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Harvard Pilgrim Health Care StrideSM (HMO)/(HMO-POS) 2024 Formulary (List of Covered Drugs)

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

24526 Version 6

This formulary was updated on 09/01/2023. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30 or visit www.harvardpilgrim.org/stridedruglist.

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Harvard Pilgrim Health Care StrideSM (HMO) 2024 Formulary (List of Covered Drugs)

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of September 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of September 2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

How do I use the Formulary?

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

Medical Condition

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

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 59. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

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

The formulary that begins on page 1 provides coverage information about the drugs covered by StrideSM Basic Rx (HMO), StrideSM Value Rx (HMO), StrideSM Value Rx Plus (HMO), and StrideSM Choice Rx (HMO-POS). If you have trouble finding your drug in the list, turn to the Index that begins on page 59.

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

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

PA BvD: Medicare Part B or D

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

QL: Quantity Limit Applies

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

HI: Home Infusion Drug

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

PA: Prior Authorization Required

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

PA NSO: Prior Authorization for New Starts Only

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

ST: Step Therapy Prior Authorization Applies

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

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

ST NSO: Step Therapy Prior Authorization Applies to New Starts Only

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

NEDS: Non-extended Day Supply Drug

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

SP: Available Through a Designated Special Pharmacy Provider

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

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

Additional coverage

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

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

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

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

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

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

Harvard Pilgrim Stride SM (HMO)/(HMO-POS)			
Deductible \$0			
Copays	Preferred Retail 30-day supply	Preferred Retail 60-day supply	Preferred Retail 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$10 (Basic Rx); \$8 (All other plans)	\$20 (Basic Rx); \$16 (All other plans)	\$30 (Basic Rx); \$24 (All other plans)
Tier 3	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
Tier 4	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5	33%	N/A	N/A
Tier 6	\$0	N/A	N/A
Copays	Non-Preferred Retail 30-day supply	Non-Preferred Retail 60-day supply	Non-Preferred Retail 90-day supply
Tier 1	\$5	\$10	\$15
Tier 2	\$20	\$40	\$60
Tier 3	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
Tier 4	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
Tier 5	33%	N/A	N/A
Tier 6	\$0	N/A	N/A
Copays	Mail Order 30-day supply	Mail Order 60-day supply	Mail Order 90-day supply
Tier 1	\$0	\$0	\$0
Tier 2	\$10 (Basic Rx); \$8 (All other plans)	\$20 (Basic Rx); \$16 (All other plans)	\$20 (Basic Rx); \$16 (All other plans)
Tier 3	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)
Tier 4	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$250 (Insulin: \$105)
Tier 5	33%	N/A	N/A
Tier 6	N/A	N/A	N/A
Coverage Gap Stage		<ul style="list-style-type: none"> ▪ \$35 for a one month (30-day supply) of covered insulin ▪ \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy ▪ 25% of costs for Part D generic and brand drugs 	
<p>After your total prescription drug costs reach \$5,030, and until your payments reach \$8,000, you pay:</p>			
Catastrophic Coverage Stage		<ul style="list-style-type: none"> ▪ Nothing for covered Part D drugs ▪ \$0 for covered Tier 6 vaccine drugs obtained through a retail pharmacy ▪ \$0 for a 30-day supply of covered insulin 	
<p>After the coverage gap, when your payments for the year are greater than \$8,000, you pay:</p>			

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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.

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	3	
<i>praziquantel tabs</i>	3	
Antibacterials		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	
<i>ampicillin-sulbactam</i>	4	
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE	5	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
AVYCAZ	5	NEDS
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	NEDS
BAXDELA TABS	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA; NEDS
<i>cefaclor caps</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	
<i>cefazolin inj 2gm, 3gm</i>	4	
<i>cefdinir</i>	3	
<i>cefepime hydrochloride inj 2gm</i>	4	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	4	
<i>cefepime inj 1gm/50ml, 1gm, 2gm</i>	4	
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	

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

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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.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid inj 600mg/300ml</i>	4	
<i>meropenem</i>	4	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>neomycin sulfate tabs</i>	2	
NUZYRA TABS	5	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	3	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	4	
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	
<i>penicillin g sodium</i>	5	NEDS
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	
SIVEXTRO TABS	5	NEDS
<i>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
TAZICEF INJ 6GM	4	
<i>tazicef inj 1gm, 2gm</i>	4	
TEFLARO	5	NEDS
<i>tetracycline hydrochloride caps</i>	3	
TOBI PODHALER	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps, oral solr</i>	4	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	
VIBRAMYCIN SYRP	4	
XENLETA TABS	5	NEDS
XIFAXAN TABS 200MG	4	
XIFAXAN TABS 550MG	5	PA; NEDS
ZERBAXA	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>casposfungin acetate inj 70mg</i>	4	
<i>casposfungin acetate inj 50mg</i>	5	NEDS
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	3	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin inj 100mg</i>	3	
<i>micafungin inj 50mg</i>	5	NEDS
NOXAFIL PACK, SUSP	5	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
<i>voriconazole inj</i>	5	PA; NEDS
Antimycobacterials		
<i>dapsone tabs</i>	4	
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	2	
<i>isoniazid syrp</i>	4	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifabutin</i>	2	
<i>rifampin caps</i>	3	
<i>rifampin inj</i>	4	
SIRTURO	5	PA; NEDS
TRECTOR	4	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	4	
<i>atovaquone susp</i>	5	NEDS
BENZNIDAZOLE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	5	NEDS
<i>mefloquine hcl</i>	2	
<i>metronidazole inj 500mg/100ml</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	3	
<i>paromomycin sulfate caps</i>	4	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	3	
<i>quinine sulfate caps 324mg</i>	4	PA
SOLOSEC	4	
<i>tinidazole tabs</i>	4	
Antivirals		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	3	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	4	
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
BIKTARVY	5	NEDS
CIMDUO	5	NEDS
COMPLERA	5	NEDS
<i>darunavir</i>	5	NEDS
DELSTRIGO	3	
DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT	5	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz caps</i>	3	
<i>efavirenz tabs</i>	4	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	4	
EPCLUSA	5	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	3	
<i>etravirine tabs 200mg</i>	5	NEDS
EVOTAZ	5	NEDS
<i>famciclovir tabs</i>	4	
<i>fosamprenavir calcium</i>	5	NEDS
FUZEON	5	NEDS
GENVOYA	5	NEDS
HARVONI PACK	5	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	5	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
<i>lamivudine</i>	3	
<i>lamivudine/zidovudine</i>	4	
LEXIVA SUSP	3	
LIVTENCITY	5	PA; NEDS
<i>lopinavir/ritonavir soln</i>	3	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
MAVYRET	5	PA; NEDS; SP-Optum Specialty
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	3	
<i>nevirapine susp</i>	4	
NORVIR PACK, SOLN	3	
ODEFSEY	5	NEDS
<i>oseltamivir phosphate caps, susr</i>	3	
PEGASYS	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	5	NEDS
PREVYMIS TABS	5	PA; NEDS
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER	3	
REYATAZ PACK	5	NEDS
<i>ribavirin tabs 200mg</i>	3	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	4	
<i>ritonavir</i>	3	
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	NEDS
STRIBILD	5	NEDS
SUNLENCA TBPK	5	NEDS
SYMTUZA	5	NEDS
TEMIXYS	5	NEDS
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
TRIUMEQ	5	NEDS
TRIUMEQ PD	5	NEDS
TRIZIVIR	5	NEDS
<i>valacyclovir hcl tabs 1gm</i>	3	
<i>valacyclovir hydrochloride tabs 500mg</i>	3	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
VEMLIDY	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
VIREAD POWD	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
VOSEVI	5	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
XOFLUZA TBPK 20MG	3	QL(2 EA per 7 days)
<i>zidovudine</i>	3	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	3	
<i>methenamine hippurate</i>	4	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>trimethoprim tabs</i>	2	
Antihistamine Drugs		
First Generation Antihistamines		
<i>cyproheptadine hcl syrup</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>promethazine hcl plain</i>	3	
<i>promethazine hcl tabs 12.5mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	3	
Second Generation Antihistamines		
<i>desloratadine</i>	1	
<i>desloratadine odt</i>	4	
<i>levocetirizine dihydrochloride tabs</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	5	PA NSO; NEDS; SP-Optum Specialty
ALECENSA	5	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	5	PA NSO; NEDS
AYVAKIT	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	5	PA NSO; NEDS
BESREMI	5	PA NSO; NEDS
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
<i>bortezomib inj 3.5mg/1.4ml</i>	5	NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO; NEDS
CABOMETYX	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	5	PA NSO; NEDS
CALQUENCE CAPS	5	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	4	PA BvD
<i>cyclophosphamide caps</i>	4	PA BvD; SP-Optum Specialty
DAURISMO	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
DROXIA	3	
EMCYT	3	
ERIVEDGE	5	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	5	PA NSO; NEDS
<i>flutamide</i>	3	
FOTIVDA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS
IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO; NEDS; SP-Optum Specialty
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA	5	PA NSO; NEDS
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	5	PA NSO; NEDS
MATULANE	5	NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate tabs</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
ORSERDU	5	PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO; NEDS
RETEVMO	5	PA NSO; NEDS; SP-Optum Specialty
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK	5	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX	5	PA NSO; NEDS; SP-Optum Specialty
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUSELTIQ	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
VOTRIENT	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	5	PA NSO; NEDS
XALKORI	5	PA NSO; NEDS; SP-Optum Specialty
XATMEP	4	PA BvD

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XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
YONSA	5	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS
FLEBOGAMMA DIF	5	PA BvD; NEDS
GAMMAGARD LIQUID	5	PA BvD; NEDS
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD; NEDS
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS
GAMUNEX-C	5	PA BvD; NEDS
OCTAGAM	5	PA BvD; NEDS
PANZYGA	5	PA BvD; NEDS
PRIVIGEN	5	PA BvD; NEDS
<i>Toxoids</i>		
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
Vaccines		
ABRYSVO	6	
ACTHIB	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXIARO	6	
JYNNEOS	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
YF-VAX	6	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	3	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA	3	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
YUPELRI	5	PA BvD; NEDS
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate</i>	3	QL(60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs</i>	2	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	NEDS
<i>pyridostigmine bromide tabs 60mg</i>	3	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
Skeletal Muscle Relaxants		
<i>baclofen tabs</i>	2	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	
<i>dantrolene sodium caps</i>	4	
FEXMID	4	
<i>tizanidine hcl caps 4mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	3	
<i>tizanidine hydrochloride caps 2mg</i>	4	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Sympatholytic (Adrenergic Blocking) Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	1	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	
<i>albuterol sulfate syrp</i>	4	
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
<i>droxidopa</i>	5	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	3	QL(3 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	4	PA BvD
<i>midodrine hcl</i>	3	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Blood Formation,Coagulation & Thrombosis		
Antihemorrhagic Agents		
<i>tranexamic acid</i>	3	
Antithrombotic Agents		
<i>anagrelide hydrochloride</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium</i>	3	
<i>heparin sodium/d5w</i>	2	
<i>jantoven</i>	1	
<i>prasugrel</i>	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
Blood Formation, Coagulation, and Thrombosis Agents Misc.		
OXBRYTA	5	NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
TAVALISSE	5	QL(60 EA per 30 days); NEDS
Hematopoietic Agents		
DOPTELET	5	PA; NEDS; SP-Optum Specialty
NEULASTA	5	NEDS; SP-Optum Specialty
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty
ZIEXTENZO	5	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	2	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
<i>doxazosin mesylate tabs</i>	2	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i>	3	
<i>cholestyramine pack</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 160mg, 54mg</i>	1	
<i>fenofibrate tabs 145mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>icosapent ethyl</i>	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NEDS
LIVALO	3	
<i>lovastatin tabs</i>	1	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	4	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	4	
<i>beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tabs 20mg, 40mg, 80mg</i>	4	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbc 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	3	
<i>verapamil hydrochloride er tbc 180mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride tabs 120mg</i>	2	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs</i>	1	
CAMZYOS	5	QL(30 EA per 30 days); PA; NEDS
CORLANOR	4	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	3	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	3	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
MULTAQ	3	
NORPACE CR	4	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
Hypotensive Agents		
<i>clonidine hcl ptwk</i>	4	
<i>clonidine hydrochloride er</i>	4	
<i>clonidine hydrochloride tabs</i>	1	
<i>hydralazine hcl tabs 10mg</i>	2	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs</i>	2	
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl/hydrochlorothiazide</i>	1	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	3	
<i>eplerenone</i>	3	
<i>fosinopril sodium</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	2	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	5	PA; NEDS; SP-Optum Specialty
<i>dipyridamole tabs</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin lingual soln</i>	3	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>vardenafil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<i>vardenafil hydrochloride tabs</i>	2	QL(4 EA per 30 days); EC
VERQUVO	4	
Central Nervous System Agents		
Analgesics and Antipyretics		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL(4 EA per 28 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	
<i>butalbital/aspirin/caffeine caps</i>	3	
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)
<i>celecoxib caps</i>	3	
<i>codeine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diflunisal tabs 500mg</i>	3	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>etodolac er</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	3	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	4	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	4	QL(30 EA per 30 days)
<i>ibu</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg, 50mg</i>	3	
LAZANDA SOLN 400MCG/ACT	5	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	5	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	5	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	3	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL(600 ML per 30 days)
<i>morphine sulfate er cp24 40mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 15mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 200mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>morphine sulfate soln 20mg/ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen tbec</i>	2	
<i>naproxen susp</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	3	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
SUBSYS	5	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl er tb24</i>	3	QL(30 EA per 30 days)
<i>tramadol hcl tabs</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs</i>	3	
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>modafinil</i>	4	PA
SUNOSI	4	PA
VYVANSE	4	PA
Anticonvulsants		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine chew, susp, tabs</i>	3	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	4	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO; NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	3	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide caps, soln</i>	3	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide inj, oral soln</i>	3	
<i>lacosamide tabs 50mg</i>	3	QL(60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>magnesium sulfate inj 50%</i>	4	
<i>methsuximide</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er cs24</i>	4	
<i>topiramate csp, tabs</i>	2	
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS	5	NEDS
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
ZONISADE	4	
<i>zonisamide caps</i>	2	
ZTALMY	5	PA NSO; NEDS
Antimanic Agents		
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Antimigraine Agents		
AIMOVIG	3	QL(1 ML per 30 days); PA
<i>almotriptan</i>	4	
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
<i>frovatriptan succinate</i>	4	
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	3	
<i>rizatriptan benzoate odt</i>	3	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj</i>	4	
<i>sumatriptan soln</i>	4	
UBRELVY	4	PA
Antiparkinsonian Agents		
<i>amantadine hcl soln</i>	2	
<i>amantadine hcl caps, tabs</i>	3	
<i>benztropine mesylate tabs</i>	2	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	3	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	4	
EMSAM	5	ST NSO; NEDS
<i>entacapone</i>	4	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL(30 EA per 30 days)
ONGENTYS	4	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
RYTARY	4	
<i>selegiline hcl caps, tabs</i>	3	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg, 30mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	
<i>clorazepate dipotassium tabs</i>	3	
DAYVIGO	4	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	4	
<i>diazepam soln, tabs</i>	2	
HETLIOZ LQ	5	PA; NEDS
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrps</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg</i>	2	
<i>zaleplon</i>	3	
<i>zolpidem tartrate tabs</i>	2	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	4	
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
EXSERVAN	5	NEDS
<i>guanfacine er tb24 2mg</i>	3	QL(90 EA per 90 days)
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	3	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	3	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NAMZARIC	3	
NOURIANZ	5	QL(30 EA per 30 days); NEDS
NUEDEXTA	3	PA
RADICAVA ORS	5	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA; NEDS; SP-Optum Specialty
RELYVRIO	5	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	3	
<i>sodium oxybate</i>	5	PA; NEDS
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Opiate Antagonists		
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL(4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	2	
<i>naltrexone hcl tabs</i>	3	
VIVITROL	5	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	5	NEDS
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	4	
<i>amoxapine</i>	3	
APLENZIN TB24 174MG, 348MG	4	ST NSO
APLENZIN TB24 522MG	5	ST NSO; NEDS
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	3	ST NSO
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 450mg</i>	3	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlorpromazine hcl tabs</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hydrochloride conc</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
<i>desipramine hydrochloride</i>	3	
<i>desvenlafaxine er</i>	3	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	3	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	3	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	3	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FANAPT	4	ST NSO
FANAPT TITRATION PACK	4	ST NSO
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	4	
<i>fluoxetine hcl caps 20mg</i>	2	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	2	
<i>fluoxetine hydrochloride soln</i>	2	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl tabs</i>	2	
<i>fluphenazine hcl conc</i>	3	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hydrochloride elix</i>	4	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>loxapine</i>	2	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	4	
<i>paliperidone er</i>	3	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>perphenazine tabs</i>	4	
PERSERIS	5	NEDS
<i>phenelzine sulfate tabs</i>	3	
<i>pimozide</i>	4	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate er</i>	3	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	NEDS
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	2	
<i>risperidone soln</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
SECUADO	5	NEDS
<i>sertraline hcl conc</i>	4	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<i>trimipramine maleate caps</i>	4	
TRINTELLIX	4	
<i>venlafaxine besylate er</i>	3	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	3	
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	3	
VERSACLOZ	5	NEDS
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO	5	PA; NEDS; SP-Optum Specialty
INGREZZA	5	PA; NEDS
<i>tetrabenazine</i>	5	PA; NEDS; SP-Optum Specialty
Devices		
<i>Devices</i>		
<i>alcohol prep pads</i>	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	3	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	3	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	3	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	3	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	3	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	3	
<i>techlite pen needles 29g x 10mm</i>	3	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	3	
<i>trueplus pen needles 29gx12mm</i>	3	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	3	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid</i>	5	PA; NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
<i>lactulose pack</i>	3	
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
<i>Caloric Agents</i>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
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>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
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

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Drug Name	Drug Tier	Requirements/Limits
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
Diuretics		
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide oral soln</i>	2	
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	2	
<i>metolazone</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>triamterene caps</i>	4	
Ion-removing Agents		
AURYXIA	5	PA; NEDS
<i>lanthanum carbonate</i>	5	NEDS
LOKELMA	3	
<i>sevelamer carbonate</i>	4	
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sps</i>	3	
VELPHORO	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA	3	
Irrigating Solutions		
sodium chloride 0.9%	3	
Replacement Preparations		
calcium acetate caps	3	
dextrose 10%/nacl 0.45%	4	
dextrose 10%/nacl 0.2%	4	
dextrose 2.5%/nacl 0.45%	4	
dextrose 5%/nacl 0.2%	4	
dextrose 5%/nacl 0.3%	4	
dextrose 5%/nacl 0.33%	4	
dextrose 5%/nacl 0.45%	4	
dextrose 5%/nacl 0.9%	4	
dextrose/sodium chloride	4	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.2%	4	
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	4	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	4	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	4	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	4	
klor-con	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
potassium chloride er tbc	1	
potassium chloride er cpcr	2	
potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 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%	4	
potassium chloride pack, oral soln	3	
potassium chloride inj 10meq/50ml, 20meq/50ml	1	
potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml	4	
sodium chloride 0.45%	4	
sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%	4	
Uricosuric Agents		
probenecid/colchicine	2	
probenecid tabs	2	
Enzymes		
Enzymes		
REVCovi	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID	5	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	4	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	4	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	3	
ZIRGAN	4	
Anti-inflammatory Agents		
ALREX	3	
BROMSITE	4	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate soln</i>	2	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	4	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>fluorometholone susp</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
FML	3	
FML FORTE	4	

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
<i>granisetron hydrochloride tabs</i>	4	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	4	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt</i>	2	PA BvD
<i>scopolamine</i>	3	
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>misoprostol tabs</i>	3	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium dr tbec 20mg</i>	1	
<i>pantoprazole sodium tbec</i>	1	
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
Cathartics and Laxatives		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
Cholelitholytic Agents		
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol caps 200mg</i>	4	
<i>ursodiol tabs</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Digestants		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
GI Drugs, Miscellaneous		
BYLVAY	5	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA; NEDS; SP-Optum Specialty
CHOLBAM	5	PA; NEDS
GATTEX	5	PA; NEDS
LINZESS	3	
LIVMARLI	5	PA; NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
RELISTOR	5	NEDS
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
<i>deferasirox pack</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	3	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
Hormones and Synthetic Substitutes		
Adrenals		

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	4	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
<i>dexamethasone elix</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
INTRAROSA	4	
MEDROL TABS 2MG	4	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	3	QL(63.6 GM per 90 days)
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
Androgens		
AVEED	4	
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	3	
<i>testosterone pump gel 1%</i>	3	
<i>testosterone pump gel 1.62%</i>	4	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	4	
XYOSTED	4	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
CYCLOSET	3	

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	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>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	

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<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
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	
Antihypoglycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Contraceptives		
<i>amethia</i>	4	
<i>apri</i>	4	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	4	
<i>eluryng</i>	3	
<i>errin</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>finzala</i>	4	
<i>haloette</i>	3	
<i>iclevia</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>introvale</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	
<i>marlissa</i>	4	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	4	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>portia-28</i>	4	
<i>sharobel</i>	3	
<i>tarina fe 1/20 eq</i>	4	
<i>tri-sprintec</i>	4	
<i>trivora-28</i>	4	
<i>tyblume</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>zovia 1/35</i>	4	
Estrogens and Antiestrogens		
<i>anastrozole</i>	1	
COMBIPATCH	4	
DEPO-ESTRADIOL	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dotti</i>	3	
ELESTRIN	4	
<i>estradiol valerate</i>	4	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	3	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	4	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	4	
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	2	
MENEST	4	
MENOSTAR	4	
<i>norethindrone acetate/ethinyl estradiol</i>	4	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS	4	
PREMPHASE	4	
PREMPRO	4	
<i>raloxifene hydrochloride</i>	3	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
Gonadotropins and Antigonadotropins		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	5	PA NSO; NEDS
ORILISSA TABS 150MG	5	QL(30 EA per 30 days); PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT	4	
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA; NEDS
NATPARA	5	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	5	PA; NEDS
TYMLOS	5	PA; NEDS
Pituitary		
CORTROPHIN	5	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate soln 0.01%</i>	4	
Progestins		
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate tabs</i>	2	
<i>medroxyprogesterone acetate inj</i>	4	
<i>megestrol acetate tabs</i>	3	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	NEDS; SP-Optum Specialty
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	5	PA; NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG	5	PA; NEDS
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NEDS; SP-Optum Specialty
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
ZORBTIVE	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
Thyroid and Antithyroid Agents		
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>niva thyroid</i>	4	
<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	4	
THYQUIDITY	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT-SOL	4	
<i>unithroid</i>	3	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
Alcohol Deterrents		
<i>disulfiram tabs</i>	3	
Antidotes		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs 10mg, 15mg, 5mg</i>	3	
<i>leucovorin calcium tabs 25mg</i>	4	
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps, tabs</i>	3	
<i>febuxostat</i>	3	ST
GLOPERBA	4	
Antisense Oligonucleotides		
TEGSEDI	5	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
EVENITY	5	PA; NEDS
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium tabs</i>	2	
PROLIA	4	PA
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	3	
XGEVA	5	PA; NEDS
<i>Carbonic Anhydrase Inhibitors</i>		
<i>dichlorphenamide</i>	5	PA; NEDS
<i>Disease-modifying Antirheumatic Drugs</i>		
COSENTYX	5	PA; NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty
KINERET	5	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	2	
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK	5	QL(110 EA per 365 days); PA; NEDS
OTEZLA TABS	5	QL(60 EA per 30 days); PA; NEDS

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RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty
EXTAVIA	5	NEDS; SP-Optum Specialty
<i> fingolimod</i>	5	NEDS
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	4	
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty
<i>Immunosuppressive Agents</i>		
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA INJ 200MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	3	PA BvD
ENVARUSUS XR	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	3	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
PROGRAF PACK	4	PA BvD
<i>sirolimus tabs</i>	4	PA BvD
<i>sirolimus soln</i>	5	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	PA BvD
<i>Kallikrein-Kinin System Inhibitors</i>		
BERINERT	5	PA; NEDS
CINRYZE	5	PA; NEDS
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	5	PA; NEDS
<i>Other Miscellaneous Therapeutic Agents</i>		
ARCALYST	5	PA; NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA; NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
ENDARI	5	NEDS
EVRYSDI	5	PA; NEDS
FIRDAPSE	5	PA; NEDS
GALAFOLD	5	PA; NEDS
<i>levocarnitine tabs</i>	3	
<i>metirosine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
ORFADIN SUSP	5	PA; NEDS
ORFADIN CAPS 20MG	5	PA; NEDS
REZUROCK	5	PA; NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	5	PA; NEDS; SP-Optum Specialty
VYNDAMAX	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	5	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
Protective Agents		
MESNEX TABS	5	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA; NEDS; SP-Optum Specialty
FASENRA	5	PA; NEDS
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA; NEDS
NUCALA INJ 100MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
Antifibrotic Agents		
ESBRIET CAPS	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC

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Drug Name	Drug Tier	Requirements/Limits
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	5	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	5	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPB	5	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
<i>Mucolytic Agents</i>		
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
<i>Phosphodiesterase Type 4 Inhibitors</i>		
<i>roflumilast</i>	3	
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL	5	NEDS
PROLASTIN-C	5	PA; NEDS
XOLAIR INJ 150MG, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>Vasodilating Agents</i>		
ADEMPAS	5	PA; NEDS
<i>ambrisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	5	PA; NEDS
UPTRAVI TABS	5	PA; NEDS
VENTAVIS	5	PA; NEDS
<i>Skin and Mucous Membrane Agents</i>		
<i>Anti-inflammatory Agents</i>		
KOURZEQ	3	
<i>Cell Stimulants and Proliferants</i>		
RETIN-A MICRO GEL 0.06%	4	PA

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Drug Name	Drug Tier	Requirements/Limits
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir oint 5%</i>	4	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	3	
<i>ciclopirox gel, susp</i>	3	
<i>ciclopirox sham</i>	4	
CLEOCIN	4	
<i>clindacin</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phosphate/benzoyl peroxide</i>	4	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>econazole nitrate</i>	4	
<i>ery</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3</i>	3	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin crea</i>	3	QL(180 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride</i>	3	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>penciclovir</i>	4	
<i>permethrin</i>	3	
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
<i>selenium sulfide</i>	2	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SULFAMYLON	4	
<i>terconazole</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide</i>	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate</i>	2	
<i>budesonide foam 2mg</i>	3	
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	QL(236 ML per 30 days)
CORDRAN	4	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
DESRX	4	
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(200 GM per 30 days)
<i>diflorasone diacetate</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide</i>	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>oralone dental paste</i>	3	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	4	QL(200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	3	
<i>triamcinolone acetonide crea, lotn</i>	2	
<i>triamcinolone acetonide aers</i>	4	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	
UCERIS	4	
<i>Antipruritics and Local Anesthetics</i>		
<i>doxepin hydrochloride crea 5%</i>	4	QL(90 GM per 30 days)
<i>lidocaine hcl</i>	2	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	3	QL(60 GM per 30 days)
<i>lidocaine ptch</i>	3	QL(90 EA per 30 days); PA
<i>lidocaine oint</i>	4	QL(100 GM per 30 days)
<i>premium lidocaine</i>	4	QL(100 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Cell Stimulants and Proliferants		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP	4	PA
<i>tretinoin microsphere</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
Emollients, Demulcents, and Protectants		
<i>ammonium lactate</i>	3	
Skin and Mucous Membrane Agents, Misc		
<i>acutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene crea</i>	2	PA
<i>adapalene gel</i>	4	PA
<i>azelaic acid</i>	3	
AZELEX	4	
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS
<i>calcipotriene crea</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>claravis</i>	4	
CONDYLOX	4	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
<i>fluorouracil soln</i>	3	
<i>fluorouracil crea</i>	4	
HYFTOR	5	PA; NEDS
<i>imiquimod</i>	4	
<i>imiquimod pump</i>	4	
<i>isotretinoin</i>	4	
KLISYRI	5	PA; NEDS
MYORISAN	4	
PANRETIN	5	NEDS
<i>pimecrolimus</i>	3	
<i>podofilox</i>	3	
RECTIV	4	QL(30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS

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STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>tazarotene crea, gel</i>	3	PA
<i>tazarotene foam</i>	4	PA
TAZORAC	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>fesoterodine fumarate er</i>	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, syrp</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate er</i>	4	
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>elixophyllin</i>	2	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline elix</i>	2	
Vitamins		
<i>Multivitamin Preparations</i>		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>Vitamin B Complex</i>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>Vitamin D</i>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	4	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL(4 EA per 28 days); EC

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		<i>amcinonide</i>	55
		<i>amethia</i>	44
		<i>amikacin sulfate</i>	2
		<i>amiloride hcl</i>	35
		<i>amiloride/hydrochlorothiazide</i>	35
		AMINOSYN II	33
		AMINOSYN-PF 7%	34
		<i>amiodarone hydrochloride</i>	21
		<i>amitriptyline hcl</i>	29
		<i>amitriptyline hydrochloride</i>	29
		<i>amlodipine besylate</i>	20
		<i>amlodipine besylate/atorvastatin calcium</i>	20
		<i>amlodipine besylate/benazepril hydrochloride</i>	20
		<i>amlodipine besylate/valsartan</i>	20
		<i>amlodipine/olmesartan medoxomil</i>	20
		<i>ammonium lactate</i>	57
		<i>amoxapine</i>	29
		<i>amoxicillin</i>	2
		<i>amoxicillin/clavulanate potassium</i>	2
		<i>amoxicillin/clavulanate potassium er</i>	2
		<i>amphetamine/dextroamphetamine</i>	25
		<i>amphotericin b</i>	5
		<i>amphotericin b liposome</i>	5
		<i>ampicillin</i>	2
		<i>ampicillin sodium</i>	2
		<i>ampicillin-sulbactam</i>	2
		<i>anagrelide hydrochloride</i>	17
		<i>anastrozole</i>	45
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<i>abiraterone acetate</i>	9		
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<i>acamprosate calcium dr</i>	28		
<i>acarbose</i>	42		
<i>accutane</i>	57		
<i>acebutolol hydrochloride</i>	19		
<i>acetaminophen/codeine</i>	23		
<i>acetazolamide</i>	38		
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<i>acetic acid</i>	39		
<i>acetylcysteine</i>	48		
<i>acitretin</i>	57		
ACTHIB	15		
ACTIMMUNE	50		
<i>acyclovir</i>	6		
<i>acyclovir</i>	54		
<i>acyclovir sodium</i>	6		
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<i>arformoterol tartrate</i>	17	<i>balsalazide disodium</i>	39
ARIKAYCE	2	BALVERSA	9
<i>aripiprazole</i>	29	<i>balziva</i>	44
<i>aripiprazole odt</i>	29	BAQSIMI ONE PACK	44
ARISTADA	29	BAQSIMI TWO PACK	44
ARISTADA INITIO	29	BAXDELA	2
<i>armodafinil</i>	25	BCG VACCINE	15
ARMOUR THYROID	48	<i>bd insulin syringe safetyglide/1ml/29g x</i>	32
<i>asenapine maleate sl</i>	29	<i>1/2"</i>	
<i>ashlyna</i>	44	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	32
<i>aspirin/dipyridamole er</i>	17	<i>5/16"</i>	
<i>atazanavir</i>	6	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	32
<i>atazanavir sulfate</i>	6	<i>12.7mm</i>	
<i>atenolol</i>	19	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	32
<i>atenolol/chlorthalidone</i>	19	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	32
<i>atomoxetine</i>	28	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	32
<i>atomoxetine hydrochloride</i>	28	<i>bd pen needle/original/ultra-fine/29g x</i>	32
<i>atorvastatin calcium</i>	18	<i>12.7mm</i>	
<i>atovaquone</i>	5	BELBUCA	23
<i>atovaquone/proguanil hcl</i>	5	BELSOMRA	28
<i>atropine sulfate</i>	39	<i>benazepril hcl</i>	21
ATROVENT HFA	16	<i>benazepril hcl/hydrochlorothiazide</i>	21
AUBAGIO	50	<i>benazepril hydrochloride</i>	21
AUGMENTIN	2	<i>benazepril</i>	21
AURYXIA	35	<i>hydrochloride/hydrochlorothiazide</i>	
AUSTEDO	32	BENLYSTA	50
AUVELITY	29	BENZNIDAZOLE	5
AVEED	42	<i>benzonatate</i>	52
<i>aviane</i>	44	<i>benztropine mesylate</i>	27
<i>avita</i>	57	<i>bepotastine besilate</i>	38
AVONEX	50	BERINERT	51
AVONEX PEN	50	BESIVANCE	37
AVYCAZ	2	BESREMI	9
AYVAKIT	9	<i>betaine anhydrous</i>	51
AZASITE	37	<i>betamethasone dipropionate</i>	55
<i>azathioprine</i>	50	<i>betamethasone dipropionate augmented</i>	55
<i>azelaic acid</i>	57	<i>betamethasone valerate</i>	55
<i>azelastine hcl</i>	38	BETASERON	50
<i>azelastine hydrochloride</i>	38	<i>betaxolol hcl</i>	19
AZELEX	57	<i>betaxolol hcl</i>	38
<i>azithromycin</i>	2	<i>bethanechol chloride</i>	16
<i>aztreonam</i>	2	BETIMOL	38
<i>bacitracin</i>	37	BETOPTIC-S	38

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BEVESPI AEROSPHERE	16	<i>bupirone hydrochloride</i>	28
<i>bexarotene</i>	9	<i>butalbital/acetaminophen/caffeine</i>	23
<i>bexarotene</i>	57	<i>butalbital/aspirin/caffeine</i>	23
BEXSERO	15	<i>butorphanol tartrate</i>	23
<i>bicalutamide</i>	9	BYDUREON BCISE	42
BICILLIN C-R	2	BYETTA	42
BICILLIN L-A	2	BYLVAY	41
BIKTARVY	6	BYLVAY (PELLETS)	41
<i>bismuth subcitrate</i>	40	<i>cabergoline</i>	27
<i>pot/metronidazole/tetracycline hydrochloride</i>		CABLIVI	17
<i>bisoprolol fumarate</i>	19	CABOMETYX	9
<i>bisoprolol fumarate/hydrochlorothiazide</i>	19	<i>calcipotriene</i>	57
BIVIGAM	14	<i>calcitonin salmon</i>	47
BOOSTRIX	14	<i>calcitonin-salmon</i>	47
<i>bortezomib</i>	9	<i>calcitriol</i>	57
<i>bosentan</i>	53	<i>calcitriol</i>	58
BOSULIF	9	<i>calcium acetate</i>	36
BRAFTOVI	9	CALQUENCE	9
BREO ELLIPTA	42	<i>camila</i>	44
BREYNA	42	CAMZYOS	21
BREZTRI AEROSPHERE	42	<i>candesartan cilexetil</i>	21
<i>briellyn</i>	44	<i>candesartan cilexetil/hydrochlorothiazide</i>	21
BRILINTA	17	CAPLYTA	29
<i>brimonidine tartrate</i>	38	CAPRELSA	9
<i>brimonidine tartrate/timolol maleate</i>	38	<i>captopril</i>	21
<i>brinzolamide</i>	39	<i>carbamazepine</i>	25
BRIVIACT	25	<i>carbamazepine er</i>	25
<i>bromocriptine mesylate</i>	27	<i>carbidopa</i>	27
BROMSITE	37	<i>carbidopa/levodopa</i>	27
BRONCHITOL	53	<i>carbidopa/levodopa er</i>	27
BRUKINSA	9	<i>carbidopa/levodopa odt</i>	27
<i>budesonide</i>	42	<i>carbidopa/levodopa/entacapone</i>	27
<i>budesonide</i>	55	CARDURA XL	18
<i>budesonide er</i>	42	<i>carglumic acid</i>	33
<i>budesonide/formoterol fumarate dihydrate</i>	42	<i>carteolol hcl</i>	39
<i>bumetanide</i>	35	<i>cartia xt</i>	20
<i>buprenorphine</i>	23	<i>carvedilol</i>	19
<i>buprenorphine hcl</i>	23	<i>carvedilol phosphate er</i>	19
<i>buprenorphine hcl/naloxone hcl</i>	23	<i>caspofungin acetate</i>	5
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	23	CAYSTON	2
<i>bupropion hcl</i>	29	<i>cefaclor</i>	2
<i>bupropion hydrochloride</i>	29	<i>cefadroxil</i>	2
<i>bupropion hydrochloride er (sr)</i>	29	<i>cefazolin</i>	2
<i>bupropion hydrochloride er (xl)</i>	29	<i>cefazolin sodium</i>	2
<i>bupirone hcl</i>	28	<i>cefdinir</i>	2
		<i>cefepime</i>	2

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<i>cefepime hydrochloride</i>	2	CLEOCIN	54
<i>cefepime/dextrose</i>	2	<i>clindacin</i>	54
<i>cefixime</i>	2	<i>clindacin etz pledgets</i>	54
<i>cefotetan</i>	2	<i>clindacin-p</i>	54
<i>cefoxitin sodium</i>	2	<i>clindamycin hcl</i>	3
<i>cefpodoxime proxetil</i>	2	<i>clindamycin hydrochloride</i>	3
<i>cefprozil</i>	2	<i>clindamycin palmitate hcl</i>	3
<i>ceftazidime</i>	2	<i>clindamycin phosphate</i>	3
<i>ceftriaxone sodium</i>	2	<i>clindamycin phosphate</i>	54
<i>cefuroxime axetil</i>	2	<i>clindamycin phosphate/benzoyl peroxide</i>	54
<i>cefuroxime sodium</i>	2	<i>clindamycin phosphate/dextrose</i>	3
<i>celecoxib</i>	23	<i>clindamycin/benzoyl peroxide</i>	54
CELONTIN	25	CLINIMIX 4.25%/DEXTROSE 10%	34
<i>cephalexin</i>	3	CLINIMIX 4.25%/DEXTROSE 5%	34
CERDELGA	51	CLINIMIX 5%/DEXTROSE 15%	34
CHEMET	41	CLINIMIX 5%/DEXTROSE 20%	34
<i>chlordiazepoxide hcl</i>	28	CLINIMIX 6/5	34
<i>chlordiazepoxide hydrochloride</i>	28	CLINIMIX 8/10	34
<i>chlorhexidine gluconate</i>	37	CLINIMIX E 2.75%/DEXTROSE 5%	34
<i>chloroquine phosphate</i>	6	CLINIMIX E 4.25%/DEXTROSE 10%	34
<i>chlorpromazine hcl</i>	29	CLINIMIX E 4.25%/DEXTROSE 5%	34
<i>chlorpromazine hydrochloride</i>	30	CLINIMIX E 5%/DEXTROSE 15%	34
<i>chlorthalidone</i>	35	CLINIMIX E 5%/DEXTROSE 20%	34
<i>chlorzoxazone</i>	16	CLINIMIX E 8/10	34
CHOLBAM	41	CLINISOL SF 15%	34
<i>cholestyramine</i>	19	<i>clobazam</i>	25
<i>cholestyramine light</i>	19	<i>clobetasol propionate</i>	55
<i>ciclopirox</i>	54	<i>clobetasol propionate e</i>	55
<i>ciclopirox nail lacquer</i>	54	<i>clobetasol propionate emollient</i>	55
<i>ciclopirox olamine</i>	54	<i>clocortolone pivalate</i>	55
<i>cilostazol</i>	17	<i>clodan</i>	55
CIMDUO	6	<i>clomipramine hydrochloride</i>	30
<i>cimetidine</i>	40	<i>clonazepam</i>	25
<i>cinacalcet hydrochloride</i>	47	<i>clonazepam odt</i>	25
CINRYZE	51	<i>clonidine hcl</i>	21
<i>ciprofloxacin</i>	3	<i>clonidine hydrochloride</i>	21
<i>ciprofloxacin hcl</i>	3	<i>clonidine hydrochloride er</i>	21
<i>ciprofloxacin hydrochloride</i>	3	<i>clopidogrel</i>	17
<i>ciprofloxacin hydrochloride</i>	37	<i>clorazepate dipotassium</i>	28
<i>ciprofloxacin i.v.-in d5w</i>	3	<i>clotrimazole</i>	54
<i>ciprofloxacin/dexamethasone</i>	37	<i>clotrimazole/betamethasone dipropionate</i>	54
<i>citalopram hydrobromide</i>	30	<i>clozapine</i>	30
<i>claravis</i>	57	<i>clozapine odt</i>	30
<i>clarithromycin</i>	3	COARTEM	6
<i>clarithromycin er</i>	3	<i>codeine sulfate</i>	23
CLENPIQ	40	<i>colchicine</i>	48

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<i>colesevelam hydrochloride</i>	19	<i>deferiprone</i>	41
<i>colestipol hcl</i>	19	DELSTRIGO	6
<i>colistimethate sodium</i>	3	<i>demeclocycline hcl</i>	3
COMBIPATCH	45	DEPO-ESTRADIOL	45
COMBIVENT RESPIMAT	17	DEPO-SUBQ PROVERA 104	47
COMETRIQ	9	DESCOVY	6
COMPLERA	6	<i>desipramine hydrochloride</i>	30
CONDYLOX	57	<i>desloratadine</i>	9
<i>constulose</i>	33	<i>desloratadine odt</i>	9
COPAXONE	50	<i>desmopressin acetate</i>	47
COPIKTRA	9	<i>desogestrel/ethinyl estradiol</i>	44
CORDRAN	55	<i>desonide</i>	55
CORLANOR	21	<i>desoximetasone</i>	55
CORTROPHIN	47	DESRX	55
COSENTYX	49	<i>desvenlafaxine er</i>	30
COSENTYX SENSOREADY PEN	49	<i>dexamethasone</i>	42
COSENTYX UNOREADY	49	<i>dexamethasone sodium phosphate</i>	37
COTELLIC	9	DEXLANSOPRAZOLE	40
CREON	41	<i>dexmethylphenidate hcl</i>	25
<i>cromolyn sodium</i>	38	<i>dexmethylphenidate hcl er</i>	25
<i>cromolyn sodium</i>	52	<i>dexmethylphenidate hydrochloride</i>	25
<i>curity gauze pads 2"x2" 12 ply</i>	32	<i>dexmethylphenidate hydrochloride er</i>	25
<i>cyanocobalamin</i>	58	<i>dextroamphetamine sulfate</i>	25
<i>cyclobenzaprine hydrochloride</i>	16	<i>dextroamphetamine sulfate er</i>	25
<i>cyclophosphamide</i>	9	<i>dextrose 10%/nacl 0.45%</i>	36
CYCLOSET	42	<i>dextrose 10%</i>	34
<i>cyclosporine</i>	37	<i>dextrose 10%/nacl 0.2%</i>	36
<i>cyclosporine</i>	50	<i>dextrose 2.5%/nacl 0.45%</i>	36
<i>cyclosporine modified</i>	50	<i>dextrose 5%</i>	34
<i>cyproheptadine hcl</i>	8	<i>dextrose 5%/nacl 0.2%</i>	36
<i>cyproheptadine hydrochloride</i>	8	<i>dextrose 5%/nacl 0.3%</i>	36
CYSTAGON	51	<i>dextrose 5%/nacl 0.33%</i>	36
CYSTARAN	39	<i>dextrose 5%/nacl 0.45%</i>	36
<i>dabigatran etexilate</i>	17	<i>dextrose 5%/nacl 0.9%</i>	36
<i>dalfampridine er</i>	51	<i>dextrose 50%</i>	34
DALVANCE	3	<i>dextrose 70%</i>	34
<i>danazol</i>	42	<i>dextrose/sodium chloride</i>	36
<i>dantrolene sodium</i>	16	DIACOMIT	25
<i>dapsone</i>	5	<i>diazepam</i>	28
DAPTACEL	14	<i>diazepam intensol</i>	28
<i>daptomycin</i>	3	<i>diazepam rectal gel</i>	28
<i>darunavir</i>	6	<i>diazoxide</i>	44
DAURISMO	9	<i>dichlorphenamide</i>	49
DAYVIGO	28	<i>diclofenac epolamine</i>	23
<i>deblitane</i>	44	<i>diclofenac potassium</i>	23
<i>deferasirox</i>	41	<i>diclofenac sodium</i>	37

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<i>diclofenac sodium</i>	55	<i>doxazosin mesylate</i>	18
<i>diclofenac sodium dr</i>	23	<i>doxepin hcl</i>	30
<i>diclofenac sodium er</i>	23	<i>doxepin hydrochloride</i>	30
<i>dicloxacillin sodium</i>	3	<i>doxepin hydrochloride</i>	56
<i>dicyclomine hcl</i>	16	<i>doxercalciferol</i>	58
<i>dicyclomine hydrochloride</i>	16	DOXY 100	3
DIFICID	3	<i>doxycycline</i>	3
<i>diflorasone diacetate</i>	55	<i>doxycycline hyclate</i>	3
<i>diflunisal</i>	23	<i>doxycycline monohydrate</i>	3
<i>difluprednate</i>	37	DRIZALMA SPRINKLE	30
<i>digitek</i>	21	<i>dronabinol</i>	40
<i>digox</i>	21	<i>drospirenone/ethinyl estradiol</i>	44
<i>digoxin</i>	21	DROXIA	10
<i>dihydroergotamine mesylate</i>	17	<i>droxidopa</i>	17
DILANTIN	25	<i>duloxetine hcl</i>	30
DILANTIN INFATABS	25	<i>duloxetine hydrochloride</i>	30
DILANTIN-125	25	DUPIXENT	52
<i>diltiazem hcl</i>	20	DUPIXENT	57
<i>diltiazem hcl cd</i>	20	<i>dutasteride</i>	48
<i>diltiazem hcl er</i>	20	<i>dutasteride/tamsulosin hydrochloride</i>	48
<i>diltiazem hydrochloride</i>	20	<i>econazole nitrate</i>	54
<i>diltiazem hydrochloride er</i>	20	EDURANT	6
<i>dilt-xr</i>	20	<i>efavirenz</i>	6
<i>dimethyl fumarate</i>	50	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	6
<i>dimethyl fumarate starterpack</i>	50	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	6
<i>diphenoxylate hydrochloride/atropine sulfate</i>	39	EGRIFTA SV	47
<i>diphenoxylate/atropine</i>	39	ELESTRIN	46
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	14	ELIGARD	46
<i>dipyridamole</i>	22	ELIQUIS	17
<i>disopyramide phosphate</i>	21	ELIQUIS STARTER PACK	17
<i>disulfiram</i>	48	<i>elixophyllin</i>	58
<i>divalproex sodium</i>	25	ELMIRON	51
<i>divalproex sodium dr</i>	25	<i>eluryng</i>	44
<i>divalproex sodium er</i>	25	EMCYT	10
<i>dofetilide</i>	21	EMGALITY	27
<i>donepezil hcl</i>	16	EMSAM	27
<i>donepezil hydrochloride</i>	16	<i>emtricitabine</i>	6
DOPTELET	18	<i>emtricitabine/tenofovir disoproxil fumarate</i>	6
<i>dorzolamide hcl/timolol maleate</i>	39	<i>emtricitabine/tenofovir disoproxil fumarate</i>	6
<i>dorzolamide hydrochloride</i>	39	EMTRIVA	7
<i>dorzolamide hydrochloride/timolol maleate pf</i>	39	<i>enalapril maleate</i>	21
<i>dotti</i>	46	<i>enalapril maleate/hydrochlorothiazide</i>	21
DOVATO	6	ENBREL	49
		ENBREL MINI	49

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ENBREL SURECLICK	49	EVAMIST	46
ENDARI	51	EVENITY	48
<i>endocet</i>	23	<i>everolimus</i>	10
ENGERIX-B	15	<i>everolimus</i>	51
<i>enoxaparin sodium</i>	17	EVOTAZ	7
<i>entacapone</i>	27	EVRYSDI	51
<i>entecavir</i>	7	<i>exemestane</i>	46
ENTRESTO	21	EXKIVITY	10
<i>enulose</i>	33	EXSERVAN	28
ENVARUSUS XR	50	EXTAVIA	50
EPCLUSA	7	<i>ezetimibe</i>	19
EPIDIOLEX	25	<i>ezetimibe/simvastatin</i>	19
<i>epinastine hcl</i>	38	<i>falmina</i>	44
<i>epinephrine</i>	17	<i>famciclovir</i>	7
<i>epitol</i>	25	<i>famotidine</i>	40
<i>eplerenone</i>	21	FANAPT	30
EPRONTIA	25	FANAPT TITRATION PACK	30
EQUETRO	25	FARXIGA	43
ERIVEDGE	10	FASENRA	52
ERLEADA	10	FASENRA PEN	52
<i>erlotinib hydrochloride</i>	10	<i>febuxostat</i>	48
<i>errin</i>	44	<i>felbamate</i>	25
<i>ertapenem</i>	3	<i>felodipine er</i>	20
<i>ery</i>	54	FEMRING	46
<i>erythromycin</i>	3	<i>fenofibrate</i>	19
<i>erythromycin</i>	37	<i>fenofibrate micronized</i>	19
<i>erythromycin</i>	54	<i>fenofibric acid dr</i>	19
<i>erythromycin base</i>	3	<i>fentanyl</i>	23
<i>erythromycin dr</i>	3	<i>fentanyl citrate</i>	23
<i>erythromycin ethylsuccinate</i>	3	<i>fentanyl citrate oral transmucosal</i>	23
<i>erythromycin/benzoyl peroxide</i>	54	<i>fesoterodine fumarate er</i>	58
ESBRIET	52	FETZIMA	30
<i>escitalopram oxalate</i>	30	FETZIMA TITRATION PACK	30
<i>esomeprazole magnesium</i>	40	FEXMID	16
<i>estradiol</i>	46	<i>finasteride</i>	48
<i>estradiol valerate</i>	46	<i>fingolimod</i>	50
ESTRING	46	FINTEPLA	26
<i>ethacrynic acid</i>	35	<i>finzala</i>	44
<i>ethambutol hydrochloride</i>	5	FIRDAPSE	51
<i>ethosuximide</i>	25	FIRMAGON	46
<i>etodolac</i>	23	FIRVANQ	3
<i>etodolac er</i>	23	<i>flac</i>	37
<i>etonogestrel/ethinyl estradiol</i>	44	FLAREX	37
<i>etravirine</i>	7	FLEBOGAMMA DIF	14
EUCRISA	56	<i>flecainide acetate</i>	21
<i>euthyrox</i>	48	FLOLIPID	19

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FLOVENT DISKUS	42	<i>furosemide</i>	35
<i>fluconazole</i>	5	FUZEON	7
<i>fluconazole in sodium chloride</i>	5	<i>fyavolv</i>	46
<i>flucytosine</i>	5	FYCOMPA	26
<i>fludrocortisone acetate</i>	42	<i>gabapentin</i>	26
<i>flunisolide</i>	37	GALAFOLD	51
<i>fluocinolone acetonide</i>	37	<i>galantamine hydrobromide</i>	16
<i>fluocinolone acetonide</i>	56	<i>galantamine hydrobromide er</i>	16
<i>fluocinolone acetonide body</i>	56	GAMMAGARD LIQUID	14
<i>fluocinolone acetonide scalp</i>	56	GAMMAKED	14
<i>fluocinonide</i>	56	GAMMAPLEX	14
<i>fluocinonide emulsified base</i>	56	GAMUNEX-C	14
<i>fluorometholone</i>	37	GARDASIL 9	15
<i>fluorouracil</i>	57	<i>gatifloxacin</i>	37
<i>fluoxetine dr</i>	30	GATTEX	41
<i>fluoxetine hcl</i>	30	<i>gauze pads 2"x2"</i>	32
<i>fluoxetine hydrochloride</i>	30	<i>gavilyte-c</i>	40
<i>fluphenazine decanoate</i>	30	<i>gavilyte-g</i>	40
<i>fluphenazine hcl</i>	30	<i>gavilyte-n/flavor pack</i>	40
<i>fluphenazine hydrochloride</i>	30	GAVRETO	10
<i>flurbiprofen</i>	23	<i>gefitinib</i>	10
<i>flurbiprofen sodium</i>	37	<i>gemfibrozil</i>	19
<i>flutamide</i>	10	GEMTESA	58
<i>fluticasone propionate</i>	37	<i>generlac</i>	33
<i>fluticasone propionate</i>	56	GENGRAF	51
<i>fluticasone propionate hfa</i>	42	GENOTROPIN	47
<i>fluticasone propionate/salmeterol</i>	17	GENOTROPIN MINIQUICK	47
<i>fluticasone propionate/salmeterol diskus</i>	17	<i>gentak</i>	37
<i>fluvastatin</i>	19	<i>gentamicin sulfate</i>	3
<i>fluvastatin sodium er</i>	19	<i>gentamicin sulfate</i>	37
<i>fluvoxamine maleate</i>	30	<i>gentamicin sulfate</i>	54
<i>fluvoxamine maleate er</i>	30	<i>gentamicin sulfate/0.9% sodium chloride</i>	3
FML	37	GENVOYA	7
FML FORTE	37	GILOTRIF	10
<i>folic acid</i>	58	GLEOSTINE	10
<i>fondaparinux sodium</i>	17	<i>glimepiride</i>	43
<i>formoterol fumarate</i>	17	<i>glipizide</i>	43
FORTEO	47	<i>glipizide er</i>	43
<i>fosamprenavir calcium</i>	7	<i>glipizide/metformin hydrochloride</i>	43
<i>fosfomycin tromethamine</i>	8	GLOPERBA	48
<i>fosinopril sodium</i>	21	GLUCAGEN HYPOKIT	44
<i>fosinopril sodium/hydrochlorothiazide</i>	22	GLUCAGON EMERGENCY KIT	44
FOTIVDA	10	GLUCAGON EMERGENCY KIT FOR	44
FRAGMIN	18	LOW BLOOD SUGAR	
FREAMINE III	34	<i>glyburide</i>	43
<i>frovatriptan succinate</i>	27	<i>glyburide micronized</i>	43

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<i>glyburide/metformin hydrochloride</i>	43	HUMIRA PEN-PS/UV STARTER	49
<i>glycopyrrolate</i>	16	HUMULIN 70/30	43
GLYXAMBI	43	HUMULIN 70/30 KWIKPEN	43
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	32	HUMULIN N	43
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	33	HUMULIN N KWIKPEN	43
GOCOVRI	27	HUMULIN R	43
<i>granisetron hydrochloride</i>	40	HUMULIN R U-500 (CONCENTRATED)	43
<i>griseofulvin microsize</i>	5	HUMULIN R U-500 KWIKPEN	43
<i>griseofulvin ultramicrosize</i>	5	<i>hydralazine hcl</i>	21
<i>guanfacine er</i>	28	<i>hydralazine hydrochloride</i>	21
<i>guanfacine hydrochloride</i>	28	<i>hydrochlorothiazide</i>	35
GVOKE HYPOPEN 1-PACK	44	<i>hydrocodone bitartrate er</i>	23
GVOKE HYPOPEN 2-PACK	44	<i>hydrocodone bitartrate/acetaminophen</i>	23
GVOKE KIT	44	<i>hydrocodone bitartrate/homatropine</i>	52
GVOKE PFS	44	<i>methylbromide</i>	
GYNAZOLE-1	54	<i>hydrocodone polistirex/chlorpheniramine</i>	52
HAEGARDA	51	<i>polistirex</i>	
<i>halcinonide</i>	56	<i>hydrocodone/acetaminophen</i>	23
<i>halobetasol propionate</i>	56	<i>hydrocodone/ibuprofen</i>	23
<i>haloette</i>	44	<i>hydrocortisone</i>	42
<i>haloperidol</i>	30	<i>hydrocortisone</i>	56
<i>haloperidol decanoate</i>	30	<i>hydrocortisone butyrate</i>	56
<i>haloperidol lactate</i>	30	<i>hydrocortisone valerate</i>	56
HARVONI	7	<i>hydrocortisone/acetic acid</i>	38
HAVRIX	15	<i>hydromorphone hcl</i>	23
<i>heparin sodium</i>	18	<i>hydromorphone hcl er</i>	23
<i>heparin sodium/d5w</i>	18	<i>hydromorphone hydrochloride er</i>	24
HEPATAMINE	34	<i>hydroxychloroquine sulfate</i>	6
HEPLISAV-B	15	<i>hydroxyurea</i>	10
HETLIOZ LQ	28	<i>hydroxyzine hcl</i>	28
HIBERIX	15	<i>hydroxyzine hydrochloride</i>	28
HORIZANT	26	<i>hydroxyzine pamoate</i>	28
HUMALOG	43	HYFTOR	57
HUMALOG JUNIOR KWIKPEN	43	<i>ibandronate sodium</i>	49
HUMALOG KWIKPEN	43	IBRANCE	10
HUMALOG MIX 50/50	43	<i>ibu</i>	24
HUMALOG MIX 50/50 KWIKPEN	43	<i>ibuprofen</i>	24
HUMALOG MIX 75/25	43	<i>icatibant acetate</i>	51
HUMALOG MIX 75/25 KWIKPEN	43	<i>iclevia</i>	44
HUMIRA	49	ICLUSIG	10
HUMIRA PEDIATRIC CROHNS	49	<i>icosapent ethyl</i>	19
DISEASE STARTER PACK		IDHIFA	10
HUMIRA PEN	49	ILEVRO	38
HUMIRA PEN-CD/UC/HS STARTER	49	<i>imatinib mesylate</i>	10
HUMIRA PEN-PEDIATRIC UC	49	IMBRUVICA	10
STARTER PACK		<i>imipenem/cilastatin</i>	3

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<i>imipramine hcl</i>	30	<i>itraconazole</i>	5
<i>imipramine hydrochloride</i>	30	<i>ivermectin</i>	2
<i>imipramine pamoate</i>	30	<i>ivermectin</i>	54
<i>imiquimod</i>	57	IXIARO	15
<i>imiquimod pump</i>	57	JAKAFI	10
IMOVAX RABIES (H.D.C.V.)	15	<i>jantoven</i>	18
IMPAVIDO	6	JANUMET	43
IMVEXXY MAINTENANCE PACK	46	JANUMET XR	43
IMVEXXY STARTER PACK	46	JANUVIA	43
INBRIJA	27	JARDIANCE	43
INCRELEX	47	JAYPIRCA	11
INCRUSE ELLIPTA	16	JENTADUETO	43
<i>indapamide</i>	35	JENTADUETO XR	43
<i>indomethacin</i>	24	<i>jinteli</i>	46
<i>indomethacin er</i>	24	JULUCA	7
INFANRIX	14	<i>junel 1.5/30</i>	45
INGREZZA	32	<i>junel 1/20</i>	45
INLYTA	10	<i>junel fe 1.5/30</i>	45
INQOVI	10	<i>junel fe 1/20</i>	45
INREBIC	10	<i>junel fe 24</i>	45
INTELENCE	7	JUXTAPID	19
INTRALIPID	34	JYNNEOS	15
INTRAROSA	42	KALYDECO	53
INTRON A	10	<i>kariva</i>	45
<i>introvale</i>	45	<i>kcl 0.075%/d5w/nacl 0.45%</i>	36
INVEGA HAFYERA	30	<i>kcl 0.15%/d5w/nacl 0.2%</i>	36
INVEGA SUSTENNA	30	<i>kcl 0.15%/d5w/nacl 0.225%</i>	36
INVEGA TRINZA	31	<i>kcl 0.15%/d5w/nacl 0.45%</i>	36
INVELTYS	38	<i>kcl 0.15%/d5w/nacl 0.9%</i>	36
IPOL INACTIVATED IPV	15	<i>kcl 0.3%/d5w/nacl 0.45%</i>	36
<i>ipratropium bromide</i>	16	<i>kcl 0.3%/d5w/nacl 0.9%</i>	36
<i>ipratropium bromide/albuterol sulfate</i>	17	<i>kelnor 1/35</i>	45
<i>irbesartan</i>	22	KERENDIA	22
<i>irbesartan/hydrochlorothiazide</i>	22	KESIMPTA	50
IRESSA	10	<i>ketoconazole</i>	5
ISENTRESS	7	<i>ketoconazole</i>	54
ISENTRESS HD	7	KETODAN	54
<i>isoniazid</i>	5	<i>ketoprofen</i>	24
<i>isosorbide dinitrate</i>	22	<i>ketoprofen er</i>	24
<i>isosorbide dinitrate/hydralazine</i>	22	<i>ketorolac tromethamine</i>	38
<i>hydrochloride</i>		KINERET	49
<i>isosorbide mononitrate</i>	22	KINRIX	14
<i>isosorbide mononitrate er</i>	22	KISQALI	11
<i>isotonic gentamicin</i>	3	KISQALI FEMARA 200 DOSE	46
<i>isotretinoin</i>	57	KISQALI FEMARA 400 DOSE	46
<i>isradipine</i>	20	KISQALI FEMARA 600 DOSE	46

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KLISYRI	57	leucovorin calcium	48
<i>klor-con</i>	36	LEUKERAN	11
<i>klor-con 10</i>	36	<i>leuprolide acetate</i>	46
<i>klor-con 8</i>	36	<i>levalbuterol</i>	17
<i>klor-con m10</i>	36	<i>levalbuterol hcl</i>	17
<i>klor-con m15</i>	36	<i>levalbuterol hydrochloride</i>	17
<i>klor-con m20</i>	36	<i>levalbuterol tartrate hfa</i>	17
KORLYM	43	LEVEMIR	43
KOSELUGO	11	LEVEMIR FLEXPEN	43
KOURZEQ	53	LEVEMIR FLEXTOUCH	43
KRAZATI	11	<i>levetiracetam</i>	26
KRISTALOSE	33	<i>levetiracetam er</i>	26
KYNMOBI	27	<i>levobunolol hcl</i>	39
<i>labetalol hydrochloride</i>	19	<i>levocarnitine</i>	51
<i>lacosamide</i>	26	<i>levocetirizine dihydrochloride</i>	9
<i>lactulose</i>	33	<i>levofloxacin</i>	3
<i>lamivudine</i>	7	<i>levofloxacin</i>	37
<i>lamivudine/zidovudine</i>	7	<i>levofloxacin in d5w</i>	3
<i>lamotrigine</i>	26	<i>levonest</i>	45
<i>lamotrigine starter kit/blue</i>	26	<i>levonorgestrel and ethinyl estradiol</i>	45
<i>lamotrigine starter kit/green</i>	26	<i>levonorgestrel/ethinyl estradiol</i>	45
<i>lamotrigine starter kit/orange</i>	26	<i>levora 0.15/30-28</i>	45
<i>lansoprazole</i>	40	<i>levorphanol tartrate</i>	24
<i>lansoprazole/amoxicillin/clarithromycin</i>	40	<i>levo-t</i>	48
<i>lanthanum carbonate</i>	35	<i>levothyroxine sodium</i>	48
LANTUS	43	<i>levoxyl</i>	48
LANTUS SOLOSTAR	43	LEXIVA	7
<i>lapatinib ditosylate</i>	11	<i>lidocaine</i>	56
<i>larin 1.5/30</i>	45	<i>lidocaine hcl</i>	56
<i>larin 1/20</i>	45	<i>lidocaine hydrochloride viscous</i>	39
<i>larin fe 1.5/30</i>	45	<i>lidocaine viscous</i>	39
<i>larin fe 1/20</i>	45	<i>lidocaine/prilocaine</i>	56
<i>latanoprost</i>	39	<i>linezolid</i>	3
LAZANDA	24	LINZESS	41
<i>leflunomide</i>	49	<i>liothyronine sodium</i>	48
<i>lenalidomide</i>	11	<i>lisinopril</i>	22
LENVIMA 10 MG DAILY DOSE	11	<i>lisinopril/hydrochlorothiazide</i>	22
LENVIMA 12MG DAILY DOSE	11	<i>lithium carbonate</i>	27
LENVIMA 14 MG DAILY DOSE	11	<i>lithium carbonate er</i>	27
LENVIMA 18 MG DAILY DOSE	11	LIVALO	19
LENVIMA 20 MG DAILY DOSE	11	LIVMARLI	41
LENVIMA 24 MG DAILY DOSE	11	LIVTENCITY	7
LENVIMA 4 MG DAILY DOSE	11	LO LOESTRIN FE	45
LENVIMA 8 MG DAILY DOSE	11	LOKELMA	35
<i>lessina</i>	45	LONHALA MAGNAIR REFILL KIT	16
<i>letrozole</i>	46	LONHALA MAGNAIR STARTER KIT	16

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<i>loperamide hcl</i>	39	MENACTRA	15
<i>lopinavir/ritonavir</i>	7	MENEST	46
<i>lorazepam</i>	28	MENOSTAR	46
<i>lorazepam intensol</i>	28	MENQUADFI	15
LORBRENA	11	MENTAX	54
<i>losartan potassium</i>	22	MENVEO	15
<i>losartan potassium/hydrochlorothiazide</i>	22	<i>mercaptopurine</i>	11
LOTEMAX	38	<i>meropenem</i>	4
<i>loteprednol etabonate</i>	38	<i>mesalamine</i>	39
<i>lovastatin</i>	19	<i>mesalamine dr</i>	39
<i>loxapine</i>	31	<i>mesalamine er</i>	39
<i>lubiprostone</i>	41	MESNEX	52
LUMAKRAS	11	<i>metformin hydrochloride</i>	43
LUMIGAN	39	<i>metformin hydrochloride er</i>	43
LUPRON DEPOT (1-MONTH)	46	<i>methadone hcl</i>	24
LUPRON DEPOT (3-MONTH)	46	<i>methamphetamine hcl</i>	25
LUPRON DEPOT (4-MONTH)	46	<i>methazolamide</i>	39
LUPRON DEPOT (6-MONTH)	46	<i>methenamine hippurate</i>	8
<i>lurasidone hydrochloride</i>	31	<i>methimazole</i>	48
LYBALVI	31	<i>methotrexate</i>	12
LYNPARZA	11	<i>methotrexate sodium</i>	12
LYSODREN	11	<i>methsuximide</i>	26
LYTGOBI	11	<i>methylphenidate hydrochloride</i>	25
<i>magnesium sulfate</i>	26	<i>methylphenidate hydrochloride er</i>	25
<i>malathion</i>	54	<i>methylprednisolone</i>	42
<i>maraviroc</i>	7	<i>methylprednisolone dose pack</i>	42
<i>marlissa</i>	45	<i>metoclopramide hcl</i>	41
MARPLAN	31	<i>metoclopramide hydrochloride</i>	41
MATULANE	11	<i>metolazone</i>	35
<i>matzim la</i>	20	<i>metoprolol succinate er</i>	19
MAVYRET	7	<i>metoprolol tartrate</i>	19
MAXIDEX	38	<i>metoprolol/hydrochlorothiazide</i>	19
MAYZENT	50	<i>metronidazole</i>	6
MAYZENT STARTER PACK	50	<i>metronidazole</i>	54
<i>meclizine hcl</i>	40	<i>metronidazole vaginal</i>	54
<i>meclofenamate sodium</i>	24	<i>metryrosine</i>	51
MEDROL	42	<i>mexiletine hcl</i>	21
<i>medroxyprogesterone acetate</i>	47	<i>mibelas 24 fe</i>	45
<i>mefloquine hcl</i>	6	<i>micafungin</i>	5
<i>megestrol acetate</i>	47	<i>miconazole 3</i>	54
MEKINIST	11	<i>microgestin 1.5/30</i>	45
MEKTOVI	11	<i>microgestin 1/20</i>	45
<i>meloxicam</i>	24	<i>microgestin fe 1.5/30</i>	45
<i>memantine hcl titration pak</i>	28	<i>microgestin fe 1/20</i>	45
<i>memantine hydrochloride</i>	28	<i>midodrine hcl</i>	17

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<i>miglitol</i>	43	NAYZILAM	26
<i>miglustat</i>	51	<i>nebivolol hydrochloride</i>	20
MILLIPRED	42	<i>necon 0.5/35-28</i>	45
<i>minocycline hcl</i>	4	<i>nefazodone hydrochloride</i>	31
<i>minocycline hydrochloride</i>	4	<i>neomycin sulfate</i>	4
<i>minoxidil</i>	21	<i>neomycin/bacitracin/polymyxin</i>	37
<i>mirtazapine</i>	31	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	38
<i>mirtazapine odt</i>	31	<i>one</i>	
<i>misoprostol</i>	40	<i>neomycin/polymyxin/dexamethasone</i>	38
M-M-R II	15	<i>neomycin/polymyxin/gramicidin</i>	37
<i>modafinil</i>	25	<i>neomycin/polymyxin/hc</i>	38
<i>moexipril hcl</i>	22	<i>neomycin/polymyxin/hydrocortisone</i>	38
<i>molindone hydrochloride</i>	31	<i>neo-polycin</i>	37
<i>момetasone furoate</i>	38	<i>neo-polycin hc</i>	38
<i>момetasone furoate</i>	56	NERLYNX	12
<i>montelukast sodium</i>	52	NEULASTA	18
<i>morphine sulfate</i>	24	NEUPRO	27
<i>morphine sulfate er</i>	24	<i>nevirapine</i>	7
MOUNJARO	43	<i>nevirapine er</i>	7
MOVANTIK	41	NEXLETOL	19
<i>moxifloxacin hydrochloride/sodium</i>	4	NEXLIZET	19
<i>hydrochloride</i>		<i>niacin</i>	58
<i>moxifloxacin hydrochloride</i>	4	<i>niacin er</i>	19
<i>moxifloxacin hydrochloride</i>	37	<i>niacor</i>	58
MULTAQ	21	<i>nicardipine hcl</i>	20
<i>mupirocin</i>	54	NICOTROL INHALER	16
<i>mycophenolate mofetil</i>	51	NICOTROL NS	16
<i>mycophenolic acid dr</i>	51	<i>nifedipine er</i>	20
MYFEMBREE	46	<i>nikki</i>	45
MYORISAN	57	<i>nilutamide</i>	12
MYRBETRIQ	58	<i>nimodipine</i>	20
<i>nabumetone</i>	24	NINLARO	12
<i>nadolol</i>	20	<i>nisoldipine er</i>	20
<i>nafcillin sodium</i>	4	<i>nitazoxanide</i>	6
<i>naftifine hcl</i>	55	<i>nitisinone</i>	51
<i>naftifine hydrochloride</i>	55	NITRO-BID	22
<i>naloxone hcl</i>	29	<i>nitrofurantoin macrocrystals</i>	8
<i>naloxone hydrochloride</i>	29	<i>nitrofurantoin monohydrate/macrocrystals</i>	8
<i>naltrexone hcl</i>	29	<i>nitroglycerin</i>	22
NAMZARIC	29	<i>nitroglycerin lingual</i>	22
<i>naproxen</i>	24	<i>nitroglycerin transdermal</i>	22
<i>naproxen sodium</i>	24	<i>niva thyroid</i>	48
<i>naratriptan hcl</i>	27	NORDITROPIN FLEXPPO	47
NATACYN	37	<i>norethindrone & ethinyl estradiol ferrous</i>	45
<i>nateglinide</i>	43	<i>fumarate</i>	
NATPARA	47	<i>norethindrone acetate</i>	47

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<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	45	<i>olopatadine hcl</i>	38
NORPACE CR	21	<i>olopatadine hydrochloride</i>	38
<i>nortrel 0.5/35 (28)</i>	45	<i>omega-3-acid ethyl esters</i>	19
<i>nortrel 1/35</i>	45	<i>omeprazole</i>	40
<i>nortrel 7/7/7</i>	45	<i>omeprazole dr</i>	40
<i>nortriptyline hcl</i>	31	OMNIPOD 5 G6 INTRO KIT (GEN 5)	33
<i>nortriptyline hydrochloride</i>	31	OMNIPOD 5 G6 PODS (GEN 5)	33
NORVIR	7	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	33
NOURIANZ	29	OMNIPOD CLASSIC PODS (GEN 3)	33
NOXAFIL	5	OMNIPOD DASH INTRO KIT (GEN 4)	33
<i>np thyroid 120</i>	48	OMNIPOD DASH PDM KIT (GEN 4)	33
<i>np thyroid 15</i>	48	OMNIPOD DASH PODS (GEN 4)	33
<i>np thyroid 30</i>	48	OMNIPOD GO 10 UNITS/DAY	33
<i>np thyroid 60</i>	48	OMNIPOD GO 15 UNITS/DAY	33
<i>np thyroid 90</i>	48	OMNIPOD GO 20 UNITS/DAY	33
NUBEQA	12	OMNIPOD GO 25 UNITS/DAY	33
NUCALA	52	OMNIPOD GO 30 UNITS/DAY	33
NUEDEXTA	29	OMNIPOD GO 35 UNITS/DAY	33
NUPLAZID	31	OMNIPOD GO 40 UNITS/DAY	33
NURTEC	27	OMNITROPE	47
NUTRILIPID	34	<i>ondansetron hcl</i>	40
NUTROPIN AQ NUSPIN 10	47	<i>ondansetron hydrochloride</i>	40
NUTROPIN AQ NUSPIN 20	47	<i>ondansetron odt</i>	40
NUTROPIN AQ NUSPIN 5	47	ONGENTYS	27
NUVESSA	55	ONUREG	12
NUZYRA	4	OPSUMIT	53
<i>nyamyc</i>	55	<i>oralone dental paste</i>	56
NYMALIZE	20	ORENCIA	49
<i>nystatin</i>	5	ORENCIA CLICKJECT	49
<i>nystatin</i>	55	ORENITRAM	53
<i>nystop</i>	55	ORENITRAM TITRATION KIT MONTH 1	53
OCTAGAM	14	ORENITRAM TITRATION KIT MONTH 2	53
<i>octreotide acetate</i>	47	ORENITRAM TITRATION KIT MONTH 3	53
ODEFSEY	7	ORFADIN	51
ODOMZO	12	ORGOVYX	46
OFEV	52	ORLISSA	46
<i>ofloxacin</i>	4	ORKAMBI	53
<i>ofloxacin</i>	37	ORSERDU	12
<i>olanzapine</i>	31	<i>oseltamivir phosphate</i>	7
<i>olanzapine odt</i>	31	OSMOPREP	40
<i>olanzapine/fluoxetine</i>	31	OSPHENA	46
<i>olmesartan medoxomil</i>	22		
<i>olmesartan</i>	20		
<i>medoxomil/amlodipine/hydrochlorothiazide</i>			

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<i>oxacillin sodium</i>	4	<i>perio gard</i>	37
<i>oxaprozin</i>	24	<i>permethrin</i>	55
<i>oxazepam</i>	28	<i>perphenazine</i>	31
OXBRYTA	18	PERSERIS	31
<i>oxcarbazepine</i>	26	<i>phenelzine sulfate</i>	31
OXERVATE	39	<i>phenobarbital</i>	28
<i>oxybutynin chloride</i>	58	<i>phenoxybenzamine hydrochloride</i>	17
<i>oxybutynin chloride er</i>	58	<i>phenytoin</i>	26
<i>oxycodone hcl er</i>	24	<i>phenytoin sodium extended</i>	26
<i>oxycodone hydrochloride</i>	24	PIFELTRO	7
<i>oxycodone hydrochloride er</i>	24	<i>pilocarpine hcl</i>	39
<i>oxycodone/acetaminophen</i>	24	<i>pilocarpine hydrochloride</i>	16
OXYCONTIN	24	<i>pimecrolimus</i>	57
OZEMPIC	43	<i>pimozide</i>	31
<i>pacerone</i>	21	<i>pindolol</i>	20
<i>paliperidone er</i>	31	<i>pioglitazone hcl</i>	43
PANRETIN	57	<i>pioglitazone hcl/metformin hcl</i>	43
<i>pantoprazole sodium</i>	40	<i>pioglitazone hcl-glimepiride</i>	43
<i>pantoprazole sodium dr</i>	40	<i>pioglitazone hydrochloride</i>	44
PANZYGA	14	<i>piperacillin sodium/tazobactam sodium</i>	4
<i>paricalcitol</i>	58	PIQRAY 200MG DAILY DOSE	12
<i>paromomycin sulfate</i>	6	PIQRAY 250MG DAILY DOSE	12
<i>paroxetine hcl</i>	31	PIQRAY 300MG DAILY DOSE	12
<i>paroxetine hcl er</i>	31	<i>pirfenidone</i>	52
<i>paroxetine hydrochloride</i>	31	<i>piroxicam</i>	24
PASER	5	PLEGRIDY	50
PEDIARIX	15	PLEGRIDY STARTER PACK	50
PEDVAX HIB	15	PLENAMINE	34
<i>peg-3350/electrolytes</i>	40	<i>podofilox</i>	57
<i>peg-3350/electrolytes/ascorbate</i>	40	<i>polycin</i>	37
<i>peg-3350/nacl/na bicarbonate/kcl</i>	40	<i>polymyxin b sulfate/trimethoprim sulfate</i>	37
<i>peg-3350/sodium sulf/naclpotassium cl/na</i>	40	POMALYST	12
<i>ascorbate/ascorbic</i>		<i>portia-28</i>	45
PEGASYS	7	<i>posaconazole</i>	5
PEMAZYRE	12	<i>posaconazole dr</i>	5
<i>penciclovir</i>	55	<i>potassium chloride</i>	36
<i>penicillamine</i>	41	<i>potassium chloride er</i>	36
<i>penicillin g potassium</i>	4	<i>potassium chloride/dextrose/sodium</i>	36
<i>penicillin g potassium in iso-osmotic</i>	4	<i>chloride</i>	
<i>dextrose</i>		<i>potassium citrate er</i>	33
<i>penicillin g sodium</i>	4	PRALUENT	19
<i>penicillin v potassium</i>	4	<i>pramipexole dihydrochloride</i>	27
PENTACEL	15	<i>prasugrel</i>	18
<i>pentamidine isethionate</i>	6	<i>pravastatin sodium</i>	19
<i>pentoxifylline er</i>	18	<i>praziquantel</i>	2

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<i>prazosin hydrochloride</i>	18	<i>promethazine/codeine</i>	52
PRED MILD	38	<i>promethazine/phenylephrine/codeine</i>	52
<i>prednisolone</i>	42	<i>propafenone hcl</i>	21
<i>prednisolone acetate</i>	38	<i>propafenone hydrochloride er</i>	21
<i>prednisolone sodium phosphate</i>	38	<i>propranolol hcl</i>	20
<i>prednisolone sodium phosphate</i>	42	<i>propranolol hcl er</i>	20
<i>prednisolone sodium phosphate odt</i>	42	<i>propranolol hydrochloride</i>	20
<i>prednisone</i>	42	<i>propranolol hydrochloride er</i>	20
<i>pregabalin</i>	26	<i>propylthiouracil</i>	48
<i>pregabalin er</i>	24	PROQUAD	15
PREHEVBRIO	15	PROSOL	35
PREMARIN	46	<i>protriptyline hcl</i>	31
PREMASOL	35	PULMOZYME	53
<i>premium lidocaine</i>	56	PURIXAN	12
PREMPHASE	46	PYLERA	40
PREMPRO	46	<i>pyrazinamide</i>	5
<i>prenatal</i>	58	<i>pyridostigmine bromide</i>	16
<i>prevalite</i>	19	<i>pyridostigmine bromide er</i>	16
PREVYMIS	7	<i>pyrimethamine</i>	6
PREZCOBIX	7	PYRUKYND	18
PREZISTA	7	PYRUKYND TAPER PACK	18
PRIFTIN	5	QINLOCK	12
<i>primaquine phosphate</i>	6	QUADRACEL	15
<i>primidone</i>	26	<i>quetiapine fumarate</i>	31
PRIORIX	15	<i>quetiapine fumarate er</i>	31
PRIVIGEN	14	<i>quinapril hcl</i>	22
PROAIR RESPICLICK	17	<i>quinapril hydrochloride</i>	22
<i>probenecid</i>	36	<i>quinapril/hydrochlorothiazide</i>	22
<i>probenecid/colchicine</i>	36	<i>quinidine gluconate cr</i>	21
<i>prochlorperazine</i>	31	<i>quinidine sulfate</i>	21
<i>prochlorperazine maleate</i>	31	<i>quinine sulfate</i>	6
PROCRIT	18	QVAR REDIHALER	42
<i>procto-med hc</i>	56	RABAVERT	15
<i>procto-pak</i>	56	<i>rabeprazole sodium</i>	40
<i>proctosol hc</i>	56	RADICAVA ORS	29
<i>proctozone-hc</i>	56	RADICAVA ORS STARTER KIT	29
<i>progesterone</i>	47	<i>raloxifene hydrochloride</i>	46
PROGRAF	51	<i>ramelteon</i>	28
PROLASTIN-C	53	<i>ramipril</i>	22
PROLENSA	38	<i>ranolazine er</i>	21
PROLIA	49	<i>rasagiline mesylate</i>	27
PROMACTA	18	RASUVO	50
<i>promethazine hcl</i>	8	RAYALDEE	58
<i>promethazine hcl plain</i>	8	REBIF	50
<i>promethazine hydrochloride</i>	9	REBIF REBIDOSE	50
<i>promethazine vc/codeine</i>	52	REBIF REBIDOSE TITRATION PACK	50

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REBIF TITRATION PACK	50	ROTARIX	15
RECOMBIVAX HB	15	ROTATEQ	15
RECTIV	57	<i>roweepira</i>	26
REGRANEX	57	ROZLYTREK	12
RELENZA DISKHALER	8	RUBRACA	12
RELISTOR	41	<i>rufinamide</i>	26
RELYVRIO	29	RUKOBIA	8
<i>repaglinide</i>	44	RYBELSUS	44
REPATHA	19	RYDAPT	12
REPATHA PUSHTRONEX SYSTEM	19	RYTARY	28
REPATHA SURECLICK	19	SAJAZIR	51
RESTASIS	38	SANTYL	57
RESTASIS MULTIDOSE	38	<i>sapropterin dihydrochloride</i>	51
RETACRIT	18	SAVELLA	29
RETEVMO	12	SAVELLA TITRATION PACK	29
RETIN-A MICRO	53	SCEMBLIX	12
RETIN-A MICRO PUMP	57	<i>scopolamine</i>	40
REVCovi	36	SECUADO	32
REXULTI	31	<i>selegiline hcl</i>	28
REYATAZ	8	<i>selenium sulfide</i>	55
REZLIDHIA	12	SELZENTRY	8
REZUROCK	51	SEREVENT DISKUS	17
RHOPRESSA	39	SEROSTIM	47
<i>ribavirin</i>	8	<i>sertraline hcl</i>	32
RIDAURA	41	<i>sertraline hydrochloride</i>	32
<i>rifabutin</i>	5	<i>sevelamer carbonate</i>	35
<i>rifampin</i>	5	<i>sharobel</i>	45
<i>riluzole</i>	29	SHINGRIX	15
<i>rimantadine hydrochloride</i>	8	SIGNIFOR	47
RINVOQ	50	<i>sildenafil citrate</i>	22
<i>risedronate sodium</i>	49	<i>silodosin</i>	17
<i>risedronate sodium dr</i>	49	<i>silver sulfadiazine</i>	55
RISPERDAL CONSTA	31	SIMBRINZA	39
<i>risperidone</i>	31	<i>simvastatin</i>	19
<i>risperidone odt</i>	31	<i>sirolimus</i>	51
<i>ritonavir</i>	8	SIRTURO	5
<i>rivastigmine tartrate</i>	16	SIVEXTRO	4
<i>rivastigmine transdermal system</i>	16	SKYRIZI	41
<i>rizatriptan benzoate</i>	27	SKYRIZI	57
<i>rizatriptan benzoate odt</i>	27	SKYRIZI PEN	57
ROCKLATAN	39	<i>sodium chloride</i>	36
<i>roflumilast</i>	53	<i>sodium chloride 0.45%</i>	36
<i>ropinirole hcl</i>	27	<i>sodium chloride 0.9%</i>	36
<i>ropinirole hydrochloride</i>	27	<i>sodium oxybate</i>	29
<i>rosadan</i>	55	<i>sodium phenylbutyrate</i>	33
<i>rosuvastatin calcium</i>	19	<i>sodium polystyrene sulfonate</i>	35

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<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	40	SYMDEKO	53
<i>solifenacin succinate</i>	58	SYMLINPEN 120	44
SOLOSEC	6	SYMLINPEN 60	44
SOLTAMOX	46	SYMPAZAN	26
SOMAVERT	47	SYMTUZA	8
<i>sorafenib</i>	12	SYNAREL	47
<i>sorafenib tosylate</i>	12	SYNJARDY	44
<i>sotalol hcl</i>	20	SYNJARDY XR	44
<i>sotalol hydrochloride (af)</i>	20	SYNRIBO	13
SPIRIVA RESPIMAT	16	SYNTHROID	48
<i>spironolactone</i>	22	TABLOID	13
<i>spironolactone/hydrochlorothiazide</i>	22	TABRECTA	13
SPRITAM	26	<i>tacrolimus</i>	51
SPRYCEL	12	<i>tacrolimus</i>	58
<i>sps</i>	35	<i>tadalafil</i>	22
<i>ssd</i>	55	TAFINLAR	13
STAMARIL	15	<i>tafluprost</i>	39
STELARA	57	TAGRISSE	13
STIOLTO RESPIMAT	16	TALZENNA	13
STIVARGA	13	<i>tamoxifen citrate</i>	46
<i>streptomycin sulfate</i>	4	<i>tamsulosin hydrochloride</i>	17
STRIBILD	8	<i>tarina fe 1/20 eq</i>	45
STRIVERDI RESPIMAT	17	TASIGNA	13
SUBSYS	24	<i>tasimelteon</i>	28
<i>subvenite</i>	26	TAVALISSE	18
<i>subvenite starter kit/blue</i>	26	TAVNEOS	51
<i>subvenite starter kit/green</i>	26	<i>tazarotene</i>	58
<i>subvenite starter kit/orange</i>	26	TAZICEF	4
SUCRAID	37	TAZORAC	58
<i>sucralfate</i>	40	<i>taztia xt</i>	20
<i>sulfacetamide sodium</i>	37	TAZVERIK	13
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	38	<i>tdvax</i>	15
<i>sulfadiazine</i>	4	<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	33
<i>sulfamethoxazole/trimethoprim</i>	4	<i>techlite pen needles 29g x 10mm</i>	33
<i>sulfamethoxazole/trimethoprim ds</i>	4	TEFLARO	4
SULFAMYLON	55	TEGSEDI	48
<i>sulfasalazine</i>	4	TEKTURN HCT	22
<i>sulindac</i>	24	<i>telmisartan</i>	22
<i>sumatriptan</i>	27	<i>telmisartan/amlodipine</i>	20
<i>sumatriptan succinate</i>	27	<i>telmisartan/hydrochlorothiazide</i>	22
<i>sunitinib malate</i>	13	<i>temazepam</i>	28
SUNLENCA	8	TEMIXYS	8
SUNOSI	25	TENIVAC	15
SUPRAX	4	<i>tenofovir disoproxil fumarate</i>	8
		TEPMETKO	13

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<i>terazosin hcl</i>	18	TOUJEO SOLOSTAR	44
<i>terazosin hydrochloride</i>	18	TOVET	56
<i>terbinafine hcl</i>	5	TRACLEER	53
<i>terconazole</i>	55	TRADJENTA	44
<i>teriflunomide</i>	50	<i>tramadol hcl</i>	25
<i>teriparatide</i>	47	<i>tramadol hcl er</i>	24
<i>testosterone</i>	42	<i>tramadol hydrochloride er</i>	25
<i>testosterone cypionate</i>	42	<i>tramadol hydrochloride/acetaminophen</i>	25
<i>testosterone enanthate</i>	42	<i>trandolapril</i>	22
<i>testosterone pump</i>	42	<i>tranexamic acid</i>	17
<i>tetrabenazine</i>	32	<i>tranylcypromine sulfate</i>	32
<i>tetracycline hydrochloride</i>	4	TRAVASOL	35
THALOMID	50	<i>travoprost</i>	39
<i>theophylline</i>	58	<i>trazodone hydrochloride</i>	32
<i>theophylline er</i>	58	TRECATOR	5
THIOLA EC	51	TRELEGY ELLIPTA	42
<i>thioridazine hcl</i>	32	TRELSTAR MIXJECT	47
<i>thiothixene</i>	32	TRESIBA	44
THYQUIDITY	48	TRESIBA FLEXTOUCH	44
THYROID	48	<i>tretinoin</i>	13
<i>tiadylt er</i>	20	<i>tretinoin</i>	57
<i>tiagabine hydrochloride</i>	26	<i>tretinoin microsphere</i>	57
TIBSOVO	13	TREXALL	13
TICOVAC	15	<i>triamcinolone acetonide</i>	56
<i>timolol maleate</i>	20	<i>triamcinolone acetonide dental paste</i>	56
<i>timolol maleate</i>	39	<i>triamterene</i>	35
<i>timolol maleate ophthalmic gel forming</i>	39	<i>triamterene/hydrochlorothiazide</i>	35
<i>tinidazole</i>	6	TRIANEX	56
TIROSINT-SOL	48	<i>triderm</i>	56
TIVICAY	8	<i>trientine hydrochloride</i>	41
TIVICAY PD	8	<i>trifluoperazine hcl</i>	32
<i>tizanidine hcl</i>	16	<i>trifluoperazine hydrochloride</i>	32
<i>tizanidine hydrochloride</i>	16	<i>trifluridine</i>	37
TOBI PODHALER	4	<i>trihexyphenidyl hcl</i>	28
TOBRADEX	38	<i>trihexyphenidyl hydrochloride</i>	28
TOBRADEX ST	38	TRIKAFTA	53
<i>tobramycin</i>	4	<i>trimethoprim</i>	8
<i>tobramycin</i>	37	<i>trimipramine maleate</i>	32
<i>tobramycin sulfate</i>	4	TRINTELLIX	32
<i>tobramycin/dexamethasone</i>	38	<i>tri-sprintec</i>	45
<i>tolterodine tartrate er</i>	58	TRITOCIN	56
<i>topiramate</i>	26	TRIUMEQ	8
<i>topiramate er</i>	26	TRIUMEQ PD	8
<i>toremifene citrate</i>	46	<i>trivora-28</i>	45
<i>toremide</i>	35	TRIZIVIR	8
TOUJEO MAX SOLOSTAR	44	TROPHAMINE	35

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<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	33	VENCLEXTA	13
<i>trueplus pen needles 29gx12mm</i>	33	VENCLEXTA STARTING PACK	13
TRULICITY	44	<i>venlafaxine besylate er</i>	32
TRUMENBA	15	<i>venlafaxine hcl er</i>	32
TRUSELTIQ	13	<i>venlafaxine hydrochloride</i>	32
TUKYSA	13	<i>venlafaxine hydrochloride er</i>	32
TURALIO	13	VENTAVIS	53
TWINRIX	15	<i>verapamil hcl</i>	20
<i>tyblume</i>	45	<i>verapamil hcl er</i>	20
TYBOST	51	<i>verapamil hcl sr</i>	20
TYMLOS	47	<i>verapamil hydrochloride</i>	21
TYPHIM VI	15	<i>verapamil hydrochloride er</i>	20
UBRELVY	27	VERQUVO	22
UCERIS	56	VERSACLOZ	32
UDENYCA	18	VERZENIO	13
<i>unithroid</i>	48	VIBRAMYCIN	4
UPTRAVI	53	VICTOZA	44
UPTRAVI TITRATION PACK	53	<i>vigabatrin</i>	26
<i>ursodiol</i>	40	<i>vigadrone</i>	26
<i>valacyclovir hcl</i>	8	VIIBRYD STARTER PACK	32
<i>valacyclovir hydrochloride</i>	8	VIJOICE	51
VALCHLOR	58	<i>vilazodone hydrochloride</i>	32
<i>valganciclovir</i>	8	VIRACEPT	8
<i>valganciclovir hydrochloride</i>	8	VIREAD	8
<i>valproate sodium</i>	26	<i>vitamin d</i>	58
<i>valproic acid</i>	26	VITRAKVI	13
<i>valsartan</i>	22	VIVITROL	29
<i>valsartan/hydrochlorothiazide</i>	22	VIZIMPRO	13
VALTOCO 10 MG DOSE	26	VONJO	13
VALTOCO 15 MG DOSE	26	<i>voriconazole</i>	5
VALTOCO 20 MG DOSE	26	VOSEVI	8
VALTOCO 5 MG DOSE	26	VOTRIENT	13
<i>vancomycin hcl</i>	4	VOXZOGO	52
<i>vancomycin hydrochloride</i>	4	VRAYLAR	32
VAQTA	15	VUMERITY	50
<i>ardenafil hydrochloride</i>	22	<i>vyfemla</i>	45
<i>ardenafil hydrochloride odt</i>	22	VYNDAMAX	52
<i>varenicline starting month box</i>	16	VYNDAQEL	52
<i>varenicline tartrate</i>	16	VYVANSE	25
VARIVAX	15	VYZULTA	39
VASCEPA	19	<i>warfarin sodium</i>	18
<i>velivet</i>	45	WELIREG	13
VELPHORO	35	WINLEVI	58
VELTASSA	36	<i>wixela inhub</i>	17
VEMLIDY	8	XALKORI	13
		XARELTO	18

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XARELTO STARTER PACK	18	ZOSYN	5
XATMEP	13	<i>zovia 1/35</i>	45
XCOPRI	27	ZTALMY	27
XELJANZ	50	ZYDELIG	14
XELJANZ XR	50	ZYKADIA	14
XENLETA	4	ZYLET	38
XERMELO	39	ZYPREXA RELPREVV	32
XGEVA	49		
XIFAXAN	4		
XIGDUO XR	44		
XOFLUZA	8		
XOLAIR	53		
XOSPATA	14		
XPOVIO	14		
XPOVIO 100 MG ONCE WEEKLY	14		
XPOVIO 40 MG ONCE WEEKLY	14		
XPOVIO 40 MG TWICE WEEKLY	14		
XPOVIO 60 MG ONCE WEEKLY	14		
XPOVIO 60 MG TWICE WEEKLY	14		
XPOVIO 80 MG ONCE WEEKLY	14		
XPOVIO 80 MG TWICE WEEKLY	14		
XTANDI	14		
XYOSTED	42		
YF-VAX	15		
YONSA	14		
YUPELRI	16		
<i>yuvafem</i>	46		
<i>zafirlukast</i>	52		
<i>zaleplon</i>	28		
ZARXIO	18		
ZEJULA	14		
ZELBORAF	14		
ZENATANE	58		
ZENPEP	41		
ZERBAXA	4		
<i>zidovudine</i>	8		
ZIEXTENZO	18		
<i>zileuton er</i>	52		
<i>ziprasidone hcl</i>	32		
<i>ziprasidone mesylate</i>	32		
ZIRGAN	37		
ZOLINZA	14		
<i>zolpidem tartrate</i>	28		
ZONISADE	27		
<i>zonisamide</i>	27		
ZORBTIVE	47		

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

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

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

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

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

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

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

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

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

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

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

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

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



This formulary was updated on 09/01/2023. For more recent information or other questions, please contact Member Services at **1-888-609-0692** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit www.harvardpilgrim.org/stridedruglist.



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1 Wellness Way
Canton, MA 02021

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