

2024

**Tufts Health One Care**  
(Medicare-Medicaid Plan)

# 2024 List of Covered Drugs

(Formulary)

Formulary ID: 24523  
Updated on 12/01/2024

**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](https://www.TuftsHealthOneCare.org).



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# DISCRIMINATION IS AGAINST THE LAW



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**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: [OCRCoordinator@point32health.org](mailto:OCRCoordinator@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。如需口译人员，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 Cantonese:** 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 الهواتف النصية (TTY): 711)، على مدار سبعة أيام في الأسبوع، من الساعة 8 صباحًا 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 निःशुल्क 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 निःशुल्क 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:** ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີ ເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນການສຸຂະພາບ ຫຼື ຢາຂອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພາຍໃຈຕໍ່ໂທຫາພວກເຮົາທີ່ເບີ 855-393-3154 (TTY: 711), ເຈັດມື້ຕໍ່ອາທິດ, ຈາກ 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ. ເຮາມີຄົນທີ່ເວົ້າລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

**Cambodian:** យើងមានសេវាកម្មបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយរាល់សំណួរដែលអ្នកអាចមានអំពីគម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់សូមទូរសព្ទមកយើងតាមរយៈលេខ 855-393-3154 (TTY: 711) ប្រាំពីរថ្ងៃក្នុងមួយសប្តាហ៍ ចាប់ពីម៉ោង 8 ព្រឹក ដល់ម៉ោង 8 ល្ងាច។ នរណាម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ នេះជាសេវាកម្មមិនគិតថ្លៃនោះទេ។

# 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](https://www.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.

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**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](https://www.tuftshealthonecare.org).



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## 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.

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### 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](https://www.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.

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### 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](https://www.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.

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### **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.

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**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](https://www.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.

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#### **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](http://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.

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### **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.”

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### **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.

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**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](http://TuftsHealthOneCare.org).



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## **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 79.

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.

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## **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.

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## **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.

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## **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](https://www.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](https://www.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.

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### **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.

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### **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.

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### **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.

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**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](https://www.tuftshealthonecare.org).



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## 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.

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## 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 79. 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.



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## 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.

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**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](https://www.tuftshealthonecare.org).



# Drugs Grouped by Medical Condition

Anti-infective Agents .....	2
Antihistamine Drugs.....	9
Antineoplastic Agents .....	10
Antitoxins, Immune Globulins, Toxoids, and Vaccines .....	17
Autonomic Drugs.....	18
Blood Formation,Coagulation & Thrombosis .....	20
Cardiovascular Drugs .....	22
Central Nervous System Agents .....	26
Dental Agents.....	38
Devices .....	39
Diagnostic Agents.....	39
Electrolytic, Caloric, and Water Balance .....	40
Enzymes .....	43
Eye, Ear, Nose & Throat Preparations .....	44
Gastrointestinal Drugs .....	47
Gold Compounds .....	51
Heavy Metal Antagonists.....	51
Hormones and Synthetic Substitutes .....	51
Immunomodulatory Agents .....	60
Local Anesthetics.....	60
Miscellaneous Therapeutic Agents.....	60
Pharmaceutical Aids .....	66
Respiratory Tract Agents .....	66
Skin and Mucous Membrane Agents .....	68
Skin and Mucous Membrane Preparations .....	68
Smooth Muscle Relaxants.....	74
Vitamins .....	75

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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
<b>Anti-infective Agents</b>		
<b><i>Anthelmintics</i></b>		
<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
<b><i>Antibacterials</i></b>		
<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/dextrose inj 3gm/150ml; 4%</i>	2	
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime hydrochloride inj 2gm</i>	2	
<i>cefepime/dextrose</i>	2	
<i>cefixime</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	2	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	

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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
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</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, 900mg/60ml, 900mg/6ml</i>	2	
<i>colistimethate sodium inj</i>	2	NEDS
DALVANCE	3	
<i>daptomycin</i>	2	NEDS
<i>daptomycin/sodium chloride</i>	2	
<i>demeclocycline 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>ertapenem sodium</i>	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate susr, tabs</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	

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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
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<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>mondoxyne 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	

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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
<i>vancomycin hydrochloride caps, oral solr</i>	2	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 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	
<b>Antifungals</b>		
ABELCET	3	PA
<i>amphotericin b liposome</i>	2	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>casposfungin acetate inj 70mg</i>	2	
<i>casposfungin 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
<b>Antimycobacterials</b>		
<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	

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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
<i>rifampin caps, inj</i>	2	
SIRTURO	3	PA; NEDS
TRECTOR	3	
<b>Antiprotozoals</b>		
<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	NEDS
<i>quinine sulfate caps 324mg</i>	2	PA
SOLOSEC	3	
<i>tinidazole tabs</i>	2	
<b>Antivirals</b>		
<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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EDURANT	3	NEDS
<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

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<i>maraviroc tabs 150mg</i>	2	QL(60 EA per 30 days); NEDS
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	

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<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	2	NEDS
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	
<b>Urinary Anti-infectives</b>		
<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/macrocrystals</i>	2	
<i>trimethoprim tabs</i>	2	
<b>Antihistamine Drugs</b>		
<b>First Generation Antihistamines</b>		
CHLORPHENIRAMINE MALEATE TABS, TBCR	4	EC
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine 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	
<b>Second Generation Antihistamines</b>		
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	

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<i>desloratadine odt</i>	2	
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
<b>Antineoplastic Agents</b>		
<i>Antineoplastic Agents</i>		
<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
<i>dasatinib</i>	2	PA NSO; 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 tbso 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

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GILOTRIF	3	PA NSO; NEDS
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
IWILFIN	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
LAZCLUZE TABS 240MG	3	PA NSO; NEDS
LAZCLUZE TABS 80MG	3	QL(60 EA per 30 days); PA NSO; NEDS
<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

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LENVIMA 10 MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO; NEDS; SP-Optum Specialty
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 240MG, 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

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NUBEQA	3	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	3	PA NSO; NEDS
OJEMDA	3	PA NSO; NEDS
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 CAPS	3	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	3	PA NSO; NEDS
RETEVMO TABS 80MG	3	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	3	QL(90 EA per 30 days); PA NSO; NEDS
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

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SCSEMBLIX TABS 20MG, 40MG	3	PA NSO; NEDS; SP-Optum Specialty
SCSEMBLIX TABS 100MG	3	QL(120 EA per 30 days); PA NSO; NEDS
<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
<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
TAGRISSE	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>tretinoin 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

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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
VORANIGO TABS 40MG	3	PA NSO; NEDS
VORANIGO TABS 10MG	3	QL(60 EA per 30 days); PA NSO; NEDS
VOTRIENT	3	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
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
ZELBORAF	3	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO; NEDS; SP-Optum Specialty

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ZYDELIG	3	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	3	PA NSO; NEDS; SP-Optum Specialty
<b>Antitoxins, Immune Globulins, Toxoids, and Vaccines</b>		
<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
PRIVIGEN	3	PA BvD; NEDS
VARIZIG INJ 125UNIT/1.2ML	1	
<i>Toxoids</i>		
ADACEL	1	
BOOSTRIX	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	1	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	1	
INFANRIX	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
QUADRACEL	1	
<i>tdvax</i>	1	
TENIVAC	1	
<i>Vaccines</i>		
ABRYSVO	1	
ACTHIB	1	
AREXVY	1	
BCG VACCINE INJ 50MG	1	
BEXSERO	1	
DENGVAXIA	1	
ENGERIX-B	1	PA BvD
GARDASIL 9	1	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	1	
HEPLISAV-B	1	PA BvD
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	

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IPOL INACTIVATED IPV	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	1	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	1	
PEDVAX HIB INJ 7.5MCG/0.5ML	1	
PENBRAVA	1	
PENTACEL	1	
PREHEVBRIO	1	PA BvD
PRIORIX	1	
PROQUAD	1	
RABAVERT	1	
RECOMBIVAX HB	1	PA BvD
ROTARIX	1	
ROTATEQ SOLN	1	
SHINGRIX	1	
STAMARIL	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
YF-VAX	1	
<b>Autonomic Drugs</b>		
<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)

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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
<b>Autonomic Drugs, Miscellaneous</b>		
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</i>	2	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	2	QL(60 EA per 30 days)
<b>Parasympathomimetic (Cholinergic) Agents</b>		
<i>bethanechol chloride tabs</i>	2	
<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	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen tabs 10mg, 20mg, 5mg</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	
<b>Smoking Cessation Agents</b>		
<i>varenicline tartrate tabs 1mg</i>	2	QL(60 EA per 30 days)
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
<i>alfuzosin hcl er</i>	2	

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<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	
<b>Sympathomimetic (Adrenergic) Agents</b>		
<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 syrp, tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>arformoterol tartrate</i>	2	PA BvD
COMBIVENT RESPIMAT	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
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)
<b>Blood Formation,Coagulation &amp; Thrombosis</b>		
<b>Antianemia Drugs</b>		
FERROUS GLUCONATE	4	EC
FERROUS SULFATE	4	EC
IRON	4	EC
IRON POLYSACCHARIDE COMPLEX	4	EC
KP FERROUS GLUCONATE	4	EC
<b>Antihemorrhagic Agents</b>		

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<i>aminocaproic acid</i>	2	
<i>tranexamic acid</i>	2	
<b><i>Antithrombotic Agents</i></b>		
<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	
<i>prasugrel hydrochloride</i>	2	
<i>warfarin sodium</i>	2	
XARELTO	3	
XARELTO STARTER PACK	3	
<b><i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i></b>		
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
<b><i>Hematopoietic Agents</i></b>		
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

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PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	3	NEDS; SP-Optum Specialty
PROCRIT 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
<b>Hemorrhologic Agents</b>		
<i>pentoxifylline er</i>	2	
<b>Cardiovascular Drugs</b>		
<b>alpha-Adrenergic Blocking Agents</b>		
CARDURA XL	3	
<i>doxazosin mesylate</i>	2	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<b>Antilipemic Agents</b>		
<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	

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<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 tabs</i>	2	
<i>simvastatin tabs</i>	2	
VASCEPA	3	
<b><i>beta-Adrenergic Blocking Agents</i></b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	2	
<i>atenolol tabs</i>	2	
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	2	
<i>carvedilol phosphate er</i>	2	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	2	
<i>metoprolol tartrate tabs</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol tabs</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	2	

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<b>Calcium-Channel Blocking Agents</b>		
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate tabs</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er</i>	2	
<i>diltiazem hydrochloride tabs</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	2	
<i>nifedipine er</i>	2	
<i>nifedipine caps</i>	2	
<i>nimodipine caps</i>	2	
<i>nisoldipine er</i>	2	
<b>NYMALIZE SOLN 6MG/ML</b>	3	<b>NEDS</b>
<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</i>	2	
<i>verapamil hydrochloride tabs</i>	2	
<b>Cardiac Drugs</b>		
<i>amiodarone hydrochloride tabs</i>	2	
<b>CAMZYOS</b>	3	<b>QL(30 EA per 30 days); PA; NEDS</b>
<b>CORLANOR</b>	3	
<i>digitek tabs 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	

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<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>ivabradine hydrochloride</i>	2	
<i>mexiletine hcl</i>	2	
<b>MULTAQ</b>	3	
<b>NORPACE CR</b>	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	2	
<b>Hypotensive Agents</b>		
<i>clonidine</i>	2	
<i>clonidine hydrochloride</i>	2	
<i>clonidine hydrochloride er</i>	2	
<i>hydralazine hcl</i>	2	
<i>hydralazine hydrochloride</i>	2	
<i>minoxidil</i>	2	
<b>Renin-Angiotensin-Aldosterone Sys Inhib</b>		
<i>aliskiren</i>	2	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>benazepril hydrochloride tabs 20mg</i>	2	
<i>candesartan cilexetil</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>captopril tabs</i>	2	
<i>enalapril maleate/hydrochlorothiazide</i>	2	
<i>enalapril maleate tabs</i>	2	
<b>ENTRESTO</b>	3	
<i>eplerenone</i>	2	
<i>fosinopril sodium</i>	2	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
<b>KERENDIA</b>	3	PA
<i>lisinopril/hydrochlorothiazide</i>	2	
<i>lisinopril tabs</i>	2	
<i>losartan potassium/hydrochlorothiazide</i>	2	
<i>losartan potassium tabs</i>	2	

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<i>moexipril hcl</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>perindopril erbumine</i>	2	
<i>quinapril hydrochloride</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ramipril</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	2	
TEKTURNA HCT	3	
<i>telmisartan</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>trandolapril</i>	2	
<i>valsartan/hydrochlorothiazide</i>	2	
<i>valsartan tabs</i>	2	
<b>Vasodilating Agents</b>		
<i>alyq</i>	2	PA; NEDS; SP-Optum Specialty
<i>dipyridamole tabs</i>	2	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
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	
<b>Central Nervous System Agents</b>		
<b><i>Analgesics and Antipyretics</i></b>		
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

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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	
<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>ec-naproxen tbec 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

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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	
<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-SYMP TOM 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)

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<i>morphine sulfate er cp24, tbc</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</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 dr</i>	2	
<i>naproxen sodium cr tb24 375mg</i>	2	
<i>naproxen sodium er tb24 375mg, 750mg</i>	2	
<i>naproxen sodium er tb24 500mg</i>	2	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>naproxen tbec 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)
<b>OXYCONTIN T12A</b>	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)
<b>PAIN RELIEF EXTRA STRENGTH/ADULT</b>	4	EC
<i>piroxicam caps</i>	2	
<i>pregabalin er</i>	2	
<i>salsalate tabs</i>	2	
<b>SUBSYS</b>	3	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<b>TENSION HEADACHE</b>	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)

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TRI-BUFFERED ASPIRIN TABS 325MG; 35MG; 40MG; 0; 0	4	EC
<b>Anorexigenic Agents and Respiratory and CNS Stimulants</b>		
<i>amphetamine/dextroamphetamine</i>	2	
<i>armodafinil</i>	2	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride cp24</i>	2	
<i>dexmethylphenidate 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, tbc</i>	2	
<i>modafinil tabs</i>	2	PA
SUNOSI	3	PA
VYVANSE	3	PA
<b>Anticonvulsants</b>		
APTIOM	3	
BRIVIACT SOLN, TABS	3	NEDS
<i>carbamazepine er</i>	2	
<i>carbamazepine chew 100mg</i>	2	
<i>carbamazepine 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 tbec</i>	2	
<i>divalproex sodium er</i>	2	

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<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	
LIBERVANT	3	QL(10 EA per 30 days)
<i>magnesium sulfate inj 50%</i>	2	
<i>methsuximide</i>	2	
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	

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<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>vigadrone</i>	2	NEDS
VIGAFYDE	3	PA NSO; 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
<b>Antimanic Agents</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
<b>Antimigraine Agents</b>		
AIMOVIG	3	QL(1 ML per 30 days); PA
<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	

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<i>zolmitriptan tabs</i>	2	
<i>zolmitriptan soln 5mg</i>	2	
<b>Antiparkinsonian Agents</b>		
<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	
<i>trihexyphenidyl hydrochloride</i>	2	
<b>Anxiolytics, Sedatives, and Hypnotics</b>		
ACETAMINOPHEN PM EXTRA STRENGTH	4	EC
<i>alprazolam er</i>	2	
<i>alprazolam odt</i>	2	
<i>alprazolam tabs</i>	2	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone 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	

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<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 syrup</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, 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	
<b>Central Nervous System Agents, Misc</b>		
<i>acamprosate calcium dr</i>	2	
<i>atomoxetine hydrochloride</i>	2	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	2	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	2	QL(60 EA per 30 days)
EXSERVAN	3	NEDS
<i>guanfacine hydrochloride er</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

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<i>riluzole</i>	2	
<i>sodium oxybate</i>	2	PA; NEDS
<b>Fibromyalgia Agents</b>		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<b>Opiate Antagonists</b>		
<i>naloxone hcl</i>	2	
<i>naloxone hydrochloride inj</i>	2	
<i>naloxone hydrochloride liqd</i>	2	QL(4 EA per 30 days)
<i>naltrexone hcl</i>	2	
OPVEE	3	QL(4 EA per 30 days)
VIVITROL	3	NEDS
<b>Psychotherapeutic Agents</b>		
ABILIFY ASIMTUFI	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	
ALENZIN TB24 174MG, 348MG	3	ST NSO
ALENZIN TB24 522MG	3	ST NSO; NEDS
<i>aripiprazole</i>	2	
<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	

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<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</i>	2	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix, inj</i>	2	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
<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	

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<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	
<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	

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<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
<b><i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i></b>		
AUSTEDO	3	PA; NEDS; SP-Optum Specialty
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	3	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	3	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	3	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	3	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	3	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	3	QL(90 EA per 30 days); PA; NEDS
INGREZZA	3	PA; NEDS
<i>tetrabenazine</i>	2	PA; NEDS; SP-Optum Specialty
<b>Dental Agents</b>		
<i>Dental Agents</i>		

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PREVIDENT 5000 SENSITIVE	4	EC
SODIUM FLUORIDE 5000 PPM ENAMEL PROTECT	4	EC
<b>Devices</b>		
<i>Devices</i>		
<i>alcohol prep pads</i>	2	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	2	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	2	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	2	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	2	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	2	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	2	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	2	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	2	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	2	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	3	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD 5 LIBRE2 PLUS G6	3	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	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	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	2	
<i>techlite pen needles 29g x 10mm</i>	2	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	2	
<i>trueplus pen needles 29gx12mm</i>	2	
<b>Diagnostic Agents</b>		
<i>Urine and Feces Contents</i>		
CHEMSTRIP 10 MD	4	EC
CHEMSTRIP 9 STRIPS	4	EC
KETO-DIASTIX	4	EC

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<b>Electrolytic, Caloric, and Water Balance</b>		
<b>Alkalinizing Agents</b>		
<i>potassium citrate er</i>	2	
<b>Ammonia Detoxicants</b>		
<i>carglumic acid</i>	2	PA; NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose pack</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
<i>sodium phenylbutyrate powd, tabs</i>	2	NEDS
<b>Caloric Agents</b>		
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	
<i>dextrose 70%</i>	2	

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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
<b>Diuretics</b>		
<i>amiloride hcl</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	
<i>hydrochlorothiazide caps, tabs</i>	2	

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<i>indapamide</i>	2	
<i>metolazone</i>	2	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<b><i>Ion-removing Agents</i></b>		
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	
<b><i>Irrigating Solutions</i></b>		
<i>acetic acid 0.25%</i>	2	
<i>sodium chloride 0.9%</i>	2	
<i>sterile water for irrigation</i>	2	
<b><i>Replacement Preparations</i></b>		
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%/sodium chloride 0.2%</i>	2	
<i>dextrose 10%/sodium chloride 0.45%</i>	2	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.2%</i>	2	
<i>dextrose 5%/sodium chloride 0.3%</i>	2	
<i>dextrose 5%/sodium chloride 0.33%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	2	
<i>dextrose 5%/sodium chloride 0.9%</i>	2	
<i>dextrose/sodium chloride</i>	2	
<i>effe-k tbe 25meq</i>	2	

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<b>K-PHOS</b>	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	
<b>MAG-OXIDE</b>	4	EC
<b>MAGNESIUM CITRATE CAPS 100MG</b>	4	EC
<b>MAGNESIUM CITRATE TABS 100MG</b>	4	EC
<b>MAGNESIUM ELEMENTAL CAPS</b>	4	EC
<b>MAGNESIUM GLUCONATE TABS 500MG</b>	4	EC
<b>MAGNESIUM GLYCINATE CAPS</b>	4	EC
<b>MAGNESIUM OXIDE CAPS 500MG</b>	4	EC
<b>MAGNESIUM OXIDE TABS 250MG, 400MG, 420MG</b>	4	EC
<b>MAGNESIUM TABS 250MG, 500MG</b>	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	
<b>SODIUM CHLORIDE TABS 1GM</b>	4	EC
<b><i>Uricosuric Agents</i></b>		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
<b>Enzymes</b>		
<b><i>Enzymes</i></b>		
<b>REVCovi</b>	3	NEDS
<b>SUCRAID</b>	3	NEDS

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<b>Eye, Ear, Nose &amp; Throat Preparations</b>		
<b><i>Anti-infectives</i></b>		
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>perio gard</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	
<b><i>Anti-inflammatory Agents</i></b>		
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	
<i>flac</i>	2	

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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	
<b>Antiallergic Agents</b>		
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)
<i>bepotastine besilate</i>	2	

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<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	
<b>Antiglaucoma Agents</b>		
<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</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	
<b>EENT Drugs, Miscellaneous</b>		
<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
QC ARTIFICIAL TEARS	4	EC

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<b>Local Anesthetics</b>		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<b>Mydriatics</b>		
<i>atropine sulfate soln 1%</i>	2	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln</i>	2	
<b>Gastrointestinal Drugs</b>		
<b>Antacids and Adsorbents</b>		
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
<b>Anti-inflammatory Agents</b>		
<i>alose tron 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	
<b>Antidiarrhea Agents</b>		
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
FLORASTOR KIDS	4	EC

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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
<b>Antiemetics</b>		
<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 tbdp 4mg, 8mg</i>	2	PA BvD
<i>scopolamine</i>	2	
<b>Antiflatulents</b>		
SIMETHICONE DROPS INFANTS	4	EC
SIMETHICONE ULTRA STRENGTH	4	EC
SIMETHICONE CHEW	4	EC
SIMETHICONE CAPS 125MG	4	EC
<b>Antiulcer Agents and Acid Suppressants</b>		
<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
<i>famotidine susr</i>	2	

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<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	
<b><i>Cathartics and Laxatives</i></b>		
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
KONSYL DAILY FIBER PACK 100%	4	EC

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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
SENNAPLUS CAPS	4	EC
SENNAPLUS-S	4	EC
SENNAPLUS CAPS, SYRP	4	EC
SENNAPLUS TABS 8.6MG	4	EC
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SOLUBLE FIBER	4	EC
STOOL SOFTENER TABS	4	EC
<b><i>Cholelitholytic Agents</i></b>		
LIVMARLI SOLN 19MG/ML	3	PA; NEDS
<i>ursodiol caps 200mg, 300mg</i>	2	
<i>ursodiol tabs</i>	2	
<b><i>Digestants</i></b>		
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	
<b><i>GI Drugs, Miscellaneous</i></b>		

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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 SOLN 9.5MG/ML	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
<b>Prokinetic Agents</b>		
<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	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA	3	NEDS
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
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 tbso 250mg, 500mg</i>	2	NEDS; SP-Optum Specialty
<i>deferasirox tbso 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
<b>Hormones and Synthetic Substitutes</b>		
<b>Adrenals</b>		
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 +rfid</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 sodium succinate inj 100mg</i>	2	
<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	

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QVAR REDIHALER	3	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	3	
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<b>Androgens</b>		
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	
<b>Antidiabetic Agents</b>		
<i>acarbose tabs</i>	2	
BYDUREON BCISE	3	PA
BYETTA	3	PA
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	2	
<i>glipizide er</i>	2	
<i>glipizide/metformin hydrochloride</i>	2	
<i>glipizide tabs 10mg, 5mg</i>	2	
<i>glyburide micronized</i>	2	
<i>glyburide/metformin hydrochloride</i>	2	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	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	

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JANUVIA	3	
JARDIANCE	3	
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	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	
<b><i>Antihypoglycemic Agents</i></b>		
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	

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GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	2	
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	
<b>Contraceptives</b>		
<i>amethia</i>	2	
<i>apri</i>	2	
<i>ashlyna</i>	2	
<i>aviane</i>	2	
<i>azurette</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>drospirenone/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>heather</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	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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	
<i>levonest</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	
<b>LEVONORGESTREL TABS 1.5MG</b>	4	EC
<i>levora 0.15/30-28</i>	2	
<b>LO LOESTRIN FE</b>	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 &amp; 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	
<b><i>Estrogens and Antiestrogens</i></b>		
<i>amabelz</i>	2	
<i>anastrozole</i>	2	
<b>COMBIPATCH</b>	3	
<b>DEPO-ESTRADIOL</b>	3	
<i>dotti</i>	2	

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ELESTRIN	3	
<i>estradiol</i>	2	
<i>estradiol valerate</i>	2	
<i>estradiol/norethindrone acetate</i>	2	
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	
<b>Gonadotropins and Antigonadotropins</b>		
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

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ORILISSA TABS 150MG	3	QL(30 EA per 30 days); PA; NEDS
ORILISSA TABS 200MG	3	QL(60 EA per 30 days); PA; NEDS
SYNAREL	3	NEDS
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	3	
TRELSTAR MIXJECT INJ 11.25MG	3	NEDS
<b>Parathyroid and Antiparathyroid Agents</b>		
<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
<b>Pituitary</b>		
CORTROPHIN	3	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
<b>Progestins</b>		
DEPO-SUBQ PROVERA 104	3	
<i>gallifrey</i>	2	
<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	
<b>Somatostatin Agonists and Antagonists</b>		
<i>lanreotide acetate</i>	2	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
<b>Somatotropin Agonists and Antagonists</b>		
EGRIFTA SV	3	PA; NEDS; SP-Optum Specialty
GENOTROPIN	3	PA; NEDS; SP-Optum Specialty

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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
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
<b>Thyroid and Antithyroid Agents</b>		
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	
SYNTHROID TABS	3	
THYQUIDITY	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	3	

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TIROSINT-SOL	3	
<i>unithroid</i>	2	
<b>Immunomodulatory Agents</b>		
<b><i>Disease-modifying Antirheumatic Drugs</i></b>		
OTEZLA TABS 20MG	3	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	3	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ	3	QL(360 ML per 30 days); PA; NEDS
<b>Local Anesthetics</b>		
<b><i>Local Anesthetics</i></b>		
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
<b>Miscellaneous Therapeutic Agents</b>		
<b><i>5-alpha-Reductase Inhibitors</i></b>		
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	2	
<b><i>Alcohol Deterrents</i></b>		
<i>disulfiram</i>	2	
<b><i>Antidotes</i></b>		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs</i>	2	
<b><i>Antigout Agents</i></b>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine caps, tabs</i>	2	
<i>febuxostat</i>	2	ST
GLOPERBA	3	
<b><i>Antisense Oligonucleotides</i></b>		
TEGSEDI	3	QL(6 ML per 30 days); PA; NEDS
<b><i>Bone Anabolic Agents</i></b>		
EVENITY	3	PA; NEDS
<b><i>Bone Resorption Inhibitors</i></b>		
<i>alendronate sodium soln</i>	2	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	2	
<i>ibandronate sodium</i>	2	
PROLIA	3	PA
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
XGEVA	3	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
<b><i>Carbonic Anhydrase Inhibitors</i></b>		

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<i>dichlorphenamide</i>	2	PA; NEDS
<b><i>Cariostatic Agents</i></b>		
DENTAGEL	4	EC
PREVIDENT 5000 BOOSTER PLUS	4	EC
PREVIDENT 5000 DRY MOUTH	4	EC
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
SODIUM FLUORIDE CHEW 0.25MG, 0.5MG, 1MG	4	EC
SODIUM FLUORIDE SOLN 0.5MG/ML	4	EC
<b><i>Disease-modifying Antirheumatic Drugs</i></b>		
COSENTYX SENSOREADY PEN	3	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	3	PA; NEDS
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; AbbVie labeled products only.
HUMIRA PEN-CD/UC/HS STARTER	3	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PS/UV STARTER	3	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.

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HUMIRA PEN INJ 80MG/0.8ML	3	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	3	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
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
ORENCIA INJ 125MG/ML	3	QL(4 ML per 28 days); PA; NEDS
OTEZLA TABS 30MG	3	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	3	QL(110 EA per 365 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	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
<b><i>Immunomodulatory Agents</i></b>		

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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 hydrochloride</i>	2	NEDS
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

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VUMERITY	3	NEDS; SP-Optum Specialty
ZEPOSIA	3	NEDS
ZEPOSIA 7-DAY STARTER PACK	3	NEDS
ZEPOSIA STARTER KIT	3	NEDS
<b><i>Immunosuppressive Agents</i></b>		
<i>azathioprine tabs</i>	2	PA BvD
BENLYSTA	3	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	2	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	2	PA BvD
ENVARUSUS 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
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	PA BvD
<b><i>Kallikrein-Kinin System Inhibitors</i></b>		
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
<b><i>Other Miscellaneous Therapeutic Agents</i></b>		
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

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EVRYSDI	3	PA; NEDS
FIRDAPSE	3	PA; NEDS
GALAFOLD	3	PA; NEDS
<i>l-glutamine</i>	2	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	3	PA; NEDS
REZUROCK	3	PA; NEDS
<i>sapropterin dihydrochloride</i>	2	PA; NEDS; SP-Optum Specialty
THIOLA EC	3	NEDS
<i>tiopronin dr</i>	2	NEDS
TYBOST	3	
VIJOICE TBPB 125MG, 50MG	3	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPB 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
<b>Protective Agents</b>		
MESNEX TABS	3	NEDS

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<b>Pharmaceutical Aids</b>		
<i>Pharmaceutical Aids</i>		
SIMPLE SYRUP SYRP 0	4	EC
<b>Respiratory Tract Agents</b>		
<i>Anti-inflammatory Agents</i>		
<i>cromolyn sodium conc 100mg/5ml</i>	2	
<i>cromolyn sodium nebu 20mg/2ml</i>	2	PA BvD; NEDS
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	3	PA; NEDS; SP-Optum Specialty
FASENRA PEN	3	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	3	PA
FASENRA INJ 30MG/ML	3	PA; NEDS
<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
<i>Antifibrotic Agents</i>		
ESBRIET CAPS	3	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
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
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
<b><i>Mucolytic Agents</i></b>		
PULMOZYME	3	PA BvD; NEDS; SP-Optum Specialty
SODIUM CHLORIDE NEBU 7%	4	EC
<b><i>Phosphodiesterase Type 4 Inhibitors</i></b>		
<i>roflumilast</i>	2	
<b><i>Respiratory Tract Agents, Miscellaneous</i></b>		
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
<b><i>Vasodilating Agents</i></b>		
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

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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
<b>Skin and Mucous Membrane Agents</b>		
<b><i>Anti-infectives</i></b>		
<i>clindamycin phosphate gel 1%</i>	2	
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	
<b><i>Anti-inflammatory Agents</i></b>		
CORTIFOAM FOAM	3	
<i>fluocinolone acetonide topical</i>	2	
<i>kourzeq</i>	2	
<b><i>Antipruritics and Local Anesthetics</i></b>		
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<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	
<b><i>Cell Stimulants and Proliferants</i></b>		
RETIN-A MICRO GEL 0.06%	3	PA
<i>tretinoin microsphere gel 0.08%</i>	2	PA
<b><i>Emollients, Demulcents, and Protectants</i></b>		
LANSINOH LANOLIN NIPPLE	4	EC
<b><i>Keratolytic Agents</i></b>		
<i>tazarotene crea 0.05%</i>	2	PA
<b><i>Skin and Mucous Membrane Agents, Misc</i></b>		
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	
<b>Skin and Mucous Membrane Preparations</b>		
<b><i>Anti-infectives</i></b>		
<i>acyclovir crea 5%</i>	2	
ANTI-DANDRUFF SHAMPOO	4	EC
BACITRACIN ZINC	4	EC

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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 pledgets</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	
<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
GYNAZOLE-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

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<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	
<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	
SULFAMYLON	3	
<i>terconazole</i>	2	

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TOLNAFTATE	4	EC
TOLNAFTATE ANTIFUNGAL	4	EC
TRIPLE ANTIBIOTIC	4	EC
<b>Anti-inflammatory Agents</b>		
<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>clocortolone 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	
<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	

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<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 enem 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>nystatin/triamcinolone acetonide</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	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	2	
UCERIS	3	
<b><i>Antipruritics and Local Anesthetics</i></b>		
<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 ptch</i>	2	QL(90 EA per 30 days); PA
<i>premium lidocaine</i>	2	QL(100 GM per 30 days)
<b><i>Astringents</i></b>		
DESITIN	4	EC
DR SMITHS DIAPER QUICK RELIEF	4	EC
ZINC OXIDE	4	EC

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<b>Cell Stimulants and Proliferants</b>		
<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
<b>Emollients, Demulcents, and Protectants</b>		
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
<b>Keratolytic Agents</b>		
GNP WART REMOVER	4	EC
WART REMOVER MAXIMUM STRENGTH	4	EC
<b>Skin and Mucous Membrane Agents, Misc</b>		
<i>accutane</i>	2	
<i>acitretin</i>	2	
<i>adapalene</i>	2	PA
<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	

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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 crea 0.1%</i>	2	PA
<i>tazarotene foam 0.1%</i>	2	PA
<i>tazarotene gel 0.05%, 0.1%</i>	2	PA
TAZORAC	3	PA
VALCHLOR	3	NEDS; SP-Optum Specialty
WINLEVI	3	PA
ZENATANE	2	
<b>Smooth Muscle Relaxants</b>		
<b><i>Genitourinary Smooth Muscle Relaxants</i></b>		
<i>darifenacin hydrobromide er</i>	2	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	2	
GEMTESA	3	
<i>mirabegron er</i>	2	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	

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<i>tropium chloride</i>	2	
<i>tropium chloride er</i>	2	
<b>Respiratory Smooth Muscle Relaxants</b>		
<i>elixophyllin</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline elix</i>	2	
<b>Vitamins</b>		
<b>Multivitamin Preparations</b>		
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
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

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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; 0	4	EC
VITAMINS A & D	4	EC
ZINC LOZG 100MG; 10MG; 50MG; 500UNIT; 15MG	4	EC
<b>Vitamin A</b>		
VITAMIN A PALMITATE TABS	4	EC
VITAMIN A CAPS 10000UNIT, 8000UNIT	4	EC
<b>Vitamin B Complex</b>		
B COMPLEX CAPS 5MG; 1MCG; 60MG; 20MG; 0.5MG; 3MG; 3MG; 60MG	4	EC
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 CPR 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	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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
<b><i>Vitamin C</i></b>		
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
VITAMIN C SOLR 0	4	EC
VITAMIN C TABS 1000MG, 100MG, 250MG, 500MG	4	EC
<b><i>Vitamin D</i></b>		
<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

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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
<b><i>Vitamin E</i></b>		
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
<b><i>Vitamin K Activity</i></b>		
PHYTONADIONE TABS	4	EC
VITAMIN K1 INJ 10MG/ML, 1MG/0.5ML	4	EC

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<i>abacavir sulfate/lamivudine</i>	6	<i>alclometasone dipropionate</i>	71
<i>abacavir sulfate/lamivudine/zidovudine</i>	6	<i>alcohol prep pads</i>	39
ABELCET	5	ALECENSA	10
ABILIFY ASIMTUFI	35	<i>alendronate sodium</i>	60
ABILIFY MAINTENA	35	<i>alfuzosin hcl er</i>	19
ABILIFY MYCITE	35	ALIGN	47
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<i>acarbose</i>	53	<i>alose tron hydrochloride</i>	47
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STRENGTH		<i>alyq</i>	26
<i>acetaminophen/codeine</i>	26	<i>amabelz</i>	56
<i>acetazolamide</i>	46	<i>amantadine hcl</i>	33
<i>acetazolamide er</i>	46	<i>ambrisentan</i>	67
<i>acetic acid</i>	46	<i>amcinonide</i>	71
<i>acetic acid 0.25%</i>	42	AMERIDERM PERISHIELD	73
<i>acetylcysteine</i>	60	<i>amethia</i>	55
<i>acitretin</i>	73	<i>amikacin sulfate</i>	2
ACTHIB	17	<i>amiloride hcl</i>	41
ACTIMMUNE	63	<i>amiloride/hydrochlorothiazide</i>	41
<i>acyclovir</i>	6	<i>aminocaproic acid</i>	21
<i>acyclovir</i>	68	AMINOSYN II	40
<i>acyclovir sodium</i>	6	AMINOSYN-PF 7%	40
ADACEL	17	<i>amiodarone hydrochloride</i>	24
<i>adapalene</i>	73	<i>amitriptyline hcl</i>	35
<i>adefovir dipivoxil</i>	6	<i>amitriptyline hydrochloride</i>	35
ADEMPAS	67	<i>amlodipine besylate</i>	24
ADTHYZA	59	<i>amlodipine besylate/atorvastatin calcium</i>	24
AIMOVIG	32	<i>amlodipine besylate/benazepril</i>	24
AKEEGA	10	<i>hydrochloride</i>	
<i>ala-cort</i>	71	<i>amlodipine besylate/valsartan</i>	24
<i>albendazole</i>	2	<i>amlodipine/olmesartan medoxomil</i>	24
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<i>amphetamine/dextroamphetamine</i>	30	<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>	47
<i>ampicillin sodium</i>	2	ATROVENT HFA	18
<i>ampicillin/sulbactam</i>	2	AUBAGIO	63
<i>ampicillin-sulbactam</i>	2	AUGMENTIN	2
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ANTACID MAXIMUM STRENGTH	47	KIT	
ANTACID ULTRA STRENGTH	47	AUVELITY	35
ANTACID/ANTIGAS LIQUID	47	AVEED	53
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APLENZIN	35	<i>avita</i>	73
<i>apraclonidine</i>	46	AVONEX	63
<i>aprepitant</i>	48	AVONEX PEN	63
<i>apri</i>	55	AVYCAZ	2
APTIOM	30	AYVAKIT	10
APTIVUS	6	AZASITE	44
ARCALYST	64	<i>azathioprine</i>	64
AREXVY	17	<i>azelaic acid</i>	73
<i>arformoterol tartrate</i>	20	<i>azelastine hcl</i>	45
ARIKAYCE	2	<i>azelastine hydrochloride</i>	45
<i>aripiprazole</i>	35	AZELEX	73
<i>aripiprazole odt</i>	35	<i>azithromycin</i>	2
ARISTADA	35	<i>aztreonam</i>	2
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<i>armodafinil</i>	30	B COMPLEX	75
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<i>ashlyna</i>	55	BACITRACIN ZINC	68
ASPIRIN	27	<i>bacitracin/polymyxin b</i>	44
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<i>1/2"</i>		BISMUTH	47
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	39	<i>bismuth subcitrate</i>	48
<i>5/16"</i>		<i>pot/metronidazole/tetracycline hydrochlo</i>	
<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	39	<i>bisoprolol fumarate</i>	23
<i>12.7mm</i>		<i>bisoprolol fumarate/hydrochlorothiazide</i>	23
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	39	BIVIGAM	17
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	39	BOOSTRIX	17
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	39	<i>bortezomib</i>	10
<i>bd pen needle/original/ultra-fine/29g x</i>	39	<i>bosentan</i>	67
<i>12.7mm</i>		BOSULIF	10
BELBUCA	27	BP WASH	69
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<i>benazepril hcl</i>	25	BREO ELLIPTA	51
<i>benazepril hydrochloride</i>	25	BREYNA	51
<i>benazepril</i>	25	BREZTRI AEROSPHERE	52
<i>hydrochloride/hydrochlorothiazide</i>		<i>briellyn</i>	55
BENLYSTA	64	BRILINTA	21
BENZNIDAZOLE	6	<i>brimonidine tartrate</i>	46
BENZOYL PEROXIDE	69	<i>brimonidine tartrate/timolol maleate</i>	46
BENZOYL PEROXIDE WASH	69	<i>brinzolamide</i>	46
<i>benztropine mesylate</i>	33	BRIVIACT	30
<i>bepotastine besilate</i>	45	<i>bromfenac</i>	44
BERINERT	64	<i>bromfenac sodium</i>	44
BESIVANCE	44	<i>bromocriptine mesylate</i>	33
BESREMI	10	BROMSITE	44
<i>betaine anhydrous</i>	64	BRONCHITOL	67
<i>betamethasone dipropionate</i>	71	BRUKINSA	10
<i>betamethasone dipropionate augmented</i>	71	<i>budesonide</i>	52
<i>betamethasone valerate</i>	71	<i>budesonide</i>	71
BETASERON	63	<i>budesonide er</i>	52
<i>betaxolol hcl</i>	23	BUDESONIDE NASAL SPRAY	44
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<i>bexarotene</i>	10	<i>buprenorphine hydrochloride/naloxone</i>	27
<i>bexarotene</i>	73	<i>hydrochloride</i>	
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C COMPLEX	75	<i>caspofungin acetate</i>	5
<i>cabergoline</i>	33	CAYSTON	2
CABLIVI	21	<i>cefaclor</i>	2
CABOMETYX	10	<i>cefadroxil</i>	2
CALAMINE	73	<i>cefazolin</i>	2
<i>calcipotriene</i>	73	<i>cefazolin sodium</i>	2
<i>calcipotriene/betamethasone dipropionate</i>	71	<i>cefazolin sodium/dextrose</i>	2
<i>calcitonin salmon</i>	58	<i>cefazolin/dextrose</i>	2
<i>calcitonin-salmon</i>	58	<i>cefdinir</i>	2
<i>calcitriol</i>	73	<i>cefepime</i>	2
<i>calcitriol</i>	77	<i>cefepime hydrochloride</i>	2
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<i>calcium acetate</i>	42	<i>cefoxitin sodium</i>	2
CALCIUM ANTACID	47	<i>cefpodoxime proxetil</i>	3
CALCIUM ASCORBATE	77	<i>cefprozil</i>	3
CALCIUM CARBONATE	42	<i>ceftazidime</i>	3
CALCIUM CARBONATE	47	<i>ceftriaxone in iso-osmotic dextrose</i>	3
CALCIUM CITRATE	42	<i>ceftriaxone sodium</i>	3
CALCIUM GLUCONATE	42	<i>ceftriaxone/dextrose</i>	3
CALCIUM HIGH POTENCY	42	<i>cefuroxime axetil</i>	3
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CALQUENCE	10	<i>celecoxib</i>	27
<i>camila</i>	55	CELONTIN	30
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CAPSAICIN	73	CETIRIZINE	9
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<i>chlordiazepoxide/amitriptyline</i>	35	CLINIMIX 4.25%/DEXTROSE 10%	40
<i>chlorhexidine gluconate</i>	44	CLINIMIX 4.25%/DEXTROSE 5%	40
<i>chloroquine phosphate</i>	6	CLINIMIX 5%/DEXTROSE 15%	40
CHLORPHENIRAMINE MALEATE	9	CLINIMIX 5%/DEXTROSE 20%	40
<i>chlorpromazine hcl</i>	35	CLINIMIX 6/5	40
<i>chlorpromazine hydrochloride</i>	35	CLINIMIX 8/10	40
<i>chlorthalidone</i>	41	CLINIMIX E 2.75%/DEXTROSE 5%	40
CHOCOLATED LAXATIVE REGULAR	49	CLINIMIX E 4.25%/DEXTROSE 10%	40
STRENGTH		CLINIMIX E 4.25%/DEXTROSE 5%	40
CHOLBAM	51	CLINIMIX E 5%/DEXTROSE 15%	40
<i>cholestyramine</i>	22	CLINIMIX E 5%/DEXTROSE 20%	40
<i>cholestyramine light</i>	22	CLINIMIX E 8/10	40
<i>ciclopirox</i>	69	CLINISOL SF 15%	40
<i>ciclopirox nail lacquer</i>	69	<i>clobazam</i>	30
<i>ciclopirox olamine</i>	69	<i>clobetasol propionate</i>	71
<i>cidofovir</i>	6	<i>clobetasol propionate e</i>	71
<i>cilostazol</i>	21	<i>clobetasol propionate emollient</i>	71
CIMDUO	6	<i>clocortolone pivalate</i>	71
<i>cimetidine</i>	48	<i>clodan</i>	71
<i>cinacalcet hydrochloride</i>	58	<i>clomipramine hydrochloride</i>	35
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<i>ciprofloxacin</i>	44	<i>clonidine</i>	25
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<i>ciprofloxacin hydrochloride</i>	3	<i>clonidine hydrochloride er</i>	25
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<i>ciprofloxacin i.v.-in d5w</i>	3	<i>clorazepate dipotassium</i>	33
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<i>clarithromycin er</i>	3	COARTEM	6
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<i>clindacin-p</i>	69	<i>colestipol hcl</i>	22
<i>clindamycin hcl</i>	3	<i>colistimethate sodium</i>	3
<i>clindamycin hydrochloride</i>	3	COMBIPATCH	56
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COPIKTRA	11	<i>dasatinib</i>	11
CORDRAN	71	DAURISMO	11
CORLANOR	24	DAYVIGO	33
CORTIFOAM	68	DDROPS	77
CORTISPORIN-TC	44	<i>deblitane</i>	55
CORTROPHIN	58	<i>deferasirox</i>	51
COSENTYX	61	<i>deferiprone</i>	51
COSENTYX SENSOREADY PEN	61	DELSTRIGO	6
COSENTYX UNOREADY	61	<i>demeclocycline hcl</i>	3
COTELLIC	11	DENGVAXIA	17
CREON	50	DENTAGEL	61
<i>cromolyn sodium</i>	46	DEPO-ESTRADIOL	56
<i>cromolyn sodium</i>	66	DEPO-MEDROL	52
CULTURELLE	47	DEPO-SUBQ PROVERA 104	58
CULTURELLE DIGESTIVE HEALTH	47	DESCOVY	6
CULTURELLE KIDS	47	<i>desipramine hydrochloride</i>	36
<i>curity gauze pads 2"x2" 12 ply</i>	39	DESITIN	72
CUVITRU	17	<i>desloratadine</i>	9
CYANOCOBALAMIN	76	<i>desloratadine odt</i>	10
<i>cyclobenzaprine hydrochloride</i>	19	<i>desmopressin acetate</i>	58
<i>cyclopentolate hcl</i>	47	<i>desogestrel/ethinyl estradiol</i>	55
<i>cyclopentolate hydrochloride</i>	47	<i>desonide</i>	71
<i>cyclophosphamide</i>	11	<i>desoximetasone</i>	71
CYCLOSET	53	DESRX	71
<i>cyclosporine</i>	44	<i>desvenlafaxine er</i>	36
<i>cyclosporine</i>	64	DEX4 FAST ACTING GLUCOSE	54
<i>cyclosporine modified</i>	64	DEX4 FAST ACTING GLUCOSE GO-POUCH	54
<i>cyproheptadine hcl</i>	9	<i>dexamethasone</i>	52
<i>cyproheptadine hydrochloride</i>	9	<i>dexamethasone 10-day dose pack</i>	52
CYSTAGON	64	<i>dexamethasone 13-day dose pack</i>	52
CYSTARAN	46	<i>dexamethasone 6-day dose pack</i>	52
D 5000	77	<i>dexamethasone intensol</i>	52
D-5000	77	<i>dexamethasone sodium phosphate</i>	44
<i>dabigatran etexilate</i>	21	<i>dexamethasone sodium phosphate</i>	52
DAIRY RELIEF	50	<i>dexamethasone sodium phosphate +rfid</i>	52
<i>dalfampridine er</i>	64	DEXLANSOPRAZOLE	48
DALVANCE	3	<i>dexmethylphenidate hcl</i>	30
<i>danazol</i>	53	<i>dexmethylphenidate hcl er</i>	30
<i>dantrolene sodium</i>	19	<i>dexmethylphenidate hydrochloride</i>	30
<i>dapsone</i>	5	<i>dexmethylphenidate hydrochloride er</i>	30
DAPTACEL	17	<i>dextroamphetamine sulfate</i>	30
<i>daptomycin</i>	3		

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<i>dextroamphetamine sulfate er</i>	30	<i>diltiazem hydrochloride er</i>	24
<i>dextrose 10%</i>	40	<i>dilt-xr</i>	24
<i>dextrose 10%/sodium chloride 0.2%</i>	42	<i>dimethyl fumarate</i>	63
<i>dextrose 10%/sodium chloride 0.45%</i>	42	<i>dimethyl fumarate starterpack</i>	63
<i>dextrose 2.5%/sodium chloride 0.45%</i>	42	DIPHENHYDRAMINE HCL	9
<i>dextrose 5%</i>	40	DIPHENHYDRAMINE	9
<i>dextrose 5%/sodium chloride 0.2%</i>	42	HYDROCHLORIDE	
<i>dextrose 5%/sodium chloride 0.3%</i>	42	<i>diphtheria/tetanus toxoids adsorbed</i>	17
<i>dextrose 5%/sodium chloride 0.33%</i>	42	<i>pediatric</i>	
<i>dextrose 5%/sodium chloride 0.45%</i>	42	<i>dipyridamole</i>	26
<i>dextrose 5%/sodium chloride 0.9%</i>	42	<i>disopyramide phosphate</i>	25
<i>dextrose 50%</i>	40	<i>disulfiram</i>	60
<i>dextrose 70%</i>	40	<i>divalproex sodium</i>	31
<i>dextrose/sodium chloride</i>	42	<i>divalproex sodium dr</i>	30
DIACOMIT	30	<i>divalproex sodium er</i>	30
DIALYVITE VITAMIN D3 MAX	77	<i>docetaxel</i>	11
<i>diazepam</i>	33	DOCUSATE CALCIUM	49
<i>diazepam intensol</i>	33	DOCUSATE MINI	49
<i>diazepam rectal gel</i>	33	DOCUSATE SODIUM	49
<i>diazoxide</i>	54	<i>dofetilide</i>	25
<i>dichlorphenamide</i>	61	<i>donepezil hcl</i>	19
<i>diclofenac epolamine</i>	27	<i>donepezil hydrochloride</i>	19
<i>diclofenac potassium</i>	27	DOPTELET	21
<i>diclofenac sodium</i>	44	<i>dorzolamide hcl/timolol maleate</i>	46
<i>diclofenac sodium</i>	71	<i>dorzolamide hydrochloride</i>	46
<i>diclofenac sodium dr</i>	27	<i>dorzolamide hydrochloride/timolol maleate</i>	46
<i>diclofenac sodium er</i>	27	<i>pf</i>	
<i>diclofenac sodium/misoprostol</i>	27	<i>dotti</i>	56
<i>dicloxacillin sodium</i>	3	DOVATO	6
<i>dicyclomine hcl</i>	18	<i>doxazosin mesylate</i>	22
<i>dicyclomine hydrochloride</i>	18	<i>doxepin hcl</i>	36
DIFICID	3	<i>doxepin hydrochloride</i>	36
<i>diflorasone diacetate</i>	71	<i>doxepin hydrochloride</i>	72
<i>diflunisal</i>	27	<i>doxercalciferol</i>	77
<i>difluprednate</i>	44	DOXY 100	3
<i>digitek</i>	24	<i>doxycycline</i>	3
<i>digox</i>	24	<i>doxycycline hyclate</i>	3
<i>digoxin</i>	25	<i>doxycycline hyclate dr</i>	3
<i>dihydroergotamine mesylate</i>	20	<i>doxycycline monohydrate</i>	3
DILANTIN	30	DR SMITHS DIAPER QUICK RELIEF	72
DILANTIN INFATABS	30	DRIZALMA SPRINKLE	36
DILANTIN-125	30	<i>dronabinol</i>	48
<i>diltiazem hcl</i>	24	<i>drospirenone/ethinyl estradiol</i>	55
<i>diltiazem hcl cd</i>	24	DROXIA	11
<i>diltiazem hcl er</i>	24	<i>droxidopa</i>	20
<i>diltiazem hydrochloride</i>	24	<i>duloxetine hcl</i>	36

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<i>duloxetine hydrochloride</i>	36	ENTRESTO	25
DUPIXENT	66	<i>enulose</i>	40
DUPIXENT	73	ENVARUSUS XR	64
<i>dutasteride</i>	60	EPCLUSA	7
<i>dutasteride/tamsulosin hydrochloride</i>	60	EPIDIOLEX	31
<i>ec-naproxen</i>	27	<i>epinastine hcl</i>	46
<i>econazole nitrate</i>	69	<i>epinephrine</i>	20
ED CHLORPED JR	9	<i>epitol</i>	31
EDURANT	7	<i>eplerenone</i>	25
<i>efavirenz</i>	7	EPRONTIA	31
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	EPSOM SALT	49
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	EQUETRO	31
<i>effek</i>	42	ERGOCALCIFEROL	77
EGRIFTA SV	58	<i>ergoloid mesylates</i>	20
ELESTRIN	57	ERIVEDGE	11
<i>eletriptan hydrobromide</i>	32	ERLEADA	11
ELIGARD	57	<i>erlotinib hydrochloride</i>	11
ELIQUIS	21	<i>errin</i>	55
ELIQUIS STARTER PACK	21	<i>ertapenem</i>	3
<i>elixophyllin</i>	75	<i>ertapenem sodium</i>	3
ELMIRON	64	<i>ery</i>	69
<i>eluryng</i>	55	<i>erythromycin</i>	44
EMCYT	11	<i>erythromycin</i>	69
EMGALITY	32	<i>erythromycin base</i>	3
EMSAM	33	<i>erythromycin dr</i>	3
<i>emtricitabine</i>	7	<i>erythromycin ethylsuccinate</i>	3
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>erythromycin/benzoyl peroxide</i>	69
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	ESBRIET	66
EMTRIVA	7	<i>escitalopram oxalate</i>	36
<i>enalapril maleate</i>	25	<i>esomeprazole magnesium</i>	48
<i>enalapril maleate/hydrochlorothiazide</i>	25	<i>estazolam</i>	33
ENBREL	61	<i>estradiol</i>	57
ENBREL MINI	61	<i>estradiol valerate</i>	57
ENBREL SURECLICK	61	<i>estradiol/norethindrone acetate</i>	57
ENDARI	64	ESTRING	57
<i>endocet</i>	27	<i>eszopiclone</i>	33
ENDUR-ACIN	76	<i>ethacrynic acid</i>	41
ENDUR-AMIDE	76	<i>ethambutol hydrochloride</i>	5
ENEMA READY-TO-USE	49	<i>ethosuximide</i>	31
ENGERIX-B	17	<i>etodolac</i>	27
<i>enilloring</i>	55	<i>etodolac er</i>	27
<i>enoxaparin sodium</i>	21	<i>etonogestrel/ethinyl estradiol</i>	55
<i>entacapone</i>	33	<i>etravirine</i>	7
<i>entecavir</i>	7	EUCRISA	71
		<i>euthyrox</i>	59
		EVAC	49

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EVAMIST	57	FINTEPLA	31
EVENITY	60	<i>finzala</i>	55
<i>everolimus</i>	11	FIRDAPSE	65
<i>everolimus</i>	64	FIRMAGON	57
EVOTAZ	7	FIRVANQ	3
EVRYSI	65	<i>flac</i>	44
<i>exemestane</i>	57	FLAREX	45
EXKIVITY	11	<i>flavoxate hcl</i>	74
EXSERVAN	34	FLEBOGAMMA DIF	17
EXTAVIA	63	<i>flecainide acetate</i>	25
<i>ezetimibe</i>	22	FLEET BISACODYL	49
<i>ezetimibe/simvastatin</i>	22	FLEET PEDIATRIC	49
<i>falmina</i>	55	FLOLIPID	22
<i>famciclovir</i>	7	FLORASTOR	48
<i>famotidine</i>	48	FLORASTOR KIDS	47
FAMOTIDINE MAXIMUM STRENGTH	48	FLORASTOR SELECT IMMUNITY	48
FAMOTIDINE ORIGINAL STRENGTH	48	BOOST	
FANAPT	36	FLOVENT DISKUS	52
FANAPT TITRATION PACK	36	<i>fluconazole</i>	5
FARXIGA	53	<i>fluconazole in sodium chloride</i>	5
FASENRA	66	<i>flucytosine</i>	5
FASENRA PEN	66	<i>fludrocortisone acetate</i>	52
<i>febuxostat</i>	60	<i>flunisolide</i>	45
<i>felbamate</i>	31	<i>fluocinolone acetonide</i>	45
<i>felodipine er</i>	24	<i>fluocinolone acetonide</i>	71
FEMRING	57	<i>fluocinolone acetonide body</i>	71
<i>fenofibrate</i>	22	<i>fluocinolone acetonide scalp</i>	71
<i>fenofibrate micronized</i>	22	<i>fluocinolone acetonide topical</i>	68
<i>fenofibric acid dr</i>	22	<i>fluocinonide</i>	71
<i>fentanyl</i>	27	<i>fluocinonide emulsified base</i>	71
<i>fentanyl citrate</i>	27	<i>fluorometholone</i>	45
<i>fentanyl citrate oral transmucosal</i>	27	<i>fluorouracil</i>	73
FERROUS GLUCONATE	20	<i>fluoxetine dr</i>	36
FERROUS SULFATE	20	<i>fluoxetine hydrochloride</i>	36
<i>fesoterodine fumarate er</i>	74	<i>fluphenazine decanoate</i>	36
FETZIMA	36	<i>fluphenazine hcl</i>	36
FETZIMA TITRATION PACK	36	<i>fluphenazine hydrochloride</i>	36
FEVERALL INFANTS	27	<i>flurazepam hcl</i>	34
FEVERALL JUNIOR STRENGTH	27	<i>flurazepam hydrochloride</i>	34
FEXOFENADINE	10	<i>flurbiprofen</i>	27
HYDROCHLORIDE/PSEUDOEPHEDRIN		<i>flurbiprofen sodium</i>	45
E HYDROCHLORIDE ER		<i>flutamide</i>	11
FIBER	49	<i>fluticasone propionate</i>	45
FIBER TABS	49	<i>fluticasone propionate</i>	71
<i>finasteride</i>	60	<i>fluticasone propionate diskus</i>	52
<i>fingolimod hydrochloride</i>	63	<i>fluticasone propionate hfa</i>	52

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<i>fluticasone propionate/salmeterol</i>	20	GENGRAF	64
<i>fluticasone propionate/salmeterol diskus</i>	20	GENOTROPIN	58
<i>fluvastatin</i>	22	GENOTROPIN MINIQUICK	59
<i>fluvastatin sodium er</i>	22	<i>gentak</i>	44
<i>fluvoxamine maleate</i>	36	<i>gentamicin sulfate</i>	3
<i>fluvoxamine maleate er</i>	36	<i>gentamicin sulfate</i>	44
FML	45	<i>gentamicin sulfate</i>	69
FML FORTE	45	<i>gentamicin sulfate/0.9% sodium chloride</i>	3
FOLIC ACID	76	GENVOYA	7
<i>fondaparinux sodium</i>	21	GILOTRIF	12
<i>formoterol fumarate</i>	20	GLEOSTINE	12
FORTEO	58	<i>glimepiride</i>	53
<i>fosamprenavir calcium</i>	7	<i>glipizide</i>	53
<i>fosfomycin tromethamine</i>	9	<i>glipizide er</i>	53
<i>fosinopril sodium</i>	25	<i>glipizide/metformin hydrochloride</i>	53
<i>fosinopril sodium/hydrochlorothiazide</i>	25	GLOPERBA	60
FOTIVDA	11	GLUCAGEN HYPOKIT	55
FRAGMIN	21	GLUCAGON EMERGENCY KIT	55
FREAMINE III	41	GLUCAGON EMERGENCY KIT FOR	55
<i>frovatriptan succinate</i>	32	LOW BLOOD SUGAR	
FRUZAQLA	11	GLUCOSE	55
<i>furosemide</i>	41	GLUTOSE 5	55
FUZEON	7	<i>glyburide</i>	53
<i>fyavolv</i>	57	<i>glyburide micronized</i>	53
FYCOMPA	31	<i>glyburide/metformin hydrochloride</i>	53
<i>gabapentin</i>	31	GLYCERIN ADULT	49
GALAFOLD	65	GLYCERIN ADULT	49
<i>galantamine hydrobromide</i>	19	GLYCERIN INFANTS & CHILDREN	49
<i>galantamine hydrobromide er</i>	19	<i>glycopyrrolate</i>	18
<i>gallifrey</i>	58	<i>glydo</i>	68
GAMMAGARD LIQUID	17	GLYXAMBI	53
GAMMAKED	17	GNP ALLERGY RELIEF	9
GAMMAPLEX	17	GNP ANTACID & ANTI-GAS	47
GAMUNEX-C	17	MAXIMUM STRENGTH	
GARDASIL 9	17	GNP ANTI-DIARRHEAL	48
<i>gatifloxacin</i>	44	GNP BEST FIBER	49
GATTEX	51	GNP BUDESONIDE NASAL SPRAY	45
<i>gauze pads 2"x2"</i>	39	GNP CLOTRIMAZOLE 3	69
<i>gavilyte-c</i>	49	GNP FAST ACTING DAIRY RELIEF	50
<i>gavilyte-g</i>	49	GNP FIBER POWDER	49
<i>gavilyte-n/flavor pack</i>	49	GNP GLYCERIN ADULT	49
GAVRETO	11	GNP GLYCERIN CHILD	49
<i>gefitinib</i>	11	GNP HYDROCORTISONE	71
<i>gemfibrozil</i>	22	GNP HYDROCORTISONE MAXIMUM	71
GEMTESA	74	STRENGTH	
<i>generlac</i>	40	GNP HYDROGEN PEROXIDE	69

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GNP IBUPROFEN CHILDRENS	27	HETLIOZ LQ	34
GNP IBUPROFEN INFANTS	28	HIBERIX	17
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	39	HIBICLENS	69
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	39	HIZENTRA	17
GNP NAPROXEN	28	HM ANTISEPTIC SKIN CLEANSER	69
GNP PINK BISMUTH	48	HM BACITRACIN	69
GNP TRIPLE ANTIBIOTIC PLUS	69	HM ENEMA MINERAL OIL	49
GNP VITAMIN E WATER DISPERSIBLE	78	HM NAPROXEN SODIUM	28
GNP WART REMOVER	73	HORIZANT	31
GOCOVRI	33	HUMALOG	53
GOODSENSE ANTACID/EXTRA	47	HUMALOG JUNIOR KWIKPEN	53
STRENGTH		HUMALOG KWIKPEN	53
GOODSENSE ASPIRIN	28	HUMALOG MIX 50/50	53
GOODSENSE GLUCOSE	55	HUMALOG MIX 50/50 KWIKPEN	53
GOODSENSE IBUPROFEN CHILDRENS	28	HUMALOG MIX 75/25	53
GOODSENSE IBUPROFEN INFANTS	28	HUMALOG MIX 75/25 KWIKPEN	53
GOODSENSE MAGNESIUM CITRATE	49	HUMIRA	62
GOODSENSE NICOTINE	19	HUMIRA PEDIATRIC CROHNS	61
GOODSENSE NICOTINE GUM	19	DISEASE STARTER PACK	
GOODSENSE NICOTINE POLACRILEX	19	HUMIRA PEN	62
GUM		HUMIRA PEN-CD/UC/HS STARTER	61
<i>granisetron hydrochloride</i>	48	HUMIRA PEN-PEDIATRIC UC	61
<i>griseofulvin microsize</i>	5	STARTER PACK	
<i>griseofulvin ultramicrosize</i>	5	HUMIRA PEN-PS/UV STARTER	61
<i>guanfacine hydrochloride er</i>	34	HUMULIN 70/30	53
GVOKE HYPOPEN 1-PACK	55	HUMULIN 70/30 KWIKPEN	53
GVOKE HYPOPEN 2-PACK	55	HUMULIN N	53
GVOKE KIT	55	HUMULIN N KWIKPEN	53
GVOKE PFS	55	HUMULIN R	53
GYNAZOLE-1	69	HUMULIN R U-500 (CONCENTRATED)	53
HAEGARDA	64	HUMULIN R U-500 KWIKPEN	53
<i>halcinonide</i>	71	<i>hydralazine hcl</i>	25
<i>halobetasol propionate</i>	72	<i>hydralazine hydrochloride</i>	25
<i>haloette</i>	55	<i>hydrochlorothiazide</i>	41
<i>haloperidol</i>	36	<i>hydrocodone bitartrate er</i>	28
<i>haloperidol decanoate</i>	36	<i>hydrocodone bitartrate/acetaminophen</i>	28
<i>haloperidol lactate</i>	36	<i>hydrocodone/acetaminophen</i>	28
HARVONI	7	<i>hydrocodone/ibuprofen</i>	28
HAVRIX	17	<i>hydrocortisone</i>	52
HEALTHY KIDS COD LIVER	75	HYDROCORTISONE	72
OIL/VITAMIN D		<i>hydrocortisone acetate/pramoxine</i>	72
<i>heather</i>	55	<i>hydrocortisone butyrate</i>	72
<i>heparin sodium</i>	21	<i>hydrocortisone sodium succinate</i>	52
<i>heparin sodium/d5w</i>	21	<i>hydrocortisone valerate</i>	72
HEPATAMINE	41	<i>hydrocortisone/acetic acid</i>	45
HEPLISAV-B	17	HYDROGEN PEROXIDE	69

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HYDROLATUM	73	INTRALIPID	41
<i>hydromorphone hcl</i>	28	INTRAROSA	52
<i>hydromorphone hcl er</i>	28	INTRON A	12
<i>hydromorphone hydrochloride er</i>	28	<i>introvale</i>	55
HYDROPHILIC PETROLATUM	73	INVEGA HAFYERA	36
<i>hydroxychloroquine sulfate</i>	6	INVEGA SUSTENNA	36
<i>hydroxyurea</i>	12	INVEGA TRINZA	36
<i>hydroxyzine hcl</i>	34	INVELTYS	45
<i>hydroxyzine hydrochloride</i>	34	IODINE TINCTURE MILD	68
<i>hydroxyzine pamoate</i>	34	IODINE TINCTURE STRONG	69
HYFTOR	73	DECOLORIZED	
<i>ibandronate sodium</i>	60	IPOL INACTIVATED IPV	18
IBRANCE	12	<i>ipratropium bromide</i>	18
<i>ibu</i>	28	<i>ipratropium bromide/albuterol sulfate</i>	20
IBUPROFEN	28	<i>irbesartan</i>	25
<i>icatibant acetate</i>	64	<i>irbesartan/hydrochlorothiazide</i>	25
<i>iclevia</i>	55	IRESSA	12
ICLUSIG	12	IRON	20
<i>icosapent ethyl</i>	23	IRON POLYSACCHARIDE COMPLEX	20
IDHIFA	12	ISENTRESS	7
ILEVRO	45	ISENTRESS HD	7
<i>imatinib mesylate</i>	12	<i>isoniazid</i>	5
IMBRUVICA	12	ISOPROPYL ALCOHOL	69
<i>imipenem/cilastatin</i>	3	ISOPROPYL RUBBING ALCOHOL	69
<i>imipramine hcl</i>	36	<i>isosorbide dinitrate</i>	26
<i>imipramine hydrochloride</i>	36	<i>isosorbide dinitrate/hydralazine</i>	26
<i>imipramine pamoate</i>	36	<i>hydrochloride</i>	
<i>imiquimod</i>	73	<i>isosorbide mononitrate</i>	26
<i>imiquimod pump</i>	73	<i>isosorbide mononitrate er</i>	26
IMOVAX RABIES (H.D.C.V.)	17	<i>isotonic gentamicin</i>	4
IMPAVIDO	6	<i>isotretinoin</i>	73
IMVEXXY MAINTENANCE PACK	57	<i>isradipine</i>	24
IMVEXXY STARTER PACK	57	<i>itraconazole</i>	5
INBRIJA	33	<i>ivabradine hydrochloride</i>	25
INCRELEX	59	<i>ivermectin</i>	2
INCRUSE ELLIPTA	18	<i>ivermectin</i>	70
<i>indapamide</i>	42	IWILFIN	12
<i>indomethacin</i>	28	IXCHIQ	18
<i>indomethacin er</i>	28	IXIARO	18
INFANRIX	17	JAKAFI	12
INGREZZA	38	<i>jantoven</i>	21
INLYTA	12	JANUMET	53
INQOVI	12	JANUMET XR	53
INREBIC	12	JANUVIA	54
INSTACLEAN	69	JARDIANCE	54
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JENTADUETO	54	<i>klor-con/ef</i>	43
JENTADUETO XR	54	KONDREMUL	49
<i>jinteli</i>	57	KONSYL DAILY FIBER	49
<i>joyeaux</i>	55	KORLYM	54
JULUCA	7	KOSELUGO	12
<i>junel 1.5/30</i>	55	<i>kourzeq</i>	68
<i>junel 1/20</i>	55	KP FERROUS GLUCONATE	20
<i>junel fe 1.5/30</i>	55	KP FOLIC ACID	76
<i>junel fe 1/20</i>	55	KP PSEUDOEPHEDRINE HCL	20
<i>junel fe 24</i>	55	K-PHOS	43
JUXTAPID	23	<i>k-prime</i>	43
JYLAMVO	12	KRAZATI	12
JYNNEOS	18	KRISTALOSE	40
KALYDECO	67	KYNMOBI	33
<i>kariva</i>	55	KYPROLIS	12
<i>kcl 0.075%/d5w/nacl 0.45%</i>	43	<i>labetalol hydrochloride</i>	23
<i>kcl 0.15%/d5w/nacl 0.2%</i>	43	<i>lacosamide</i>	31
<i>kcl 0.15%/d5w/nacl 0.45%</i>	43	LACTASE FAST ACTING	50
<i>kcl 0.15%/d5w/nacl 0.9%</i>	43	<i>lactated ringers</i>	43
<i>kcl 0.3%/d5w/nacl 0.45%</i>	43	<i>lactulose</i>	40
<i>kcl 0.3%/d5w/nacl 0.9%</i>	43	LAGEVRIO	7
<i>kelnor 1/35</i>	55	<i>lamivudine</i>	7
<i>kenalog-10</i>	52	<i>lamivudine/zidovudine</i>	7
KERENDIA	25	<i>lamotrigine</i>	31
KESIMPTA	63	<i>lamotrigine er</i>	31
<i>ketoconazole</i>	5	<i>lamotrigine odt</i>	31
<i>ketoconazole</i>	70	<i>lamotrigine starter kit/blue</i>	31
KETODAN	70	<i>lamotrigine starter kit/green</i>	31
KETO-DIASTIX	39	<i>lamotrigine starter kit/orange</i>	31
<i>ketoprofen</i>	28	<i>lamotrigine titration</i>	31
<i>ketoprofen er</i>	28	LANOLIN ANHYDROUS	73
<i>ketorolac tromethamine</i>	45	<i>lanreotide acetate</i>	58
KINERET	62	LANSINOH LANOLIN NIPPLE	68
KINRIX	17	<i>lansoprazole</i>	49
KISQALI	12	<i>lansoprazole/amoxicillin/clarithromycin</i>	49
KISQALI FEMARA 200 DOSE	57	LANTUS	54
KISQALI FEMARA 400 DOSE	57	LANTUS SOLOSTAR	54
KISQALI FEMARA 600 DOSE	57	<i>lapatinib ditosylate</i>	12
<i>klayesta</i>	68	<i>larin 1.5/30</i>	55
KLISYRI	74	<i>larin 1/20</i>	56
<i>klor-con</i>	43	<i>larin fe 1.5/30</i>	56
<i>klor-con 10</i>	43	<i>larin fe 1/20</i>	56
<i>klor-con 8</i>	43	<i>latanoprost</i>	46
<i>klor-con m10</i>	43	LAXATIVE REGULAR STRENGTH	50
<i>klor-con m15</i>	43	LAZANDA	28
<i>klor-con m20</i>	43	LAZCLUZE	12

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<i>leflunomide</i>	62	<i>lidocaine hcl jelly</i>	68
<i>lenalidomide</i>	12	<i>lidocaine hydrochloride</i>	60
LENVIMA 10 MG DAILY DOSE	13	<i>lidocaine hydrochloride</i>	68
LENVIMA 12MG DAILY DOSE	13	<i>lidocaine hydrochloride</i>	72
LENVIMA 14 MG DAILY DOSE	13	<i>lidocaine hydrochloride viscous</i>	47
LENVIMA 18 MG DAILY DOSE	13	<i>lidocaine viscous</i>	47
LENVIMA 20 MG DAILY DOSE	13	<i>lidocaine/prilocaine</i>	72
LENVIMA 24 MG DAILY DOSE	13	<i>linezolid</i>	4
LENVIMA 4 MG DAILY DOSE	13	LINZESS	51
LENVIMA 8 MG DAILY DOSE	13	<i>liothyronine sodium</i>	59
<i>lessina</i>	56	LIQUID ACETAMINOPHEN	28
<i>letrozole</i>	57	LIQUID VITAMIN C	77
<i>leucovorin calcium</i>	60	<i>lisdexamfetamine dimesylate</i>	30
LEUKERAN	13	<i>lisinopril</i>	25
<i>leuprolide acetate</i>	57	<i>lisinopril/hydrochlorothiazide</i>	25
<i>levabuterol</i>	20	<i>lithium</i>	32
<i>levabuterol hcl</i>	20	<i>lithium carbonate</i>	32
<i>levabuterol hydrochloride</i>	20	<i>lithium carbonate er</i>	32
<i>levabuterol tartrate hfa</i>	20	LIVALO	23
LEVEMIR	54	LIVMARLI	50
LEVEMIR FLEXPEN	54	LIVMARLI	51
LEVEMIR FLEXTOUCH	54	LIVTENCITY	7
<i>levetiracetam</i>	31	L-METHYLFOLATE CALCIUM	65
<i>levetiracetam er</i>	31	LO LOESTRIN FE	56
<i>levobunolol hcl</i>	46	LOKELMA	42
<i>levocarnitine</i>	65	LONHALA MAGNAIR REFILL KIT	19
<i>levocetirizine dihydrochloride</i>	10	LONHALA MAGNAIR STARTER KIT	19
<i>levofloxacin</i>	4	LONSURF	13
<i>levofloxacin</i>	44	<i>loperamide hcl</i>	48
<i>levofloxacin in d5w</i>	4	LOPERAMIDE HYDROCHLORIDE	48
<i>levonest</i>	56	LOPERAMIDE	48
LEVONORGESTREL	56	HYDROCHLORIDE/SIMETHICONE	
<i>levonorgestrel and ethinyl estradiol</i>	56	<i>lopinavir/ritonavir</i>	7
<i>levonorgestrel/ethinyl estradiol</i>	56	LORATADINE	10
<i>levora 0.15/30-28</i>	56	LORATADINE CHILDRENS	10
<i>levorphanol tartrate</i>	28	LORATADINE-D 24HR	10
<i>levo-t</i>	59	<i>lorazepam</i>	34
<i>levothyroxine sodium</i>	59	<i>lorazepam intensol</i>	34
<i>levoxyl</i>	59	LORBRENA	13
LEXIVA	7	<i>losartan potassium</i>	25
<i>l-glutamine</i>	65	<i>losartan potassium/hydrochlorothiazide</i>	25
LIBERVANT	31	LOTEMAX	45
LICE TREATMENT CREME RINSE	70	<i>loteprednol etabonate</i>	45
<i>lidocaine</i>	72	<i>lovastatin</i>	23
<i>lidocaine hcl</i>	60	<i>loxapine</i>	36
<i>lidocaine hcl</i>	68	<i>lubiprostone</i>	51

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LUBRICANT EYE DROPS	46	MEKTOVI	13
LUBRICATING EYE DROPS	46	MELATONIN	65
LUBRICATING TEARS EYE DROPS	46	MELATONIN GUMMIES	65
LUMAKRAS	13	MELATONIN QUICK DISSOLVE	65
LUMIGAN	46	MELATONIN TR/VITAMIN B-6	65
LUPRON DEPOT (1-MONTH)	57	<i>meloxicam</i>	28
LUPRON DEPOT (3-MONTH)	57	<i>memantine hcl titration pak</i>	34
LUPRON DEPOT (4-MONTH)	57	<i>memantine hydrochloride</i>	34
LUPRON DEPOT (6-MONTH)	57	<i>memantine hydrochloride er</i>	34
<i>lurasidone hydrochloride</i>	36	MENACTRA	18
LYBALVI	36	MENEST	57
LYNPARZA	13	MENOSTAR	57
LYSODREN	13	MENQUADFI	18
LYTGOBI	13	MENSTRUAL PAIN RELIEF MULTI-SYMPATOM MAXIMUM STRENGTH	28
MAG-AL	47	MENTAX	70
MAGNESIUM	43	MENVEO	18
MAGNESIUM	47	<i>mercaptopurine</i>	13
MAGNESIUM CITRATE	43	<i>meropenem</i>	4
MAGNESIUM ELEMENTAL	43	<i>mesalamine</i>	47
MAGNESIUM GLUCONATE	43	<i>mesalamine dr</i>	47
MAGNESIUM GLYCINATE	43	<i>mesalamine er</i>	47
MAGNESIUM OXIDE	43	MESNEX	65
MAGNESIUM OXIDE	47	<i>metformin hydrochloride</i>	54
<i>magnesium sulfate</i>	31	<i>metformin hydrochloride er</i>	54
MAG-OXIDE	43	<i>methadone hcl</i>	28
<i>malathion</i>	70	<i>methamphetamine hcl</i>	30
MAPAP	28	<i>methazolamide</i>	46
<i>maraviroc</i>	7	<i>methenamine hippurate</i>	9
<i>marlissa</i>	56	<i>methenamine mandelate</i>	9
MARPLAN	36	<i>methimazole</i>	59
MATULANE	13	<i>methotrexate</i>	13
<i>matzim la</i>	24	<i>methotrexate sodium</i>	13
MAVYRET	8	<i>methsuximide</i>	31
MAXIDEX	45	<i>methylphenidate hydrochloride</i>	30
MAYZENT	63	<i>methylphenidate hydrochloride cd</i>	30
MAYZENT STARTER PACK	63	<i>methylphenidate hydrochloride er</i>	30
MECLIZINE 25	48	<i>methylphenidate hydrochloride er (la)</i>	30
MECLIZINE HCL	48	<i>methylprednisolone</i>	52
MECLIZINE HYDROCHLORIDE	48	<i>methylprednisolone acetate</i>	52
<i>meclofenamate sodium</i>	28	<i>methylprednisolone dose pack</i>	52
MEDROL	52	<i>metoclopramide hcl</i>	51
<i>medroxyprogesterone acetate</i>	58	<i>metoclopramide hydrochloride</i>	51
<i>mefenamic acid</i>	28	<i>metoclopramide odt</i>	51
<i>mefloquine hcl</i>	6	<i>metolazone</i>	42
<i>megestrol acetate</i>	58	<i>metoprolol succinate er</i>	23
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<i>metoprolol tartrate</i>	23	<i>montelukast sodium</i>	66
<i>metoprolol/hydrochlorothiazide</i>	23	<i>morphine sulfate</i>	29
<i>metronidazole</i>	6	<i>morphine sulfate er</i>	29
<i>metronidazole</i>	70	MOUNJARO	54
<i>metronidazole vaginal</i>	70	MOVANTIK	51
<i>metirosine</i>	65	<i>moxifloxacin hydrochloride/sodium</i>	4
<i>mexiletine hcl</i>	25	<i>hydrochloride</i>	
<i>mibelas 24 fe</i>	56	<i>moxifloxacin hydrochloride</i>	4
<i>micafungin</i>	5	<i>moxifloxacin hydrochloride</i>	44
<i>miconazole 3</i>	70	MOZOBIL	21
MICONAZOLE 3 COMBINATION PACK	70	MRESVIA	18
MICONAZOLE 3 COMBO PACK	70	MULTAQ	25
MICONAZOLE 7	70	MULTI VITAMIN	75
MICONAZOLE NITRATE	68	MULTI-VIT/IRON/FLUORIDE	75
<i>microgestin 1.5/30</i>	56	MULTIVITAMIN CHILDRENS	75
<i>microgestin 1/20</i>	56	MULTIVITAMIN GUMMIES ADULT	75
<i>microgestin fe 1.5/30</i>	56	MULTIVITAMIN INFANT/TODDLER	75
<i>microgestin fe 1/20</i>	56	MULTIVITAMIN WITH FLUORIDE	75
<i>midodrine hcl</i>	20	MULTIVITAMIN/FLUORIDE	76
<i>mifepristone</i>	54	MULTI-VITAMIN/FLUORIDE DROPS	75
<i>miglitol</i>	54	MULTI-VITAMIN/MINERALS	75
<i>miglustat</i>	65	<i>mupirocin</i>	70
MILK OF MAGNESIA	50	<i>mycophenolate mofetil</i>	64
MILK OF MAGNESIA CONCENTRATE	50	<i>mycophenolic acid dr</i>	64
MILLIPRED	52	MYFEMBREE	57
<i>mimvey</i>	57	MYORISAN	74
MINERAL OIL	50	MYRBETRIQ	74
MINERAL OIL HEAVY	50	<i>nabumetone</i>	29
MINERAL OIL LIGHT	73	<i>nadolol</i>	23
<i>minocycline hcl</i>	4	<i>nafcillin sodium</i>	4
<i>minocycline hydrochloride</i>	4	<i>naftifine hcl</i>	70
<i>minoxidil</i>	25	<i>naftifine hydrochloride</i>	68
MINTOX PLUS	47	<i>naftifine hydrochloride</i>	70
<i>mirabegron er</i>	74	<i>naloxone hcl</i>	35
<i>mirtazapine</i>	37	<i>naloxone hydrochloride</i>	35
<i>mirtazapine odt</i>	36	<i>naltrexone hcl</i>	35
<i>misoprostol</i>	49	NAMZARIC	34
M-M-R II	18	<i>naproxen</i>	29
<i>modafinil</i>	30	<i>naproxen dr</i>	29
<i>moexipril hcl</i>	26	<i>naproxen sodium</i>	29
<i>molindone hydrochloride</i>	37	<i>naproxen sodium cr</i>	29
<i>mometasone furoate</i>	45	<i>naproxen sodium er</i>	29
<i>mometasone furoate</i>	72	<i>naratriptan hcl</i>	32
<i>mondoxyne nl</i>	4	NATACYN	44
MONISTAT 3	68	<i>nateglinide</i>	54
MONISTAT 7 COMBINATION PACK	70	NATPARA	58

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<i>nebivolol hydrochloride</i>	23	<i>nisoldipine er</i>	24
<i>necon 0.5/35-28</i>	56	<i>nitazoxanide</i>	6
<i>nefazodone hydrochloride</i>	37	<i>nitisinone</i>	65
<i>neomycin sulfate</i>	4	NITRO-BID	26
<i>neomycin/bacitracin/polymyxin</i>	44	<i>nitrofurantoin macrocrystals</i>	9
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	45	<i>nitrofurantoin monohydrate/macrocrystals</i>	9
<i>neomycin/polymyxin/dexamethasone</i>	45	<i>nitroglycerin</i>	26
<i>neomycin/polymyxin/gramicidin</i>	44	<i>nitroglycerin</i>	68
<i>neomycin/polymyxin/hc</i>	45	<i>nitroglycerin transdermal</i>	26
<i>neomycin/polymyxin/hydrocortisone</i>	45	NIVA THYROID	59
<i>neo-polycin</i>	44	<i>nizatidine</i>	49
<i>neo-polycin hc</i>	45	NORDITROPIN FLEXPRO	59
NERLYNX	13	<i>norelgestromin/ethinyl estradiol</i>	56
NEUAC	70	<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	56
NEULASTA	21	<i>norethindrone acetate</i>	58
NEULASTA ONPRO KIT	21	<i>norethindrone acetate/ethinyl estradiol</i>	57
NEUPRO	33	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	56
<i>nevirapine</i>	8	NORPACE CR	25
<i>nevirapine er</i>	8	<i>nortrel 0.5/35 (28)</i>	56
NEXLETOL	23	<i>nortrel 1/35</i>	56
NEXLIZET	23	<i>nortrel 7/7/7</i>	56
NIACIN	76	<i>nortriptyline hcl</i>	37
<i>niacin er</i>	23	<i>nortriptyline hydrochloride</i>	37
NIACIN FLUSH FREE	26	NORVIR	8
NIACIN FLUSH FREE	76	NOURIANZ	34
NIACIN TIMED RELEASE	76	NOXAFIL	5
NIACIN TR	76	<i>np thyroid 120</i>	59
NIACINAMIDE	76	<i>np thyroid 15</i>	59
NIACINAMIDE PROLONGED RELEASE	76	<i>np thyroid 30</i>	59
<i>niacor</i>	77	<i>np thyroid 60</i>	59
<i>nicardipine hcl</i>	24	<i>np thyroid 90</i>	59
NICOTINE TRANSDERMAL SYSTEM	19	NUBEQA	14
NICOTINE TRANSDERMAL SYSTEM	19	NUCALA	66
STEP 1		NUDEXTA	34
NICOTINE TRANSDERMAL SYSTEM	19	NULOJIX	64
STEP 3		NUPLAZID	37
NICOTROL INHALER	19	NURTEC	32
NICOTROL NS	19	NUTRILIPID	41
<i>nifedipine</i>	24	NUTRISOURCE FIBER	50
<i>nifedipine er</i>	24	NUTROPIN AQ NUSPIN 10	59
NIGHTTIME SLEEP AID	34	NUTROPIN AQ NUSPIN 20	59
<i>nikki</i>	56	NUTROPIN AQ NUSPIN 5	59
<i>nilutamide</i>	13	NUVESSA	70
<i>nimodipine</i>	24		

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NUZYRA	4	OMNIPOD GO 10 UNITS/DAY	39
<i>nyamyc</i>	70	OMNIPOD GO 15 UNITS/DAY	39
NYMALIZE	24	OMNIPOD GO 20 UNITS/DAY	39
<i>nystatin</i>	5	OMNIPOD GO 25 UNITS/DAY	39
<i>nystatin</i>	70	OMNIPOD GO 30 UNITS/DAY	39
<i>nystatin/triamcinolone</i>	72	OMNIPOD GO 35 UNITS/DAY	39
<i>nystatin/triamcinolone acetonide</i>	72	OMNIPOD GO 40 UNITS/DAY	39
<i>nystop</i>	70	OMNITROPE	59
OCTAGAM	17	<i>ondansetron hcl</i>	48
<i>octreotide acetate</i>	58	<i>ondansetron hydrochloride</i>	48
ODEFSEY	8	<i>ondansetron odt</i>	48
ODOMZO	14	ONGENTYS	33
OFEV	66	ONUREG	14
<i>ofloxacin</i>	4	OPDIVO	14
<i>ofloxacin</i>	44	<i>opium</i>	48
OGSIVEO	14	<i>opium tincture</i>	48
OJEMDA	14	OPSUMIT	67
OJJAARA	14	OPVEE	35
<i>olanzapine</i>	37	<i>oralone dental paste</i>	72
<i>olanzapine odt</i>	37	ORENCIA	62
<i>olanzapine/fluoxetine</i>	37	ORENCIA CLICKJECT	62
<i>olmesartan medoxomil</i>	26	ORENITRAM	68
<i>olmesartan</i>	24	ORENITRAM TITRATION KIT MONTH	67
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	26	ORENITRAM TITRATION KIT MONTH	68
<i>olopatadine hcl</i>	46	2	
<i>olopatadine hydrochloride</i>	46	ORENITRAM TITRATION KIT MONTH	68
<i>omega-3-acid ethyl esters</i>	23	3	
<i>omeprazole</i>	49	ORFADIN	65
<i>omeprazole dr</i>	49	ORGOVYX	57
<i>omeprazole/sodium bicarbonate</i>	49	ORLISSA	58
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	39	ORKAMBI	67
(GEN 5)		ORSERDU	14
OMNIPOD 5 DEXCOM G7G6 PODS	39	<i>oseltamivir phosphate</i>	8
(GEN 5)		OSMOPREP	50
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	39	OSPHENA	57
OMNIPOD 5 G7 INTRO KIT (GEN 5)	39	OTEZLA	60
OMNIPOD 5 G7 PODS (GEN 5)	39	OTEZLA	62
OMNIPOD 5 LIBRE2 PLUS G6	39	<i>oxacillin sodium</i>	4
OMNIPOD 5 LIBRE2 PLUS G6 PODS	39	<i>oxaprozin</i>	29
OMNIPOD CLASSIC PDM STARTER	39	<i>oxazepam</i>	34
KIT (GEN 3)		OXBRYTA	21
OMNIPOD CLASSIC PODS (GEN 3)	39	<i>oxcarbazepine</i>	31
OMNIPOD DASH INTRO KIT (GEN 4)	39	OXERVATE	46
OMNIPOD DASH PDM KIT (GEN 4)	39	<i>oxiconazole nitrate</i>	70
OMNIPOD DASH PODS (GEN 4)	39	<i>oxybutynin chloride</i>	74

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<i>oxybutynin chloride er</i>	74	<i>perindopril erbumine</i>	26
<i>oxycodone hcl er</i>	29	<i>perio gard</i>	44
<i>oxycodone hydrochloride</i>	29	<i>permethrin</i>	70
<i>oxycodone hydrochloride er</i>	29	<i>perphenazine</i>	37
<i>oxycodone/acetaminophen</i>	29	<i>perphenazine/amitriptyline</i>	37
<b>OXYCONTIN</b>	29	<b>PERSERIS</b>	37
<i>oxymorphone hydrochloride</i>	29	<b>PETROLATUM</b>	73
<i>oxymorphone hydrochloride er</i>	29	<i>phenelzine sulfate</i>	37
<i>oxymorphone hydrochloride er</i>	29	<i>phenobarbital</i>	34
<b>OZEMPIC</b>	54	<i>phenoxybenzamine hydrochloride</i>	20
<i>paclitaxel</i>	14	<i>phenytek</i>	31
<b>PAIN RELIEF EXTRA</b>	29	<i>phenytoin</i>	31
<b>STRENGTH/ADULT</b>		<i>phenytoin sodium extended</i>	31
<i>paliperidone er</i>	37	<b>PHOSPHOLINE IODIDE</b>	46
<b>PANRETIN</b>	74	<b>PHYTONADIONE</b>	78
<i>pantoprazole sodium</i>	49	<b>PIFELTRO</b>	8
<b>PANZYGA</b>	17	<i>pilocarpine hcl</i>	46
<i>paricalcitol</i>	77	<i>pilocarpine hydrochloride</i>	19
<i>paromomycin sulfate</i>	6	<i>pimecrolimus</i>	74
<i>paroxetine</i>	37	<i>pimozide</i>	37
<i>paroxetine hcl</i>	37	<i>pindolol</i>	23
<i>paroxetine hcl er</i>	37	<i>pioglitazone hcl</i>	54
<i>paroxetine hydrochloride</i>	37	<i>pioglitazone hcl/metformin hcl</i>	54
<b>PASER</b>	5	<i>pioglitazone hcl-glimepiride</i>	54
<b>PAXLOVID</b>	8	<i>pioglitazone hydrochloride</i>	54
<i>pazopanib hydrochloride</i>	14	<i>piperacillin sodium/tazobactam sodium</i>	4
<b>PEDIARIX</b>	18	<b>PIQRAY 200MG DAILY DOSE</b>	14
<b>PEDVAX HIB</b>	18	<b>PIQRAY 250MG DAILY DOSE</b>	14
<i>peg-3350/electrolytes</i>	50	<b>PIQRAY 300MG DAILY DOSE</b>	14
<i>peg-3350/electrolytes/ascorbate</i>	50	<i>pirfenidone</i>	66
<i>peg-3350/nacl/na bicarbonate/kcl</i>	50	<i>piroxicam</i>	29
<i>peg-3350/sodium sulf/nacl/potassium cl/na</i>	50	<i>pitavastatin calcium</i>	23
<i>ascorbate/ascorbic</i>		<b>PLEGRIDY</b>	63
<b>PEGASYS</b>	8	<b>PLEGRIDY STARTER PACK</b>	63
<b>PEMAZYRE</b>	14	<b>PLENAMINE</b>	41
<b>PENBRAYA</b>	18	<i>plerixafor</i>	21
<i>penciclovir</i>	70	<i>podofilox</i>	68
<i>penicillamine</i>	51	<i>podofilox</i>	74
<i>penicillin g potassium</i>	4	<i>polycin</i>	44
<i>penicillin g potassium in iso-osmotic</i>	4	<b>POLYETHYLENE GLYCOL</b>	50
<i>dextrose</i>		<b>POLYETHYLENE GLYCOL 3350</b>	50
<i>penicillin g sodium</i>	4	<i>polymyxin b sulfate/trimethoprim sulfate</i>	44
<i>penicillin v potassium</i>	4	<b>POMALYST</b>	14
<b>PENTACEL</b>	18	<i>portia-28</i>	56
<i>pentamidine isethionate</i>	6	<i>posaconazole</i>	5
<i>pentoxifylline er</i>	22	<i>posaconazole dr</i>	5

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<i>potassium chloride</i>	43	<i>prochlorperazine</i>	37
<i>potassium chloride er</i>	43	<i>prochlorperazine edisylate</i>	37
<i>potassium chloride/dextrose/sodium chloride</i>	43	<i>prochlorperazine maleate</i>	37
<i>potassium citrate er</i>	40	PROCRIT	22
POVIDONE-IODINE	70	PROCTOFOAM HC	68
PRALUENT	23	<i>procto-med hc</i>	72
<i>pramipexole dihydrochloride</i>	33	<i>procto-pak</i>	72
<i>pramipexole dihydrochloride er</i>	33	<i>proctosol hc</i>	72
<i>prasugrel hydrochloride</i>	21	<i>proctozone-hc</i>	72
<i>pravastatin sodium</i>	23	<i>progesterone</i>	58
<i>praziquantel</i>	2	PROGRAF	64
<i>prazosin hydrochloride</i>	22	PROLASTIN-C	67
PRED MILD	45	PROLENSA	45
<i>prednicarbate</i>	72	PROLIA	60
<i>prednisolone</i>	52	PROMACTA	22
<i>prednisolone acetate</i>	45	<i>promethazine hcl</i>	9
<i>prednisolone sodium phosphate</i>	45	<i>promethazine hydrochloride</i>	9
<i>prednisolone sodium phosphate</i>	52	<i>promethazine hydrochloride plain</i>	9
<i>prednisolone sodium phosphate odt</i>	52	<i>propafenone hcl</i>	25
<i>prednisone</i>	52	<i>propafenone hydrochloride</i>	25
<i>pregabalin</i>	31	<i>propafenone hydrochloride er</i>	25
<i>pregabalin er</i>	29	<i>propranolol hcl</i>	23
PREHEVBRIO	18	<i>propranolol hcl er</i>	23
PREMARIN	57	<i>propranolol hydrochloride</i>	23
PREMASOL	41	<i>propranolol hydrochloride er</i>	23
<i>premium lidocaine</i>	72	<i>propylthiouracil</i>	59
PREMPHASE	57	PROQUAD	18
PREMPRO	57	PROSOL	41
PRENATAL	76	<i>protriptyline hcl</i>	37
PRENATAL FORMULA	76	PSEUDOEPHEDRINE HCL ER	20
<i>prevalite</i>	23	PSEUDOEPHEDRINE	20
PREVIDENT 5000 BOOSTER PLUS	61	HYDROCHLORIDE	
PREVIDENT 5000 DRY MOUTH	61	PSYLLIUM FIBER	50
PREVIDENT 5000 SENSITIVE	39	PULMOZYME	67
PREVYMIS	8	PURIXAN	14
PREZCOBIX	8	PYLERA	49
PREZISTA	8	<i>pyrazinamide</i>	5
PRIFTIN	5	<i>pyridostigmine bromide</i>	19
<i>primaquine phosphate</i>	6	<i>pyridostigmine bromide er</i>	19
<i>primidone</i>	31	<i>pyrimethamine</i>	6
PRIORIX	18	PYRUKYND	21
PRIVIGEN	17	PYRUKYND TAPER PACK	21
PROAIR RESPICLICK	20	QC ARTIFICIAL TEARS	46
<i>probenecid</i>	43	QINLOCK	14
<i>probenecid/colchicine</i>	43	QUADRACEL	17
		<i>quetiapine fumarate</i>	37

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<i>quetiapine fumarate er</i>	37	REZUROCK	65
<i>quinapril hydrochloride</i>	26	RHOPRESSA	46
<i>quinapril/hydrochlorothiazide</i>	26	<i>ribavirin</i>	8
<i>quinidine gluconate cr</i>	25	RIBOFLAVIN	77
<i>quinidine sulfate</i>	25	RIDAURA	51
<i>quinine sulfate</i>	6	<i>rifabutin</i>	5
QVAR REDIHALER	53	<i>rifampin</i>	6
RABAVERT	18	<i>riluzole</i>	35
<i>rabeprazole sodium</i>	49	<i>rimantadine hydrochloride</i>	8
RADICAVA ORS	34	RINVOQ	62
RADICAVA ORS STARTER KIT	34	RINVOQ LQ	60
<i>raloxifene hydrochloride</i>	57	<i>risedronate sodium</i>	60
<i>ramelteon</i>	34	<i>risedronate sodium dr</i>	60
<i>ramipril</i>	26	RISPERDAL CONSTA	37
<i>ranolazine er</i>	25	<i>risperidone</i>	37
<i>rasagiline mesylate</i>	33	<i>risperidone er</i>	37
RASUVO	62	<i>risperidone odt</i>	37
RAYALDEE	77	<i>ritonavir</i>	8
REBIF	63	<i>rivastigmine tartrate</i>	19
REBIF REBIDOSE	63	<i>rivastigmine transdermal system</i>	19
REBIF REBIDOSE TITRATION PACK	63	<i>rizatriptan benzoate</i>	32
REBIF TITRATION PACK	63	<i>rizatriptan benzoate odt</i>	32
RECOMBIVAX HB	18	ROCKLATAN	46
RECTIV	74	<i>roflumilast</i>	67
REESES PINWORM MEDICINE	2	<i>ropinirole er</i>	33
REGRANEX	74	<i>ropinirole hcl</i>	33
REGULOID	50	<i>ropinirole hydrochloride</i>	33
RELENZA DISKHALER	8	<i>rosadan</i>	70
RELISTOR	51	<i>rosuvastatin calcium</i>	23
RELYVRIO	34	ROTARIX	18
RENAL CAPS	76	ROTATEQ	18
<i>repaglinide</i>	54	<i>roweepira</i>	31
REPATHA	23	ROZLYTREK	14
REPATHA PUSHTRONEX SYSTEM	23	RUBRACA	14
REPATHA SURECLICK	23	<i>rufinamide</i>	31
RESTASIS	45	RUKOBIA	8
RESTASIS MULTIDOSE	45	RYBELSUS	54
RETACRIT	22	RYDAPT	14
RETEVMO	14	RYTARY	33
RETIN-A MICRO	68	SAIZEN	59
RETIN-A MICRO PUMP	73	SAJAZIR	64
REVCovi	43	<i>salsalate</i>	29
REVLIMID	14	SANTYL	74
REXULTI	37	<i>sapropterin dihydrochloride</i>	65
REYATAZ	8	SAVELLA	35
REZLIDHIA	14	SAVELLA TITRATION PACK	35

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SCSEMBLIX	15	<i>sodium chloride 0.45%</i>	43
<i>scopolamine</i>	48	<i>sodium chloride 0.9%</i>	42
SECUADO	37	SODIUM FLUORIDE	61
<i>selegiline hcl</i>	33	<i>sodium fluoride 5000 plus</i>	61
<i>selenium sulfide</i>	70	<i>sodium fluoride 5000 ppm</i>	61
SELZENTRY	8	SODIUM FLUORIDE 5000 PPM	39
SENNA	50	ENAMEL PROTECT	
SENNA PLUS	50	<i>sodium oxybate</i>	35
SENNA-S	50	<i>sodium phenylbutyrate</i>	40
SEREVENT DISKUS	20	<i>sodium polystyrene sulfonate</i>	42
SEROSTIM	59	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	50
<i>sertraline hcl</i>	37		
<i>sertraline hydrochloride</i>	37	<i>solifenacin succinate</i>	74
<i>sevelamer carbonate</i>	42	SOLOSEC	6
<i>sevelamer hydrochloride</i>	42	SOLTAMOX	57
<i>sharobel</i>	56	SOLUBLE FIBER	50
SHINGRIX	18	SOLU-CORTEF	53
SIGNIFOR	58	SOMATULINE DEPOT	58
<i>sildenafil citrate</i>	26	SOMAVERT	59
<i>silodosin</i>	20	<i>sorafenib</i>	15
<i>silver sulfadiazine</i>	70	<i>sorafenib tosylate</i>	15
SIMBRINZA	46	<i>sorine</i>	23
SIMETHICONE	48	<i>sotalol hcl</i>	23
SIMETHICONE DROPS INFANTS	48	<i>sotalol hydrochloride (af)</i>	23
SIMETHICONE ULTRA STRENGTH	48	SPIRIVA RESPIMAT	19
SIMPLE SYRUP	66	<i>spironolactone</i>	26
<i>simvastatin</i>	23	<i>spironolactone/hydrochlorothiazide</i>	26
<i>sirolimus</i>	64	SPRITAM	31
SIRTURO	6	SPRYCEL	15
SIVEXTRO	4	<i>sps</i>	42
SKYRIZI	51	<i>ssd</i>	70
SKYRIZI	74	STAMARIL	18
SKYRIZI PEN	74	STELARA	74
SLEEP AID	34	<i>sterile water for irrigation</i>	42
SLEEP-AID	34	STIOLTO RESPIMAT	19
SM ALCOHOL	70	STIVARGA	15
SM ANTI-DIARRHEAL	48	STOMACH RELIEF	48
SM CLOTRIMAZOLE VAGINAL	70	STOMACH RELIEF EXTRA STRENGTH	48
SM LICE TREATMENT	70	STOOL SOFTENER	50
SM LORATADINE D 12HR	10	<i>streptomycin sulfate</i>	4
SM MICONAZOLE 3	70	STRIBILD	8
SM TRIPLE ANTIBIOTIC PLUS	70	STRIVERDI RESPIMAT	20
MAXIMUM STRENGTH		SUBSYS	29
SODIUM BICARBONATE	47	<i>subvenite</i>	31
<i>sodium chloride</i>	43	<i>subvenite starter kit/blue</i>	31
SODIUM CHLORIDE	67	<i>subvenite starter kit/green</i>	31

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<i>subvenite starter kit/orange</i>	31	<i>taysofy</i>	56
SUCRAID	43	<i>tazarotene</i>	68
<i>sucralfate</i>	49	<i>tazarotene</i>	74
<i>sulfacetamide sodium</i>	44	<i>tazicef</i>	4
<i>sulfacetamide sodium</i>	70	TAZORAC	74
<i>sulfacetamide sodium/prednisolone sodium</i>	45	<i>taztia xt</i>	24
<i>phosphate</i>		TAZVERIK	15
<i>sulfadiazine</i>	4	<i>tdvax</i>	17
<i>sulfamethoxazole/trimethoprim</i>	4	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	39
<i>sulfamethoxazole/trimethoprim ds</i>	4	<i>1/2"</i>	
SULFAMYLON	70	<i>techlite pen needles 29g x 10mm</i>	39
<i>sulfasalazine</i>	4	TEFLARO	4
<i>sulindac</i>	29	TEGSEDI	60
<i>sumatriptan</i>	32	TEKTURNA HCT	26
<i>sumatriptan succinate</i>	32	<i>telmisartan</i>	26
<i>sumatriptan succinate refill</i>	32	<i>telmisartan/amlodipine</i>	24
<i>sunitinib malate</i>	15	<i>telmisartan/hydrochlorothiazide</i>	26
SUNLENCA	8	<i>temazepam</i>	34
SUNOSI	30	TEMIXYS	8
SUPRAX	4	TENIVAC	17
SYMDEKO	67	<i>tenofovir disoproxil fumarate</i>	8
SYMLINPEN 120	54	TENSION HEADACHE	29
SYMLINPEN 60	54	TEPMETKO	15
SYMPAZAN	31	<i>terazosin hcl</i>	22
SYMTUZA	8	<i>terazosin hydrochloride</i>	22
SYNAREL	58	<i>terbinafine hcl</i>	5
SYNJARDY	54	<i>terbutaline sulfate</i>	20
SYNJARDY XR	54	<i>terconazole</i>	70
SYNRIBO	15	<i>teriflunomide</i>	63
SYNTHROID	59	<i>teriparatide</i>	58
TABLOID	15	<i>testosterone</i>	53
TABRECTA	15	<i>testosterone cypionate</i>	53
<i>tacrolimus</i>	64	<i>testosterone enanthate</i>	53
<i>tacrolimus</i>	74	<i>testosterone pump</i>	53
<i>tadalafil</i>	26	<i>tetrabenazine</i>	38
TAFINLAR	15	<i>tetracycline hydrochloride</i>	4
<i>tafluprost</i>	46	THALOMID	63
TAGRISSO	15	<i>theophylline</i>	75
TALZENNA	15	<i>theophylline er</i>	75
<i>tamoxifen citrate</i>	57	THIOLA EC	65
<i>tamsulosin hydrochloride</i>	20	<i>thioridazine hcl</i>	37
<i>tarina fe 1/20 eq</i>	56	<i>thiothixene</i>	38
TASIGNA	15	THYQUIDITY	59
<i>tasimelteon</i>	34	THYROID	59
TAVALISSE	21	<i>tiadylt er</i>	24
TAVNEOS	64	<i>tiagabine hydrochloride</i>	31

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TIBSOVO	15	TRESIBA	54
TICOVAC	18	TRESIBA FLEXTOUCH	54
<i>timolol maleate</i>	23	<i>tretinoin</i>	15
<i>timolol maleate</i>	46	<i>tretinoin</i>	73
<i>timolol maleate ophthalmic gel forming</i>	46	<i>tretinoin microsphere</i>	68
<i>tinidazole</i>	6	<i>tretinoin microsphere</i>	73
<i>tiopronin dr</i>	65	TREXALL	15
TIROSINT-SOL	60	TRIAMCINOLONE ACETONIDE	45
TIVICAY	8	<i>triamcinolone acetonide</i>	53
TIVICAY PD	8	<i>triamcinolone acetonide</i>	72
<i>tizanidine hcl</i>	19	<i>triamcinolone acetonide dental paste</i>	72
<i>tizanidine hydrochloride</i>	19	<i>triamterene/hydrochlorothiazide</i>	42
TOBI PODHALER	4	TRIANEX	72
TOBRADEX	45	<i>triazolam</i>	34
TOBRADEX ST	45	TRI-BUFFERED ASPIRIN	30
<i>tobramycin</i>	4	<i>triderm</i>	72
<i>tobramycin</i>	44	<i>trientine hydrochloride</i>	51
<i>tobramycin sulfate</i>	4	<i>trifluoperazine hcl</i>	38
<i>tobramycin/dexamethasone</i>	45	<i>trifluoperazine hydrochloride</i>	38
TOLNAFTATE	71	<i>trifluridine</i>	44
TOLNAFTATE ANTIFUNGAL	71	<i>trihexyphenidyl hcl</i>	33
<i>tolterodine tartrate</i>	74	<i>trihexyphenidyl hydrochloride</i>	33
<i>tolterodine tartrate er</i>	74	TRIKAFTA	67
<i>topiramate</i>	32	<i>trimethoprim</i>	9
<i>topiramate er</i>	32	<i>trimipramine maleate</i>	38
<i>toremifene citrate</i>	57	TRINTELLIX	38
<i>torseamide</i>	42	TRIPLE ANTIBIOTIC	71
TOUJEO MAX SOLOSTAR	54	<i>tri-sprintec</i>	56
TOUJEO SOLOSTAR	54	TRITOCIN	72
TOVET	72	TRIUMEQ	8
TRACLEER	68	TRIUMEQ PD	8
TRADJENTA	54	<i>trivora-28</i>	56
<i>tramadol hcl er</i>	29	TRIZIVIR	8
<i>tramadol hydrochloride</i>	29	TROPHAMINE	41
<i>tramadol hydrochloride er</i>	29	<i>trospium chloride</i>	75
<i>tramadol hydrochloride/acetaminophen</i>	29	<i>trospium chloride er</i>	75
<i>trandolapril</i>	26	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	39
<i>trandolapril/verapamil hcl er</i>	24	<i>1/2"</i>	
<i>tranexamic acid</i>	21	<i>trueplus pen needles 29gx12mm</i>	39
<i>tranlycypromine sulfate</i>	38	TRULICITY	54
TRAVASOL	41	TRUMENBA	18
<i>travoprost</i>	46	TRUQAP	15
<i>trazodone hydrochloride</i>	38	TRUSELTIQ	15
TRECTOR	6	TUKYSA	15
TRELEGEY ELLIPTA	53	TURALIO	15
TRELSTAR MIXJECT	58	<i>turqoz</i>	56

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TWINRIX	18	<i>venlafaxine hydrochloride er</i>	38
<i>tyblume</i>	56	VENTAVIS	68
TYBOST	65	<i>verapamil hcl</i>	24
TYMLOS	58	<i>verapamil hcl er</i>	24
TYPHIM VI	18	<i>verapamil hcl sr</i>	24
UBRELVY	32	<i>verapamil hydrochloride</i>	24
UCERIS	72	<i>verapamil hydrochloride er</i>	24
UDENYCA	22	VERQUVO	26
UDENYCA ONBODY	22	VERSACLOZ	38
<i>unithroid</i>	60	VERZENIO	16
UPTRAVI	68	VIBRAMYCIN	5
UPTRAVI TITRATION PACK	68	VICTOZA	54
URO MAG	47	<i>vigabatrin</i>	32
<i>ursodiol</i>	50	<i>vigadrone</i>	32
<i>valacyclovir hydrochloride</i>	8	VIGAFYDE	32
VALCHLOR	74	<i>vigpoder</i>	32
<i>valganciclovir</i>	9	VIIBRYD STARTER PACK	38
<i>valganciclovir hydrochloride</i>	9	VIJOICE	65
<i>valproic acid</i>	32	<i>vilazodone hydrochloride</i>	38
<i>valsartan</i>	26	VIRACEPT	9
<i>valsartan/hydrochlorothiazide</i>	26	VIREAD	9
VALTOCO 10 MG DOSE	32	VITA-C	77
VALTOCO 15 MG DOSE	32	VITAMIN A	76
VALTOCO 20 MG DOSE	32	VITAMIN A & D	73
VALTOCO 5 MG DOSE	32	VITAMIN A PALMITATE	76
<i>vancomycin</i>	5	VITAMIN B 12	77
<i>vancomycin hcl</i>	4	VITAMIN B COMPLEX	77
<i>vancomycin hydrochloride</i>	5	VITAMIN B1	77
VANFLYTA	15	VITAMIN B-1	77
VAQTA	18	VITAMIN B-12	77
<i>varenicline starting month</i>	19	VITAMIN B-2	77
<i>varenicline tartrate</i>	19	VITAMIN B6	77
<i>varenicline tartrate</i>	19	VITAMIN B-6	77
VARIVAX	18	VITAMIN B-COMPLEX 100	77
VARIZIG	17	VITAMIN C	76
VASCEPA	23	VITAMIN C	77
VAXCHORA	18	VITAMIN C GUMMIES	77
<i>velivet</i>	56	VITAMIN C TR	77
VELPHORO	42	VITAMIN C-500 TIMED RELEASE	77
VELTASSA	42	VITAMIN D	78
VEMLIDY	9	VITAMIN D (ERGOCALCIFEROL)	77
VENCLEXTA	16	VITAMIN D INFANT	77
VENCLEXTA STARTING PACK	15	VITAMIN D2	78
<i>venlafaxine besylate er</i>	38	VITAMIN D3	78
<i>venlafaxine hcl er</i>	38	VITAMIN D-3	77
<i>venlafaxine hydrochloride</i>	38	VITAMIN D3 400	78

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VITAMIN D3 IMMUNE HEALTH	78	XPOVIO 40 MG ONCE WEEKLY	16
VITAMIN E	78	XPOVIO 40 MG TWICE WEEKLY	16
VITAMIN K1	78	XPOVIO 60 MG ONCE WEEKLY	16
VITAMINS A & D	76	XPOVIO 60 MG TWICE WEEKLY	16
VITRAKVI	16	XPOVIO 80 MG ONCE WEEKLY	16
VIVITROL	35	XPOVIO 80 MG TWICE WEEKLY	16
VIZIMPRO	16	XTANDI	16
VONJO	16	<i>xulane</i>	56
VORANIGO	16	XYOSTED	53
<i>voriconazole</i>	5	<i>yargesa</i>	65
VOSEVI	9	YERVOY	16
VOTRIENT	16	YF-VAX	18
VOXZOGO	65	YONSA	16
VRAYLAR	38	YUPELRI	19
VUMERITY	64	<i>yuvafem</i>	57
<i>vyfemla</i>	56	<i>zafemy</i>	56
VYNDAMAX	65	<i>zafirlukast</i>	66
VYNDAQEL	65	<i>zaleplon</i>	34
VYVANSE	30	ZARXIO	22
VYZULTA	46	ZEJULA	16
<i>warfarin sodium</i>	21	ZELBORAF	16
WART REMOVER MAXIMUM	73	ZENATANE	74
STRENGTH		ZENPEP	50
WELIREG	16	ZEPOSIA	64
WHITE PETROLATUM	73	ZEPOSIA 7-DAY STARTER PACK	64
WHITE PETROLEUM JELLY	73	ZEPOSIA STARTER KIT	64
WINLEVI	74	ZERBAXA	5
<i>wixela inhub</i>	20	<i>zidovudine</i>	9
XALKORI	16	ZIEXTENZO	22
XARELTO	21	<i>zileuton er</i>	66
XARELTO STARTER PACK	21	ZINC	76
XATMEP	16	ZINC OXIDE	72
XCOPRI	32	<i>ziprasidone hcl</i>	38
XDEMVI	44	<i>ziprasidone mesylate</i>	38
XELJANZ	62	ZIRGAN	44
XELJANZ XR	62	<i>zoledronic acid</i>	60
XENLETA	5	ZOLINZA	16
XERMELO	48	<i>zolmitriptan</i>	33
XGEVA	60	<i>zolmitriptan odt</i>	32
XIFAXAN	5	<i>zolpidem tartrate</i>	34
XIGDUO XR	54	<i>zolpidem tartrate er</i>	34
XOFLUZA	9	ZOMACTON	59
XOLAIR	67	ZONISADE	32
XOSPATA	16	<i>zonisamide</i>	32
XPOVIO	16	ZORBTIVE	59
XPOVIO 100 MG ONCE WEEKLY	16	ZOSYN	5

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<b>Drug Name</b>	<b>Page #</b>
<i>zovia 1/35</i>	56
ZTALMY	32
ZURZUVAE	38
ZYDELIG	17
ZYKADIA	17
ZYLET	45
ZYPREXA RELPREVV	38

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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](https://www.tuftshealthonecare.org).