



CoxHealth Medicare Advantage (HMO)

2023 Formulary (List of Covered Drugs)

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

This formulary was updated 06/24/2023. **Effective 07/01/2023**

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you.

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. Insulin products are covered at a \$0 copay on tier 6.

For more recent information or other questions, please contact CoxHealth Medicare Advantage.

Contact us at 1-855-752-3796 (TTY users should call 711):

October 1 to March 31, Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m.

www.coxhealthmedicareadvantage.com

CoxHealth Medicare Advantage (HMO)

2023 Formulary

(List of Covered Drugs)

Note to existing members:

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CoxHealth Medicare Advantage (HMO). When it refers to “plan” or “our plan,” it means CoxHealth Medicare Advantage (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 1/1/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the CoxHealth Medicare Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by us 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a 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 1st, 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

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the introduction. Formulary ID: 23559, Ver. 13 Last Updated 06/24/2023 Effective Date: 07/01/2023

on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CoxHealth Medicare Advantage (HMO) 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 the 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 or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?”

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

The enclosed formulary is current as of July 1, 2023. To get updated information about the drugs covered by CoxHealth Medicare Advantage (HMO) please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formulary will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

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

You can find information on what the symbols and abbreviations on this table mean by going to page vi of the introduction. Formulary ID: 23559, Ver. 13 Last Updated 06/24/2023 Effective Date: 07/01/2023

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 102. 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?

CoxHealth Medicare Advantage (HMO) 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:** CoxHealth Medicare Advantage (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CoxHealth Medicare Advantage (HMO) before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, CoxHealth Medicare Advantage (HMO) limits the amount of the drug that we will cover. For example, CoxHealth Medicare Advantage (HMO) provides 30 tablets per 30 days for Afinitor. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CoxHealth Medicare Advantage (HMO) 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CoxHealth Medicare Advantage (HMO) formulary?" on page iv information about how to request an exception.

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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 Customer Service and ask if your drug is covered.

If you learn that CoxHealth Medicare Advantage (HMO) does not cover your drug, you have two options:

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

How do I request an exception to the CoxHealth Medicare Advantage (HMO) Formulary?

You can ask CoxHealth Medicare Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CoxHealth Medicare Advantage (HMO) 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, CoxHealth Medicare Advantage (HMO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-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.

Exceptions are available for beneficiaries who have experienced a change in the level of care they are receiving, which requires them to transition from one facility or treatment center to another. Examples of situations in which beneficiaries would be eligible for the one-time temporary fill exception when they are outside of the three-month effective date into the Part D program are as follows:

- Beneficiary was discharged from the hospital and was provided a discharge list of medications based upon the formulary of the hospital;
- Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert back to their Part D plan formulary;
- Beneficiaries who give up Hospice Status to revert back to standard Medicare Part A and B benefits;
- Beneficiaries who are discharged from Chronic Psychiatric Hospitals with medication regimens that are highly individualized.

For more information

For more detailed information about your CoxHealth Medicare Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CoxHealth Medicare Advantage (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CoxHealth Medicare Advantage (HMO) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CoxHealth Medicare Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 102.

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

The information in the Requirements/Limits column tells you if CoxHealth Medicare Advantage (HMO) has any special requirements for coverage of your drug.

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Prescription Drugs are assigned one of six tier levels. CoxHealth Medicare Advantage covers both brand-name and generic drugs. A generic drug is approved by the Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Tier 1 – Preferred Generic: Generic or some brand drugs that are available at the lowest cost share.

Tier 2 – Generic: Generic or brand drugs that the plan offers at a higher cost than Tier 1 Preferred Generic.

Tier 3 – Preferred Brand: Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug.

Tier 4 – Non-Preferred Drug: Generic or brand drugs that the plan offers at a higher cost to than Tier 3 Preferred Brand.

Tier 5 – Specialty: Some injectable and other high-cost drugs.

Tier 6 – Insulins: Insulin products that help control blood sugar for people with diabetes.

The cost of your prescription depends on:

- Which tier your drug is on
- Whether you fill your drug at a network pharmacy
- Your current drug payment stage – please read your Evidence of Coverage (EOC) for more information

The following table describes the symbols/abbreviations used in the Drug List Table

ABBREVIATION/SYMBOL	DESCRIPTION
NMO	No Mail Order available for that drug
QL	Quantity Limit applies to your fill
PA	Prior Authorization is required before filling
BD	These drugs may be covered under Medicare Part B or D depending on the circumstance. Information may need to be submitted to describe the use and setting of the drug to make a the appropriate determination.
ST	Step Therapy requirement applies
E	Excluded drugs that are not normally covered in a Medicare Prescription Drug Plan, but we do allow. The amount you pay does not count towards your total drug costs. Additionally, if you are receiving “extra help”, you will not receive it for these drugs.

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CoxHealth Plan (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>Analgesics</i>		
ASCOMP-CODEINE ORAL CAPSULE 50-325-40-30 MG	2	NMO; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	NMO; QL (180 EA per 30 days)
TENCON ORAL TABLET 50-325 MG	2	NMO; QL (180 EA per 30 days)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac epolamine external patch 1.3 %</i>	4	PA; NMO; QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac sodium external gel 1 %</i>	2	NMO; QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	2	NMO; QL (300 ML per 30 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	2	QL (150 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	2	QL (120 EA per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>fenoprofen calcium oral tablet 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen oral tablet 100 mg</i>	2	
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	2	NMO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	2	PA; QL (90 EA per 30 days)
<i>indomethacin er oral capsule extended release 75 mg</i>	2	QL (60 EA per 30 days)
<i>indomethacin oral capsule 25 mg</i>	1	QL (240 EA per 30 days)
<i>indomethacin oral capsule 50 mg</i>	1	QL (120 EA per 30 days)
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	NMO; QL (20 EA per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	2	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
PENNSAID EXTERNAL SOLUTION 2 %	5	PA; NMO; QL (224 GM per 28 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	NMO; QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	NMO; QL (10 EA per 30 days)
<i>methadone hcl oral solution 10 mg/5ml</i>	2	NMO; QL (600 ML per 30 days)
<i>methadone hcl oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg</i>	3	NMO; QL (60 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	NMO; QL (60 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	NMO; QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG	3	NMO; QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG	3	NMO; QL (120 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	3	NMO; QL (240 EA per 30 days)
<i>Opioid Analgesics, Short-Acting</i>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	NMO; QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	2	NMO; QL (5 ML per 28 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	NMO; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 10-325 MG	2	NMO; QL (180 EA per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	2	NMO; QL (360 EA per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	2	NMO; QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; NMO; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NMO; QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NMO; QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	NMO; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	NMO; QL (240 ML per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	2	NMO; QL (180 ML per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	NMO; QL (700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	NMO; QL (300 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg</i>	4	NMO; QL (180 EA per 30 days)
<i>morphine sulfate oral tablet 30 mg</i>	4	NMO; QL (120 EA per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	2	NMO; QL (120 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	2	NMO; QL (1300 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	2	NMO; QL (1080 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	NMO; QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	NMO; QL (240 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	2	NMO; QL (180 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	NMO; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	NMO; QL (300 EA per 30 days)

ANESTHETICS

Local Anesthetics

<i>lidocaine external ointment 5 %</i>	2	NMO; QL (90 GM per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; NMO; QL (90 EA per 30 days)
<i>lidocaine hcl external solution 4 %</i>	2	NMO
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	NMO
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	NMO; QL (30 GM per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	3	PA; NMO; QL (90 EA per 30 days)

ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS

Alcohol Deterrents/Anti-Craving

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Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naltrexone hcl oral tablet 50 mg</i>	2	NMO
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	NMO; QL (90 EA per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	5	NMO; QL (228 EA per 14 days)
Opioid Reversal Agents		
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	NMO; QL (4 EA per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	NMO
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	NMO
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	NMO
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	NMO; QL (4 EA per 30 days)
NARCAN NASAL LIQUID 4 MG/0.1ML	3	NMO; QL (4 EA per 30 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	4	NMO
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	NMO
NICOTROL INHALATION INHALER 10 MG	4	NMO; QL (1008 EA per 90 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	NMO; QL (336 EA per 365 days)
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	NMO
ANTIBACTERIALS		
Aminoglycosides		
<i>gentamicin sulfate external cream 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	NMO
<i>neomycin sulfate oral tablet 500 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin sulfate oral capsule 250 mg</i>	2	NMO
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	NMO
<i>tobramycin sulfate injection solution 80 mg/2ml</i>	2	NMO
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	NMO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	NMO
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	NMO
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml</i>	2	NMO
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	NMO
<i>clindamycin phosphate vaginal cream 2 %</i>	2	NMO
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	BD; NMO
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NMO
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	4	NMO
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NMO; QL (84 EA per 28 days)
<i>linezolid intravenous solution 600 mg/300ml</i>	2	NMO
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	NMO
<i>linezolid oral tablet 600 mg</i>	2	NMO
<i>methenamine hippurate oral tablet 1 gm</i>	2	NMO
<i>metronidazole external cream 0.75 %</i>	2	NMO
<i>metronidazole external gel 0.75 %, 1 %</i>	2	NMO
<i>metronidazole external lotion 0.75 %</i>	2	NMO
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	NMO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	NMO
<i>metronidazole vaginal gel 0.75 %</i>	2	NMO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	2	NMO
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	NMO
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	NMO
<i>trimethoprim oral tablet 100 mg</i>	1	NMO
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	NMO
<i>vancomycin hcl oral capsule 125 mg</i>	2	NMO; QL (56 EA per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	NMO; QL (112 EA per 14 days)
XIFAXAN ORAL TABLET 200 MG	5	NMO; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	
<i>Beta-Lactam, Cephalosporins</i>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	2	NMO
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	NMO
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	2	NMO
<i>cefadroxil oral capsule 500 mg</i>	2	NMO
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	NMO
<i>cefadroxil oral tablet 1 gm</i>	2	NMO
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	NMO
<i>cefdinir oral capsule 300 mg</i>	2	NMO
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	NMO
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	NMO
<i>cefixime oral capsule 400 mg</i>	2	NMO
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	NMO
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	NMO
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	NMO
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	NMO
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	NMO
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	NMO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	NMO
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	NMO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	NMO
<i>cephalexin oral capsule 750 mg</i>	2	NMO
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	NMO
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NMO
<i>Beta-Lactam, Penicillins</i>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	NMO
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	NMO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	NMO
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	NMO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	NMO
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin oral capsule 500 mg</i>	2	NMO
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	NMO
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	NMO
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	NMO
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	NMO
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	NMO
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	NMO
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	NMO
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	NMO
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	NMO
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	2	NMO
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	NMO
<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>	2	NMO
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	2	NMO
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	NMO
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	NMO
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	NMO
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack)</i>	1	NMO
<i>azithromycin oral tablet 600 mg</i>	2	NMO
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	NMO
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	NMO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	NMO
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	NMO; QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	5	NMO; QL (20 EA per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	2	NMO
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	2	NMO
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NMO; QL (28 EA per 14 days)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	NMO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	NMO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	NMO
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	NMO
<i>levofloxacin oral solution 25 mg/ml</i>	2	NMO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	NMO
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	NMO
Sulfonamides		
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	2	NMO
<i>sulfadiazine oral tablet 500 mg</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	NMO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	NMO
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	2	NMO
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	NMO
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	NMO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	NMO
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	NMO
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	NMO
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	2	NMO
ANTICONVULSANTS		
<i>Anticonvulsants, Other</i>		
BRIVIACT ORAL SOLUTION 10 MG/ML	3	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	QL (60 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; NMO; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA; NMO; QL (180 EA per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA; NMO; QL (360 EA per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; NMO
<i>felbamate oral suspension 600 mg/5ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; NMO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	NMO; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	NMO; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	2	NMO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<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>	2	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	4	PA; QL (60 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG, 750 MG	4	PA; QL (120 EA per 30 days)
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	QL (30 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	4	NMO; QL (56 EA per 365 days)
<i>Calcium Channel Modifying Agents</i>		
CELONTIN ORAL CAPSULE 300 MG	4	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</i>		
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (60 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	NMO
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (120 EA per 30 days)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	PA; NMO; QL (10 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	NMO; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	QL (60 EA per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	4	NMO; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	4	NMO; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	4	NMO; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	4	NMO; QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
VIGADRONE ORAL PACKET 500 MG	5	PA; NMO; QL (180 EA per 30 days)
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; NMO; QL (1100 ML per 30 days)
<i>Sodium Channel Agents</i>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	NMO; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	4	
EPITOL ORAL TABLET 200 MG	2	
<i>lacosamide oral solution 10 mg/ml</i>	3	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	4	QL (90 EA per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	5	NMO; QL (120 EA per 30 days)
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	NMO
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	NMO
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates oral tablet 1 mg</i>	2	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; QL (30 EA per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	QL (300 ML per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	QL (60 EA per 30 days)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	3	PA; NMO; QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	QL (30 EA per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	QL (200 ML per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>Antidepressants, Other</i>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	PA; NMO; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	QL (180 EA per 30 days)
<i>phenelzine sulfate oral tablet 15 mg</i>	2	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>Ssris/Snrri (Selective Serotonin Reuptake Inhibitor/Serotonin And Norepinephrine Reuptake Inhibitor)</i>		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	QL (600 ML per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	3	NMO; QL (28 EA per 28 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	PA; QL (30 EA per 30 days)
<i>venlafaxine besylate er oral tablet extended release 24 hour 112.5 mg</i>	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg</i>	2	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	2	QL (90 EA per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
VIIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	NMO; QL (30 EA per 30 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ANTIEMETICS		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	2	NMO
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	NMO
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine rectal suppository 25 mg</i>	2	NMO
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	NMO
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	NMO
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	NMO
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	NMO
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	2	NMO; QL (10 EA per 30 days)
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant oral capsule 125 mg</i>	2	BD; NMO; QL (2 EA per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	BD; NMO; QL (1 EA per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	BD; NMO; QL (6 EA per 28 days)
<i>aprepitant oral capsule 80 mg</i>	2	BD; NMO; QL (4 EA per 28 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; NMO; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	4	BD; NMO; QL (6 EA per 28 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	BD; NMO
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	BD; NMO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	BD; NMO
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD; NMO
SYNDROS ORAL SOLUTION 5 MG/ML	5	PA; NMO; QL (120 ML per 30 days)
ANTIFUNGALS		
<i>Antifungals</i>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD; NMO
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BD; NMO
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	BD; NMO
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	NMO
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	2	NMO
<i>ciclopirox olamine external cream 0.77 %</i>	2	NMO; QL (180 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine external suspension 0.77 %</i>	2	NMO; QL (180 ML per 30 days)
<i>clotrimazole external cream 1 %</i>	2	NMO
<i>clotrimazole external solution 1 %</i>	2	NMO
<i>clotrimazole mouth/throat troche 10 mg</i>	2	NMO
<i>econazole nitrate external cream 1 %</i>	2	NMO; QL (170 GM per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	BD; NMO
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	NMO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	NMO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NMO
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	NMO
<i>griseofulvin microsize oral tablet 500 mg</i>	2	NMO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	NMO
<i>itraconazole oral capsule 100 mg</i>	2	NMO
<i>itraconazole oral solution 10 mg/ml</i>	2	PA; NMO
<i>ketoconazole external cream 2 %</i>	2	NMO; QL (180 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	NMO; QL (360 ML per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	NMO
<i>miconazole 3 vaginal suppository 200 mg</i>	2	NMO
NOXAFIL ORAL PACKET 300 MG	5	PA; NMO
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	NMO; QL (60 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	NMO; QL (60 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	2	NMO; QL (60 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	2	NMO; QL (60 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	NMO; QL (900 ML per 30 days)
<i>nystatin oral tablet 500000 unit</i>	2	NMO
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	NMO; QL (60 GM per 30 days)
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; NMO
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; NMO
<i>terbinafine hcl oral tablet 250 mg</i>	1	NMO
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal suppository 80 mg</i>	2	NMO
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NMO
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NMO
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	NMO
ANTIGOUT AGENTS		
<i>Antigout Agents</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	4	NMO; QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST; QL (30 EA per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	3	NMO; QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	NMO; QL (8 ML per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	NMO; QL (40 EA per 28 days)
<i>Prophylactic</i>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; QL (1.5 ML per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	PA; QL (1.5 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	3	
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; NMO; QL (18 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl er oral capsule extended release 24 hour 80 mg</i>	2	
<i>propranolol hcl oral tablet 80 mg</i>	2	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
UBRELVY ORAL TABLET 100 MG, 50 MG	3	NMO; QL (16 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	NMO; QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	NMO; QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	2	NMO; QL (9 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	2	NMO; QL (18 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	4	NMO; QL (4 ML per 28 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	2	NMO; QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	NMO; QL (4 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	NMO; QL (4 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	NMO; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	2	NMO; QL (6 EA per 30 days)
ANTIMYASTHENIC AGENTS		
Parasympathomimetics		
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	NMO
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	2	NMO
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	2	NMO
ANTIMYCOBACTERIALS		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
PRIFTIN ORAL TABLET 150 MG	4	NMO
<i>rifabutin oral capsule 150 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	NMO
<i>isoniazid oral syrup 50 mg/5ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pretomanid oral tablet 200 mg</i>	4	NMO; QL (30 EA per 30 days)
<i>pyrazinamide oral tablet 500 mg</i>	2	NMO
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	NMO
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	NMO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NMO
TRECTOR ORAL TABLET 250 MG	4	NMO
ANTINEOPLASTICS		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	BD; NMO
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	3	BD; NMO
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	NMO
LEUKERAN ORAL TABLET 2 MG	5	NMO
MATULANE ORAL CAPSULE 50 MG	5	NMO
VALCHLOR EXTERNAL GEL 0.016 %	5	NMO
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
<i>bicalutamide oral tablet 50 mg</i>	2	NMO
ERLEADA ORAL TABLET 240 MG	5	PA; NMO; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; NMO; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NMO
<i>nilutamide oral tablet 150 mg</i>	5	NMO
NUBEQA ORAL TABLET 300 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; NMO; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL TABLET 80 MG	5	PA; NMO; QL (60 EA per 30 days)
YONSA ORAL TABLET 125 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>Antiangiogenic Agents</i>		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; NMO; QL (21 EA per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>Antiestrogens/Modifiers</i>		
EMCYT ORAL CAPSULE 140 MG	5	NMO
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA; NMO
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NMO
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	NMO
<i>Antimetabolites</i>		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
<i>hydroxyurea oral capsule 500 mg</i>	2	NMO
INQOVI ORAL TABLET 35-100 MG	5	PA; NMO; QL (5 EA per 28 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	NMO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; NMO; QL (14 EA per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	NMO
TABLOID ORAL TABLET 40 MG	4	NMO
<i>Antineoplastics, Other</i>		
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO; QL (49 EA per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO; QL (70 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; NMO; QL (91 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	NMO
LONSURF ORAL TABLET 15-6.14 MG	5	PA; NMO; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA; NMO; QL (80 EA per 28 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; NMO; QL (240 EA per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; NMO; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (120 EA per 30 days)
MESNEX ORAL TABLET 400 MG	5	NMO
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; NMO; QL (3 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	5	PA; NMO
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA; NMO
WELIREG ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BD; NMO
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; NMO; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; NMO; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; NMO; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; NMO; QL (32 EA per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NMO
<i>Aromatase Inhibitors, 3Rd Generation</i>		
<i>anastrozole oral tablet 1 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	2	
<i>letrozole oral tablet 2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>Molecular Target Inhibitors</i>		
ALECENSA ORAL CAPSULE 150 MG	5	PA; NMO; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; NMO; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; NMO; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; NMO; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; NMO; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG	5	PA; NMO; QL (84 EA per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA; NMO; QL (56 EA per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA; NMO; QL (28 EA per 28 days)
BOSULIF ORAL TABLET 100 MG	5	PA; NMO; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; NMO; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; NMO; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA; NMO; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA; NMO; QL (60 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; NMO; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; NMO; QL (112 EA per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; NMO; QL (112 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NMO; QL (112 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; NMO; QL (56 EA per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA; NMO; QL (63 EA per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; NMO; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>everolimus oral tablet 10 mg</i>	5	PA; NMO; QL (56 EA per 28 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA; NMO; QL (112 EA per 28 days)
EXKIVITY ORAL CAPSULE 40 MG	5	PA; NMO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; NMO; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; NMO; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; NMO; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; NMO; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA; NMO; QL (180 EA per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA; NMO; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; NMO; QL (28 EA per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; NMO; QL (216 ML per 27 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA; NMO; QL (28 EA per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA; NMO; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; NMO; QL (120 EA per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA; NMO; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; NMO; QL (60 EA per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; NMO; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (21 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (42 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA; NMO; QL (300 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA; NMO; QL (120 EA per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA; NMO; QL (180 EA per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; NMO
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; NMO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; NMO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; NMO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; NMO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; NMO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; NMO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; NMO
LORBRENA ORAL TABLET 100 MG	5	PA; NMO; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; NMO; QL (90 EA per 30 days)
<i>lytgobi (12 mg daily dose) oral tablet therapy pack 4 mg</i>	5	PA; NMO; QL (84 EA per 28 days)
<i>lytgobi (16 mg daily dose) oral tablet therapy pack 4 mg</i>	5	PA; NMO; QL (112 EA per 28 days)
<i>lytgobi (20 mg daily dose) oral tablet therapy pack 4 mg</i>	5	PA; NMO; QL (140 EA per 28 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; NMO; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; NMO; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA; NMO; QL (180 EA per 30 days)
NERLYNX ORAL TABLET 40 MG	5	PA; NMO; QL (180 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA; NMO
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; NMO; QL (14 EA per 21 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; NMO; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; NMO; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; NMO; QL (56 EA per 28 days)
QINLOCK ORAL TABLET 50 MG	5	PA; NMO; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO ORAL CAPSULE 40 MG	5	PA; NMO; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; NMO; QL (120 EA per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; NMO; QL (180 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; NMO; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; NMO; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; NMO; QL (224 EA per 28 days)
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; NMO
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA; NMO; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; NMO; QL (90 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA; NMO; QL (84 EA per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; NMO; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO; QL (120 EA per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; NMO; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; NMO; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; NMO; QL (30 EA per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; NMO; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; NMO; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA; NMO; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TEPMETKO ORAL TABLET 225 MG	5	PA; NMO; QL (60 EA per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; NMO; QL (60 EA per 30 days)
TUKYSA ORAL TABLET 150 MG	5	PA; NMO; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; NMO; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA; NMO; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 10 MG	3	PA; NMO; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; NMO; QL (180 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA; NMO; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; NMO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; NMO; QL (56 EA per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; NMO; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; NMO; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NMO; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; NMO; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA; NMO; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA; NMO; QL (120 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; NMO; QL (120 EA per 30 days)
XOSPATA ORAL TABLET 40 MG	5	PA; NMO; QL (90 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA; NMO; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA; NMO; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; NMO; QL (84 EA per 28 days)
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA; NMO
<i>bexarotene oral capsule 75 mg</i>	5	PA; NMO
<i>tretinoin oral capsule 10 mg</i>	5	NMO
ANTIPARASITICS		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	5	NMO
<i>ivermectin oral tablet 3 mg</i>	2	NMO
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	2	NMO
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	NMO
<i>chloroquine phosphate oral tablet 250 mg</i>	2	QL (50 EA per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	QL (25 EA per 30 days)
COARTEM ORAL TABLET 20-120 MG	4	NMO
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	QL (90 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	4	NMO
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	NMO
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	BD; NMO
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	2	NMO
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	NMO
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NMO
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; NMO; QL (42 EA per 7 days)
ANTIPARKINSON AGENTS		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	2	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	QL (30 EA per 30 days)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	ST; QL (30 EA per 30 days)
Dopamine Agonists		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; NMO; QL (60 ML per 30 days)
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	3	QL (30 EA per 30 days)
<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>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
Dopamine Precursors And/Or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
INBRIJA INHALATION CAPSULE 42 MG	5	PA; NMO; QL (300 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG	4	ST; QL (360 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG	4	ST; QL (270 EA per 30 days)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG	4	ST; QL (300 EA per 30 days)
<i>Monoamine Oxidase B (Mao-B) Inhibitors</i>		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
ANTIPSYCHOTICS		
<i>1St Generation/Typical</i>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	NMO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	NMO
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	NMO
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	NMO
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone hcl oral tablet 10 mg</i>	2	QL (240 EA per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	2	QL (270 EA per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	2	QL (120 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	NMO; QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	NMO; QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	NMO; QL (90 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	NMO; QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NMO; QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	NMO; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	NMO; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	NMO; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	NMO; QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	NMO; QL (30 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; NMO; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA; NMO; QL (60 EA per 30 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	NMO; QL (3.5 ML per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	NMO; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	NMO; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	NMO; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	NMO; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	NMO; QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	NMO; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	NMO; QL (0.88 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	NMO; QL (1.32 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	NMO; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	NMO; QL (2.63 ML per 84 days)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	3	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; NMO; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	2	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	NMO; QL (1 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 150 mg, 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	NMO; QL (120 EA per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	NMO; QL (60 EA per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	NMO; QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	NMO; QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	NMO; QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	QL (480 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	QL (120 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	2	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; NMO; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA; NMO; QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	NMO; QL (6 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	NMO; QL (2 EA per 28 days)
<i>Treatment-Resistant</i>		
<i>clozapine oral tablet 100 mg</i>	2	NMO; QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	NMO; QL (135 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	2	PA; NMO; QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	2	PA; NMO; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	PA; NMO; QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	PA; NMO; QL (540 ML per 30 days)
ANTISPASTICITY AGENTS		
<i>Antispasticity Agents</i>		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	2	NMO
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	NMO
ANTIVIRALS		
<i>Anti-Cytomegalovirus (Cmv) Agents</i>		
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NMO; QL (28 EA per 28 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	NMO
<i>valganciclovir hcl oral tablet 450 mg</i>	2	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NMO
<i>Anti-Hepatitis B (Hbv) Agents</i>		
<i>adefovir dipivoxil oral tablet 10 mg</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
VEMLIDY ORAL TABLET 25 MG	5	NMO; QL (30 EA per 30 days)
<i>Anti-Hepatitis C (Hcv) Agents</i>		
MAVYRET ORAL PACKET 50-20 MG	5	PA; NMO; QL (140 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NMO; QL (84 EA per 28 days)
<i>ribavirin oral capsule 200 mg</i>	2	NMO
<i>ribavirin oral tablet 200 mg</i>	2	NMO
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; NMO; QL (28 EA per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NMO; QL (28 EA per 28 days)
<i>Antitherpetic Agents</i>		
<i>acyclovir oral capsule 200 mg</i>	2	NMO
<i>acyclovir oral suspension 200 mg/5ml</i>	2	NMO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	NMO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	BD; NMO
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	NMO
<i>trifluridine ophthalmic solution 1 %</i>	2	NMO
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	NMO
<i>Anti-Hiv Agents, Integrase Inhibitors (Insti)</i>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NMO
DOVATO ORAL TABLET 50-300 MG	5	NMO
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NMO
ISENTRESS HD ORAL TABLET 600 MG	5	NMO
ISENTRESS ORAL PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NMO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	4	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NMO
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NMO
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	
<i>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</i>		
COMPLERA ORAL TABLET 200-25-300 MG	5	NMO
EDURANT ORAL TABLET 25 MG	5	NMO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	NMO
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	2	
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	2	
PIFELTRO ORAL TABLET 100 MG	5	NMO
<i>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	
<i>abacavir sulfate oral tablet 300 mg</i>	2	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	
CIMDUO ORAL TABLET 300-300 MG	5	NMO
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NMO
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	NMO
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	NMO
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NMO
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	NMO
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
JULUCA ORAL TABLET 50-25 MG	5	NMO
<i>lamivudine oral solution 10 mg/ml</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
ODEFSEY ORAL TABLET 200-25-25 MG	5	NMO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NMO
VIREAD ORAL POWDER 40 MG/GM	5	NMO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NMO
<i>zidovudine oral capsule 100 mg</i>	2	
<i>zidovudine oral syrup 50 mg/5ml</i>	2	
<i>zidovudine oral tablet 300 mg</i>	2	
<i>Anti-Hiv Agents, Other</i>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NMO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	NMO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NMO
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	3	
SELZENTRY ORAL TABLET 75 MG	5	NMO
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NMO
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	NMO
TYBOST ORAL TABLET 150 MG	4	QL (30 EA per 30 days)
<i>Anti-Hiv Agents, Protease Inhibitors (Pi)</i>		
APTIVUS ORAL CAPSULE 250 MG	5	NMO
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	2	
EVOTAZ ORAL TABLET 300-150 MG	5	NMO
<i>fosamprenavir calcium oral tablet 700 mg</i>	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	QL (480 ML per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	5	NMO; QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG	5	NMO
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NMO
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 75 MG	4	
REYATAZ ORAL PACKET 50 MG	5	NMO
<i>ritonavir oral tablet 100 mg</i>	2	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	NMO
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NMO
<i>Anti-Influenza Agents</i>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	NMO; QL (84 EA per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	NMO; QL (48 EA per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	NMO; QL (42 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	NMO; QL (540 ML per 180 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	NMO; QL (60 EA per 180 days)
<i>rimantadine hcl oral tablet 100 mg</i>	2	NMO
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	NMO; QL (4 EA per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	NMO; QL (2 EA per 180 days)
ANXIOLYTICS		
<i>Anxiolytics, Other</i>		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	NMO
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	NMO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	NMO
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	NMO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	NMO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>Benzodiazepines</i>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg</i>	2	NMO; QL (120 EA per 30 days)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet 2 mg</i>	1	NMO; QL (150 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	NMO; QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	NMO; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	NMO; QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	NMO; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	NMO; QL (180 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	NMO; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	NMO; QL (120 EA per 30 days)
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	2	NMO; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	NMO; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	NMO; QL (150 EA per 30 days)
BIPOLAR AGENTS		
<i>Mood Stabilizers</i>		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
BLOOD GLUCOSE REGULATORS		
<i>Antidiabetic Agents</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	2	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	2	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	QL (90 EA per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 EA per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	PA; NMO; QL (10.8 ML per 28 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	PA; NMO; QL (10.8 ML per 28 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA 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	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	QL (15 ML per 28 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	NMO
<i>diazoxide oral suspension 50 mg/ml</i>	2	

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GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	3	NMO
<i>glucagon emergency injection kit 1 mg</i>	3	NMO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	NMO
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	NMO
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	NMO
KORLYM ORAL TABLET 300 MG	5	PA; NMO; QL (112 EA per 28 days)
<i>Insulins</i>		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	2	NMO
<i>cvs gauze sterile pad 2"x2"</i>	1	NMO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
FIASP INJECTION SOLUTION 100 UNIT/ML	6	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	6	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	6	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	6	
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	6	
<i>insulin aspart injection solution 100 unit/ml</i>	6	
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	6	
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES , 25G X 1" 1 ML, 25G X 5/8" 1 ML, 26G X 1/2" 1 ML, 27.5G X 5/8" 2 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.3 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G 0.3 ML, 29G 0.5 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 1/2" 2 ML, 29G X 5/16" 1 ML, 29G X 7/16" 0.3 ML, 29G X 7/16" 0.5 ML, 29G X 7/16" 1 ML, 30G 0.3 ML, 30G 0.5 ML, 30G 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 3/8" 0.3 ML, 30G X 3/8" 0.5 ML, 30G X 3/8" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 30G X 7/16" 0.3 ML, 30G X 7/16" 0.5 ML, 30G X 7/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 3/8" 0.3 ML, 31G X 3/8" 0.5 ML, 31G X 3/8" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	2	NMO
<i>insulin syringes 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 28g x 5/16" 0.5 ml, 28g x 5/16" 1 ml, 29g 0.3 ml, 29g 0.5 ml, 29g 1 ml, 29g x 1" 0.3 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 29g x 5/16" 0.5 ml, 29g x 5/16" 1 ml, 30g 0.5 ml, 30g 1 ml, 30g x 1/2" 0.3 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/4" 0.3 ml, 31g x 1/4" 0.5 ml, 31g x 1/4" 1 ml, 31g x 15/64" 0.3 ml, 31g x 15/64" 0.5 ml, 31g x 15/64" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml, 32g x 5/16" 1 ml, u-100 0.3 ml, u-100 0.5 ml, u-100 1 ml</i>	2	NMO
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	6	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	6	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	
PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 13MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	2	NMO
<i>pen needles 29g x 12.7mm , 29g x 12mm , 30g x 5 mm , 30g x 8 mm , 31g x 5 mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm , 32g x 5 mm , 32g x 6 mm , 33g x 4 mm , 33g x 5 mm , 33g x 6 mm</i>	2	NMO
SOLQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	QL (30 ML per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	
BLOOD PRODUCTS AND MODIFIERS		
<i>Anticoagulants</i>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	NMO; QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	NMO; QL (60 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	NMO; QL (48 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	NMO; QL (18 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	NMO; QL (24 ML per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	NMO; QL (36 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	NMO; QL (24 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	NMO; QL (15 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	NMO; QL (12 ML per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	NMO; QL (18 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	BD; NMO
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	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>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	QL (600 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NMO; QL (51 EA per 30 days)
<i>Blood Products And Modifiers, Other</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NMO
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	NMO
MULPLETA ORAL TABLET 3 MG	5	PA; NMO; QL (7 EA per 7 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NMO
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
PROMACTA ORAL PACKET 12.5 MG	5	PA; NMO; QL (90 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; NMO; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NMO; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NMO; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NMO; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	5	PA; NMO; QL (56 EA per 28 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; NMO; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; NMO; QL (4 ML per 28 days)
<i>tranexamic acid oral tablet 650 mg</i>	2	NMO; QL (30 EA per 30 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NMO
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NMO
<i>Platelet Modifying Agents</i>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	QL (60 EA per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA; NMO; QL (60 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agonists</i>		
<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, 0.2 mg/24hr</i>	2	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	2	QL (8 EA per 28 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; NMO; QL (180 EA per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	NMO
<i>Alpha-Adrenergic Blocking Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 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>	2	
EDARBI ORAL TABLET 40 MG, 80 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>enalapril maleate oral solution 1 mg/ml</i>	2	ST; QL (1200 ML per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
QBRELIS ORAL SOLUTION 1 MG/ML	5	ST; NMO; QL (1200 ML per 30 days)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone hcl oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
PACERONE ORAL TABLET 100 MG, 400 MG	2	
PACERONE ORAL TABLET 200 MG	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg</i>	2	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
KATERZIA ORAL SUSPENSION 1 MG/ML	4	ST; QL (300 ML per 30 days)
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	4	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
CORLANOR ORAL SOLUTION 5 MG/5ML	3	QL (600 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	QL (60 EA per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 EA per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	3	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metyrosine oral capsule 250 mg</i>	5	NMO
NEXLETOL ORAL TABLET 180 MG	3	PA; QL (30 EA per 30 days)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<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>	2	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	2	QL (60 EA per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	2	QL (120 EA per 30 days)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<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	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
<i>Diuretics, Loop</i>		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	NMO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>furosemide injection solution 10 mg/ml</i>	2	BD; NMO
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>Diuretics, Potassium-Sparing</i>		
<i>amiloride hcl oral tablet 5 mg</i>	2	
CAROSPIR ORAL SUSPENSION 25 MG/5ML	4	ST; QL (600 ML per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>Diuretics, Thiazide</i>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<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>	2	
<i>Dyslipidemics, Fibric Acid Derivatives</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>Dyslipidemics, Hmg Coa Reductase Inhibitors</i>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	4	ST; QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (45 EA per 30 days)
<i>lovastatin oral tablet 20 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	QL (30 EA per 30 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light oral packet 4 gm</i>	2	
<i>cholestyramine oral packet 4 gm</i>	2	
<i>colesevelam hcl oral packet 3.75 gm</i>	2	
<i>colesevelam hcl oral tablet 625 mg</i>	2	
<i>colestipol hcl oral packet 5 gm</i>	2	
<i>colestipol hcl oral tablet 1 gm</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (30 EA per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 30 MG	5	PA; NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NMO; QL (90 EA per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NMO; QL (45 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	PA; QL (30 EA per 30 days)
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	2	NMO
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	QL (120 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	QL (2 ML per 28 days)
PREVALITE ORAL PACKET 4 GM	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	QL (6 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	QL (6 ML per 28 days)
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	3	QL (120 EA per 30 days)
<i>Vasodilators, Direct-Acting Arterial/Venous</i>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<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>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
RECTIV RECTAL OINTMENT 0.4 %	4	NMO; QL (30 GM per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	QL (60 EA 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>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	2	QL (60 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 EA per 30 days)
<i>clonidine hcl oral tablet extended release 12 hour 0.1 mg</i>	2	QL (120 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (60 EA per 30 days)
<i>guanfacine hcl oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 45 mg, 54 mg, 63 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	2	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>Central Nervous System, Other</i>		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NMO; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NMO; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 6 MG	5	PA; NMO; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; NMO; QL (60 EA per 30 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; NMO
<i>riluzole oral tablet 50 mg</i>	2	QL (60 EA per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; NMO; QL (112 EA per 28 days)
<i>Fibromyalgia Agents</i>		
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	QL (900 ML per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	NMO; QL (55 EA per 28 days)
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; NMO; QL (1 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; NMO; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NMO; QL (15 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; NMO; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; NMO; QL (12 ML per 28 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
<i>fingolimod hcl oral capsule 0.5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; NMO; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; NMO; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; NMO; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; NMO; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; NMO; QL (1.2 ML per 28 days)
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (20 EA per 180 days)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (8 EA per 180 days)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (10 EA per 180 days)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (12 EA per 180 days)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (14 EA per 180 days)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (16 EA per 180 days)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA; NMO; QL (18 EA per 180 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; NMO; QL (112 EA per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA; NMO; QL (7 EA per 180 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	4	PA; NMO; QL (12 EA per 180 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; NMO; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; NMO; QL (1 ML per 28 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; NMO; QL (120 EA per 30 days)

DENTAL AND ORAL AGENTS

Dental And Oral Agents

<i>cevimeline hcl oral capsule 30 mg</i>	2	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	NMO
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	1	NMO
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	NMO

DERMATOLOGICAL AGENTS

Acne And Rosacea Agents

ACUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	NMO
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	NMO
<i>adapalene external cream 0.1 %</i>	2	NMO
ALTRENO EXTERNAL LOTION 0.05 %	4	PA; NMO
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	NMO
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	NMO
<i>tazarotene external cream 0.1 %</i>	2	NMO
TAZORAC EXTERNAL CREAM 0.05 %	4	NMO
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; NMO
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; NMO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	2	NMO

Dermatitis And Pruitus Agents

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Drug Name	Drug Tier	Requirements/Limits
ALA SCALP EXTERNAL LOTION 2 %	2	NMO
<i>ala-cort external cream 1 %, 2.5 %</i>	1	NMO
<i>alclometasone dipropionate external cream 0.05 %</i>	2	NMO
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>ammonium lactate external cream 12 %</i>	2	NMO
<i>ammonium lactate external lotion 12 %</i>	2	NMO
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external cream 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	NMO
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	NMO
<i>betamethasone valerate external cream 0.1 %</i>	2	NMO
<i>betamethasone valerate external foam 0.12 %</i>	2	NMO
<i>betamethasone valerate external lotion 0.1 %</i>	2	NMO
<i>betamethasone valerate external ointment 0.1 %</i>	2	NMO
<i>clobetasol propionate e external cream 0.05 %</i>	2	NMO
<i>clobetasol propionate emulsion external foam 0.05 %</i>	2	NMO
<i>clobetasol propionate external cream 0.05 %</i>	2	NMO
<i>clobetasol propionate external foam 0.05 %</i>	2	NMO
<i>clobetasol propionate external gel 0.05 %</i>	2	NMO
<i>clobetasol propionate external lotion 0.05 %</i>	2	NMO
<i>clobetasol propionate external ointment 0.05 %</i>	2	NMO
<i>clobetasol propionate external shampoo 0.05 %</i>	2	NMO
<i>clobetasol propionate external solution 0.05 %</i>	2	NMO
<i>desonide external cream 0.05 %</i>	2	NMO
<i>desonide external lotion 0.05 %</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>desonide external ointment 0.05 %</i>	2	NMO
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	2	NMO; QL (120 GM per 30 days)
<i>desoximetasone external gel 0.05 %</i>	2	NMO; QL (120 GM per 30 days)
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	2	NMO; QL (120 GM per 30 days)
<i>diflorasone diacetate external ointment 0.05 %</i>	2	NMO; QL (180 GM per 30 days)
EUCRISA EXTERNAL OINTMENT 2 %	3	NMO
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	NMO
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	NMO
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	NMO
<i>fluocinonide external cream 0.05 %</i>	2	NMO
<i>fluocinonide external gel 0.05 %</i>	2	NMO
<i>fluocinonide external ointment 0.05 %</i>	2	NMO
<i>fluocinonide external solution 0.05 %</i>	2	NMO
<i>fluticasone propionate external cream 0.05 %</i>	2	NMO
<i>fluticasone propionate external ointment 0.005 %</i>	2	NMO
<i>halobetasol propionate external cream 0.05 %</i>	2	NMO
<i>halobetasol propionate external ointment 0.05 %</i>	2	NMO
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	NMO
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>hydrocortisone butyrate external lotion 0.1 %</i>	2	NMO; QL (236 ML per 30 days)
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	NMO; QL (120 GM per 30 days)
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	NMO; QL (120 ML per 30 days)
<i>hydrocortisone external cream 1 %</i>	1	NMO
<i>hydrocortisone external lotion 2.5 %</i>	2	NMO
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	NMO
<i>hydrocortisone valerate external cream 0.2 %</i>	2	NMO
<i>hydrocortisone valerate external ointment 0.2 %</i>	2	NMO
<i>mometasone furoate external cream 0.1 %</i>	2	NMO
<i>mometasone furoate external ointment 0.1 %</i>	2	NMO
<i>mometasone furoate external solution 0.1 %</i>	2	NMO
<i>pimecrolimus external cream 1 %</i>	2	NMO; QL (100 GM per 30 days)
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	NMO
PROCTO-PAK EXTERNAL CREAM 1 %	2	NMO
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	NMO
<i>selenium sulfide external lotion 2.5 %</i>	2	NMO
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	NMO; QL (100 GM per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	NMO
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	NMO
<i>triamcinolone acetonide external ointment 0.025 %</i>	1	NMO
<i>triamcinolone acetonide external ointment 0.05 %, 0.1 %, 0.5 %</i>	2	NMO
<i>Dermatological Agents, Other</i>		
<i>alcohol prep pads external 70 %</i>	1	NMO
<i>alcohol prep pads external pad 6-70 %, 70 %</i>	1	NMO
ALCOHOL PREP PADS EXTERNAL PAD 70 %	1	NMO
<i>alcohol prep pads pad , 70 %</i>	1	NMO
ALCOHOL PREP PADS PAD , 70 %	1	NMO
<i>calcipotriene external cream 0.005 %</i>	2	NMO; QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	NMO; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	NMO; QL (120 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	NMO; QL (90 GM per 30 days)
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	NMO; QL (90 ML per 30 days)
<i>diclofenac sodium external gel 3 %</i>	2	PA; NMO; QL (100 GM per 28 days)
<i>fluorouracil external cream 0.5 %</i>	5	NMO
<i>fluorouracil external cream 5 %</i>	2	NMO
<i>fluorouracil external solution 2 %, 5 %</i>	2	NMO
HYFTOR EXTERNAL GEL 0.2 %	5	PA; NMO; QL (20 GM per 25 days)
<i>imiquimod external cream 5 %</i>	2	NMO; QL (24 EA per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	5	NMO
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	NMO
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
PANRETIN EXTERNAL GEL 0.1 %	5	NMO; QL (180 GM per 30 days)
<i>podofilox external solution 0.5 %</i>	2	NMO
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NMO; QL (30 GM per 30 days)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	NMO
<i>silver sulfadiazine external cream 1 %</i>	2	NMO
SSD EXTERNAL CREAM 1 %	4	NMO
VEREGEN EXTERNAL OINTMENT 15 %	5	NMO
<i>Pediculicides/Scabicides</i>		
<i>malathion external lotion 0.5 %</i>	2	NMO
<i>permethrin external cream 5 %</i>	2	NMO
<i>Topical Anti-Infectives</i>		
<i>acyclovir external cream 5 %</i>	2	NMO; QL (5 GM per 4 days)
<i>acyclovir external ointment 5 %</i>	2	NMO; QL (30 GM per 30 days)
<i>ciclopirox external gel 0.77 %</i>	2	NMO; QL (300 GM per 30 days)
<i>ciclopirox external shampoo 1 %</i>	2	NMO
<i>ciclopirox external solution 8 %</i>	2	NMO; QL (19.8 ML per 30 days)
<i>clindamycin phosphate external foam 1 %</i>	2	NMO; QL (100 GM per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	NMO; QL (60 ML per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	2	NMO
<i>ery external pad 2 %</i>	2	NMO
<i>erythromycin external gel 2 %</i>	2	NMO; QL (180 GM per 30 days)
<i>erythromycin external solution 2 %</i>	2	NMO; QL (180 ML per 30 days)
<i>mupirocin external ointment 2 %</i>	1	NMO; QL (220 GM per 30 days)
<i>penciclovir external cream 1 %</i>	4	NMO
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>Electrolyte/ Mineral Replacement</i>		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	NMO
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	BD; NMO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	

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Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	NMO
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	BD; NMO
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	BD; NMO
<i>potassium chloride crystals oral tablet extended release 10 meq, 15 meq, 20 meq</i>	2	
<i>potassium chloride oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%</i>	2	BD; NMO
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	BD; NMO
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	NMO
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	2	NMO
<i>Electrolyte/Mineral/Metal Modifiers</i>		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NMO
<i>deferasirox oral tablet 90 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	5	PA; NMO
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA; NMO
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NMO
JYNARQUE ORAL TABLET 15 MG, 30 MG	5	PA; NMO; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	5	PA; NMO; QL (56 EA per 28 days)
LOKELMA ORAL PACKET 10 GM	3	QL (34 EA per 30 days)
LOKELMA ORAL PACKET 5 GM	3	QL (30 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	NMO
SPS ORAL SUSPENSION 15 GM/60ML	2	NMO
<i>trientine hcl oral capsule 250 mg</i>	5	PA; NMO; QL (240 EA per 30 days)
<i>Electrolytes/Minerals/Metals/Vitamins</i>		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 %	4	BD; NMO
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	4	BD; NMO
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	4	BD; NMO
<i>dextrose intravenous solution 10 %, 5 %</i>	2	BD; NMO
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	4	NMO
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	BD; NMO
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	BD; NMO
<i>levocarnitine oral solution 1 gm/10ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	4	
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	BD; NMO
PROSOL INTRAVENOUS SOLUTION 20 %	4	BD; NMO

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Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INTRAVENOUS SOLUTION 10 %	4	BD; NMO
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	BD; NMO
<i>Phosphate Binders</i>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	5	NMO
PHOSLYRA ORAL SOLUTION 667 MG/5ML	4	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	NMO
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	
VELPHORO ORAL TABLET CHEWABLE 500 MG	3	
GASTROINTESTINAL AGENTS		
<i>Anti-Constipation Agents</i>		
<i>constulose oral solution 10 gm/15ml</i>	2	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	NMO; QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	5	PA; NMO; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; NMO; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; NMO; QL (11.2 ML per 28 days)
<i>Anti-Diarrheal Agents</i>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	NMO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	NMO
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	NMO
<i>loperamide hcl oral capsule 2 mg</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
XERMELO ORAL TABLET 250 MG	5	PA; NMO; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	NMO
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	NMO
<i>dicyclomine hcl oral tablet 20 mg</i>	2	NMO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	NMO
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	2	NMO
Gastrointestinal Agents, Other		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	2	NMO
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA; NMO
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG	5	PA; NMO
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	NMO
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; NMO
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	NMO
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	NMO
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	NMO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	NMO
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	2	ST; QL (30 EA per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	NMO
SUTAB ORAL TABLET 1479-225-188 MG	3	NMO
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 200 mg</i>	2	NMO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>sucralfate oral tablet 1 gm</i>	2	
Proton Pump Inhibitors		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	QL (30 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine oral powder</i>	5	NMO
CERDELGA ORAL CAPSULE 84 MG	5	PA; NMO
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	
ENDARI ORAL PACKET 5 GM	5	PA; NMO; QL (180 EA per 30 days)
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NMO; QL (14 EA per 28 days)
KEVEYIS ORAL TABLET 50 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; NMO
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NMO
ORFADIN ORAL CAPSULE 20 MG	5	PA; NMO
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NMO
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML	5	PA; NMO
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; NMO
RAVICTI ORAL LIQUID 1.1 GM/ML	5	PA; NMO
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	NMO
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	NMO
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG	5	PA; NMO
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; NMO; QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; NMO; QL (120 EA per 30 days)
XURIDEN ORAL PACKET 2 GM	5	PA; NMO; QL (120 EA per 30 days)
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	3	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; NMO
GENITOURINARY AGENTS		
<i>Antispasmodics, Urinary</i>		
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	2	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	2	
<i>trospium chloride oral tablet 20 mg</i>	2	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	NMO
ELMIRON ORAL CAPSULE 100 MG	4	NMO; QL (90 EA per 30 days)
<i>penicillamine oral capsule 250 mg</i>	5	PA; NMO
<i>penicillamine oral tablet 250 mg</i>	5	PA; NMO
PHEXXI VAGINAL GEL 1.8-1-0.4 %	4	NMO
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	E; NMO; QL (6 EA per 30 days)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	5	PA; NMO
<i>tiopronin oral tablet 100 mg</i>	5	NMO

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Drug Name	Drug Tier	Requirements/Limits
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; NMO; QL (35 ML per 28 days)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	NMO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	NMO
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NMO; QL (91 ML per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NMO; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
HEMADY ORAL TABLET 20 MG	4	NMO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	NMO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	BD; NMO
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	NMO
<i>prednisolone oral solution 15 mg/5ml</i>	2	BD; NMO
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	BD; NMO
<i>prednisone oral solution 5 mg/5ml</i>	2	BD; NMO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BD; NMO
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</i>		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG	5	PA; NMO; QL (30 EA per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	NMO
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; NMO
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; NMO
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NMO
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	5	PA; NMO
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
<i>Androgens</i>		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	NMO
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	QL (5 ML per 28 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution 30 mg/act</i>	2	PA; QL (180 ML per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	3	QL (2 ML per 28 days)
<i>Estrogens</i>		
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL (8 EA per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	QL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	QL (18 EA per 28 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	NMO
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%)	4	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	QL (1 EA per 84 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	QL (8 EA per 28 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
YUVAFEM VAGINAL TABLET 10 MCG	2	QL (18 EA per 28 days)
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</i>		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	2	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	2	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	2	
AMETHIA ORAL TABLET 0.15-0.03 &0.01 MG	2	QL (91 EA per 84 days)
APRI ORAL TABLET 0.15-30 MG-MCG	2	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	2	
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	2	QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	2	
AVIANE ORAL TABLET 0.1-20 MG-MCG	2	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	2	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	2	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	2	QL (1 EA per 28 days)
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	QL (1 EA per 28 days)
FALMINA ORAL TABLET 0.1-20 MG-MCG	2	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	2	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
ICLEVIA ORAL TABLET 0.15-0.03 MG	2	QL (91 EA per 84 days)
INTROVALE ORAL TABLET 0.15-0.03 MG	2	QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	2	
JASMIEL ORAL TABLET 3-0.02 MG	2	
JINTELI ORAL TABLET 1-5 MG-MCG	2	
JULEBER ORAL TABLET 0.15-30 MG-MCG	2	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	2	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	2	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	2	
KURVELO ORAL TABLET 0.15-30 MG-MCG	2	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	2	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	2	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	2	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	QL (91 EA per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	2	
LORYNA ORAL TABLET 3-0.02 MG	2	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	2	
LUTERA ORAL TABLET 0.1-20 MG-MCG	2	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	2	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
MIMVEY ORAL TABLET 1-0.5 MG	2	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NIKKI ORAL TABLET 3-0.02 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	2	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	2	
NYMYO ORAL TABLET 0.25-35 MG-MCG	2	
OSPHENA ORAL TABLET 60 MG	3	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	2	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	2	
PREMPHASE ORAL TABLET 0.625-5 MG	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	2	
SETLAKIN ORAL TABLET 0.15-0.03 MG	2	QL (91 EA per 84 days)
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	2	
SRONYX ORAL TABLET 0.1-20 MG-MCG	2	
SYEDA ORAL TABLET 3-0.03 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	2	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	1	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	1	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	2	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	2	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	2	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	2	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	2	
VESTURA ORAL TABLET 3-0.02 MG	2	
VIENVA ORAL TABLET 0.1-20 MG-MCG	2	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	2	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	2	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	QL (3 EA per 28 days)
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	2	QL (3 EA per 28 days)
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	2	
<i>Progestins</i>		
CAMILA ORAL TABLET 0.35 MG	1	
DEBLITANE ORAL TABLET 0.35 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
INCASSIA ORAL TABLET 0.35 MG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
LYZA ORAL TABLET 0.35 MG	1	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	NMO; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	NMO; QL (1 ML per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	NMO
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	NMO
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone oral tablet 0.35 mg</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	
SHAROBEL ORAL TABLET 0.35 MG	1	
SLYND ORAL TABLET 4 MG	4	

**HORMONAL AGENTS,
STIMULANT/ REPLACEMENT/
MODIFYING (THYROID)**

*Hormonal Agents, Stimulant/
Replacement/ Modifying (Thyroid)*

<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	

**HORMONAL AGENTS,
SUPPRESSANT (PITUITARY)**

*Hormonal Agents, Suppressant
(Pituitary)*

<i>cabergoline oral tablet 0.5 mg</i>	2	NMO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	NMO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	NMO
<i>leuprolide acetate intramuscular injectable 22.5 mg</i>	4	PA; NMO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; NMO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; NMO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; NMO
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG	5	PA; NMO; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
ORILISSA ORAL TABLET 150 MG	5	PA; NMO; QL (28 EA per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NMO; QL (56 EA per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; NMO; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NMO
SYNAREL NASAL SOLUTION 2 MG/ML	5	NMO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	5	PA; NMO; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA; NMO; QL (1 EA per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	5	PA; NMO; QL (1 EA per 28 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>Antithyroid Agents</i>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
<i>Angioedema Agents</i>		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NMO; QL (20 EA per 30 days)
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA; NMO; QL (18 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; NMO; QL (20 EA per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NMO; QL (18 ML per 30 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NMO; QL (30 EA per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; NMO; QL (4 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO; QL (2 ML per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NMO; QL (4 ML per 28 days)
<i>Immunoglobulins</i>		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	BD; NMO
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	BD; NMO
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	5	BD; NMO
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	BD; NMO
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BD; NMO
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	BD; NMO
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	BD; NMO
<i>Immunological Agents, Other</i>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	NMO
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; NMO; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; NMO; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; NMO; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; NMO; QL (8 ML per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA; NMO
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; NMO
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; NMO
RIDAURA ORAL CAPSULE 3 MG	5	NMO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; NMO
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA; NMO
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NMO
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NMO
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	5	PA; NMO
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	5	PA; NMO
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	5	PA; NMO
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NMO
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NMO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; NMO
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; NMO; QL (2 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; NMO; QL (8 EA per 28 days)
<i>Immunostimulants</i>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA; NMO
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; NMO
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NMO
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	NMO
<i>Immunosuppressants</i>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; NMO
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; NMO
<i>azathioprine oral tablet 50 mg</i>	2	BD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; NMO; QL (8 ML per 28 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA; NMO
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	5	PA; NMO
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BD
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; NMO
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA; NMO
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NMO
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	5	PA; NMO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG	4	BD
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BD; NMO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	BD
GENGRAF ORAL SOLUTION 100 MG/ML	2	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; NMO
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; NMO
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NMO
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NMO
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	5	PA; NMO

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Drug Name	Drug Tier	Requirements/Limits
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NMO
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	BD; NMO
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	BD; NMO
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	BD; NMO
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD; NMO
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BD
OTEZLA ORAL TABLET 30 MG	5	PA; NMO
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; NMO
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BD
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	3	
REZUROCK ORAL TABLET 200 MG	5	PA; NMO
<i>sirolimus oral solution 1 mg/ml</i>	5	BD; NMO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	BD
<i>sirolimus oral tablet 2 mg</i>	5	BD; NMO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	BD
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF- MCG/0.5	3	NMO
<i>bcg vaccine injection solution reconstituted 50 mg</i>	3	NMO
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	NMO
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	3	NMO
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	BD; NMO
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BD; NMO
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	NMO; QL (1.5 ML per 365 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO; QL (1.5 ML per 365 days)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	3	NMO
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BD; NMO
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	NMO
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BD; NMO
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	NMO
IPOL INJECTION INJECTABLE	3	NMO
IXIARO INTRAMUSCULAR SUSPENSION	3	NMO
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	NMO
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
MENACTRA INTRAMUSCULAR SOLUTION	3	NMO
MENQUADFI INTRAMUSCULAR SOLUTION	3	NMO
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	NMO
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	NMO
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	NMO
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	3	BD; NMO
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	NMO
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	NMO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BD; NMO
ROTARIX ORAL SUSPENSION	3	NMO
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	NMO
ROTATEQ ORAL SOLUTION	3	NMO
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	NMO; QL (2 EA per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	BD; NMO
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	BD; NMO
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	NMO
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	NMO
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	NMO
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	NMO
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	NMO

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	NMO; QL (2 EA per 365 days)
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	NMO
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>Aminosalicylates</i>		
<i>balsalazide disodium oral capsule 750 mg</i>	2	NMO
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NMO
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM	3	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	2	
<i>mesalamine oral capsule delayed release 400 mg</i>	2	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	
<i>mesalamine oral tablet delayed release 800 mg</i>	2	NMO
<i>mesalamine rectal suppository 1000 mg</i>	2	NMO
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	4	
<i>Glucocorticoids</i>		
<i>budesonide oral capsule delayed release particles 3 mg</i>	2	NMO
<i>budesonide rectal foam 2 mg</i>	2	NMO
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	NMO
METABOLIC BONE DISEASE AGENTS		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	2	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	QL (3.7 ML per 28 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	BD
<i>calcitriol oral solution 1 mcg/ml</i>	2	BD
<i>cinacalcet hcl oral tablet 30 mg</i>	2	BD; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	5	BD; NMO; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl oral tablet 90 mg</i>	5	BD; NMO; QL (120 EA per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML	5	PA; NMO; QL (2.34 ML per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; NMO; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	BD
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	3	NMO; QL (1 ML per 180 days)
<i>raloxifene hcl oral tablet 60 mg</i>	2	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	3	QL (60 EA per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	2	QL (4 EA per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	3	PA; QL (1.56 ML per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NMO

OPHTHALMIC AGENTS

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic solution 1 %</i>	4	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	NMO
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	QL (60 EA per 30 days)
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	5	PA; NMO; QL (20 ML per 28 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NMO; QL (60 ML per 28 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	NMO
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	NMO
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	NMO
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	NMO
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	NMO
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	NMO
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	NMO
Ophthalmic Anti-Allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	2	ST; NMO
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	NMO
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	NMO
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	2	NMO
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	NMO
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	NMO
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	NMO; QL (3.5 GM per 4 days)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	2	NMO
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	NMO
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	NMO
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	NMO
NATACYN OPHTHALMIC SUSPENSION 5 %	4	NMO
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	NMO
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	NMO
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	NMO
<i>tobramycin ophthalmic solution 0.3 %</i>	2	NMO
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	3	ST; NMO

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Drug Name	Drug Tier	Requirements/Limits
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	2	NMO
BROMSITE OPHTHALMIC SOLUTION 0.075 %	3	NMO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	NMO
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	NMO
<i>difluprednate ophthalmic emulsion 0.05 %</i>	2	NMO
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	3	NMO; QL (8.3 ML per 14 days)
<i>fluorometholone ophthalmic suspension 0.1 %</i>	4	NMO
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	NMO
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NMO
INVELTYS OPHTHALMIC SUSPENSION 1 %	3	NMO
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	NMO; QL (10 ML per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	NMO
LOTEMAX SM OPHTHALMIC GEL 0.38 %	3	NMO
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	2	NMO
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	2	NMO
<i>prednisolone acetate ophthalmic suspension 1 %</i>	4	NMO
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	NMO
PROLENSA OPHTHALMIC SOLUTION 0.07 %	3	NMO
XIIDRA OPHTHALMIC SOLUTION 5 %	3	QL (60 EA per 30 days)
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	NMO
AZOPT OPHTHALMIC SUSPENSION 1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	4	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic suspension 1 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>Ophthalmic Prostaglandin And Prostanoid Analogs</i>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	2	QL (2.5 ML per 25 days)
<i>latanoprost ophthalmic solution 0.005 %</i>	1	QL (2.5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	4	QL (30 EA per 30 days)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	2	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 ML per 30 days)
XELPROS OPHTHALMIC EMULSION 0.005 %	4	ST; QL (2.5 ML per 25 days)
OTIC AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
Otic Agents		
<i>acetic acid otic solution 2 %</i>	2	NMO
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	NMO; QL (7.5 ML per 7 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	NMO
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	NMO
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	NMO
<i>ofloxacin otic solution 0.3 %</i>	2	NMO
RESPIRATORY TRACT/ PULMONARY AGENTS		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	2	NMO; QL (30 ML per 25 days)
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	2	NMO
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	NMO
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	NMO
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	NMO
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	NMO
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	2	NMO
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	NMO
<i>olopatadine hcl nasal solution 0.6 %</i>	2	NMO; QL (30.5 GM per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	3	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	3	QL (1 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	BD; QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	BD; QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	3	QL (120 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	NMO; QL (50 ML per 25 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	NMO; QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	2	NMO; QL (34 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	3	ST; NMO; QL (32 ML per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 28 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %</i>	2	QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	QL (15 ML per 10 days)
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	2	BD; QL (360 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	BD; QL (120 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	NMO; QL (4 EA per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	NMO; QL (4 EA per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	QL (4 GM per 28 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	3	NMO; QL (4 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	NMO; QL (560 EA per 28 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NMO
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; NMO; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NMO; QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; NMO; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NMO; QL (120 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BD; NMO
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; NMO; QL (56 EA per 28 days)
TOBI PODHALER INHALATION CAPSULE 28 MG	5	NMO; QL (224 EA per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml, 300 mg/5ml</i>	5	BD; NMO
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; NMO; QL (84 EA per 28 days)
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast oral tablet 250 mcg</i>	3	QL (28 EA per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	3	QL (30 EA per 30 days)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
<i>theophylline oral solution 80 mg/15ml</i>	2	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NMO; QL (90 EA per 30 days)
ALYQ ORAL TABLET 20 MG	2	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; NMO; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NMO; QL (30 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	2	PA; QL (60 EA per 30 days)
TRACLEER ORAL TABLET SOLUBLE 32 MG	5	PA; NMO; QL (112 EA per 28 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NMO; QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NMO; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; NMO; QL (400 EA per 365 days)
<i>Pulmonary Fibrosis Agents</i>		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NMO; QL (60 EA per 30 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NMO; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; NMO; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; NMO; QL (90 EA per 30 days)
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BD; NMO
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (12 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BD
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; NMO; QL (1 ML per 28 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; NMO; QL (1 ML per 28 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; QL (540 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; NMO; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; NMO; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NMO; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; NMO; QL (3 EA per 28 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (30.6 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)

SKELLETAL MUSCLE RELAXANTS

Skeletal Muscle Relaxants

<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	NMO
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	NMO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	NMO

SLEEP DISORDER AGENTS

Sleep Promoting Agents

BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	NMO; QL (30 EA per 30 days)
<i>estazolam oral tablet 1 mg</i>	2	NMO; QL (60 EA per 30 days)
<i>estazolam oral tablet 2 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	NMO; QL (30 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; NMO; QL (150 ML per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; NMO; QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	NMO; QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	NMO; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	NMO; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	NMO; QL (30 EA per 30 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; NMO; QL (540 ML per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NMO; QL (540 ML per 30 days)

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ISENTRESS HD.....	38	KISQALI FEMARA (200 MG		DOSE).....	28
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lytgobi (16 mg daily dose)	28	methscopolamine bromide	70	naltrexone hcl	5
lytgobi (20 mg daily dose)	28	methylphenidate hcl	60	NAMZARIC.....	14
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M		methylphenidate hcl er (cd)....	59	naproxen-esomeprazole mg.....	2
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tiopronin	73	TRI-SPRINTEC	80	VEREGEN	66
TIVICAY	38	TRIUMEQ.....	40	VERQUOVO.....	56
TIVICAY PD	39	TRIUMEQ PD.....	40	VERSACLOZ.....	37
tizanidine hcl	37	TRIVORA (28).....	80	VERZENIO	30
TOBI PODHALER	98	TRI-VYLIBRA	80	VESTURA.....	80
tobramycin.....	92, 98	TRI-VYLIBRA LO	80	VICTOZA.....	44
tobramycin sulfate.....	6	TRIZIVIR.....	40	VIENVA.....	80
tobramycin-dexamethasone....	92	TROPHAMINE.....	69	vigabatrin.....	13
tolterodine tartrate	73	trospium chloride.....	73	VIGADRONE	13
tolterodine tartrate er	73	trospium chloride er.....	73	VIIBRYD STARTER PACK.....	17
topiramate.....	21	TRULICITY	44	VIJOICE	72
toremifene citrate.....	23	TRUMENBA.....	89	vilazodone hcl.....	17
toremide	56	TUKYSA.....	30	VIRACEPT.....	41
TOUJEO MAX SOLOSTAR.....	47	TURALIO	30	VIREAD	40
TOUJEO SOLOSTAR.....	47	TWINRIX.....	89	VITRAKVI.....	30
TRACLEER	98	TYBOST	40	VIZIMPRO.....	30
TRADJENTA.....	44	TYMLOS.....	91	VONJO	30
tramadol hcl.....	4	TYPHIM VI	89	voriconazole	20
tramadol-acetaminophen	4	U		VOSEVI	38
trandolapril	51	UBRELVY	21	VOTRIENT	30
tranexamic acid	50	UDENYCA	50	VRAYLAR.....	36, 37
tranylcypramine sulfate.....	15	UPTRAVI.....	98, 99	VUMERITY	62
TRAVASOL.....	69	ursodiol.....	70	VYFEMLA.....	80
travoprost (bak free).....	94	V		VYLIBRA	80
trazodone hcl	16	valacyclovir hcl	38	VYNDAMAX	72
TRECTOR.....	22	VALCHLOR	22	VYNDAQEL.....	72
TRELEGY ELLIPTA	100	valganciclovir hcl	37	VYZULTA	94
TRELSTAR MIXJECT.....	82	valproic acid	12	W	
TREMFYA.....	84	valsartan.....	51	warfarin sodium.....	48
TRESIBA	48	valsartan-hydrochlorothiazide	56	WELIREG	24
TRESIBA FLEXTOUCH	48	VALTOCO 10 MG DOSE	13	WIXELA INHUB.....	100
tretinoin	31, 62	VALTOCO 15 MG DOSE	13	X	
triamcinolone acetonide ...	62, 65	VALTOCO 20 MG DOSE	13	XALKORI	30
triamterene-hctz.....	56	VALTOCO 5 MG DOSE	13	XARELTO	48, 49
triazolam.....	41	vancomycin hcl.....	7	XARELTO STARTER PACK	
trientine hcl.....	68	VAQTA.....	89	49
TRI-ESTARYLLA.....	80	varenicline tartrate.....	5	XATMEP.....	24
trifluoperazine hcl	34	VARIVAX.....	90	XCOPRI	12
trifluridine.....	38	VASCEPA.....	58	XCOPRI (250 MG DAILY	
trihexyphenidyl hcl.....	31	VELIVET	80	DOSE)	12
TRIJARDY XR.....	44	VELPHORO.....	69	XCOPRI (350 MG DAILY	
TRIKAFTA	98	VEMLIDY.....	38	DOSE)	12

XELJANZ	85	XPOVIO (80 MG ONCE WEEKLY).....	24	ZENPEP	72
XELJANZ XR.....	85	XPOVIO (80 MG TWICE WEEKLY).....	24	zidovudine	40
XELPROS	94	XTAMPZA ER	3	ZIEXTENZO	50
XERMELO.....	70	XTANDI.....	22, 23	ZIMHI.....	5
XGEVA	91	XULANE.....	80	ziprasidone hcl.....	37
XHANCE	96	XULTOPHY	44	ziprasidone mesylate	37
XIFAXAN.....	7	XURIDEN.....	72	ZIRGAN.....	37
XIGDUO XR.....	44	XYOSTED	75	ZOKINVY	72
XIIDRA.....	93	XYREM.....	101	ZOLINZA.....	24
XOFLUZA (40 MG DOSE)...	41	Y		zolmitriptan.....	21
XOFLUZA (80 MG DOSE)...	41	YF-VAX.....	90	zolpidem tartrate	101
XOLAIR.....	85	YONSA	23	zolpidem tartrate er.....	100
XOSPATA	30	YUVAFEM	76	ZONISADE	13
XPOVIO (100 MG ONCE WEEKLY).....	24	Z		zonisamide.....	13
XPOVIO (40 MG ONCE WEEKLY).....	24	ZAFEMY.....	80	ZORBTIVE	75
XPOVIO (40 MG TWICE WEEKLY).....	24	zafirlukast	96	ZOVIA 1/35 (28).....	80
XPOVIO (60 MG ONCE WEEKLY).....	24	zaleplon	100	ZTALMY	13
XPOVIO (60 MG TWICE WEEKLY).....	24	ZARXIO.....	50	ZTLIDO.....	4
		ZEJULA	30	ZYDELIG.....	31
		ZELBORAF	30	ZYKADIA	31
		ZENATANE.....	62	ZYLET	92
				ZYPITAMAG.....	57
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CoxHealth Medicare Advantage (HMO)

This formulary was updated 6/24/2023. **Effective 07/01/2023.**

For more recent information or other questions, please contact CoxHealth Medicare Advantage.

The formulary may change at any time.

Contact us at 1-855-752-3796 (TTY users should call 711):

October 1 to March 31, Seven days a week, 8 a.m. to 8 p.m.

April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m.

www.coxhealthmedicareadvantage.com

3200 South National Avenue Building B

Springfield, Missouri 65807