

Valor Health Plan (HMO I-SNP)

2025 Formulary

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS
WE COVER IN THIS PLAN**



Valor Health Plan

Insurance focused on you.

HPMS Approved Formulary File Submission ID: 25265, Version Number 1 Effective Date: January 1, 2025

This formulary was updated on 9/24/2024. For more recent information or other questions, please contact us, Valor Health Plan (HMO I-SNP) Member Services, at 1-800-485-3793, or for TTY users 711, 7 days a week, 8:00 a.m. to 8:00 p.m., or visit www.valorhealthplan.com.

H1119_COMPFORM25_C

Last updated: 9/24/2024

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Valor Health Plan. When it refers to "plan" or "our plan," it means Valor Health Plan (HMO I-SNP).

This document includes list of the drugs (formulary) for our plan which is current as of [October 1, 2024](#). 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 Valor Health Plan (HMO I-SNP) Formulary?

A formulary is a list of covered drugs selected by Valor Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Valor Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Valor Health 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 the 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 below titled “How do I request an exception to the Valor Health Plan’s (HMO I-SNP) 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, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, 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 31-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 Valor Health Plan’s (HMO I-SNP) 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 [10/1/2024](#). To get updated information about the drugs covered by Valor Health Plan, please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid- year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. Any formulary updates are listed at www.valorhealthplan.com, along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 4. 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 agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 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 95. 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?

Valor Health 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:** Valor Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Valor Health Plan before you fill your prescriptions. If you don't get approval, Valor Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Valor Health Plan limits the amount of the drug that Valor Health Plan will cover. For example, Valor Health Plan provides 30 tablets per prescription for FYCOMPA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Valor Health Plan requires 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, Valor Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Valor Health Plan 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 4. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on-line documents that explain 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 Valor Health Plan 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 Valor Health Plan's (HMO I-SNP) 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 Valor Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Valor Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Valor Health Plan.
- You can ask Valor Health Plan 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 Valor Health Plan's (HMO I-SNP) Formulary?

You can ask Valor Health Plan 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, Valor Health Plan limits 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, Valor Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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, or utilization restriction exception.

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.

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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day 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.

For members who are outside their transition period, and experience a change in the level of care when changing from one treatment setting to another (example: long-term care facility to hospital, hospital to long-term care facility, hospital to home, home to long-term care facility, hospice to long-term care facility,

List of Covered Drugs

List of Drugs by Medical Condition

ANALGESICS	4
ANESTHETICS	7
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	8
ANTIANKXIETY AGENTS	9
ANTIBACTERIALS	10
ANTICANCER AGENTS	18
ANTICHOLINERGIC AGENTS	37
ANTICONVULSANTS	37
ANTIDEMENTIA AGENTS	42
ANTIDEPRESSANTS	43
ANTIDIABETIC AGENTS	47
ANTIFUNGALS	52
ANTIGOUT AGENTS	55
ANTI HISTAMINES	55
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	55
ANTIMIGRAINE AGENTS	55
ANTIMYCOBACTERIALS	57
ANTINAUSEA AGENTS	57
ANTIPARASITE AGENTS	58
ANTIPARKINSONIAN AGENTS	59
ANTIPSYCHOTIC AGENTS	61
ANTIVIRALS (SYSTEMIC)	67
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	74
CALORIC AGENTS	77
CARDIOVASCULAR AGENTS	77
CENTRAL NERVOUS SYSTEM AGENTS	88
CONTRACEPTIVES	92

DENTAL AND ORAL AGENTS.....	99
DERMATOLOGICAL AGENTS.....	100
DEVICES	104
ENZYME REPLACEMENT/MODIFIERS	105
EYE, EAR, NOSE, THROAT AGENTS	106
GASTROINTESTINAL AGENTS.....	110
GENITOURINARY AGENTS	113
HEAVY METAL ANTAGONISTS.....	114
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	114
IMMUNOLOGICAL AGENTS	120
INFLAMMATORY BOWEL DISEASE AGENTS.....	130
IRRIGATING SOLUTIONS	130
METABOLIC BONE DISEASE AGENTS	130
MISCELLANEOUS THERAPEUTIC AGENTS.....	131
OPHTHALMIC AGENTS	133
REPLACEMENT PREPARATIONS	134
RESPIRATORY TRACT AGENTS	135
SKELETAL MUSCLE RELAXANTS	140
SLEEP DISORDER AGENTS.....	141
VASODILATING AGENTS	142
VITAMINS AND MINERALS	142

Legend

1: Covered Medications

HRM: High Risk Medication - Prior authorization (PA) may be required for ages 65 and over.

PA: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

PA BvD: Part B vs. Part D - This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make this determination.

PA NSO: Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition unless you are a previous user of the drug.

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

01/01/2025

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> 120-12 mg/5ml	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-15 mg, 300-30 mg	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> 300-60 mg	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch</i> (Butrans) weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule</i> 50-325-40-30 mg	1	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule</i> (Fioricet) 50-300-40 mg	1	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule</i> (Esgic) 50-325-40 mg	1	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet</i> (Bac) 50-325-40 mg	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (Endocet)	1	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (Endocet)	1	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i> 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i> 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 10-325 mg, 7.5-325 mg	1	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	PA; QL (180 per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (90 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	1	QL (120 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	1	QL (360 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet</i> (Endocet) 7.5-325 mg	1	QL (240 per 30 days)
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	1	PA; QL (2400 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i> 37.5-325 mg	1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (CeleBREX)	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium external gel 1 %</i> (Aleve Arthritis Pain)	1	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium external solution 2 %</i> (Pennsaid)	1	PA; QL (224 per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1	QL (120 per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i> (Arthrotec)	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>ibu oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>ibuprofen oral tablet 400 mg</i> (IBU)	1	QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet delayed release 375 mg</i> (EC-Naprosyn)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
ANESTHETICS		
Local Anesthetics		
<i>glydo external prefilled syringe 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	1	PA; QL (240 per 30 days)
<i>lidocaine external patch 5 %</i> (Lidocan)	1	PA; QL (90 per 30 days)
<i>lidocaine hcl (pf) injection solution 1 %</i> (Xylocaine-MPF)	1	
<i>lidocaine hcl injection solution 1 %</i> (Xylocaine)	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i> (Glydo)	1	QL (30 per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)
<i>lidocan external patch 5 %</i> (Lidocan)	1	PA; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	1	PA; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl (Suboxone) sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl (Suboxone) sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML	1	QL (4 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml (Narcan)</i>	1	QL (4 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SOLUTION 10 MG/ML	1	QL (240 per 180 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	
<i>varenicline tartrate oral tablet 0.5 mg</i>	1	QL (336 per 365 days)
VARENICLINE TARTRATE ORAL TABLET 1 MG	1	QL (336 per 365 days)
<i>varenicline tartrate oral tablet 1 mg (Chantix) (56 pack)</i>	1	QL (336 per 365 days)
ANTI-ANXIETY AGENTS		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg (Xanax)</i>	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg (Xanax)</i>	1	QL (150 per 30 days)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (120 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg (KlonoPIN)</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg (KlonoPIN)</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg (Valium)</i>	1	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	1	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	1	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	QL (60 per 30 days)
ANTIBACTERIALS		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	1	PA; QL (235.2 per 28 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG	1	QL (224 per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i> (Kitabis Pak)	1	PA BvD
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin)	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i> (Cleocin Phosphate)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium (cba) injection (Coly-Mycin M) solution reconstituted 150 mg</i>	1	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
<i>linezolid intravenous solution 600 mg/300ml (Zyvox)</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml (Zyvox)</i>	1	
<i>linezolid oral tablet 600 mg (Zyvox)</i>	1	
<i>methenamine hippurate oral tablet 1 gm (Hiprex)</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg (Flagyl)</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (Macrochantin)</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg (Macrobid)</i>	1	QL (60 per 30 days)
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	QL (2400 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML, 500 MG/100ML, 750 MG/150ML	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	1	
<i>vancomycin hcl oral capsule 125 mg</i> (Vancocin)	1	QL (56 per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i> (Vancocin)	1	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection solution</i> (Tazicef) <i>reconstituted 1 gm</i>	1	
<i>ceftazidime injection solution reconstituted 6 gm</i>	1	
<i>ceftazidime intravenous solution</i> (Tazicef) <i>reconstituted 2 gm</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>tazicef injection solution reconstituted 1 gm</i> (Tazicef)	1	
<i>tazicef intravenous solution reconstituted 2 gm</i> (Tazicef)	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	1	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i> (Zithromax)	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	1	QL (20 per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i> (EryPed 400)	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	1	PA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i> (Primaxin IV)	1	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 600-42.9 mg/5ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i> (Unasyn)	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i> (Unasyn)	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	1	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	1	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	1	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>penicillin g potassium injection (Pfizerpen) solution reconstituted 20000000 unit</i>	1	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
MOXIFLOXACIN HCL IN NAACL INTRAVENOUS SOLUTION 400 MG/250ML	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i> (Sulfatrim Pediatric)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxy 100 intravenous solution reconstituted 100 mg</i> (Doxy 100)	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i> (Doxy 100)	1	
<i>doxycycline hyclate oral capsule 100 mg</i> (Vibramycin)	1	
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet 50 mg</i> (TargaDOX)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	1	
ANTICANCER AGENTS		
Anticancer Agents		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i> (Zytiga)	1	PA NSO; QL (120 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	1	PA NSO
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	1	PA NSO; QL (1.6 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO ORAL CAPSULE 40 MG	1	PA NSO; QL (240 per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
<i>azacitidine injection suspension</i> (Vidaza) <i>reconstituted 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	1	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; QL (28 per 28 days)
BENDAMUSTINE HCL (bendamustine hcl) INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i> (Treanda)	1	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (bendamustine hcl)	1	PA NSO
<i>bexarotene external gel 1 %</i> (Targretin)	1	PA NSO
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	1	PA NSO
<i>bortezomib injection solution reconstituted 3.5 mg</i> (Velcade)	1	PA NSO
BOSULIF ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA NSO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	1	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	1	PA NSO; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	1	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; QL (63 per 28 days)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	PA BvD
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i>	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	1	PA BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	1	PA BvD; ST
<i>cyclophosphamide oral capsule 50 mg</i>	1	PA BvD; ST
<i>cyclophosphamide oral tablet 25 mg</i>	1	PA BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	PA BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	1	PA NSO; QL (120 per 28 days)
DAURISMO ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA NSO; QL (60 per 30 days)
<i>decitabine intravenous solution reconstituted 50 mg</i>	1	
<i>doxorubicin hcl liposomal</i> (Doxil) <i>intravenous injectable 2 mg/ml</i>	1	PA BvD
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	1	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	1	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	1	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	1	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	1	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 240 MG	1	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; QL (90 per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i> (Tarceva)	1	PA NSO; QL (60 per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i> (Tarceva)	1	PA NSO; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	
<i>etoposide intravenous solution 100 mg/5ml</i>	1	
<i>everolimus oral tablet 10 mg</i> (Torpenz)	1	PA NSO; QL (56 per 28 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	1	PA NSO; QL (28 per 28 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	1	PA NSO; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
EXKIVITY ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	1	PA BvD
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	1	PA BvD
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i>	1	PA BvD
FLUTAMIDE ORAL CAPSULE 125 MG	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; QL (21 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 1 MG	1	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA NSO; QL (21 per 28 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i> (Faslodex)	1	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA NSO
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i> (Iressa)	1	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	1	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	1	PA NSO; QL (5 per 21 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; QL (30 per 30 days)
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	1	
<i>ifosfamide intravenous solution reconstituted 1 gm</i> (Ifex)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate oral tablet 100 mg</i> (Gleevec)	1	PA NSO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i> (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA NSO; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	1	PA NSO
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	1	PA NSO
INLYTA ORAL TABLET 1 MG	1	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
IWILFIN ORAL TABLET 192 MG	1	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
JYLAMVO ORAL SOLUTION 2 MG/ML	1	PA BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	1	PA NSO; QL (8 per 21 days)
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	1	PA NSO; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (21 per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	1	PA NSO; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA NSO; QL (180 per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i> (Tykerb)	1	PA NSO
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	1	PA NSO; QL (28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	1	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	1	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	1	PA NSO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	1	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	1	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	1	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	1	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	1	PA NSO
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	1	PA NSO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; QL (80 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	1	PA NSO
LORBRENA ORAL TABLET 100 MG	1	PA NSO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA NSO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	1	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	1	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	1	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	1	PA NSO; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE 50 MG	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	1	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>	1	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
NERLYNX ORAL TABLET 40 MG	1	PA NSO; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	1	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	1	PA NSO; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG	1	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA NSO; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	1	PA NSO
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	1	PA NSO
ORSERDU ORAL TABLET 345 MG	1	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA NSO; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	1	PA BvD
<i>pazopanib hcl oral tablet 200 mg</i> (Votrient)	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	1	
<i>pemetrexed disodium intravenous solution 850 mg/34ml</i>	1	
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	1	
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	1	
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	1	PA NSO; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	1	PA NSO; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	1	PA NSO; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	1	
QINLOCK ORAL TABLET 50 MG	1	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA ORAL CAPSULE 150 MG	1	PA NSO; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	1	PA NSO
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	1	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	1	PA NSO
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	1	PA NSO
SCEMBLIX ORAL TABLET 100 MG	1	PA NSO; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA NSO; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate oral tablet 200 mg</i> (NexAVAR)	1	PA NSO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	1	PA NSO; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	1	PA NSO
TABLOID ORAL TABLET 40 MG	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	1	PA NSO; QL (900 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	1	PA NSO
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA NSO; QL (30 per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	1	PA NSO
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; QL (60 per 30 days)
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	1	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	1	PA NSO; QL (5 per 21 days)
<i>toposar intravenous solution 100 mg/5ml</i>	1	
<i>toremifene citrate oral tablet 60 mg</i> (Fareston)	1	
<i>torpenz oral tablet 10 mg</i> (Torpenz)	1	PA NSO; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i> (Torpenz)	1	PA NSO; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	1	PA NSO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	1	PA NSO
<i>tretinoin oral capsule 10 mg</i>	1	
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA NSO; QL (64 per 28 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	1	PA NSO

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	1	PA NSO
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA NSO
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	1	PA NSO
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	1	PA NSO
TUKYSA ORAL TABLET 150 MG	1	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	1	PA NSO; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA NSO
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	1	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA NSO; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	1	PA NSO; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	1	PA NSO; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	1	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	1	PA NSO; QL (4 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	1	PA NSO; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	1	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	1	PA NSO
YONSA ORAL TABLET 125 MG	1	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	1	PA NSO; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; QL (240 per 30 days)
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	1	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	1	
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA ORAL TABLET 150 MG	1	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	1	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	1	PA NSO; QL (20 per 28 days)
ANTICHOLINERGIC AGENTS		
Antimuscarinics/Antispasmodics		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> (Librax)	1	
<i>glycopyrrolate oral solution 1 mg/5ml</i> (Cuvposa)	1	
ANTICONVULSANTS		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	1	ST; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	ST; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	QL (60 per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i> (TEGretol-XR)	1	
<i>carbamazepine oral suspension 100 mg/5ml</i> (TEGretol)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i> (Eptol)	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	1	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	1	PA NSO; QL (180 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA NSO
<i>eptol oral tablet 200 mg</i> (Eptol)	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	1	ST
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA NSO
<i>fosphe</i> ntoin sodium injection (Cerebyx) solution 100 mg pe/2ml, 500 mg pe/10ml	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 8 MG	1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	ST; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i> (Neurontin)	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	1	QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i> (Vimpat)	1	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	1	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	1	QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i> (LaMICtal)	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i> (LaMICtal ODT)	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i> (Keppra XR)	1	
<i>levetiracetam intravenous solution 500 mg/5ml</i> (Keppra)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i> (Celontin)	1	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	1	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i> (Dilantin)	1	
<i>phenytoin oral tablet chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> (Lyrica)	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i> (Lyrica)	1	QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	1	ST
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	1	ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	1	PA BvD
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	1	ST
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i> (Topamax Sprinkle)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	1	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	1	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	1	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	1	QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i> (Vigadrone)	1	PA NSO; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Vigadrone)	1	PA NSO; QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>vigadrone oral packet 500 mg</i> (Vigadrone)	1	PA NSO; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i> (Vigadrone)	1	PA NSO; QL (180 per 30 days)
<i>vigpoder oral packet 500 mg</i> (Vigadrone)	1	PA NSO; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	1	ST; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	1	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	ST; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	1	ST
ZONISADE ORAL SUSPENSION 100 MG/5ML	1	
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	QL (30 per 30 days)
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg</i> (Namenda XR)	1	ST; QL (30 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 7 mg</i>	1	ST; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i> (Exelon)	1	QL (30 per 30 days)
ANTIDEPRESSANTS		
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	1	ST
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (xl) oral tablet</i> (Wellbutrin XL) <i>extended release 24 hour 150 mg,</i> <i>300 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75</i> <i>mg</i>	1	
<i>citalopram hydrobromide oral</i> <i>solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet</i> (CeleXA) <i>10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet</i> (CeleXA) <i>20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25</i> (Anafranil) <i>mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 25</i> (Norpramin) <i>mg</i>	1	
<i>desipramine hcl oral tablet 100 mg,</i> <i>150 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate er oral</i> (Pristiq) <i>tablet extended release 24 hour 100</i> <i>mg, 25 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100</i> <i>mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10</i> <i>mg/ml</i>	1	
<i>duloxetine hcl oral capsule delayed</i> (Cymbalta) <i>release particles 20 mg, 30 mg, 60</i> <i>mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	1	ST; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5</i> <i>mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10</i> (Lexapro) <i>mg, 20 mg, 5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	1	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i> (PROzac)	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i> (Paxil)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine sulfate oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	1	PA NSO
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	1	PA NSO
<i>tranylcypromine sulfate oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA NSO; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	1	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i> (Riomet)	1	QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 per 30 days)
<i>mifepristone oral tablet 300 mg</i> (Korlym)	1	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	1	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 2 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	1	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	1	PA; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg</i>	1	QL (90 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-850 mg</i> (Actoplus Met)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	1	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	1	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	1	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	1	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (dapagliflozin pro-metformin er)	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-500 MG	1	QL (60 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (dapagliflozin pro-metformin er)	1	QL (60 per 30 days)
Insulins		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)	
FIASP INJECTION SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	1	max \$35 copay per month supply; QL (24 per 28 days)	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	(NovoLOG 70/30 FlexPen ReliOn)	1	max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	(NovoLOG Mix 70/30)	1	max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	(insulin glargine solostar)	1	max \$35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine)	1	max \$35 copay per month supply

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN- INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) (insulin glargine-yfgn) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 33 UNT-MCG/ML	1	max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR (insulin glargine max solostar) SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	max \$35 copay per month supply; QL (18 per 28 days)
TOUJEO SOLOSTAR (insulin glargine solostar) SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	1	max \$35 copay per month supply; QL (13.5 per 28 days)
TRESIBA FLEXTOUCH (insulin degludec flectouch) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	max \$35 copay per month supply; QL (30 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (insulin degludec flextouch)	1	max \$35 copay per month supply; QL (18 per 28 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (insulin degludec)	1	max \$35 copay per month supply; QL (40 per 28 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML	1	max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	1	QL (30 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg</i>	1	
ANTIFUNGALS		
Antifungals		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	PA BvD
<i>amphotericin b liposome intravenous (AmBisome) suspension reconstituted 50 mg</i>	1	PA BvD
<i>ciclopirox external solution 8 % (Ciclodan)</i>	1	QL (19.8 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (180 per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	1	QL (180 per 30 days)
<i>clotrimazole external cream 1 % (Desenex)</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (90 per 30 days)
<i>econazole nitrate external cream 1 %</i>	1	QL (170 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1	
<i>fluconazole oral suspension (Diflucan) reconstituted 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg (Diflucan)</i>	1	
<i>fluconazole oral tablet 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg (Ancobon)</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>ketoconazole external cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (360 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i> (Mycamine)	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	1	
<i>nyamyc external powder 100000 unit/gm</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (60 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (60 per 30 days)
<i>nystatin external powder 100000 unit/gm</i> (Nyamyc)	1	QL (60 per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i> (Nyamyc)	1	QL (60 per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i> (Noxafil)	1	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VORICONAZOLE INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	1	PA BvD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i> (Vfend)	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ANTIGOUT AGENTS		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	1	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
ANTHISTAMINES		
Antihistamines		
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i> (Xyzal Allergy 24HR)	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
<i>metronidazole vaginal gel 0.75 %</i> (Vandazole)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
ANTIMIGRAINE AGENTS		
Antimigraine Agents		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	1	PA; QL (1.5 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	1	PA; QL (1.5 per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i> (Migranal)	1	ST; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	1	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i> (Maxalt-MLT)	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i> (Imitrex STATdose Refill)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i> (Imitrex STATdose System)	1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
Antimycobacterials		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin intravenous solution reconstituted 600 mg</i> (Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA
TRECTOR ORAL TABLET 250 MG	1	
ANTINAUSEA AGENTS		
Antinausea Agents		
<i>aprepitant oral capsule 125 mg</i>	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i> (Emend Tri-Pack)	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 80 mg</i> (Emend)	1	PA BvD; QL (4 per 28 days)
<i>compro rectal suppository 25 mg</i> (Compro)	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg</i>	1	
<i>meclizine hcl oral tablet 25 mg</i> (Dramamine)	1	
<i>ondansetron hcl injection solution 40 mg/20ml</i>	1	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	PA BvD
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i> (Transderm-Scop)	1	QL (10 per 30 days)
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTIPARASITE AGENTS		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	1	
<i>atovaquone oral suspension 750 mg/5ml</i> (Mepron)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone-proguanil hcl oral tablet</i> (Malarone) 250-100 mg, 62.5-25 mg	1	
<i>chloroquine phosphate oral tablet</i> 250 mg, 500 mg	1	
COARTEM ORAL TABLET 20-120 MG	1	
<i>hydroxychloroquine sulfate oral tablet</i> 100 mg	1	QL (180 per 30 days)
<i>hydroxychloroquine sulfate oral tablet</i> 200 mg (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine sulfate oral tablet</i> 300 mg (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine sulfate oral tablet</i> 400 mg	1	QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; QL (84 per 28 days)
<i>ivermectin oral tablet</i> 3 mg (Stromectol)	1	
<i>mefloquine hcl oral tablet</i> 250 mg	1	
<i>nitazoxanide oral tablet</i> 500 mg (Alinia)	1	QL (60 per 30 days)
<i>paromomycin sulfate oral capsule</i> 250 mg (Humatin)	1	
<i>pentamidine isethionate inhalation solution reconstituted</i> 300 mg (Nebupent)	1	PA BvD
<i>pentamidine isethionate injection solution reconstituted</i> 300 mg (Pentam)	1	
<i>praziquantel oral tablet</i> 600 mg (Biltricide)	1	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	1	
<i>pyrimethamine oral tablet</i> 25 mg (Daraprim)	1	PA
<i>quinine sulfate oral capsule</i> 324 mg (Qualaquin)	1	PA
<i>tinidazole oral tablet</i> 250 mg, 500 mg	1	

ANTIPARKINSONIAN AGENTS

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	1	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTIPSYCHOTIC AGENTS		
Antipsychotic Agents		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	1	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	1	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	1	QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	1	QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	1	QL (4.8 per 365 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	1	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	1	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	1	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	1	QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet</i> (Saphris) <i>sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	ST; QL (30 per 30 days)
<i>chlorpromazine hcl injection solution</i> <i>25 mg/ml, 50 mg/2ml</i>	1	
<i>chlorpromazine hcl oral concentrate</i> <i>100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10</i> <i>mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200</i> (Clozaril) <i>mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100</i> <i>mg, 12.5 mg, 25 mg</i>	1	ST; QL (90 per 30 days)
<i>clozapine oral tablet dispersible 150</i> <i>mg</i>	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200</i> <i>mg</i>	1	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	1	ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	1	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	1	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	1	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	1	QL (1 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	1	QL (1.5 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	1	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	1	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	1	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	1	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	1	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	1	QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	1	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i> (Latuda)	1	QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; QL (30 per 30 days)
<i>molindone hcl oral tablet 10 mg</i>	1	QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>molindone hcl oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular solution (ZyPREXA) reconstituted 10 mg</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (ZyPREXA)	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i> (ZyPREXA Zydis)	1	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg</i>	1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i> (Invega)	1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i> (Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	1	QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel XR)	1	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (SEROquel)	1	
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	ST; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (RisperDAL Consta)	1	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (RisperDAL)	1	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (RisperDAL)	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	1	ST; QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	1	QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	1	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	1	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	1	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	1	QL (0.7 per 56 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	1	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	1	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	1	ST
<i>ziprasidone hcl oral capsule 20 mg,</i> (Geodon) <i>40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular</i> (Geodon) <i>solution reconstituted 20 mg</i>	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	1	QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
Antiretrovirals		
<i>abacavir sulfate oral solution 20</i> (Ziagen) <i>mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral</i> (Epzicom) <i>tablet 600-300 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	1	QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate oral capsule 150 mg</i>	1	
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i> (Reyataz)	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	1	
CIMDUO ORAL TABLET 300-300 MG	1	
COMPLERA ORAL TABLET 200-25-300 MG	1	
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	1	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg</i> (Symfi Lo)	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 600-300-300 mg</i> (Symfi)	1	
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir df oral tablet</i> (Truvada) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 5 MG/ML	1	
<i>etravirine oral tablet 100 mg, 200 mg</i> (Intelence)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
<i>fosamprenavir calcium oral tablet</i> (Lexiva) 700 mg	1	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet</i> 150-300 mg	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	1	QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	1	QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i> (Selzentry)	1	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1	QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL PACKET 50 MG	1	
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150- 150-200-300 MG	1	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	1	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	1	PA BvD
SYMITUZA ORAL TABLET 800- 150-200-10 MG	1	
TEMIXYS ORAL TABLET 300-300 MG	1	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	1	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	1	
TRIUMEQ ORAL TABLET 600-50- 300 MG	1	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	1	
TRIZIVIR ORAL TABLET 300- 150-300 MG	1	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	1	
VEMLIDY ORAL TABLET 25 MG	1	ST; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/GM	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
VOCABRIA ORAL TABLET 30 MG	1	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 50 mg/5ml</i> (Retrovir)	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	1	PA
<i>oseltamivir phosphate oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	1	QL (20 per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	1	QL (30 per 5 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	1	QL (60 per 180 days)
Hcv Antivirals		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL PACKET 150-37.5 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	1	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	1	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	1	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; QL (28 per 28 days)
Interferons		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	1	PA
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i> (Valtrex)	1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i> (Valcyte)	1	
<i>valganciclovir hcl oral tablet 450 mg</i> (Valcyte)	1	

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

Anticoagulants

<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i> (Pradaxa)	1	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	1	
ELIQUIS ORAL TABLET 2.5 MG	1	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	1	QL (74 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	1	QL (60 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i> (Lovenox)	1	QL (48 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i> (Lovenox)	1	QL (18 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i> (Lovenox)	1	QL (24 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i> (Lovenox)	1	QL (36 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i> (Arixtra)	1	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i> (Arixtra)	1	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i> (Arixtra)	1	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i> (Arixtra)	1	QL (18 per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	1	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	1	
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	1	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	1	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	1	PA; QL (20 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	1	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	1	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	1	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	1	PA
PROMACTA ORAL TABLET 12.5 MG	1	PA; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	1	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
<i>anagrelide hcl oral capsule 0.5 mg (Agrylin)</i>	1	
<i>anagrelide hcl oral capsule 1 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	1	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)

CALORIC AGENTS

Caloric Agents

CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	1	PA BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	1	PA BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	1	PA BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	1	PA BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	1	PA BvD
<i>clinisol sf intravenous solution 15 %</i>	1	PA BvD
<i>dextrose intravenous solution 5 %</i>	1	
<i>plenamine intravenous solution 15 %</i>	1	PA BvD
PROCALAMINE INTRAVENOUS SOLUTION 3 %	1	PA BvD

CARDIOVASCULAR AGENTS

Alpha-Adrenergic Agents

<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24hr</i> (Catapres-TTS-2)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i> (Catapres-TTS-3)	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	1	PA; QL (180 per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin Ii Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	1	QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril hcl oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Accuretic)	1	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace)	1	
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace AF)	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 80 mg</i> (Betapace)	1	
<i>sotalol hcl oral tablet 240 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt oral capsule extended release 24 hour 360 mg</i> (Tiadylt ER)	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5ML	1	QL (600 per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	1	QL (60 per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg</i> (Digox)	1	
<i>digoxin oral tablet 62.5 mcg</i> (Lanoxin)	1	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.3 mg/0.3ml</i> (Auvi-Q)	1	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml</i> (EpiPen Jr 2-Pak)	1	QL (4 per 30 days)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i> (Firazyr)	1	PA; QL (18 per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i> (Corlanor)	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>metyrosine oral capsule 250 mg</i> (Demser)	1	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	1	QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	1	QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i> (Exforge HCT)	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
Diuretics		
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide oral tablet 0.5 mg</i> (Bumex)	1	
<i>bumetanide oral tablet 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 5 mg</i>	1	
<i>toremide oral tablet 20 mg</i> (Soaanz)	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 5-10 mg</i> (Caduet)	1	
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	1	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine light oral packet 4 gm</i> (Prevalite)	1	
<i>cholestyramine oral packet 4 gm</i> (Questran)	1	
<i>colesevelam hcl oral packet 3.75 gm</i> (Welchol)	1	
<i>colesevelam hcl oral tablet 625 mg</i> (Welchol)	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> (Vytorin)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule</i> 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i> (Fenoglide)	1	
<i>fenofibrate oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i> (Lescol XL)	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
<i>icosapent ethyl oral capsule 0.5 gm</i> (Vascepa)	1	QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i> (Vascepa)	1	QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
NEXLETOL ORAL TABLET 180 MG	1	ST; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	1	ST; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
NIACIN (ANTIHYPERLIPIDEMIC) (niacin ORAL TABLET 500 MG (antihyperlipidemic))	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG (niacin (antihyperlipidemic))	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i> (Lovaza)	1	ST; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> (Livalo)	1	QL (30 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin sodium oral tablet 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>prevalite oral packet 4 gm</i> (Prevalite)	1	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	1	ST; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	1	ST; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	1	ST; QL (6 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg, 80 mg</i>	1	QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i> (Tekturna)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 40 mg, 5 mg</i> (Isordil Titradoso)	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Nitro-Dur)	1	
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i> (Adderall XR)	1	QL (30 per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	1	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	1	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	1	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	1	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	1	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	1	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	1	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	1	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; QL (15 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i> (Ampyra)	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i> (Tecfidera)	1	PA; QL (14 per 7 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule delayed release 240 mg</i> (Tecfidera)	1	PA; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i> (Tecfidera)	1	PA
<i>fingolimod hcl oral capsule 0.5 mg</i> (Gilenya)	1	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa)	1	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa)	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> (Glatopa)	1	PA; QL (30 per 30 days)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> (Glatopa)	1	PA; QL (12 per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv)	1	
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	1	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	1	PA; QL (1.2 per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>lithium oral solution 8 meq/5ml</i>	1	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	1	PA
MAYZENT ORAL TABLET 0.25 MG	1	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG	1	PA
<i>methylphenidate hcl oral solution 10 mg/5ml</i> (Methylin)	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	1	PA; QL (20 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML	1	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	1	PA; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	1	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	PA; QL (112 per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	1	PA; QL (120 per 30 days)
CONTRACEPTIVES		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>altavera oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>amethyst oral tablet 90-20 mcg</i> (Amethyst)	1	
<i>apri oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>ayuna oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette)	1	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>camila oral tablet 0.35 mg</i> (Camila)	1	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>deblitane oral tablet 0.35 mg</i> (Camila)	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette)	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>dolishale oral tablet 90-20 mcg</i> (Amethyst)	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	(EluRyng)	1	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	(Apri)	1	
<i>emzahh oral tablet 0.35 mg</i>	(Camila)	1	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	(EluRyng)	1	QL (1 per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/125-30 mcg</i>	(Enpresse-28)	1	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	(Apri)	1	
<i>errin oral tablet 0.35 mg</i>	(Camila)	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35)	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50)	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	(EluRyng)	1	QL (1 per 28 days)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	1	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>		1	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	(Aurovela Fe 1.5/30)	1	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	(Aurovela FE 1/20)	1	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	(EluRyng)	1	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(Camila)	1	
<i>iclevia oral tablet 0.15-0.03 mg</i>	(Iclevia)	1	QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	(Camila)	1	
<i>introvale oral tablet 0.15-0.03 mg</i>	(Iclevia)	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	(Apri)	1	
<i>jencycla oral tablet 0.35 mg</i>	(Camila)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>jolessa oral tablet 0.15-0.03 mg</i> (Iclevia)	1	QL (91 per 84 days)
<i>juleber oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	
<i>kariva oral tablet 0.15-0.02/0.01 mg</i> (Azurette) (21/5)	1	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i> (Kelnor 1/35)	1	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i> (Kelnor 1/50)	1	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	1	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i> (Enpresse-28)	1	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i> (Iclevia)	1	QL (91 per 84 days)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i> (Balcoltra)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst)	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i> (Enpresse-28)	1	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	1	
<i>lillow oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutra oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>lyleq oral tablet 0.35 mg</i> (Camila)	1	
<i>lyza oral tablet 0.35 mg</i> (Camila)	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>mili oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	1	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i> (Xulane)	1	QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> (Aurovela Fe 1.5/30)	1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>norethindrone oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>norlyda oral tablet 0.35 mg</i> (Camila)	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette)	1	
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i> (Dasetta 1/35)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i> (Dasetta 7/7/7)	1	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i> (Altavera)	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i> (Apri)	1	
<i>setlakin oral tablet 0.15-0.03 mg</i> (Iclevia)	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (Camila)	1	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette)	1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	1	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i> (Aurovela FE 1/20)	1	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>trivora (28) oral tablet 50-30/75-40/125-30 mcg</i> (Enpresse-28)	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (Tri Femynor)	1	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	1	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette)	1	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i> (Azurette)	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i> (Xulane)	1	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i> (Xulane)	1	QL (3 per 28 days)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i> (Kelnor 1/35)	1	
DENTAL AND ORAL AGENTS		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i> (Evoxac)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i> (Periogard)	1	
<i>perio gard mouth/throat solution 0.12 %</i> (Periogard)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen)	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i> (Kourzeq)	1	
DERMATOLOGICAL AGENTS		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>acyclovir external ointment 5 %</i> (Zovirax)	1	QL (30 per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i> (AL12)	1	
<i>calcipotriene external cream 0.005 %</i>	1	QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i> (Calcitrene)	1	QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	1	QL (120 per 30 days)
<i>calcitriol external ointment 3 mcg/gm</i> (Vectical)	1	
<i>fluorouracil external cream 5 %</i> (Efudex)	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>imiquimod external cream 5 %</i>	1	QL (24 per 30 days)
KLISYRI EXTERNAL OINTMENT 1 %	1	QL (5 per 5 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
PANRETIN EXTERNAL GEL 0.1 %	1	QL (60 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>podofilox external solution 0.5 %</i>	1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	1	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	1	PA NSO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
Dermatological Antibacterials		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	QL (180 per 30 days)
<i>clindamycin phosphate external swab (Clindacin ETZ) 1 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	1	QL (120 per 30 days)
<i>metronidazole external cream 0.75 % (MetroCream)</i>	1	
<i>metronidazole external gel 0.75 %</i>	1	
<i>metronidazole external gel 1 % (Metrogel)</i>	1	
<i>mupirocin external ointment 2 %</i>	1	QL (220 per 30 days)
<i>neuac external gel 1.2-5 %</i>	1	
<i>rosadan external cream 0.75 % (MetroCream)</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 (SSD) %</i>	1	
<i>ssd external cream 1 % (SSD)</i>	1	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort external cream 1 % (Aveeno Anti-Itch Max St)</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i> (Diprolene)	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i> (Tovet)	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i> (Clobex)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external solution 0.05 %</i>	1	
EUCRISA EXTERNAL OINTMENT 2 %	1	
<i>fluocinolone acetonide external cream 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone acetonide external ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i> (Derma-Smoothe/FS Scalp)	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.1 %</i> (Vanos)	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i> (Procto-Med HC)	1	
<i>hydrocortisone external cream 1 %</i> (Aveeno Anti-Itch Max St)	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %</i> (Aquaphor Itch Relief Children)	1	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i> (Elidel)	1	QL (100 per 30 days)
PROCTOFOAM HC EXTERNAL FOAM 1-1 %	1	
<i>procto-med hc external cream 2.5 %</i> (Procto-Med HC)	1	
<i>proctosol hc external cream 2.5 %</i> (Procto-Med HC)	1	
<i>proctozone-hc external cream 2.5 %</i> (Procto-Med HC)	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (100 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external cream 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
Dermatological Retinoids		
<i>adapalene external cream 0.1 %</i> (Differin)	1	
<i>adapalene external gel 0.3 %</i> (Differin)	1	
<i>tazarotene external cream 0.1 %</i> (Tazorac)	1	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	1	PA
Scabicides And Pediculicides		
<i>malathion external lotion 0.5 %</i> (Ovide)	1	
<i>permethrin external cream 5 %</i>	1	QL (60 per 30 days)
DEVICES		
Devices		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSIST INSULIN (aq insulin syringe) SYRINGE 29G X 1/2" 1 ML	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	1	PA; ST
EXEL COMFORT POINT PEN (1st tier unifine pentips) NEEDLE 29G X 12MM	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
QC ALCOHOL EXTERNAL 70 %	1	PA; ST
<i>ra isopropyl alcohol wipes external</i> 70 %	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE (aq insulin syringe) 30G X 5/16" 0.5 ML	1	PA; ST
ENZYME REPLACEMENT/MODIFIERS		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000- 114000 UNIT, 6000-19000 UNIT	1	
<i>javygtor oral tablet 100 mg</i> (Javygtor)	1	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	1	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	1	PA BvD
<i>sapropterin dihydrochloride oral tablet 100 mg</i> (Javygtor)	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	1	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	1	
EYE, EAR, NOSE, THROAT AGENTS		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>azelastine hcl nasal solution 0.1 %</i>	1	QL (60 per 30 days)
<i>azelastine hcl nasal solution 0.15 % (Astepro)</i>	1	QL (30 per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	1	QL (15 per 10 days)
<i>olopatadine hcl ophthalmic solution (Pataday) 0.1 %, 0.2 %</i>	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution 2 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i> (Polycin)	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i> (Neo-Polycin HC)	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	1	ST
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
<i>levofloxacin ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i> (Vigamox)	1	
NATACYN OPHTHALMIC SUSPENSION 5 %	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i> (Maxitrol)	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i> (Neo-Polycin HC)	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i> (Neo-Polycin)	1	
<i>ofloxacin ophthalmic solution 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i> (Polycin)	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
<i>trifluridine ophthalmic solution 1 %</i>	1	
XDEMVIY OPTHALMIC SOLUTION 0.25 %	1	PA; QL (10 per 42 days)
ZIRGAN OPTHALMIC GEL 0.15 %	1	
ZYLET OPTHALMIC SUSPENSION 0.5-0.3 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>alrex ophthalmic suspension 0.2 %</i> (Alrex)	1	ST

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
<i>bromfenac sodium ophthalmic solution 0.07 %</i> (Prolensa)	1	
<i>bromfenac sodium ophthalmic solution 0.075 %</i> (BromSite)	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i> (Restasis)	1	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i> (Durezol)	1	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	1	QL (8.3 per 14 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 per 25 days)
<i>fluocinolone acetonide otic oil 0.01 %</i> (DermOtic)	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i> (ClariSpray)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 %	1	QL (5.6 per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i> (Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	1	QL (3.5 per 14 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX SM OPHTHALMIC GEL 0.38 %	1	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic gel</i> (Lotemax) 0.5 %	1	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic suspension</i> (Alrex) 0.2 %	1	ST
<i>loteprednol etabonate ophthalmic suspension</i> (Lotemax) 0.5 %	1	QL (15 per 19 days)
<i>mometasone furoate nasal suspension</i> (Nasonex 24HR) 50 mcg/act	1	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic suspension</i> (Pred Forte) 1 %	1	
XIIDRA OPHTHALMIC SOLUTION 5 %	1	QL (60 per 30 days)

GASTROINTESTINAL AGENTS

Antiulcer Agents And Acid Suppressants

<i>amoxicill-clarithro-lansopraz oral therapy pack</i> 500 & 500 & 30 mg	1	
<i>cimetidine hcl oral solution</i> 300 mg/5ml	1	
<i>esomeprazole magnesium oral capsule delayed release</i> 20 mg (GoodSense Esomeprazole)	1	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i> 40 mg (NexIUM)	1	QL (60 per 30 days)
<i>esomeprazole magnesium oral packet</i> 10 mg, 20 mg (NexIUM)	1	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral packet</i> 40 mg (NexIUM)	1	ST; QL (60 per 30 days)
<i>famotidine oral tablet</i> 20 mg (MM Acid-Pep Maximum Strength)	1	
<i>famotidine oral tablet</i> 40 mg (Pepcid)	1	
<i>lansoprazole oral capsule delayed release</i> 15 mg (Prevacid 24HR)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole oral capsule delayed release 30 mg</i> (Prevacid)	1	QL (60 per 30 days)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i> (Prevacid SoluTab)	1	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral packet 40 mg</i> (Protonix)	1	ST; QL (60 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg</i> (Protonix)	1	QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i> (Protonix)	1	QL (60 per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i> (Aciphex)	1	QL (30 per 30 days)
<i>sucralfate oral tablet 1 gm</i> (Carafate)	1	
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet soluble 200 mg</i> (Carbaglu)	1	PA
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i> (Gastrocrom)	1	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul-Forte)	1	
<i>kionex oral suspension 15 gm/60ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose oral solution 10 gm/15ml</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM	1	
<i>loperamide hcl oral capsule 2 mg</i> (Imodium A-D)	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	1	QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps oral suspension 15 gm/60ml</i>	1	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg</i>	1	
<i>ursodiol oral tablet 500 mg</i> (Urso Forte)	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	1	
XERMELO ORAL TABLET 250 MG	1	PA; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i> (GaviLyte-G)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name		Drug Tier	Requirements/Limits
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	(GaviLyte-N with Flavor Pack)	1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	(Suprep Bowel Prep Kit)	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	(GaviLyte-N with Flavor Pack)	1	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	(GaviLyte-G)	1	
SUTAB ORAL TABLET 1479-225-188 MG		1	
GENITOURINARY AGENTS			
Antispasmodics, Urinary			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>		1	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	(Toviaz)	1	
<i>flavoxate hcl oral tablet 100 mg</i>		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	(mirabegron er)	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>		1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>		1	
<i>oxybutynin chloride oral tablet 5 mg</i>		1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	(VESIcare)	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	(Detrol LA)	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	(Detrol)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i> (Uroxatral)	1	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	1	PA
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	1	PA
<i>trientine hcl oral capsule 250 mg</i> (Syprine)	1	PA; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i> (Depo-Testosterone)	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA; QL (5 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel 12.5 mg/act (1%)</i> (Vogelxo Pump)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i> (AndroGel Pump)	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i> (Testim)	1	PA; QL (300 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i> (EstroGel)	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Alora)	1	QL (8 per 28 days)
<i>estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr</i> (Dotti)	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i> (Climara)	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvafem)	1	QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone acet oral tablet 1-0.5 mg</i> (Mimvey)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ESTROGEL TRANSDERMAL GEL (estradiol) 0.75 MG/1.25 GM (0.06%)	1	
<i>mimvey oral tablet 1-0.5 mg</i> (Mimvey)	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GM	1	
PREMPHASE ORAL TABLET 0.625-5 MG	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene hcl oral tablet 60 mg</i> (Evista)	1	
<i>yuvaferm vaginal tablet 10 mcg</i> (Yuvaferm)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i> (DEPO-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablet (Medrol) therapy pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (Pediapred)</i>	1	PA BvD
<i>prednisone oral solution 5 mg/5ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml (Kenalog-40)</i>	1	
Pituitary		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML	1	PA; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 80 UNIT/ML	1	PA; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	1	PA; QL (35 per 28 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	1	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	1	PA NSO; QL (0.5 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	1	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	1	PA NSO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	1	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	1	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	1	PA
<i>octreotide acetate injection solution</i> (SandoSTATIN) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate injection solution</i> <i>1000 mcg/ml, 200 mcg/ml</i>	1	
ORGOVYX ORAL TABLET 120 MG	1	PA NSO
ORILISSA ORAL TABLET 150 MG	1	PA; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	1	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	1	PA; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	1	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	1	PA NSO; QL (0.3 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	1	QL (0.65 per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine sodium oral tablet 300 mcg</i> (Levo-T)	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	1	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	1	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	1	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	1	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	PA BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	1	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	1	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	1	PA NSO; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	1	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	1	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	1	PA
<i>cyclosporine intravenous solution 50</i> (SandIMMUNE) <i>mg/ml</i>	1	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) <i>100 mg, 25 mg</i>	1	PA BvD
<i>cyclosporine modified oral capsule</i> <i>50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) <i>100 mg/ml</i>	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25</i> (SandIMMUNE) <i>mg</i>	1	PA BvD
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	1	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	1	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	1	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	1	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	1	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	1	PA BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	1	PA BvD
<i>gengraf oral capsule 100 mg, 25 mg</i> (Gengraf)	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (Gengraf)	1	PA BvD
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	1	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	1	PA; Only NDCs starting with 00074
<i>infliximab intravenous solution</i> (Remicade) <i>reconstituted 100 mg</i>	1	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil hcl</i> (CellCept Intravenous) <i>intravenous solution reconstituted</i> <i>500 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	1	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension reconstituted 200 mg/ml</i>	1	PA BvD
<i>mycophenolate mofetil oral tablet</i> (CellCept) <i>500 mg</i>	1	PA BvD
<i>mycophenolate sodium oral tablet</i> (Myfortic) <i>delayed release 180 mg, 360 mg</i>	1	PA BvD
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA BvD
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	1	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	1	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	1	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	1	PA BvD; ST
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	1	ST
REZUROCK ORAL TABLET 200 MG	1	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	1	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	1	PA BvD
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	1	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	1	PA

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	1	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	1	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	1	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	1	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	1	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
TAVNEOS ORAL CAPSULE 10 MG	1	PA; QL (180 per 30 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	1	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	1	PA
Vaccines		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	\$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	\$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	\$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	1	\$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF- MCG/0.5	1	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	1	\$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	QL (3 per 365 days)
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	1	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	PA BvD; \$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	PA BvD; \$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	\$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	PA BvD; \$0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	PA BvD; \$0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	1	
IPOL INJECTION INJECTABLE	1	\$0 copay
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	\$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	1	\$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	\$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
MENACTRA INTRAMUSCULAR SOLUTION	1	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
MENQUADFI INTRAMUSCULAR SOLUTION	1	\$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	\$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	\$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	1	\$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	1	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	\$0 copay
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	PA BvD; \$0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	\$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	1	
RBAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PA BvD; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	1	PA BvD; \$0 copay

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	PA BvD; \$0 copay	
ROTARIX ORAL SUSPENSION	1		
ROTARIX ORAL SUSPENSION RECONSTITUTED	1		
ROTATEQ ORAL SOLUTION	1		
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	\$0 copay; QL (2 per 365 days)	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	(tetanus-diphtheria toxoids td)	1	\$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	\$0 copay	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	1		
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	1	\$0 copay	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	\$0 copay	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	\$0 copay	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	\$0 copay	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	1	\$0 copay	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	1		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	\$0 copay
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	\$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	\$0 copay
INFLAMMATORY BOWEL DISEASE AGENTS		
Inflammatory Bowel Disease Agents		
<i>alosectron hcl oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	
<i>balsalazide disodium oral capsule</i> (Colazal) 750 mg	1	
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>budesonide rectal foam 2 mg</i> (Uceris)	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i> (Cortenema)	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i> (Apriso)	1	
<i>mesalamine er oral capsule extended release 500 mg</i> (Pentasa)	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i> (Lialda)	1	QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i> (Azulfidine EN-tabs)	1	
IRRIGATING SOLUTIONS		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	1	
METABOLIC BONE DISEASE AGENTS		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate sodium oral tablet 70 mg (Fosamax)</i>	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg (Sensipar)</i>	1	QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg (Sensipar)</i>	1	QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	1	PA; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg (Zemlar)</i>	1	
<i>paricalcitol oral capsule 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	1	QL (60 per 30 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	1	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	1	PA
MISCELLANEOUS THERAPEUTIC AGENTS		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	1	PA
<i>betaine oral powder</i> (Cystadane)	1	PA
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	1	PA
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	1	
ENDARI ORAL PACKET 5 GM (l-glutamine)	1	PA; QL (180 per 30 days)
<i>glucagon emergency injection kit 1 mg</i>	1	ST
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	1	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	1	
<i>hydroxyzine pamoate oral capsule 25 mg</i> (Vistaril)	1	
<i>hydroxyzine pamoate oral capsule 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>l-glutamine oral packet 5 gm</i> (Endari)	1	PA; QL (180 per 30 days)
MESNEX ORAL TABLET 400 MG	1	
<i>nitroglycerin rectal ointment 0.4 %</i> (Rectiv)	1	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	1	PA; QL (30 per 30 days)
VOWST ORAL CAPSULE	1	PA; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	1	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	1	
OPHTHALMIC AGENTS		
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (2.5 per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %</i> (Alphagan P)	1	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i> (Combigan)	1	
<i>brinzolamide ophthalmic suspension 1 %</i> (Azopt)	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i> (Cosopt)	1	
<i>latanoprost ophthalmic solution 0.005 %</i> (Xalatan)	1	QL (2.5 per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	1	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	1	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i> (Zioptan)	1	QL (30 per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i> (Travatan Z)	1	QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	1	QL (5 per 30 days)
REPLACEMENT PREPARATIONS		
Replacement Preparations		
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i> (Klor-Con M10)	1	
<i>klor-con m15 oral tablet extended release 15 meq</i> (Klor-Con M15)	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 oral tablet extended release 20 meq</i> (Klor-Con M20)	1	
LACTATED RINGERS INTRAVENOUS SOLUTION	1	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>potassium chloride crys er oral tablet extended release 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride crys er oral tablet extended release 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride crys er oral tablet extended release 20 meq</i> (Klor-Con M20)	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq</i> (Klor-Con 10)	1	
<i>potassium chloride er oral tablet extended release 20 meq</i> (K-Tab)	1	
<i>potassium chloride er oral tablet extended release 8 meq</i> (Klor-Con)	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	PA BvD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i> (Urocit-K 15)	1	
<i>potassium citrate er oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	1	
RESPIRATORY TRACT AGENTS		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (fluticasone-salmeterol)	1	QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	1	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (fluticasone furoate-vilanterol)	1	QL (60 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	1	QL (60 per 30 days)
<i>breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyna)	1	QL (30.9 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i> (Pulmicort)	1	PA BvD; QL (120 per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i> (Pulmicort)	1	PA BvD; QL (60 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i> (Breyna)	1	QL (30.6 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (21.2 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act</i> (Advair HFA)	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub)	1	QL (60 per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> (Wixela Inhub)	1	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	1	
Bronchodilators		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i> (Proventil HFA)	1	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i> (Proventil HFA)	1	QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i> (Proventil HFA)	1	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	PA BvD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	1	QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	1	QL (25.8 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9- 4.8 MCG/ACT	1	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	1	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	PA BvD; QL (540 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	PA BvD
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i> (Xopenex HFA)	1	QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	1	QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	1	QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	1	QL (4 per 28 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution 80 mg/15ml</i>	1	
<i>tiotropium bromide monohydrate (Spiriva HandiHaler) inhalation capsule 18 mcg</i>	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	PA BvD
BRONCHITOL INHALATION CAPSULE 40 MG	1	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	1	PA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	PA BvD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	1	PA; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	1	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	1	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	1	PA; QL (3 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	1	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	1	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i> (Esbriet)	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	1	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	1	PA; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	1	PA; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i> (Daliresp)	1	QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i> (Daliresp)	1	QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	1	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	1	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	1	PA
SKELETAL MUSCLE RELAXANTS		
Skeletal Muscle Relaxants		

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction. Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen oral solution 10 mg/5ml</i> (Ozobax DS)	1	QL (1200 per 30 days)
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i> (Soma)	1	QL (120 per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 50 mg</i>	1	
<i>dantrolene sodium oral capsule 25 mg</i> (Dantrium)	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine hcl oral tablet 2 mg</i>	1	
<i>tizanidine hcl oral tablet 4 mg</i> (Zanaflex)	1	
SLEEP DISORDER AGENTS		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i> (Silenor)	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i> (Provigil)	1	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i> (Provigil)	1	PA; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	1	QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	1	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i> (Ambien CR)	1	QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
VASODILATING AGENTS		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	1	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i> (Revatio)	1	PA; QL (360 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	1	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	1	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; QL (240 per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	1	PA
VITAMINS AND MINERALS		
Vitamins And Minerals		
PRENATAL ORAL TABLET 27-1 MG	1	

You can find information on the symbols and abbreviations on this table by going to page 3 of the introduction.
Formulary ID 25265,

Alphabetical Listing

A		
<i>abacavir sulfate</i>	67	
<i>abacavir sulfate-lamivudine</i> ...	67	
ABELCET	53	
ABILIFY ASIMTUFII.....	61	
ABILIFY MAINTENA.....	61	
<i>abiraterone acetate</i>	18	
ABRYSVO.....	126	
<i>acamprosate calcium</i>	8	
<i>acarbose</i>	47	
<i>acebutolol hcl</i>	81	
<i>acetaminophen-codeine</i>	4	
<i>acetazolamide</i>	133	
<i>acetazolamide er</i>	133	
<i>acetazolamide sodium</i>	133	
<i>acetic acid</i>	106, 130	
<i>acetylcysteine</i>	139	
<i>acitretin</i>	100	
ACTEMRA	120	
ACTEMRA ACTPEN.....	120	
ACTHAR	117	
ACTHAR GEL.....	117	
ACTHIB	126	
ACTIMMUNE	132	
<i>acyclovir</i>	73, 100	
<i>acyclovir sodium</i>	73	
ADACEL.....	126	
<i>adapalene</i>	104	
<i>adefovir dipivoxil</i>	74	
ADEMPAS.....	142	
ADVAIR HFA	136	
<i>afirmelle</i>	92	
AIRSUPRA	136	
AJOVY.....	55, 56	
AKEEGA	18	
<i>ala-cort</i>	101	
<i>albendazole</i>	58	
<i>albuterol sulfate</i>	137	
<i>albuterol sulfate hfa</i>	137	
ALECENSA	18	
<i>alendronate sodium</i>	131	
<i>alfuzosin hcl er</i>	114	
<i>aliskiren fumarate</i>	87	
<i>allopurinol</i>	55	
<i>alose tron hcl</i>	130	
<i>alprazolam</i>	9	
<i>alrex</i>	108	
<i>altavera</i>	92	
ALUNBRIG.....	18	
ALVAIZ	75	
<i>alyacen 1/35</i>	92	
<i>alyacen 7/7/7</i>	92	
<i>alyq</i>	142	
<i>amantadine hcl</i>	60	
<i>amethyst</i>	92	
<i>amikacin sulfate</i>	10	
<i>amiloride hcl</i>	84	
<i>amiloride-hydrochlorothiazide</i>	84	
<i>amiodarone hcl</i>	80	
<i>amitriptyline hcl</i>	43	
<i>amlodipine besy-benazepril hcl</i>	84	
<i>amlodipine besylate</i>	84	
<i>amlodipine besylate-valsartan</i>	84	
<i>amlodipine-atorvastatin</i>	85, 86	
<i>amlodipine-olmesartan</i>	84	
<i>amlodipine-valsartan-hctz</i>	84	
<i>ammonium lactate</i>	100	
<i>amoxapine</i>	43	
<i>amoxicill-clarithro-lansopraz</i>	110	
<i>amoxicillin</i>	14, 15	
<i>amoxicillin-pot clavulanate</i> ...	15	
<i>amphetamine-dextroamphet er</i>	88	
<i>amphetamine-</i> <i>dextroamphetamine</i>	88	
<i>amphotericin b</i>	53	
<i>amphotericin b liposome</i>	53	
<i>ampicillin</i>	15	
<i>ampicillin sodium</i>	15	
<i>ampicillin-sulbactam sodium</i> .	15	
<i>anagrelide hcl</i>	76	
<i>anastrozole</i>	18	
ANKTIVA	18	
ANORO ELLIPTA	137	
<i>aprepitant</i>	57, 58	
APRETUDE.....	67	
<i>apri</i>	92	
APTIOM	37	
APTIVUS.....	67	
ARCALYST	120	
AREXVY	126	
ARIKAYCE.....	10	
<i>aripiprazole</i>	61	
ARISTADA	62	
ARISTADA INITIO	61	
<i>armodafinil</i>	141	
ARNUITY ELLIPTA	136	
<i>asenapine maleate</i>	62	
<i>aspirin-dipyridamole er</i>	76	
ASTAGRAF XL	120	
<i>atazanavir sulfate</i>	68	
<i>atenolol</i>	81	
<i>atenolol-chlorthalidone</i>	81	
<i>atomoxetine hcl</i>	89	
<i>atorvastatin calcium</i>	86	
<i>atovaquone</i>	58	
<i>atovaquone-proguanil hcl</i>	59	
<i>atropine sulfate</i>	106	

ATROVENT HFA	137	<i>benztropine mesylate</i>	60	<i>bromocriptine mesylate</i>	60
<i>aubra eq.</i>	92	BESIVANCE.....	107	BRONCHITOL.....	139
AUGTYRO	19	BESREMI.....	120	BRUKINSA	20
<i>aurovela 1.5/30</i>	92	<i>betaine</i>	132	<i>budesonide</i>	130, 136
<i>aurovela 1/20</i>	92	<i>betamethasone dipropionate</i>	102	<i>budesonide-formoterol fumarate</i>	136
<i>aurovela 24 fe</i>	92	<i>betamethasone dipropionate aug</i>	102	.....	136
<i>aurovela fe 1.5/30</i>	93	.....	102	<i>bumetanide</i>	85
<i>aurovela fe 1/20</i>	93	<i>betamethasone valerate</i>	102	<i>buprenorphine</i>	4
AUSTEDO	89	BETASERON.....	89	<i>buprenorphine hcl</i>	8
AUSTEDO XR.....	89	<i>betaxolol hcl</i>	133	<i>buprenorphine hcl-naloxone hcl</i>	8
AUSTEDO XR PATIENT		<i>bethanechol chloride</i>	113	.....	8
TITRATION.....	89	<i>bexarotene</i>	19	<i>bupropion hcl</i>	44
AUVELITY.....	43	BEXSERO	126	<i>bupropion hcl er (smoking det)</i>	8
<i>aviane</i>	93	<i>bicalutamide</i>	19	<i>bupropion hcl er (sr)</i>	43
AVONEX PEN	89	BICILLIN C-R	15	<i>bupropion hcl er (xl)</i>	44
AVONEX PREFILLED.....	89	BICILLIN C-R 900/300	15	<i>buspironone hcl</i>	132
<i>ayuna</i>	93	BICILLIN L-A	16	<i>butalbital-apap-caff-cod</i>	4
AYVAKIT.....	19	BIKTARVY.....	68	<i>butalbital-apap-caffeine</i>	4
<i>azacitidine</i>	19	<i>bimatoprost</i>	133	C	
<i>azathioprine</i>	120	<i>bisoprolol fumarate</i>	81	CABENUVA	68
<i>azathioprine sodium</i>	120	<i>bisoprolol-hydrochlorothiazide</i>	81	<i>cabergoline</i>	60
<i>azelastine hcl</i>	106	.....	81	CABOMETYX	20
<i>azithromycin</i>	13	<i>bleomycin sulfate</i>	19	<i>calcipotriene</i>	100
<i>aztreonam</i>	14	<i>blisovi 24 fe</i>	93	<i>calcitonin (salmon)</i>	131
<i>azurette</i>	93	<i>blisovi fe 1.5/30</i>	93	<i>calcitriol</i>	100, 131
B		<i>blisovi fe 1/20</i>	93	CALQUENCE	20
<i>bacitracin</i>	107	BOOSTRIX	126	<i>camila</i>	93
<i>bacitracin-polymyxin b</i>	107	<i>bortezomib</i>	19	<i>candesartan cilexetil</i>	78
<i>bacitra-neomycin-polymyxin-hc</i>	107	<i>bosentan</i>	142	<i>candesartan cilexetil-hctz</i>	78
.....	107	BOSULIF.....	19, 20	CAPLYTA	62
<i>baclofen</i>	141	BRAFTOVI	20	CAPRELSA	20
<i>balsalazide disodium</i>	130	BREO ELLIPTA	136	<i>captopril</i>	79
BALVERSA.....	19	<i>breyna</i>	136	<i>carbamazepine</i>	37, 38
BCG VACCINE.....	126	BREZTRI AEROSPHERE..	138	<i>carbamazepine er</i>	37
BELSOMRA	141	BRILINTA.....	76	<i>carbidopa-levodopa</i>	60
<i>benazepril hcl</i>	79	<i>brimonidine tartrate</i>	133	<i>carbidopa-levodopa er</i>	60
<i>benazepril-hydrochlorothiazide</i>	79	<i>brimonidine tartrate-timolol</i>	133	<i>carglumic acid</i>	111
.....	79	<i>brinzolamide</i>	133	<i>carisoprodol</i>	141
<i>bendamustine hcl</i>	19	BRIVIACT	37	<i>carteolol hcl</i>	133
BENDAMUSTINE HCL	19	<i>bromfenac sodium</i>	109	<i>cartia xt</i>	82
BENDEKA.....	19	<i>bromfenac sodium (once-daily)</i>	109	<i>carvedilol</i>	81
BENLYSTA.....	120	.....	109	CAYSTON.....	14

<i>cefaclor</i>	12	<i>clindamycin phos-benzoyl perox</i>	101	COMFORT ASSIST INSULIN SYRINGE	105
<i>cefadroxil</i>	12	<i>clindamycin phosphate ...</i> 10, 55, 101		COMPLERA.....	68
<i>cefazolin sodium</i>	12	CLINIMIX E/DEXTROSE (8/10)	77	<i>compro</i>	58
<i>cefdinir</i>	12	CLINIMIX E/DEXTROSE (8/14)	77	<i>constulose</i>	111
<i>cefepime hcl</i>	12	CLINIMIX/DEXTROSE (6/5)	77	COPIKTRA.....	20
<i>cefixime</i>	12	CLINIMIX/DEXTROSE (8/10)	77	CORLANOR.....	83
<i>cefoxitin sodium</i>	12	CLINIMIX/DEXTROSE (8/14)	77	COSENTYX	121, 132
<i>cefpodoxime proxetil</i>	12	<i>clinisol sf</i>	77	COSENTYX (300 MG DOSE)	121
<i>cefprozil</i>	12	<i>clobazam</i>	38	COSENTYX SENSOREADY (300 MG)	121
<i>ceftazidime</i>	12	<i>clobetasol propionate ..</i> 102, 103		COSENTYX UNOREADY .	121
<i>ceftriaxone sodium</i>	13	<i>clobetasol propionate e</i>	102	COTELLIC	20
<i>cefuroxime axetil</i>	13	<i>clobetasol propionate emulsion</i>	102	CREON.....	105
<i>cefuroxime sodium</i>	13	<i>clomipramine hcl</i>	44	<i>cromolyn sodium</i> .. 106, 111, 139	
<i>celecoxib</i>	6	<i>clonazepam</i>	9	<i>cryselle-28</i>	93
<i>cephalexin</i>	13	<i>clonidine</i>	77, 78	CVS GAUZE STERILE	105
<i>cevimeline hcl</i>	99	<i>clonidine hcl</i>	77	<i>cyclafem 1/35</i>	93
<i>chateal eq</i>	93	<i>clopidogrel bisulfate</i>	77	<i>cyclafem 7/7/7</i>	93
<i>chlordiazepoxide hcl</i>	9	<i>clorazepate dipotassium</i>	9	<i>cyclobenzaprine hcl</i>	141
<i>chlordiazepoxide-clidinium</i>	37	<i>clotrimazole</i>	53	<i>cyclophosphamide</i>	20, 21
<i>chlorhexidine gluconate</i>	100	<i>clotrimazole-betamethasone</i> ..	53	CYCLOPHOSPHAMIDE.....	21
<i>chloroquine phosphate</i>	59	<i>clozapine</i>	62	<i>cyclosporine</i>	109, 121
<i>chlorpromazine hcl</i>	62	COARTEM.....	59	<i>cyclosporine modified</i>	121
<i>chlorthalidone</i>	85	<i>colchicine</i>	55	<i>cyred eq</i>	93
<i>cholestyramine</i>	86	<i>colchicine-probenecid</i>	55	D	
<i>cholestyramine light</i>	86	<i>colesevelam hcl</i>	86	<i>dabigatran etexilate mesylate</i> 74	
<i>ciclopirox</i>	53	<i>colestipol hcl</i>	86	<i>dalfampridine er</i>	89
<i>ciclopirox olamine</i>	53	<i>colistimethate sodium (cba)</i> ... 11		<i>danazol</i>	114
<i>cilostazol</i>	77	COMBIVENT RESPIMAT. 138		<i>dantrolene sodium</i>	141
CIMDUO.....	68	COMETRIQ (100 MG DAILY DOSE)	20	DANYELZA.....	21
<i>cimetidine hcl</i>	110	COMETRIQ (140 MG DAILY DOSE)	20	<i>dapsone</i>	57
CIMZIA.....	120	COMETRIQ (60 MG DAILY DOSE)	20	DAPTACEL.....	126
CIMZIA (2 SYRINGE).....	120			<i>daptomycin</i>	11
<i>cinacalcet hcl</i>	131			DAPTOMYCIN.....	11
CINQAIR	139			<i>darunavir</i>	68
<i>ciprofloxacin hcl</i>	16, 107			<i>dasetta 1/35</i>	93
<i>ciprofloxacin in d5w</i>	17			<i>dasetta 7/7/7</i>	93
<i>ciprofloxacin-dexamethasone</i>	107			DAURISMO	21
<i>citalopram hydrobromide</i>	44			<i>deblitane</i>	93
<i>clarithromycin</i>	14			<i>decitabine</i>	21
CLENPIQ.....	112				
<i>clindamycin hcl</i>	10				

<i>deferasirox</i>	114	<i>dimethyl fumarate starter pack</i>	90	EMGALITY.....	56
DELSTRIGO.....	68	.....	90	EMGALITY (300 MG DOSE)	56
<i>demeclocycline hcl</i>	17	<i>diphenoxylate-atropine</i>	111	.....	56
DENGVAXIA.....	126	DIPHTHERIA-TETANUS		<i>emoquette</i>	94
DEPO-SUBQ PROVERA 104		TOXOIDS DT	126	EMSAM.....	44
.....	119	<i>dipyridamole</i>	77	<i>emtricitabine</i>	68
DESCOVY.....	68	<i>disulfiram</i>	8	<i>emtricitabine-tenofovir df</i>	69
<i>desipramine hcl</i>	44	<i>divalproex sodium</i>	38	EMTRIVA	69
<i>desloratadine</i>	55	<i>divalproex sodium er</i>	38	<i>emzahh</i>	94
<i>desmopressin ace spray refrig</i>		<i>dofetilide</i>	80	<i>enalapril maleate</i>	79
.....	117	<i>dolishale</i>	93	<i>enalapril-hydrochlorothiazide</i>	79
<i>desmopressin acetate</i>	117	<i>donepezil hcl</i>	42, 43	ENBREL.....	121, 122
<i>desogestrel-ethinyl estradiol</i> ..	93	<i>dorzolamide hcl</i>	133	ENBREL MINI.....	121
<i>desvenlafaxine succinate er</i>	44	<i>dorzolamide hcl-timolol mal</i>	134	ENBREL SURECLICK.....	122
<i>dexamethasone</i>	116	DOVATO	68	ENDARI	132
<i>dexamethasone sod phosphate</i>		<i>doxazosin mesylate</i>	78	<i>endocet</i>	4
<i>pf</i>	116	<i>doxepin hcl</i>	44, 141	ENGERIX-B	126, 127
<i>dexamethasone sodium</i>		<i>doxorubicin hcl liposomal</i>	21	<i>enilloring</i>	94
<i>phosphate</i>	109, 116	<i>doxy 100</i>	17	<i>enoxaparin sodium</i>	74
<i>dextrose</i>	77	<i>doxycycline hyclate</i>	17	<i>enpresse-28</i>	94
<i>dextrose-sodium chloride</i>	134	<i>doxycycline monohydrate</i>	18	<i>enskyce</i>	94
DIACOMIT.....	38	<i>dronabinol</i>	58	<i>entacapone</i>	60
<i>diazepam</i>	9, 38	<i>droxidopa</i>	78	<i>entecavir</i>	74
<i>diazepam intensol</i>	9	DUAVEE.....	115	ENTRESTO	78
<i>diazoxide</i>	132	<i>duloxetine hcl</i>	44	<i>enulose</i>	111
<i>diclofenac potassium</i>	6	DUPIXENT	121	EPCLUSA.....	73
<i>diclofenac sodium</i>	6, 109	<i>dutasteride</i>	114	EPIDIOLEX.....	38
<i>diclofenac sodium er</i>	6	E		<i>epinastine hcl</i>	106
<i>diclofenac-misoprostol</i>	6	<i>econazole nitrate</i>	53	<i>epinephrine</i>	83
<i>dicloxacillin sodium</i>	16	EDURANT	68	<i>epitol</i>	38
<i>dicyclomine hcl</i>	111	<i>efavirenz</i>	68	EPIVIR HBV	69
<i>didanosine</i>	68	<i>efavirenz-emtricitab-tenofo df</i>	68	EPKINLY	21
DIFICID	14	<i>efavirenz-lamivudine-tenofovir</i>		<i>eplerenone</i>	88
<i>difluprednate</i>	109	.....	68	EPRONTIA.....	38
<i>digoxin</i>	83	ELIGARD.....	21	ERBITUX	21
<i>dihydroergotamine mesylate</i> ..	56	<i>elinest</i>	93	<i>ergoloid mesylates</i>	43
<i>diltiazem hcl</i>	82	ELIQUIS.....	74	ERIVEDGE.....	21
<i>diltiazem hcl er</i>	82	ELIQUIS DVT/PE STARTER		ERLEADA.....	22
<i>diltiazem hcl er beads</i>	82	PACK.....	74	<i>erlotinib hcl</i>	22
<i>diltiazem hcl er coated beads</i>	82	ELREXFIO	21	<i>errin</i>	94
<i>dilt-xr</i>	82	<i>eluryng</i>	94	<i>ertapenem sodium</i>	14
<i>dimethyl fumarate</i>	89, 90	EMCYT	21	<i>erythromycin</i>	101, 107

<i>erythromycin base</i>	14	<i>fenofibrate</i>	86	<i>fluvoxamine maleate er</i>	45
<i>erythromycin ethylsuccinate</i> ..	14	<i>fenofibrate micronized</i>	86	<i>fondaparinux sodium</i>	75
<i>escitalopram oxalate</i>	44	<i>fentanyl</i>	4	<i>fosamprenavir calcium</i>	69
<i>esomeprazole magnesium</i>	110	<i>fentanyl citrate</i>	4	<i>fosfomycin tromethamine</i>	11
<i>estarylla</i>	94	<i>fesoterodine fumarate er</i>	113	<i>fosinopril sodium</i>	79
<i>estradiol</i>	115	FETZIMA	45	<i>fosinopril sodium-hctz</i>	79
<i>estradiol-norethindrone acet</i>	115	FETZIMA TITRATION	45	<i>fosphenytoin sodium</i>	39
ESTROGEL	116	FIASP	50	FOTIVDA	22
<i>eszopiclone</i>	141	FIASP FLEXTOUCH	50	FRUZAQLA	23
<i>ethambutol hcl</i>	57	FIASP PENFILL	50	<i>fulvestrant</i>	23
<i>ethosuximide</i>	38	<i>finasteride</i>	114	<i>furosemide</i>	85
<i>ethynodiol diac-eth estradiol</i> ..	94	<i>fingolimod hcl</i>	90	FUZEON	69
<i>etodolac</i>	6	FINTEPLA	39	FYARRO	23
<i>etonogestrel-ethinyl estradiol</i> ..	94	FIRMAGON	22	FYCOMPA	39
ETOPOPHOS	22	FIRMAGON (240 MG DOSE)		G	
<i>etoposide</i>	22	.....	22	<i>gabapentin</i>	39
<i>etravirine</i>	69	<i>flavoxate hcl</i>	113	<i>galantamine hydrobromide</i> ...	43
EUCRISA	103	<i>flecainide acetate</i>	80	<i>galantamine hydrobromide er</i>	43
<i>everolimus</i>	22, 122	<i>floxuridine</i>	22	GAMUNEX-C	122
EVOTAZ	69	<i>fluconazole</i>	53	GARDASIL 9	127
EXEL COMFORT POINT PEN		<i>fluconazole in sodium chloride</i>		GAVILYTE-C	112
NEEDLE	105	.....	53	<i>gavilyte-g</i>	112
<i>exemestane</i>	22	<i>flucytosine</i>	53	<i>gavilyte-n with flavor pack</i> ..	113
EXKIVITY	22	<i>fludrocortisone acetate</i>	116	GAVRETO	23
EXTENCILLINE	16	<i>flunisolide</i>	109	<i>gefitinib</i>	23
EYSUVIS	109	<i>fluocinolone acetonide</i> ..	103, 109	<i>gemfibrozil</i>	86
<i>ezetimibe</i>	86	<i>fluocinolone acetonide scalp</i>	103	<i>generlac</i>	111
<i>ezetimibe-simvastatin</i>	86	<i>fluocinonide</i>	103	<i>engraf</i>	122
F		<i>fluorometholone</i>	109	GENTAK	107
<i>falmina</i>	94	<i>fluorouracil</i>	22, 100	<i>gentamicin sulfate</i> ..	10, 101, 107
<i>famciclovir</i>	74	<i>fluoxetine hcl</i>	45	GENVOYA	69
<i>famotidine</i>	110	<i>fluphenazine decanoate</i>	63	GILOTRIF	23
FANAPT	62	<i>fluphenazine hcl</i>	63	<i>glatiramer acetate</i>	90
FANAPT TITRATION PACK		<i>flurbiprofen</i>	6	<i>glatopa</i>	90
.....	62	<i>flurbiprofen sodium</i>	109	GLEOSTINE	23
FARXIGA	47	FLUTAMIDE	22	<i>glimepiride</i>	52
FASENRA	139	<i>fluticasone propionate</i> ..	103, 109	<i>glipizide</i>	52
FASENRA PEN	139	<i>fluticasone propionate hfa</i> ...	136	<i>glipizide er</i>	52
<i>febuxostat</i>	55	<i>fluticasone-salmeterol</i>	137	<i>glipizide-metformin hcl</i>	52
<i>felbamate</i>	38	<i>fluvastatin sodium</i>	86	GLOBAL ALCOHOL PREP	
<i>felodipine er</i>	84	<i>fluvastatin sodium er</i>	86	EASE	105
<i>femynor</i>	94	<i>fluvoxamine maleate</i>	45	<i>glucagon emergency</i>	132

<i>glyburide</i>	52	HUMIRA-PS/UV/ADOL HS	INCRELEX.....	117
<i>glyburide micronized</i>	52	STARTER	<i>indapamide</i>	85
<i>glyburide-metformin</i>	52	HUMIRA-PSORIASIS/UEVIT	<i>indomethacin</i>	7
<i>glycopyrrolate</i>	37, 111	STARTER	INFANRIX	127
<i>glydo</i>	7	HUMULIN R U-500	<i>infliximab</i>	123
GLYXAMBI	47	(CONCENTRATED)	INGREZZA.....	90
<i>griseofulvin microsize</i>	53	HUMULIN R U-500	INLYTA.....	24
<i>griseofulvin ultramicrosize</i>	54	KWIKPEN.....	INQOVI	24
<i>guanfacine hcl</i>	78	<i>hydralazine hcl</i>	INREBIC.....	24
<i>guanfacine hcl er</i>	90	<i>hydrochlorothiazide</i>	<i>insulin asp prot & asp flexpen</i>	50
GVOKE HYPOPEN 2-PACK		<i>hydrocodone-acetaminophen</i> 4, 5	INSULIN ASPART	50
.....	132	<i>hydrocortisone</i>	INSULIN ASPART FLEXPEN	
GVOKE KIT	132	..... 103, 116, 130	.....	50
GVOKE PFS	132	<i>hydrocortisone (perianal)</i>	INSULIN ASPART PENFILL	
H		..... 103	.....	50
HAEGARDA	75	<i>hydrocortisone valerate</i>	<i>insulin aspart prot & aspart</i> ..	50
<i>hailey 24 fe</i>	94	<i>hydrocortisone-acetic acid</i> ..	INTELENCE.....	69
<i>hailey fe 1.5/30</i>	94	107	INTRON A.....	73
<i>hailey fe 1/20</i>	94	<i>hydromorphone hcl</i>	<i>introvale</i>	94
<i>halobetasol propionate</i>	103	5	INVEGA HAFYERA	63
<i>haloette</i>	94	<i>hydroxychloroquine sulfate</i> ...	INVEGA SUSTENNA	63, 64
<i>haloperidol</i>	63	59	INVEGA TRINZA.....	64
<i>haloperidol decanoate</i>	63	<i>hydroxyurea</i>	INVELTYS	109
<i>haloperidol lactate</i>	63	23	IPOL.....	127
HARVONI	73	<i>hydroxyzine hcl</i>	<i>ipratropium bromide</i>	106, 138
HAVRIX	127	55	<i>ipratropium-albuterol</i>	138
<i>heather</i>	94	<i>hydroxyzine pamoate</i>	<i>irbesartan</i>	78
<i>heparin sodium (porcine)</i>	75	132	<i>irbesartan-hydrochlorothiazide</i>	
HEPLISAV-B.....	127	I	.....	78
HERCEPTIN HYLECTA	23	<i>ibandronate sodium</i>	ISENTRESS.....	69
HERZUMA	23	131	ISENTRESS HD.....	69
HIBERIX.....	127	IBRANCE.....	<i>isibloom</i>	94
HUMIRA (2 PEN)	122	23	<i>isoniazid</i>	57
HUMIRA (2 SYRINGE).....	122	<i>ibu</i>	<i>isosorbide dinitrate</i>	88
HUMIRA-CD/UC/HS		6, 7	<i>isosorbide mononitrate</i>	88
STARTER	122	<i>ibuprofen</i>	<i>isosorbide mononitrate er</i>	88
HUMIRA-PED<40KG		83	<i>itraconazole</i>	54
CROHNS STARTER.....	122	<i>icatibant acetate</i>	<i>ivabradine hcl</i>	83
HUMIRA-PED>/=40KG		94	<i>ivermectin</i>	59
CROHNS START	122	ICLEVIA.....	IWILFIN	24
HUMIRA-PED>/=40KG UC		ICLUSIG	IXCHIQ.....	127
STARTER	123	23	IXIARO.....	127
		<i>icosapent ethyl</i>		
		86		
		IDHIFA.....		
		23		
		<i>ifosfamide</i>		
		23		
		ILEVRO.....		
		109		
		<i>imatinib mesylate</i>		
		24		
		IMBRUVICA		
		24		
		IMDELLTRA		
		24		
		<i>imipenem-cilastatin</i>		
		14		
		<i>imipramine hcl</i>		
		45		
		<i>imiquimod</i>		
		100		
		IMJUDO		
		24		
		IMOVAX RABIES.....		
		127		
		IMPAVIDO		
		59		
		<i>incassia</i>		
		94		

J		
JAKAFI	24	
<i>jantoven</i>	75	
JANUMET	47	
JANUMET XR.....	47	
JANUVIA.....	47	
JARDIANCE.....	47	
<i>javygtor</i>	105	
JAYPIRCA.....	24	
JEMPERLI	24	
<i>jencycla</i>	94	
JENTADUETO	47	
JENTADUETO XR.....	47	
<i>jolessa</i>	95	
<i>juleber</i>	95	
JULUCA.....	69	
<i>junel 1.5/30</i>	95	
<i>junel 1/20</i>	95	
<i>junel fe 1.5/30</i>	95	
<i>junel fe 1/20</i>	95	
<i>junel fe 24</i>	95	
JYLAMVO.....	25	
JYNNEOS	127	
K		
KALYDECO	139	
<i>kariva</i>	95	
<i>kelnor 1/35</i>	95	
<i>kelnor 1/50</i>	95	
KERENDIA	88	
KESIMPTA	90	
<i>ketoconazole</i>	54	
<i>ketorolac tromethamine</i>	7, 109	
KEYTRUDA.....	25	
KIMMTRAK.....	25	
KINERET.....	123	
KINRIX.....	127	
<i>kionex</i>	111	
KISQALI (200 MG DOSE) ...	25	
KISQALI (400 MG DOSE) ...	25	
KISQALI (600 MG DOSE) ...	25	
KISQALI FEMARA (200 MG DOSE)	25	
KISQALI FEMARA (400 MG DOSE)	25	
KISQALI FEMARA (600 MG DOSE)	25	
KLISYRI	100	
<i>klor-con m10</i>	134	
<i>klor-con m15</i>	134	
<i>klor-con m20</i>	135	
KLOXXADO.....	8	
KOSELUGO.....	25	
KRAZATI.....	25	
<i>kurvelo</i>	95	
KYLEENA	95	
KYNMOBI	60	
KYNMOBI TITRATION KIT	60	
L		
<i>labetalol hcl</i>	81	
<i>lacosamide</i>	39	
LACTATED RINGERS	135	
<i>lactulose</i>	112	
<i>lamivudine</i>	69	
<i>lamivudine-zidovudine</i>	69	
<i>lamotrigine</i>	39	
LANREOTIDE ACETATE.	117	
<i>lansoprazole</i>	110, 111	
LANTUS	50	
LANTUS SOLOSTAR.....	50	
<i>lapatinib ditosylate</i>	25	
<i>larin 1.5/30</i>	95	
<i>larin 1/20</i>	95	
<i>larin 24 fe</i>	95	
<i>larin fe 1.5/30</i>	95	
<i>larin fe 1/20</i>	95	
<i>larissia</i>	95	
<i>latanoprost</i>	134	
<i>leflunomide</i>	123	
<i>lenalidomide</i>	25	
LENTOCILIN	16	
LENVIMA (10 MG DAILY DOSE)	26	
LENVIMA (12 MG DAILY DOSE).....	26	
LENVIMA (14 MG DAILY DOSE).....	26	
LENVIMA (18 MG DAILY DOSE).....	26	
LENVIMA (20 MG DAILY DOSE).....	26	
LENVIMA (24 MG DAILY DOSE).....	26	
LENVIMA (4 MG DAILY DOSE).....	26	
LENVIMA (8 MG DAILY DOSE).....	26	
<i>lessina</i>	95	
<i>letrozole</i>	26	
<i>leucovorin calcium</i>	132	
LEUKERAN	26	
<i>leuprolide acetate</i>	26	
LEUPROLIDE ACETATE (3 MONTH).....	26	
<i>levabuterol hcl</i>	138	
<i>levabuterol tartrate</i>	138	
<i>levetiracetam</i>	39, 40	
<i>levetiracetam er</i>	39	
<i>levobunolol hcl</i>	134	
<i>levocetirizine dihydrochloride</i>	55	
<i>levofloxacin</i>	17, 107	
<i>levofloxacin in d5w</i>	17	
<i>levonest</i>	95	
<i>levonorgest-eth estrad 91-day</i>	95	
<i>levonorgest-eth estradiol-iron</i>	95	
<i>levonorgestrel-ethinyl estrad</i>	96	
<i>levonorg-eth estrad triphasic</i>	96	
<i>levora 0.15/30 (28)</i>	96	
<i>levothyroxine sodium</i>	119	
LEXIVA.....	70	
<i>l-glutamine</i>	132	
LIBERVANT	40	
<i>lidocaine</i>	7	
<i>lidocaine hcl</i>	7	
<i>lidocaine hcl (pf)</i>	7	

<i>lidocaine hcl urethral/mucosal</i>.....7	LUPRON DEPOT (6-MONTH) 27	MEKINIST 28
<i>lidocaine viscous hcl</i> .....7	LUPRON DEPOT-PED (3- MONTH) 118	MEKTOVI 28
<i>lidocaine-prilocaine</i> .....7	LUPRON DEPOT-PED (6- MONTH) 118	<i>meloxicam</i> 7
<i>lidocan</i>.....7	<i>lurasidone hcl</i> 64	<i>memantine hcl</i> 43
LILETTA (52 MG) .....96	<i>lutea</i> 96	<i>memantine hcl er</i> 43
<i>lillow</i>.....96	LYBALVI..... 64	MENACTRA 127
<i>linezolid</i> .....11	<i>lyleq</i> 96	MENQUADFI..... 128
LINZESS .....112	LYNPARZA 27	MENVEO 128
<i>liothyronine sodium</i>.....119	LYSODREN 27	<i>mercaptapurine</i> 28
<i>lisinopril</i> .....80	LYTGOBI (12 MG DAILY DOSE) 27	<i>meropenem</i> 14
<i>lisinopril-hydrochlorothiazide</i> 80	LYTGOBI (16 MG DAILY DOSE) 27	<i>mesalamine</i> 130
<i>lithium</i>.....91	LYTGOBI (20 MG DAILY DOSE) 27	<i>mesalamine er</i> 130
<i>lithium carbonate</i> .....90	<i>lyza</i> 96	MESNEX 132
LITHIUM CARBONATE.....90	M	<i>metformin hcl</i> 48
<i>lithium carbonate er</i> .....90	<i>magnesium sulfate</i> 135	<i>metformin hcl er</i> 48
LIVTENCITY .....72	<i>malathion</i> 104	<i>methadone hcl</i> 5
LOKELMA .....112	<i>maraviroc</i> 70	<i>methazolamide</i> 134
LONSURF.....26	MARGENZA..... 27	<i>methenamine hippurate</i> 11
<i>loperamide hcl</i>.....112	<i>marlissa</i> 96	<i>methimazole</i> 119
<i>lopinavir-ritonavir</i>.....70	MARPLAN..... 45	<i>methocarbamol</i> 141
LOQTORZI .....27	MATULANE..... 28	<i>methotrexate sodium</i> 28
<i>lorazepam</i> .....10	MAVENCLAD (10 TABS)... 91	<i>methotrexate sodium (pf)</i> 28
<i>lorazepam intensol</i> .....10	MAVENCLAD (4 TABS).... 91	<i>methoxsalen rapid</i> 100
LORBRENA .....27	MAVENCLAD (5 TABS).... 91	<i>methsuximide</i> 40
<i>losartan potassium</i> .....78	MAVENCLAD (6 TABS).... 91	<i>methylphenidate hcl</i> 91
<i>losartan potassium-hctz</i>.....78	MAVENCLAD (7 TABS).... 91	<i>methylprednisolone</i> 116, 117
LOTEMAX .....109	MAVENCLAD (8 TABS).... 91	<i>methylprednisolone acetate</i> . 116
LOTEMAX SM.....110	MAVENCLAD (9 TABS).... 91	<i>methylprednisolone sodium succ</i> 117
<i>loteprednol etabonate</i>.....110	MAYZENT..... 91	<i>metoclopramide hcl</i> 112
<i>lovastatin</i> .....86	MAYZENT STARTER PACK 91	<i>metolazone</i> 85
<i>low-ogestrel</i>.....96	<i>meclizine hcl</i> 58	<i>metoprolol succinate er</i> 81
<i>loxapine succinate</i> .....64	<i>medroxyprogesterone acetate</i> 119	<i>metoprolol tartrate</i> 81
<i>lubiprostone</i>.....112	<i>mefloquine hcl</i> 59	<i>metronidazole</i> 11, 55, 101
LUMAKRAS .....27	<i>megestrol acetate</i> 28, 119	<i>metryrosine</i> 84
LUMIGAN .....134		<i>micafungin sodium</i> 54
LUNSUMIO.....27		MICONAZOLE 3 54
LUPRON DEPOT (1-MONTH) .....27, 118		<i>microgestin 1.5/30</i> 96
LUPRON DEPOT (3-MONTH) .....27, 118		<i>microgestin 1/20</i> 96
LUPRON DEPOT (4-MONTH) .....27		<i>microgestin 24 fe</i> 96
		<i>microgestin fe 1.5/30</i> 96
		<i>microgestin fe 1/20</i> 96

<i>midodrine hcl</i>	78	NATACYN.....	107	NORDITROPIN FLEXP	118
<i>mifepristone</i>	48	<i>nateglinide</i>	48	<i>norelgestromin-eth estradiol</i> ..	97
<i>mili</i>	96	NATPARA	131	<i>norethin ace-eth estrad-fe</i>	97
<i>mimvey</i>	116	NAYZILAM.....	40	<i>norethindrone</i>	97
<i>minitran</i>	88	<i>nebivolol hcl</i>	81	<i>norethindrone acetate</i>	119
<i>minocycline hcl</i>	18	<i>nefazodone hcl</i>	45	<i>norethindron-ethinyl estrad-fe</i>	97
<i>minoxidil</i>	88	<i>neomycin sulfate</i>	10	<i>norgestimate-eth estradiol</i>	97
MIRENA (52 MG).....	96	<i>neomycin-bacitracin zn-polymyx</i>		<i>norgestim-eth estrad triphasic</i>	97
<i>mirtazapine</i>	45	.....	107	<i>norlyda</i>	97
<i>misoprostol</i>	111	<i>neomycin-polymyxin-dexameth</i>		<i>nortrel 1/35 (21)</i>	97
<i>mitoxantrone hcl</i>	28	.....	107	<i>nortrel 1/35 (28)</i>	97
M-M-R II.....	128	<i>neomycin-polymyxin-gramicidin</i>		<i>nortrel 7/7/7</i>	97
<i>modafinil</i>	141	.....	107	<i>nortriptyline hcl</i>	45
<i>moexipril hcl</i>	80	<i>neomycin-polymyxin-hc</i>	108	NORVIR	70
<i>molindone hcl</i>	64, 65	<i>neo-polycin</i>	108	NOVOLIN 70/30	51
<i>mometasone furoate</i>	104, 110	<i>neo-polycin hc</i>	108	NOVOLIN 70/30 FLEXPEN.	51
<i>mono-lynyah</i>	97	NERLYNX	28	NOVOLIN N	51
<i>montelukast sodium</i>	137	<i>neuac</i>	101	NOVOLIN N FLEXPEN.....	51
MORPHINE SULFATE	5	NEULASTA ONPRO.....	76	NOVOLIN R.....	51
<i>morphine sulfate (concentrate)</i>	5	<i>nevirapine</i>	70	NOVOLIN R FLEXPEN	51
<i>morphine sulfate er</i>	5	<i>nevirapine er</i>	70	NUBEQA	28
MOUNJARO.....	48	NEXLETOL	86	NUCALA	139, 140
MOVANTIK	112	NEXLIZET.....	86	NULOJIX.....	123
<i>moxifloxacin hcl</i>	17, 107	NEXPLANON.....	97	NUPLAZID.....	65
MOXIFLOXACIN HCL IN		NIACIN		NURTEC.....	56
NACL.....	17	(ANTIHYPERLIPIDEMIC)		<i>nyamyc</i>	54
MRESVIA	128	.....	87	<i>nylia 1/35</i>	97
MULTAQ.....	80	<i>niacin er (antihyperlipidemic)</i>	87	<i>nylia 7/7/7</i>	97
<i>mupirocin</i>	101	NIACOR.....	87	<i>nymyo</i>	97
MVASI.....	28	NICOTROL NS.....	9	<i>nystatin</i>	54
<i>mycophenolate mofetil</i>	123	<i>nifedipine er</i>	84	<i>nystatin-triamcinolone</i>	54
<i>mycophenolate mofetil hcl</i>	123	<i>nifedipine er osmotic release</i> .	84	<i>nystop</i>	54
<i>mycophenolate sodium</i>	123	<i>nilutamide</i>	28	NYVEPRIA	76
MYRBETRIQ	113	NINLARO	28	O	
N		<i>nitazoxanide</i>	59	OCREVUS.....	91
<i>na sulfate-k sulfate-mg sulf</i> ..	113	<i>nitisinone</i>	105	<i>octreotide acetate</i>	118
<i>nabumetone</i>	7	<i>nitrofurantoin</i>	11	ODEFSEY.....	70
<i>nafcillin sodium</i>	16	<i>nitrofurantoin macrocrystal</i> ..	11	ODOMZO	29
<i>naloxone hcl</i>	8	<i>nitrofurantoin monohyd macro</i>		OFEV	140
<i>naltrexone hcl</i>	8	.....	11	<i>ofloxacin</i>	108
<i>naproxen</i>	7	<i>nitroglycerin</i>	88, 132	OGIVRI.....	29
<i>naratriptan hcl</i>	56	NIVESTYM.....	76	OGSIVEO	29

OJEMDA.....	29	<i>paromomycin sulfate</i>	59	<i>pioglitazone hcl-metformin hcl</i>	
OJJAARA.....	29	<i>paroxetine hcl</i>	45, 46	.....	48
<i>olanzapine</i>	65	<i>paroxetine hcl er</i>	45	<i>piperacillin sod-tazobactam so</i>	
<i>olmesartan medoxomil</i>	78	PAXLOVID (150/100)	72	.....	16
<i>olmesartan medoxomil-hctz</i>	78	PAXLOVID (300/100)	72	PIQRAY (200 MG DAILY	
<i>olmesartan-amlodipine-hctz</i> ...	79	<i>pazopanib hcl</i>	29	DOSE).....	30
<i>olopatadine hcl</i>	106	PEDIARIX.....	128	PIQRAY (250 MG DAILY	
<i>omega-3-acid ethyl esters</i>	87	PEDVAX HIB	128	DOSE).....	30
<i>omeprazole</i>	111	<i>peg 3350-kcl-na bicarb-nacl</i> 113		PIQRAY (300 MG DAILY	
<i>ondansetron</i>	58	<i>peg-3350/electrolytes</i>	113	DOSE).....	30
<i>ondansetron hcl</i>	58	PEGASYS	73	<i>pirfenidone</i>	140
ONTRUZANT	29	PEMAZYRE.....	30	<i>pirmella 1/35</i>	97
ONUREG	29	<i>pemetrexed disodium</i>	30	<i>pirmella 7/7/7</i>	98
OPDIVO.....	29	PEMETREXED DISODIUM 30		<i>pitavastatin calcium</i>	87
OPDUALAG.....	29	<i>pemetrexed ditromethamine</i> ..	30	PLEGRIDY.....	92
OPSUMIT	142	PEMRYDI RTU	30	PLEGRIDY STARTER PACK	
ORENCIA	123, 124	PENBRAYA.....	128	.....	91
ORENCIA CLICKJECT	123	<i>penicillamine</i>	114	<i>plenamine</i>	77
ORGOVYX.....	118	<i>penicillin g potassium</i>	16	<i>podofilox</i>	101
ORLISSA.....	118	<i>penicillin g procaine</i>	16	<i>polycin</i>	108
ORKAMBI.....	140	<i>penicillin v potassium</i>	16	<i>polymyxin b-trimethoprim</i>	108
ORSERDU	29	PENTACEL.....	128	POMALYST	30
<i>oseltamivir phosphate</i>	72	<i>pentamidine isethionate</i>	59	<i>portia-28</i>	98
OTEZLA	124	<i>pentoxifylline er</i>	77	<i>posaconazole</i>	54
<i>oxandrolone</i>	114	<i>perindopril erbumine</i>	80	<i>potassium chloride</i>	135
<i>oxcarbazepine</i>	40	<i>periogard</i>	100	<i>potassium chloride crys er</i> ...	135
<i>oxybutynin chloride</i>	113	<i>permethrin</i>	104	<i>potassium chloride er</i>	135
<i>oxybutynin chloride er</i>	113	<i>perphenazine</i>	65	<i>potassium citrate er</i>	135
<i>oxycodone hcl</i>	5	<i>perphenazine-amitriptyline</i>	46	<i>pramipexole dihydrochloride</i> .60	
<i>oxycodone-acetaminophen</i> ...5, 6		PERSERIS	65	<i>prasugrel hcl</i>	77
OZEMPIC (0.25 OR 0.5		<i>phenelzine sulfate</i>	46	<i>pravastatin sodium</i>	87
MG/DOSE).....	48	<i>phenobarbital</i>	40	<i>praziquantel</i>	59
OZEMPIC (1 MG/DOSE).....	48	<i>phenytoin</i>	40	<i>prazosin hcl</i>	78
OZEMPIC (2 MG/DOSE).....	48	<i>phenytoin sodium</i>	40	<i>prednisolone</i>	117
P		<i>phenytoin sodium extended</i>	40	<i>prednisolone acetate</i>	110
<i>pacerone</i>	80	PIFELTRO.....	70	<i>prednisolone sodium phosphate</i>	
PACLITAXEL PROTEIN-		<i>pilocarpine hcl</i>	100, 134	.....	117
BOUND PART	29	<i>pimecrolimus</i>	104	<i>prednisone</i>	117
<i>paliperidone er</i>	65	<i>pimozide</i>	65	PREFERRED PLUS INSULIN	
PANRETIN	100	<i>pimtrea</i>	97	SYRINGE	105
<i>pantoprazole sodium</i>	111	<i>pioglitazone hcl</i>	48	<i>pregabalin</i>	40
<i>paricalcitol</i>	131			PREHEVBRIO	128

PREMARIN	116	QINLOCK	30	<i>riluzole</i>	92
PREMPHASE	116	QUADRACEL.....	128	RINVOQ.....	124
PREMPRO	116	<i>quetiapine fumarate</i>	65	RINVOQ LQ.....	124
PRENATAL.....	142	<i>quetiapine fumarate er</i>	65	<i>risperidone</i>	66
<i>prevalite</i>	87	<i>quinapril hcl</i>	80	<i>risperidone microspheres er</i> ..	66
<i>previfem</i>	98	<i>quinapril-hydrochlorothiazide</i>	80	<i>ritonavir</i>	70
PREVYMIS.....	72	<i>quinidine sulfate</i>	81	RITUXAN HYCELA	31
PREZCOBIX.....	70	<i>quinine sulfate</i>	59	<i>rivastigmine</i>	43
PREZISTA	70	QULIPTA	56	<i>rivastigmine tartrate</i>	43
PRIFTIN.....	57	R		<i>rizatriptan benzoate</i>	56
PRIMAQUINE PHOSPHATE		<i>ra isopropyl alcohol wipes</i> ..	105	ROCKLATAN.....	134
.....	59	RABAVERT.....	128	<i>roflumilast</i>	140
<i>primidone</i>	40	<i>rabeprazole sodium</i>	111	<i>ropinirole hcl</i>	61
PRIORIX.....	128	<i>raloxifene hcl</i>	116	<i>ropinirole hcl er</i>	61
<i>probenecid</i>	55	<i>ramelteon</i>	141	<i>rosadan</i>	101
PROCALAMINE.....	77	<i>ramipril</i>	80	<i>rosuvastatin calcium</i>	87
<i>prochlorperazine</i>	58	<i>ranolazine er</i>	84	ROTARIX.....	129
<i>prochlorperazine edisylate</i>	58	<i>rasagiline mesylate</i>	60	ROTATEQ.....	129
<i>prochlorperazine maleate</i>	58	RASUVO.....	124	ROZLYTREK.....	31
PROCTOFOAM HC	104	RAYALDEE.....	131	RUBRACA	31
<i>procto-med hc</i>	104	<i>reclipsen</i>	98	<i>rufinamide</i>	40
<i>proctosol hc</i>	104	RECOMBIVAX HB....	128, 129	RUKOBIA	71
<i>proctozone-hc</i>	104	RELENZA DISKHALER	72	RUXIENCE	31
<i>progesterone</i>	119	RELI-ON INSULIN SYRINGE		RYBELSUS	49
PROGRAF	124	.....	105	RYBREVANT	31
PROMACTA.....	76	<i>repaglinide</i>	48	RYDAPT.....	31
<i>promethazine hcl</i>	58	REPATHA.....	87	RYTELO.....	31
<i>promethegan</i>	58	REPATHA PUSHTRONEX		S	
<i>propafenone hcl</i>	81	SYSTEM	87	SANDIMMUNE.....	124
<i>propafenone hcl er</i>	80	REPATHA SURECLICK.....	87	SANTYL.....	101
<i>propranolol hcl</i>	82	RETACRIT.....	76	<i>sapropterin dihydrochloride</i>	105
<i>propranolol hcl er</i>	81	RETEVMO.....	30	SAVELLA	92
<i>propylthiouracil</i>	119	RETROVIR	70	SAVELLA TITRATION PACK	
PROQUAD.....	128	REXULTI	65	.....	92
<i>protriptyline hcl</i>	46	REYATAZ.....	70	SCEMBLIX	31
PULMOZYME.....	105	REZLIDHIA	31	<i>scopolamine</i>	58
PURIXAN	30	REZUROCK.....	124	SECUADO.....	66
<i>pyrazinamide</i>	57	RHOPRESSA	134	<i>selegiline hcl</i>	61
<i>pyridostigmine bromide</i>	132	RIABNI	31	<i>selenium sulfide</i>	101
<i>pyrimethamine</i>	59	<i>ribavirin</i>	74	SELZENTRY	71
Q		<i>rifabutin</i>	57	SEMGLEE (YFGN).....	51
QC ALCOHOL	105	<i>rifampin</i>	57	SEREVENT DISKUS.....	138

SEROSTIM	118	STELARA	125	TAVNEOS	125
<i>sertraline hcl</i>	46	STIOLTO RESPIMAT	138	<i>tazarotene</i>	104
<i>setlakin</i>	98	STIVARGA	32	<i>tezicef</i>	13
SEZABY	41	STRENSIQ	106	TAZICEF	13
<i>sharobel</i>	98	<i>streptomycin sulfate</i>	10	<i>taztia xt</i>	82, 83
SHINGRIX	129	STRIBILD	71	TAZVERIK	33
SIGNIFOR	118	STRIVERDI RESPIMAT ...	138	TDVAX	129
<i>sildenafil citrate</i>	142	<i>subvenite</i>	41	TECVAYLI	33
<i>silver sulfadiazine</i>	101	<i>sucrafate</i>	111	TEFLARO	13
SIMBRINZA	134	<i>sulfacetamide sodium</i>	108	TEGLUTIK	92
<i>simliya</i>	98	<i>sulfacetamide-prednisolone</i> ..	108	<i>telmisartan</i>	79
<i>simvastatin</i>	87	<i>sulfadiazine</i>	17	<i>telmisartan-hctz</i>	79
<i>sirolimus</i>	124	<i>sulfamethoxazole-trimethoprim</i>		<i>temazepam</i>	10
SIRTURO	57	.....	17	TEMIXYS	71
SKYLA	98	<i>sulfasalazine</i>	130	TENIVAC	129
SKYRIZI	125	<i>sulindac</i>	7	<i>tenofovir disoproxil fumarate</i>	71
SKYRIZI (150 MG DOSE) ..	124	<i>sumatriptan</i>	56	TEPMETKO	33
SKYRIZI PEN	125	<i>sumatriptan succinate</i>	56, 57	<i>terazosin hcl</i>	114
<i>sodium chloride</i>	135	<i>sumatriptan succinate refill</i> ...	57	<i>terbinafine hcl</i>	54
<i>sodium oxybate</i>	141	<i>sunitinib malate</i>	32	<i>terconazole</i>	55
<i>sodium polystyrene sulfonate</i>	112	SUNLENCA	71	TERIPARATIDE	
<i>solifenacin succinate</i>	113	SUTAB	113	(RECOMBINANT)	131
SOLQUA	51	SYMPAZAN	41	<i>testosterone</i>	115
SOLTAMOX	31	SYMTUZA	71	<i>testosterone cypionate</i>	114
SOMATULINE DEPOT	118	SYNJARDY	49	<i>testosterone enanthate</i>	114
SOMAVERT	119	SYNJARDY XR	49	<i>tetrabenazine</i>	92
<i>sorafenib tosylate</i>	32	SYNRIBO	32	<i>tetracycline hcl</i>	18
<i>sorine</i>	82	T		THALOMID	133
<i>sotalol hcl</i>	82	TABLOID	32	<i>theophylline</i>	139
<i>sotalol hcl (af)</i>	82	TABRECTA	32	<i>theophylline er</i>	138
SPIRIVA RESPIMAT	138	<i>tacrolimus</i>	104, 125	<i>thioridazine hcl</i>	66
<i>spironolactone</i>	85	<i>tadalafil</i>	142	<i>thiothixene</i>	66
<i>spironolactone-hctz</i>	85	TAFINLAR	32	<i>tiadylt er</i>	83
SPRAVATO (56 MG DOSE) ..	46	<i>tafluprost (pf)</i>	134	<i>tiagabine hcl</i>	41
SPRAVATO (84 MG DOSE) ..	46	TAGRISSO	32	TIBSOVO	33
<i>sprintec 28</i>	98	TALVEY	32	TICE BCG	33
SPRITAM	41	TALZENNA	32	TICOVAC	129
SPRYCEL	32	<i>tamoxifen citrate</i>	32	TIGECYCLINE	18
<i>sps</i>	112	<i>tamsulosin hcl</i>	114	<i>tilia fe</i>	98
<i>sronyx</i>	98	<i>tarina 24 fe</i>	98	<i>timolol maleate</i>	82, 134
<i>ssd</i>	101	<i>tarina fe 1/20 eq</i>	98	<i>tinidazole</i>	59
<i>stavudine</i>	71	TASIGNA	32		

<i>tiotropium bromide</i>		<i>trientine hcl</i>	114	TURALIO	34
<i>monohydrate</i>	139	<i>tri-estarylla</i>	98	<i>turqoz</i>	99
TIVDAK.....	33	<i>trifluoperazine hcl</i>	66	TWINRIX	129
TIVICAY	71	<i>trifluridine</i>	108	TYBOST	133
TIVICAY PD	71	<i>trihexyphenidyl hcl</i>	61	TYMLOS	131
<i>tizanidine hcl</i>	141	TRIJARDY XR	49	TYPHIM VI.....	129
TOBI PODHALER	10	<i>tri-legest fe</i>	98	U	
<i>tobramycin</i>	10, 108	<i>tri-lynyah</i>	98	UBRELVY.....	57
<i>tobramycin sulfate</i>	10	<i>tri-lo-estarylla</i>	98	ULTICARE INSULIN	
<i>tobramycin-dexamethasone</i> ..	108	<i>tri-lo-marzia</i>	98	SYRINGE	105
<i>tolterodine tartrate</i>	113	<i>tri-lo-mili</i>	98	UPTRAVI	142
<i>tolterodine tartrate er</i>	113	<i>tri-lo-sprintec</i>	99	UPTRAVI TITRATION.....	142
<i>topiramate</i>	41	<i>trimethobenzamide hcl</i>	58	<i>ursodiol</i>	112
<i>toposar</i>	33	<i>trimethoprim</i>	11	URSODIOL	112
<i>toremifene citrate</i>	33	<i>tri-mili</i>	99	UZEDY	66, 67
<i>torpenz</i>	33	<i>trimipramine maleate</i>	46	V	
<i>torse mide</i>	85	TRINTELLIX.....	46	<i>valacyclovir hcl</i>	74
TOUJEO MAX SOLOSTAR.51		<i>tri-nymyo</i>	99	VALCHLOR.....	101
TOUJEO SOLOSTAR.....	51	<i>tri-previfem</i>	99	<i>valganciclovir hcl</i>	74
TRADJENTA.....	49	<i>tri-sprintec</i>	99	<i>valproate sodium</i>	41
<i>tramadol hcl</i>	6	TRIUMEQ.....	71	<i>valproic acid</i>	41
TRAMADOL HCL	6	TRIUMEQ PD.....	71	<i>valsartan</i>	79
<i>tramadol-acetaminophen</i>	6	<i>trivora (28)</i>	99	<i>valsartan-hydrochlorothiazide</i>	
<i>trandolapril</i>	80	<i>tri-vylibra</i>	99	.....	79
<i>trandolapril-verapamil hcl er</i> .80		<i>tri-vylibra lo</i>	99	VALTOCO 10 MG DOSE....	41
<i>tranexamic acid</i>	76	TRIZIVIR	71	VALTOCO 15 MG DOSE....	41
<i>tranylcypromine sulfate</i>	46	TROGARZO	71	VALTOCO 20 MG DOSE....	41
<i>travoprost (bak free)</i>	134	<i>trospium chloride</i>	114	VALTOCO 5 MG DOSE....	41
TRAZIMERA.....	33	<i>trospium chloride er</i>	114	<i>vancomycin hcl</i>	11, 12
<i>trazodone hcl</i>	46	TRULICITY	49	VANCOMYCIN HCL.....	11, 12
TRECATOR.....	57	TRUMENBA.....	129	VANFLYTA.....	34
TRELEGY ELLIPTA	139	TRUQAP	33	VAQTA.....	129, 130
TRELSTAR MIXJECT.....	33	TRUSELTIQ (100MG DAILY		<i>varenicline tartrate</i>	9
TREMFYA.....	125	DOSE)	33	VARENICLINE TARTRATE.9	
TRESIBA	52	TRUSELTIQ (125MG DAILY		<i>varenicline tartrate (starter)</i>	9
TRESIBA FLEXTOUCH 51, 52		DOSE)	34	VARIVAX	130
<i>tretinoin</i>	33, 104	TRUSELTIQ (50MG DAILY		VEGZELMA.....	34
<i>tri femynor</i>	98	DOSE)	34	VELTASSA	112
<i>triamcinolone acetonide</i>	100,	TRUSELTIQ (75MG DAILY		VEMLIDY	71
104, 117		DOSE)	34	VENCLEXTA.....	34
<i>triamterene-hctz</i>	85	TRUXIMA.....	34	VENCLEXTA STARTING	
<i>triazolam</i>	10	TUKYSA.....	34	PACK.....	34

<i>venlafaxine hcl</i>	46
<i>venlafaxine hcl er</i>	46
VEOZAH	133
<i>verapamil hcl</i>	83
<i>verapamil hcl er</i>	83
VERQUVO	84
VERSACLOZ	67
VERZENIO.....	34
<i>vienna</i>	99
<i>vigabatrin</i>	41
<i>vigadrone</i>	42
<i>vigpoder</i>	42
<i>vilazodone hcl</i>	46
<i>vinorelbine tartrate</i>	34
<i>viorele</i>	99
VIRACEPT	72
VIREAD.....	72
VITRAKVI.....	35
VIZIMPRO.....	35
VOCABRIA.....	72
<i>volnea</i>	99
VONJO.....	35
<i>voriconazole</i>	54
VORICONAZOLE.....	54
VOSEVI.....	73
VOWST.....	133
VRAYLAR.....	67
VUMERITY.....	92
<i>vylibra</i>	99
VYZULTA.....	134
W	
<i>warfarin sodium</i>	75
WELIREG.....	35
WINREVAIR.....	140
<i>wixela inhub</i>	137
X	
XALKORI.....	35

XARELTO.....	75
XARELTO STARTER PACK	75
XATMEP.....	35
XCOPRI.....	42
XCOPRI (250 MG DAILY DOSE)	42
XCOPRI (350 MG DAILY DOSE)	42
XDEMVI.....	108
XELJANZ.....	125
XELJANZ XR.....	125
XERMELO.....	112
XGEVA	131
XIFAXAN	12
XIGDUO XR.....	49
XIIDRA	110
XOLAIR.....	140
XOSPATA.....	35
XPOVIO (100 MG ONCE WEEKLY)	35
XPOVIO (40 MG ONCE WEEKLY)	35
XPOVIO (40 MG TWICE WEEKLY)	35
XPOVIO (60 MG ONCE WEEKLY)	35
XPOVIO (60 MG TWICE WEEKLY)	36
XPOVIO (80 MG ONCE WEEKLY)	36
XPOVIO (80 MG TWICE WEEKLY)	36
XTANDI.....	36
<i>xulane</i>	99
XULTOPHY.....	52
XYOSTED.....	115

Y	
YERVOY	36
YF-VAX	130
YONSA.....	36
<i>yuvafem</i>	116
Z	
<i>zafemy</i>	99
<i>zafirlukast</i>	137
<i>zaleplon</i>	141
ZEGALOGUE	133
ZEJULA.....	36
ZELBORAF.....	36
<i>zenatane</i>	101
ZENPEP.....	106
<i>zidovudine</i>	72
<i>ziprasidone hcl</i>	67
<i>ziprasidone mesylate</i>	67
ZIRABEV	36
ZIRGAN	108
ZOLADEX.....	36
ZOLINZA	36
<i>zolpidem tartrate</i>	142
<i>zolpidem tartrate er</i>	141
ZONISADE.....	42
<i>zonisamide</i>	42
<i>zovia 1/35 (28)</i>	99
ZTALMY	42
ZTLIDO	7
ZURZUVAE.....	47
ZYDELIG	36
ZYKADIA	37
ZYLET.....	108
ZYNLONTA.....	37
ZYNYZ.....	37
ZYPREXA RELPREVV	67



Valor Health Plan

Insurance focused on you.

Contact Valor Health Plan

8:00 a.m. to 8:00 p.m., 7 days a week

1-800-485-3793, TTY: 711

www.valorhealthplan.com

This formulary was updated on 9/24/2024. For more recent information or other questions, please contact us, Valor Health Plan (HMO I-SNP) Member Services, at 1-800-485-3793, or for TTY users 711, 7 days a week, 8:00 a.m. to 8:00 p.m., or visit www.valorhealthplan.com.