROLATUM	71	PRALUENT	22
phenelzine sulfate	36	pramipexole dihydrochloride	32
phenobarbital	33	pramipexole dihydrochloride er	32
phenoxybenzamine hydrochloride	19	prasugrel	21
phenytek	31	pravastatin sodium	22
phenytoin	31	praziquantel	2
phenytoin sodium extended	31	prazosin hydrochloride	22
PHOSPHOLINE IODIDE	45	PRED MILD	44
PHYTONADIONE	76	prednicarbate	70
PIFELTRO	8	prednisolone	51
pilocarpine hcl	45	prednisolone acetate	44
pilocarpine hydrochloride	19	prednisolone sodium phosphate	44
pimecrolimus	72	prednisolone sodium phosphate	51
pimozide	36	prednisolone sodium phosphate odt	51
pindolol	23	prednisone	51
pioglitazone hcl	53	pregabalin	31
pioglitazone hcl/metformin hcl	53	pregabalin er	29

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PREHEVBARIO	17	<i>propranolol hydrochloride er</i>	23
PREMARIN	56	<i>propylthiouracil</i>	58
PREMASOL	40	PROQUAD	17
<i>premium lidocaine</i>	71	PROSOL	40
PREMPHASE	56	<i>protriptyline hcl</i>	37
PREMPRO	56	PSEUDOEPHEDRINE HCL ER	20
PRENATAL	74	PSEUDOEPHEDRINE	20
PRENATAL FORMULA	74	HYDROCHLORIDE	
<i>prevalite</i>	22	PSYLLIUM FIBER	49
PREVIDENT 5000 BOOSTER PLUS	59	PULMOZYME	66
PREVIDENT 5000 DRY MOUTH	59	PURIXAN	14
PREVIDENT 5000 SENSITIVE	38	PYLERA	48
<i>PREVYMIS</i>	8	<i>pyrazinamide</i>	5
PREZCOBIX	8	<i>pyridostigmine bromide</i>	19
PREZISTA	8	<i>pyridostigmine bromide er</i>	19
PRIFTIN	5	<i>pyrimethamine</i>	6
<i>primaquine phosphate</i>	6	PYRUKYND	21
<i>primidone</i>	31	PYRUKYND TAPER PACK	21
PRIORIX	17	QC ARTIFICIAL TEARS	46
PRIVIGEN	17	QINLOCK	14
PROAIR RESPICLICK	20	QUADRACEL	17
<i>probenecid</i>	42	<i>quetiapine fumarate</i>	37
<i>probenecid/colchicine</i>	42	<i>quetiapine fumarate er</i>	37
<i>prochlorperazine</i>	36	<i>quinapril hydrochloride</i>	25
<i>prochlorperazine edisylate</i>	36	<i>quinapril/hydrochlorothiazide</i>	25
<i>prochlorperazine maleate</i>	36	<i>quinidine gluconate cr</i>	24
PROCRT	21	<i>quinidine sulfate</i>	24
PROCTOFOAM HC	67	<i>quinine sulfate</i>	6
<i>procto-med hc</i>	70	QVAR REDIHALER	51
<i>procto-pak</i>	70	RABAVERT	17
<i>proctosol hc</i>	70	<i>rabeprazole sodium</i>	48
<i>protozone-hc</i>	70	RADICAVA ORS	34
<i>progesterone</i>	57	RADICAVA ORS STARTER KIT	34
PROGRAF	62	<i>raloxifene hydrochloride</i>	56
PROLASTIN-C	66	<i>ramelteon</i>	33
PROLENSA	44	<i>ramipril</i>	25
PROLIA	59	<i>ranolazine er</i>	24
PROMACTA	21	<i>rasagiline mesylate</i>	32
<i>promethazine hcl</i>	9	RASUVO	61
<i>promethazine hydrochloride</i>	9	RAYALDEE	76
<i>promethazine hydrochloride plain</i>	9	REBIF	62
<i>propafenone hcl</i>	24	REBIF REBIDOSE	62
<i>propafenone hydrochloride er</i>	24	REBIF REBIDOSE TITRATION PACK	62
<i>propranolol hcl</i>	23	REBIF TITRATION PACK	62
<i>propranolol hcl er</i>	23	RECOMBIVAX HB	17
<i>propranolol hydrochloride</i>	23	RECTIV	72

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REESES PINWORM MEDICINE	2	<i>ropinirole hcl</i>	32
REGRANEX	72	<i>ropinirole hydrochloride</i>	32
REGULOID	49	<i>rosadan</i>	69
RELENZA DISKHALER	8	<i>rosuvastatin calcium</i>	22
RELISTOR	50	ROTARIX	18
RELYVRIOTM	34	ROTATEQ	18
RENAL CAPS	74	<i>roweepra</i>	31
<i>repaglinide</i>	53	ROZLYTREK	14
REPATHA	22	RUBRACA	14
REPATHA PUSHTRONEX SYSTEM	22	<i>rufinamide</i>	31
REPATHA SURECLICK	22	RUKOBIA	8
RESTASIS	44	RYBELSUS	53
RESTASIS MULTIDOSE	44	RYDAPT	14
RETACRIT	21	RYTARY	32
RETEVMO	14	SAIZEN	58
RETIN-A MICRO	67	SAJAZIR	63
RETIN-A MICRO PUMP	71	<i>salsalate</i>	29
REVCovi	42	SANTYL	72
REVLIMID	14	<i>sapropterin dihydrochloride</i>	64
REXULTI	37	SAVELLA	34
REYATAZ	8	SAVELLA TITRATION PACK	34
REZLIDHIA	14	SCEMBLIX	14
REZUROCK	63	<i>scopolamine</i>	47
RHOPRESSA	45	SECUADO	37
<i>ribavirin</i>	8	<i>selegiline hcl</i>	32
RIBOFLAVIN	75	<i>selenium sulfide</i>	69
RIDAURA	50	SELZENTRY	8
<i>rifabutin</i>	5	SENNA	49
<i>rifampin</i>	5	SENNA PLUS	49
<i>riluzole</i>	34	SENNA-S	49
<i>rimantadine hydrochloride</i>	8	SEREVENT DISKUS	20
RINVOQ	61	SEROSTIM	58
<i>risedronate sodium</i>	59	<i>sertraline hcl</i>	37
<i>risedronate sodium dr</i>	59	<i>sertraline hydrochloride</i>	37
RISPERDAL CONSTA	37	<i>sevelamer carbonate</i>	41
<i>risperidone</i>	37	<i>sevelamer hydrochloride</i>	41
<i>risperidone er</i>	37	<i>sharobel</i>	55
<i>risperidone odt</i>	37	SHINGRIX	18
<i>ritonavir</i>	8	SIGNIFOR	57
<i>rivastigmine tartrate</i>	19	<i>sildenafil citrate</i>	26
<i>rivastigmine transdermal system</i>	19	<i>silodosin</i>	19
<i>rizatriptan benzoate</i>	32	<i>silver sulfadiazine</i>	69
<i>rizatriptan benzoate odt</i>	32	SIMBRINZA	45
ROCKLATAN	45	SIMETHICONE	47
<i>roflumilast</i>	66	SIMETHICONE DROPS INFANTS	47
<i>ropinirole er</i>	32	SIMETHICONE ULTRA STRENGTH	47

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SIMPLE SYRUP	64	<i>spironolactone</i>	25
simvastatin	22	<i>spironolactone/hydrochlorothiazide</i>	25
sirolimus	62	SPRITAM	31
SIRTURO	6	SPRYCEL	14
SIVEXTRO	4	<i>sps</i>	41
SKYRIZI	50	<i>ssd</i>	69
SKYRIZI	72	STAMARIL	18
SKYRIZI PEN	72	STELARA	72
SLEEP AID	33	<i>sterile water for irrigation</i>	41
SLEEP-AID	33	STIOLTO RESPIMAT	18
SM ALCOHOL	69	STIVARGA	14
SM ANTI-DIARRHEAL	47	STOMACH RELIEF	47
SM CLOTRIMAZOLE VAGINAL	69	STOMACH RELIEF EXTRA STRENGTH	47
SM LICE TREATMENT	69	STOOL SOFTENER	49
SM LORATADINE D 12HR	10	<i>streptomycin sulfate</i>	4
SM MICONAZOLE 3	69	STRIBILD	8
SM TRIPLE ANTIBIOTIC PLUS	69	STRIVERDI RESPIMAT	20
MAXIMUM STRENGTH		SUBSYS	29
SODIUM BICARBONATE	46	<i>subvenite</i>	31
<i>sodium chloride</i>	42	<i>subvenite starter kit/blue</i>	31
SODIUM CHLORIDE	66	<i>subvenite starter kit/green</i>	31
<i>sodium chloride 0.45%</i>	42	<i>subvenite starter kit/orange</i>	31
<i>sodium chloride 0.9%</i>	41	SUCRAID	43
SODIUM FLUORIDE	59	<i>sucralfate</i>	48
<i>sodium fluoride 5000 plus</i>	59	<i>sulfacetamide sodium</i>	43
<i>sodium fluoride 5000 ppm</i>	59	<i>sulfacetamide sodium</i>	69
SODIUM FLUORIDE 5000 PPM	38	<i>sulfacetamide sodium/prednisolone sodium</i>	44
ENAMEL PROTECT		<i>phosphate</i>	
<i>sodium oxybate</i>	34	<i>sulfadiazine</i>	4
<i>sodium phenylbutyrate</i>	39	<i>sulfamethoxazole/trimethoprim</i>	4
<i>sodium polystyrene sulfonate</i>	41	<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	49	SULFAMYLYON	69
<i>solifenacin succinate</i>	73	<i>sulfasalazine</i>	4
SOLOSEC	6	<i>sulindac</i>	29
SOLTAMOX	56	<i>sumatriptan</i>	32
SOLUBLE FIBER	49	<i>sumatriptan succinate</i>	32
SOLU-CORTEF	51	<i>sumatriptan succinate refill</i>	32
SOMATULINE DEPOT	57	<i>sunitinib malate</i>	15
SOMAVERT	58	SUNLENCA	8
<i>sorafenib</i>	14	SUNOSI	30
<i>sorafenib tosylate</i>	14	SUPRAX	4
<i>sorine</i>	23	SYMDEKO	65
<i>sotalol hcl</i>	23	SYMLINPEN 120	53
<i>sotalol hydrochloride (af)</i>	23	SYMLINPEN 60	53
SPIRIVA RESPIMAT	18	SYMPAZAN	31
		SYMTUZA	8

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Drug Name	Page #	Drug Name	Page #
SYNAREL	57	<i>terbutaline sulfate</i>	20
SYNJARDY	53	<i>terconazole</i>	69
SYNJARDY XR	53	<i>teriflunomide</i>	62
SYNRIBO	15	<i>teriparatide</i>	57
SYNTHROID	58	<i>testosterone</i>	52
TABLOID	15	<i>testosterone cypionate</i>	52
TABRECTA	15	<i>testosterone enanthate</i>	52
<i>tacrolimus</i>	63	<i>testosterone pump</i>	52
<i>tacrolimus</i>	72	<i>tetrabenazine</i>	38
<i>tadalafil</i>	26	<i>tetracycline hydrochloride</i>	4
TAFINLAR	15	THALOMID	62
<i>tafluprost</i>	45	<i>theophylline</i>	73
TAGRISSO	15	<i>theophylline er</i>	73
TALZENNA	15	THIOLA EC	64
<i>tamoxifen citrate</i>	56	<i>thioridazine hcl</i>	37
<i>tamsulosin hydrochloride</i>	19	<i>thiothixene</i>	37
<i>tarina fe 1/20 eq</i>	55	THYQUIDITY	58
TASIGNA	15	THYROID	58
<i>tasimelteon</i>	33	<i>tiadylt er</i>	24
TAVALISSE	21	<i>tiagabine hydrochloride</i>	31
TAVNEOS	63	TIBSOVO	15
<i>taysofy</i>	55	TICOVAC	18
<i>tazarotene</i>	72	<i>timolol maleate</i>	23
<i>tazicef</i>	4	<i>timolol maleate</i>	45
TAZORAC	72	<i>timolol maleate ophthalmic gel forming</i>	45
<i>taztia xt</i>	24	<i>tinidazole</i>	6
TAZVERIK	15	<i>tiopronin</i>	64
<i>tdvax</i>	17	TIROSINT-SOL	58
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	38	TIVICAY	8
<i>techlite pen needles 29g x 10mm</i>	38	TIVICAY PD	8
TEFLARO	4	<i>tizanidine hcl</i>	19
TEGSEDI	59	<i>tizanidine hydrochloride</i>	19
TEKTURNA HCT	25	TOBI PODHALER	4
<i>telmisartan</i>	25	TOBRADEX	44
<i>telmisartan/amlodipine</i>	24	TOBRADEX ST	44
<i>telmisartan/hydrochlorothiazide</i>	25	<i>tobramycin</i>	4
<i>temazepam</i>	33	<i>tobramycin</i>	43
TEMIXYS	8	<i>tobramycin sulfate</i>	4
TENIVAC	17	<i>tobramycin/dexamethasone</i>	44
<i>tenofovir disoproxil fumarate</i>	8	TOLNAFTATE	69
TENSION HEADACHE	29	TOLNAFTATE ANTIFUNGAL	69
TEPMETKO	15	<i>tolterodine tartrate</i>	73
<i>terazosin hcl</i>	22	<i>tolterodine tartrate er</i>	73
<i>terazosin hydrochloride</i>	22	<i>topiramate</i>	31
<i>terbinafine hcl</i>	5	<i>topiramate er</i>	31
		<i>toremifene citrate</i>	56

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<i>torsemide</i>	41	TRIPLE ANTIBIOTIC	69
TOUJEO MAX SOLOSTAR	53	<i>tri-sprintec</i>	55
TOUJEO SOLOSTAR	53	TRITOCIN	71
TOVET	70	TRIUMEQ	8
TRACLEER	66	TRIUMEQ PD	8
TRADJENTA	53	<i>trivora-28</i>	55
<i>tramadol hcl er</i>	29	TRIZIVIR	8
<i>tramadol hydrochloride</i>	29	TROPHAMINE	40
<i>tramadol hydrochloride er</i>	29	<i>trospium chloride</i>	73
<i>tramadol hydrochloride/acetaminophen</i>	29	<i>trospium chloride er</i>	73
<i>trandolapril</i>	25	<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	38
<i>trandolapril/verapamil hcl er</i>	24	<i>trueplus pen needles 29gx12mm</i>	38
<i>tranexamic acid</i>	20	TRULICITY	53
<i>tranylcypromine sulfate</i>	37	TRUMENBA	18
TRAVASOL	40	TRUQAP	15
<i>travoprost</i>	45	TRUSELTIQ	15
<i>trazodone hydrochloride</i>	37	TUKYSA	15
TRECATOR	6	TURALIO	15
TRELEGY ELLIPTA	52	<i>turqoz</i>	55
TRELSTAR MIXJECT	57	TWINRIX	18
TRESIBA	53	<i>tyblume</i>	55
TRESIBA FLEXTOUCH	53	TYBOST	64
<i>tretinoin</i>	15	TYMLOS	57
<i>tretinoin</i>	71	TYPHIM VI	18
<i>tretinoin microsphere</i>	67	UBRELVY	32
<i>tretinoin microsphere</i>	71	UCERIS	71
TREXALL	15	UDENYCA	21
TRIAMCINOLONE ACETONIDE	44	UDENYCA ONBODY	21
<i>triamcinolone acetonide</i>	52	<i>unithroid</i>	58
<i>triamcinolone acetonide</i>	70	UPTRA VI	66
<i>triamcinolone acetonide dental paste</i>	70	UPTRA VI TITRATION PACK	66
<i>triamterene/hydrochlorothiazide</i>	41	URO MAG	46
TRIANEX	71	<i>ursodiol</i>	49
<i>triazolam</i>	33	<i>valacyclovir hydrochloride</i>	8
TRI-BUFFERED ASPIRIN	29	VALCHLOR	72
<i>triderm</i>	71	<i>valganciclovir</i>	8
<i>trientine hydrochloride</i>	50	<i>valganciclovir hydrochloride</i>	8
<i>trifluoperazine hcl</i>	37	<i>valproic acid</i>	31
<i>trifluoperazine hydrochloride</i>	37	<i>valsartan</i>	25
<i>trifluridine</i>	43	<i>valsartan/hydrochlorothiazide</i>	25
<i>trihexyphenidyl hcl</i>	32	VALTOCO 10 MG DOSE	31
<i>trihexyphenidyl hydrochloride</i>	33	VALTOCO 15 MG DOSE	31
TRIKAFTA	65	VALTOCO 20 MG DOSE	31
<i>trimethoprim</i>	9	VALTOCO 5 MG DOSE	31
<i>trimipramine maleate</i>	37	<i>vancomycin</i>	5
TRINTELLIX	37		

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<i>vancomycin hcl</i>	4	VITAMIN B-12	75
<i>vancomycin hydrochloride</i>	4	VITAMIN B-2	75
VANFLYTA	15	VITAMIN B6	75
VAQTA	18	VITAMIN B-6	75
<i>varenicline starting month box</i>	18	VITAMIN B-COMPLEX 100	75
<i>varenicline tartrate</i>	18	VITAMIN C	74
VARIVAX	18	VITAMIN C	75
VARIZIG	17	VITAMIN C GUMMIES	75
VASCEPA	22	VITAMIN C TR	75
<i>velivet</i>	55	VITAMIN C-500 TIMED RELEASE	75
VELPHORO	41	VITAMIN D	76
VELTASSA	41	VITAMIN D (ERGOCALCIFEROL)	76
VEMLIDY	9	VITAMIN D INFANT	76
VENCLEXTA	15	VITAMIN D2	76
VENCLEXTA STARTING PACK	15	VITAMIN D3	76
<i>venlafaxine besylate er</i>	37	VITAMIN D-3	76
<i>venlafaxine hcl er</i>	37	VITAMIN D3 400	76
<i>venlafaxine hydrochloride</i>	37	VITAMIN D3 IMMUNE HEALTH	76
<i>venlafaxine hydrochloride er</i>	37	VITAMIN E	76
VENTAVIS	66	VITAMIN K1	76
verapamil hcl	24	VITAMINS A & D	74
verapamil hcl er	24	VITRAKVI	15
verapamil hcl sr	24	VIVITROL	34
verapamil hydrochloride	24	VIZIMPRO	15
verapamil hydrochloride er	24	VONJO	15
VERQUVO	26	voriconazole	5
VERSACLOZ	37	VOSEVI	9
VERZENIO	15	VOTRIENT	15
VIBRAMYCIN	5	VOXZOGO	64
VICTOZA	53	VRAYLAR	37
<i>vigabatrin</i>	31	VUMERTY	62
<i>vigadron</i>	31	<i>vyfemla</i>	55
<i>vigpoder</i>	31	VYNDAMAX	64
VIIBRYD STARTER PACK	37	VYNDAQEL	64
VIJOICE	64	VYVANSE	30
<i>vilazodone hydrochloride</i>	37	VYZULTA	45
VIRACEPT	9	<i>warfarin sodium</i>	21
VIREAD	9	WART REMOVER MAXIMUM	71
VITA-C	75	STRENGTH	
VITAMIN A	74	WELIREG	16
VITAMIN A & D	71	WHITE PETROLATUM	71
VITAMIN A PALMITATE	74	WHITE PETROLEUM JELLY	71
VITAMIN B 12	75	WINLEVI	73
VITAMIN B COMPLEX	75	<i>wixela inhub</i>	20
VITAMIN B1	75	XALKORI	16
VITAMIN B-1	75	XARELTO	21

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XARELTO STARTER PACK	21	ZINC	74
XATMEP	16	ZINC OXIDE	71
XCOPRI	31	<i>ziprasidone hcl</i>	37
XDEMVY	43	<i>ziprasidone mesylate</i>	37
XELJANZ	61	ZIRGAN	43
XELJANZ XR	61	<i>zoledronic acid</i>	59
XENLETA	5	ZOLINZA	16
XERMELO	47	<i>zolmitriptan</i>	32
XGEVA	59	<i>zolmitriptan odt</i>	32
XIFAXAN	5	<i>zolpidem tartrate</i>	33
XIGDUO XR	53	<i>zolpidem tartrate er</i>	33
XOFLUZA	9	ZOMACTON	58
XOLAIR	66	ZONISADE	31
XOSPATA	16	<i>zonisamide</i>	31
XPOVIO	16	ZORBTIVE	58
XPOVIO 100 MG ONCE WEEKLY	16	ZOSYN	5
XPOVIO 40 MG ONCE WEEKLY	16	<i>zovia 1/35</i>	55
XPOVIO 40 MG TWICE WEEKLY	16	ZTALMY	31
XPOVIO 60 MG ONCE WEEKLY	16	ZURZUVAE	37
XPOVIO 60 MG TWICE WEEKLY	16	ZYDELIG	16
XPOVIO 80 MG ONCE WEEKLY	16	ZYKADIA	16
XPOVIO 80 MG TWICE WEEKLY	16	ZYLET	44
XTANDI	16	ZYPREXA RELPREVV	37
<i>xulane</i>	55		
XYOSTED	52		
<i>yargesa</i>	64		
YERVOY	16		
YF-VAX	18		
YONSA	16		
YUPELRI	18		
<i>yuvafem</i>	56		
<i>zafemy</i>	55		
<i>zafirlukast</i>	64		
<i>zaleplon</i>	33		
ZARXIO	21		
ZEJULA	16		
ZELBORAF	16		
ZENATANE	73		
<i>ZENPEP</i>	49		
<i>ZEPOSIA</i>	62		
ZEPOSIA 7-DAY STARTER PACK	62		
ZEPOSIA STARTER KIT	62		
ZERBAXA	5		
<i>zidovudine</i>	9		
ZIEXTENZO	21		
<i>zileuton er</i>	64		

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For more recent information or other questions, contact us at **855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., or visit TuftsHealthOneCare.org.